G1532
HARDY
HERBERT

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

No G.1532 Rank Private Name HARDY, Herbert

Unit North Shore(N.B.)Regt Date of death 4th July, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-H-19237

N/K Mrs. Alma Hardy, Relationship Mother

Address New Richmond Station, Bonaventure Co., Quebec.

Remains buried in Cemetery

MR.986813 sheet 7E/5, Beny-Sur-Mer. France.

Grave location

CHK ✓

OVER-

REBURIAL

Beny-sur-Mer Canadian Military Cem.
Beny-sur-Mer, France.

Grave 13, row F, plot 15.

HI & CR Form Despd. MAR 4 - 1947

Photographs

Despatched

JUL 10 1947

BURIAL REPORT TO N.W.K. JAN 15 1945

RETURN TO BUR. OF STAT DEC 1 1944

ROYAL MESSAGE DESP'D. AUG 1 1944

CAN. MESSAGE DESP'D. SEP 30 1944

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Alma HARDY (MOTHER)

ADDRESS: NEW RICHMOND STATION, Box 66
Bonaventure Co., Que.

16-2-50

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Alma HARDY, (ENGLISH)

(1680)

ADDRESS: NEW RICHMOND STATION, Bonaventure Co., P.Q.

2949-14-3-50.

(3)

DESP. OCT 21 1944
REGN No. 3808

MEMORIAL BAR

DATE DESP.....

REGN. NO 224

4-7-44

M

MJA

AWARDS—CANADIAN ARMY (ACTIVE)

(1680)

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-H-19237

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
HARDY, Herbert	G.1532	Pte.	North Shore Regt.

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star	
War Medal CVSM with clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Checked E Card J Observations

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit No 7 District Depot(General List) Regimental Number G1532

01 PTE

Def(R)

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname HARDY
2. Christian Names HERBERT
3. Present address New Richmond Station, Bonaventure Co.,P.Q.
4. Date of birth 27 May 1924
5. Place of birth Canada (Country) Bonaventure Co.,P.Q. (County or Province) New Richmond (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) United
8. Trade or Calling Farmer
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Alma Hardy
11. Relationship Mother
12. Address of next of kin New Richmond Station, Bonaventure Co.,P.Q.
13. 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)
14. 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)
15. Did you serve during the Great War 1914-1918? no
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, HERBERT HARDY, 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 16 June 1943 Herbert Hardy (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness J. F. Leger (Name) Lt. (Rank) Herbert Hardy (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 Fredericton,N.B. this 16th day of June 19 43

[signature] Major — Signature of Magistrate, Justice or Attesting Officer.

for Lt.-Col. G.A.Gamblin, D.R.O. M.D.#7 — 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 HISTORY FORM COMPLETED. FINGERPRINTED

RWV

5-4-04
10
3-4-44
=
111121

Record of Service of HARDY (Surname) HERBERT (Christian Names) Regimental Number G1532

QUALIFICATIONS

Military: nil

Business or Professional: nil

Trade or Civil: Farmer

Technical: nil

Languages: English

EDUCATIONAL QUALIFICATIONS Grade VI

High School or Collegiate: nil (years completed)

Graduation or Matriculation: (specify)

*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.

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.	Authority: Dated
Joined on appointment TOS NO. 7 DISTRICT DEPOT, (CA) F'TON, N.B.	Pte	16-6-43	No7DD	F'toh	146	21 June 43
S.O.S. ON TRANSFER TO No. 70 C.A. (B) T.C.	"	July 43	"	"	155	1 July 43.
T. O. S. No. 70 C. A. (B) T. C.	"	2 July 43	#70 (B) T.C.	F'ton	157	2 July 43.
S. O. S. No. 70 C. A. (B) T. C. To A-30 I.C	"	2 Sept. 43	"	"	#10	2 Sept. 43.
T.O.S. A-30 CITC on posting from No. 70 CA(B)TC	"	3 Sep 43	A-30 CITC	Utopia N.B.	#215	3 Sep 43
Posted to T.S. Coy.	"	1 Nov 43	A-30 CITC	Utopia NB	#266	1 Nov 43
Furlough-2 Nov 43 to 16 Nov 43 (14 days) R)A 50¢ per diem	"		"	"	#266	1 Nov 43
Trans. Warrant #A499171	"		"	"	#273	9 Nov 43
regimentah pay of $1.40 per diem	"	16 Oct 43	"	"	#286	23 Nov 43
Holiday Leave from 30 Dec 43 to 3 Jan 44(5 days) R/A 50 ¢ per diem	"		"	"	#311	19 Dec 43
Authorized Reg. rate of pay of $1.50 perdiem and to wear Mars Badge.	"	16 Dec 43	"	"	#10	12 Jan 44
S.O.S. A 30 on trans. to No.1 Trnb.Bde. Debert, N S.	"	20 Jan 44	"	"	#16	20,19 Jan 44
T O S TRG BDE GP		" 2/.I.44	TG BD GP	DEBERT	23	23/1/44
S O S TO SERIAL 294 F		" 25/3/44	TG BD GP	DEBERT	96	25.3.44

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full HARDY, HERBERT Place F'TON N. B. Date of Medical Examination 16 June, 1943.

Part 1. Information obtained from the recruit.

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

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

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Herbert Hardy
Signature of Applicant

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

Medical Officer's Remarks on information as stated in Part 1

Appendectomy 10 yrs. ago.

1. Identification marks or scars Scar on rt. knee.
2. Height 5 feet 8 inches. 3. Weight 132 pounds.
4. Complexion Light Eyes Blue Hair Light. 5. Development Good. (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 38 inches. Range of expansion 3½ inches.
7. Vision, right 20/20 left 20/40
   With Glasses— right left 8. Hearing, right CV20 left CV20
9. Condition of mouth and teeth Teeth good; throat clear.
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis neg. Eardrums: neg. Reflexes: Neg.
12. The abnormalities (congenital and pathological) found on examination are as follows:— 28-6-43

Movements normal.

Date of Birth	P	U	L	H	E	M	S
24	1	1	1	1	1	2	1

BMG

13. Chest X-Ray Neg. No. 6122 Laboratory at which taken 17 June, 1943.

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.1

Special remarks when category lower than A

B. L. Guyatt Maj' rank (President) Chas. MacKay rank (Member) Gerard Alleyn rank (Member)
(B. L. Guyatt) Major, (Chas. MacKay) M.D. (Gerard Alleyn) Capt.

Date

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
24 June 43	Vaccination		
24 June 43	T A B I		
8 July 43.	3		
2 Aug 43	Cat Confirmed - Wkly.		
29 July 43	T A B I		
3 Sept 43	Re Eye Cat Confirmed		
1 Nov 43	Eyelid Confirmed		
14-1-44	Typhus I		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. G1532 Rank Pte Surname HARDY Christian Name HERBERT

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				

Regimental No. G.15332 Rank Pte Sheet No. 2

MFM 1 & 2a
40/P & S/119 (3913)

Name Hardy, Herbert

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
	S.O.S., C.A. Canada 25 Mar 44						
	T.O.S., C.A. Overseas 26 Mar 44						
	Disembarked 3 Apr 44						
	Reported for Duty 2 Apr 44	Pte	2 Apr 44	4 CIRU	UK	89	1 Apr 44
	SOS to X hist (12BN) CBRB.	Pte	22 Apr 44	4 CIRU.	UK	166	22 Apr 44
SOS.	SOS to X-L NS (NB) Regt.	Pte.	9 Jun 44	X-L NSR(NB)	UK.	92	10 Jun 44
TOS	(CH) TOS from X4 Draft NSR.	Pte	10 June 44	NSR.	UK	36.	21 June 44
	Died of wounds	Pte	4 July 44		ASF	[illegible]	
	Embarked at U.K. on		2 June 44	N.S.R.	21 A.G.P.	27	27 July 44
	Disembarked at France on	Pte	6 June 44				
	July 18/44 Cancelled SOS.			NSR	21 A.G.P.	48	28 July 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
[illegible]00M—8-42 (5892)
H.Q. 1772-39-1649

PART I (For all ranks)

Unit No. 7 DISTRICT DEPOT (C.A.) Regimental Number G-1532

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	HARDY		
2. Christian Names	HERBERT		
3. *Substantive Rank and Appointment	Pte	Inf (R)	No. 7 DISTRICT DEPOT (C.A.) A-36 C.D.T.C. (Ca)
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth	New Richmond, Bonaventure Co., P.Q.		
5. Date of birth as declared on attestation (A)	27 May, 1924	(18) Medical	
6. Date of enlistment	16 June, 43	Category: AI 28/6/43	Date: 16 June, 43	Authority: M.F.M. 2
7. Place of enlistment	Fredericton, N.B.		Birch 2	P/4/4/4/6/pap.
8. Residence at time of enlistment	New Richmond Station, Bon. Co. P.Q.			
9. (B) Special conditions (if any) of enlistment or rate of pay	$1.40 16 Oct 43 $1.50 16 Dec 43		17 Nov 43	Y.O.B. P U L H E M S: 24 1 1 1 1 1 2 1
10. (C) Any subsequent variations of conditions of service			9 Feb 44	Confirmed
11. Religion	United			
12. If married, state date		(19) Next of kin (entries to be made in pencil)	Mrs Alma Hardy Mother New Richmond Station Bonaventure Co. P.Q.
13. Trade on enlistment	Farmer		
14. Corps, trade and grade			
15. (D) Qualifications		(20) E	
16. (E) Miscellaneous entries		(21) E	
		(22) E	

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
			General Duty				
			S.O.S., C.A. Canada 25 Mar 44				
			T.O.S., C.A. Overseas 26 Mar 44				
			Disembarked 2 Apr 44				
		4 CIRU	Reported for Duty 2 Apr 44	UK		Pte	89 - 1 Apr 44
		"	SOS to X last 12 Bn CBRG	"	22 Apr 44	"	106A - 22 " 44
	X 4 NSR	NSR "	SOS from 4 CIRU	"	23 " "	"	15 H Ray "
8 May 44	X 4 NSR	9 Bn	Posted to 10 Bn	"	28 Apr 44	"	11 - 11 May 44
X 11	NSR	10 Bn	SOS to North Shore	"	9 Jun 44	"	22 June 44
8 June 44	ERR 3/25		TOS from X-4 Light (NSR) w.e.f	Field	10 June 44	pte	36/44
~~9 July 44~~	O C	NSR	SOS to X-2 Light (NSR)	"	5 July 44	"	46/44 ~~Cancelled~~ DR 48/44 ElMw
HR 10/3	O C	NSR	SOS died of wounds	Field	4 Aug 44	Pte	48/44

"Q" CARD COMPLETE

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Infantry (others) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

N.T. — Work in Arm (if Non-Tradesman)

I. G1532 (Regt. No.) Pte. (Rank) HARDY, Herbert (Name (surname first)) GS (A or R) 19 (Age) A1 (Med. Cat.) — 27 May 24

English (Main Language) ; (Other Language(s)) ; Armouries # 7 D.D. F'ton, N.B. (Place (Unit) Interviewed) 17 Jun 43 (Date Interviewed)

II. Revised Examination "M" C 104768 # 7 D.D. (Place Tested) 16 Jun 43 (Date Tested) L.E.FOSTER, Sgt. (By Whom)

88 (Total) V (Group) Subtests 7 (1) 12 (2) 3 (3) 20 (4) 16 (5) 7 (6) 7 (7) 16 (8) Subtotals 22 (1-3) 36 (4-5) 30 (6-8) English (English or French)

Other Tests

1. Nov 43. P/U/L/H/E/M/S = 1/1/1/1/1/2/1 OK 24 Dec 43

III. Educational Background

Grade VI plus half of grade VII in a rural school. New Richmond, Bonaventure Co., P.Q. Age 7 to 15 years. Fairly regular attendance (missed some school during grade VII).

IV. Occupational Background

Farming - 4 summers (Father's farm.)
Woodswork - axeman and sawing.
Construction work at Digby N.S. - 18 days . (Job didn't pay enough so he returned home).

V. Military Background

Nil.

VI. Other Personal History and Appraisal

LEISURE ACTIVITIES:
Baseball, skating, hunting, fishing. Goes to neighbourhood parties and attends picture shows about once a week. Does no reading at all.

GENERAL:
Home address:- New Richmond, Bonaventure Co., [redacted]. P. Que.
Single. Father died in 1939. Mother living.
Has 3 brothers and 4 sisters. All brothers are married and away from home. A married sister and her husband remain to run the farm.

No driving expericnee.
Helped a carpenter on construction work around home. Has worked at rough carpentry (outside only).

Bdlow average learning ability. Fair knowledge of tools and mechanical principles. Limited vocabulary.

No outstanding characteristics. Seems like an average lad; no sickness complaints; talkative; desires allocation to same corps as his friend Robert Alexander Woodman. Should be albe to pass advanced training.

VII. Recommendations

Infantry (others) N.T.

(Signed) Martin Therriault
Army Examiner
(MARTIN THERRIAULT) Capt.

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

A-30 C.I.T.C.(CA) Utopia Centre, N.B. 25 Nov 43.

Has completed advanced training in Infantry at A-30 and was reported as having made good progress. Good stability and discipline; good stamina and energy. Slow but willing worker. A good worker but not enthusiastic about the Infantry.

G.G. Wrenshall

(G.G. WRENSHALL) LAEUT.
Army Examiner

Completed Advanced Training at A-30 C.I.T.C. Training Records, Pulhems Profile and interview indicate suitability for O/S in C.I.C. (OPER.)

H T Douglass

A-30 C.I.T.C. (CA) Utopia Centre, N.B.
31 Dec., 1943.

(H. T. DOUGLASS), CAPT.
Army Examiner

Personnel Selection
Examination of Documents
Completed
OK FEB 1 1944
A. E. RAS
1st Trg Bde DEBERT

L. A. O.

Ht. 5'8" Wt 140.
No Specialists qualifications
Friendly, cheerful, youthful. Reported as slow but willing worker. Only fair D.R prospect.
Physically robust. L. & L. G.D. #4 C1 Bn 6 Apr 44 A/Pte.
AB106 Sec 2 - 2 BATT (Nfld Regt) 22.4.44

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

Section A—GENERAL INFORMATION

1. (a) Print name in full HARDY HERBERT (b) Reg'l. No. R/1532
2. (a) Arm of service Army (b) Unit 7 T. D. (c) Rank Pte
3. (a) Date of birth 27 May 1924 (b) Have you any dependents? no (c) Place of residence at time of enlistment New Richmond Station P.Q.
4. (a) Place of enlistment Fredericton N.B. (b) Date of enlistment 16 June 1943

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 (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 yrs public school
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? no (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? no
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. (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 James Ingram Address New Richmond Station P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Lumbering
20. (a) Your specific occupation Driver Lumbering (b) Number of years' experience at this occupation with any employer 1 month
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? no (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? mixed farming
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 10 yrs (c) In what provinces did you have experience? Que

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.) no
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form no

DATE 16 June 1943 SIGNATURE Herbert Hardy

G/15322.
Pte. HARDY
Hereford.

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

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 safe 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 the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

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.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. G/1532

Surname (in capitals) HARDY

Christian Names (in full) HERBERT

Date of Birth 27 May 1924

Place of Birth New Richmond Bon. Co. P.Q.

Citizenship Canada.

Trade on Enlistment Farmer

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion United

Enlisted at Fredricton N.B.

Date 16 June 1943

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

Signature of Soldier Herbert Hardy

Signature of Officer [illegible]

Place Fredricton N.B. Date 21 June 1943

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	Alma Hardy	21 June 1943
3rd	*Brothers and Sisters	Edgar Hardy	" " "
		Richard Hardy	" " "
		Elsie Gilker	" " "
		Alice Cochrane	" " "
4th	Other Relations (stating relationship)	George Hardy (Uncle)	" " "

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
New Richmond Station Bona. Que
New Richmond Station Bona. Que
New Richmond Station Bona. Que
Dimock Creek Bona Que
Dimock Creek Bona Que
New Richmond Station Bona. Que

(V) **RANK and APPOINTMENT**

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority for Part II Orders	Signature of Officer
16 June 43	Lt	3/-	146	W.A. Moorhead Lieut.
16 12 43	Pte	1.50	10	J.A. Bennett Sgt.

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed Basic Training in accordance with March 1942, Standard Syllabus.
W.A. Moorhead. Lieut.
Completed advanced Training in accordance with 1942 Standard Syllabus. Finley Lieut

Qualified in addition as under:—

Date 30 Oct 43 A.H. Gordon Capt

Commanding A Coy

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade 7	New Richmond	1939	[signature]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

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

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

12

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
16 June 43	A-1	Med Board		
26/6/43	Birth Pl/c/6d/6		1m/5	
	24	21111121	21	
26-8-43	A 1	Cat. Confirmed		DRW
28-6-43		24-1111121		DRW
1-11-43	24-1111121	Pulhems Confirmed		DRW
10 Jan 44	Pulhems	confirmed		

13

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
Required		
Completed	✓	
7/1/48		

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TABT ½ c c	2-7-44	J a P
Typhus ½ c c	2-7-44	J a P

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 3	23 June 43.	
	8 July 43.	
	29-9-43	
	14-1-44	
Typhus 0.5 c c	4-4-44	
Typhus 1 c c	13 May 44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
23 June 43.	
4-4-44 vaccinated	

(XVIII) 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
Gas chamber	27 Oct 43	R B Mc Illwain 4
X-Ray Neg 6122	17 June 43	
Night Vision B	28-2-44	G Cochrane
Fingerprinted	21 Jun 43	R.L. Chipman Lt
"M" TEST (ALT.) COMPLETE		
"Q" CARD COMPLETE	6 Apr 44	Capt Darlow Capt

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with
at Signature of Officer.
Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at ACTON
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....
Signature of Officer.....
To whom sent.....
Unit or Dept.....

To whom sent.....
Unit or Dept.....
Date Will extracted.....
Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

MILITIA BOOK M. 1.

PART III
40/P&S/1894(3620)

CANADIAN ARMY

Clothing and Equipment Statement

Regt No. M 15-32.

Rank Pte

Name Hardy H.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.

2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.

3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.

4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.

5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.

6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.

7. See instructions re kit inspections on inside of back cover

ARTICLE	QUANTITY					
Anklets, web, prs	1					
Blouses, Battle-dress	~~1~~	1				
Bonnet, tam-o'shanter						
Boots, ankle, prs	2					
Boots, rubber, high, prs						
Boots, leather, high, prs						
Bonnet, drab, Irish						
Cap, field service	1					
Cap, mechanic						
Cap, tank battalion						
Drawers, Cellular short, prs	2					
Drawers, Woollen, prs	~~2~~					
Gloves, knitted, drab, prs	1					
Greatcoat, drab	1					
Initials of Soldier						
Initials of QM or Rep	4					

ARTICLE	QUANTITY
Jacket sweater, or jersey pullover	1
Overalls, combination	1
Overalls, blouses, denim	
Overalls, trousers, denim	
Shirts, Angola, drab	2
Shoes, canvas, prs	1
Socks, prs	3
Trousers, battle-dress, prs	1
Vests, woollen	1
Badges, cap	1
Badges, arm, drab, crowns	
Badges, arm, drab, crown in wreath	
Badges, arm, Tank Bn	
Badges, shoulder, "CANADA", prs	
Initials of Soldier	
Initials of QM or Rep	

ARTICLE	QUANTITY
Badges, arm, drab, Royal Arms	1
Badges, arm, drab, Royal Arms in Wreath	
Bags, kit, universal	1
Braces	1
Brass, cleaning	1
Brush, button, brass	1
Brush, clothes	1
Brush, hair	1
Brush, shaving	1
Brush, shoe, blacking	
Brush, shoe, polishing	1
Brush, tooth	1
Cap, comforter	1
Chevrons	
Initials of Soldier	
Initials of QM or Rep	

ARTICLE	QUANTITY					
Combs, hair	1					
Discs, identity, sets, with cord	1					
Dressing, field	1					
Fork, NS Table	1					
Holdall	1					
Housewife, complete	1					
Knife, clasp	1					
Knife, table	1					
Lanyard, knife	1					
Razor, safety, with blade	1					
Patches, distinguishing, prs	1					
Shorts, gymnasium	2					
Spoon, NS dessert	1					
Vest, cotton, gym	2					
Initials of Soldier						
Initials of QM or Rep	4					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs						
Attachments, brace	1					
Bag, ration	1					
Belts, waist	1					
Bottles, water	1					
Braces, WE Right	1					
Left	1					
Carriers, cartridge	1					
Carriers, waterbottle	1					
Cases, binocular	1					
Cases, pistol	1					
Covers, breech, rifle	1					
Initials of Soldier						
Initials of QM or Rep	4					

ARTICLE	QUANTITY					
Cover, mess tin						
Frogs, web, bayonet	1					
Haversack	1					
Helmet, steel	1					
Net camouflage helmet	1					
Packs	1					
Pockets Compass	1					
Pouches, amm, pistol						
Pouches, basic	2					
Pouches, utility { Front	1					
Pouches, utility { Rear	1					
Slings, rifle, web						
Straps, shoulder, haversack { left	2					
Straps, shoulder, haversack { right						
Straps, web, supporting	2					
Tins, mess, TP	1					
Initials of Soldier						
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Veil, face, camouflage						
Yoke						
Capes, A/G		1				
Respirators, A/G, complete with haversack	1	1				
Outfits, A/D	1	1				
Ointment, A/G	2	2				
Eyeshields, A/G, pk of 6	1	1				
Detectors, Individual, prs	2	2				
Wallet, A/G	1					
Blanket	1	1				
Mug, drinking	1	1				
Sheet, ground	1	1				
Initials of Soldier						
Initials of QM or Rep	[illegible]					

1098

ARTICLE	QUANTITY
3520362 Regt'd No. Rifle No.....(.....)	1
Bayonet No.....w/scabbard....	1
Bottles, oil.....	1
Pullthroughs, single.....	1
Rods, cleaning, pistol.....	
Regt'd No. Carbine, Mach.. .....(.....)	
Magazines Carbine.....	
Pistol Revolver Regt'd No. No.....(.....)	
Ctges, SA, revolver .380 in.....	
Ctges, SA, .303 in Mk VII.....	
Blanco	02.
Dubbin	
Shovel	
.....	
Initials of Soldier.....	
Initials of QM or Rep.....	9

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

Signature	Date	Signature	Date
S/Mr Coms	6/4/44		
2/Lt Coms	13-6-44		

M.F.M. 5
250M—7-42 (5227)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank..... HARDY Herbert
(Surname first—Christian names in full—Block capitals).

(2) Regimental or Official Number and Rank..... G1532 Pte

(3) Unit..... NO. 7 DISTRICT DEPOT (C.A.)

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

(5) If married, state,

(*a*) Full name of your wife..... n/a

(*b*) Present postal address of wife..... n/a

(6) If married, have you been regularly supporting your wife? If not—state reasons..... n/a

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

(8) Have you any children?..... n/a Number of boys..... n/a Girls..... n/a

Names and ages..... n/a

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

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

Name..... n/a

Postal Address.....

[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 n/a

(11) Is your father alive? No

If so, state name and address, occupation n/a

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

(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

n/a

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

(14) Is your mother alive? Yes

If so, state name and address Alma Hardy Box 66, New Richmond Sta., Bonaventure Co., P.Q.

(15) If your mother is a widow, are you her sole or partial support? No

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

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? n/a

(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

Full Name

Postal Address

Amount contributed monthly during the past six months n/a

(18) Are you insured? No

If so, in what Company? n/a
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? n/a
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Herbert Hardy
(Signature of officer or man)

Date 19 June 43

---

per C. C. Sundstrom Capt.
Officer Commanding NO. 7 DISTRICT DEPOT (C.A.)

Date 19 June 43

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.)

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

Sep 79

No., RANK and NAME ....G-1532....Pte...Hardy.....H.....(Deceased).....

RECEIVED FROM .....Cdn..Sec..GHQ..2nd..Echelon...21..Army..Group.....
F-52241 Gnr. Drake R.E.

CHECKED BY .....B-126252..Pte...Sislofsky..A..... DATE ...4..August..44.....

1	Prayer Book		
1	New Testament		
1	Red Identification Disc		

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

TRIPLICATE — with effects.

.....W.O. Cathcart Sgt.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

MK

Estates Form "P. 4"

ARMY

Name: HARDY (Surname) Herbert (Christian Names) No.: G.1532

Pte. (Rank) C A O/S (Unit) 4-7-44 (Date of Death)

AMOUNT

L.P.C. $ 69.04

Other Credits 79.59

Total 148.63

Prev. Dist. 140.38

This Dist. 8.25

Date: 4-Jan-46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Geraldine Quirk 1813 - 25 Ave., S.W., Calgary, Alta. (As next of kin entitled)	8.25

P4. TO TREAS. 24-1-46, QM.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	8.25

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

M.R-225

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY JG

Name: HARDY, Herbert No.: G1532
Surname Christian Names

Pte. C.A. O/S 4-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 69.04
Other Credits 79.59
Total 148.63
Shares retained 8.25
This Dist. 140.38

Date: 17-8-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
½	Mother	Mrs. Alma Hardy, New Richmond Station, Bonaventure Co., Que.	74.32
1/18	Brother	Richard Hardy, Chaleurs Office, Berry Mountain, Depot, Que.	8.26
1/18	Brother	Collin Hardy, Chaleurs Office, Bonaventure Co., Que.	8.26
1/18	Brother	Edgar Hardy, New Richmond Station, Bonaventure Co., Que.	8.26
1/18	Sister	Mrs. Elsie Gilker, Dimock Creek, Que.	8.26
1/18	Sister	Mrs. Vera Fox, 1365 Bernard St. W., Outremont, Que.	8.26
1/18	Sister	Mrs. Alice Cochrane, Box 66, New Richmond Station, Bonaventure Co., Que.	8.26
1/18	Sister	Mrs. Phyllis Bisson, Marcil, Bonaventure Co., Que.	8.25
1/18	Sister	Mrs. Eva Clearey, St. Jules De Maria, Que.	8.25
SHARES RETAINED			
1/18	Sister	Mrs. Geraldine ~~Quirk~~ QUIRK ~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXX~~ (Address unknown) (As next of kin entitled)	~~8.25~~

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$140.38

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

P4. TO TREAS. 20-10-45, 9 am; 5/11/45 DW

The Bank of Nova Scotia

ESTABLISHED 1832

New Richmond, Que.,
December 12th, 1944.

Mrs. Alma T. Hardy,
New Richmond Sta,,Que.

Dear Mrs. Hardy,

We are holding for your account a $50.00 (fifty-dollars) Dominion of Canada 3% Bond due 1959. If you are unable to come to the office, we shall be glad to place the bond in safekeeping for you if you will so instruct us.

Yours truly,

V. F. Sedgewick

V. F. Sedgewick
Manager.

No. 167 ('43) 10m

THE BANK OF NOVA SCOTIA

To

Pte. Herbert Hardy,
New Richmond Sta. Que.

Dear

The following Dominion of Canada Victory Loan Bonds which you purchased through this office are now in our possession:

$50.00 3% 1959 Fifth Victory Loan Bond,

Will you kindly arrange to call at your early convenience and take delivery of these bonds. In the event that we do not hear from you shortly, we shall assume that you wish us to continue to hold them in safekeeping for your account, and that you are willing to pay the usual safekeeping charge computed yearly at 1/10 of 1% on the par value of the bonds, minimum 25c.

Yours very truly,

H. Gaccin

Manager.

ACKNOWLEDGMENT OF CASH APPLICATION — FIFTH VICTORY LOAN

The undersigned Victory Loan Salesman, Bank, Trust or Loan Company has received from

Pte Herbert Hardy (Name) New Richmond P.Q. (Address)

an application for $ 50 (par value) of 3% BONDS due 1959 and/or $ ——— (par value) of 1¾% BONDS due 1947

THE BONDS, IF IN BEARER FORM OR REGISTERED AS TO PRINCIPAL, WILL BE AVAILABLE WITHIN SIX DAYS OR IF IN FULLY REGISTERED FORM WITHIN THIRTY DAYS AT

The Bank of Nova Scotia New Richmond, P.Q.

(Name and Address of Bank, Trust or Loan Company)

Date 21 Oct 1943 Payment to be made by mrs. alma J Hardy

J S Humphreys Asst (Signature of receiver of application)

PLEASE CALL PROMPTLY AND TAKE DELIVERY OF YOUR BONDS UNLESS YOU HAVE SPECIFIED ANOTHER METHOD OF DELIVERY IN YOUR APPLICATION.

THIS ACKNOWLEDGMENT SHOULD BE PRESENTED WHEN CALLING FOR YOUR BONDS.

FIFTH VICTORY LOAN

Certificate

On behalf of the
Dominion of Canada
I am pleased to acknowledge that

Pte Herbert Harchy.

has purchased Victory Bonds

Oct-Nov.
1943

J. L. Ilsley
Minister of Finance

DUPLICATE

Bank of Canada

Department of National Defence,
Estates Branch,
Ottawa.

Ottawa, April 5th, 1945.

We confirm that we have today purchased from you:

PAR VALUE	SECURITY	PRICE	AMOUNT DUE
$50.00	Dominion of Canada 3% bonds due January 1st, 1959	100-5/8	$50.31
Accrued interest from January 1st to April 5th 94 Days @ 3 %			.39
Delivery to be made at our Ottawa Agency on April 5/45		Total Amount due	$50.70

APR 10 1945

Rv. #6907

E. & O. E

L. S. Adam
SECURITIES DEPARTMENT

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

[redacted] NAME: Herbert (CHRISTIAN NAMES) HARDY (SURNAME)

REGISTER NO. D-2147

PAYEE Mrs. Alma HARDY,

FILE NO. 405-H-19237

ADDRESS New Richmond Station, Box 66, Bon. Co. - P.Q.

DATE 22-8-45

SERVICE NO. G-1532

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 4-7-44

DATE OF DISCHARGE 4-7-44

		$
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 385/30 EQUAL TO 12 COMPLETE PERIODS AT $7.50	90.00
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 101 LESS 25 INELIGIBLE DAYS, EQUAL TO 76 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	19.00
		109.00

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	X7 = $	19.25
NO. OF DAYS 101/183		X$	19.25

10.62

D. WAR SERVICE GRATUITY	119.62
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 40.00	40.00
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	79.62

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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.

28

PREPARED BY	CHECKED BY
[redacted]	

TREASURY	
CHECKED BY	DATE
	29/8/45

SERVICE REPRESENTATIVE

FORM No. 1

Register No. ..... Nominal Roll No. .....

To: P.M.G. H.Q. File No. 405-H-19237

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
G-1532	Pte	HARDY	HERBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 16 Jun 43	T.O.S.	T.O.S.
S.O.S. 4 Jul 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 385	Total Days	Total Days

Total Service ..... 385 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	284	—	284
Overseas Service	101	—	101
Totals	385	—	385
Add Non-qualifying Service			
Total Service			385

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 4 Jul 44 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... D. Barrett

Checker's Signature .....

Date Computed ..... 9 Aug 45

DIED WHILST IN SERVICE 4 Jul 44

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

W/Lieng. Capt.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 26 Mar 44 T.O.S. T.O.S.

S.O.S. 4 Jul 44 S.O.S. S.O.S.

MFM 510
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. G.1532. Rank and Name Hardy, H. Pte.

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

(~~Transfer or~~ Discharge)..... to..... on 4th July 19 44.

Reason Death. Authority: C.C.L. "A"471. d/19th July 44.

The following is a statement of the account of the above-named from 1st July to 31st July 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	42	54
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
To Balance Cr Free	69	04			
To Balance Cr Deferred			By Balance Dr		
Total	89	04	Total	89	04

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

Remarks:

Assigned Pay $20.00 (M) Stopped eff. August, 44

Assigned Pay $2.08 (Crown Life Ins. Co) Stopped. eff. July 44.

Assigned Pay $8.40 (6th V.L.) cancelled. eff. May 44. The amount re-credited is included in Balance Brought forward at 1st July 44.

ESTATES BRANCH
FEB 8 1945
EX. Q.
OTTAWA
NATIONAL DEFENCE

Compiled by P. Cooper.

Checked by E.V. Collins

Date 18th January 1945.

Certified correct [signature]
for Chief Treasury Officer, Overseas

A.R.

14th September, 1944.

Mrs. Alma Hardy,
New Richmond Station,
Bonaventure Co., Quebec.

Dear Mrs. Hardy:

It was with deep regret that I learned of the death of your son, G1532 Private Herbert Hardy, who gave his life in the service of his country in the Western European Theatre of War on the 4th day of July, 1944.

From official information we have received, your son died as the result of wounds received 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,

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

SEP 12 1944

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

/EMA

8

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C1532 RANK Private SERVICE UNIT North Shore (NB) Regiment (CA)

NAME HARDY, Herbert

DATE OF BIRTH 27th May 1924 DATE OF ENLISTMENT 16-6-43

MARITAL STATUS Single RELIGION United Churc

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

ADDRESS New Richmond Station, Bonaventure Co., Quebec.

NAME ADDRESS D.A.B. Mrs. Alma Hardy

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9021 H.Q. 405-H-19,237

CASUALTY DETAILS Died of wounds DATE 4-7-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 24-8-44

FORM NO. CAS. 6
5M-4-44 (4184)
Q. 1772-39-1989-1990

LF

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) — 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: HARDY (*Block letters*) — Given names: Herbert

4. RESIDENCE — Street: — No. — Official name of civil municipality or township: — Municipal county: New Richmond Station — Province: Province of 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: (Month) March (Day) 27th (Year) 1920

12. AGE OF DECEASED: Years 20 | Months | Days | If less than one day old: .....hrs. or.....min.

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: Farmer

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)	Deceased	

19. Place of burial, cremation or removal: France

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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 4th (Day) 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) Died of wounds received in action

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**.....

OVERSEAS CASUALTY CANADIAN ARMY

Signed..... M.D.

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

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

G. Quinn L.S.

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

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

.....

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Alma Hardy
New Richmond Station
Bonaventure Co.,
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-H-19,237 FD-377

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Sept. 30 194 4

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

HARDY Herbert Pte.

G.1523 32 CA

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.

ESTATES BRANCH OCT 10 1944 H. Q. OTTAWA. NATIONAL DEFENCE

Director of Estates.

GHF/HS

M.F.W. 77
6-44 (4878)
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		none		
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		Edward Hardy		died apr. 11, 1939
4	Mother of the Deceased		Alma Hardy	65	New Richmond Que.
5	Brothers of the Deceased	Full Blood	Richard,	44	"
			Colin,	41	"
			Edgar.	34	"
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Elsie	42	Elmira. Chemung. N.Y.
			Eva	37	St Jules de Maria "
			Alice	27	New Richmond Que
			Vera	35	montreal. P.Q.
			Geraldine	25	" "
			Phyllis	22	Marcil P.Q.
		Half Blood	none		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	none		none		none

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Herbert Hardy
9	Date of his birth.	May 27, 1924
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	New Richmond P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	New Richmond P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Bonaventure (c) Life (d)
14	Nature of employment before enlistment.	Woods & drive Labourer
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.	not known

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
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?	none
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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Crown life, for only 9 months payable to Mother, proceeds will only be amount paid in.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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.	none
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	none

(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.

Alma Hardy — {Signature of Informant}

New Richmond Sta., Prov. Que. — Address

CERTIFICATE

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

See above. Alma Hardy {Name of informant} is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at New Richmond this 6th day of October 1944

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

H A Burton — Qualification Justice of Peace District of Gaspe.

Address New Richmond Sta. Prov. 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

The deceased Herbert Hardy helped to support his widowed mother.