

Treated for mould contamination
Traité contre la moisissure
Date: Dec 12, 2011

AMOS, MAURICE AUGUSTE
01945

ORIGINAL—ORIGINAL
DUPLICATA—DUPLICATE
TRIPLICATA—TRIPLICATE

H.O. 332-87-158

M.F.M. 1. (Fr.)
2 M-11-36 (9359)
H.Q. 1772-45-18

Doit être remplie en triplicate, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

5 Det. M.D. 5
Unité..... R.C.A.P.C. Unit
Grade..... 2nd/Lieutenant Rank
N° personnel..... Personal No.
Nom..... AMOS, Maurice A. Name

TROUPES CANADIENNES DE CAMPAGNE CANADIAN FIELD FORCE

FORMULE DE DÉCLARATION DES OFFICIERS OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

- Nom..... AMOS
Surname
- Prénoms..... Maurice Auguste
Christian Names
- Adresse actuelle..... 31 Mont-Carmel St., Quebec, Que.
Present address
- Date de naissance..... 3/12/11
Date of birth
- Lieu de naissance..... Canada..... Quebec..... Quebec
Place of birth (Pays)—(Country), (Comté ou province)—(County or Province) (Ville ou canton)—(Town or Twp.)
- Religion..... Catholique Romaine
Religion (state denomination)
- Profession ou emploi..... Comptable
Profession or occupation
- Marié, veuf ou célibataire..... Célibataire
Married, widower or single
- Nom du plus proche parent..... Arthur Amos
Name of next of kin
- Parenté de celui-ci..... Pere
Relationship
- Adresse du plus proche parent..... 31 Mont-Carmel, Quebec, Que.
Address of next of kin
- (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi. Oui. Regiment de.....
State unit of Active Militia in which you are serving or have served Quebec (R)
(b) Grade actuel..... Reserve Officer
Present rank
- Quel service de guerre antérieur avez-vous accompli?..... Non
State particulars of former war service

Je..... Maurice A. Amos..... déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans les troupes canadiennes de campagne si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.
I, Maurice A. Amos..... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Field Force if, when and so long as required.

Date..... 9/1/41..... Maurice A. Amos, 2nd/Lt.
(Signature et grade)—(Signature and rank)

CERTIFICAT DU COMMANDANT CERTIFICATE OF OFFICER COMMANDING

La demande du..... 2/Lieutenant M.A. Amos,..... qui désire être nommé
The application of (grade et nom)—(rank and name) for appointment to the

au..... R.C.A.P.C. avec le grade de..... 2/Lieutenant
(Unité)—(Unit) with the rank of

et affecté au poste de..... Payeur..... ~~est~~ was recommandée. Cette
and appointment est — is recommended, appointment

nomination, devant prendre date le..... 9 Janvier, 1941..... ~~est~~ has been approved.
to date from est recommandée pour être approuvée.
is recommended for approval.

Autorisation..... Art. 33 (2), F.R. & I.
Authority

L.L. Riley
(C.E. BELANGER), Mjor.....
(Signature du Commandant)—(Signature of O.C.) (Grade)—(Rank)

Date..... 9/1/41..... O.C. No. 5 Detachemnt, R.C.A.P.C.
(Unité)—(Unit)

Etat de service de..... **AMOS, Maurice A.**
 Record of Service of (Nom)-(Name)

Unité de la milice active..... **R.C.A.P.C.**
 Active Militia Unit

Grade..... **2nd/Lieutenant** Date du grade.....
 Rank Date of Rank

Grade le plus élevé mérité par examen..... **Lieutenant, Sujet "A"** Ecole de guerre..... **N.A.**
 Highest Rank for which qualified by examination Staff College

Langues..... **Anglais & français** Cours d'état-major de la milice..... **N.A.**
 Languages Militia Staff Course

Diplômes d'université ou de collège..... **Ecole des Hautes Etudes Commerciales** Cours supérieur.....
 University or College Degrees Advanced Course

Instruction ou aptitude technique civile (indiquez en détail)..... **N.A.**
 Civil Technical Training or qualifications (specify) Other military qualifications or special courses (specify)

Date	RAPPORTE REPORT Reçu de From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
							Nº, Partie II, Ordres du jour. Liste des morts et blessés, etc. Part II D.O. No. Cas. List, etc.	Daté le Dated
		Affecté lors de sa nomination } Joined on appointment						
		Attd. on Prob. under Provs. of Art. 33						
		(2) F.R. & I. AP (Canada) to No. 5 Det. RCAPC Quebec	2/Lt.	9-1-41	No. 5 Det. RCAPC	Quebec	R.O. 944	22-2-41
		To be Lieut.	Lieut.	18-3-41	"	"	D.O. 4	20-1-41
		Ceases to be Att'd to No. 5 Det. RCAPC on proceeding O/S	"	20-4-41	"	"	D.O. 26	16-4-41
		EMBARKED CANADA - SAILING LIST No. 653 20/4/41 S/S Nerissa					D.O. 27	19-4-41
		Missing at sea (E) 2 m 48 4/7/41						
		May 1 1941 - Capt. trans. 156						

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
 For additional entries use M.F.M. 1 and 2 (a) (Fr.)

O.C.L. No. M-63A 17/9/41

**CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION**

Nom en entier..... Amos, Maurice A.
Name in full

Date..... 10-1-41

PARTIE 1. Renseignements obtenus du candidat.

Part 1. Information obtained from the applicant.

1. Age..... 30 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?
- | | |
|---|--|
| a. Rhumatisme..... <u>non</u>
Rheumatism | j. Affection nasale..... <u>non</u>
Nasal trouble |
| b. Tuberculose..... <u>non</u>
Tuberculosis | k. Maladie des oreilles..... <u>non</u>
Ear disease |
| c. Bronchite ou asthme..... <u>non</u>
Bronchitis or asthma | l. Maladie des yeux..... <u>non</u>
Eye disease |
| d. Affection cardiaque..... <u>non</u>
Heart disease | m. Epilepsie..... <u>non</u>
Epilepsy |
| e. Maladie du rein ou de la vessie..... <u>non</u>
Kidney or bladder disease | n. Maladie nerveuse ou mentale..... <u>non</u>
Nervous or mental disease |
| f. Gastrite intestinale..... <u>non</u>
Gastro-intestinal | o. Syphilis..... <u>non</u> |
| g. Hernie..... <u>non</u>
Rupture | p. Gonorrhée..... <u>non</u>
Gonorrhoea |
| h. Varices..... <u>non</u>
Varicose veins | q. Avez-vous déjà porté des verres?..... <u>non</u>
Have you ever worn glasses? |
| i. Pieds plats ou déformés..... <u>non</u>
Flat or deformed feet | |

Maurice A. Amos
(Signature du candidat) — (Signature of applicant)

Observations des examinateurs.....
Examiners remarks re above

Nil

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails).....
Identification marks or scars (If operative obtain history).
Nil
2. Taille..... 5..... pieds..... 8..... pouces..... 3. Poids..... 162..... livres
Height..... feet..... inches..... Weight..... pounds
4. Teint..... Clair..... Yeux..... Gris..... 5. Développement..... Bon..... { Bon — Good
Complexion..... Eyes..... Hair..... Cheveux..... Noirs..... { Possible — Fair
Development..... { ~~Médiocre — Poor~~
6. Tour de poitrine—Circonférence, pleine expansion..... 35..... pouces Degré d'expansion..... 3..... pouces
Chest measurement—Girth on full expansion..... inches..... Range of expansion..... inches
7. Vue, œil droit..... 20/20..... œil gauche..... 20/20..... 8. Ouïe, oreille droite..... 20CV..... gauche..... 20CV.....
Vision, right..... left..... Hearing, right..... left
9. Condition de la bouche et des dents..... Bonnes
Condition of mouth and teeth
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Nil

Urine, oreilles, reflexes normaux. X-Ray Chest Negative.

23/5/40 J.V. Lavoie, Major

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné le candidat conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie..... A

Observations spéciales lorsque la catégorie est inférieure à A.....
Special remarks when category lower than A

Geo. St. Amand, Lt.-Col. J.V. Lavoie, Major Dr. P.V. Marceau
(Président)—(President) (Membre)—(Member) (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succincts et signature Brief details and signature	Date	Détails succincts et signature Brief details and signature

CERTIFIED TRUE COPY

Grade Rank *2nd Lieut.*

Nom Surname *Amos*

Prénoms Christian Name *Maurice Auguste*

Garrison Station	Date d'arrivée à la garnison Date of Arrival at the Station	Date de Dates of						Maladie Disease	Nombre de jours à l'hôpital Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. 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 du médecin Signature of Medical Officer
		L'admission à l'hôpital Admission into Hospital			La sortie de l'hôpital Discharge from Hospital						
		Jour Day	Mois Month	Année Year	Jour Day	Mois Month	Année Year				
<i>RCAPG</i>							<i>Missing at sea (EJA) May 16, 1941 - cable trans. 156</i>		<i>c/2 m - 48 d / 7 5/41</i>		
							<i>PRESUMED DIED AT SEA</i>		<i>O.C.L. No. M-63A- 17/9/41</i>		

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

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

Section A—GENERAL INFORMATION

1. (a) Print name in full **AMOS, Maurice Auguste** (b) Reg'l. No. **----**
2. (a) Arm of service **Army** (b) Unit **R.C.A.P.C. (Gen. List)** (c) Rank **Lieutenant.**
3. (a) Date of birth **3.12.11** (b) Have you any dependents? **No** (c) Place of residence at time of enlistment **Quebec, Que.**
4. (a) Place of enlistment **Quebec, Que.** (b) Date of enlistment **9.1.41**

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **23** (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.) **Classic Course**
7. If you attended a university, give name of university and standing or degree secured **University of Montreal. 1 year engineering. Commerce.**
8. (a) Did you ever enter upon a trade apprenticeship? **No** (b) If so, for what occupation? **N.A.** (c) Did you finish it? **N.A.** (d) If you did not finish it, how long did you serve at it? **N.A.**
9. (a) What languages do you speak fluently? **French & English** (b) What languages do you read well? **French & English**

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **WORKING** (b) At time of enlistment of what trade union or professional society were you a member? **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? **N.A.**
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked **N.A.** (b) State how long you had worked at this trade or occupation **N.A.**
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified **N.A.**
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment **N.A.**
15. Give details of last employer, if any: Name **N.A.** Address **N.A.**
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **N.A.**
17. (a) If your last employment was in a business of your own, state nature and address of business **N.A.** (b) Date of discontinuing it **N.A.**

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 **Credit Foncier Fr. Canadian.** Address **72 Mountain Hill Quebec, Que.**
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Loans. Real Estate.**
20. (a) Your specific occupation **Accountant. Insurance.** (b) Number of years' experience at this occupation with any employer **5**
21. (a) Did your employer promise definitely to give you employment on discharge? **Yes** (b) Did your employer refuse to promise you employment on discharge? **No** (c) Do you wish to return to your former employment? **No**

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 **N.A.** (b) Where was it located? **N.A.**
23. (a) Number of years engaged in this business **N.A.** (b) Have you made, or will you make plans to return to the same or a similar business on discharge? **N.A.**

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? **No.** (b) Do you feel competent to operate a farm? **No.** (c) If so, in what kind of farming? **N.A.**
25. (a) Were you born on a farm? **No.** (b) How many years' actual farming experience have you had? **N.A.** (c) In what provinces did you have experience? **N.A.**

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? **No**
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) **N.A.**
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form **Nothing definite.**

DATE **21st of March,** 194..... SIGNATURE *M. Amos*



OFFICE
JUN 1 1940
N.S. 103-a-21
CANADA

P034190

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined MR. M. A. AMOS

candidate for entry as ACTING PAYMASTER LIEUTENANT R.C.N.V.R.
and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at QUEBEC CITY the 23rd of May 1940.

[Signature]
Examining Medical Officer
(Rank) LT. COL. B. G. OMC.

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re- vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(j) Limbs and Joints	(k) Skin	(l) Ears and Hearing	(m) Testes, Varicocele, etc.	(n) Mouth, Teeth (No. def- icient and No. defective, if any), Nose, Tonsils, etc.	(o) Anus, Hæmorrhoids, etc.
<u>28 yrs</u> <u>6 months</u>	<u>162</u> lbs.	<u>5-8</u> ft. ins.	<u>good</u>	inches (a) maximum <u>38</u> (b) minimum <u>32</u> (c) mean <u>34</u>	right eye <u>6/6</u> left eye <u>6/6</u> colour vision <u>normal</u>	<u>In childhood</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>good</u>	<u>normal</u>

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, *Incontinence of Urine, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

[Signature]
Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject of.....

not considered of sufficient importance to cause his rejection, he being desirable in other respects.

.....
Examining Medical Officer
(Rank).....

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

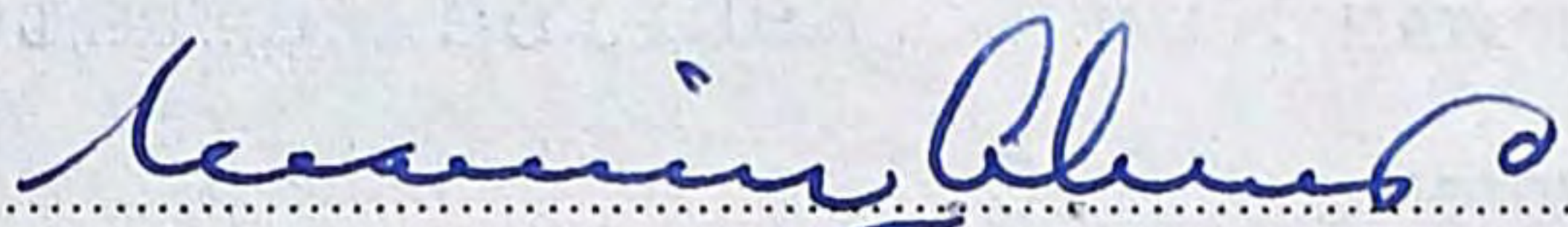
(5) On being enrolled as an Officer of the Royal Canadian Naval Volunteer Reserve, I undertake and bind myself:—

(a) To serve from the date thereof for as long as my services may be required, being subject to the provisions of the Naval Service Act, and of the regulations made in pursuance thereof for the governing of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

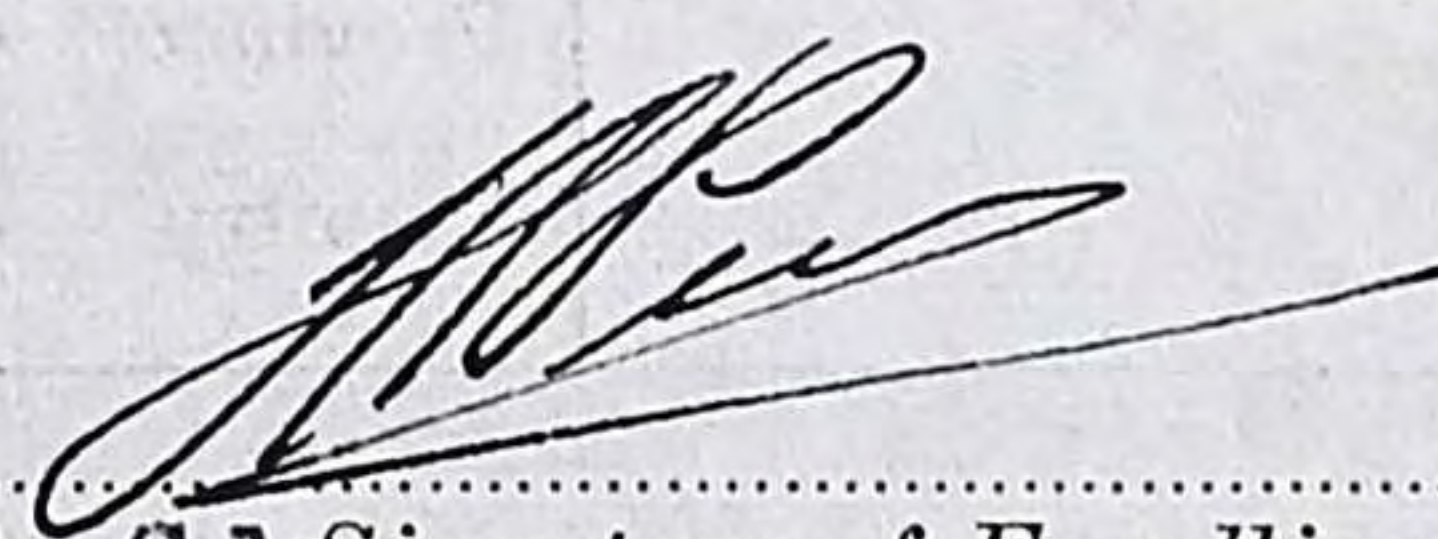
(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To provide myself with the necessary uniform as laid down in R.C.N.V.R. Regulations.

Dated this 27th day of May 1940.


Maurice Auguste Amos *Signature of Applicant.*


The above declaration was made and signed in my presence this 27th
day of May 1940.


F.A. PRICE, Lt-Cdr *Signature of Enrolling Officer.*
Quebec Division, R. C. N. V. R.

(C) OATH OF ALLEGIANCE

I, Maurice Aug. Amos do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant 

Signature of Witness 
F.A. PRICE

Date 27th May 1940

Rank LIEUTENANT-COMMANDER, R.C.N.V.R.

The Oath of Allegiance may be administered by any commissioned officer of the Naval Service.

NOTE.—This form when completed is to be forwarded to Naval Service Headquarters, Ottawa, together with Certificate of medical examination B-207, and record of any previous service.

The record of previous service will be returned after examination at Naval Service Headquarters.

M 22062

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE
ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

DEPT. OF
NATIONAL DEFENCE
MAY 18 1940
183-2-1A
CANADA

Name (in full)..... Maurice Auguste Amos

Date and place of birth..... Quebec, December 31st 1911
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence..... Quebec

Nearest town to residence (if living in country).....

Are you a British subject?..... Yes

Are you single, married or a widower?..... Single

In what capacity do you wish to enrol?..... Acting Lieutenant Paymaster
(See standards of qualifications in attached pamphlet)

Present occupation or trade..... Accounting
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force?..... Military

Have you ever served with such forces? Give dates and details..... 2nd Lieutenant of
Regiment de Quebec (Mit) Since September 1940

Have you ever been discharged from any of H. M. Forces as medically unfit?..... No

Have you ever offered to serve in any of H. M. Forces and been rejected?..... No

What is your weight?..... 160 lbs. What is your height?..... 10' 1/2

What is your chest measurement (not inflated)?..... 36"

Are you free from all physical defects or malformation, and not subject to fits?..... Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities?..... Yes

I hereby declare that the above answers are true in every respect.

..... Maurice Amos Signature

..... 7th of May 1940 Date

..... 31 Mont Carmel Address
Quebec

..... [Signature]
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of this applicant, or a sworn declaration as to his date of birth.

I certify his date of birth, according to legal documentary evidence, to be Dec 31st 1911

Signed..... [Signature]
Commanding Officer

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

Name _____

Rank on Discharge _____ Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 7-1-41 to 1-5-41
from _____ to _____

United Kingdom from _____ to _____
from _____ to _____

Italy from :- _____ to _____

Northwest Europe from _____ to _____

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star _____

----- _____

Italy Star _____

France-Germany Star _____

Defence Medal _____

War Medal _____

Canadian Volunteer Service Medal O.K. ✓

with Clasp O.K. ✓



Verified by _____

Date _____

Carded MAY 31 1946

N.R.P

ACTIVE MILITIA OF CANADA

READ INSTRUCTIONS ON BACK

H.Q.

M.D.

†Recommendation for Appointment to
~~XXXXXX~~
~~XXXXXX~~ * Squadron,
Battery or
Company * Canadian Militia (General List). Regiment

Headquarters at QUEBEC Province of QUEBEC Date 9th January, 1941.

1	2	3	4	5	6	7	8 MILITARY QUALIFICATION		10	11	12
Present Rank	(The whole name in full, Surname last) (IN BLOCK CAPITALS)	Profession or Occupation	Residence and Post Office Address <u>IN FULL</u>	Native Country (if born abroad state if British Subject)	Date of Birth	Married or Single	Qualified for rank of	Branch of Service Number and Date of Certificate	Rank for which Recommended	Appointment to date from	How vacancy was caused
---	<u>AMOS, Maurice. A.</u>	<u>Accountant.</u>	<u>31 Mount-Carmel St, Quebec, P.Q.</u>	<u>Canada</u>	<u>3.12.11</u>	<u>S</u>	<u>2/Lieut Part One</u>	<u>Infantry</u>	<u>2/Lieut.</u>	<u>9.1.41</u>	---

13 Particulars of Education including Matriculation and University Degrees	Colleges or Schools Attended	DATES		Nature of Course	Degrees or Educational Certificates Obtained
		From	To		
	<u>Seminaire de Quebec "Belles Lettres"</u>	<u>Sept. 1923</u>	<u>June 1928</u>	<u>Classical</u>	<u>Immatriculation equivalent.</u>
	<u>University of Montreal Hautes Etudes Commerciales</u>	<u>Oct. 1928</u>	<u>" 1932</u>	<u>Commercial</u>	

14 Particulars of active service. (See instructions on reverse side of Form).	MEDALS AND DECORATIONS
<u>"Nil"</u>	<u>N.A.</u>

<p>15</p> <p>I certify that I am a British Subject and that the above particulars of myself are correct.</p> <p>I am willing to accept this appointment.</p> <p style="text-align: center;"><u>Maurice Amos</u> (Signature of Appointee)</p> <p>Date <u>9th January, 1941.</u></p>	<p>(Signature of O.C.) <u>(C.E. BELANGER), Major</u> (Sqn. Bty. or Coy.) <u>District Paymaster, MD 5.</u></p> <p>Date <u>9th January, 1941.</u></p> <p>(Signature of O.C. Regt.)</p> <p>Date</p>	<p>Recommended and Forwarded.</p> <p style="text-align: center;"><u>(H. LEFEBVRE), Brigadier,</u> District Officer Commanding</p> <p style="text-align: center;">Military District No. <u>5</u></p> <p>Place <u>QUEBEC, P.Q.</u></p> <p>Date <u>January 16th 1941.</u></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">This space for use at National Defence Headquarters only</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Extract No.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Canada Gazette No.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date</p>
--	--	--	--

(Medical Certificate on Reverse side must be completed)

INSTRUCTIONS

READ THE INSTRUCTIONS CAREFULLY

†*Strike out the term not applicable. The Squadron, Battery, Company or similar formation to which the appointee is to be posted, transferred, etc., should be shown in all cases where units of the Regiment or Brigade, etc., are not centralized.

Under appropriate Columns information in accordance with the following must be inserted.

- COLUMN No. 1—Whether holding any rank in the Canadian Militia, the Military or Air Forces of the British Empire. If so, rank, unit and force to be shown.
- No. 2—Christian name (or names) and surname to be clearly inserted in full (surname last), particular attention to be given to correct spelling.
- No. 3—The actual profession or occupation to be stated.
- No. 5—If a naturalized British subject, how naturalization was obtained to be stated.
- No. 6—Accuracy is essential as to the day, month and year of birth; verification may be necessary at a later date.
- Nos. 8 and 9—All qualifications to be inserted.
- No. 10—If a provisional or supernumerary appointment, it must always be so stated.
- No. 11—Except under very special circumstances, appointments will not be antedated prior to the date of recommendation. If an antedate is recommended the reason therefor must accompany this Form.
- No. 12—How vacancy was caused must be given, i.e., vice “_____” promoted, transferred or retired as the case may be. “To complete establishment” is not correct after the establishment has once been completed.
- No. 13—Degrees or Educational Certificates to be inserted in detail.
- No. 14—Particulars of active service. To include information as to actual theatre of war in which services were performed, with dates.
- No. 15—The person recommended must sign his name, showing that he consents to the appointment or promotion.
- No. 16—Medical Certificate to be completed in compliance with paragraph 145 (v) K.R. (Canada), 1939.

a—In all instances this recommendation must be sent direct by the Squadron, Battery or Company Commander to the Officer Commanding the Regiment for his recommendation to the Officer Commanding Division or District.

b—In all instances “Transfer Receipt” of Stores must accompany the recommendation for promotion, or the resignation of an Officer Commanding a unit.

c—For full instructions see “The King’s Regulations and Orders for the Canadian Militia, 1939”.

MEDICAL CERTIFICATE

CERTIFIED that the Candidate has been medically examined in accordance with instructions laid down in Appendix No. 6, Regulations for the Canadian Medical Service,

1923, and has been found fit for Category.....

Date.....

.....
Signature of Medical Officer

File No. 332.88 158

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. _____ Name ARCHAMBAULT J.E. MAURICE

Rank on Discharge Lt. Col. Date of Discharge 9-1-46

Authority for Discharge or Retirement RETURN TO RESERVE STATUS

Served in:

Non-Qualifying Service

Canada from 1-9-39 to 4-9-40

from 4-12-43 to 9-1-46

United Kingdom from 5-9-40 to 3-12-43

from _____ to _____

Italy from _____ to _____

Northwest Europe from _____ to _____

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

~~1939-45 Star~~ _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

Defence Medal _____

Canadian Volunteer Service Medal _____

with Clasp _____

War Medal 1939-45 _____

Verified by [Signature]

Date 12-2-47

Carried _____

SEP 12 1947

(COPY. Original on 114-5-7.)

2-1-7

DEPARTMENT OF NATIONAL DEFENCE
R.C.N.V.R. HEADQUARTERS
322, St. John Street,
QUEBEC CITY.

NATIONAL DEFENCE
MAY 17 1940
N.S. 103-2-1a
CANADA

May 15th, 1940.

FD 414

FROM:- THE COMMANDING OFFICER
Quebec Division, RCNVR.

M 23609

TO:- THE NAVAL SECRETARY
Department of National Defence,
OTTAWA, Canada.

4

RE:- ENTRY OF OFFICERS, QUEBEC DIVISION R.C.N.V. R.

SUBMITTED:-

With reference to our 1-s-20, 1-A-1 and 1-B-44 of the 8th May, 1940, and your N.S. 103-2-1A FD 414, N.S. 103-2-18 FD 416 and N.S. 103-2-1B FD 415 of May 13th, 1940.

Since the outbreak of hostilities, it has been the aim of the Commanding Officer, Quebec Division, RCNVR, to attract as many French speaking Gentlemen as possible to the voluntary courses given by this Unit. This has been done with the intention of trying to fill two out of Officer Vacancies at this Division with Gentlemen of French origin. To date, we have entered ten Officers under this scheme, and it is believed that this policy has had the approval of Naval Service Headquarters. However, time has now arrived when it is becoming increasingly difficult to find Gentlemen of French speaking origin, who are capable of passing the required Medical Examination, who speak good enough English and who show sufficient intelligence and Officer-like ability to be recommended to Naval Service Headquarters for Commissions. In view of this, it is presumed that a larger percentage of Gentlemen of English origin should be recommended for Commissions with the Quebec Division, R.C.N.V.R., to fill the vacancies as they occur. Confirmation of this is requested from Naval Service Headquarters.

With reference to the application of Mr. M.A. Amos. Mr. AMOS has had a certain amount of yachting experience, His cousin served in the R.N.V.R. with distinction from 1915-18, and there is no hesitation on the part of the non permanent active militia Regiment to which Mr. Amos now belongs to grant him transfer to this Unit. It is considered that he would make a good Officer. In view of this, and of the contents of the first paragraph of this submission, it is requested that Naval Service Headquarters reconsider his case, and it is requested he be appointed to this Unit. In place of Mr. J.A. SAVIGNAC, we wish to submit the name of Mr. Louis LANGLAIS, brother of A/Lt.M.L.J. Langlais, R.C.N.V.R., in place of Mr. J.S. Blair, we wish to submit the name of Mr. T.S.R. PEACOCK. Mr. Peacock was originally appointed as A/Sub-Lt. for loan to Royal Navy vide Naval Service Headquarters Telegram 1534/5 of April 5th/40, and our submission 2-1-7 of March 7th/40. Mr. Peacock's appointment was cancelled due to an acute attack of appendicitis. He has been operated upon, and will be available for light duty, and instructions at Divisional Headquarters within ten (10) days.

N.V.3 for Mr. Louis Langlais is enclosed.

(SGD.) F.A. PRICE? Lt-Cdr.

0 1945
0-1945

OFFICIAL NUMBER FILE NUMBER N.S. 103-A-21.

NAME AMOS, (Surname) Maurice Augusta. (Given Names) DATE OF BIRTH 3rd December, 1911.

PLACE OF BIRTH Quebec, P.Q. OCCUPATION Loan Business (Accounting).

RELIGION Roman Catholic. EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 31 Mont-Carmel, Town Quebec City, Province, etc. P.Q.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
27	5	40.	Hostilities Only.	5' 8"	Brown	Grey	Fresh	Vaccination mark on left arm.				

NEXT OF KIN RELATIONSHIP (in pencil) NAME (in pencil) Mr. Arthur Amos
ADDRESS (in pencil): Street and No. 31 Mont-Carmel, Town Quebec City, Province, etc. P.Q.

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.							
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS
Day	Month	Year		Day	Month	Year		Day	Month	Year	

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES						
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT
Day	Month	Year					Day	Month	Year		

FILM NO. WSP 4284-2
DATE

Date (in figures)			DAYS FORFEITED					
Day	Month	Year	Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

SECOND CLASS FOR CONDUCT
From To

W.S.G. APPLICATION 6546 RECEIVED

RP

- ARMY -

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, Lieutenant Maurice A. AMOS, of the Royal Canadian Army Pay Corps, Canadian Army, who was previously reported "missing at sea" is now for official purposes presumed to have died at sea on the 1st of May, 1941,--enemy action.

J. B. Rading

for W.E.L. Coleman, Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
July 26th, 1941.

Quote No. 332-87-158

DEPARTMENT OF NATIONAL DEFENCE
ARMY

(Records C)

Ottawa, Canada,

February 9, 1943.

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

Dear Sir:

The undermentioned Canadian Army
Casualty is forwarded to you for transmission to the
Inspector of Income Tax concerned:

Regimental No.....

Rank..... Lieutenant.....

Surname..... AMOS.....

Christian Names..... Maurice.....

Nature of Casualty... Died at Sea... (enemy action)...

Date of Casualty..... 1-5-41.....

Address at time of enlistment... 31 MONT-CARMELE ST., QUEBEC

Occupation COMPTABLE (ACCOUNTANT).....

Marital Status on enlistment S

Name and address next of kin: Mr. Arthur Amos,
31 Mont-Carmel, Quebec
Que.

P.L.
(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

GR/ATG

Montreal Feb. 19th 1945.

3464 Ontario Avenue

Your file N.S. 103-A-21 (Pers N)

The Secretary, Naval Board

DPR-G-5

Ottawa.

0-19 45

032148

Dear Sir,

I am sorry to have to advise you, in response to your communication of the 25th ultimo that my son Lt Maurice A. Amos lost his life about May 1st 1941, when the S.S. Nerissa was torpedoed by the enemy. At that time he had left the Navy to enter the Army, after obtaining his Commission as Lieutenant.

This being the second or third time that I write to Ottawa officials on this subject, may I ask if any records are kept, in Can. Government files, of the names of our boys who lose their lives by enemy action, or would such losses be registered in England? I should be much obliged for this information. At all events, should any war service gratuity be paid to the heirs of officers who died in action, please note that I am his legal heir as he left no will or testament.

Yours truly

Arthur Amos.
Arthur Amos.

Robert J.

No _____ Rank Lieut. Name AMOS, Maurice A.

Unit R.C.A.P.C. Date of death 1st May, 1941.

Died at _____

Cause Missing, believed lost at sea from S.S. "Nerissa".

Death occurred on strength of Forces.H.Q. 332-87-158 d 2-5-41

N/K Mr. Arthur Amos Relationship Father

Address 31 Mont-Carmel, Quebec, P.Q.

Remains buried in _____ Cemetery _____

Grave location ✓ _____

HALIFAX MEMORIAL

DEATH CERT. TO N/K 26-7-41

BUR. REPORT TO N/K -----

RETURN TO BUR. STAT. 15-8-41

ROYAL MESSAGE DESP'D. 26-8-41

CAN. MESSAGE DESP'D. 13-6-41

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county At sea en route to United Kingdom.		Official name of civil municipality or township		Hospital or Institution		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township									
2. LENGTH OF STAY		(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname AMOS		(Block letters)		Given names Maurice Auguste		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH							
4. RESIDENCE		Street Mont-Carmel		No. 31		Official name of civil municipality or township Quebec City		Municipal county		Province Quebec.		22. Date of death May 1st 1941 (Month) (Day) (Year)					
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country)		11. DATE OF BIRTH December 3rd 1911 (Month) (Day) (Year)		23. I HEREBY CERTIFY that I attended deceased from _____ 19 to _____ 19 and last saw him _____ alive on _____ 19.		24. CAUSE OF DEATH Presumed to have				
M			Single								I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Died at sea as a result of enemy action.		due to				
												II Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) _____ due to (c) _____					
												III Other morbid conditions (if important) contributing to death but not causally related to immediate cause. _____					
												If a communicable disease is mentioned on this certificate, give (a) Date of appearance _____ 19 (b) Duration of disease _____ days					
												25. If a woman, was there a puerperal condition? _____					
												26. Was there a surgical operation? _____ Date of _____ 19 State findings _____ Was there an autopsy? _____					
												27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide _____ Date _____ 19 (State which) Manner of injury _____ (How sustained) Nature of injury _____ Specify whether injury occurred in industry, in home, or in public place _____					
												Signed _____ M.D. Address _____ Date _____ 19					
												28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) P.B. Loring for Lt. Col. Officer in Charge of Records This signature authorizes the collector to accept this form as authentic.		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.			
												21. PLACE OF REGISTRATION OF THIS BURIAL (a) Name of parish or church _____ (b) Civil municipality of _____ (c) Municipal county _____ (d) Date _____ 19 (Month) (Day) (Year)		Department of Nat'l Defense. (Voir l'autre côté pour le français)			

MEMORANDUM FOR

P. 64

Mr. Arthur Amos,

31 Mont-Carmel,

Quebec, P.Q.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 332-87-158 FD 14

**DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.**

September 3, 1941

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Lieut. Maurice A. AMOS

Royal Canadian Army Pay Corps

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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Major,
Administrator of Estates.



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 inquired for	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.....	aucune			
2	Children of the Deceased and dates of their Births.....	aucuns			
3	Father of the Deceased.....	Arthur-Jacques-Horace AMOS	66	31 rue Mont-Carmel Québec Que.	
4	Mother of the Deceased.....	Mathilde-Marie-Honorine Beaudry	58	dito	
5	Brothers of the Deceased	Full Blood	Jean-Jacques-Paul-Arthur AMOS	27	dito
			Robert-Louis-Abel-Baudry AMOS	26	dito
6	Sisters of the Deceased	Full Blood	Monique-Angéline-Louise AMOS	25	dito
			Thérèse-Marie-Mathilde	21	dito
			Gabrielle-Juliette-	16	dito
	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		
	Louise 1921				

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Maurice-Victor-Auguste-Lomer AMOS.
11	Give the month and year of his birth.	3 décembre 1911
12	Where and when were his parents married?	Montréal, 26 janvier 1911
13	Was he ever married? If so, state exact place and date of marriage.	non
14	Did he leave a (later) Will? If so, it should be forwarded.	non
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	non

PARTICULARS OF DOMICILE

16	Where was deceased born?	Québec P.Q.
17	In what Province, Country or State did he reside, and in which last?	Québec
18	How long in each?	Toute sa vie.
19	What was the nature of his employment?	Comptable, Crédit Foncier Franco-Canadien.
20	Did he own the house or homestead in which he lived? If so, where?	non
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	non
22	State <u>your</u> postal address in full.	31 rue Mont-Carmel, Québec.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom? <i>Messe de requiem</i>	oui, par son père. (messe de requiem)
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	non

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*.....Père.....of the deceased.

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

Arthur Amos

Signature of Informant

CERTIFICATE

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

*See aboveArthur Amos.....{ Name of Informant } is the *.....father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Quebec.....this 19th day of September 1941

Signature of Clergyman, Priest or Magistrate }P. Flamme.....Qualification.....Cure de N. Dame de Quebec

Address.....16 Buade Quebec

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

-
- (1) Name of Officer or Soldier..... AMOS, Maurice Auguste
(Surname first—Christian names in full—Block capitals)
-
- (2) Regimental Number 2/ Lieutenant.
- (3) Unit..... R.C.A.P.C.
- (4) Are you married?..... No
- (5) If married, state,
- (a) Full name of your wife..... N.A.
-
- (b) Present postal address of wife..... N.A.
- (6) If married, have you been regularly supporting your wife? If not—state reasons..... N.A.
-
- (7) Are you a widower?..... No
- (8) Have you any children?..... No
- If so, give number of boys and girls..... N.A.
- Also their names and ages..... N.A.
- (9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them..... N.A.
- Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
- Name..... N.A.
- Postal Address..... N.A.
-

(SEE OTHER SIDE).

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

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

(11) Is your father alive?..... **Yes**

If so, state name and address..... **Amos, Arthur, 31 Mont-Carmel St, Quebec, Que.**

(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..... **Mrs. A. Amos, 31 Mont-Carmel St, Quebec, Que.**

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

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

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

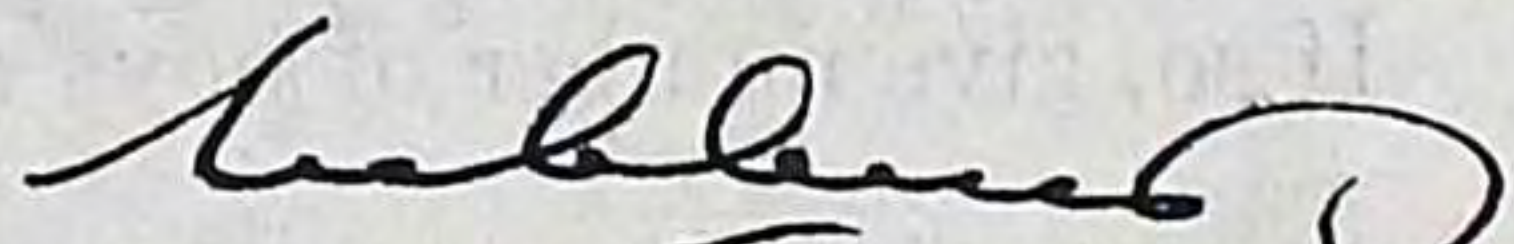
(17) Are you insured?..... **Yes**

If so, in what Company?..... **Prudential Insurance Co of London.**

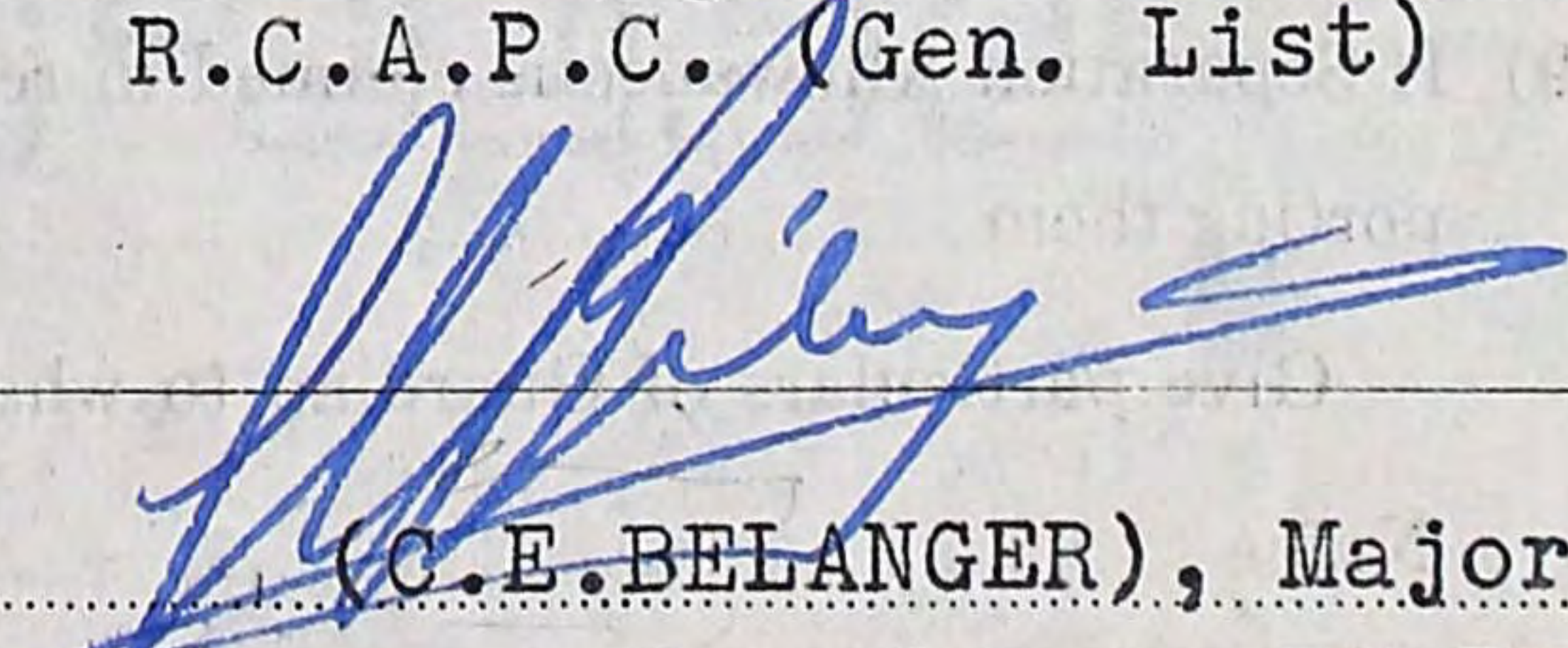
Have you made arrangements for payment of your Insurance Premium?..... **Yes**

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

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


..... (M. A. AMOS), Lieutenant.
(Signature of officer or man)
R.C.A.P.C. (Gen. List)

Date **3** 21st of March, 1941.


..... (C.E. BELANGER), Major.
Officer Commanding No. 5 Det, RCAPC, AF.

Date **21st of March, 1941.**

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Maurice Auguste
(CHRISTIAN NAMES)

AMCS
(SURNAME)

REGISTER NO.

D-9299

FILE NO.

332-87-158

DATE

6-12-45

PAYEE **Director of Estates**

SERVICE NO.

E-900545

ADDRESS

FINAL RANK OR RATING

Lieut.

DATE OF TERMINATION OF OVERSEAS SERVICE

1-5-41

DATE OF DISCHARGE

1-5-41

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **90** EQUAL TO **3** COMPLETE PERIODS AT \$7.50

\$ **22.50**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **10** LESS **23** INELIGIBLE DAYS, EQUAL TO **Nil** DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **5.00**
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ **1.70**

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **6.70** X7 = \$ **46.90**
NO. OF DAYS **10** X \$ **46.90**

22.50

2.56

D. WAR SERVICE GRATUITY

25.06

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

25.06

G. YOUR PORTION OF GRATUITY IS—

100%

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

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

PREPARED BY
KRM

CHECKED BY

TREASURY
CHECKED BY _____ DATE _____

Kerr R. Cant
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

MH
Estates Form "P. 4"

ARMY

Name AMOS, Maurice A. No. E-900545
Surname Christian Names

Lieut. C.A. O/S 1-5-44
Rank Unit Date of Death

AMOUNT
W.S.G. 25.06
L.P.C. \$ 130.00

Date 22-6-46. Other Credits.....
Total..... 155.06
Prev. dist. 130.00
This dist. 25.06

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
7/20	Father	Arthur J. H. Amos, 3464 Ontario Ave., Montreal 25, P.Q. (1/4 as next of kin entitled) (1/10 for benefit of 1 minor)	8.77
1/4	Mother	Mrs. Mathilde M. H. Amos, (as above)	6.27
1/10	Brother	Jean J. P. A. Amos, (as above)	2.50
1/10	Brother	Robert L. A. B. Amos, (as above)	2.50
1/10	Sister	Monique A. L. Amos, (as above)	2.51
1/10	Sister	Therese M. M. Amos, <i>Reillard</i> 541 Berwick St., Mont Royal, Montreal, 16, P.Q. (As next of kin entitled)	2.51

P4 TO TREAS.
JUN 27 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$25.06
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

Regt. No. D9299

Nominal Roll No. 3170 D 195

H.Q. File No. 332-87-158

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
<u>E900545</u>	<u>Lieut</u>	<u>AMOS</u>	<u>MAURICE-AUGUSTE</u>

Reason for Termination of Service:

1st Enlistment	<u>Died at Sea</u>	CARO	()
2nd Enlistment		CARO	()
3rd Enlistment		CARO	()

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. <u>9 JAN 41</u>	T.O.S.	T.O.S.
S.O.S. <u>1 MAY 41</u> MD <u>0/5</u>	S.O.S.	S.O.S.
Total Days <u>113</u>	Total Days	Total Days
TOTAL SERVICE		<u>113</u> DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>103</u>		<u>103</u>
OVERSEAS SERVICE	<u>10</u>		<u>10</u>
Totals	<u>113</u>		<u>113</u>
Add Non-qualifying Service			
TOTAL SERVICE			<u>113</u>

EMBARKATION DETAILS:

1. T.O.S. <u>22 APR 41</u>	2. Date S.O.S. Overseas
Date S.O.S. Overseas <u>1 MAY 41</u>	Date S.O.S. Overseas

REMARKS:

DIED WHILE IN SERVICE

Computer's Signature [Signature] Died At Sea 1 MAY 41

Checker's Signature [Signature]

Date Computed 23 Apr 45

all docs show above date to be HUB

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

[Signature]
(C.L. Laurin) Colonel,
Director of Records.