

E30699
BENWELL
MARVEN

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Benwell Marven

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

- 1. (a) Print name in full... BINWELL, MARVEN (b) Reg'l. No. E-30699
2. (a) Arm of service... ARMY (b) Unit... Royal Rifles of Canada (c) Rank... RFM
3. (a) Date of birth... 8-11-22 (b) Have you any dependents?... No (c) Place of residence... P.O. Mercil, Bonaventure
4. (a) Place of enlistment... New Carlisle, Que. (b) Date of enlistment... 21-4-41

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school... 15 yrs (b) Were you attending school or college up to the time of enlistment?... No
6. State definitely highest standing reached at public, technical or high school... 5 yrs P.S.
7. If you attended a university, give name of university and standing or degree secured... No
8. (a) Did you ever enter upon a trade apprenticeship?... No (b) If so, for what occupation?... Nil (c) Did you finish it?... Nil (d) If you did not finish it, how long did you serve at it?... Nil
9. (a) What languages do you speak fluently?... English (b) What languages do you read well?... English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment... Not Working (b) At time of enlistment of what trade union or professional society were you a member?... None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

- 11. Had you ever been employed fairly regularly since leaving school?... No
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked... Nil (b) State how long you had worked at this trade or occupation... Nil
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified... farmer
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment... Nil
15. Give details of last employer, if any: Name... Nil Address...
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)... Nil
17. (a) If your last employment was in a business of your own, state nature and address of business... Nil (b) Date of discontinuing it...

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

- 18. Name of employer... Address...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)...
20. (a) Your specific occupation... (b) Number of years' experience at this occupation with any employer...
21. (a) Did your employer promise definitely to give you employment on discharge?... (b) Did your employer refuse to promise you employment on discharge?... (c) Do you wish to return to your former employment?...

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

- 22. (a) State nature of business, or professional practice... (b) Where was it located?...
23. (a) Number of years engaged in this business... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?...

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war?... Yes (b) Do you feel competent to operate a farm?... Yes (c) If so, in what kind of farming?... mixed
25. (a) Were you born on a farm?... Yes (b) How many years' actual farming experience have you had?... 4 yrs (c) In what provinces did you have experience?... Quebec.

Section G—MISCELLANEOUS

- 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?... No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)... Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form... None

DATE 28-4-41 194 SIGNATURE Marven Binwell

Mr. Bill Benwell.
Marcil Office.
Bonaventure Co., P.Q.

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

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

and the following number quoted:—

H.Q. 405-B-9205 FD 279

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

27 Sep. 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BENWELL, Marven. Rifleman.
E30699. Canadian Army.



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

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

Copy 2 sent

GEB/IMF

Blair Smith
Col.

Director 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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Bill Benwell		Marcel Co. Bonaventure
4	Mother of the Deceased.....	Dead.		
5	Brothers of the Deceased	Full Blood Reginald Kenneth Randolph Orlay } Benwell's		Marcel Co. Bonaventure
		Half Blood		
6	Sisters of the Deceased	Full Blood N.D.		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead and date of death of each.	Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Marden Benwell
9	Date of his birth.	Nov. 5 th 1922
10	Place and date of his marriage.	_____
11	Place and date of his parents' marriage.	9 th May 1917 Shigawake Co. Barabenture

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Marsil Co. Barabenture
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) Co. Barabenture (c) _____ (d) Full time
14	Nature of employment before enlistment.	Farming
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Marsil

PARTICULARS OF ESTATE

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

Bill Benwell Signature of Informant
Marcil Co. Bonaventure, P.Q. Address

CERTIFICATE

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

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

Dated at Marcil this 13^e day of Oct 1945

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

A. Baudouin Qualification parish-priest
Address 107 Bonaventure East

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

Please forward everything due to E-30699 R. J. M. Mawen Benwell to West-of-Ken

Father Bill Benwell
Marcil Office,
Co. Bonaventure,
Pro. Quebec.

Q-39-B-2764

MAY 7 1941

Rec'd _____ Checked ORIGINAL Observations _____

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

30699

Unit ROYAL RIFLES OF CANADA Regimental Number E-30699

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

- 1. Surname..... BENWELL
- 2. Christian Names..... MARVIN
- 3. Present address..... PORT DANIEL OUEST CO. BONAVENTURE P.Q.
- 4. Date of birth..... 8th November 1922
- 5. Place of birth..... CANADA CO. BONAVENTURE P.Q. PORT DANIEL
(Country) (County or Province) (Town or Township)
- 6. Religion (state denomination)..... CATHOLIC ROMAN
- 7. Trade or Calling..... FARMER
- 8. Married, Widower or Single..... SINGLE
- 9. Name of next of kin..... BILL BENWELL
- 10. Relationship..... FATHER
- 11. Address of next of kin..... PORT DANIEL OUEST P.Q.
- 12. Do you belong to, or have you served in the Active Militia of Canada?..... NIL
- 13. Have you served in (a) The Canadian Active Service Force?..... NIL
(If Yes, Give Unit and Dates of Service)
(Yes or No)
..... (b) Any other Naval, Military, or Air Force?..... NIL
(If Yes, Give Regimental No. and Unit)
- 14. Did you serve during the Great War 1914-1918?..... NIL
(Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 21-4-41 Marvin Benwell
WITNESS [Signature] (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, MARVIN BENWELL do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Marvin Benwell (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

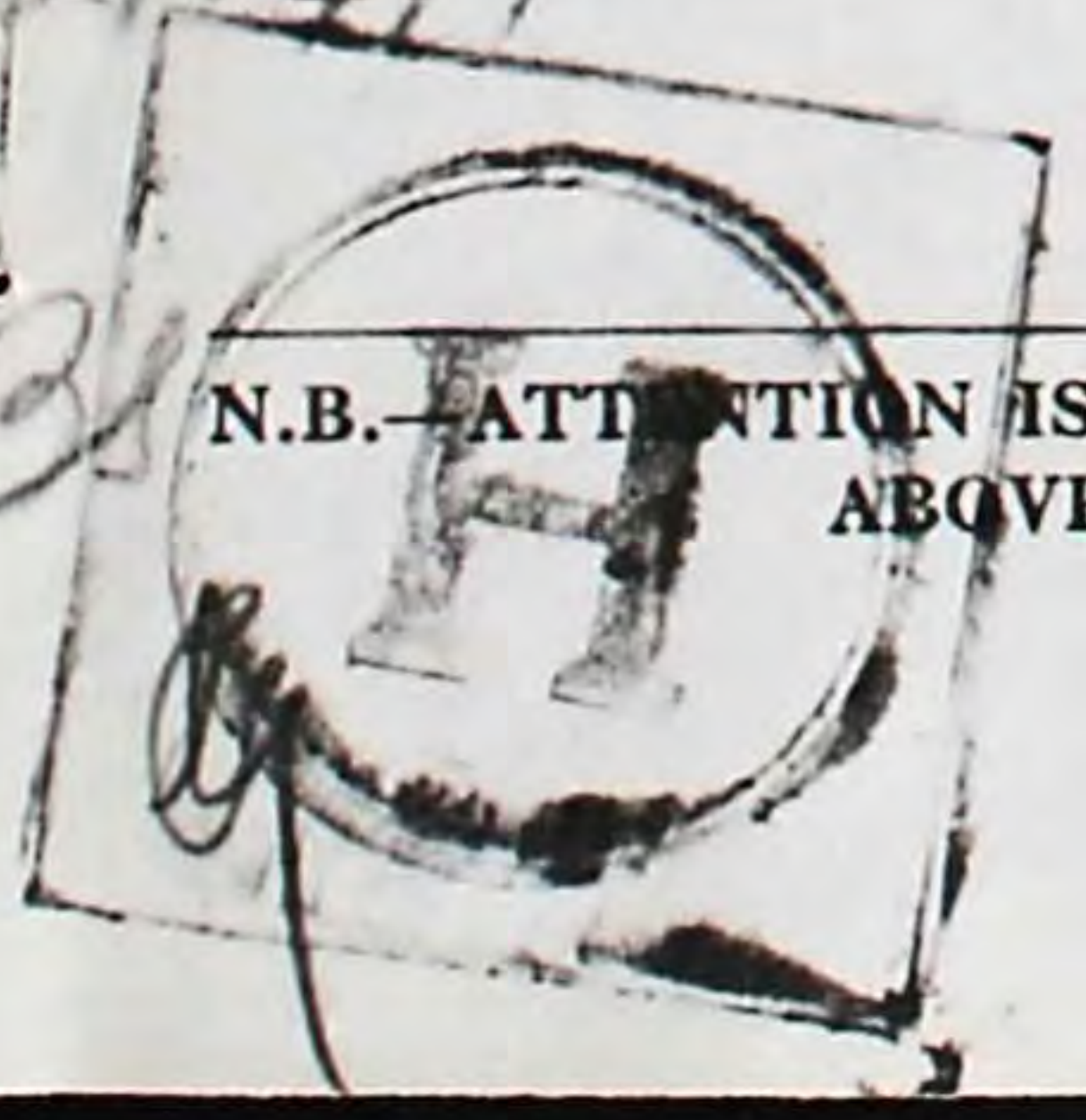
The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.
The above questions and answers were then read to the recruit in my presence.
I have taken care that he understands each question, and that 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,

570 at NEW CARLISLE this 21st day of April 1941

[Signature] (Signature of Magistrate, Justice or Attesting Officer.)
R.R. to Wing (Office 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

N. K. CARDED



56
94
EM

Record of Service of

BENWELL

(Surname)

MARVIN

(Christian Names)

Regimental Number

E-30699

QUALIFICATIONS

00 Military..... **NIL**

00 Business or Professional..... **NIL**

01 Trade or Civil..... **FARMER**

00 Technical..... **NIL**

0 Languages..... **ENGLISH**

EDUCATIONAL QUALIFICATIONS

High School } **04** **4 years** Graduation } **NIL**

or } (years completed) OR } (specify)

Collegiate } **NIL** Matriculation } **NIL**

*College..... **NIL**

*University..... **NIL**

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

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

Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
28-4-41	D.D. 5	Joined on appointment Attested and TOSas att. to D.D.M.D.# 5	Rfm.	21-4-41	D.D. 5 R.R.C.	Quebec	D.O. 100	28-4-41
		<i>attached to R.R.C. for all purposes, except pay.</i>	"	13-6-41	D.D. 5	"	D.O. 141	14-6-41
		<i>attached to R.R.C. details, for salines, quar- ters, duty and discipline</i>	"	14-6-41	R.R.C.	"	D.O. 74	16-6-41
		<i>Cancelled by D.O. 144 d/18-6-41 Attached to R.R.C. details, for duty, sal- tines, quarters and discipline</i>	"	14-6-41	D.D. 5	"	D.O. 143	17-6-41
		<i>Part II D.O. 143 (h.m.s. D.O.) d/17-6-41, is cancelled</i>	"	14-6-41	"	"	D.O. 144	18-6-41
		<i>Attached to R.R.C. (Details) for quarters</i>	"	14-6-41	Details R.R.C.	Quebec	74	16-6-41
		<i>Returns, + discipline</i>	"	14-6-41	"	"	102	19-8-41
		<i>Awarded 14 days detention 1200 hrs 16-8-41 for: While acting Sentry. Sleeping at his post</i>	"	16-8-41	"	Quebec	102	19-8-41

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

TOS Serial 1042 on trans for DDS

Rfm

16-9-41

R.R.C. Vale

195

17-9-41

Statement of the Service of No. F30699

Rank _____

Sheet No. 2

Name Benwell M.

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

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
		Released from Detention 1400 hrs 29-8-41						
		And returned to Duty.	Pte.	29-8-41	Details P.R.C.	Quebec	106	29-8-41
		Returned to DDS and Cease to be attached to P.R.C. Details	"	4-9-41	"	"	110	5-9-41
		Cease to be attached to P.R.C. Details for A/P. except pay.	"	4-9-41	DDS	Quebec	212	5-9-41
		S.O.S. DDS on proceeding to P.R.C. Valcartier Camp. P.O.	"	15-9-41	"	"	220	15-9-41
		T.O.S. Serial 1042 on transfer from DDS	"	16-9-41	P.R.C.	Valcartier	195	17-9-41
		EMBARKED CANADA - SAILING LIST No. <u>9.k.k. "C. Free"</u>		27-11-41				
		GRANTED INCREASED RATE OF PAY		1-1-43	"	Records Office N.D.H.Q.	A.O. 3	12.2.43
		S.O.S. to X-1 List Capt.	Pte	1.2 Aug 45	N.D.H.Q.		A.O. 10	1.6 Aug 45
		Reported POW	"	25 Dec 41	P.R.C. N.D.H.Q.	Ottawa	A.O. 10	30 Aug 45
		Awarded 1939-45 Star	Rfn.?	8 Dec 41	"	"	A.O. 13	2 Sep 45
		Awarded C.S.D.M. and Clasp	"	21 Oct 42	"	"	A.O. 12	1 Sep 45
		S.O.S. died whilst P.O.W.	"	10 Sep 43	"	"	A.O. 21	16 Sep 45

CANADIAN ARMY (A)

M.F.D. 930A
25M-11-45 (8315)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

AMENDED

405-B-9205 FD 279

Regtl. No. E. 30699 Rank and Name Rfn. Benwell, W.

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

(Transfer, Posting or Discharge) to on Sept 30 1943 (Unit and Station)

Reason for discharge Deceased Sept. 10-1943 Authority After Order No. 21

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$ has been paid by the Treasury Officer, Military District No.

REMARKS:

- State (1) Date of appointment or enlistment 21-4-41
- (2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N.O.
- (3) Has assignment of pay been made? Yes If so, amount \$ 20.00
Effective date 1-5-41
- (4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$

M.F.M. 18-1-10-43

The following is a statement of the account of the above named from 1st to 30 Sept 1943 the inclusive date of transfer, posting or discharge.

PARTICULARS		AMOUNT		PARTICULARS		AMOUNT	
		\$	c.			\$	c.
Balance Dr. from last account				Balance Cr. from last account L.P.C.		495	60
First Monthly Payment				Regimental Pay days at \$			
Casual Payments				Tradesmen's Pay days at \$			
Payment on Transfer, Posting or Discharge				Additional Pay (Give particulars)			
Assigned Pay				days at \$			
Regimental Charges				Allowances (Give particulars)			
Public Stoppages (Give particulars):				days at \$			
Adj. #3.44				Bal. Nov. 1941 Paylist		3	30
				Interest			14
To Balance Cr. (To be paid by new unit)		499	04	By Balance Dr. (To be deducted by new unit)			
Total		499	04	Total		499	04



I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

N.D.H.Q. Ottawa (Place)

March 15, 1946. (Date)

CHIEF TREASURY OFFICER (ARMY)

Paymaster or Accounting Officer

Lawrence Sewalmai

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county JAPAN (WHILST PRISONER OF WAR)		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township					
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname BENWELL (Block letters)		Given names Marven.		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH			
4. RESIDENCE		Street No.		Official name of civil municipality or township Port Daniel Ouest.		Municipal county		Province Quebec.		22. Date of death September 10th 19 43. (Month) (Day) (Year)	
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		23. I HEREBY CERTIFY that I attended deceased from		and last saw him alive on		19..... to..... 19.....		
M.			Single.		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) Amoebic dysentery.		
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country) Quebec.		11. DATE OF BIRTH November 8th 19 22. (Month) (Day) (Year)		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).		(b)..... due to		(c).....	
12. AGE OF DECEASED		Years	Months	Days	If less than one day old		II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		(a) Date of appearance..... 19.....		
20						hrs. or..... min.		III If a communicable disease is mentioned on this certificate, give		(b) Duration of disease..... days	
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		25. if a woman, was there a puerperal condition?.....	
17. NAME		18. BIRTHPLACE (Province or Country)		19. Place of burial, cremation or removal Japan.		20. Date of burial..... 19.....		26. Was there a surgical operation?..... Date of..... 19.....		27. If death was due to external causes (violence) fill in also the following:—	
FATHER BENWELL, Bill.				MOTHER (Maiden Name)				State findings..... Was there an autopsy?.....		Accident, suicide or homicide..... Date..... 19..... (State which)	
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church.....		(b) Civil municipality of.....		(c) Municipal county.....		Manner of injury..... (How sustained)		Nature of injury.....	
(d) Date..... 19..... (Month) (Day) (Year)								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.) J. B. Rading		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.	
								This signature authorizes the collector to accept this form as authentic.		(Voir l'autre côté pour le français)	

for Director of Records, Dept. of National Defence.

JAN 30 1947

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M-7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU
CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL
CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

(1) Nom de l'officier, ou soldat, ou aviateur..... Marwin BENWELL
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade..... E-30699, Rifleman

(3) Unité..... Royal Rifles of Canada

(4) Êtes-vous marié?..... NO

(5) Si oui, donnez

(a) le nom entier de votre épouse..... N.A.

(b) l'adresse postale actuelle de votre épouse..... N.A.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... N.A.

Sinon, donnez-en les raisons..... N.A.

(7) Êtes-vous veuf?..... NO

(8) Avez-vous des enfants?..... NO Garçons..... N.A. Filles..... N.A.

Noms et âges..... N.A.

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins..... N.A.

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom..... N.A.

Adresse postale..... N.A.

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement?..... N.A.

Dans l'affirmative, donnez son nom en entier et son adresse postale..... N.A.

(11) Est-ce que votre père vit encore?..... YES

Si oui, donnez son nom, son adresse et son emploi..... Bill BENWELL, Port Daniel Ouest
P.Q., Farmer

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel?..... NA

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement..... N.A.

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?..... N.A.

(14) Est-ce que votre mère vit encore?..... NO

Dans l'affirmative, donnez son nom et son adresse..... N.A.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?..... N.A.

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement..... N.A.

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?..... N.A.

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?..... NO
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté..... N.A.

Nom en entier..... N.A.

Adresse postale..... N.A.

Montant de la contribution mensuelle au cours des six derniers mois..... N.A.

(18) Êtes-vous assuré?..... NO

Si oui, dites dans quelle compagnie?..... N.A.

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?..... N.A.

..... Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

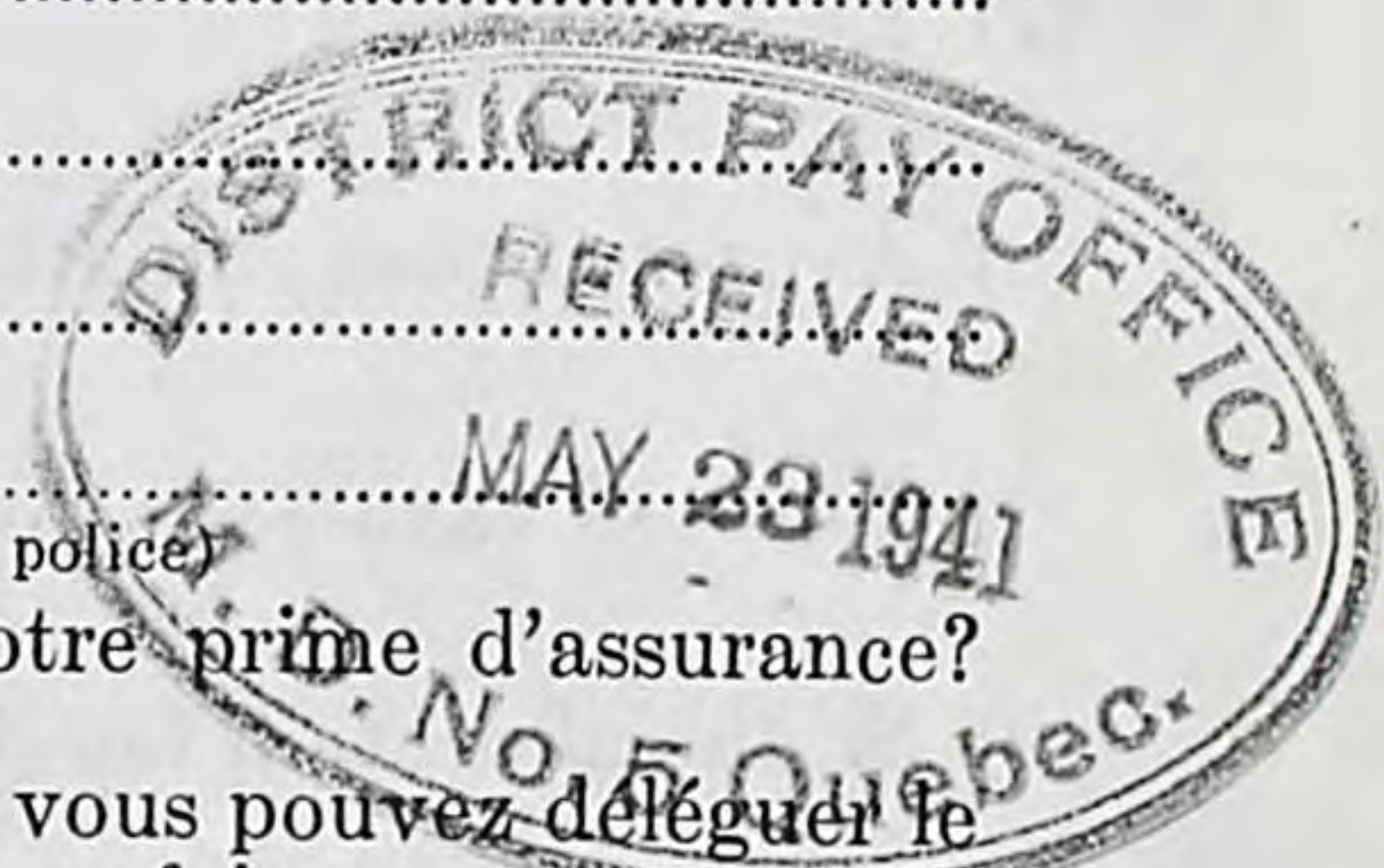
Warren Benwell
(Signature de l'officier, soldat, ou aviateur)

Date..... 21-4-41

W. G. Currie
Officier Commandant Royal Rifles of Canada

Date..... 21-4-41

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en conséquence les questions qui se rapportent au père ou à la mère.



R. Reflex

Quote No. ~~H.Q. 405-B-9205~~

DEPARTMENT OF NATIONAL DEFENCE
ARMY

(Records-C)

Ottawa, Canada,

February 23, 1943

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

Dear Sir:

The undermentioned Canadian Army
Casualty is forwarded to you for transmission to the
Inspector of Income Tax concerned:

Regimental No. **E-30699**

Rank. **Rifleman**

Surname. **BENWELL**

Christian Names. **Marven**

Nature of Casualty. **Prisoner of War**

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

Address at time of enlistment *Post Daniel West Co.*
Bonaventure P.Q.

Occupation: *Farmer*

Marital status on enlistment: *Single*

Name and address of next-of-kin: **Mr. Bill Benwell,**
Marcil Office, Bonaventure, Que.

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

GR/ME

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

CANADIAN PACIFIC TELEGRAPHS

BTC

FILE H.Q. 405-B-9205

CASUALTY (REPORT DELIVERY)

OTTAWA

17 SEPTEMBER 1945

TO:-

89790

MR BILL BENWELL
MARCIL OFFICE
BONAVENTURE CO QUEBEC

DEEPLY REGRET TO INFORM YOU THAT E30699 RIFLEMAN
MARVEN BENWELL PREVIOUSLY REPORTED PRISONER OF WAR JAPANESE HANDS
IS NOW OFFICIALLY REPORTED TO HAVE DIED OF AMOEBIC DYSENTRY ON
TENTH SEPTEMBER ¹⁹⁴³~~1945~~ WHILST IN CAPTIVITY STOP FURTHER INFORMATION
WILL FOLLOW WHEN AVAILABLE

PREPAID

DIRECTOR OF RECORDS

31

Ottawa, Canada,

19th September, 1945.

Dear Mr. Benwell:

It was with deep regret that I learned of the death of your son, E30699 Rifleman Marven Benwell, who gave his life in the Service of his Country in Japan on the 10th day of September, 1943.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

Mr. Bill Benwell,
Marcell Office,
Bonaventure County, Que.

/RMH

mem x - nil
21-9-45
b.B.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

DEATH

ID

E30699

RANK

Rifleman

SERVICE UNIT

Royal Regiment of Canada

NAME

BENWELL, Marven

DATE OF BIRTH

8-11-22

OCCUPATION

Farmer

MARITAL STATUS

PRESENT Single

MARITAL STATUS

ON ENLISTMENT Single

DATE OF

ENLISTMENT 21-4-41

NEXT OF KIN

Mr Bill Benwell
Address Marcell Office
Bonaventure Co Quebec

ADDRESS ON
ENLISTMENT

Port Daniel Ouest, P.Q

AUTHORITY CAS. Sig. No.

CASUALTY Canpat 51 HQ. 405-B-9205

DETAILS

DATE

10-9-43

Died whilst POW

HRJ

DIRECTOR OF RECORDS
N.D.H.Q.

35
Δ-T

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

Director of Estates

Regimental No. E-30699 Rank Rifleman

BENWELL Surname Marven Christian Names

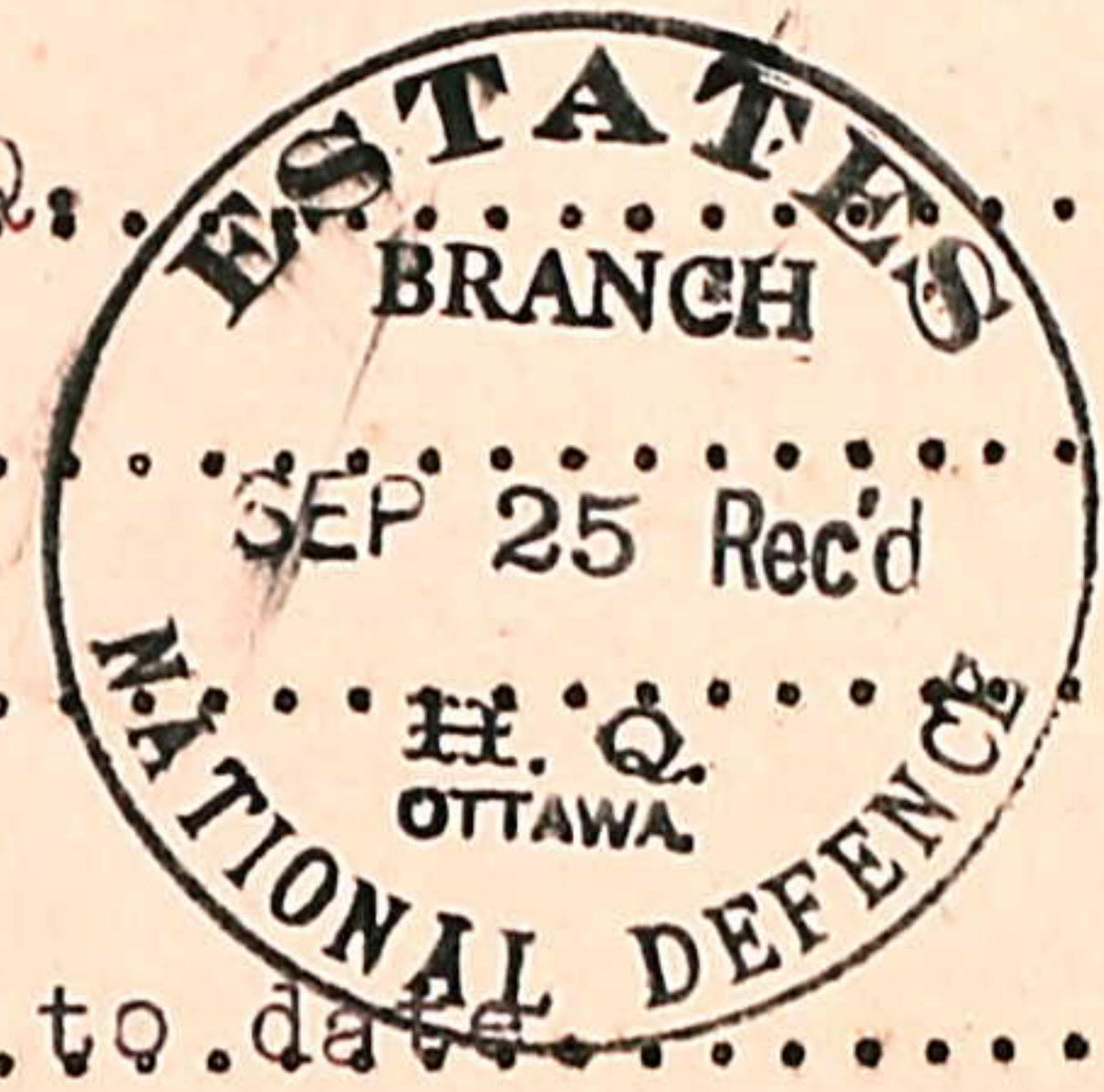
Unit Royal Regiment of Canada

Date of death 10-Sep-43 Place of Death OVERSEAS (Japan)

Casualty Details Died whilst POW

Next-of-kin Mr. Bill Benwell Relationship Father

Address Marcil Office, Bonaventure Co., P.Q.



Will No record of Will in Record Office to date

Date 24 Sep 45

EXCERPT OF M.F.M.5 dated 21-Apr-41

(1) Are you married? NO Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? YES If so, state name and address

Bill Benwell, Port Daniel Quest, P.Q.

(3) Is your mother alive? NO If so, state name and address

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

[Signature]
ESTATES LIAISON

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

4
ARMY

DECEASED
MEMBER'S
NAME

~~Marven~~

(CHRISTIAN NAMES)

~~BENWELL~~

(SURNAME)

REGISTER NO.

~~D-19331~~

FILE NO.

~~405-B-9205~~

DATE

~~24-6-46~~

PAYEE

~~Mr. Bill BENWELL,~~

SERVICE NO.

~~E-30699~~

ADDRESS

~~Port Daniel,
Bonaventure Co., Que.~~

FINAL RANK OR RATING

~~Rfm~~

DATE OF TERMINATION OF OVERSEAS SERVICE

~~10-9-43~~

DATE OF DISCHARGE

~~10-9-43~~

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS ~~859~~ EQUAL TO ~~28~~ COMPLETE PERIODS AT \$7.50

\$ ~~210.00~~

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS ~~683~~ LESS ~~19~~ INELIGIBLE DAYS, EQUAL TO ~~664~~ DAYS @ 25c. PER DAY

\$ ~~166.00~~

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

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

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ ~~2.75~~ X ~~7~~ = \$ ~~19.25~~

NO. OF DAYS ~~683~~ X \$ ~~19.25~~

\$ ~~376.00~~

\$ ~~71.85~~

D. WAR SERVICE GRATUITY

\$ ~~447.85~~

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ ~~447.85~~

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 ~~GJO~~ CHECKED BY ~~mjk~~

TREASURY
CHECKED BY ~~G. Petclere~~ DATE ~~28/6/46~~

~~G. L. Hantony Capt.~~
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MARVEN BENWELL Register No. D-19331
(Christian Names) (Surname)

PAYEE'S NAME MR. BILL BENWELL File No. 405-B-9205
(Christian Names) (Surname) Date 23-5-46

ADDRESS PORT DANIEL Service No. E-30699
BONAVENTURE CO., P.O. Final Rank REN

DATE OF TERMINATION OF OVERSEAS SERVICE 10-9-43 Date of Discharge 10-9-43

		AMOUNT	
		\$	c
<p><i>date ok</i></p> <p>A. TOTAL QUALIFYING SERVICE</p> <p>No. of day <u>859</u> = <u>28</u> Periods @ \$7.50</p> <p style="text-align: center;"><small>30</small></p>		210	00
<p>B. QUALIFYING OVERSEAS SERVICE</p> <p>No. of days <u>683</u> less <u>19</u> Ineligible days,</p> <p>equal <u>664</u> Days @ 25c. per day</p>		166	00
<p>C. SUPPLEMENT FOR OVERSEAS SERVICE</p> <p>Daily Rate of Pay \$ <u>1.50</u></p> <p>Subsistence Allowance \$ <u>1.25</u></p> <p>Additional Pay \$ <u>1</u></p> <p>Dependents' Allowance 1/30 \$ <u>c</u> \$ <u>c</u></p> <p style="text-align: right;">TOTAL \$ <u>2.75</u> × 7 = \$ <u>19.25</u></p> <p style="text-align: right;">No. of Days <u>683</u> × \$ <u>19.25</u></p> <p style="text-align: center;"><small>183</small></p>		376	00
<p>D. WAR SERVICE GRATUITY</p> <p>Computed By <u>Beb.</u></p>		447	85
<p>E. DEDUCTIONS</p> <p>Overpayment of</p> <p>(1) Pay & Allowance \$ <u> </u></p> <p>(2) D.A. & A.P. \$ <u> </u> <u> </u></p> <p>Other Deductions \$ <u> </u></p> <p>Entered By <u>by</u></p>			
<p>F. AMOUNT PAYABLE</p> <p>(This amount is payable in <u> </u> monthly instalments of \$ <u> </u> each)</p>		<i>447</i>	<i>85</i>
<p>G. Monthly instalment not to exceed <i>daily rate</i> of Pay & Allowances per (C)</p> <p style="text-align: center;">\$ <u> </u> × 30 = \$ <u> </u></p>			

REMARKS

HONG KONG

date ok

VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

P.A.

No. E-50699 Name Benwell, Mervin
Rank on Discharge Rfms Date of Discharge 10 Sept. 43
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying
service

Canada from 21 Apr. 41 to 27 Oct. 41
from _____ to _____

United Kingdom from _____ to _____
from _____ to _____

Italy from :- _____ to _____

Northwest Europe from _____ to _____

~~Long Range~~ from Dec. 41 to 10 Sept. 43
(Sec'd - of Amoxicic Squadron)
(while at P.O.W.)
----- from _____ to _____

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 ✓



N.R.D.

Verified by Georgette Patrice

Date 11 June 46

Carded JUN 12 1946

File No

405-B-9205

R E B U R I A L

NO E.30699

RANK Rifleman

NAME BENWELL, M.

NAME OF CEMETERY British Commonwealth War Cemetery.

LOCATION OF CEMETERY Yokohama, Japan.

GRAVE LOCATION Plot A, Row A, Grave 4, Canadian Section.

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

H.Q. 405-B-9205
(D.R. 2(C))

11th January, 1947.


Mr. Bill Benwell,
Marcil Office,
Bonaventure County, Quebec.

Dear Mr. Benwell:

Information has just been received from military authorities in the Far East that the remains of your son, E30699 Rifleman Marven Benwell, have now been interred in plot A, row A, grave 4, Canadian section, of the British Commonwealth War Cemetery at Yokohama, Japan. This is a recognized military burial ground which will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,


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

/EMA

Handwritten initials

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30699

RANK Rifleman

SERVICE UNIT The Royal
Regiment of Canada (CA)

NAME BENWELL, Harven

DATE OF BIRTH 8-11-22

DATE OF ENLISTMENT 21-4-41

MARITAL STATUS
Single

RELIGION
Roman Catholic

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

father

NAME
ADDRESS
D.A.B.

Mr. Bill Benwell,

ADDRESS
Marcell Office,
Bonaventure Co., Que.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

CANPAT 51

405-B-9205

DATE 10-9-43

Previously reported P.O.W. in Japanese
hands now officially reported to have
died as result of Amoebic Dysentery
whilst P.O.W. at Camp 5/B Niigata

JAPAN

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

MM

YES/NO

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

YES/NO

DATE

17-9-45

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

10-9-43

AWARDS—CANADIAN ARMY (ACTIVE)

459798M

CB.

500M-1-44 (3467)
H.Q. 1772-45-8

				FILE NO. 405-B-9205
<u>BENWELL Marven</u>		E-30699	Rfmn.	Royal Regt. of C.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPACHED:
---------	-----	-----------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPACHED
1939-45 Star	
Pacific Star	
War Medal	
CVSM & Clasp	
Defence Medal	29/7/94 AUG 12 1994 3406
	21-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

H.K. Bar → FEB 13 1996

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Bill BENWELL (FATHER)

MARCIL OFFICE,

ADDRESS: Bonaventure Co., Que.

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased (MFM5)

ADDRESS:

MEMORIAL BAR

DATE DESP

REGN. NO. 2475

(2)

(3)