G22177
WOODMAN
FRANCIS

CASUALTY SECTION EXTRACT FORM

A-467

Message Received from 21/CAS/784

Time Message Received

Date Message Received

AEF

REGIMENTAL No.	RANK	NAME	FULL CHRISTIAN NAMES
G-22177	PTE	WOODMAN	FRANCIS

UNIT NORTH SHORE N.B. REGT.
WOUNDED AND DIED OF WOUNDS 5 JUL 44

742

CASAULTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. OR D.I.

(*This information must be clearly stated*)

Hospital Admitted to ..... Date .....

Hospital Transferred to ..... Date .....

Hospital Transferred to ..... Date .....

Hospital Discharged from ..... Date .....

ENTERED ON
CAS. CARD.
CAS. LIST.

FOR VERIFICATION CLERK

IMPORTANT NEXT-OF-KIN IMPORTANT

If next-of-kin is in CANADA—Give full Address and Relationship.
If next-of-kin is in U.S.A.—Give full Address and Relationship.
If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

MRS SUSAN MILDRED WOODMAN — MOTHER

NEXT-OF-KIN — RELATIONSHIP

Address BLACK CAPE QUEBEC
CANADA

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

Home Town BLACK CAPE QUEBEC

Cable No. 7710

Verification Clerk's Signature.

C.F.A. 48
40/P & S/1568 (1/43)

19th July, 1944.

Mrs. Susan M. Woodman,
Black Cape,
Bonaventure Co., P.Q.

Dear Mrs. Woodman:

It is with deep regret that I learned of the death of your son, G.22177 Private Francis Woodman, who gave his life in the Service of his Country in France on the 5th 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

JUL 17 1944

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

GR/BTC

405-W-15,425

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME WOODMAN Francis

PLACE & DATE OF BIRTH Quebec. CANADA. 17 Jan 1922.

RANK Pte.

REGIMENTAL NO G-22177

UNIT North Shore N.B. Regt.

NEXT OF KIN & ADDRESS MOTHER.
Mrs. Susan Mildred WOODMAN
Black Cape, Quebec. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 5 Jul 44.

PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL 5 JUL 44

CEMETERY Nr. Carpiquet 7F/1 945713

PLOT NO ROW GRAVE

DEATH CERTIFICATE NO.

RELIGION Presbyterian

DATE 17 JUL 45

for (L.S.Appleford) Major
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

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

2
ARMY

258-4043

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Francis (CHRISTIAN NAMES) WOODMAN (SURNAME)

REGISTER NO. D-427
FILE NO. 405-W-15425
DATE 28-8-45
SERVICE NO. G-22177
FINAL RANK OR RATING Pte.

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 4-7-44
DATE OF DISCHARGE 4-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1486 / 30 EQUAL TO 49 COMPLETE PERIODS AT $7.50	367.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 1082 LESS 16 INELIGIBLE DAYS, EQUAL TO 1066 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	266.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	634.00

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 1082 / 183	X$ 19.25 — 113.82

D. WAR SERVICE GRATUITY	747.82
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	747.82

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
KHM	

TREASURY

CHECKED BY	DATE
[signature]	3 Oct/45

[signature]
SERVICE REPRESENTATIVE

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Francis Woodman (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Black Capes, in the County District of Bonaventure,

Province of Quebec, Farmer, Fisherman (Civil Occupation)

Regimental No. G22177, Unit N Shore R CA(A.F.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Brother: Floyd Logan Woodman of the Village of Black Capes in the County of Bonaventure Province of Quebec. all my estate

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Floyd Logan Woodman (Name) Black Capes P.Q. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 1st day of May

19 41

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.

Francis Woodman (Signature of soldier)

First witness sign here.

(5) Signature T E Malcolm

Civil Address Glencoe Rest. Co. N.B.

Civil Occupation Sectionman

Second witness sign here.

Signature A H Doyle

Civil Address P O Box 180 Campbellton N.B.

Civil Occupation Wholesale shipping clerk

(Witnesses are not to be beneficiaries.)

[OVER]

COPY/MV

M.F.M. 5
150M—1-42 (3165)
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 WOODMAN, Francis
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank G22177

(3) Unit North Shore (NB) Regt. CASF

(4) Are you married? Single

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? No

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

Names and ages

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

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

Name

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 .....

.....

.....

(11) Is your father alive? Yes

If so, state name and address, occupation WOODMAN, Loggie

Black Cape, Bonaventure Co., Quebec

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

(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.....

.....

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

(14) Is your mother alive? Yes

If so, state name and address WOODMAN, Mrs. Susan Mildred

Black Cape, Bonaventure Co., Quebec

(15) If your mother is a widow, are you her sole or 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 .....

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? .....

(17) Are you contributing to the support of any dependents, other than those shown above? .....
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 .....

.....

(18) Are you insured? No

If so, in what Company? .....
(Give number of policy)

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

(Sgd.) Francis Woodman
(Signature of officer or man)

Date June 10, 1940

(Sgd.) J.N. Collins, Major

for Officer Commanding North Shore (NB) Regt. CASF.

Date 3/7/40

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.)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER G.22177 RANK Private SERVICE UNIT The North Shore Regiment (C.A.).

NAME WOODMAN, Francis

DATE OF BIRTH
DAY 17th MONTH January YEAR 1922 Enlisted: 10-6-40

MARITAL STATUS Single RELIGION--Presbyterian

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

ADDRESS Black Cape, Bonaventure Co., P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 7710 H.Q. 405-W-15,425

CASUALTY DETAILS Died of wounds DATE 5-7-44

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 14-7-44

BTC

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name WOODMAN Francis No. G.22177
Surname Christian Names

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

AMOUNT W.S.G. 747.82
L.P.C. $ 79.31

Date 6-7-46

Other Credits 7.88

Total 835.01
Prev dist. 600.00
This dist. 235.01

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Loggie Woodman Black Cape, Bonaventure Co., P.Q. (for benefit of minor beneficiary under will)	235.01
			W.S.G.

P4. TO TREAS.
JUL 16 1946

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	235.01 ✓

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....G-22177 Pte. Woodman F. (Deceased)....

RECEIVED FROM ....Cdn Sec GHQ 2nd Echelon 21 Army Group....

CHECKED BY ....F-52241 Gnr. Drake R.E.
B-126252 Pte. Sislofsky A.... DATE ....8 Aug 44....

1	Signet Ring		
1	New Testament		
1	Leather Wallet		
	Snapshots		
1	Nail File		
1	Red Identification Disc		

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

M. Cathcart Capt.
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
10 AUG 1944
BRANCH
HEADQUARTERS

To be made out in duplicate.

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

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

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier WOODMAN, FRANCIS
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number G22177

(3) Unit North Shore (NB) Regt. CASF

(4) Are you married? Single

(5) If married, state,

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

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

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

(7) Are you a widower? No

(8) Have you any children? No

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

Also their names and ages N/A

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

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

Name N/A

Postal Address N/A

(SEE OTHER SIDE).

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

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

(11) Is your father alive? Yes

If so, state name and address Woodman, Loggie

Black Cape, Bonaventure Co., Quebec

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

N/A

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

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

(14) Is your mother alive? Yes

If so, state name and address Woodman, Mrs. Susan Mildred

Black Cape Bonnaventure Co., Quebec

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

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

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

(17) Are you insured? No

If so, in what Company? N/A

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

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

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

Francis Woodman
(Signature of officer or man)

Date June 10, 1940

J. McCallum [illegible]
for Officer Commanding North Shore (N.B.) Regt
C.A.S.F.

Date 3/7/40

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

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

District.....

Dispersal Area.....

Regtl No. C.22177 Rank and Name Woodman F. Pte.

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

(Transfer or Discharge) ..... to ..... on 5th July 19 44

Reason Death Authority : CCL "A" 467 d/9th July 44.

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

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	51	69
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Technical Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	20	00	Allowances (Give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (Give particulars) :					
			Cash Effects JV.624	1	12
To Balance Cr Free	79	31			
Deferred			By Balance Dr		
Total	99	31	Total	99	31

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

Remarks :

Assigned Pay of $ 20.00 (M) Stopped eff. Aug 44.

Compiled by D.P.Maloney.

Checked by Cooper

Date 5th February 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

M.L.

BUR. REPORT TO N.K.

RETURN TO BUR. STAT. DEC 5 1944

ROYAL MESSAGE DESP'D JUL 24 1944

CAN. MESSAGE DESP'D 20/7/44

NOW KNOWN AS:

Bayeux British Cemetery,
Bayeux, France.

Grave 18, Row F, Plot 4.

AUTH. IWGC. HI & CR FORM.

HI & CR Form Despd. FEB 7 1947

No G.22177 Rank Private Name WOODMAN, Francis

Unit North Shore Regt. Date of death 5th July, 1944.

Died at France

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q 405-W-15425 d

N/K Mrs. Susan M. Woodman Relationship Mother

Address Black Cape, Bonaventure Co., P.Q.

Remains buried in M.R. 945713 7F/1 near Carpiquet. Cemetery

CHK ✓

Grave location

OVER

-6 AUG 1942

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 10.6.40 Place Enlisted CAMPBELLTON: N.B.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
10.6.40 to 21.7.41	CANADA	NSR	C.Coy 15 PLT	PTE	BRENGUN TRAINING 14	Sat.
21.7.41	U.K.	"	" "		Section man	123 "
				A		

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization 1/12

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

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

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Section man 123	Sat.	17.2.42	P.L. com.

55 Type of Service Desired (1) PARA-TROOPS: 370 (2) .....

Remarks re Outstanding or Limiting Factors

A very determined man who longs for adventure the Para-Troops hold attraction on account of the daring and risk. He thinks that if he were assigned to them he could be of some little value. He is now interesting himself in maps and map-reading and trying to improve his education which he has neglected. He likes the Army and would like to stay in the Permanent Force after the war, or become a policeman. He is restless with an infantry unit. Sick of doing nothing.

BH

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

Reason for Joining Cdn. Army (if ascertainable) ....PATRIOTIC - ADVENTURE.....

48 Suggested Possibilities for Employment (1) Section man.

..... (2) Para troops

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by L. Alward Lieut. ..... Date 17-2-42

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

CONFIDENTIAL.

Soldiers Qualification Card

CODED

Regt'l. Number G22177. | Last Name WOODMAN. | First Name FRANK.

2 Nationality 08 CANADIAN. | By Birth ✓ | By Naturalization | Country of Birth CANADA

3 Racial Origin BRITISH. 4 Language spoken in home: French ..... Other ..... English ✓

5 Age 20 1/12 1922 6 Height 6' 0½" 7 Weight 180 8 Silhouette [1] 2 3 4

Eyes: 9 Colour of BLUE 10 Acuity [1] 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity [1] 2 3 13 Speech Defects .....

14 Handedness [R] L A 15 Med Category A.

Cause .....

Attitude to own health REASONABLE. To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... E 4 (14) S ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 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 ENGLISH.

02 Written well .....

24 Main occupation: Description FISHERMAN (DEEPSEA)

3128 Estimate of skill Sat.

Duration (from—to) 1936- HO. Weekly Wage 7 50

Employer's Name and Address .....

SELF & FATHER.

CARDS PUNCHED

Middle Names

50 "M" Test	Score	SM	
	N		
1	17		S. Tot. 36
2	7		SM
3	12		
4	18		S. Tot. 42
5	24		SM
6	9		S. Tot. 49
7	11		SM
8	29		
Tot.	127	SM	Grade D
9			

51 OTHER MENTAL

Test .....

Score ..... L. Grade .....

Date .....

52 MECHANICAL

Test .....

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

Date .....

52 CLERICAL APT.

Test .....

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

Date .....

53 TRADE TEST

1. Score .... G. .... Date ....

2. Score .... G. .... Date ....

3. Score .... G. .... Date ....

4. Score .... G. .... Date ....

54 OTHER

Test .....

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

Date .....

Unit NORTH SHORE (N.B) REGT.

1 Corps NORTH SHORE (NB) REGT. 53H.

25 Second Most Important Occupation: Description:

..... Estimate of skill .....

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

Employer's Name and Address .....

.....

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..... 29 Auto. D... 30 Motorcycle.....

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

35 Accident Prone .....

Farming Experience: Wide ..... Limited .....

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

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

Address .....

Other provision for post-discharge occupation .....

..... Type of work desired MOUNTED POLICE. OR. - ARMY LIFE.

Occupational history: Ambitious ..... Accidental .....

Stable ..... Erratic .....

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

2 Marital Problems ..... (Remarks)

Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... No. Brothers ..... 5 ..... No. Sisters ..... 1 .....

Position in family ..... 1 ..... 38 No. Dependents ..... 0 .....

Relationship of Dependents .....

Status of home in childhood ..... HAPPY.

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

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

40 Sports: (1) SKI-ING (2) ..... (3) .....

N Team Games and Position (1) SOFT BALL. CATCHER.

(2) ..... (3) .....

3 41 Ability to Entertain: Music: String ..... Brass .....

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

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

5-7-44

AWARDS—CANADIAN ARMY (ACTIVE) (1656) M

500M—I-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-W-15425

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WOODMAN,	Francis	G-22177	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	
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Loggie Woodman ~~Father~~ mother

ADDRESS: Black Cape, Bonaventure Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Susan M. WOODMAN, (ENGLISH)

(1656)

ADDRESS: BLACK CAPE, Bonaventure Co., Que.

5055-27-10-49

MEMORIAL BAR

(1)

DATE DESP

REGN. NO 1797

(2)

DESP. OCT 4 1944

REGN No. 2622

(3)

AUG 18 1941

Received........ Checked......ASM 1/E/41 ...Card........✓...Observations........

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
480 M—8-39 (1096)
H.Q. 1772-45-18

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

Unit........North Shore (NB) Regt........ Regimental Number........G22177........

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01/PTE

1. Surname........Woodman........
2. Christian Names........Francis........
3. Present address........Black Cape, Bonaventure County, Quebec.........
4. Date of birth........January 17, 1922........
5. Place of birth........Canada (Country)........Quebec (County or Province)........Black Cape (Town or Township)
6. Religion (state denomination)........Presbyterian........
7. Trade or Calling........Laborer........
8. Married, Widower or Single........Single........
9. Name of next of kin........Woodman, Mrs. Susan Mildred........
10. Relationship........Mother........
11. Address of next of kin........Black Cape, Quebec. P. Q.........
12. Have you served in any Naval, Military or Air Force?........No........
13. If previous war service, state arm, force and regimental particulars........
........N/A........
14. Do you now belong to or have you served in the Active Militia of Canada?........NO........
........N/A........
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date........June 10, 1940........ ....Francis Woodman........
(Signature of recruit)

R. T. Sansom 2/Lt. Witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

........Francis Woodman........(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........Campbellton N. B.........this........Tenth........day of........June........19 40

........W. Sullivan........Capt. {Signature of Magistrate, Justice or Attesting Officer.

O. C. "C" Coy North Shore (NB) Regt. CASF........{Office or Rank and Unit or appointment.

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

FINGERPRINTED—CAIB

P

Record of Service of Woodman (Surname) Francis (Christian Names) Regimental Number G22177

QUALIFICATIONS	
Military	Nil
Business or Professional	Nil
Trade or Civil	Laborer
Technical	Nil
Languages	English

EDUCATIONAL QUALIFICATIONS	
High School or Collegiate	Grade 5 (years completed)
Graduation or Matriculation	Nil (specify)
*College	Nil
*University	Nil
	Nil

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment T.O.S.	Pte	10-6-40	1st Bn N.S. (N.B.) Regt C.A.S.F.	Newcastle N.B.	Part II Pge 13 ord. 6	17-6-40
		Furlough 29-12-40 to 17-1-41	"	29-12-40	"	Sussex N.B.	" " " #158	28-12-40
		Admitted to Comp. Hosp. Sussex N.B.	"	1-2-41	"	" "	" " " #29	1-2-41
Discharged from		" " " "	"	12-2-41	"	" "	" " " #38	14-2-41
Sick leave		Booker 12-2-41 to 1259 hrs 17-2-41	"	12-2-41	"	" "	" " " #38	14-2-41
5703 –		(re damage to C.N.R.) Stoppages pay, amount $1.50	"	17-1-41	"	" "	" " " #63	17-3-41
		Recd T.W. for Embarkation C.A.R.O #1118 (4-7-41 to 7-7-41)	"	4-7-41	"	" "	" " " #145	4-7-41
		S.O.S. C.A. (Can) Embarked at Halifax 18-7-41	"	18-7-41	"	Aldershot	" " " #161	8-8-41
		T.O.S. C.A. (O) Disembarked at Liverpool 30-7-41	"	19-7-41	"	"	" " " #161	8-8-41
		Landing leave (W.W.) to 15 Aug. 41	Pte.	11 Aug 41	N.S. Regt.	U.K.	2	18 Aug. 41
		1st Priv. leave (W.W.)	Pte	31 Oct 40 7 Nov 41	NSR	UK	20	14 Nov 41
		2 P Leave (F.T.W.)	Pte	4 11 May 42	NSR	UK	25	30 May 42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Woodman, Francis Date June 10, 1940

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	j. Nasal trouble	NO
b. Tuberculosis	NO	k. Ear disease	NO
c. Bronchitis or asthma	NO	l. Eye disease	NO
d. Heart disease	NO	m. Epilepsy	NO
e. Kidney or bladder disease	NO	n. Nervous or mental disease	NO
f. Gastro-intestinal	NO	o. Syphilis	NO
g. Rupture	NO	p. Gonorrhoea	NO
h. Varicose veins	NO	q. Have you ever worn glasses?	NO
i. Flat or deformed feet	NO		

Have you received disability pension or compensation --NO

Francis Woodman
(Signature of Recruit)

Examiner's remarks re above

Applicant in good condition

Thi... bei... Can... the... Serv... my w... Witn... Dat...

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar on left patella. Oblique scar, lateral surface, middle third thigh left leg. Scar inner side left knee

2. Height 6 feet ½ inches. 3. Weight 146 pounds.

4. Complexion Medium Ruddy Eyes Hazel Blue 5. Development Good (Good / Fair / Poor)

Hair Light Brown

6. Chest measurement—Girth on full expansion 36½ inches.

Range of expansion 3½ inches.

7. Vision, right 20-30 left 20-40 8. Hearing, right 20 feet left 20 feet

9. Condition of mouth and teeth Good

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

Urinalysis-negative No Vericocele Heart -normal
Blood Pressure122-82 Reflexes-normal Vesicular breathing no rales
Eardrums-normal No Haemorrhoids

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

H. Keenan MD (President) J. J. Mathers MD (Member) C. E. Drummond (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
June 11	X Ray chest negative H.K.	30.8.41	T.A.B 1/2
30-8-40	Vacc Tet Tox (1) JCO		
30-8-40	TAB (1) JCO		
10-9-40	TAB (2) JCO		
2-10-40	TAB (3) JCO		
25-10-40	Tet Tox (2) JCO		
10-3-41	Reboard A. JCO		
24-8-42	T.A.B.T. 1/2		

Regtl. No. G22177 Rank pte Surname Woodman Christian Name Francis

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				
Sussex Dental Clinic	17-2-41									Partial upper denture	JCD

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

Killed 4 Jul 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

(PART II)

Regiment or Corps: N. Shore Regt. Regimental Number: G. 22 177

Substantive Rank: Pte. Surname: WOODMAN Christian Names: F.

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(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
11 Jul 44	3014	N.S.R.	WOUNDED + DIED OF WOUNDS Comp fr. rt. femur (H.E. shell)	5 Jul 44	Field	Pte	3014 (51)
11 Jul 44	"	"	Adm. 17 L.V.F.A. Amb.	5 Jul 44	"	"	45-44 (51)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown

HOSPITALIZATION ONLY

CASUALTIES, Etc.

NATURE E. G. ABSENCE, PROMOTION, Etc.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, Etc.
T.O.S. 10-6-40	6	17-6-40	NORTH SHORE (N.B.) REGT
Lve & Furlough 29-12-40 to 17-1-41	158	28-12-40	
Sk lve. 12-2-41 to 17-2-41. SUB.ALL. 85¢ p.d	38	14-2-41	
Stop pay of 1.50 to pay damage done to C.N.R. property on 17-1-41	63	17-3-41	
EMB. Lve.	145	4/7/41	
Priv. Lve. (1) w.w. 31/10 to 7/11/41.	20	14-11-41	
SOS Canada 18/7/41. TOS C.A.(O) 19/7/41	161	8/8/41	
P.T. leave - FTW - 4-5-42 to 11-5-42	25	30-5-42	
PL 7 ds with RA 1 Feb to 8 Feb 43	10	25 Feb 43	
Pay incr to 1.50 per day wef 1-1-43	16	31 Mar 43	
One good conduct badge wef 10 Jan 42	13	19 Mar 43	
7 days P.L. with R.A. wef. 5-12 May 43	28	3 June 43	
Att to HQ. 8 CIB wef. 29 May to 4 June 43	30	14 June 43	
" " " " " 23 July - 30-7-43	40	16.8.43	
7 dys P.L. with R.A. wef. 4-11 Aug. 43	42	30-8-43.	
8 " " " " 8.15 Nov 43	58	14 Dec 43	

AWD. THE C.V.S.M. AND CLASP WEF.

53 Cay

C coy

NAME WOODMAN FRANCIS

REGIMENTAL No. G22177 RANK Pte

ENLISTED AT Campbellton PROMOTIONS, ETC. AND DATE

DATE 10-6-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE S/N O 2/c

NEXT OF KIN Mrs. Susan Mildred Woodman RELATIONSHIP ~~A~~ mother

ADDRESS OF Black Cape, Bonaventure Co. P.Q.

ASSIGNMENT OF PAY, $ 21 c. 00 eff. Aug 1940 8-40 now 43 of 44 S.V.L.B.

ADDRESS Black Cape, Bonaventure Co. P.Q.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT N/A

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER M F M. 17.

IN WHOSE FAVOUR Mrs. Susan Mildred Woodman (mother)

M. F. M. 14

50M—3-40 (4478)
H.Q. 1772-39-1662

O.H.F.

CONTINUATION CARD M.F.M. 14

Regimental No. G 22177 Name Woodman F.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
12	6 Mar 44	7 do P.L. Smith RA 9.16 ~~Mar~~ Feb 44
		adm 22 Cdn F d amb unf 19 Apr 44
C/R d/	21 Apr 44	S.O. Str X List on adm to Millbrook Isolation Hosp unf 19 Apr 44
15	4 May 44	TOS X3 (NSR) on adm to hosp. unf 31 May 44
20	8 Jun 44	Posted to X 4 list. unf 31 May 44

F.M.—14A

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
18-7-41	OC	N Shore R	S.O.S. C.A (Can) Embarked at Hfx for 18-7-41	Halifax	18-7-41	Pte	Pt II orders # 161
30-7-41	O.C	" " "	T.O.S. C.A(O) Disembarked at Liverpool 30-7-41	Liverpool	19-7-41	"	" " " # 161
11-8-41	OC	" " "	Landing leave with warrant from 0730 hrs 11-8-41 to 2359 hrs 15-8-41	Aldershot	11-8-41	Pte	D.O #2 d/18-8-41
5-11-41	OC	" " "	Privilege leave (P1) with warrant	Field	31-10-41	"	20 1-11-41
4-5-42	OC	" " "	P-2 (CWW) —— 11-5-42	"	4-5-42	"	25 d/30-5-42
10 Aug 42	OC	" " "	7 day P.L (F.3)	"	3 Aug 42	"	39 21 Aug 42
3 Nov 42	OC	" " "	P.L. (F.4)	"	2 Nov 42	"	53/42
17 Feb 43	O.C	" " "	Granted 7 day P.L	"	1 Feb 43	"	10/43
13 Feb 43	O.C	" " "	Awarded One Good Conduct Badge	"	10 Jan 42	"	13/43
25 Mar	-	-	Grtd Daily Rates Pay of $1.50		1 Jan 43		16 1943
27 May 43	"	" " "	7 day P.L	"	5 May 43	"	28/43
7 Jun 43	"	" " "	Att to HQ 8 CAB f.a.p. w.e.f. 29 May to 4 Jun 43	"	29 May 43	"	30/43
9 Aug 43	"	" " "	Att to HQ 8 CAB f.a.p. from 23-30 July 43	"	23 July 43	"	40/43
			Awd Cdn Vol Ser Medal &Clasp	JAN 15 1944			7 - 1944
22 Apr 44	Contr	" " "	Adm to 22 Cdn Fd Amb	"	19 Apr 44	"	21/44
22APR44	"	" " "	Rem'd from 22 CDN FD AMB to MILLBROOK ISOL. HOSP w.e.f.	"	19APR44	"	21/44
22APR44	O.C.	NSR	SOS to X-3LIST (NSR) on adm to MILLBROOK ISOL. HOSP w.e.f.	"	19APR44	"	21/44
	X-3	N.S.R.	TOS from North Shore (N.B.) Regt in Hosp	Fld	20 Apr 44	"	15-4 [illegible] 44
7 June 44	X3	N.S.R.	Posted to X4 list	✓	31 May 44	✓	20 - 8 June 44
	X4 NSR	[illegible]	SOS to NSR	"	12 Jun 44	Pte	83 - [illegible] 44
	O.C.	NSR	TOS from X-4 List (NSR) w.e.f.	Field	13 June 44	pte	39/44
7 July 44	✓	✓	SOS Killed in action	✓	4 July 44	✓	46/44
			Embarked U.K. ...... Disembarked France.....				

G 22177 WOODMAN F.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit: North Shore (NB) Regt. CASF Regimental Number: G22177

1. Surname: Woodman
2. Christian Names: Francis
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: Black Cape Quebec
5. Date of birth as declared on attestation: January 17, 1922
   (A)
6. Date of enlistment: June 10, 1940
7. Place of enlistment: Campbellton, N. B.
8. Residence at time of enlistment: Black Cape Quebec
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: Presbyterian
12. If married, state date:
13. Trade on enlistment: Laborer
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: North Shore (NB) Regt. C.A.S.F.

Unit (Battn., etc): ~~North Shore (NB) Regt. CASF~~ 1st Batt'n

(18) Medical

Category	Date	Authority
A	10-6-40	M.F.M. 2

(19) Next of kin (entries to be made in pencil): Woodman, Mrs. Susan Mildred (Mother) Black Cape, Bonaventure Co. Quebec

(20) E.
(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.

Statement of the Service of No. G22177 Rank Pte Sheet No. ....

M.F.M. 1 & 2A
40/P & S/119

Name Woodman F

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
✓		Leave	Pte	5/12 Aug 42	NSR	UK	39	21 Aug 42
✓		7 days P.L. to 8 Feb 43 w/A.	Pte	1 Feb 43	N.S.R	UK	10	25 Feb 43
✓		Awd One Good Conduct Badge	Pte	10 Jun 42	N S R	UK	13	19 Mar 43
✓		Att^d to H.Q 8 C.I.B. fap.	Pte	29 May 43	N.S.R.	UK	30	14 June 43
✓		~~Granted~~ 1st Rate	Pte	1 Jan 43	NSR	UK	16	31 Mar 43
✓		att fap. H.Q. 8 C.I.B.	Pte	23/30 July 43	N.S.R.	UK	40	16 Aug 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
SOS		SOS to X3 list (N Shore R) on conto Cdn Det. Bytn. (60 day det.)	Pte	19 Jan 44	NSR	UK	21	28 Jan 44
✓	TOS	TOS from X4L (N. Shore Regt)	Pte	13 Jun 44	N Shore Reg	Field	39	26 Jun 44
		Died of wounds	Pte	5 July 44		AAL	A-467	9 July 44
M-145		Embarked at U.K. on 10 Jun 44	Pte		X 4 list N.S.R.	21. A. Gp.	25a	13 Jul 44
		Disembarked at France on 11 Jun 44						
		SOS. Killed in action	Pte.	4 July 44	N.S.R.	21. A.Gp.	46.	18 July 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 Frank Woodman (b) Reg'l. No. C22177
2. (a) Arm of service Army (b) Unit N.Shore (NB) Regt.CA.AF (c) Rank Pte.
3. (a) Date of birth Jan.17,1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment Black Cape, N P. Q.
4. (a) Place of enlistment Campbellton N. B. (b) Date of enlistment June 10, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 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.) 5 yrs. public school
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
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? N/A

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

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 Lumber dealer (b) Where was it located? Black Cape P. Q.
23. (a) Number of years engaged in this business 4 yrs. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

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? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 4 yrs. (c) In what provinces did you have experience? 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.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Telegraphy

DATE April 10 1941 SIGNATURE Frank Woodman

2222

FORM No. 1

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

H.Q. File No....................................

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C22177	PTE	WOODMAN	FRANCIS

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DIED OF WOUNDS CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 JUN 40	T.O.S.	T.O.S.
S.O.S. 5 JUL 44 MD 4	S.O.S. MD	S.O.S. MD
Total Days 1487	Total Days	Total Days

Total Service 1487 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	404	nil	404
Overseas Service	1083		1083
Totals	1487		1487
Add Non-qualifying Service			nil
Total Service			1487

EMBARKATION DETAILS: TOS 19 JUL 41

1. Date S.O.S. Overseas 5 JUL 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature [signature]

Checker's Signature D. Barrette

Date Computed 22 Aug 45

DIED WHILST IN SERVICE 5 JUL 44

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

[signature]

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. 19 Jul 41 T.O.S. .... T.O.S. ....

S.O.S. 5 Jul 44 S.O.S. .... S.O.S. ....

				Total	

465-W-15420

C O P Y

Sommervieu, Novembre the 22nd.

Dear Madam:.

There are many months I have adopted Pte. F. Woodman's grave, but if I have not written to you earlier, it is just because I did not know where to get your address, and I have had that information only some days ago.

You should be very kind to tell me what is Pte. F. Woodman's birthday and if he had prefered flowers, in order that I might put them on his grave, I go to the cemetery as often as I can, when I go to Bayeux.

I should be so glad if you should correspond with me and give me some details about Pte. F. Woodman, in order that he was no more a stranger for me. He is not alone in France now since he has somebody to pray for him and to look after his grave.

I write to you in English, not knowing if you write in French, if you prefer that way, will you tell me and excuse me for so many mistakes in my letter.

I send that letter to the Canadian Military Headquarters who answered to me how to correspond with you as I don't know your address, and they forward my letter to you.

Yours sincerely,

Melle Simone Bossard,
Chateau de Sommervieu,
par Bayeux,
Calvados,
France.

File No. 405-W-154 25

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B 22177 Name Woodman, Francis

Rank on Discharge Pte Date of Discharge 4-7-44

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 10-6-40	to	18-7-41	
	from	to		
United Kingdom	from 19-7-41	to	10-6-44	
	from	to		
Italy	from	to		
Northwest Europe	from 11-6-44	to	4-7-44	K/H.
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp

M

Verified by Edna Lavine

Date SEP 25 1946

Carded SEP 26 1946

NO RIBBON DESPATCH

HA 165

MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE
AND
PAY BOOK

WOODMAN FRANCES

22177

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.

WOODMAN FRANCES
G 22177

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
20 Dec 43	✓		I F.	[illegible] Maj.
25 Jul 44	✓			Geo E. [illegible] Capt.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. G 22177

Surname (in capitals) WOODMAN

Christian Names (in full) Francis

Date of Birth 17 January 1922

Place of Birth Black Cape, P.Q.

Trade on Enlistment Fisherman

Nationality of Father at birth English-Canadian

Nationality of Mother at birth English-Canadian

Religion Presbyterian.

Enlisted at Campbellton N.B.

Date 10-6-'40

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

Signature of Soldier F. Woodman

Signature of Officer [illegible] Sullivan Major

Place In the Field Date 26 Nov 43.

WOODMAN FRANCES. 22177 Woodman

(II) NEXT OF KIN NOW LIVING

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	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Loggie Woodman		Black Cape P.Q
	Mother	Mrs Susan Mildred Woodman.		″ ″ ″
3rd	*Brothers and Sisters	Cranston Woodman	18	″ ″ ″
		Raymond Woodman	13	″ ″ ″
		Hansel Woodman	15.	″ ″ ″
		Samuel Woodman	10	″ ″ ″
		Annie Woodman	8	″ ″ ″
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

WOODMAN FRANCES

22177

(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
10-6-40	Pte		#6, 17/6.40	[signature]

(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 :—

Gas P. [initials]

Date..

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

WOODMAN FRANCES

C. 22177 Deceased

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Grade 5	Black Cape	1936	W Sullivan Mag.

(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

WOODMAN FRANCES

L. 22177 Demand

(IX) 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.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
10-6-40	A	L. E. German M.D.	[illegible]
3-41	A	Reboard.	

WOODMAN FRANCES
22177

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
Tet Tox (1)	30-8-40	[illegible]
T.A.B. (1)	30-8-40	
T.A.B. (2)	10-9-40	
T.A.B. (3)	3-10-40	
Tet Tox (2)	25-10-40	
T.A.B.T. ½ c.c.	30-8-42	
T.A.B.T. ½ c.c.	24-8-42	
T.A.B.T. ½ cc	31/8/43	J. H. Nicholson Capt
Typhus ¼ cc	20-12-43	[illegible] Maj
Typhus ½ cc	28-12-43	[illegible] Maj
Typhus 1 cc	3-1-44	[illegible]
Typhus 1 cc	23-3-44	Jap
T.A.B.T. ½ cc	9-7-44	Jap.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
30-8-40 [illegible]	[illegible]
26-2-44 reaction	Jap

(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 Chest Neg.	11-6-40	
Furlough	29-12-40	
"M" Test } complete "Q" Test }	17/2/42	[illegible]
Privilege leave	30-5-42	
Gas Chamber	Jan 42	[illegible] Sullivan Maj
Privilege Leave	1-2-43	[illegible] Sullivan Maj
7 days Priv Leave.	5-5-43.	

FINGERPRINTED—CAIB

Particulars	Date	Signature of Officer
Privilege leave	4 Aug 43	W. M. [illegible] Capt.
7 day Priv Leave	8-11-43	R. H. Vaughan Major
Gas Chamber CAP	9 Dec 43	[illegible] Capt.
7 days P. Leave	9 Feb 44	R. H. Vaughan Major

WOODMAN FRANCES
22177

A soldier who has made a Will 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.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their 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 M.D. #7.

[signature] Sullivan
Signature of Officer.
Rank or Appointment.
Major.

Date Certificate or Will extracted 28-6-41
Signature of Officer [signature] Sullivan Maj.
To whom sent M.D. #7
Dept.

his pre- and pre- ll, or e an t he

To whom sent ....
Dept. ....
Date Certificate or 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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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 remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

MILITIA BOOK M. 1

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

CANADIAN ARMY

Clothing and Equipment Statement

Regt No. G 22177.

Rank PTE.

Name WOODMAN. F.

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					
Bonnet, tam-o'shanter	1					
Boots, ankle, prs.	1					
Boots, rubber, high, prs.	1					
Boots, leather, high, prs.	1					
Bonnet, drab, Irish	1					
Cap, field service	1					
Cap, mechanic	1					
Cap, tank battalion	1					
Drawers, Cellular short, prs.	1					
Drawers, Woollen, prs.	1					
Gloves, knitted, drab, prs.	1					
Greatcoat, drab	1					
Initials of Soldier						
Initials of QM or Rep.	OB					

ARTICLE	QUANTITY					
Jacket sweater, or jersey pullover	1					
Overalls, combination	1					
Overalls, blouses, denim	1					
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	1					
Badges, arm, drab, crown in wreath	1					
Badges, arm, Tank Bn	1					
Badges, shoulder, "CANADA", prs	1					
Initials of Soldier						
Initials of QM or Rep	AB					

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

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	1					
Spoon, NS dessert	1					
Vest, cotton, gym	1					
Initials of Soldier						
Initials of QM or Rep	QMB					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs	1					
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, binoculars	1					
Cases, pistol	1					
Covers, breech, rifle	1					
Initials of Soldier						
Initials of QM or Rep	QMB					

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

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

ARTICLE	QUANTITY					
Rifle No. 387757 Regt'd No. (.....)						
Bayonet No. ..... w/scabbard						
Bottles, oil						
Pullthroughs, single						
Rods, cleaning, pistol						
Carbine, Mach ..... Regt'd No. (.....)						
Magazines, Carbine						
Pistol Revolver No. ..... Regt'd No. (.....)						
Ctges, SA, revolver .380 in						
Ctges, SA, .303 in Mk VII	90					
Initials of Soldier						
Initials of QM or Rep						

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
A L Black	1/6/44		

Mrs. Susan M. Woodman,
Black Cape,
Bonaventure Co., Quebec.

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-W-1 5,425 FD15

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

July 31st, 1944.

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

WOODMAN, Francis, Pte.,

No. G.22177, Canadian Army.

ESTATES BRANCH AUG 9 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

for Director of Estates.

GHF:TL

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Loggie Woodman	50	Black Cape Pro Que
4	Mother of the Deceased.....		Susan. mildred Woodman	42	
5	Brothers of the Deceased	Full Blood	D125026. gm. Woodman b. O.	21	Canadian army overseas
			Hansel Woodman.	19	Black Cape
			Raymond Woodman	17	Pacific coyle navigat Vancouver Ltd
			Samuel Woodman	14	B. C
			Lloyd. Woodman	10	Black Cape Que
		Half Blood			
6	Sisters of the Deceased	Full Blood	Annie Laura Woodman	12	Black Cape 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
			Cameron William Woodman		1 yr Died Sept 18 ~~25~~ - 1928

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	222177 Cte Frances Woodman
9	Date of his birth.	Jan. 17th 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	New Richmond July 13 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Black Cape
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Black Cape (c) (d) until enlisted
14	Nature of employment before enlistment.	General Labor
15	State whether he owned the premises in which he lived, and, if so, where situated.	lived with Parents
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none here
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?	none
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50. Bond in England in vet
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	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.	no debts are known off
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*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.

Susan M. Woodman — Signature of Informant

Black Cape - Bona Co Que — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Susan M. Woodman {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 Black Capes this seventh day of August 1944

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

Alexander Irvine Qualification Pastor

Address Black Capes, Bon. Co., 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

405-W-15425

FIELD SERVICE M.B.R.

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

ORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: North Shore (NB)R — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: G/22177 — Rank: Pte

Surname: woodman — Christian Names: F.

Died — Date: 4 Jul 44 — Place: FRANCE

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/51 d.10 Jul 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: — Date: 5 Jul 44

By whom reported: C.F. North Shore (NB) Regt

State whether he leaves a Will or not — (a) in Army Book 64: Not Known

(b) as a separate document: No

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: England, 5 AUG 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature] for Officer i/c

Cdn Sec GHQ 2Ech 21 A Gp

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: WOODMAN (*Block letters*)

Given names: Francis

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Black Cape

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: January (Month) 18th (Day) 1923 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)	WOODMAN, Loggie	

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 5th (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) Died of wounds received 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: (State which) Date: ....19....

Manner of injury: (How sustained)

Nature of injury:

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

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

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

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

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)

OVERSEAS CASUALTY CANADIAN ARMY

DEC 5 1944

Director of Records, Dept. of National Defence.

Form No. 1 #797

Register No. D427

Nominal Roll No. D8

H.Q. File No. 405-W-15425

TO: P.M.G.,

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
G.22177	PTE	WOODMAN	FRANCIS

Reason for Termination of Service:

1st Enlistment DIED OF WOUNDS CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 10 Jun 40	T.O.S.	T.O.S.
S.O.S. 5 Jul 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1487	Total Days	Total Days

TOTAL SERVICE 1487 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	404		404
OVERSEAS SERVICE	1083	Nil	1083
Totals	1487		
Add Non-qualifying Service			
TOTAL SERVICE			1487

EMBARKATION DETAILS:

1. TOS 19 Jul 41
Date S.O.S. Overseas 5 Jul 44

2.
Date S.O.S. Overseas

REMARKS: DIED WHILST IN SERVICE 5 Jul 44

Computer's Signature R.H. Fearnley, Sgt

Checker's Signature L. Lucasse Cpl

No Doc's available. Computed from Personal File. (W S G)

Date Computed 12 Dec 44

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

D.W. Thwaitesworth
(C.L. Laurin) Colonel,
Director of Records.

File Copy

Quote No. 405-W-15,425 (Records-C).....

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

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

14th July, 1944.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. G.22177 Rank Private

Surname WOODMAN

Christian Names Francis

Nature of Casualty Died of wounds

Date of Casualty 5-7-44

Address at time of enlistment Black Cape, Que.

Date of enlistment: 10-6-40

Date of Birth 17-1-22

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Labourer

Name and address of Next-of-Kin Mrs. Susan M. Woodman,
Black Cape, Bonaventure Co., P.Q.

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

GR/BTC