E52743
KENNY
GERALD JAMES
L

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ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
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 CA Regimental Number E- 52743

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGER-PRINTED

01 PTE

1. Surname KENNY
2. Christian Names Gerald James
3. Present address 8357 St-Denis St., Montreal Que., Canada
4. Date of birth 23 July 1914
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Shipper
8. Married, Widower or Single Single
9. Name of next of kin Mrs Mary KENNY
10. Relationship Mother
11. Address of next of kin ~~8357~~ 7381 B. St-Denis St., Montreal Que., Canada see sample
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No

(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)

(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No

(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? No

(If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Gerald James KENNY, 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 17 Feb 1942 Gerald James Kenny (Signature of recruit)

Witness to Signature

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Gerald James Kenny (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 Montreal South this 17th day of February 19 42

L. J. Renaud Capt. (Signature of Magistrate, Justice or Attesting Officer.)

NO. 4 DISTRICT DEPOT, A.F. (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

Occupational FINGERPRINTED

Record of Service of KENNY (Surname) Gerald James (Christian Names) Regimental Number E- 52743

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Shipper

Technical: Nil

Languages: English and french

Educational Qualifications

High School or Collegiate: Nil (years completed)

Graduation or Matriculation: Nil (specify)

*College:

*University: Nil

6 years public school

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
18/2/42	DRO	Joined on appointment No. 4 District Depot CA	Rfmn	17/2/42	4DD	Mtl.Sth.	4DD Pt.II No.41	18/2/42
27-2-42	4DD	POSTED TO HIS UNIT,NO.5 DD QUEBEC,QUE.	"	27-2-42	"	" "	" " " 49	27-2-42
28-2-42	RRC	T.O.S. OF R.R.C. ON TRANSFER FROM #4 DD. AF MONTREAL.	"	2822-42	RRC	QUEBEC.	PT. 11 # 29	28-2-42
2-7-42	RRC	Appointed to the Rank of ~~XXXXX~~ L/Cpl. with pay.	"	1-7-42	RRC	Nanaimo	Pt. II No. 120	2-7-42
16-7-42	RRC	A.W.L. from 0200 hrs. 16 July 42.	L/Cpl.	16-7-42	RRC	Nanaimo	Pt II. No. 132	16-7-42
20-7-42	RRC 5501	~~XXXX~~ Admonished and forfeits under F.R. & O. art . 149 (1)(a) for A.W.L. from 0200 hrs. 16 July 42 to 0155 hrs. 17 July 42(Absent 23 hrs. 55 mins). One days pay. Sec.15 (1)A.A.	"	27-7-42	RRC	Nanaimo	pt. II No. 135	20-7-42
4-8-42	RRC 034-3	Was on 3 Aug. 42 reduced to the rank of Rifleman for an act to the Prejudice of Good order & Military Discipline.Sec.40 A.A.	L/Cpl.	4-8-42	RRC	Nanaimo	Part II No. 148	4-8-42
8-9-42	1/4 RRC	PROCEEDS ON COMMAND AND IS ATTACHED TO VOCATIONAL TRADES SCHOOL VICTORIA BC FOR ALL PURPOSES ~~XXXXXXXX~~ WHILST ATTENDING COOKING SCHOOL.	Rfn.	8-9-42	RRC	NANAIMO BC	Part II - 177	8-9-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full KENNY GERALD JAMES Place Mtl.

Place Mtl. Date 16 Feb. 42

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

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

Gerald James Kenny
Signature of Applicant.

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

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

Nil.

2. Height 5 feet 2¾ inches. 3. Weight 115 pounds.

4. Complexion Med. Eyes Blue Hair Brown

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 33 inches.
Range of expansion 3 inches.

URINE 64445 N
X-RAY 09869

7. Vision, right 20/30 left 20/30
With Glasses— right left

8. Hearing, right cv 20 left cv 20

9. Condition of mouth and teeth 2 plates.

10. The abnormalities (congenital and pathological) found on examination are as follows

COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
DR. H. MICHAUD.
Both enlarged rings — Bulging: no hernia.
Consultation: COL. RUDDICK.

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 Underweight.

E.S. Harding — President; A.G. Murphy — Member; G. Aumont Lt. — Member

E.S. HARDING M.D. A.G. MORPHY M.D. G. AUMONT LT.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
FEB 18 '42	TAB-T Mitchell Lt		
2-4-42	2, a 2 Nurse Capt		
17-6-42	B gbl		
FEB 18 '42	VACC MAP		
17-2-43	Col A. bon[illegible]		
24-3-43	" " " H. Lund Capt		

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

ALL PURPOSES UNLESS OTHERWISE STATED ON THIS FORM
COOKING SCHOOL.

Regtl. No. B- 52743 Rank Rfmn Surname KENNY Christian Name Gerald James

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

PART I (For all ranks)

Unit ROYAL RIFLES OF CANADA Regimental Number E-52743

1. Surname KENNY
2. Christian Names Gerald James
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, P.Q. Canada
5. Date of birth as declared on attestation 28 July 1914
   (A)
6. Date of enlistment 17 Feb. 42
7. Place of enlistment Montreal South, P.Q.
8. Residence at time of enlistment 8357 St. Denis St. Mtl. P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date
13. Trade on enlistment Shipper
14. Corps, trade and grade
15. (D) Qualifications COOK B.
16. (E) Miscellaneous entries

(17) Regiment or Corps ~~RRC~~ ~~Cdn Inf Corps~~ RCASC

Unit (Battn., etc) ~~1042~~ ~~RCR~~ 10 C/B Cay

(18) Medical

Category	Date	Authority
"A"	16-2-42	MFM 2 Page 3
A Conf.	17-2-43	

(19) Next of kin (entries to be made in pencil)
Mrs Mary Kenny (Mother)
7381 B St Denis St
Montreal, P.Q.
Canada

(20) E
(21) E
(22) E
CMHQ 1000:92 Completed 1 Jul 44

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		3CIRU	S.O.S. C.A. (CANADA) ON EMBARKATION	UK	27 Mar 43		
		"	T.O.S. C.A. (OVERSEAS) ON TRANSFER Reinf RCR	"	28 Mar 43		
		"	Disembarked in UK	"	4 Apr 43	Pte	51 9/6 Apr 43
		"	T.O.S. 8 CDN. INF. REINF. UNIT	"	5 Apr 43		
SOS		"	SOS to 1ASCRU (Cooks & Butchers Wing)	"	11 May 43	"	81-12 May 43.
	T.O.S	ASCRU	TOS fr. 3 CIRU send trans to RCASC	UK	12 May 43	Pte	116-13 May 43
		"	Trans fr. RCR to RCASC	UK	12 May 43	Pte	127-26 May 43
			Was on 21 Jan 43 awarded forf of 7 days pay offence contrary to AA Sec 11 Art 149(2) FRt I	"	21 Jan 43		151-23 Jun 43
			Was on 16 July 43 awarded a forf of 4 days pay for A.W.L. fr 2359 hrs 13 July 43 until 2345 hrs 14 July 43 AA Sec 15(1) Art 149(1)(2) FRt I		16 July 43		173-19 July 43
	SOS		SOS to 7 CIB Sp Gp (Cook "C")		28 July 43		181-28 July 43
		ASCRU	Tr. Tested Qual Cook "C"	UK	28 Jul 43	Pte	181-28 Jul 43
		ASCRU	Tr. Pay as Cook "C"	UK	28 Jul 43	Pte	181-28 Jul 43
	TOS	7CIBSpGp	from 1CASCRU (Cook "C")	Fd	29 Jul 43	Pte	20 1 Aug 43
	OC	"	AA 15(1) AWL (1 day 12 hrs 30 min) 10 days C.B. forf 10 days pay FRt I 149(2) 2 days pay FRt I 149(1)(a) Total forf of 12 days pay	"	28 Jul 43	"	24-24 Aug 43
	~~SOS~~	~~7CIBSpGp~~	~~to 1CASCRU (Cook "C") on adm Hosp~~	~~Fd~~	~~9 Oct 43~~	~~Pte~~	~~32 18 Oct 43~~
		7CIBSpGp	adm to 14 Fd Amb to 4 CCS to 2 CGH	Fd	9 Oct 43	"	32 18 Oct 43
	SOS	"	to 1CASCRU (Cook "C") on adm to 2 CGH	"	9 Oct 43	"	32 18 Oct 43
		1CASCRU	TOS from 7 CIB Sp Bn (Cook "C")		10 Oct 43		255-21 Oct 43
			Admt to 2 Cdn Gen Hosp		9 Oct 43		255-21 Oct 43
			Disch from 2 " " " (Cook "C")		6 Nov 43	"	270-8 Nov 43
	SOS		SOS to 3 Svy Coy R.C.E. (Cook "C")		13 Nov 43	"	276-15 Nov 43
	HQ 3 Fd	Svy Coy	TOS from 1CASCRU (Cook "C")	✓	14 Nov 43	✓	25-26 Nov 43
			AWARDED CDN. VOL. SER. MEDAL & CLASP	✓	15 JAN. 44	✓	3-24 Jan 44
	✓		Att to Svy Trng Centre RE fap 10 Jan 44 to	✓	24 Jan 44	✓	4-3 Feb 44
28 May 44	✓		SOS to X-4 List RCASC (Cook C)	✓	29 May 44	✓	18-3 Jun 44
	X4 (RCASC)	13 Bn	TOS from HQ 3 Cdn Fd Svy Coy RCE (Cook "C")	✓	30 May 44	✓	23-7 Jun 44
	X4 (13 Bn)	RCASC	SOS to 10 CIB Coy RCASC (Cook C)	✓	1 Jun 44	✓	24-10 Jun 44
5 Jun 44	CR	10 CIB	TOS from X4 List 13 Bn RCASC Cook "C"		2 Jun 44	"	23 - Jun 44

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps... RCASC ...Regimental Number... E52743...

Substantive Rank... Pte ...Surname... KENNY ...Christian Names ... G J ...

Acting Temporary or Local Rank.....

(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
			Emb U.K. 21 JUL	DO	25-29	Jul 44	
			Disemb France 25 JUL 44				
25 Sep 44	CR	10 CIB	Qual Cook "B"	Fd	14 aug 44	Pte	48/44
25 Sep 44	✓	✓	Granted TP Cook "B"	"	14 aug 44	"	46/44
24 Oct 44	CR	10 CIB	SOS (deceased) killed by enemy action Cook "B"	Fd	23 Oct 44	Pte	52/44

Regimental No. E-52743 Rank Rfn. Sheet No. 2

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1046

Name KENNY, G.J

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
CEASES TO DRAW TRADEMENS RATES OF PAY GROUP "C" COOK.	Rfn.	19-2-43	RRC	N.West.	#35	19-2-43
S.O.S. OF RRC C.A. ON POSTING TO D.D. NO. 4 MONTREAL SOUTH, QUE.	"	19-2-43	RRC	N.West.	#35	19-2-43
T.O.S. ON TRANSFER FROM R.R.C. OF CANADA CA.	"	20 Feb.43	4DD	MTL STH	# 46	24 Feb.43
6 Mar 43 4 DD. Granted Embarkation Leave from 0800 hrs 25 Feb 43 to 0800 hrs 1 Mar 43 and is granted (50) cts p.d. allow. in lieu of rations for period shown.	Rfn	25 Feb 43	"	"	55	5 Mar 43
S.O.S. C.A. (CANADA) ON EMBARKATION	Pte	29 Mar 43				
T.O.S. R.A. (OVERSEAS) ON TRANSFER Reinf RCR	"	28 Mar 43				
Disembarked in UK	"	4 Apr 43	3CIRU	UK	52	7 Apr 43
T.O.S. 8 CDN. INF. REINF. UNIT.	"	5 Apr 43				
SOS S.O.S. to 1 CASCRU (Cooks + Butchers)	Pte	11 May 43	3CIRU	UK	81	12 May 43
T.O.S. T.O.S from 3CIRU pending Trade Release	Pte	12 May 43	CASCRU	UK	116	13 May 43
Trans. from RCR to Release	Pte	12 May 43	CASCRU	UK	127	26 May 43
Awd 7 days Pay & Cy see 15 (1) Can. L	Pte	16 July 43	CASCRU	UK	173	19 July 43
Granted Trades Pay as Cook Grp "C" Trade tested "Qualified"	Pte	22 July 43	CASCRU	UK	181	28 July 43
SOS SOS to 7 Cdn Inf Bde Sp. Coy Cook "C"	Pte	28 July 43	CASCRU	UK	181	28 July 43
T.O.S. T.O.S. from 1 CASCRU	Pte	29 July 43	3 CDS Bn	UK	20	1 Aug 43.
AA Sec 15 (1) AWL Awtd 10 days CB Forf 12 days pay	Pte	2 Aug 43	3 CDS Bn	UK	24	24 Aug 43
SOS SOS to 1 CASCRU on adm to 2 Gen Hosp	Pte	9 Oct 43	7 CIB 4 Sp. Coy 3 CDS Bn	UK	32	18 Oct 43
TOS TOS from 7 CIB Sp Coy (Cook C)	Pte	10 Oct 43	1 CASCRU	UK	255	21 Oct 43
Adm to 14 Fld Amb.	Pte	6 Oct 43	3 CDSB	UK	32	18 Oct 43
Removed to 2 Gen. Hosp.	Pte	9 Oct 43	3 CDSB	UK	32	18 Oct 43
SOS. SOS to 3 Survey Coy RCE Cook "C"	Pte	14.11.43	ASCRU	U.K.	276	13.11.43
TOS. TOS from 1 CASCRU. Cook "C"	Pte.	14 Nov 43	HQ 3 Fd Svy Coy	UK.	25	26 Nov 43.
(CD) Dutch 2 Gen Hosp (Cook C)	Pte	6 Nov 43.	ASCRU	UK.	270	8 Nov 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C28. Attd Survying Centre Coy to 26 Jan 44.	Pte.	10 Jan 44	HQ 3 Fd Svy Coy	UK.	4.	24 Feb 44.
SOS. SOS to X 4 List: RCASC. Cook C	Pte	29 May 44	HQ 3 Fd Survey Coy	UK	18	3 June 44
TOS TOS from X List RCASC Cook C	Pte	2 June 44	10 CIB Coy	UK	23	5 June 44

Regimental No. E 52743. Rank

Sheet No.

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name Kenny. G.S.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Embarked at UK on ; Disembarked at France on ; D042 D/ 2 Sept 44 is amended	Pte.	21 July 44 ~~23 July 44~~ 25 Jul 44	10 C/B Coy	21 a Gp.	35.	29 July 44
M184 Qual Cook "B" Intst TK of P cook "B" Cook "C"	Pte	14 Aug 44	10 C/B Coy	21 H G	48	6 Oct 44
M40 Killed 23 Oct 44						
M192 505 Deceased Killed by enemy action cook B	Pte	23 Oct 44	10 C/B Coy	21 Ag	52	9 Nov 44
M127 Killed	Pte	23 Oct 44	10 Cdn Inf Bde Coy	AEF	A-507	28 Oct 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Mary Kenny (Mother)

ADDRESS: 7381 B St.Denis St., Villeray, Montreal 10,P.Q.

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

MEMORIAL BAR

(2)

DATE DESP.....

REGN. NO 56

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Kenny, (ENGLISH)

1829 7381B St.Denis Street,

ADDRESS: Villeray, Montreal, Que.

(3)

DESP. FEB 21 1945
REGN No. 14353

1829 C.B.

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

23-10-44

FILE No. 405-K-9369

KENNY Gerald James	E-52743	Pte.	R.C.A.S.C.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star ~~Defence Medal~~ War Medal C.V.S.M. & Clasp	3338 14-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

AT-40 7

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

E.52743	Rfn.	KENNY, Gerald J.	A	28	A-1
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

English	French	19 Feb 43 #XI D.D., Vancouver, B.C.
Main Language	Other Language(s)	Place (Unit) Interviewed — Date Interviewed

II. Revised Examination "M"

#XI D.D., Vancouver, B.C. — Place Tested; 18 Feb 43 — Date Tested; By Whom

116	IV	Subtests	12	11	11	14	19	9	16	24	Subtotals	34	33	49	E.
Total	Group		1	2	3	4	5	6	7	8		1–3	4–5	6–8	English or French

Other Tests

III. Educational Background

Had 6 yrs. schooling. left age 14 - Montreal, Que.
Spelling and Arithmetic best - progress good.

IV. Occupational Background

3 yrs. - grocery store as clerk.
5 yrs. dry cleaning, pressing and dry cleaning.
1 yr. - cook, C.N.R.
1 yr. - Cranes Ltd. (plumbing) shipping.

V. Military Background

17 Feb 1942 - enlisted to RRC - took all training with unit. Cook's course at 11 V.T.S. Qualified Group "C" cook - has been cook most of time in Army.

VI. Other Personal History and Appraisal

Single - home in Montreal - mother living. Father was foreman in Dye Room of Dry Cleaning plant.
1 Brother - Liquor Commission in Montreal
1 sister - Switchboard operator.
5'4½" 128 lbs. health is good.
Likes idea of going over - would like to continue at trade as cook, Overseas.

Average learning ability. Fair appearance, pleasant personality. Neat, friendly man superior type to many Army cooks. Mature, serious, bright and alert. Has good attitude, is highly stable - 6 yrs. school in Que., dry cleaner, cook and grocery clerk. Potentialities as N.C.O. Cook.

Q. card · complete

VII. Recommendations

Suitable for Overseas Reinforcement.

DM/McB.

(Signed) Lt Quartermaster
A. McKie (Capt.) Army Examiner

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

3C.9.R.U.
S.O.S To HI C.A.S.C.R.U. met 12.5.43

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*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 individual's new unit.

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(1) Name of Officer or Other Rank KENNY
(Surname first—Christian names in full—Block capitals)
GERALD JAMES

(2) Regimental or Official Number and Rank E- 52743 Rflmn.

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

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages
NIL

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NIL

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NIL

Postal Address NIL

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address NIL

(11) Is your father alive? NO

If so, state name and address, occupation NIL

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. NIL

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

(14) Is your mother alive? YES

If so, state name and address MRS. MARY KENNY, 8357 St. Denis St. Montreal, Que.

(15) If your mother is a widow, are you her sole or partial support? Partial support-

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $40.00 per month

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? 1 brother & 1 sister working-

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NIL

Full Name NIL

Postal Address NIL

Amount contributed monthly during the past six months NIL

(18) Are you insured? NO

If so, in what Company? Mtropolitan Life Ins. Co.
(Give number of policy)

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

Gerald James Kenny
(Signature of officer or man)

Date 17-2-42

D. Tremaud Capt.
Officer Commanding

17-2-42

Date NO. 4 DISTRICT DEPOT, A.F.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

CARDS PUNCHED

Soldiers Qualification Card

CONFIDENTIAL

CODED

Regimental Number	Last Name (Block letters)	First Name	Middle Names
E-52743	KENNY	GERALD	JAMES

Unit #1 CASCRU "CB"

1 Corps A.S.C. 7 — —

2 Nationality: Canadian 08 | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Father Racial Origin: English 1 | Mother: Irish

4 Language spoken in home: French ..... English ✓ | Other .....

5 Age 29/5 (28/JUL/14) | 6 Height 5 ft. 4½ in. | 7 Weight 129 | 8 Silhouette 1 2 3 4

Eyes 1 | 9 Colour of blue | 10 Acuity 4 1 2 3 | 10 Glasses at times | 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 | 13 Speech Defects none

14 Handedness R ✓ L A | 15 Med. Category A-1

Cause .....

Attitude to own health o.k. | To Medical attention co-operate

Health History pneumonia, scarlet fever

16 Education Level: Illiterate ..... El. 6 (14) Sec. ..... ( ) (Grade completed)

Conduct during school life .....

17 18 University or Professional Institution	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) .....

At ..... From—To ..... Completed ? .....

21 2. (Course) .....

At ..... From—To ..... Completed ? .....

22 3. (Course) .....

At ..... From—To ..... Completed ? .....

Other trades papers, Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently Eng & Fr. 02 11

Written well Eng & Fr.

24 Main occupation: Description Cook 1399

Estimate of skill [illegible]

Duration (from—to) 1935 - 1940 | Weekly Wage $35-00

Employer's Name and Address C.N.R. Montreal

50 "M"

Test	Score	S.M.	Test 9 Score
1	18	12	Sub-total
2	15	11	S.M.
3	12	45 11	
4	16	14	Sub-total
5	21	37 19	S.M.
6	9	9	Sub-total
7	16	16	S.M.
8	16	41 24	
Tot.	123	116 D.	Grade C

English ..... French .....

51 OTHER MENTAL

Test .....

Score ..... Grade .....

Date .....

52a MECHANICAL APT.

Test .....

Score ..... Grade .....

Date .....

52b CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test .....

Score ..... Grade .....

Date .....

25 Second Most Important Occupation: Description: Dry Cleaning 1832

Estimate of skill .....

Duration (from—to) 1929 - 1934 | Weekly Wage $18.00

Employer's Name and Address Toilet Laundries Montreal Que.

26 Third Most Important Occupation:

Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck 0 | 29 Auto 0 | 30 Motorcycle .....

31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....

35 Accident Prone no (civil license/36) 1 | Teamster 2 horses

Farming Experience: Wide ..... Limited ..... None ✓

District ..... Type .....

Job promised after discharge? no By whom? Name .....

Job ..... Address: .....

Other provision for post-discharge occupation none

Best Qual as cook Type of work desired Cooking

Occupational history: Ambitious ..... Stable ..... Accidental ..... Erratic .....

36 Marital Status: M ..... S ✓ W ..... D ..... Sep. .....

2 Marital Problems .....

Wife's or Husband's Age ..... Attitude to Service ..... Health .....

37 No. of Children ..... 38 No. of Dependents 0

Relationship of Dependents .....

No. of Brothers 1 | No. of Sisters 1 | Position in family 3rd

Status of home in childhood Father died when 9 mo.

Religious Denomination R/C

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

Mechanics ..... Other .....

40 Sports: (1) ..... (2) ..... (3) .....

1 Team Games and Position (1) hockey (goal) baseball (catch)

2 3 (2) rugby (map) ..... (3) .....

41 Ability to Entertain: Music: String ..... Brass .....

Woodwind ..... Percussion ..... Piano ..... Vocal .....

Theatrical ..... Other .....

CONFIDENTIAL

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 17/2/42 Place Enlisted Montreal South Que.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
1/3/42 – 19/2/43	Can	INF	R. Rifles of Canada	Pte.	cooking	
19/2/43 – 5/43	UK	INF	#3 CIRU	Pte.	Trng.	
5/43 – 28/7/43	U.K	ASC	#1 CASCRU	Pte.	Cook course	
28/7/43 – 5/10/43	UK	ASC	Camm/Highlanders	Pte	cooking	
5/10/43 –	UK	ASC	#1 CASCRU	"	H 33 DAY	
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Cook course	Victoria B.C	9/9/42 – 9/11/42	Cook "C"	

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences 2/22 days C.B.

Civil Convictions..... Fines 2/19 days pay Hospitalization 1 (37 d)

49 Psychiatric ☐ ☐ ☐ ☐ ☐ Knee jo

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Cook	"C"	15/10/42	P.13

55 Type of Service Desired (1) Cook (2) Driver

Remarks re Outstanding or Limiting Factors

Deportment	✓
Disposition	✓
Appearance (grooming)	✓
Physical appearance	—
Map Reading	—
Military Knowledge	—
Mechanical Knowledge	—

Knee trouble in Sept 43 when looks rather frail slight N.P. tendency, fairly alert, good dexterity

Reason for Joining Cdn. Army "Duty"

Attitude to Interview: Antagonistic..... Overanxious..... Co-operative ✓ Indifferent.....

Tests Indicated: 51..... 52a..... 52b..... 53..... Other.....

48 Suggested Possibilities (1) Cook

for employment (2).....

Interviewed by J. P. [illegible] Capt Date 8/11/43

Reviewed by..... Date.....

C.M.H.Q. 1000:115
40/P&S/1246(2609)

No E-52743 Rank Private Name KENNY, Gerald James

Unit R.C.A.S.C. Date of death 23rd Oct., 1944.

Died at ~~France~~ BELGIUM

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-K-9369

N/K Mrs. Mary Kenny Relationship Mother

Address 7381B St. Denis St., ~~Villeray,~~ Montreal 10, Quebec

Remains buried in MR 706043, Sheet 24 & 34. Cemetery

ST.Mariaburg Belgium.

CHK

Grave location

OVER-

REBURIAL

Bergen-op-Zoom Cdn. Military Cemetery,
4 miles N.E. of Bergen-op-Zoom,Holland

Grave 7, row D, plot 11

HI & CR Form Despd NOV 21 1946

Photographs

Despatched
NOV 17 1947

BURIAL REPORT TO N.K. FEB 22 1946

RETURN TO BUR. OF STAT. MAY 17 1945

ROYAL MESSAGE DESP'D. NOV 29 1944

CAN. MESSAGE DESP'D. DEC 12 1944

5M-10-44 (M-4414)

Mrs. Mary Kenny
7381B St. Denis St.,
Villeray,
MONTREAL 10 Que.

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

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

and the following number quoted:—

H.Q. 405-K-9369-FD-500

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

2 Jan 1945.

ESTATES BRANCH
JAN 9 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

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

KENNY Gerald James Pte.

E-52743 C.A.

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.

C B Stevenson Capt
for Director of Estates.

br

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		✓		
2	Children of the Deceased and dates of their Births.....		✓		
3	Father of the Deceased.....		Michael Kenny	35	Deceased april 28-1915
4	Mother of the Deceased.....		Mrs Mary Kenny	60	7381 - 3 St Denis Street Montreal
5	Brothers of the Deceased	Full Blood	Gordon Kenny	34	986 Dorval Ave Outremont, Que.
		Half Blood	✓		
6	Sisters of the Deceased	Full Blood	Hilda Kenny	32	7381 - 3 St. Denis Street Montreal, Que.
		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
	✓	✓	✓

8	F
9	D
10	P
11	P
12	P
13	S r
14	N
15	S s
16	N p
17	D
18	If i c c
19	D g D
20	A v
21	A v
22	D p t
23	D s
24	D A
25	D

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Gerald James Kenny
9	Date of his birth.	July 28th 1914
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Montreal, april 28th 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal (b) Que (c) Lifetime in Montreal. (d)
14	Nature of employment before enlistment.	Shipper
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.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No - Made will - at time of enlistment in army.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Single
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Dont know of any.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Dont know of any
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
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.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Mary Kenny — Signature of Informant

7381 St. Denis Street, Montreal Que. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Mary Kenny {Name of informant} is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 5th day of January 1945

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

Rev. Gordon Carroll — Qualification R.C. Priest

Address 355 Fallon Street Montreal 18. P.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

NOTE. Gerald James Kenny, my son, told me before leaving for overseas that if anything should happen to him, he had made a will with the army & everything he had was to be left to me, his Mother.

Mrs Mary Kenny

CFA 187
40/P &[redacted]2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

176

No., RANK and NAME E-52743 ..... Pte ..... Kenny ..... G.J. ..... (Deceased) .....

RECEIVED FROM 2nd Echelon 21 Army Group .....

CHECKED BY C-5267 Tpr Carr J.A. / C-5591 Pte Patterson L.K. ..... DATE 17 Jan 45 .....

Snapshots Letters		

176

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

J K Patterson Pte

for OC 1 Cdn KSD

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, Gerald James Kenny, of the Montreal
(Name in Full) (City, ~~Town, Village, Township~~)

Address in civil life.

of Quebec, in the ~~County~~ District of Gaspe
Province of Quebec, Shipper
(Civil Occupation)

Regimental No. E52743, Unit 10 C I B Coy RCASC, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

C

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My Mother
All My Estate
Mrs Mary Kenney
7381 B St Denis St.
Montreal Que Canada

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Helda Kenney — Miss Hilda Kenney 7381 B St Dennis Flt. Montreal Que Canada
(Name) (Address)

Stenographer, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 6 day of June 1944

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.

G. J. Kenny
(Signature of soldier)

First witness sign here.

(5) Signature Cpl E.T. Gelberson
Civil Address Innisfail Alberta Canada
Civil Occupation Farmer & Railway worker

Second witness sign here.

Signature J. R. Pratt
Civil Address 3828 W. 11th Ave. Vancouver BC
Civil Occupation Journeyman Painter

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

OFFICER I/C RECORDS
A. G. BRANCH
JUL 10 1944
H. Q. OTTAWA
NATIONAL DEFENCE

2

WILL RECEIVED IN DOCUMENT SECTION
JUL 12 1944
RECORD OFFICE
NAT. DEF. H. Q.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E52743 RANK Private SERVICE UNIT R.C.A.S.C.(CA)

NAME KENNY, Gerald James

DATE OF BIRTH DAY 28th MONTH July YEAR 1914 Date enlisted: 17-2-42

MARITAL STATUS Single Religion: R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Mary Kenny,

ADDRESS 7381B St.Denis St.,Villeray, Montreal, 10, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2794A H.Q. 405-K-9369

CASUALTY DETAILS Killed in action DATE 23-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO LF

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with Gen. List S/L 2503

DATE 4-11-44

OFFICER I/C RECORDS

BAC 5 Gen.

COPY FOR C.R. FILE

CANADIAN MILITARY HEADQUARTERS No..17650.....

RECORDS OFFICE

C A S U A L T Y R E P O R T

NAME (in full) KENNY, ~~Gerald~~ Gerald James

NO. E-52743 RANK PTE UNIT 10 CIB COY

HOSPITAL (U.K. only) In which death took place, if applicable

R.U. (U.K. only) to which posted on admission to Hospital

CASUALTY KILLED DATE 23 OCT 44 LIST# A 507 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

(L.S. APPLEFORD) Major
OIC - R.5 WING. CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete #2)

2. NAME (In full)

RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born Overseas. IF NONE so state

Date of Marriage, if known

Dup will to O i/c Estates. WILL, EFFECTS, ETC.

1. ~~NO WILL HERE~~ (or) WILL HEREWITH DATED 6 Jun 44. BENEFICIARY Mother. (Relationship)
Mrs. Mary KENNY
7381 St. Denis St. Montreal, P.Q. Canada. EXECUTOR Hilda KENNY
B. (Name) (Address) 7381 B. St. Denis St. Montreal, P.Q. Canada.

2. BANK ACCOUNT - NAME OF BANK, etc. A/C NO

ADDRESS

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN

4. Particulars of DEBTS, Remarks, etc.

NOV 16 1944

Date

ORIGINAL - With WILL, if any to OIC ESTATES, C.M.H.Q.

DUPLICATE - To File

(E.E. WILLAN) Capt.
OIC - R.3 Wing Non Effectives
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

PLEASE LEAVE BLANK

Kenny G.J.

Section A—GENERAL INFORMATION

1. (a) Print name in full KENNY GERALD JAMES (b) Reg'l. No. B-5[illegible]
2. (a) Arm of service Army (b) Unit R.C.A. (c) Rank Pte.
3. (a) Date of birth 8 July 1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 17 Feb. 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 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 (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 Yrs. Pub.
7. If you attended a university, give name of university and standing or degree secured nil
8. (a) Did you ever enter upon a trade apprenticeship? nil (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 Only (b) What languages do you read well? English Only

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No.

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?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (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 Crane Ltd. Address Cote St., Pte.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing Fixtures
20. (a) Your specific occupation Helper (b) Number of years' experience at this occupation with any employer 4 Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? nil (b) Do you feel competent to operate a farm? nil (c) If so, in what kind of farming? nil
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? nil (c) In what provinces did you have experience? nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? nil
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

DATE 28 Feb. 1942 194.... SIGNATURE Gerald James Kenny

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (BELGIUM) — 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: KENNY, (Block letters)

Given names: Gerald James,

Do not write in this space

4. RESIDENCE

Street: St. Denis Street, No. 8357

Official name of civil municipality or township: Montreal,

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: July (Month) 28th (Day) 191[illegible]. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	30			....hrs. or....min.

OCCUPATION

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

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		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Belgium .

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 23rd (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

and last saw h....alive on....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

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....Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

MAY 17 1945

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

[signature] C.S.

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

Director of Records, Dept. of National Defence.

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 francais)

EEB

405-K-9369

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME KENNY, Gerald James

RANK Pte.

UNIT 10 CIB Coy

PLACE & DATE OF BIRTH Montreal, Que. 28 Jul 1914

REGIMENTAL NO. E-52743

NEXT OF KIN & ADDRESS Mother.
Mrs. Mary KENNY
7381 B. St. Denis St. Montreal, Que.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH

DATE OF DEATH 23 Oct 44.

HRS

PLACE OF DEATH BELGIUM

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 23 October 44

PLOT NO ROW GRAVE 2

CEMETERY SH 24/34 MR 706043
ST MARIA/BURG 15 ft from main road opposite "T" Junction

DEATH CERT. NO

RELIGION R.C.

DATE 20 October 1945

M. BLUTEAU (CAPT)
for COLONEL
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON, LONDON W.3.

F52743
Pte Herron

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

E52743
Pte Kenny

2

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
23-10-44	✓		C.U.D.	H. Slatcher Capt.

3 DUPLICATE

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E52743

Surname (in capitals) KENNY

Christian Names (in full) GERALD JAMES

Date of Birth 28 JULY 1914

Place of Birth MONTREAL QUE. CAN.

Trade on Enlistment SHIPPER

Nationality of Father at birth BRITISH

Nationality of Mother at birth CANADIAN

Religion ROMAN CATHOLIC

Enlisted at MONTREAL SOUTH, QUE, CAN,

Date 17 FEB. 42

Particulars of former service (if any) i.e. Regtl. No., Corps and period. NIL

Signature of Soldier

Signature of Officer [signature] Capt.

Place FIELD Date 18-2-42

F52743
Pte Kenny

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	MARY KENNY	
3rd	*Brothers and Sisters	O GORDON KENNY	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
7381 B ST. DENIS ST. MONTREAL CAN
AS ABOVE

E52743
Pte Kenny G.J.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
17.2.42	RFN	~~ADD 41~~	4.D.D. 41	[illegible]
2.7.42	RFN	A/L/CpL	#120	
4.8.42	RFN PTE		#148	

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Qualified in addition as under :—

Q Group "C" Cook (auth Pte 2 #200)
Advance Training

Date 16 Feb 43

* If no further training required, strike out words in italics and initial.

E 52743
Pte Kenney G. J.

DUPLICATE

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Att Course		A. Robson Capt
Vocational		
Trade School		
Victoria B.C. Cooking		
Trial Group "C" Cook		
Qual Cook C wef.		
22 July 43 Bo 181	28 July 43	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1942	Rifle Q		A. Robson Capt.
1943	Bren Q		
1943	Grenade Q		
1943	Rifle Q		

E 52743

Pte Kenny G. J.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
6 Years Public	Montreal	1928	Lakeson Lieut

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
Cook	6			15/10/42	Lakeson Capt.

E 52743

Pte Kenny G.J.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
24.4.42		Cook	

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
16.2.42	A	Montreal Med Bd	
17.2.43	A1	Confirmed MFM 2	
		PULHEMS	
		1414 11	

E 52743
Pte Kenny G.J.

DUPLICATE

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of ~~Medical~~ Officer
T.A.B. T/3	18.2.42	Carlisson Capt
	2.4.42	
	27.6.42	
TABT ½ cc	23.5.43	
Typhus ¼ cc	1.2.44	
1 cc	8.2.44	
1 cc	28.2.44	
1 cc	20.3.44	
TABT ½ cc	9.5.44	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
Feb 18 1942	Carlisson Capt
23/2/44 1R.	

 DUPLICATE

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray 109864 N	16.2.42	Carlisson Capt
G.A.P TEST	14/4/43	
D.M.		
Fingerprinted		
Granted Can		
Vol Serv Med		
& Clasp	12.1.44	
Issued with		
identity Card	30-4-44	
On 17 Feb 44	30-8-44	
entitled to 2		
red serv Chev		
EMBARKED U.K	21.7.44	
DISEMBARK FRANCE	25.7.44	

Royal Rifles of Can.

Board ofnProceedings No.49

TRADE TRAINING

NEW WESTMINSTER.

Regt'l. No. E52743 Rank Rfn. Name Kenny, G.J. Trade Cook.

1. REMARKS OF O.C. ADV. T.C. ON APTITUDE FOR TRADE	2. TECHNICAL SCHOOL	3. ARMY TRADES SCHOOL
	Course Cooks Course	Course
	Date of Entry 9th September	Date of Entry
	Date of Leaving 7th November	Date of Leaving
Training Centre	Rating (Percentage) 70%	Rating (Percentage)
	Remarks Group C	Remarks
Date	Attitude Fair.	
	Wg Black. Lt.	
Officer	for Principal	Commandant

4. MECHANICS TRAINING CENTRE	5. D. & M. SCHOOL	6. OTHER CENTRE
Course	Course	Name
Date of Entry	Date of Entry	Location
Date of Leaving	Date of Leaving	Course
Rating (Percentage)	Rating (Percentage)	Date of Entry
REMARKS:	REMARKS:	Date of Leaving
		Rating (Percentage)
		REMARKS:
Commanding Officer	Commanding Officer	Officer i/c Trades Trng.

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE	8. TRADE TEST H.Q.No.4879	9. DISPOSAL
No. of T.C.	Trade Cook	Where Despatched
Advanced Course	Class Group C.	
or	Date 6th November, 1942.	
Trained Soldier Coy.	Where Tested Victoria Det.	
Date of Entry	TRADE TEST BOARD— Wg. Black Lt.	
Date of Leaving	1. ~~H Whearey~~ President	Date
Rating (Percentage)		(Further remarks or records on reverse side)
REMARKS:	2. [signature] Member	MFM 105a
	3. C H E Smith C G Ons. Member	
Commanding Officer		

100M—5-42 (4543)
H.Q. 1772-45-8

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: KENNY, Gerald J., No.: E-52743
Surname Christian Names

Pte. C.A. O/S 23-10-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 54.37

Date: 20 July 45

Other Credits.....

Total..... 54.37

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Mary Kenny, 7381 B, Street Denis Street, Montreal, P.Q. (Sole beneficiary under will)	54.37

P4. TO TREAS. 21-9-45 aw

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	54.37

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

MFM 51[illegible]
40/P & S[illegible]4 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. E52743 Rank and Name KENNY G.J. Rfn.

of (Unit).....on.....

(Transfer or Discharge).....to.....on 23rd October. 19 44.

Reason Death Authority: C.C.I. "A" 507 d/28th Oct.44.

The following is a statement of the account of the above-named from 1st October. to 31st October. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	56	96
First Monthly Payment AR73 19.10.44	38	00	Regimental Pay 31 days at$ 1.50	46	50
Casual Payments			Technical Pay 31 days at $ .50¢	15	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay $20.00 and $8.40	28	40	Allowances (Give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Cash Effects SOCR 26934		76
			Def. Pay Interest	1	05
To Balance Cr Free	14	37			
To Balance Cr Deferred	40	00	By Balance Dr		
Total	120	77	Total	120	77

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

Assnd Pay $20.00 (M) Stopped eff November.1944.

Assnd Pay $8.40 (6th V.I.) Stopped eff November.1944.

ESTATES
JUN 6 1945
O. Q.
OTTAWA
NATIONAL DEFENCE

Compiled by A.Bell.

Checked by [illegible]

Date 23rd May.1945. 19.....

Certified correct D. A. Fowler
for Chief Treasury Officer, Overseas

MW

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gerald James (CHRISTIAN NAMES) KENNY (SURNAME)

REGISTER NO. D-5905
FILE NO. 405-K-9369
DATE 30-7-45
SERVICE NO. E-52743
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 23-10-44

PAYEE Mr. Mar. KENNY,
ADDRESS 7381 B, St. Denis St., Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 23-10-44

		$	¢
A. TOTAL QUALIFYING SERVICE			
960	NO. OF DAYS 963/30 EQUAL TO 32 COMPLETE PERIODS AT $7.50	240.00	
B. QUALIFYING OVERSEAS SERVICE			
No. of Days 560 LESS 3 INELIGIBLE DAYS, EQUAL TO 557 DAYS @ 25c. PER DAY	SEE PAR. 2 OVERLEAF FOR EXPLANATION	139.25	
		379.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 1.50		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $ .50		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $25.00 $ .83		
	TOTAL $ 4.08 X7 = $ 28.56		
	NO. OF DAYS 560/188 X$ 28.56	87.40	
D. WAR SERVICE GRATUITY		466.65	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		466.65	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
PJ	

TREASURY	
CHECKED BY	DATE
A. T. Warren	13-8-45

Kirkin Lt
SERVICE REPRESENTATIVE

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

JML

H.Q. 405-K-9369

CASUALTY (REPORT DELIVERY)

OTTAWA

26 OCTOBER 1944

TO:-

MRS MARY KENNY
7381 B ST DENIS ST
VILLERAY MONTREAL QUE

9155 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT E52743 PRIVATE GERALD JAMES KENNY HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTY THIRD OCTOBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

10th November, 1944.

Mrs. Mary Kenny,
7381B St. Denis Street,
Villeray, Montreal 10, Quebec.

Dear Mrs. Kenny:

It was with deep regret that I learned of the death of your son, E52743 Private Gerald James Kenny, who gave his life in the Service of his Country in the Western European Theatre of War on the 23rd day of October, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

NOV 7 1944

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

mem x - mother
4-12-44.

/EMA

H.Q. 405-K-9369 D.R.2(C)

22nd February, 1946.

Mrs. Mary Kenny,
7381B St. Denis St.,
Montreal 10, Que.

Dear Madam:

Information has just been received from overseas that the remains of your son, E52743 Private Gerald James Kenny, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row D, plot 11, of Bergen-op-Zoom Canadian Military Cemetery, four miles North-East of Bergen-op-Zoom, Holland. Marked map is enclosed. This is a recognized military burial ground and 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.

K.J.

Yours faithfully,

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

JJJ