K57478
SWEET
JACKSON HOMER

MEMORANDUM FOR **P. 64**

Mrs. R.E. Sweet,
Sweetsburg, P.Q.

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

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

and the following number quoted:—

H.Q. 405-S-18,495 FD.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 28, 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

SWEET, Jackson Homer, Pte.,
K.57478 C. A.

ESTATES BRANCH FEB 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

PDS: MW

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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.....		Aldin Homer Sweet	Born 1858	Died 1922
4	Mother of the Deceased.....		Ruth Estella Sweet	Born 1877	
5	Brothers of the Deceased	Full Blood	✓		✓
		Half Blood	✓		
6	Sisters of the Deceased	Full Blood	Mrs Shirley Florance Chapman	1904	Verdun Protestant Hospital
		Full Blood	Mrs Marion Fuller Pte W40609	1914	Kitchener Ont.
		Full Blood	Mrs Darline Miller	1916	Sweetsburg
		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	~~Jackson Homer Sweet~~ Jackson Homer Sweet
9	Date of his birth	~~June 1907~~ June 22/1907
10	Place and date of his marriage.	~~—~~ Not married
11	Place and date of his parents' marriage.	~~—~~ Brome Que. Oct 1/97

PARTICULARS OF DOMICILE

12	Place where deceased was born.	~~Brome Co Que.~~
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Brome County. Que for 31 yrs (b) Victoria B.C. about 1½ yrs (c) (d) A few months
14	Nature of employment before enlistment.	Working on farm
15	State whether he owned the premises in which he lived and, if so, where situated.	~~—~~
16	Name place where deceased stated he intended to make his permanent home.	Had he lived he intended to come back to Brome Que.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Not to any knowledge
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.	~~—~~
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	He had taken a Victory Bond for $100. one hundred dollars & sent it to me
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	~~—~~
23	Is application for Probate or Letters of Administration necessary (see page 1)?	~~—~~

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.	~~—~~
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 elswhere 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

*Widowed Mother of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Ruth E Sweet — {Signature of Informant}

Sweetsburg, Quebec — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Ruth E. Sweet {Name of Informant} is the* Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Sweetsburg, Que. this 9th day of February 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — L. Wesley Boyd — Qualification Clergy.

Address Cowansville, 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

My Son K 57478 Jackson Homer Sweet wrote me on Nov 16th 1943 he had taken out a Bond of $100. one hundred dollars, & sent it on to me which I have not received, this is the Bond referad to on page 3.

I never knew how long he worked on the farm he was employed on when he enlisted as he never gave me ~~the~~ the name or any peticulars, but think it might have been six Months or so.

I have invested a little of the half of Jacksons money he sent me in Victory Bonds in my name, as I wanted to help what I could, & had none of my own to invest.

I would be pleased to receive the small belongings he had, but please do not send me any of his clothes as I am sure they could be made better use of there. Thanks for the interest shown.

Ruth E Sweet

1st Bn. THE CANADIAN SCOTTISH RGT.
C. A. S. F.

~~ORIGINAL~~
~~DUPLICATE~~
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 1st. Bn. C. Scots. R. (Motor Cycle) Regimental Number H57478

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname SWEET
2. Christian Names Jackson Homer
3. Present address Port Alberni B.C.
4. Date of birth June 22nd 1906
5. Place of birth Canada (Country) Quebec (County or Province) Brome (Town or Township)
6. Religion (state denomination) C of E
7. Trade or Calling Truck Driver Motor Cycle Rider Butcher Caterer
8. Married, Widower or Single Single
9. Name of next of kin Ruth Estelle Sweet
10. Relationship Mother
11. Address of next of kin ~~Meawalton Farm, St. Bellevue. Quebec~~ see change.
12. Have you served in any Naval, Military or Air Force? Yes.
13. If previous war service, state arm, force and regimental particulars no.
14. Do you now belong to or have you served in the Active Militia of Canada? Yes 75th. Field Batt'y RCA R.C.A. N.P.A.M.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Jackson Homer Sweet 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 ~~28~~ 27th 1940 J H Sweet (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J H Sweet (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 Port Alberni, BC this ~~27~~ 27 day of June 1940 19

G T Thordon, Capt for Major — Signature of Magistrate, Justice or Attesting Officer.

Dist. Depot. M.D.11 — Officer or Rank and Unit or appointment.

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Cpl Wilson b.s. lest this

Record of Service of Sweet (Surname) Jackson Homer (Christian Names) Regimental Number 1 ~~4~~ 57478

QUALIFICATIONS

Military 75th. Field Bty. RCA NPAM

Business or Professional nil

Trade or Civil Truck Driver Motor Cycle Rider, Butcher Caterer

Technical nil

Languages ~~English~~ Nil

EDUCATIONAL QUALIFICATIONS

High School ~~or Collegiate~~ 1 Year High School (years completed)

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
28.6.40	BHQ	Joined on appointment TOS 1st.BN.CSR.CASF.Ser#734 & Posted to "HQ"Coy,1st.Bn.CSR.CASF.	Pte	28.6.40	1st Bn. CSR	Work Pt	BO pt 2 # 10	28.6.40
9-12-40	"	Furlough with pay Reo. 10-12 Tattoo 29-12-40 R.O. 699						
		2nd Cdn Div File C.D.5-9 d/3-12-40	"	10-12-40	"	Debert	" 145/6	9-12-40
5.5.41	"	Qual as M/T Driver 1 C 3d Class	"	30.3.41	"	"	" 86	5.5.41
24.7.41	✓	Embark Rve 9.7 to 15.7.41	✓		✓	✓	✓ 121	24.7.41
5.9.41	"	S.O.S Cdn Army Canada	"	23.8.41	"	aldershot	" " 134	5.9.41
5.9.41	"	T.O.S. " " O/S	"	24.8.41	"	"	" " 134	5.9.41
"	"	Admitted to Fd Amb Hosp Troopship	"	24-8-41	"	"	" " "	"
"	"	Discharged " " " " "	"	27-8-41	"	"	" " "	"
		SOS. to Cdn Spec Base Depot	Pte	5 May 43.	1 CSR.	UK	27.	14 May 43.
		TOS from Cdn Scot R. to SH of C. 4 X List.	Pte	6 May 43.	4 X List Sea of Can.	UK.	1A.	21 May 43.
		Granted daily regtl rate pay. $1.50.	Pte	1 Jan 43.	1 CSR.	UK.	16	27 Mar 43.

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full SWEET Jackson Homer Date June 26th 1940

Part 1. Information obtained from the recruit.

1. Age 34 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	slight	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		

I J S Sweet
(Signature of Recruit)

Examiner's remarks re above Occasional Aching Knees and arms after exposure, never severe. No Pension or Compensation

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

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

~~Vac. Scar left upper Arm~~
Oblique scar on top of 2nd. toe and left Knot.

2. Height 5 feet 11½ inches. 3. Weight 166 pounds.

4. Complexion Dark Eyes Blue Hair D Brown 5. Development Good. (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 38½ inches.
Range of expansion 3½ inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Mouth, Throat clear. Teeth Fair

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

~~Normal Urine Ears & Reflexes.~~

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

W. McCannel Capt RCAMC — President
T Waters — Member
Wallace Woodrow Kerr — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15-7-40	X Ray Chest neg [illegible]		
26-6-40	Normal Urine Ears Reflexes [illegible]		
2-7-40	Vacc Jaw Jaw Jaw		
26-7-40	T.A.B 3/cc Jaw Jaw Jaw		
12-8-40	A.T.T. 1/cc Jaw Jaw Jaw		
3.3.41	RE-EXAMINED CAT. A		
16.6.41	TAB T. 1cc Jaw Jaw		

Regtl. No. K57478 Rank PTE Surname SWEET Christian Name JACKSON, HOMER

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	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
73rd F. Amb.	Hon. T. Strathedeni	24	8	41	27	8	41	Lumbago	3	Heat to back. Massage with Lin Album	
										Neg. lax tab ii Stat	Jawn for Capt RCAMC

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

Statement of the Service of No. K57478 Rank Pte. Sheet No.

Name Sweet J. H.

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
5184		✓ Leave (w.o.w) to 15 Feb 42 (P2)	Pte	9 Feb 42	I.C.S.R.	U.K.	8	13 Feb 42.
		✓ Priv. Leave (P3) Y.T.W.	Pte	6/12 May 42	ICSR	U.K	25	8 May 42
		✓ Priv. Leave P4.	Pte	5/11 Aug 42	ICSR	U.K	39	14 Aug 42
		✓ 9 days Leave w rations allwd to 9 Feb 43	Pte	1 Feb 43	ICSR	U.K	9	18 Feb 43
1808		✓ SOS to Edm Special Base Depot.	Pte	5 May 43	ICSR.	U.K	27	14 May 43.
	T.O.S.	✓ T.O.S. from Edm Scot. R. to S.H. of C. 4X List.	Pte	6 May 43	4X-LIST. Sea of Can	U.K.	1-A	21 May 43.
		✓ Granted daily neg rate of pay 1.50	Pte	1 Jan 43.	I.C.S.R	U.K.	16	27 Mar 43
808		✓ SOS 4 LIST SH of C (4 Bn) to SH of C	Pte	24 July 43	X4 LIST SH of C	N.A	11 A	7 Aug 43
	TOS	✓ TOS from X4 LIST SH of C (4 Bn)	Pte	25 July 43	SH of C	N.A	44	7 Aug 43
		S.O.S. C.A. (U.K.) on embarkation		24 June 43				
		T.O.S. C.A. (M)		28 June 43				
		Disembarked						
		✓	Pte ✓	13 July 43	X list S H of C	N.A	13 A	21 Aug 43
		✓ Appld A/L/Cpl.	A/L/Cpl.	13 Sep 43.	S. H of C.	N.A.	54.	28 Sep 43.
(679)		✓ Wounded-	A/L/Cpl	18 Oct 43	SH of C	N.A	63	5 Nov 43
N/K CHANGE of ADD.		✓ MRS RUTH E. SWEET, (MOTHER) SWEETSBURG, QUEBEC,			SH of C. CANADA	N.A	59	15 Oct 43
SOS		SOS. Killed in Action C m T	Pte	9 Dec 43	SH of C	N.A	73 CLA 361 22 Dec 43	22 Dec 43
SOS		✓ SOS to X3 List SH of C	PTE	17 Oct 43	SH of C X3 List	N.A	62	30 Oct 43
C81	TOS	TOS 13 from Seaf of C. on adm to Hosp	PTE	18 Oct 43	SH of C	N.A.	33A.	31 Oct 43.
		✓ Reverted to PTE on SOS	PTE	17 Oct 43	SH of C	N.A	62	30 Oct 43.

Trip made up 2 Jan 44. (CY)

Statement of the Service of No. K 57478 Rank ..... Sheet No. .....

Name Sweet T H.

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
SOS								
	TOS	TOS from X-4 Rest SHQ C (4 Pte)	Pte	28 Oct 43	SHQ C	NA	65	16 Nov 43

H.Q. 405-S-18,495 (Records-C')

7th January, 1944.

Mrs. Ruth Estella Sweet,
Sweetsburg, Quebec.

Dear Madam:

I deeply regret to inform you that your son, K.57478 Private Jackson Homer Sweet, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 9th day of December, 1943.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

JAN 6 1944

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

CR/AOS

14

405-3-18495
D.R. 2 (D)

March 12th, 1945.

Mrs. Ruth Estella Sweet,
Fulford, Quebec.

No. K 57478, Private Jackson H. SWEET

Dear Madam:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row B, plot 2, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of submitting a short personal inscription of your own choice for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

F.B. Radine

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

FBR/RL

41

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER K.57478 RANK Private SERVICE UNIT The Seaforth O[illegible] Canada (C.A.).

NAME SWEET, Jackson Homer

DATE OF BIRTH
DAY 22nd MONTH June YEAR 1906

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME ADDRESS D.A.B. Mrs. Ruth Estella Sweet,

ADDRESS Sweetsburg, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4016 N.Q. 405-S-18,495

CASUALTY DETAILS Killed in action DATE 9-12-43

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 30-12-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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 ..... K57478 Pte. Sweet, J.H. Seaforth (Dec'd) .....

RECEIVED FROM ..... Cdn. Sec, G.H.Q. 2nd Echelon
H64818 Pte. Davidson, E.
B74031 Cpl. Milsom, K.

CHECKED BY ..... DATE ..... 15 Feb 44 .....

1	Photo		

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

TRIPLICATE — with effects.

W.E. Fulmer, Capt.
.....
for OC 1 Cdn KSD

To be made out in duplicate.

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

M.D. 11

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.

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(1) Name of Officer or Soldier ..... Sweet / Jackson Homer /

(Surname first—Christian names in full—Block capitals)

(2) Regimental Number ..... H5 7478 /

(3) Unit ..... 1st. C. Scots R. ..... C.A.S.F. /

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

(5) If married, state,

(*a*) Full name of your wife ..... N.A. / Not applicable

(*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 / Not applicable

If so, give number of boys and girls .....

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? No

If so, state name and address N.A.

(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 Ruth Estella Sweet
St Anne De Bellevue
Maxwelton ~~Xxxxxxxxx~~ Farm ~~Xxxxxxxxxxxx~~ Quebec

(15) If your mother is a widow, are you her sole support? Yes Partial Support only Widow and needs support

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. Approximately $21.00 per month for past 6 Months

Also state reason why she has no other means of support Mother is 63 yrs old until recently has been cooking for a living. But now is unable through age and ill health. PRACTICABLY

(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.

J. A. Sweet
(Signature of officer or man)

Date 26th.June 1940

---

for. Officer Commanding 1st Bn. C.S.F. Capt

Date 26 June 1940

1st Bn. THE CANADIAN SCOTTISH REGT
C. A. S. F.

File No. 405-5-18495

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. K S-7478 Name Sweet, Jackson Homer

Rank on Discharge Pte Date of Discharge 9-12-43

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 27-6-40	to	23-8-41	
	from	to		
United Kingdom	from 24-8-41	to	27-6-43	
	from	to		
Italy	from 28-6-43	to	9-12-43	K/A
Northwest Europe	from	to		
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK /

---------- /

Italy Star OK /

~~France-Germany Star~~ /

Defence Medal OK / /

War Medal OK /

Canadian Volunteer Service Medal OK /

with clasp 6

M

WA

Verified by Edna Lamb

Date SEP 9 1946

Carded SEP 10 1946

NO RIBBON DESPATCH

HA 165

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 SWEET Jackson Homer.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank K.57478

(3) Unit 1st C. Scots R. CASF

(4) Are you married? No

(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? 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?.....

If so, state her full name and Postal Address.....

.....

.....

(11) Is your father alive? No

If so, state name and address, occupation.....

.....

(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 Ruth Estella Sweet
Maxwelton. St.Anne de Bellevue.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment Approx. $21.00 per month for past 6 months.

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? Mother is 63 yrs. old. until recently has been cooking for a living. But how is practically unable through age and ill health.

(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) J.H. Sweet
(Signature of officer or man)

Date 26th June 1940

(Sgd) F.H.Raunderg? Capt.
Officer Commanding 158Bn. C.S.R.

Date 26th June 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.)

Form No. 1

1 1809

Register No. D4641 ✓

Nominal Roll No. 394

H.Q. File No. 405-5-18,495 ✓

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
K57478 ✓	PTE	SWEET	JACKSON HOMER ✓

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION 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. 27 Jun. 40	T.O.S.	T.O.S.
S.O.S. 9 Dec. 43 ✓ MD 05 ✓	S.O.S. MD	S.O.S. MD
Total Days 1261	Total Days	Total Days

TOTAL SERVICE ✓ 1261 DAYS

		Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	✓	423	nil	423 ✓
OVERSEAS SERVICE	✓	838	3 ✓	835 ✓
Totals	✓	1261	3	1258
Add Non-qualifying Service				3 ✓
TOTAL SERVICE				1261 ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 9 Dec. 43

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION ✓
9 Dec. 43

Computer's Signature H. L. Watson

Checker's Signature A. K. Hicks

Date Computed 26 Jan. 45

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

(C.L. Laurin) Colonel,
Director of Records.

4

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DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Jackson Homer (CHRISTIAN NAMES) SWEET (SURNAME)

REGISTER NO. D-4641
FILE NO. 405-S-18495
DATE 17-2-45
SERVICE NO. K-57478
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 9-12-43

PAYEE Mrs. Ruth E. SWEET,
ADDRESS Fulford, P. Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 9-12-43

	$	¢
A. TOTAL QUALIFYING SERVICE		
1258 / 30 NO. OF DAYS EQUAL TO 41 COMPLETE PERIODS AT $7.50	307.50	
B. QUALIFYING OVERSEAS SERVICE		
No. of Days 835 LESS 28 INELIGIBLE DAYS, EQUAL TO 807 DAYS @ 25c. PER DAY	201.75	
SEE PAR. 2 OVERLEAF FOR EXPLANATION		
	509.25	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83		
TOTAL $ 3.58 X7 = $ 25.06		
NO. OF DAYS 835 / 183 X $ 25.06	114.34	
D. WAR SERVICE GRATUITY	623.59	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	623.59	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
FEB 21 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
KRM	

TREASURY

CHECKED BY	DATE
F. L. Bycroft	21/2/45

SERVICE REPRESENTATIVE

ΔT

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JACKSON HOMER SWEET (Christian Names) (Surname) — Register No. D-4641

PAYEE'S NAME MRS RUTH E. SWEET (Christian Names) (Surname) — File No. 405-S-18495

ADDRESS FULFORD, P.QUE. — Date 16-2-45

Service No. K57478

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 9-12-43 — Date of Discharge 9-12-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 258/30 = 41 (28) Periods @ $7.50	307	50
B. QUALIFYING OVERSEAS SERVICE No. of days 835 less 28 Ineligible days, equal 807 Days @ 25c per day	201	75
	509	25
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ 25.00 $ .83 TOTAL $ 3.58 × 7 = $ 25.06 No. of Days 835/183 × $ 25.06	114	34
	623	59
D. WAR SERVICE GRATUITY Computed By Monley / W Kirby		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By Mrs / 2		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 623.59 each)	623	59

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

38

100M-11-44 (6087)
H.Q. 1764-81-3

Change of Particulars - "Next-of-Kin"
or Family

The undermentioned change of particulars is passed to you for information and necessary action in the records of:-

No. K.57478 Rank Pte. SWEET, Jackson Homer
(Surname) (Christian Name)

Unit Seaforth of Can.

1. (Old) Next-of-Kin Mrs. Ruth Estella Sweet,

Relationship Mother

Old Address c/o Maxwalton Farm, Ste. Anne de Bellevue, Que.

2. Particulars of Family

(New) Next-of-Kin Same

Rolationship Same

New Address Sweetsburg, P.Q.

4. New name of Soldier

Authority D.A.B. 21-5-43

Our records have been changed accordingly

Colonel,
Director of Records,
for Adjutant-General.

EMG

7

LN

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA

DECEMBER 20 1943

TO:- MRS RUTH ESTELLA SWEET
SWEETSBURG P Q

8769 REGRET DEEPLY K57478 PRIVATE JACKSON HOMER SWEET OFFICIALLY REPORTED KILLED IN ACTION NINTH DECEMBER 1943 STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

DISH

PREPAID

OFFICER I/C RECORDS

11

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

405-A-18496

FIELD SERVICE

Army Form B. 2090A.

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.

REGIMENT OR CORPS: Seaforth Highrs — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: K 57478 — Rank: Pte

Surname: SWEET — Christian Names: JH

Died — Date: 9 Dec 43 — Place: Italy

Cause of Death*: Killed in Action

Nature and Date of Report: Cas List 97 Undated

By whom made: H.Q. 1 Cdn Div

* 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: Lanciano Italy Sh-147 MR337117 — Date: 10 Dec 43

By whom reported: C.F. Seaforth Highrs

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

(*b*) as a separate document: Not known effects 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: Italy 18 Jan 43

Signature of Officer in charge of Section Adjutant-General's Office at the Base: for Lieut-Officer i/c CDN SEC GHQ 2nd ECH CMF

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

22

Form 6

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

Reg. No. (Office use only)

1. PLACE OF DEATH
Name of city or place IN THE FIELD (ITALY) Name of Municipality (if any) MAR 3 - 1944
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 SWEET (Surname or last name) Jackson Homer (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place PORT ALBERNI Name of Municipality (if any) British Columbia.
Street or road ..... House No.....

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.			Single.	Quebec.

10. Date of Birth: June (Month by name) 22 (Day) 1906 (Year)

11. AGE: Years 37 | Months | Days | If less than one day ..... hrs. or ..... min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. Truck Driver, Motor Cycle Rider, Butcher Caterer.
(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 ..... Deceased. (Surname or last name) (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, Ontario, this 3rd day of March 19 44.
Signature of informant F. B. Kidner Relationship to deceased .....
Address for Director of Records, Dept. of National Defence.

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

21. Undertaker:—
Name ..... Address .....

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH December (Month by name) 9th (Day) 19 45. (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) Killed in action.			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
	due to			
	(c)			
II				
Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**	.....			
	.....			

OVERSEAS CASUALTY CANADIAN ARMY

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. .....

2

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, ONLY, 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.

Knoxville June 18/47.

PA 405-A-18495

Mr J. P. Rading
Director of Records,

P. A.

I received the pictures
of my sons grave marker, &
I want to thank you very
much for your kindness
in sending it to me, it
gives me great hopes that
I will also recieve a picture
of grave, & permanent stone
later. Thanking you once more
I remain Yours truely
Mrs R. E. Sweet-mother of Noted
K 5 7 # 78 Jackson Homer DR 4B
Sweet

Sweetsburg, Jan 10/44.

H.Q. 405-S-18, 495 (Records 6)

The Minister of National Defence,
Members of the Army Council, and
Col. Ralston, C-20-12-43

Dear Sirs:- My daughter,
and I wish to convey to you our
deep appreciation for your kind
words of sympathy, also the once
memorial card.

Jackson gave his life freely for
his country, & we will always feel
proud of the sacrifice he made.

If you should hear any other
information would be pleased to
have you let me know, thanking
you again. Yours Truely

R. E. Sweet

Director of Records
A. G. Branch.
JAN 12 1944
Nat. Defence Hqr
Ottawa, - Canada.

Note 11 P, 15/1/44

18

MAIN FILE
CHARGED TO C
SINCE 20-12-43
L. P. PASSED
JAN 13 1944
TO C
C.A.S.F. REGISTRY

Ms

Sweetsburg, Feb 14/44.

520-32
vol 2

The Minister of National Defence,

Dear Sir:- I would like to express my appreciation for the lovely Memorial Cross sent me in memory of my Son K 57478 Sweet- J. H. Also to thank our Government for the many ways they have shown their kindness to me. I am Youre Truely

(Mrs) Ruth E Sweet.

MILITARY HISTORICAL SECTION
RECEIVED
FEB 1944

MINISTERS OFFICE
FEB 16 1944
DEPT. N. D. OTTAWA

29

P.A.

OFFICE OF THE MINISTER OF NATIONAL DEFENCE

MEMORANDUM

MIN. FILE .....

H. Q. FILE 405-S-18495

February 17th, 1944.

Director of Records.

K-57478 - J.H. Sweet.

1. Attached is a letter from Mrs. Ruth E. Sweet, Sweetsburg, Ont., acknowledging receipt of the Memorial Cross issued in respect of the marginally noted.

2. This letter is passed for the completion of your records.

hmw

Col. M.S.

Director of Records
A. G. Branch.
FEB 22 1944
Nat. Defence Hqrs.
Ottawa, - Canada.

Director of Records
A. G. Branch.
FEB 19 1944
Nat. Defence Hqr
Ottawa - Canada.

Director of Records
Director
A. G. Branch
FEB 19 1944
Nat. Defence Hqrs.
Ottawa
Ottawa

Noted
H.A.L

27

AUG
AOUT - 8 1988

July 29/88
RR 1 Mansonville
Que Joe 1X0

Sirs:

I was advised by one of the guards (when I went this spring to visit my brother's Army book on the date his name came up) that there are many, many awards that have never been picked up.

Would you check & see if there was one for him.

K 57478 Sea-forth Highlanders
S/C/Pl Sumet Jackson Homer
Father Homer Sumet
Mother Ruth E. (George) Sumet.
died Dec 9/43 at Orteno Italy.
Grave 9 Row B Plot 2
Morrow River Cemetery

Yours truly,
Mrs Marion Gardner.

(W-40609
CWAC)

1061NT

REGAL

MADE IN CANADA

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Unit 1st Bn. THE CANADIAN SCOTTISH RGT. C.A.S.F. Regimental Number K57[illegible]478

1. Surname Sweet,
2. Christian Names Jackson, Homer.
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 17Oct43

*To be entered in pencil to facilitate alteration.

4. Place of birth Brome, Quebec.
5. Date of birth as declared on attestation 22-6-06
   (A) 7
6. Date of enlistment 28.6.40
7. Place of enlistment Port Alberni B.C.
8. Residence at time of enlistment Port Alberni B.C.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C.of E.
12. If married, state date Single
13. Trade on enlistment Truckdriver, Motorcycle Rider
14. Corps, trade and grade Butcher, Caterer
15. (D) Qualifications DRIVER MT. CL 3
16. (E) Miscellaneous entries

(17) Regiment or Corps CAMC

Can. Scots. Regt.

Unit (Battn., etc)

1st Bn. CASF

(18) Medical

Category	Date	Authority
"A"	26-6-40	M.F.M.2 page 3
A	3-3-41	MFM2 " 3

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

Mrs Estella Sweet
Sweetsburg, 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.

(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
5-9-41.	BHQ.	1 CSR.	S.O.S. Cdn. Army Canada.	Aldershot.	23-8-41.	Pte.	B.O.134.
			TOS. Cdn. Army C/S% Disemb. 2-9-41.	"	24-8-41.	Pte.	B.O.134.
25.9.41	OC	✓	Landing Leave Warrant	Field	25.9.41	✓	3 d/30.9.41
21 Nov 41	✓	✓	14 days Leave Warrant	✓	10 Nov 41	✓	15 d/28 Nov 41
8 Feb 42	✓	✓	P2 7 days 170 F.T.S.	✓	9 Feb 42	✓	8 d/13 Feb 42
5 May 42	✓	✓	P2. F.T.W.	✓	6 May 42	✓	20 d/8 May 42
3 Aug 42	✓	✓	P4	✓	5 Aug 42	✓	39 d/14 Aug 42
8 Feb 43	✓	✓	P2. 7 days 48 hrs.	✓	12 Feb 43	✓	9 Feb 43
27 MAR 1943			Granted Daily Rates of Pay of $ 1.50 per diem		JAN 1 - 1943		16 27 MAR 1943
3 May 43			SOS to Cdn Depot		3 May 43		27 May 43
	X4List	SHofC	TOS from Cdn Scottish (BD)	Field	6May43	Pte	1A 21 May 43
	X4List	SHofC	Posted to X4 List (4 Bn)	"	23 May 43	Pte	3A/43
	"	"	S.O.S. to Sick Qrs (T.A.)	"	24 July 43	Pte	11A/43
	T.O.O.		from X4 List (4 Bn)	"	25 July 43	"	44/43
			SOS CA (4 A) ON EMBARKATION AT ON 27 June 43				
			(M) ON TRANSFER ON 28 June 43 AND DISEMBARKED AT ON 13 July			"	13A/43
	O.C	SHofC.	Adopted a/L/Cpl.	✓	13 Sep 43	✓	54/43
27 Sep 43	✓	✓	Change of address N-of-K.	✓	—	A/L/C.	59/43
		SHofC	Wounded	✓	18 Oct 43	A/L/Cpl.	63/43
	OC	SHofC	Reverted to Pte on being SOS	M	17 Oct 43	A/L/Cpl.	62/43
	✓	✓	SOS to X3 List on adm to Hosp (W)	✓	17 Oct 43	Pte	62/43
	X3	✓	TOS X3 from SHofC on adm to hosp (W)	✓	18 Oct 43	Pte	33A/43
	✓	✓	Adm to 9CFA 18 Oct 43 & disch	✓	24 Oct 43	✓	37A/43
	X3	✓	Posted from X3 to X4 (4 Bn) on disch hosp	✓	25 Oct 43	✓	38A/43
	X4	✓	SOS X4 (4 Bn) to SHofC	✓	27 Oct 43	✓	38A/43
	OC	✓	TOS SHofC from X4 (4 Bn)	✓	28 Oct 43	✓	65/43
	X3	✓	Adm to 9CFA	✓	18 Oct 43	✓	39A/43
	OC	✓	SOS - Killed in Action	M	9 Dec 43	✓	73/43

No. K57478 Name Sweet, J. H. Sqn., Battery, or Company "A" Coy. A.V.C. Corps 1st Bn. Can. Scot. Regt. Date of enlistment June 1940 G.C. Badges SOS Service or Proficiency Pay N.A.

Date of last entry in Company Conduct Sheet N.A. No. and date of last drunk N.A. Period not reckoning towards freedom from extra fine N.A. Sheet No. Signature O.C. Company, etc. J. A. Gillan Capt. Character Good.

M.F.M. 6
(A.F.B. 122)
500M—8-39 (1703)
H.Q. 1772-45-18

B

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the Fld.	9.4.45	Pte		AWL from 2200 hrs. 9 Apr to 1055 hrs. 12 Apr 45 (2 days 12 hrs. 55 mins) AA 15(1)	Doc'y	14 days C.B.	16 Apr 45	Lieut. Gray M.	

(P.T.O.)

No K.57478 Rank Private Name SWEET, Jackson Homer

Unit Seaforth Highrs.of Can Date of death 9th Dec., 1943.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-S-18495 30-12-43

N/K Mrs. Ruth Estella Sweet Relationship Mother

Address ~~Sweetsburg~~ Fulford, Sweetsburg, P.Q.

Remains buried in Cemetery

Lanciano, Italy. Sheet 147, MR 337117.

Grave location

CHK ✓

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. MAR 14 1945

RETURN TO BUR. OF STAT. 3-3-44.

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 6-1-44.

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 9, row B, plot 2.

HI & CR Form Despd. JAN 28 1947

Photographs
Despatched
JUN 13 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Ruth E. Sweet - Mother

ADDRESS: SWEETSBURG, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Ruth E. SWEET,

ADDRESS: SWEETSBURG, Que.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 2342

(2)

(3)
DESP. FEB 9 1944
REGN No. 4266

18-1-44
(O.C.L.-409)

AWARDS—CANADIAN ~~ARMY~~ (ACTIVE) M 4264211 (1529)

100M—10-41 (2195)
H.Q. 1772-45-8

FB

FILE NO. 405-S-18495

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
SWEET,	Jackson Homer	K-57478	Pte.	B.C. Regt.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	5208 28/10/49.
Defence Medal War Medal, 1939-45 CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)