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AWARDS-CANADIAN ARMY (ACTIVE)

1463 M

100M-10-41 (2195) H.Q. 1772-45-8

			FILE NO. 405-C-7457
CLAPPERTON, Albert	E.30266	Rfn.	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				
	3825- 29/3/5-0				
War Medal CVSM & Clasp					
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)				

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

Unit Royal Rifles of Canada (CASF)

Regimental Number E-30266

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

	CT ADDROTON
1. Surname	
	Albert Coccordio Co Poneronturo P O
	Grand Cascapedia Co. Bonaventure, P.Q.
	23rd August, 1915
5. Place of birth Canada (Country)	Co. Bonaventure P.Q. Maria (County or Province) (Town or Township)
6. Citizenship	(Of What Country are You Now a Citizen)
7. Religion (state denomination)	
8. Trade or Calling	
9. Married, Widower or Single	
10. Name of next of kin	Thomas Clapperton
11. Relationship	Father
12. Address of next of kin	Grand Cascapedia, Co. Bonaventure, P.Q.
13. Do you belong to, or have you se	erved in a Reserve Formation or Unit of The Canadian Army?
	Nil (If Yes, Give Unit and Dates of Service)
14. Have you served in (a) an Active	e Formation or Unit of The Canadian Army?(Yes or No)
(If Veg Cive Res	Nil (b) Any other Naval, Military, or Air
Force?	Nil Yes or No) (If Yes, specify Unit and Period of Service)
	War 1914-1918?
(If	N11 Yes, specify Regimental No., Unit and Dates of Service)
	ON TO BE MADE BY MAN ON ATTESTATION
	ereby 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 emergency ceases to exist, and in any event for a period of not less than
Date 18 August 1940	(Sgd) Albert Clapperton
	(Signature of recruit)
	O BE TAKEN BY MAN ON ATTESTATION do sincerely promise and swear (or solemnly ear true allegiance to His Majesty.
Witness (Sgd) Rene Caron (Name)	(Sgd) Albert Clapperton (Signature of Recruit)
CERTIFICATE OF MAGIST	RATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER
The above questions and answer	cautioned by me that if he made any false answers to any of the above inished as provided by law. rs were then read to the recruit in my presence. rstands each question, and that his answer to each question has been duly ecruit has made and signed the declaration and taken the oath before me
at New Carlisle thi	18th day of August
(Sgd) J. C.	Signature of Magistrate, Justice or Attesting Officer.
District.	Recruiting Officer, M.D.5. Officer or Rank and Unit or appointment.
	TO DAOTE WITH ANY DEDSON MAKING A FALSE ANSWER TO ANY OF THE

Record of Service of	CLAPPERTON	ALBERT	Regimental Number E-30266
	(Surname)	(Christian Names)	
	QUALIFICATIONS	EDUCA	TIONAL QUALIFICATIONS
Military	Nil		Graduation)
Business or Professional	Nil	or Grade 5 (years completed)	Matriculation N11 (specify)
Trade or Civil	Labourer & Store Clerk	*CollegeNil	
Technical	Nil	*UniversityNil	
Languages	English & French		••••••••••••••••••••••••••••••••
		*(Name of institution, courses or years completed, and	degrees obtained to be shown)

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
on Strength of Field Force					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment T.O.S. Royal Rifles of Canada (CASF)	Rfn	18Aug4.0	R.R.C. CASF	Valcarti	er44	26 Aug 40
EMBARKED CANADA / SAILING LIST No.414 "W" FORCE		2 Dec 40				
Granted 14 days leave of absence commencing 18 Feb 41	***	18 Feb 41	***	"W"Force	22	28 Jan 41
RETURNED CANADA /SAILING LIST 53 28 AUG 41						
EMBARKED CANADA / SAILING LIST 966 "C" FORCE		27 Oct 41				
Granted increased rate of pay	77	1.Jan.43	***	NDHQ	fice canalled by A.S. 8;	
Reported P.O.W.	***	25 Dec. 41	R.R.C. "C"Force	NDHQ Ottawa	AO 15	10 Sep 45
Awarded CVSM & Clasp	11	18 Feb 42	17	***	A0.16	10 Sep 45
Awarded 1939-45 Star	99	8 Dec 41	***	99	A0.16	10 Sep 45
S.O.S. Died whilst P.W.	11	5No.v42	***		A0.14	7 Sep 45

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Jame in full.	information obt	tained from the recru			
1. Age₹2	2. Have	you ever suffered from	any of the f	ollowing diseases?	
		<u>NO</u>		lisease	NO
		NO	The second second second	disease	NO
c. Bronchitis	s or asthma	<u>NO</u>	m. Fits	••••••	NO
d. Heart dis	ease	NO	n. Nerv	ous or mental disease	NO
e. Kidney or	r bladder disease	<u>NO</u>	o. Syph	ilis	NO
f. Stomach	or bowel trouble	NO	p. Gono	rrhoea	NO
g. Rupture		NO		you ever worn glasses?	*
n. Varicose	veins	NO	r. Are y	ou now or have you in ceived disability pens	the past
i. Foot trou	ble	NO	re	ceived disability pend mpensation? If so, give	sion or NO
j. Nasal tro	uble	NO		and and an area of the	uctaris
	T 1 1 1 1 1		•••••••••		
	I hereby declare th	nat I have not suffered	from any dis	seases whatsoever excep	t as stated above.
			(S.gd.)	AlbertC.lappert Signature of Appl	on
Dont 2	Tenformen ations also				
		tained by medical exa			ST BE STRIPPED.
ledical Office	er's Remarks on in	formation as stated in I	Part 1		
		•••••••••••••••			
. Identificat	tion marks or scars	No			
. Height	5 foot		2 117.	ht 210	pounds.
		······································	J. Weig	11 L	
					Good
Complexion. Chest mea	onClear I	Eyes Blue Hair Fair on full expansion 44 20/20 left 20/20	5. Deve	lopmentGood Range of expansion	Egood Faik Pack 1. inches.
Chest means. Vision, With Glass. Condition. Blood Pres. Urinalysis. The abnormalist condition.	asurement—Girth right? sses— right of mouth and teet ssure:—S rmalities (congenitation)	Eyes Blue Hair Fair on full expansion 44 20/20 left 20/20 left h Good CRequired al and pathological) fou	5. Deve	Range of expansion Hearing, right W. V. 20 over 35 years of age, or i	Fair Race 1. Inches. O. left. W.V. 20. f otherwise indicated)
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Chest means of the Condition of the Albert Mart 3. Part 3. Ported in the day of the Condition of the Conditi	asurement—Girth right	Hair Fair on full expansion 44 20/20 left 20/20 left 40/20 left 40/20 left 40/20 left 40/20 left 50/20 left 60/20 left 60	inches. 3. Seven inches. 8. Seven inches. 1. Seven inches. 1. Seven inches. 1. Seven inches. 2. Seven inches. 3. Seven inches. 3. Seven inches. 3. Seven inches. 4. Seven inches. 5. Seven inches. 6.	Range of expansion Hearing, right.W.V.2 over 35 years of age, or interest of the second of the seco	inches. 2 inches. Major 2, Part 1, except as "Physical Standards "A"
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		DATES OF				Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from								
STATION	STATION Date of Arrival at the Station	Date of Arrival at the Station		Date of Arrival at the Station	in	Admissio to Hospi	ital	fro	Discharge m Hospi	tal	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 Medica Officer
		Day	Month	Year	Day	Month	Year			of inquiry was neigh. Date of issue and particulars of artificial teeth of surgical apphances supplied.	- Onice			
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				7										

IIM/		228	72	5H/39
111/16	收 容 所 Camp	香港昭和17年1月7日	香 No. 號	6326
	姓 Name	CLAPPERTON, Albert Ge クラッパートン/アルバートごヨン.フィクッフ	空军 Phili Date of Birth	ppe 1915.8.23.
	國 籍 Nationality	加	所屬部隊	No. E 30266
	階級身分 Rank	其	Unit	Royal Rifles of Canada
	捕獲場所 Place of Capture	香港島防禦陣地	插獲年月日 Date of Capture	昭和 16年 12月 25日
	父 / 名 Father's Name	Thomas B.	母: / 名 Mother's Name	Helen
棉飾	本籍地 Place of Origin		職 Occupation:	書記
遊	通 報 先 Destination of Report	Father: Clapperton, The Grand Cascapedia Quebec Canada	omas B. 特記事項 Remarks	元连

補修欄 Other Informations
補修欄Other Informations 25-1生肠炎兼 25-17-11-5 2日候デフテリヤ=テジセス(午前5時45分)
Faucial Dustheria
昭和/在10月9日 文院 追加福修 死亡場所 香港 俘虜収容所第 分所
死亡場所 香港 俘虜収容所第 / 分所

...

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

	30266 Name			
Rank on Dis	charge	Dat.	e of Discher	ge <u>6-7-43</u>
Authority f	or Discharge or	Retirement _		Deceased
Served in:				Non-qualitying
Canada	from	co. Incomp		
	from	to		
United Kingdom	fromfrom	toto		
Italy	from:	t.		
Northwest Europ	t e from	t.e	6-7-43	died while Pow.
	- from			
	for award of:			
Fran	y Star ce-Germany Star	2/2		
	nce Medal Medal	- Ando		
	dian Volunteer	Service Medal with Clasp		97 Factor
			Verified by Date Carded	25-6-46- 25-6-46- 25-1016
	7	RD	U U I U. 15 U.	

Mr. Thomas Clapperton, Grand Cascapedia, Bonaventure County, Quebec.

Dear Sir:

I deeply regret to inform you that your son, E.30266 Rifleman Albert Clapperton, 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,

M. P. E. LETSON Major - General Adjutant - General

JUL 8 1943

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

GR/MEB

29

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities dated July 2nd, 1943, No. E.30266, Rifleman Albert CLAPPERTON, of the Royal Rifles of Canada, Canadian Army, died of illness while a prisoner of war at Hong Kong.

Colonel, Director

Director of Records.
for Adjutant-General.

Department of National Defence, Ottawa, Canada. July 27th, 1943.

John.

7

Fofficer //c Records) A. G. Branch AUG 21 1943 Nat. Defence Hqrs. Ottawa, - Canada. Mr. Thomas Clapperton, Grand Cascapedia, Bon. Co., Quebec. Dear Mr. Clapperton: I wish to express to you my deep sympathy in the loss of your son now officially reported to have died of illness while a prisoner of war. I know what a great blow this has been to you after so many months of anxious waiting, but I feel sure that you will draw some comfort from the knowledge that he gave his life bravely for his country. You will already have received from National Defence Headquarters a pamphlet containing information regarding pension regulations, disposal of personal effects and other matters. Please feel free to write to me if there is anything I can do to be of assistance to you. Yours sincerely, F.W. Clarke, Col. S. A. A. G.

405-0-7457

C.IN.IDI.IN REFATRIATION LIAISON GROUP

'A' - INTERROGATION No 3.

STATEMENT CONCERNING CASUALTY SUSTAINED BY

NO WESSELV

RINK

Rfn NaME CLAPPERTON, Albert UNIT

RRC

Tarticulars of casualty and burial including means of knowledge of informant

Died of Dysentry, Beri Berim & Diphthreia. Decent Burial.
I was there.

Personal particulars of member who sustained casualty

He weighed 210 at one time. When he died he weighed about 130 lbs. Sick about 12 months.

Out wy.

Signature of Interrogating Officer Signature of Informant

Date: //pepys

FOR USE AT GROUT H.Q. ONLY

CASUALTY IDENTIFIED AS:

NO RANK NAME

UNIT

Classification to be changed to:

Signature

Date

H.Q. 405-C-7457 R. 4 (B). 23rd September, 1947. Mr. Thomas Clapperton, Grand Cascapedia, Bonaventure County, Quebec. Dear Mr. Clapperton: Information has just been received from military authorities in the Far East that the remains of your son, E30266 Rifleman Albert Clapperton, have now been interred in grave 25, 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, for H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General. TMA

CERTIFICATE OF DEATH

NATIONALITY	Canadian
UNIT	The Royal Rifles of Canada
PRISONER OF WAR No.	6326
RANK AND NAME IN FULL	Rifleman
	CLAPPERTON, George Philip Albert
AGE	Twenty-eight (28) years
NAMEOF CAMP	Shamshuipo
TIME AND DATE OF DEATH	5:45 A.M 5th November, 1942
NATURE OF SICKNESS	1 Acute Enteritis 2 Diphtheria, Faucial
DOCTOR'S SIECNATURE	JAG Prid Capt (RCAMC)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER 2 30266

RANK RITTERME

SERVICE UNIT The ROYAL Rifles of Canada

NAME CLASSICION, Albort

DATE OF BIRTH

DAY

MONTH AUGUST

YEAR 1915

MARITAL STATUS

M.F.M. 1, 2 & 5 RELATIONSHIP

NAME Mr. Thomas Clapperton D.A.B.

ADDRESS Grand Coscapacias.

Bongwenture County Quebec.

ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

PARENTS NAME

ADDRESS IF SOLDIER (MARRIED OVERSEAS)

H.Q.405-0-7457 AUTHORITY CAS. SIG. NO. CASUALTY DETAILS Died Faucial Diphthorle whilst a Prisoner of War Hone Rone.

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

OFFICER I/C RECORDS

No E.30266 RankRifleman Name CLAPPERTON, Alber	t
Unit Royal Rifles of Canada Date of death July 1st	
Died at Hong Kong, while a prisoner of war	
Cause Faucial Diphtheria	
Death occurred on strength of Forces, HQ 405-C-7457	d
N/K Mr. Thomas Clapperton Relationship	Father
Address Grand Cascapedia, Bonaventure Co., P.Q.	
Remains buried in Argyle Street	Cemetery
Hong Kong	
Grave location/	
	OVER

.

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. SEP 23 1947

RETURN TO BUR. OF STAT FEB 25 1946

ROYAL MESSAGE DESP'D.

9-8-43.

CAN. MESSAGE DESP'D.

12-7-43.

Despatched

Photographs

Grave 25, row A, plot &.

IWGC Quest Form Despec

REBURIAL

Hong Kong. Military Cemeter

THE CANADIAN PENSION COMMISSION



MEMORANDUM

ToPension Medical Examiner, OUEBEC	
	Ottawa,April 13th 1944.
FromHead Office	

E-30266 Rflmm. CLAPPERTON. Albert.

P. & N. H. 323-A

AMENDED COPY

The Department of National Defence, Army,

"Died Faucial Diphtheria whilst a Prisoner of war Hong Kong." Presumed date of death for Military purposes on the 1st of July, 1943 on service Hong Kong.

His next of kin is reported as - Mr. Thomas Clapperton, (Father),

Grand Cascapedia,

Bonaventure Co., Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to - Mrs. Elen Clapperton,
Grand Cascapedia,
Bonaventure Co., Que.

(relationship not stated).

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/IR

for Clewes. Canadian Pension Commission.

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

(b) Civil muni-

(c) Municipal

(Month)

(Day)

(Year)

Do not

write in

this space

(Voir l'autre côté pour le français) I National Defence.

N'écrivez pas dans cet espace

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

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 Mr. Thomas Clapperton,	
 Grand Cascapedia,	
 Bonaventure Co., 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.0405-C-7457 FD. 399

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH

OTTAWA, ONT.

July 22	101
ouly cc	194

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

CLAPPERTON,	Albert.	Rifleman.	
No. E. 3	0266. 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.

Administrator of Estates.

M.F.W. 77 6M-4-43 (9515) 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.

egrees			INFORMANT'S STATEMENT				
of Rela- cion- ship	RELATIVES required to be accounted for Widow of the Deceased		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			He was single				
2	Children of the dates of their	Deceased and Births					
3	Father of the I	Deceased	Clapperton Thomas B.		Grand Cascapedi		
4	Mother of the	Deceased	Clapperton Ellen		Grand Cascapedi		
5	Brothers of the Deceased	Full Blood					
		Half Blood					
6	Sisters of the Deceased	Full Blood					
		Half Blood					
7	Names of brother of the full or the Deceased, who death of each.	s or sisters (whether he half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children		

ANSWER FULLY EACH QUESTION ON THIS PAGE

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PARTICULARS AS TO IDENTITY

8	Full names of the deceased	
9	Date of his birth	Clapperton George Philip Albert August 23rd 1914
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Maria, Co Bon Que
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	Maria, Co Bona. 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) (b) Grand Cascapedia, Que since (c) 1923, previously in Maria, Co Bon
14	Nature of employment before enlistment.	Clerk in his father's store
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.	With his parents at Grand Cascaped
	PARTICULARS OF	FESTATE
17	Did he leave a Will?	Yes, recorded at Dept of National Defence Ottawa.
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.	No
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.	He carried a life policy of \$1000. With The Crown Life Ins Co with his mother as Beneficiary
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No
	OTHER PARTICU	LARS
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, but had a Memorial Service ce lebrated which cost \$50.
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Govern authorized in the Regulations. Any amount of such expenses in each the Government nor is it chargeable against the service estate of	ment will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by

(PLEASE TURN OVER)

DECLARATION *Insert degree of relationship I hereby declare that all the particulars shown on this form are correct, and a true and complete for example, statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Widow", "Father", "Brother", etc.of the deceased. Signature N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner Informant or Notary Public.

CERTIFICATE

	I hereby certify that, to the best of my knowledge and belief Thomas B. Clappert on
See above.	\{\begin{align} \text{Name of } \text{Informant} \} \text{ is the*} \text* \text{Father}
	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.
Signature of Priest, Ma Commission Notary Pu	gistrate, oner or Qualification Qualification
	Address

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

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Lours de des des de tous

complete	side	Form and Instructions before commencing to		75M—5-40 (524) H.Q. 1772-39-16
	(1)	I, Thomas CL (Name in Fi	APPERTON,	of theTown.
Address in civil life.		of Grand Cascapedia	, in the County of	Bonaventure
		Province of Quebec	Labourer (Civil Occup	.&StoreClerk.
		Regimental No. E-30266 all former Wills by me made and de	, Unit R.R.C. (C.A.S.	F.)., do hereby revok
Relationship,	(2)	I GIVE, DEVISE AND BEQUEATH unto	my father, Mr. Thom	as CLAPPERTON.
address of beneficiaries, and what each is to receive.		Grand Cascapedia, Bona Mrs. Ellen CLAPPERTON, equally ALL MY ESTATE.	Co, P.Q. and my mot	her, ona Co., P.Q.
Relationship, names and address of residuary	(3)	k Swex Days and Bears were the to of order to be of a respectively and the contract of the con		为目的互逐烈及和君争的名的名
beneficiaries.				
	(4)	I appointMrThomasCI.	APPERTON, Grand Cas (Address)	capedia, P.Q.
		Merchant (Civil Occupation)	, to be the Executor of t	his my Last Will.
		IN WITNESS WHEREOF I have l	nereunto set my hand this2.4	day ofaug
		19.4.0		
	t t h	ned and acknowledged by the Tesator, in the presence of us present a he same time who in his presence, a is request, and in the presence of ach other have hereunto subscribed ur names as witnesses.	t Contac	sperton,
First witness sign here.	(5)	Signature femmalale		
		Civil Address		
		Civil Occupation Clerk. Signature Affiliation		
Second witness sign here.		Signature All Control		
		Civil Occupation		

(Witnesses are not to be beneficiaries.)

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)	1) Name of Officer of Other Rank (Surname first—Christian	names in full—Block capitals)
(2)	2) Regimental or Air Force Number and Rank	30266 Rifleman
(3)	3) Unit Royal Rifles of Canada	(C.A.S.F.)
(4)	4) Are you married?	BIRICT PAY OFF
(5)	(5) If married, state,	AUG 28 1940 m
	(a) Full name of your wife	P. No. 5 Quebec.
(6)	(b) Present postal address of wifeN.i.l	
(7)	(7) Are you a widower?	
(8)	(8) Have you any children?	
	If so, give number of boys and girls	
	Also their names and ages	
(9)	(9) If Dependents' Allowance is claimed in respect of clarly supporting them	
	Give particulars of Guardian to whom Dependent	nts' Allowance should be paid—if authorized.
	Postal Address	
		[SEE OTHER SIDE]

(10)	Have you a common-law wife—whom you	have been regularly s	upporting and publicly rep	pre-
	senting as your wife for at least 12 months	immediately prior to	enlistment?	
	If so, state her full name and Postal Addre	essNil.		
	••••••	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	
	***************************************	•••••••	•••••••••••••••••••••••••••••••••••••••	
(11)	Is your father alive?Yes		•••••	
*	If so, state name and address, occupation	Thomas CLAP	PERTON, Grand Cas	capedia
	Bon. Co. P. W. Store Keep	er		
(12)	If your father is a widower and is totally in	capacitated from earn	ing a living—are you his	sole
	or partial support?	•••••••••••		
(13)	If sole or partial support of father who is a state what amount per month you have given Nil			
	Also state reason he has no other means of			
	reason for not providing full support?			
(14)				•••••
(14)	Is your mother alive? Yes			/d
	If so, state name and address	JAFFERTON, GTA	na cascapaara, bu	TO CL
		•••••••		_ 0 00
(15)	If your mother is a widow, are you her sole	or partial support?	Nil	
(16)	If sole or partial support of widowed mother			
	prior to joining C.A.S.F. or R.C.A.F. (Special Also state reason why she has no other meaning the control of th			
	is your reason for not providing full suppo	rt?	Nil	
(17)	Are you contributing to the support of any de If so, state the following particulars:—	ependents, other than t	hose shown above?	
	Relationship		Nil	
	Full Name		Nil	
	Postal Address		Nil	
	Amount contributed monthly during the past	t six months	Nil	
		•••••		
(18)	Have you any Brothers 16 years of age or u ported and maintained by yourself as Bona	nder or Sisters 17 yea Fide members of your	rs of age or under solely solely household before your enl	up- list-
	ment or appointment?		IN O	
	Are you insured?Yes			,
	If so, in what Company?			
47	Have you made arrangements for payment of If not, and it is a monthly premium, you assignment you wish to make, provided the monthly amount which may be assigned. I hereby certify that the information given particular.	may assign the amount total assignment is not by me on this form	int in addition to any other in excess of the maxim	her
		(Signatu	re of officer or man)	•••••
	Date 18th Aug. 1940			
		11/9	me. It. Col	onel
		Officer Commanding	toyal Rifles of	Canada 5.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.

ARMY

GT.

Name	CLAPPERTON.	Albert			E.30266
	Surname	Christian Names			
	REMI	C.A. 0/S		3	_7_33
Rank		Unit		Date	e of Death
			AMOUNT	W.S.G L.P.C\$	332.48 446.31
	Date	1_8_46		Other Credits	
				Total	778.79 1012.97 335.82

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	Father	Thomas B. Clapperton Grand Cascapedia, Que.	167.91
1/2	Mother	Mrs Ellen Clapperton (as above)	167.91
		(co-beneficiaries under will)	

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	335.82
CLASSIFIE	BY		EXAM	INED BY	
	0			For Chief T	reasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

FORM No: 1

To: P.M.G.

Nominal Roll No.... H.Q. File No. 405-C-7457

CANADIAN ARMY (ACTIVE) Computation of Service

WAR SERVICE GRANT

	A STATE OF THE PARTY OF THE PAR				
Regt. No.	Rank when S.O.S.	Surname		Christian Nar	ne in Full
30266	Rfm	CLAPPERTO	1	ALBERT	
	ERMINATION OF SE	^			
1st Enlistn	nent Deca-			CARO	(
2nd Enlist				CARO	(
3rd Enlists	ment		•••••••••••••••••••••••••••••••••••••••	CARO	(
		Total Servi	ce		
1st	ENLISTMENT	2ND ENLIS	TMENT	3RD ENL	ISTMENT
r.o.s. 18	lug 40	T.O.S		T.O.S.	
	1 11	S. s.o.s.			
Cotal Days	1810	Total Days		Total Days	
Total Service					810 DAY
			Total Ser	Less vice Non-qualifying Service	Net Service
Western I	lemisphere		143	6	-43
Overseas :	Service		3)	4	37
T	otals		-81	0	-81
Α	dd Non-qualifying	Service			
T	otal Service				810
REMARKS:	O.S. Overseas 5	nov 41	2. Date S.O.S.	Overseas	

Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,

500M-11-44 (6012) H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere-

orfeits for	From	То	Effective Date	Days	Total
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		and the same of th			
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	-				
					•
					7,0
		41 T.O.S		Total T.O.S S.O.S	
				T.O.S	
S.O.S	5 7100-4	2s.o.s		T.O.S S.O.S	
S.O.S.	57004	2s.o.s	S	S.O.S	
S.O.S.	57004	2s.o.s	3	S.O.S	
S.O.S	5 7100-4	2s.o.s	S	T.O.S	
S.O.S	57100-4	2s.o.s	3	T.O.S	
S.O.S	5 7100 4	2s.o.s	3	T.O.S	
S.O.S	5 7100 4	2s.o.s	S	T.O.S	
S.O.S	5 7100 4	2s.o.s	5	T.O.S	
S.O.S.	5 7100 4	2s.o.s	3	T.O.S	
S.O.S.	5 7100 4	2 s.o.s	5	T.O.S	
S.O.S	5 7100 4	2s.o.s	3	T.O.S	
S.O.S.	5 7100 4	2s.o.s	S	T.O.S	
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S.O.S.	5 7100 4	2. s.o.s	5	T.O.S	
S.O.S.	5 7100 4	2. s.o.s	5	T.O.S	
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S.O.S.	5 7100 4	3. s.o.s		T.O.S.	
S.O.S.	5 7100 4	2 s.o.s	5	T.O.S.	