MALLISON, JOHN WILLIAM

21-12-43
(O.C.L.-428)

FB

AWARDS—CANADIAN ARMY (ACTIVE)

M (1549)

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 558-13-306

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
MALLISON,	John William		Lieut.	R.C.A.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	591 1/11/49
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO ~~Mr. John Mallison~~ ~~(Father)~~ Mrs. Harriet Mallison (Mother)

ADDRESS: 890 Burnley Road, Cornholme, Todmorden, ~~Yorkshire~~, England ~~Lancashire,~~ July 45

MEMORIAL BAR

(1)

DATE DESP

REGN NO 1390

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Harriet MALLISON,

(1549)

ADDRESS: 890 Burnley Rd., Todmorden, Yorkshire, Eng.

DESP. MAR 3 1944

REGN No. 5090

(3)

.....Checked.....Card.....Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 1
25M—10-39 (2289)
H.Q. 1772-39-1644

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

Unit.....McGill COTC NPAM..... Rank.....2nd Lieutenant.....

Personal No..... Name.....MALLISON, JOHN WILLIAM.....

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

OFFICER'S DECLARATION PAPER

84
LIEUT

Also applicable to Nursing Sisters

1. Surname.....MALLISON.....
2. Christian Names.....JOHN WILLIAM.....
3. Present Address.....12 Salisbury Rd. Pointe Claire Quebec Canada.....
4. Date of birth.....6 January 1909.....
5. Place of birth.....England (Country) Yorkshire (County or Province) Todmorden (Town or Twp.)
6. Religion (state denomination).....United Church.....
7. Profession or occupation.....Journalist.....
8. Married, widower or single.....Single.....
9. Name of next of kin.....Mr John Mallison.....
10. Relationship.....Father.....
11. Address of next of kin.....890 Burnley Rd. Todmorden Yorkshire England.....
12. (a) State unit of Active Militia in which you are serving or have served.....

    (b) Present rank.....
13. State particulars of former war service.....

I,.....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 Active Service Force if, when and so long as required.

Date..... .....(Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of.....JOHN WILLIAM MALLISON (Rank and name).....for appointment to the .....Military Training Centre No 43 (Unit).....with the rank of.....2nd Lieutenant.....

and appointment.....Sherbrooke NPAM.....(was) (is) recommended, appointment

to date from.....~~1st~~ 9th September 1940.....has been approved. is recommended for approval.

Authority.....

.....(Signature of O.C.) (Rank)

Date.....4September 1940..... .....(Unit)

FINGERPRINTED

Record of Service of MALLISON JOHN WILLIAM
(Name)

Active Militia Unit

Rank 2nd Lieutenant Date of Rank 2 August 1940

Highest rank for which qualified by examination Lieutenant

Staff College No
Militia Staff Course No
Advanced Course No

Languages English

Other military qualifications or special courses (specify) McGill COTC Lieut in Infantry 1939-40

University or College Degrees B.Sc (Econ.) London Eng. 1935

Civil Technical Training or qualifications (specify) No

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
4 Sept 40	DRO	Joined on appointment No 4 District Depot CASF	2 Lieut	4 Sept40	4 DD	Montreal	4 DD Pt 11 223	4 Sept 40
28 Sep.40	4 DD	Transferred to his Unit, Sherbrooke, Que.	"	27 Sep.40	"	"	" " 246	28 Sep.40
28/9/40	TC#43	T.O.S.Transfer from D D 4	"	28/9/40	TC#43	Sher.	TC#43 PartII/I	29/9/40
23-12-40	"	X-Mas leave (6 days)	"	23-12-40	"	"	" 45	23-12-40
		Attached to RCOTC	"	1-3-41	RCOTC	Ottawa	53	4-3-41
		On Command to Officer Training Centre Brockville	"	5-5-41	CAT(A)	"	T.O.S.	5-5-41
9-5-41	O.C.	On Command to O.T.C. for all purposes	2/Lieut.	6-5-41	O.T.C.	Brockville	Pt.II D.O.#30	9-5-41
15-5-41	O.C.	Admitted to Kingston Military Hospital	2/Lieut	12-5-41	O.T.C.	"	Pt.II D.O.#35	15-5-41
15-5-41	"	Discharged from Kingston Military Hosp.	"	13-5-41	"	"	Pt.II D.O.#35	15-5-41
15-5-41	"	Admitted to Kingston General Hospital	"	13-5-41	"	"	Pt.II D.O.#35	15-5-41
26-5-41	"	Discharged from Kingston General Hospital	"	23-5-41	"	"	Pt.II D.O.#42	26-5-41
26-6-41	"	D.O.#30 para 1 dated 9/5/41 is amended to read:	Lieut.	6-5-41	"	"	Pt.II D.O.#68	26-6-41

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

ARE YOU RECEIVING OR HAVE
YOU IN THE PAST RECEIVED,

Statement of the Service of No. ..... Rank Lieut ..... Sheet No. 2

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

Name MALLISON John William.

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
3-11-41	2604 —	TOS.(FOR RECORDS PURPOSES ONLY) ON REPOSTING FROM C.T.C. BROCKVILLE,ONT. WEF (AUTHY. H.Q.S. 20-4-18 FD.II (PERS.I) DATED 9 AUG 41.		14-2-41	4DD	MTL.SOUTH	4DD PT II D.O.263	3-11-41
3-11-41	—	CEASES TO BE EMPLOYED UNDER THE PROVISIONS OF G.O. 139 OF 1939 ON APPOINTMENT AF. (FOR RECORDS ONLY) WEF...	"	"	"	"	" " " " 263	3-11-41
3-11-41	—	TOS. (FOR RECORDS PURPOSES ONLY) ON CEASING TO BE EMPLOYED UNDER THE PROVISIONS OF G.O. 139 OF 1939 ON APPOINTMENT GENERAL LIST CA.WEF..	15-2-41	"	"	"	" " " " 263	3-11-41
3-11-41	1	PROCEEDED ON COMMAND AND IS ATTACHED FOR ALL PURPOSES TO O.T.C. BROCKVILLE,ONT? FOR (RECORDS PURPOSES ONLY) WEF....	"	"	"	"	" " " " 263	3-11-41
8 Nov.41	O.C.	Ceases to be called up under G.O.139 of 1939 on appointment to the Active Army and is attached to No.4 District Depot while continuing to be "On Command" to The Officers Training Centre Brockville Ontario. (Authority: H.Q.20-4-18-Fd 11 (Pers dated 9 August 1941.)	Lieut	15-Feb-41	O.T.C.	Brockville	Pt.II D.O.#178	8 Nov.41.
19 Dec-41	O.C.	Having passed a Driving Test, and classified as a Third Class Driver, qualified to operate self propelled vehicles of the Department of National Defence the m/n Officer is to be issued with a Drivers Certificate together with "Standing Orders for Drivers of M.T. vehicles and Motor Cycles" 1940.	Lieut		O.T.C.	Brockville	Pt.II D.O.#212	19 Dec-41
		Ceases to be "On Command" to the Officers Training Centre, Brockville, Ont. from No. 4 Dist. Depot on transfer to the H.W.E. Officers Training Centre (EC)(AF) Brockville, Ont. (Authority: K.36-7-219/ K.36-2-182 (Pers) d/28 Apr. 42)	Lieut	1 Jan 42	O.T.C.	Brockville	Pt.II D.O.# 100	29 Apr 42
		Struck Off Strength (A-1) C.A.T.C. To Port of Embarkation		AUG 5 1942	(A-1) C.A.T.C.	PETAWAWA	186	AUG 6 1942

Statement of the Service of No. ..... Rank Lieut. ..... Sheet No. 3

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

Name MALLISON, John William

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
		Ceases to ~~XXX~~ be "On Command" to the Officers Training Centre, Brockville, Ont. from No. 4 Dist. Depot on transfer to Headquarters, Petawawa, Military Camp, Petawawa, Ontario.	Lieut.	19 May 42	O.T.C.	Brockville	Pt.II D.O.# 117	19 May 42
		T.O.S. of C.A.T.C. (A-1)	"	20/5/42	CATC(A-1)	Pet'wa	" " 120	21/5/42
		S. O. S. - C.A. (A.F.) CANADA ON EMBARKATION ON 22-8-42						
		T.O.S. - C.A. (A.F) OVERSEAS ON TRANSFER ON 23-8-42 AND DISEMBARKED ON 1-9-42						
		T. O. S. - I C.A.R.U.	Lieut	2 Sept 42	1 CARU	U.K.	204	3 Sept 42
		P/Leave to 5 Oct 42	Lieut	28 Sep 42	1/CARU	UK	227	30 Sept 42
		Compl mb course qual "B"	Lieut	26 Sep 42	1/CARU	UK	230	3 Oct 42
		Trip Leave to 7 Jan 43	Lieut	29 Dec 42	1 CARU	UK	304	30 Dec 42
		Att for D.O. to Chatham House London	Lieut	15-17 Jan 43	1 CARU	UK	20	25 Jan 43
		Proc on CMHQ Crse 625 Ser 160	Lieut	1 Apr 43	1 CARU	UK	78	2 Apr 43
		Ret from CMHQ Crse 623	Lieut.	8 Apr 43	1 CARU	UK	84.	9 Apr 43.
		Proc on P/Leave	Lieut	12/21 Apr 43	1 CARU	UK	87	13 Apr 43.
		Passed on Vehicle Mastership crse	Lieut	8 Apr 43	1 CARU	UK	91	17 Apr 43

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

Name .....

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
S.O.S.		S.O.S. to Spec Base Dep.	Lieut	13 May 43	1 CARU	UK	113	13 May 43
	T.O.S.	TOS RCA Sect A X-4 List (BD) from 1 CARU	Lieut	14 May 43	X List RCA (Sect A)	UK	1-A	21 May 43
		Posted from RCA Sec (A) X-4 List (BD) to RCA Sect (A) X-4-Test (4 Bn)	Lieut	31 May 43	X Test RCA Sect A	UK	4-A	12 June 43
SOS		S.O.S X-4 List RCA Sec A (4 Bn) to 2 Fd Regt RCA	Lieut	24 July 43	X List RCA Sec A	NA	11-A	7 Aug 43
	TOS	TOS from X-4 List RCA Sec A (4 Bn)	Lieut	25 July 43	2 Fd Regt	NA	32	12 Aug 43
		T.O.S. C.A. (U.K.) on embarkation 27 June 43						
		T.O.S. C.A. (M) 28 June 43						
		Disembarked	Lieut	13 Jul 43	X4 List RCA Sec A	NA	16 A	27 Aug 43
		Died of wounds	Lieut	21 Dec 43		CMF	CL A 382	17 Jan 44
	W.O.	S.O.S. Deceased died of wounds	Lieut	21 Dec 43	2 Fd R	CMF	5	25 Jan 44

CERTIFICATE OF MEDICAL EXAMINATION

Name in full MALLISON, John William. Date Sept. 2nd 1940

PART 1. Information obtained from the applicant.

1. Age 31 2. Have you ever suffered from any of the following diseases?

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

J. Mallison (Signature of Applicant)

Examiner's remarks *re* above Ears normal. Pupils and lower limbs reflexes Normal col. vision ishihara (CN)

URINE N
XRAY N

A. Delahaye, Capt.

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

1. Identification marks or scars. (If operative obtain history.)
4 vaccinations left arm.

2. Height 5 feet 5½ inches. 3. Weight 145 pounds.

4. Complexion fair Eyes blue Hair l. brown 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right c.v. 20 left c.v. 20

9. Condition of mouth and teeth Good.

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

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 Applicant in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A (A)

Special remarks when category lower than A

W. Patterson Capt. — W. Patterson, Capt. President
R. Cloutier, M.D. — R. Cloutier, M.D. Member
A. Argue, Capt. — A. Argue, Capt. Member

DISABILITY OR COMPENSATION No.
IF SO GIVE DETAILS

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
3-10-40	TAB Bordes Capt.	22-4-42	½cc TABT annual R. Ohlke Capt.
14-10-40	TAB PHB	8/7/42	CAT. H CONFIRMED PETAWAWA
26-10-40	3 PHB		A. Hand Capt.
3-10-40	Vaccination PHB		
14-10-40	Tetanus Toxoid #1 PHB		
20-11-40	Tetanus Toxoid #2 Bordes Capt.		
June 26/41	Relocated Cat. approved		
21.10.41	Relocated Category A		

Rank 2nd Lieutenant Surname MALLISON Christian Name JOHN WILLIAM

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Brockville Ont.	6-5-41										
Kingston Milit. Hosp		12	5	41	13	5	41		2	Urethritis non specific	S/L E Preston Capt.
Brockville Ont.	"										
Kingston General Hosp		13	5	41	23	5	41		11	Urethritis " "	S/L E Preston Capt.

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

No _____ Rank Lieutenant Name MALLISON, John William

Unit R.C.A. Date of death 21st Dec., 1943.

Died at Italy

Cause Died of wounds received in action

Death occurred on strength of Forces.HQ 558-13-306 d 24-1-44

N/K Mr. John Mallison Relationship Father

Address 890 Burnley Road, Todmorden, Yorkshire, England.

Remains buried in _____ Cemetery

Grave location _____

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. JAN 16 1945

ROYAL MESSAGE DESP'D. FEB 2 1944.

CAN. MESSAGE DESP'D. 1-2-44

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 4, row D, plot 5.

HI & CR Form Despd. JAN 2 1947

Reg. No.

Name Malkson John William

S.O.S. 2nd Aug/40 REASON Com. C.O.T.C.

PART II NO. 219 DATE 6th Aug/40

Resworn this day of 19

Signature

Witness

O.C. McGill C.O.T.C.

Resworn this day of 19

40-55110

Signature

Witness

O.C. McGill C.O.T.C.

REGIMENTAL RECORD

Enrolled Lance Corporal Corporal

Lance Sergeant Sergeant P. Sgt. Colour Sergeant

Company Sergeant Major Company Q.M. Sergeant

Battalion Sergeant Major Battalion Q.M. Sergeant

Lieutenant Date of promotion and number of certificate

Whether in possession of Certificate "A" 94112 J.R. Date and year of award 11/4/40

" " " "B" " "

		1st yr.	2nd yr.	3rd yr.	4th yr.		1st yr.	2nd yr.	3rd yr.	4th yr.
Musketry Qualification	Service Range					Miniature Range				
Attendance										

Efficient 1st yr. 2nd yr. 3rd yr. 4th yr.

Left Contingent Discharge Number

REMARKS

D. P. E. Category Cat. 19 Cat. 19 Cat. 19 Cat. 19

CERTIFICATE OF MEDICAL EXAMINATION

Height 5ft 6 1/2 Weight 140 Chest (Max) 37 (Min) 34.

Eyes 20/20 20/20. Heart and Lungs

Descriptive marks

I have examined the above named cadet in accordance with instructions laid down in "Regulations for the Canadian Medical Services" and find him fit,

Category A

Date Nov 20/39

Medical Officer

QUALIFICATIONS

DATE MAR. 1940

COMMON	(300)	262	
IR	(300)	156	
PRCT'L	(100)	77	

E.

To be notified now serving Eng Centre

#11 22.

ATTESTATION PAPER

McGILL CONTINGENT, C. O. T. C.

Reg. No. 3-11

Surname MALLISON (Block Capital)

Given Names JOHN WILLIAM. (in full)

Permanent Address Todmorden England

City Address 12, Salisbury Rd. Pointe Claire P.Q.

Date of Birth 6th Jan. 1909. Tel. No. Pt Claire 2675.

Religious Denomination Nonconformist Languages French.

Faculty Economics Class 1935 University London. Eng.

Occupation Statistician - Journalist Name of Employer Mercantile Guardian Lond. Eng.

Address of Employer 52, Bishopsgate, London.

Next of Kin Father (Relationship) John Mallison (Name)

Address of next of Kin 890, Burnley Rd, Cornholme, Todmorden ENGLAND

Training desired (Infantry, Artillery, etc.) ~~Artillery~~ M.G.

DETAILS OF PREVIOUS TRAINING:

NATURE	YRS.	MOS.	Rank on Discharge	REMARKS
War Service				None
Militia				
C.O.T.C.				
Cadet				

1. I hereby apply to join the McGill University Contingent, Canadian Officers' Training Corps, and agree to take the Oath of Allegiance and abide by the conditions prescribed on the Attestation paper I sign.

2. It is understood that I pass a recruit class before being finally accepted and receiving my uniform and equipment.

3. I agree to return all articles of uniform and equipment which I may receive, and for which I sign, or pay for them at current Government rates.

4. I am a British subject and do not belong to any unit of His Majesty's Forces at the present time.

5. It is understood that none of the conditions above mentioned shall prejudice in any way my responsibility to the Corps as set forth in the Declaration I am to make and sign on becoming a member of the Corps.

6. It is understood that I am personally responsible for keeping myself posted as to Contingent and Company orders and that ignorance of same will not be taken as an excuse.

7. I agree to contribute to the funds of the McGill University C.O.T.C. the pay received in respect of the annual training or trainings performed during my service with the unit.

8. I declare that personal details given on this form are correct.

Witness: W.B. Keith Lt. Signed J. Mallison

Date Nov 20/39

OATH:

"I, John William Mallison (Name in full) do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty The King.

DECLARATION:

"I, John William Mallison whose name is hereunto subcribed, declare that I have taken the above oath to which I have affixed my name hereunder. and that I agree to serve in the McGill Contingent, C.O.T.C. for a course of one consecutive year's training, or until legally discharged therefrom, dismissed or removed, or until my resignation is accepted, under the conditions of service prescribed by the Government for the Active Militia of Canada, and as set forth in the Militia Laws existing, and in the regulations for the Canadian Officers' Training Corps prescribed or hereafter to be prescribed for the same; and I agree that upon my enlistment in the C.O.T.C that I will be governed by the Standing Orders and Regulations of the Contingent.

Witness, my hand this twentieth day of November 1939

J. Mallison — Signature

W.B. Keith Lt. — Witness

G.A. Grimson, Major — O.C. McGill C.O.T.C.

Resworn this ..... day of ..... 19..... Signature

Witness — O.C. McGill C.O.T.C.

Resworn this ..... day of ..... 19..... Signature

Witness — O.C. McGill C.O.T.C.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit M. T. C. NO. 4 3 SHERBROOKE NPAM Regimental Number 2/LIEUT.

1. Surname MALLISON
2. Christian Names JOHN WILLIAM
3. *Substantive Rank and Appointment 2 lieutenant
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth TODMORDEN YORKSHIRE ENGLAND
5. Date of birth as declared on attestation 6 January 1909
   (A)
6. Date of enlistment 1s t. SEptember 1940
7. Place of enlistment SHERBROOKE QUE CANADA
8. Residence at time of enlistment 12 SALISBURY RD. POINTE CALAIRE QUE CANADA
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion UNITED CHURCH
12. If married, state date SINGLE
13. Trade on enlistment JOURNALIST
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority

(19) Next of kin (entries to be made in pencil) Father
Mr John Mallison
890 Burnley Rd.
Todmorden Yorkshire England

(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
			S. O. S. - C.A. (A.F.) CANADA ON				
			EMBARKATION ON 22.8.42				
			T.O.S. - C.A. (A.F) OVERSEAS ON				
			TRANSFER ON 23.8.42				
			AND DISEMBARKED ON 1.9.42				
			T. O. S. - I. C.A.R.U.	U.K.	2.9.42	Lieut	D.O. 204 - 3 Sept 42
30 Sep 42	O.C.	ICARU	Granted privilege leave with money allowance in lieu of rations	"	28 Sep 42 to 5 Oct 42	"	DO # 227 d/30 Sep 42.
		"	Att M/G Case 21-26 Sept 42 Qual "B"	"	26 Sept 42	"	D.O. 230
			To be Instr of Trng Bty (Aut) C.R.U.				
17 Nov 42		"	6-2-2 Semi Ref (A.3) d/13 Nov 42	"	9 Nov 42	"	D.O. 268
17 Nov 42		"	Posted to "F" Bty P.E.	"	9 Nov 42	"	D.O. 268
30 Dec 42		"	P.L. 29 Dec 42 - 4 Jan 43 (9 clear dys) R.A.	"	29 Dec 42	"	D.O. 304
			Att to Chatham House, St. James Square				
15 Jan 43		"	for Duty & Disc from 15-17 Jan 43	"	15 Jan 43	"	D.O. 20
2 Apr 43		"	Proceeded on C.M.H.Q. Cse # 623 Sec 160	"	1 Apr 43	"	D.O. 78
9 Apr 43	E.C.	ICARU	Returned from above Course	"	8 Apr 43	"	84.
13 Apr 43	"	"	P.L. - 12-2 April 43. R.A.	"	12 Apr 43	"	87.
17 Mar 43		"	Att'd ~~Ulster Motorship Bty~~ & Passed "D"	"	8 Apr 43	"	D.O. 91
21 Apr 43		"	Above amended to read Qual & Maintenance of Arm Cse	"		"	D.O. 94
7/5/43	"	"	Posted from PE to G (R)	"	2/5/43	"	D.O. 109
13/5/43		"	SOS to 1 Can Base Base Depot	"	13/5/43	"	D.O. 112
20 May 43		X-List	TOS RCA Sec A X-4 List (BD)		14/5/43	"	1-A 21 May 43
22 Jun 43	"	"	Posted to X-4 List RCA Sec A (4 Bn)		31 May 43	"	4A/12 Jun 43
SOS on U.K.	ON EMBARKATION ON	27 Jan 43	TOS on M. on 28 Jan 43		AND DISEMBARKED ON	13 Jul 43	16A - 27 Aug 43
		X-List	SOS X-4 List RCA Sec A (4 Bn) to 2 Fd R	Id.	24 Jul 43	"	11A - 7 Aug 43
7 Aug 43	2nd Ech	2 Fd Regt	TOS from X-4 List RCA "A" (4Bn)	Field	25 Jul 43	Lieut	DO. 32 - 12 Aug 43
20 Jan 44	Cas Sec	"	WOUNDED	M	21 Dec 43	"	Ser 132, P. 5, d/18 Jan 44
"	" "	"	SOS deceased (died of wounds)	M	21 Dec 43	"	DO. 5 - Jan 44

To be made out in duplicate

M.F.M. 5

H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer of Other Rank MALLISON JOHN WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank 2/Lieutenant

(3) Unit No.43 Sherbrooke MTC NPAM

(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 Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

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

(11) Is your father alive? YES

If so, state name and address, occupation Mr. John Mallison

890 Burnley Road, Todmorden, Yorkshire, England, Retired

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N/A

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

(14) Is your mother alive? YES

If so, state name and address Mrs. Harriet Mallison

890 Burnley Road, Todmorden, Yorkshire, England

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

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? NO

If so, in what Company? N/A
(Give number of policy)

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

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

J. Mallison
(Signature of officer or man)

Date 4th September 1940

W. Kellas
Officer Commanding CAPT.

Date 4th September 1940

NO. 4 DISTRICT DEPOT C.A.S.F.

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.

N

C

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
MED THEATRE : DIED OF WOUNDS											21	Dec	43																										

1. H.Q. File No.

OFFICERS INFORMATION CARD

2. Date Completed: 4. May. 43

3. Name (use block letters.): MALLISON. (surname) JOHN. WILLIAM. (given names)

4. Rank: Lieut

5. Unit: R.C.A.

6. Present Employment & Location: Instructor No 1 CARU.

7. Permanent Home Address: 213. St John's Rd. Pointe Claire. P.Q.

8. Med. Cat.: A

9. Decorations: Nil.

10. Date of Birth: 6. Jan. 1909.

11. Place of Birth: ENGLAND.

12. Nationality: BRITISH.

13. Adapt'y Test:

14. Total Commiss'd Service: 2 yrs. 9 mth.

15. Date of Appmt. to A.F.: 7/9/40

16. Rank (Militia):

17. Unit or Corps (Militia):

18. TOS. O/S. 22 Aug 42

J. Mallison Lt.
(signature of officer)

CIVILIAN EDUCATION

19. School	20. No. of Years	21. Name of Institution	22. Courses or Subjects	23. Graduated Yes	23. Graduated No	24. Degree or Diploma	25. Year Finished	26. Professional Memberships	27. Hobbies (see note)
High School	4 yrs.	Todmorden Secondary Sch.	Jr. Matric. ☒ Sr. Matric. ☒	Yes.		X X X X X	1924.		Writing. Cycling.
Coll. or Univ.	3	London University (Lond. Eng).	Economics: Statistics. Finance.	Yes.		B. Sc (Econ)	1935.	Fellow: Royal Econ. Society	Camping.
Post Grad.									

CIVILIAN OCCUPATION

28. Name of Firm (Last three)	29. Location	30. Nature of Business or Profession	31. Employed From	31. Employed To	32. Positions Held (Mention major responsibilities)
1. Mercantile Guardian	London.	Magazine Publisher.	1936	1940.	Commercial & Industrial Correspondent.
2. National Building Society	London.	Building Society	1936	1939.	Economist: Statistician: etc.
3. Wright Hargraves Mines.	Kirkland Lake Ont.	Gold Mine.	1931	1932.	Time keeper.

LANGUAGES

33.	English	French	German	Russian	Spanish	Other
Spoken	Fluently	Fair.				
Written	✓	Some.				
Translated	✓	Can read.				

34. Marital Status: Single ☒ Married ☐ Separated ☐ Divorced ☐ Widower ☐ No. of Dependents

35. Religion: Prot. ☒ R.C. ☐ Other (specify)

36. Racial Origin: Anglo-Saxon ☒ Fr. Can. ☐ Other

37. Special Service or Appointments: Instructor: Officers' Training Centre (E.S.) Brockville. one year.

38. Service Schools and Courses

Year	Months	School	Course	Grade
1940.	1.	Small Arms.	Small Arms.	Passed.
1943	1/4	Ordnance.	Ammunition. #160.	'D'

39. War and Military Service

Year	Months	Service
1942/3	8.	Present War (Overseas only) YES.
		Great War (Any Service)
		P.F. Officer
		P.F. Other Rank
		N.P.A.M. or R.F. Officer
1939/40	10	C.O.T.C. CADET. YES.
1940/42	24	Other (Specify) C.A.(A) Yes.

40. Staff Employment or Command (last six)

Year	Months	Location	Appointment

NOTE:—HOBBIES SHOULD INCLUDE ACTIVITIES WHICH MIGHT HAVE AN APPLICATION IN WARTIME, E.G., TRAINING DOGS, PIGEONS, ETC. OR ADVANCED PHOTOGRAPHY.

THIS SIDE ONLY FOR N.D.H.Q. OR C.M.H.Q.

NAME MALLISON, John William
SURNAME FIRST. USE BLOCK LETTERS.

SUMMARY OF CONFIDENTIAL REPORTS									
Entry Made at N.D.H.Q. C.M.H.Q.									
Date of Report									
1. Reliability									
2. Leadership									
3. Sense of Responsibility									
4. Stability									
5. Alertness									
6. Administrative Ability									
7. Energy and Persistence									
8. Group Value									
9. Appearance									
10. Speech									
11. Writing Facility									
12. Basic Knowledge of Arms									
13. Tactical Aptitude									
14. Teaching Ability									
RATING									
RECOMMENDATIONS									
Staff Appointment									
Accelerated Promotion									
Normal Promotion									
Retarded Promotion									
Transfer to Other Arm									
Retirement or Reclassicat'n									
Civil Occupation									
Other									

POSTINGS, ETC.				
A.P. AND R. OR OTHER ENTRIES	EFFECTIVE DATE	UNIT	AUTHORITY: MIN. APPROVAL	AUTHORITY: R.O.
MED THEATRE: WOUNDED	21 Dec 43			CAS/4351
MED THEATRE: DIED OF WOUN DS GSW MG penetrating left chest	21 Dec 43 (8 Feb 44)			CAS/ 4354 CAS/4702
Lieut	15 Feb 41			

MFM—241(a)—40/P&S/1626(2754)

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. Rank Lieut Surname Mallison Christian Name John William

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
2/2 Div RCA.									GSW. (m.G.) pen. lt. chest D. ad. 21-12-43	Prev. Wounds 21-12-43	B-168 A-382

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

7 Cdn Fd Bty RCA
2 Cdn Fd Regt RCA

REPORT OF CASUALTY

No.	RANK	NAME	DATE OF CASUALTY	DATE OF DEATH
—	LIEUT.	MALLISON JOHN WILLIAM	19 DEC. 43	20 DEC. 43

NATURE OF CASUALTY	EMPLOYMENT	LENGTH OF SERVICE IN REGIMENT
SHELL SPLINTER.	TROOP LEADER.	FIVE MONTHS

ADDRESS AND RELATIONSHIP OF N. of K.	SPECIAL REMARKS
MR. JOHN MALLISON (FATHER) 890 BURNLEY RD. CORNHOLME, TODMORDEN LANCS.	

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given— 1/2. 1900 - 20-12-43.	Dose and date given— Ic toxoid
Date of Wound or onset of illness } 20 12 43	Religion— Prot
	33.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex	Ehyst	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

20-12-43.
Patient first seen at 1900 hrs 20-12-43. Chest wound 1½" diam. Left chest anteriorly, Marked haemorrhage from wound. Left lung collapsed. Patient in state of collapse.
2. Pint saline administered condition slightly improved.
Evacuated to Hosp. Kel Hart, Capt.

* Strike out where inapplicable.

& Serial 10303 DIED

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. Rank Lieut.
Name MALLISON. J. W.
Unit R. C. A. 2nd Fd. Regt.
* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. ~~Accidentally Wounded.~~ "~~Sick.~~"
(Strike out description which does not apply.)

Diagnosis of Unit M.O.— G.S.W. Blast. Left Chest & Pneumothorax
Date seen by him— 20-12-43 Kel Hart, Capt
No. of Field Ambulance— 4th Fd Amb Hospt
Date of admission— 21/12/43
Field Ambulance diagnosis— G. S. W. Lt chest EA
J. H. Bellmyn

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

(4403) Wt.45953 560m (12) 2/42 Gp.697 C&SLtd.

Date of admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

20.12.43 —— 2100 hrs — 9 C.P. C.F.A

dressing unchanged —

Evac. to No 4. C.F.A:

had two pints of plasma at — R.A.P.

but became embarrassed.

M.O.S. — 4 C.F.A. — Admitted — D.W. Williams Capt

21/12/43. 1 Cdn. F.T.U.

Admitted 0015 hrs. in very shocked condition with thru-thru wound Lt. upper chest. Cut-down done, and blood started but pt. died at 0045 hrs

W.A. Scott Capt

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Lieut.

SERVICE UNIT H.Q.1st Div. Artillery(CA)

NAME MALLISON, John William

DATE OF BIRTH

DAY 6th MONTH January YEAR 1909

MARITAL STATUS Single

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

NAME John Mallison

ADDRESS 890 Burnley Road, Todmorden, Yorkshire, Eng.

ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4354 H.Q.558-13-306

CASUALTY DETAILS Died of Wounds

DATE 21-12-43

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 24-1-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

505.

NAME MALLISON JOHN WILLIAM H.Q. File 558-13-306

RANK 2ND ~~LT. (T. LT.)~~ LT.

ACTIVE UNIT No. 4 D.D.

RESERVE UNIT McGILL UNIV. CONT. C.O.T.C.

Appt. R.O. No. 1615 Date 26-1-41. Effective date of appt. 15-2-41.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

DET. FOR DUTY AT No. 43 BASIC TRG. CENTRE FROM 15-2-41 TO 28-2-41.
DET. FOR DUTY AT No. A1 ARTY. TRG. CENTRE. 1-3-41. SEC. PR. 56, 26-1-42 (LIGHTS)
TO BE LT., STAFF, No. 01 O.T.C. FROM No. 4 D.D. 1-1-42. R.O. #1985, 23-5-42
EMBARKED CANADA - SAILING LIST No. 1869. AUG 21 1942
TO BE LT. No. A.1 - ARTY. T.C. - STAFF. (REINF.) R.C.A., 20-5-42, R.O. #2202 27-7-42.

5M—10-41 (2020)
H Q 1772-45-8

DIED OF WOUNDS 21 DEC. 1943

CABLE #4354 d. 24 JAN. 44