K15216
CLARK
NORMAN BAILEY

DUPLICATE

Received ... Checked APR 18 1942 ... Card ... Observed ... Card ... OCC. HIST: COMPL'D Observ'mt MAY 16 1941

Records M. D. XI

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

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

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

Unit 15th Coast Brigade RCA Coast Regimental Number K-15216

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname ..... CLARK
2. Christian Names ..... NORMAN BAILEY
3. Present address ..... 811 East 10th Avenue, Vancouver, B. C.
4. Date of birth ..... March 4, 1914
5. Place of birth ..... CANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Township)
6. Religion (state denomination) ..... PRESBYTERIAN
7. Trade or Calling ..... CIVIC EMPLOYEE
8. Married, Widower or Single ..... MARRIED, AUGUST 28, 1935
9. Name of next of kin ..... EVELYN MARGUERITE CLARK N.B.C.
10. Relationship ..... WIFE
11. Address of next of kin ..... ~~811 East 10th Avenue,~~ 517 EAST BROADWAY, VANCOUVER BC. D.O. 21/d/15may43 Vancouver, B. C.
12. Do you belong to, or have you served in the Active Militia of Canada? ..... YES
    1932-35 29th Battalion, '35 to '39 15th Field Brigade
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? ..... NO (Yes or No) ..... (*b*) Any other Naval, Military, or Air Force? ..... NO
    (If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? ..... NO
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, NORMAN BAILEY CLARK 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 30 October, 1940 N.B. Clark (Signature of recruit)

Witness Frank V. Crawley Capt.

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

N.B. Clark (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,

OCT 30 1940

at Vancouver, B.C. this ..... day of ..... 19.....

Thomas D. Lisle Lt.Col. (Signature of Magistrate, Justice or Attesting Officer.)

~~For~~ O.C. #11 District Sub-Depot, Vancouver, B. C. (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

P

Record of Service of CLARK (Surname) NORMAN BAILEY (Christian Names) Regimental Number K-15216

Qualifications

Military '32 to '35 39th Battalion, '35 to '39 15th Field Bde.

Business or Professional NIL

Trade or Civil CIVIL EMPLOYEE

Technical NIL

Languages ~~ENGLISH ONLY~~ NIL

Educational Qualifications

Lang Bay, B.C.

High School or Collegiate: Grade 8 primary (years completed) NIL

Graduation or Matriculation: NIL (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.

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
2203		Joined on appointment T.O.S. 15 (WAN) Coast Bde. R.C.A. CASF & posted to 31 Hvy. Bty.	Gnr.	30.10.40	15 (WAN) CB	Van.	268.2	1.11.40 ★
—		Granted 14 days furlough with pay from 2.5.41 to 15.5.41	Gnr.	2.5.41	15 (VAN) CB	Van.	97.2	30.4.41 ★
—	0745 hrs to 2300 hrs 24-6-41	AWL (absent 15 hrs. 45 mins) Forfeits one days pay; Forfeits 2 days pay; 7 days C.B.	Gnr.	24.6.41	15 (VAN) CB	Van BC	144.11	27.6.41 ★
—		Admitted to Shaughnessy Mil. Hosp.	Gnr.	18.7.41	15 (VAN) CB	Van BC	162.3	19.7.41 ★
1		Discharged Shaughnessy Mil. Hospital	Gnr.	26.7.41	15 (VAN.) CB	Vanc. BC.	169-1	28.7.41 ★
—		admitted York Lodge Mil. Hosp.	"	17-11-41	88 Bty	Yk	15-41	24-11-41 ★
		Discd.	"	30.11.41	"	"	15-8-1	30.11.41 ★
		AWL 1630 hrs 29-1-42 to 2145 hrs 1-2-42 Sec.15(1)AA and 44&46 AA. Forfeits 4 days Pay under Art.149-1(a) & 6 days Pay under Art. 149-2 FR&I. Total Forfeiture-10 days Pay	Gnr.	3-2-42	15(V)CB	Vanc.	28-8	4-2-42 ★
		SOS 15 (Van) Coast Bde. RCA. on posting to 5th Medium Bty. R.C.A. C.A.	"	10-4-42	"	"	81-12	9-4-42 ★
		Att.15(Van)Coast Bde.RCA.for A.P.incl.Pay	"	11-4-42	"	"	83-3	11-4-42 ★
		AWL 0820 hrs. 17-4-42 to 0200 hrs 18-4-42 (Sec 15(1)AA & 44-46 AA) Forfeits 1 days Pay under Art. 149-1(a) & 2 days Pay under Art 149-2	Gunner	18-4-42	-	-	90-11	20-4-42 ★
		Cease to be Att. 15(Van) Coast Bde FR&I for A.P.	"	21-4-42	-	-	91	21-4-42 ★
		T.O.S. 3rd Med. Regt & Posted to 5th Hvy. Bty.	"	21-5-42		Petawawa	20-5	21-5-42 ★

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full....CLARK, Norman Bailey..... Date....October 29/40.....

Part 1. Information obtained from the recruit.

1. Age....21e..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	k. Ear disease	NO
b. Tuberculosis	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Epilepsy	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Gastro-intestinal	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. Flat or deformed feet	NO		
j. Nasal trouble	NO		

N B Clark
~~N.B. CLARK~~
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history.)
Scar inner Side base of right thumb

2. Height 5 feet 9½ inches. 3. Weight 140 pounds.

4. Complexion Fair Eyes Blue Hair Fair

5. Development Good ~~Fair~~ ~~Poor~~

6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right WV 20 left WV 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows NIL
Reflexes Urine negative

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

D W Lees — President
J. K. Kelly Jr — Member
[illegible] — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
29/10/40	X-RAY OF CHEST - NEGATIVE 926 MC	11-5-42	Cat. Conf Petawawa D.G.Wallace Capt
7.11.40	1st T.A.B. J.A.G.		
14.11.40	2nd T.A.B. J.A.G.		
21.11.40	3rd T.A.B. J.A.G.		
7.11.40	1st Tetanus Toxoid 1 cc J.A.G.		
22.1.41	2nd " " 1 cc J.A.G.		
5.12.40	Vacc. Small Pox Succ. J.A.G.		
10-2-42	Re-examined Cat 'A' McLellan		
9-3-42	1 A B ½ cc Annual J.C.B.		
17-4-42	Cat A 1 Sec Tetanus McLellan		

Regtl. No. K-15216 Rank Gunner Surname Clark Christian Name Norman Bailey

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	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
Shaughnessy Hosp Vancouver BC	30-10-40	18	7	41	26	7	41	Influenza.	9	Coryza. Backache Temp 102°. Recovered.	J.A. Gunthorn
York Island Mil. Hosp	..	17	11	41	30	11	41	Influenza	14	Satisfactory recovery	J.M. L'Allan

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

REBURIAL

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

Grave 6, row E, plot 7.

HI & CR Form Despd. OCT 19 1946

Photographs Despatched JUL 5 1947

BURIAL REPORT TO N.K. JAN 18 1946

RETURN TO BUR. OF STAT. MAR 19 1945

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 23-8-44

No K.15216 Rank Gunner Name CLARK, Norman Bailey.

Unit R.C.A. Date of death 8th August, 1944.

Died at France.

Cause Died of wounds received in Action.

24 725

Death occurred on strength of Forces.H.Q. 405-C ~~[illegible]~~

N/K Mrs. Evelyn M. Clark, Relationship Widow.

Address ~~Sto. A, 1240 Commercial Drive~~, Vancouver, B.C.
5895 Culloden,

Remains buried in Cemeter

~~MR.998692 sheet 7E/1 St Germain La Blanche Herbe France.~~

Grave location P-2 R-4 G-8

C.W.R. ✓

ODER

Statement of the Service of No. K15216. Rank Gnr. Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1097)
H.Q. 1772-45-18

Name Clark, N.B.

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
	*	T.O.S. 5th Med. Bty. on posting from 15 (V) C.B.	Gnr.	11/4/42	5th Med. Bty.	Esquimalt	9-2	10/4/42.
		A.W.L. from 22-15 hrs 29-5-42.	"	29-5-42	"	Petawawa	O.D #6.	31/5/42.
	DO.7d/21 Aug 42	S.O.S. Canadian Army (Canada	"	~~16~~ 14 6.42	"	Field	#13.	30-6-42.
		S.O.S. " " Overseas	"	~~7~~ 15.6.42	"	"	"	"
		Disembarkation U.K.	"	24.6.42	"	"	"	"
		AWL, 10 days C.B., Forf. 13 days pay FR+S 1491/A+1/10d FR+S 172(8)	Gnr	21 Aug 42	3 Med. Rgt	UK	8	28 Aug 42.
		Priv. Leave	Gnr	2/9 July 42	3 Med. Rgt	UK	3	13 July 42
		AWL, 7 days C.B., Forf. 1 days pay	Gnr	17 Sep 42	3 Med. Rgt	UK	12	24 Sep 42
		Priv. Leave with M.A.	Gnr	15/22 Oct 42	3 Med Rgt	UK	20	13 Nov 42
		Admonished + Forfeits 1 days pay. AA. Sec 40	Gnr	4 Dec 42	3 Med Rgt	UK	24	11 Dec 42.
		Appt'd A/L/Bdr	Gnr A/L/Bdr	7 Jan 43	3 Med Rgt	UK	2	14 Jan 43.
		Priv. Leave M.A.	A/L/Bdr	19/29 Mar 43	3 Med R	UK	15	8 Apr 43.
		To be L Bdr.	L Bdr.	7 Apr 43	3 Med R	UK	22	20 May 43
		AA 9(2) Reduced to Gnr	Gnr	4 June 43	3 Med R	UK	27.	17 June 43.
		Granted Regth Pay $1-50	Gnr	5 June 43	3 Med R	UK	28.	24 June 43
		Appt A/L/Bdr	A/L/Bdr	8 Aug 43	3 Med R	UK	37	26 Aug 43
		AA 15.1. Admonished Forf. 1 days Pay.	A L Bdr.	30 Aug 43	3 Med R	UK	41	23 Sep 43
		Proc: on Fire Fighters Crse Ser 33 Att to ICARU	A L Bdr.	1 Nov 43	3 Med R	UK	48.	11 Nov 43
		Ret from Fire Fighter Crse Ser 33 + C/Att to ICARU	A L Bdr	13 Nov 43	3 Med R	UK	50	25 Nov 43

Statement of the Service of No. K 15216 Rank ..... Sheet No. .....

Name Clark N B

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

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
C 27		Qual. Q1 on Fire Fighter Crse	A L Bdr	13 Nov 43	3 Mech	UK	51	2 Dec 43
C27		To be L Bdr	L Bdr	8 Nov 43	3 Mech	UK	1	6 Jan 44
C27		AA 15-1: Reduce to Gnr Forf 2 days Pay	Gnr	10 Jan 44	3 Mech	UK	3	20 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Awd. 4 days CB Forf 1 dy pay AA 15(1)	~~Gnr~~	8 May 44	3 Med Rgt	UK	21	18 May 44
		Embarked at UK on 6 July 44						
		Disembarked at France on 8 July 44	Gnr		3 Med R	21 AG	31	20 July 44
		To be L Bdr	L Bdr	25 Jul 44	3 Med R	21 AG	34	10 Aug 44
		Died of wounds	Gnr	8 Aug 44	3 Med Rgt	AEF	A478	13 Aug 44
Cancel. DO. 37 24 Aug 44		~~Reverts to Gnr on SOS, to draw Regt'l pay of $1.50~~	~~L Bdr~~	~~8 Aug 44~~	~~3 Med R~~	~~21 AG~~	~~36~~	~~19 Aug 44~~
		Died of wounds						
		SOS - deceased on admns. 3 CCCS	L Bdr	8 Aug 44	3 Med R	21 AG	32	24 Aug 44

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 15 (Van) Coast Bde. RCA. C.A. Regimental Number K15216

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	CLARK		
2. Christian Names	Norman Bailey		
3. *Substantive Rank and Appointment	L/Bdr	15(Van) Coast Bde.RCA.CA.	
*Acting Temporary or Local Rank	25 Jul 44	R.C.A.	3 Can. Med. Regt.
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth	Canada, Quebec, Montreal	(18) Medical	
5. Date of birth as declared on attestation (A)	4-3-14		

Category	Date	Authority
"A"	29-10-40	MFM 2 Page 3

6. Date of enlistment	30-10-40
7. Place of enlistment	Vancouver, B.C.
8. Residence at time of enlistment	811 E.10 Ave. Vanc.BC.
9. (B) Special conditions (if any) of enlistment or rate of pay	
10. (C) Any subsequent variations of conditions of service	
11. Religion	Presbyteriam
12. If married, state date	28-8-35
13. Trade on enlistment	Civic Employee
14. Corps, trade and grade	
15. (D) Qualifications	
16. (E) Miscellaneous entries	

(19) Next of kin (entries to be made in pencil)

Evelyn Marguerite Clark (wife)
517 East Broadway,
Vancouver, B.C. Canada

(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.

(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
30-6-42		3rd Med Regt	S.O. of Canadian Army (Canada	Field	~~14~~ 6-42	Gnr	D.O. # ~~12~~ 2
"		"	T.O.S. " " (Overseas)	"	15 ~~12~~ 6-42	"	"
"		"	Disembarked 21.22	"	24-6-42	"	"
13 Jul 42	C.O.	"	Leave 7 days (P.L.1) 9 Jul 42	U.K.	2 Jul 42	-	D.O. # 3 d/13 Jul. 42.
23 Aug 42	C.R.	3 Med.	10 days C.B. for 10 days pay & cost of apprehension				
			A.A. Sec 15 (1) A.W.L. For 10 days pay 149 (2)				
			For 3 days pay 149 (1)(a) For 15 10 d cost of app. 172 (5)	U.K.	21 Aug 42	Gnr	No. 8 d/28 Aug. 42.
19 Sep. 42	C.R.	3 Med	For 1 days pay 149 (1)(a) for A.W.L.	"	17 Sep. 42	"	No. 12 d/24 Sep. 42.
3 Nov. 42	"	"	F.2 7 days P.L. 22 Oct 42	Field	15 Oct 42	"	No. 20 d/13 Nov. 42.
4 Dec. 42	"	"	Admonished under A.A. 15 (1) A.W.L. 10 hrs 35 mins				
			For 1 days pay F.R. & I. 149 (1)(a)	"	4 Dec. 42	"	No. 24 d/11 Dec. 42.
8 Jan. 43	"	"	Appointed A/L/Bdr.	"	7 Jan. 43	A/L/Bdr.	No. 2 d/14 Jan. 43.
29 Mar. 43	"	"	7 days P.L. + 48 hrs (9 days) Ret'd 28 Mar 43	"	19 Mar 43	"	No. 15 d/8 Apr. 43.
10 May 43	"	"	To be L/Bdr.	Field	7 Apr. 43	L/Bdr.	No. 22 d/20 May 43.
8 Jun 43	"	"	Reduced to Ranks for a Off under AA 9 (2)	"	4 Jun 43	Gnr.	No. 27 d/17 Jun. 43.
18 Jun 43	"	"	Granted daily Rate of Pay @ 1.50	"	5 Jun 43	"	No. 28 d/24 Jun. 43
28 Jun 43	"	"	7 days P.L. + 48 hrs (9 days) Ret. 26 Jun 43	"	17 Jun 43	"	No. 29 d/1 Jul. 43
23 Aug. 43	C.R.	3 Med.	Appointed A/L/Bdr.	"	8 Aug 43	A/L/Bdr.	No. 37 d/26 Aug. 43.
10 Sep. 43	"	"	Admonished for A.W.L. 9 hrs 30 mins. For				
			1 days pay F.R. & I. 149 (1)(a)	"	30 Aug. 43	"	No. 41 d/23 ~~Aug~~ Sep 43.
1 Nov. 43	"	"	Proc. for Fire Fighters Case Ser 33 and att				
			to No. 1 C.A.R.U. for.	Field	1 Nov. 43	"	No. 48 d/11 Nov. 43.
19 Nov. 43	"	"	Ret from Fire Fighters Case Ser 33 and ceases				
			att to No. 1 C.A.R.U. for.	"	13 Nov. 43	"	No. 50 d/25 Nov. 43
29 Nov. 43	"	"	Having attended Fire Fighters Case Qual. "Q.1"	"	13 Nov. 43	"	No. 51 d/2 Dec. 43
29 Dec. 43	"	"	To be L/Bdr	"	8 Nov. 43	L/Bdr	No. 1 d/6 Jan. 44
15 Jan. 44	"	"	Reverted to Rnk for AWL 1 day 15 hrs.				
			For 2 days pay 149 (1)(a)	"	10 Jan. 44	Gnr.	No. 3 d/20 Jan. 44
19 Jan. 44	"	"	**Awarded Canadian Volunteer Service Medal and Clasp**	"	15 Jan. 44	"	No. 4 d/24 Jan. 44
11 May 44	"	"	Awarded 4 days CB for AWL 8 hrs. For 1				
			days pay F.R. & I. 149 (1)(a)	"	8 May 44	"	21 d/18 May 44
		"	**Embarked U.K. 6 Jul. 44 Disembarked France**		8 Jul. 44	"	31 d/20 Jul. 44
31 Jul 44	"	"	To be L bdr	"	25 Jul. 44	L bdr	34 d/10 Aug. 44
~~9 Aug 44~~	~~"~~	~~"~~	~~Reverts to Rnk on SOS to X-3 List (R.S.O.)~~	~~"~~	~~8 Aug 44~~	~~Gnr~~	~~36 d/19 Aug. 44~~ } Cancelled in Pt. II No. 37 d/24 Aug.
~~9 Aug 44~~	~~C.R.~~	~~3 Med~~	~~SOS to X-3 List RCA(D)~~	"	8 Aug 44	Gnr	~~36 d/19 Aug. 44~~
18 Aug 44	Hosp Adv.	3 Med	SOS deceased (Died of Wounds) on adm to 3 CDN CCS	"	8 Aug 44	L bdr	37 d/24 Aug 44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER: K 15216

RANK: Gunner

SERVICE UNIT: 3rd Medium Regiment

NAME: CLARK, Norman Bailey

DATE OF BIRTH: 4-3-14

DATE OF ENLISTMENT: 30-10-40

MARITAL STATUS: Married

RELIGION: Presbyterian

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

ADDRESS: Ste. A 1240 Commercial Dr., Vancouver, B.C.

NAME ADDRESS D.A.B.: Mrs. Evelyn M. Clark

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9161 H.Q. 405-C-24,726

CASUALTY DETAILS

DATE

Died of wounds 8-8-44

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 16-8-44

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

GMC

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP.....
(1)
REGN. NO 107

(1) MEDALS
PERSON
ENTITLED TO Mrs. Evelyn CLARK (WIDOW)

ADDRESS: ~~Str. A. 1240~~ 5895 Culloden St.
~~Commercial Drive~~, Vancouver, B.C.

(2) MEMORIAL CROSS

WIDOW Mrs. Evelyn M. CLARK, (ENGLISH)

(1704)

ADDRESS: Ste. A., 1240 Commercial Dr., VANCOUVER, B.C.

(2)
DESP. NOV 3 1944
REGN No. 5282

(3) MEMORIAL CROSS

MOTHER Mrs. Florence CLARK, (A2-70A) ~~XXXXXX~~ (ENGLISH)

ADDRESS: SANDWICK, B.C.
~~POWELL RIVER~~, B.C.

Retd. 5/11/45

(3)
DESP. NOV 3 1944
REGN No. 5283

DESP. JAN 17 1945
REGN No. 296 5

8-8-44 DECEASED

(1704) M FB

AWARDS—CANADIAN ARMY (ACTIVE)

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-C-24725

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
CLARK, Norman Bailey	K-15216	Gnr.	R C .A.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal CVSM & Clasp War Medal, 1939-45	1017 24-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

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

M.D. 11

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Pay master of the individuals new unit.

---

(1) Name of Officer of Other Rank.....CLARK NORMAN BAILEY.....
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank.....K-15216. Gunner.....

(3) Unit.....15 (Van.) Coast Bde. RCA. CASF.....

(4) Are you married?.....Yes.....

(5) If married, state,

(*a*) Full name of your wife.....Evelyn Margerite Clark.....

(*b*) Present postal address of wife.....811- E. 10th.Av. Vancouver B.C.....

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

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

(8) Have you any children?.....Yes..... Number of boys.....One..... Girls.....One.....
Names and ages.....Larry Norman Clark age 3 years
Roberta Mary Clark age 4 years.....

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

Give particulars of Guardians to whom Dependents' 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 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? Yes

If so, state name and address, occupation Thomas Clark (Logger)
Port Alberni B.C.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No

(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 Florence Clark
Powell River B.C.

(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 N/A

Full Name N/A

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.

N.D. Clark.
(Signature of officer or man)

Date Oct. 30. 1940

Officer Commanding
LIEUT.-COL. R.C.A.
COMMANDING 15TH (REGIMENTAL) COAST BATTERY R.C.A.

Date Oct. 30. 1940

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.

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 ✓ CLARK Norman Bailey (b) Reg'l. No. K15216
2. (a) Arm of service Army (b) Unit 15 (Van) Coast Bde.RCA.AF. (c) Rank Gunner
3. (a) Date of birth Mar.4,1914 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Vancouver, B.C.
4. (a) Place of enlistment Vancouver, B.C. (b) Date of enlistment Oct.28,1940.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 years. (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.) 8 years Public School.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? no. (b) If so, for what occupation? - (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? (b) What languages do you read well?

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? None.

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

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

11. Had you ever been employed fairly regularly since leaving school?
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 Vancouver, City. Address Vancouver, B.C.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) City Engineer.
20. (a) Your specific occupation Spare Truck Driver. (b) Number of years' experience at this occupation with any employer 5 years.
21. (a) Did your employer promise definitely to give you employment on discharge? No (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? - (c) If so, in what kind of farming? -
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

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.). Fireman or Policeman (Civil Employee)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

16 May 1941.

DATE ..... 194..... SIGNATURE N.B. Clark.

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. K15216 Rank and Name CLARK. N.B. L/Bdr.

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

~~(Transfer~~ or Discharge).....to.....on 8th.August. 19 44.

Reason Death Authority : C.C.L."A" 478 d/13.August.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	37	65
First Monthly Payment AR66 d/8.8.44.	4	47	Regimental Pay 31 days at $ 1.60	49	60
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at .....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
			Cash Effects SOCR 14739	9	61
To Balance Cr Free	69	39			
To Balance Cr Deferred			By Balance Dr		
Total	96	86	Total	96	86

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

Remarks

Assnd Pay $23.00 (W) Stopped eff September.1944.

Assnd Pay $8.40 (6th.V.L. Cancelled eff May.1944.

Compiled by F.Trenouth.

Checked by J. Ireland

Date 7th.April. 19 45.

Certified correct D. Bowley for Chief Treasury Officer, Overseas

MW.

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 K-15216 Gnr Clark N.B. (Dec'd)

RECEIVED FROM Cdn Sec CHQ 2nd Echelon 21 Army Gp
C-5591 Pte Patterson L.K.

CHECKED BY L-17349 Cpl Bailey N.S. DATE 7 Dec 44

1	Plaid purse Photos Letters		
1	Address book		
1	Hymn book		
1	New testament		

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

TRIPLICATE — with effects.

N L Bailey Cpl
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
11 DEC 1944
BRANCH
HEADQUARTERS

405-C-24,725

File No ~~405-C-24,726~~

R E B U R I A L

NO K.15216

RANK L/Bdr.

NAME CLARK, N.B.

NAME OF CEMETERY Beny-sur-Mer, Canadian Military Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France

GRAVE LOCATION Plot 7, Row E, Grave 6

AUTHORITY 54-27-88-2 Vol.19

Reburial list.

26

Certified true copy of original MBM-1
A Stewart Capt.

K15216
CLARK, N.B.

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.

K15216
CLARK, N. 13.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
12/1/44	✓		5 FILL.	H.A. Dowdy Capt
30/MAR/44	✓		1 FILL & RADPHY	H.A. Dowdy Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. K15216

Surname (in capitals) CLARK

Christian Names (in full) NORMAN BAILEY

Date of Birth 4-3-14

Place of Birth MONTREAL QUEBEC.

Trade on Enlistment CIVIC EMPLOYEE

Nationality of Father at birth BRITISH

Nationality of Mother at birth BRITISH

Religion PRESBYTERIAN

Enlisted at VANCOUVER, BRITISH COLUMBIA

Date 30-10-40

Particulars of former service (if any) i.e. Regtl. No., Corps and period. 1932-35 29th Bttn. 1935-39 15th Fld Bde

Signature of Soldier Norman Clark

Signature of Officer THOS L. HARRISON, CAPT.

Place VANCOUVER B.C. Date 9-12-41

K15216
CLARK, N.13.

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	EVELYN MARGUERITE CLARK	
	Children	LARRY NORMAN CLARK	
		ROBERTA MARY CLARK	
2nd	Father	THOMAS CLARK	
	Mother	FLORENCE CLARK	
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full
811 E. 10th Ave, VANCOUVER B.C.
AS ABOVE " "
PORT ALBERNI B.C.
POWELL RIVER B.C.

K15216
CLARK, N.13.

(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
30-10-40	GNR.	W/P	2682d 1-11-40	T.L.HARRISON CAPT.
7-1-43	A/L/BDR	W/P	DO 73d 9-1-43	K.M.BECKETT Lt.
10.6.43	GNR	W/P	27d 17-6-43	[illegible]
8.8.43	A/L/Bdr	W/P	£37d/Reding	[illegible] Capt.
18 Dec '43	L/Bdr. Conf.	W/P.	£6d/Jan 44.	[illegible]
Feb 6 '43.	Gnr.	W/P.		[illegible]
25 Jul 44	L/Bdr	..	34/44	[illegible]

(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 :—

Date.....

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

K152216
CLARK, N.13.

8

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
FIRE FIGHTERS COURSE 35	1-11-43	[signature] Capt
N.V. TEST GOOD	15-3-44	[signature]

9

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1942	2	RIFLE	G.A. SPEER Lt.

K15216
CLARK, N.13.

(IX) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
1-7-42	1-12-42	GUNNER	
1-12-42		LAYER	K.M. BECKETT Lt.

12

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
29-10-40	A.	F.W. LEES, J.K. KELLY, G.M. KIRKPATRICK	J.H.M. McDIARMID Capt.
11-5-42	A	CONFIRMED.	E.E. COVERNTON Capt.

13

K15216
CLARK, N.13.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT. 1	7-11-40	J.M.McDIARMID CAPT.
2	14-11-40	
3	21-11-40	
TET TOX. 1	7-11-40	
2	22-11-40	
TABT ½cc	9-3-42	M.L. ALLEN.
TABT ½cc	19-4-43	C.C. COVERNTON Capt
Typhus 1/3	12-1-44	P.C. Cavanagh Lt
" 1/3	19-1-44	J. Williams
	26-1-44	H. Williams
TABT ½cc	9-4-44	Cheeseman Capt
2nd Typhus ½cc	24-5-44	E.L. Lewis Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
5-12-40	J.M.McDIARMID CAPT.
4/1/44	[illegible]

(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	29-10-40	J.H.McDIARMID Capt
"M" TEST	20/7/42	
"Q" CARD		S.N. KESTEN Lt.
1 PRIV. LEAVE 21/2	9-7-42	R. PATTINSON Lt.
2 " " 11/2	18-10-42	K.M. BECKETT Lt.
3 Ph 1 76	26.6.43	D. Stewart Capt.
4 P.L. 7-16	Dec '43.	Thos McGrath Lt.
awarded C.V.S.M.	A.O. 4	Thos McGrath Lieut
and CLASP.	15 Jan '44.	29 Jan '44.
5. P.L. R.T.W.	16-19 Mar '44.	Thos McGrath Lt

FINGERPRINTED—CAIB

8-044

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Norman Bailey Clark (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Vancouver, in the County District of

Province of British Columbia, Civic Employee (Civil Occupation)

Regimental No. K/15216, Unit R.C.M.P., R.C.A., 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 wife Evelyn Clark, 1240 Commercial St., City of Vancouver, British Columbia, Housewife, all my estate both real and personal, of whatsoever kind and wheresoever situate.

ORIGINAL RECEIVED
JUL 10 1944
W.D. & H.O.

PR 2-20

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 Evelyn Clark, 1240 Commercial St. Vancouver, B.C. (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of June 1941.

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.

N.B. Clark. (Signature of soldier)

First witness sign here.

(5) Signature Thomas W McGrath,
Civil Address Antigonish N.S.
Civil Occupation Chemist.

Second witness sign here.

Signature F. Goldsmith
Civil Address 81 Bellevue Ave Cambridge Eng
Civil Occupation Engineer.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

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

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

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

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

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

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

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

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

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

.....

.....

ESTATES BRANCH
DEC 21 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

501/

F[illegible] COMPLETION AND RETURN BY

Form P. 64

Mrs. Evelyn M. Clark,
Ste. A.1240 Commercial Dr.,
Vancouver, B.C.

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-C-24,726 FD 235

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 23, 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

CLARK, Norman Bailey, Gnr.

K-15216, Canadian Army

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

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

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

for Director of Estates.

TD

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		Evelyn M. Clark.	30	#4 1240 Commercial Dr Van. B.C.
2	Children of the Deceased and dates of their Births		Roberta Mary Clark April 17-1936	8	1240 Commercial Dr Van B C.
			Larry Norman Clark. July 8-1937	7	1240 Commercial Dr. Van. B.C.
3	Father of the Deceased		Tom. Clark.	55	Port Alberni. Van Island.
4	Mother of the Deceased		Florence Clark.	53	Sandwich Van Island.
5	Brothers of the Deceased	Full Blood	Jack Clark	32	Powell River. B.C.
			Clair Clark	28	5602 Larch St. Van. B.C.
			Neil Clark.	24	Canadian Navy.
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Norman Bailey blark.
9	Date of his birth.	March 4th 1914
10	Place and date of his marriage.	Van B.C. Aug. 28th 1935
11	Place and date of his parents' marriage.	Brandon Man. 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
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) Van. B.C. (c) (d)
14	Nature of employment before enlistment.	City of Van. Employee.
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.	Van. B.C.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	In his Auy Army Pay-book.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not to my knowledge
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.	1 - Bearer. 6th Victory Loan. taken out Overseas May 2 1944 (Made out to Roberta Mary blark).
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Unknown

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Widow.....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.

#A

.....Mrs Evelyn M. Clark.....{Signature of Informant}

.....1240 Commercial Dr Van B.C.....Address

CERTIFICATE

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

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

Dated at.....Vancouver. B.C.....this.....5th.....day of.....October,.....1944

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

Address.....Dept. Pensions & National Health Vancouver. B.C

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 Administrator of Estates.

Regimental No. K.15216 Rank Gunner

CLARK, Norman Bailey
Surname Christian Names

Unit 3rd Medium Regiment

Date of Death 8-8-44 Place of Death Overseas (France)

Next-of-kin Mrs. Evelyn M. Clark Relationship Wife

Address Ste. A.1240 Commercial Dr., Vancouver, B.C.

M.F.M.5 Copy herewith

Will Will d/9-6-44 herewith

Date 9-9-44

MMD/MBR.

ESTATES BRANCH SEP 19 1944 H.Q. OTTAWA NATIONAL DEFENCE

W. L. Laurin
Colonel
Director of Records

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

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

4

DEPARTMENT OF NATIONAL DEFENCE

AMENDED AWARD — NAVY — ARMY — AIR FORCE — AMENDED AWARD.

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Norman Bailey (CHRISTIAN NAMES) CLARK (SURNAME)

REGISTER NO. D-840
FILE NO. 405-C-24725
DATE 23-8-45
SERVICE NO. K-15216
FINAL RANK OR RATING L/Bdr.
DATE OF DISCHARGE 8-8-44

PAYEE Mrs. Evelyn M. CLARK,
ADDRESS Ste. A. 1240 Commercial Dr., Vancouver, B.C.

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1342 / 30 EQUAL TO 44 COMPLETE PERIODS AT $7.50 (13 2)	330.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 767 LESS 22 INELIGIBLE DAYS, EQUAL TO 745 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	186.25
	516.25
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.60 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ 63.12 $ 2.10 TOTAL $ 4.95 X7 = $ 34.65 NO. OF DAYS 767 / 183 X$ 34.65	145.23
D. WAR SERVICE GRATUITY	661.48
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS Portion of War Service Gratuity Already Paid. $ 354.41	354.41
F. TOTAL AMOUNT PAYABLE	307.07

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

21

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
ERM	[signature]	F. J. Grace	24-8-45

[signature] Capt
SERVICE REPRESENTATIVE

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

MAR 19 1945

1. PLACE OF DEATH
Name of city or place IN THE FIELD(FRANCE) Name of Municipality (if any)

Street or road House No.
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED CLARK (Surname or last name) Norman Bailey (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place Vancouver Name of Municipality (if any) British Columbia
Street or road East 10th Avenue House No. 811

5. SEX	**6.** CITIZENSHIP (See marginal note)	**7.** RACIAL ORIGIN (See marginal note)	**8.** Single, Married, Widowed or Divorced (Write the word)	**9.** BIRTHPLACE (Province or Country)
M			Married	Quebec

10. Date of Birth: March (Month by name) 4 (Day) 19 14 (Year)

11. AGE

Years	Months	Days	If less than one day
30			hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Civic Employee
(b) Kind of industry or business, as paper mill, lumber, bank, etc.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

16. Name of father CLARK (Surname or last name) Thomas (Given or Christian names)

17. Maiden name of mother (Surname or last name) (Given or Christian names)

18. Birthplace:—
Father (Province or Country) Mother (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, this 19 day of March 19 45
Signature of informant [signature] Relationship to deceased
Address Director of Records, Dept. of National Defence.

20. Burial, Cremation or Removal France. Date (Month by name) (Day) 19 (Year)
Place of Burial (Municipality) Cemetery

21. Undertaker:—
Name Address

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August (Month by name) 8 (Day) 19 44 (Year)

24. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw h alive on 19

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
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.**				

25. If a woman, was the death associated with pregnancy?

26. Was there a surgical operation? Date of operation 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 of injury 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place**

Signed by **Designation** M.D., Coroner, etc.
Address **Date** 19

28. I hereby certify that the above return was made to me at
Dated 19 (District Registrar)

District Registration No.

OVERSEAS CASUALTY CANADIAN ARMY

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

405-C-24726

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

FIELD SERVICE

MBR

REPORT 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.

405-C-24725

REGIMENT OR CORPS: 3rd Med Regt' Cdn — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: K-15216 — Rank: Gnr

Surname: Clark — Christian Names: N.B.

Died — Date: 8 Aug 44 — Place: France

Cause of Death*: Died of Wounds

Nature and Date of Report: A.F.W.3014/85 d.16 Aug 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: St Germain La Blanche Herbe 998692 Sheet 7E/1 — Date: 8 Aug 44

By whom reported: C.F. 3 C.C.S.RCAMC

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

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: France, 23 Aug 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: J.W. Racine Lieut for Officer i/c Cdn Sec GHQ 2 Ech 21 A Gp

15

28th August, 1944.

Mrs. Evelyn M.Clark,
Ste A. 1240 Commercial Dr.,
Vancouver, B.C.

Dear Mrs. Clark:

It was with deep regret that I learned of the death of your husband, K15216 Gunner Norman Bailey Clark, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

From official information we have received,your husband 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

AUG 24 1944

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

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