E30195
WALLACE
HERBERT

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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-30195

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname WALLACE
2. Christian Names HERBERT
3. Present address KINGSBURY, CO. RICHMOND, P.Q.
4. Date of birth 12 DECEMBER 1920
5. Place of birth CANADA (Country) CO. RICHMOND, P.Q. (County or Province) KINGSBURY (Town or Township)
6. Religion (state denomination) PROTESTANT (UNITED CHURCH)
7. Trade or Calling LABORER
8. Married, Widower or Single SINGLE
9. Name of next of kin FRANK WALLACE
10. Relationship FATHER
11. Address of next of kin KINGSBURY, P.Q.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? NIL
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? NIL (Yes or No)
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force?
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NIL
(If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Herbert Wallace, 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 9-8-40 Sgd. Herbert Wallace
(Signature of recruit)
Witness: Sgd. L. Macdonald

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Sgd. Herbert Wallace (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 Richmond, P.Q. this 9th day of August 1940

Sgd. E.E. Denison Capt (Major) — Signature of Magistrate, Justice or Attesting Officer.

(E.E. Denison R.O. (E)M.D. 5 — Officer or Rank and Unit or appointment.

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

Record of Service of WALLACE (Surname) Herbert (Christian Names) Regimental Number E-30195

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Laborer

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: 5 years (years completed)

Graduation or Matriculation: Nil (specify)

*College: Melbourne Ridge School -5th grade

*University: nil

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment T.O.S. Royal Rifles of Canada (CASF)	Rfn	9-8-40	R.R.C.	Valcartier	36	16-8-40
		Admitted to Sussex Camp Hosp	"	1-12-40	"	Sussex Camp	129	2-12-40
		Discharged from Sussex Camp Hosp	"	6-12-40	"	"	134	7-12-40
		EMBARKED CANADA - SAILING LIST 421	"	11-12-40				
		Disembarked "W" FORCE						
		Admitted to Lester's Fld Mil Hosp St John's Nfld.	"	21-6-41	"W" FORCE R.R.C.	Nfld.	135	23-6-41
		Disch from Lester's Fld Mil Hosp St John's	"	27-6-41	"	"	139	27-6-41
		RETURNED CANADA Grtd 14 days leave of absence under RO 699 2 (b) commencing 5-9-41	"	5-9-41	"	Valcartier	180	29-8-41
		Issued trans warrant (RO 1118)	"	5-9-41	"	"	180	29-8-41
		Category changed from "A" to "B1)	"	2-9-41	"	"	182	2-9-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Wallace Herbert ..... Place .....

Place ..... Date 2-8-40

Part 1. Information obtained from the recruit.

1. Age ~~20~~ 19 ..... 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	
i. Foot trouble	NO		
j. Nasal trouble	NO		

Sgd. Herbert Wallace
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).
none

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

4. Complexion fair Eyes blue Hair fair 5. Development good Good ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 3 inches.

7. Vision, right 20/15 left 20/15
With Glasses— right ..... left ..... 8. Hearing, right 20 W left 20W

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes: normal flat feet but corrected by exercises
Ears Urine: normal
13 Aug 1940 X-Ray Chest negative

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. Rog. Naddau Capt — President RCAMC
Sgd. Wilfrid Boudrias — Member
Sgd. H. Morel — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
2-9-41	Category changed from "A" to "B1" DO 182d/ 2-9-41		CERTIFIED TRUE COPY J. G. Payne Officer having custody of regimental documents kept by the Director of War Service Records, D.V.A., Ottawa, Ont., 18 Sep 52.

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

Statement of the Service of No. E-30195 Rank Rfn Sheet No.

Name WALLACE Herbert

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		EMBARKED CANADA - SAILING LIST 966	Rfn	27-10-41				
		Grtd increased rate of pay	"	1-1-43	R.R.C.	C Force	AO 3	12-2-43
		Reported P.O.W.	"	25-12-41	"	"	AO 15	10 Sep 45
		Awd CVSM & Clasp	"	9 Feb 42	"	"	AO 16	10 Sep 45
		Awd 1939-45 Star	"	8 Dec 41	"	"	AO 16	10 Sep 45
		S.O.S. died whilst PW	"	28 Dec 43	"	"	AO 14	7 Sep 45

No E.30195 Rank Rifleman Name WALLACE, Herbert

Unit Royal Rifles of Can. Date of death ~~28~~ 26th Dec., 1943.

Died at NIIGATA, JAPAN

Cause ~~Heart attack~~, DYSENTERY whilst prisoner of war at Tokyo Camp.

Death occurred on strength of Forces.HQ 405-W-3747 d 16-2-44

N/K Mr. Frank Wallace Relationship Father

Address Upper Melbourne, Que. ~~Kingsbury, P.Q.~~

Remains buried in Cemetery

Grave location

CWK

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. JAN. 13 1947

RETURN TO BUR. OF STAT. FEB 25 1946

ROYAL MESSAGE DESP'D: 24-2-44.

CAN. MESSAGE DESP'D. 21-2-44.

REBURIAL

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

Grave 10, Row B, Plot B.

Photographs
Despatched
JUL 13 1948

IWGC Quest Form Desp'd JUN 22 1949

AM/34

收容所 Camp	東京 18.9.2 香港 昭和 17年 1 月 7 日	番號 No.	第1分所 192 香 6816
姓名 Name	WALLACE, Herbert ウオレス，ハーバート	生年月日 Date of Birth	1921.12.12
國籍 Nationality	加	所屬部隊 Unit	No. E-30195 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	WALLACE, Frank	母ノ名 Mother's Name	WALLACE, Rose
本籍地 Place of Origin	Quebec, Canada.	職業 Occupation	農
通報先 Destination of Report	Mr. F. Wallace, Kingsbury, Quebec, Canada.	特記事項 Remarks	

5 分所

死亡通知済

1639

補修欄 Other Informations

昭和18年9月2日 東京収容所ヘ移管ス 第V分所

18.12.25 発病. 追加補修

昭18.12.28 急性心臓内膜炎ニテ死亡ス午前11時10分(火)

死亡場所 新潟市川端新田 東京第五分所.

昭和20年 9月10日 東京収容所五ノ所ニ於テ 米第8軍給与部.

LT. BRYAN. James ニ引渡ス.

23-12-43
(O.C.L.-439)

AWARDS—CANADIAN ARMY (ACTIVE)

(1553)

M 100M—10-41 (2195)
H.Q. 1772-45-8

FB

FILE NO. 405-W-3747

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WALLACE,	Herbert	E.30195	Rfmn.	R.R.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	9063 27-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON ENTITLED TO Mr. Frank Wallace, Father

ADDRESS: Kingsbury, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Rose M. WALLACE,

(1553)

ADDRESS: KINGSBURY P.O., Richmond Co., P.Q.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP.

REGN. NO. 1937

(2)

DESP. MAR 13 1944
REGN No. 6168

(3)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E.30195 RANK Rifleman SERVICE UNIT The Royal Rifles of Canada (C.A.).

NAME WALLACE, Herbert

DATE OF BIRTH
DAY 12th MONTH December YEAR 1920

MARITAL STATUS Single RELIGION--United Church

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Frank Wallace,
ADDRESS Kingsbury, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. SBCD 665 H.Q. 405-K-3747

CASUALTY DETAILS Died as result of acute heart attack, whilst prisoner of war at a Tokyo Camp. DATE 28-12-43

Amended. V

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.s. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE

16-2-44

OFFICER I/C RECORDS

BTC 6

COPY FOR DOCUMENT FILE

1854

To be made out in duplicate.

TRIPLICATE

ORIGINAL

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier ..... WALLACE HERBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number: ..... E-30195 Rifleman

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

(4) Are you married? ..... NO

DISTRICT PAY OFFICE
RECEIVED
AUG 24 1940
M.D. No. 5 Quebec.

(5) If married, state,

(*a*) Full name of your wife ..... N.A.

(*b*) Present postal address of wife ..... N.A.

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

(7) Are you a widower? ..... NO

(8) Have you any children? ..... NO

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

Also their names and ages ..... N.A.

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name ..... N.A.

Postal Address ..... N.A.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO

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

(11) Is your father alive? YES

If so, state name and address FRANK WALLACE (FARMER)
KINGSBURY, RICHMOND CO. P.Q.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
N.A.

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. N.A.

Also state reason he has no other means of support N.A.

(14) Is your mother alive? YES

If so, state name and address ROSE MASON (WALLACE)
KINGSBURY, RICHMOND CO. P.Q.

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. N.A.

Also state reason why she has no other means of support N.A.

(17) Are you insured? NO

If so, in what Company? N.A.

Have you made arrangements for payment of your Insurance Premium? N.A.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Herbert Wallace
(Signature of officer or man)

Date 9-8-40

W. J. Hume. Lt. Colonel
Officer Commanding Royal Rifles of Canada
C.A.S.F.

Date 9-8-40

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Frank Wallace,
Kingsbury,
P.Q.

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-W-3747 FD.132

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Feb.29 1944

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

WALLACE, Herbert Rfmn

E.30195 C.A.

ESTATES BRANCH MAR 20 1944 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.

P. S. Deis

(P. S. Deis) Capt.,
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.

PSD:MV

M.F.W. 77
5M—1-44 (3371)
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		Frank Edgar Wallace	46	Kingsbury Que
4	Mother of the Deceased		Ellen Mason Wallace	45	Kingsbury Que
5	Brothers of the Deceased	Full Blood	Harold Edgar Wallace	22	c/o Parker Young Co Comeau Camp. Moulinettes. New Hampshire.
			Reginald Frank Wallace	14	Kingsbury Que
		Half Blood			
6	Sisters of the Deceased	Full Blood	W.301197 L.A.W. Agnes Edith Wallace	24	Gander Newfoundland
			W.301347 L.A.W. Mary Ellen Wallace	20	Rock Cliffe. Ont.
			Edna May Wallace	17	Sherbrooke Que.
			Irene Frances Wallace	16	Kingsbury Que.
			Dorothy Roberta Wallace	12	Kingsbury Que
			Lois Allison Wallace	11	Kingsbury Que
		~~Half Blood~~	Lois Melvine Wallace	7	Kingsbury Que.
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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased. Herbert Angus	Wallace
9	Date of his birth. Dec 12. 1921.	
10	Place and date of his marriage.	
11	Place and date of his parents' marriage. Windsor Mills	July 3rd 1919

PARTICULARS OF DOMICILE

12	Place where deceased was born. Kingsbury 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) (c) (d)
14	Nature of employment before enlistment. Farming	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Kingsbury Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
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	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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
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.	
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.	

(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

*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.

Frank Wallace {Signature of Informant

Kingsbury Que Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Frank Wallace

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 Kingsbury, Que. this 16th day of March 1944

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

Scott Milley, Qualification United Ch. Minister

Address Kingsbury, 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

H.Q. 405-W-3747 "Records-C"

22nd February 1944.

Mr. Frank Wallace,
Kingsbury, Quebec.

Dear Mr. Wallace,

It is with deep regret that I learned of the death of your son, E30195 Rifleman Herbert Wallace, who gave his life in the Service of his Country in Tokyo on the 28th day of December, 1943.

From official information we have received, your son died of illness 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,

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

FEB 19 1944

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

ACB/SJR

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: WALLACE, (Block letters)

Given names: Herbert.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Kingsbury.

Municipal county: 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: December (Month) 12th (Day) 1920. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	23			....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	WALLACE, Frank.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 26th (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) Dysentery, whilst P.O.W.

due to

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

due to

(c)....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

State findings: Was there an autopsy?

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

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

Manner of injury: (How sustained)

Nature of injury:

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

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

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

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

G. Gauvin C.S.

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

405-W-3717

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, HERBERT WALLACE, of the TOWNSHIP
(Name in Full) (City, Town, Village, Township)

Address in civil life.

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

Province of QUEBEC, LABORER
(Civil Occupation)

Regimental No. E-30195, 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
FRANK WALLACE
KINGSBURY, RICHMOND 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

NIL.

(4) I appoint
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 7 day of August 1940

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.

Herbert Wallace
(Signature of soldier)

First witness sign here.

(5) Signature Donald M. Smith,
Civil Address Danville Que.
Civil Occupation Paper Maker Apprentice.

Second witness sign here.

Signature L. Macdonald.
Civil Address Scotstown P.Q.
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

File No 401-Pf-3747

REBURIAL

NO E.30195

RANK Rfn.

NAME WALLACE H.A.

NAME OF CEMETERY British Commonwealth War Cemetery,

LOCATION OF CEMETERY Yokohama, Japan.

GRAVE LOCATION Plot B, row B, grave 10, Canadian Section.

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

Reburial list.

H.Q. 405-W-3747
(D.R. 2(C))

13th January, 1947.

Mr. Frank E. Wallace,
Upper Melbourne, Quebec.

Dear Mr. Wallace:

Information has just been received from military authorities in the Far East that the remains of your son, E30195 Rifleman Herbert Wallace, have now been interred in plot B, row B, grave 10, 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,

FBR.

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

/EMA

FJD

D.V.A. E30195
R 4 (B)

Ottawa,

13th July, 1948.

Mr. Frank Wallace,
Upper Melbourne, P.Q.

Dear Mr. Wallace:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E30195 Rifleman Herbert Wallace, the location of which is plot B, row B, grave 10, British Commonwealth War Cemetery, Yokohama, Japan.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

H.M. Jackson,
Director,
War Service Records.

Richmond Que
April 2/45

Dept. National Defence.
(Army.

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

Dear Sir.

Your letter of 26 of March stating the Treasury Was forwarding cheque of my son's Service estate, I am enclosing my change of address, and will sign receipt and forward to you Dept soon as cheque is received. Thanking you

yours truly.

J. E. Wallace

Treas advised of change of address 11/4/45

Pine Grove Farm
Richmond. P.Q.
24 Jan 1945.

To Whom it may Concern.

On Completion of this form for my brother I wish to tel you that I am not certain of the dates some of them may be a few days out. However you will be able to detect them as they are checked.

For your kind attention

Please.

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

ARMY

Name: WALLACE, Herbert No.: E.30195
Surname Christian Names

Rfmn. [redacted] C.A. O/S 28-12-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 578.83

Date: 24-3-45

Other Credits

Total 578.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Frank E. Wallace, KINGSBURY, Que., (Sole beneficiary under will)	578.83 R.

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 2-4-45 Qu

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$578.83

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Herbert (CHRISTIAN NAMES) WALLACE (SURNAME)

REGISTER NO. D-6444
FILE NO. 405-W-3747
DATE 10-10-45
SERVICE NO. E-30195
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 28-12-43

PAYEE Mr. Frank WALLACE,
ADDRESS Upper Melbourne,
P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 28-12-43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1237/30 (1230) EQUAL TO 41 COMPLETE PERIODS AT $7.50	307.50
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 792 LESS 7 INELIGIBLE DAYS, EQUAL TO 785 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	196.25
		503.75
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 792/183 X$ 19.25 — 83.31

D. WAR SERVICE GRATUITY		587.06
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$ 20.00	20.00
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		567.06

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
KRM	

TREASURY	
CHECKED BY	DATE

Kirsten Cayer
SERVICE REPRESENTATIVE

File No 405-W-3747

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E301.95. Name WALLACE HERBERT.

Rank on Discharge Rfmn. Date of Discharge 28-12-43.

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 9-8-40	to 27-10-41.	
	from	to	
United Kingdom	from	to	
	from	to	
Italy	from	to	
Northwest Europe	from	to	
Tokyo	from 28-10-41.	to 16-12-41. Died of Dysentery.	
	from	to	while P.O.W. 28-12-43.

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

M

Verified by H. Howard

Date 18-9-46

SEP 19 1946

Carded

NO RIBBON DESPATCH

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

GL

Name WALLACE (Surname) Herbert (Christian Names) No. E.30195

RFMN (Rank) C.A. O/S (Unit) 28-12-43 (Date of Death)

AMOUNT

L.P.C. $ 582.29

Date 25-3-46

Other Credits

Total 582.29
Prev dist. 578.83
This dist. 3.46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	E Frank Wallace Upper Melbourne, Que. (Sole beneficiary under will) DO NOT REMOVE FROM FILE P4. TO TREAS. 9-4-46 N.R #258 QW.	3.46

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	3.46

CLASSIFIED BY P.

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27