M16479 WALLIS JOHN

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DUPLICATE			25/2/41.	M.F.N. 2 A.F.B. 271 165M-11-36 (935 H.Q. 1772-45-18
(To be completed in trip	plicate. Copy designation	on to be shown by striking out terms n	ot applicable.)	1///
Unit	monton 1	regenery B	egimental Number	67/
	CAN	ADIAN FIELD ATTESTATION PAPE	'/)	
1. Surname	***************************************	ATATA		
2. Christian Nam	ies	OHN		• • • • • • • • • • • • • • • • • • • •
3. Present addres	s	68.7 99.th Birect.	Edmonton, Alberta, C	lanada:
4. Date of birth		arch.lat.1914	•••••••••••••••••••••••••••••••••••••••	
5. Place of birth	(Country)	(County or Province)	Montreal (Town or Township)	
6. Religion (state		······Ohuroh··of··imglar		
7. Trade or Callin	ng	Qheufdur		
8. Married, Wido	wer or Single		•••••••••••••••••••••••••••••••••••••••	
9. Name of next	of kin	Dorothy Wallis		
10. Relationship		#1.To	•••••••••••••••••••••••••••••••••••••••	
11. Address of nex	t of kin	9687 - 99.th Atre	et. Manonton, Alber	ta
12. Have you serve		Iilitary or Air Force?	· · · · · · · · · · · · · · · · · · ·	
13. If previous was	ed in any Naval, M r service, state arm,	, force and regimental particul	ars	
13. If previous was	ed in any Naval, M r service, state arm,	, force and regimental particul	of Canada?	
13. If previous was	ed in any Naval, M r service, state arm, elong to or have you	, force and regimental particul	of Canada?	
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(Christian Names) QUALIFICATIONS EDUCATIONAL QUALIFICATIONS High School) or Matriculation Business or Professional. Collegiate Trade or Civil. "(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. Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force Authority Rank Shown Effective Date Unit Place From whom received Dated Joined on appointment Field 19 EBG-41 8-1-40. 7-1-40 8-1-40 awarde d. 4 days C.B. 25-1-40. 24-1-40 1111# 24 75-1-40

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

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CERTIFICATE OF MEDICAL EXAMINATION

Name i	a full. John Wal	Lis		Dat	e November 1	5.1.39.
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a Dhama	2. Have you					
200		110		al trouble		no
	culosis	no		disease		no
The state of the s	itis or asthma		I. Eye	disease		no
THE RESERVE AND ADDRESS OF THE PARTY OF THE	disease		za. Epil	ерзу		no
H A Y	or bladder disease			vous or mental disea	se	no
	-intestinal			bilis		no
	r6			orrhoea		
	se veins	no	q. Hav	e you ever worn gla	sses?	no "
i. Flat or	deformed feet	110		e you ever worn gla	1)00	, .
	nsation or Pensi	on no		(Signa	ature of Recruit)	
Examiner	's remarks re above	•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••		•••••
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	2. Information obtain			1. The recruit m	ust be stripped.	
1. Identi	ification marks or scars.	21 operative obtain	n history.)			
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	. '- 5	6 3/1	,			•••••
	t		3. Weig	ght/	pounds.	Good
4. Comp	lexionfair			elopment		Fair
		Hair Dk. Brow				Poor
6. Chest	measurement-Girth on f	ull expansion	40	inches		
	Range of e	expansion	<u> </u>	inches		
7. Vision	right 20 30 left.	20/30	8. Hear	ing, right	20 left W V	20
9. Condi	tion of mouth and teeth	5 Reell	o our	uchrack	eni	
10. The al	bnormalities (congenital ar	nd pathological) for	und on exa	mination are as follo	ws. none	
1. C.	0.93 horn	al urun	eer	s replace	?	•••••
*******	***************************************				4	
				• • • • • • • • • • • • • • • • • • • •		
Part	3. We, the examiners fine	d no evidence of t	he diseases	mentioned in Ques	stion 2, Part 1, ex	cept as
reported in	the remarks. We have e	examined the Recr	uit in accor	dance with the pam	phlet "Physical sta	ndards
and Instru	ections for the medical exa	mination of recrui	ts" and he	is found fit for Cat	egoryA	•••••
Special ren	narks when category lower	than A				•••••
	X. J	7	1			•••••
	Receils.	7	Con los		Efficiell	•••••
	VACCINATIONS, INNO	CULATIONS, BOARDS,	RECLASSIFIC	ATION OF MEDICAL CAT	regory	er,
Date	Brief details and	signature	Date	Brief de	etails and signature	
8/12/3	Moserma	nee	30/10/39	TABI Alis	und s	
			-/-/-	13. W		
	Plananguore	Sex so	20/9/42	Vaccination		
	Andio graph	hip	14/1/39			
			11/11/29	MET TO	c Attance	
			14/11/39	3 May SCITZ	Muliun	
~./			13/8/42	1/2 CC . T. A. B.T.		

M. 16479
Regtl. No. 16479

Rank Pte

Surname Ma//3

ristian Name.....

				DAT	ES OF					Demontrs on nature of the diseases how induceds if mild or payorer if completely recovered from:	
STATION	Date of Arrival at the Station.	in	Admission Hosp	on ital		Discharge m Hospi		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			or inquiry was note. Date of issue and particulars of artificial record of Sagner approach	
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Statement of the Service of No......

Rank

Sheet No.....

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

me boallis Jehren 1916479

REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.	7	Tion time To at	TT	Dlana	Authority	
Date From whom	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	Part II D.O. No. Cas. List, etc.	Dated
4/5/40	Dochages from Janko 13. holde	!1	23/4/40	502	G/3	114	4/1/4
11/6/40	Shays OB Saffinal tays for the Att		29/5/40	2	6-90	43	2
	Mountled to 5/ton. 14. toub.	4	16-7-40		riela	#12	
	NOS on hafer to 3/Colu hif. Hold . Unil	A	22-7-40	4	4	do.	do.
	1 1 c 5. from Edmaton Regt	•	~3-7-40	3CIHU	Bordon	41	11-8-7
	14 days seth 1/orfets + days tray for Close arrest from	•	-0-7-40	~		·····	13-8-4
	Leabl to stappage Pay 7.87 I-CASF 222(1) b/it		23-7-40	301HU	Bordon	20.061	2-9-40
	Clease to 5 toppage Pay.		31-7-46			20.061-2	2-9-40
	68.08. Fran . Edmth Regt	12-	15/8/40			17	22-9-40
	J.O.S from 3rd Colu. I. H. V.	<i>u</i>	16.8.40	Edunanton Reg	Field	20.14	16.8.40
	14 days detention, forfeies 14 days pay FR. I. 149 (1) & Ldays pay (elise arrest) FR. I 149 (1) &) 11) or forfeits	4	22.7.40		······	/-/	31.7.40
	4 days pay FAR of 149 (1) 9						
	Clared under hospital etoppages FR.I.	4	22.7.40	<u></u>		13(17)	9.8.40
	addmitted 6 5th Fd. amb.	4	11.10.40	4	~	27	25-10-90
	Discharged from 5th Fd. amb.	4	12.10.40	4	9	4 27	25-10-40
	granted leave	4	26.10.40	•	حع	c 28	31-10-40
	granted lance	4		4	٠	4 33	22 nov 4
	admilled to 15th gen, Hory.	OE	5 Dec 40	Rolin Regs	Field	7.0 39 Cas Liv	20 Pac Hò
	Sos lo 3 edn I H. U. on admillance lo hosp	Pli	5 Dre 40	Edm Rigt	4 iild	D. 0.3.q	20 Mec- 40

Sheet No.....

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		-		3C/HU	Booken	Part II D.O. No. Cas. List, etc.	3-72B-41
		Discharged from 15 gen Hosp.	PL	2490m41	2din Rey	Field	candid	372641
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		aduted 5' geneal.		13 Lac 41	30144		63.	17 mary 1.
		believed 5 grant	PIT	15 man 41	30144		03	mary.
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Sheet No.....

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

Service of No.M. 16479 Rank 91e. Name Wallis John

	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	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	-				Part II D.O. No. Cas. List, etc.	Dated
8.0.5,	1	To 1st. C. Piv. Inf. Rnf. U	Ho.	1 blec41	3PS121.	U.K.	282	1 Dec 41
	T.0,8.	From 3rd.C.1.H,U,	Dte.	2 Dec. 41	CDIRU	4.21	7	7 Dec 141
	amendment	admitted 15 Gen. Hosp.	Ho.	11 Dec41	3AMA	U.K.	Cas list.	15 Dec 41
		Discharged from 15 Bun hosp.	He.	27 Dec. 41	loiku.	UK	26	29 Dec. 4/
SOS		303 to Elm. Egt	16	9 Jan 42	IRRU	UK	6	glan 42
	T.O.S.	tos & I DI RUI	Ple	10 Jun 1+2.	Edmin 2		5	16 Jan 41
		P/ Leave (3+4 w.w.) to 8/21.43	26	2 Sel. 42.	Elm. Reg.	11:71	16	20 del. 42
		att d Jap Bom I.C.D. I. Rell await active là Ret B	res Ro	31 most 2	Edm' Ro	- Cuix	30	10 apr 42
		THE SICHIAA, SICHIAA, Godup Det Clos assent 14th					.30	10 apr 42
S.O.S.		Sas loi 1.C. D. 1. R. U., on by jawarded godep le		// //				10 april-2
		20 S from Edm. Regit (90 days detin). Casso lo be all'd Com 1. C. D. I. R. U. m. adm lo Com 2	Re!	31. 11.4.42.	1/01 RU	UK.	83	12 /01/2
		Ceases 18 be all'd Sem 1. P. J. RU, madm 16 Edn Re	+ Brko. D. 6	20 ab 113	Edm Keyt	July.	3.5	5 may 42
	1-2	Teleased from Setin -30 dys remis with	By Ste	28 may 1.	1/OIRN	Make.	125	29 May 42,
Sool		Sos To Edm Pregt	PT	5 Jun 42	I.DIRU	UK	132	5 Km 42
2 July H	12 T.O.S.	Tos from I.D.I. RU	Pla	5 June 1-2	Edm Wat	414	4.5	10 June 42
	•	Priv leave.	Ste	29 July 1/2	Edmikest	J.K.	62	7 dug 42
		and for J. J. Jack Day Sec. 11 A.A.	Pia	1960/42	Edn Rak	u.u.	82	286042
		Admil 9 gld Amb et to 4 ccs	P (45	16200012	Egr 6	UV	87	25 hwu.
		Admil lu le ces	PL	17 Oakus	ed n	JVC	92 21 Decuz	26.Dec.42

Statement of the Service of No. E11697.

Rank 126

Name WALLIS John

	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	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	TOTAL DIOWN	- Incoure Date			Part II D.O. No. Cas. List, etc.	Dated
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Regimental No. M. 16479. Rank

Sheet No.....

MFM 1 & 2a 40/P & S/119 (3913)

Name WALLS J.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc-	Rank Shown	Effective Date	Unit	Place	A	uthority
	Decord of Fromoutins, Reductions, Transfers, Castarties, Reports, 8to—	Track Shown	Buccuve Date	Omo	Tiace	DO Number	Dated
	O.S. CA (UK) on embarkation 15 Fune 43				+		
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	16 Julians						
	isambarked 16 fully 43						
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1	805 Sos to x-3 list on aclm to hosp (Sick) Tos Tos 105 x3 list from 1 & R on adunto Hast (sick)	Pte	Quen (2	Kert S.F. R	- NA	41.0	u Dec 43
	Killed Cm2		22 Dec 45	λ	1.4/.2	C L A 373	30 Dec 43
				/			
	Todraw \$1.50	Pla	22Sepus	Folin R	MA	40	6 1200 43
	Todraw \$1.50 AA 19. Paperts 14 days and \$5 Pue AA 40.	PI	2900143	Colum R	NA	40	6 nove3
C109)					OME ()	- 1 A	
700	SOSX4 List (4Boh) to L Edu R			XIL Eduk			19 Dec 43
	105 from X4 list (4Bn)	No	3n4n1/3	17 Ras	Cm2	41.	4 Dec 43
			J.C.J. J. L.	-			
SOS	Sos Kiled in Action	Pla	22 Dec 43	Lauk	CMF		7 Janyle
	•••••••••••••••••••••••••••••••••••••••						
	•••••••••••••••••••••••••••••••••••••••	•••••					
		•••••••					

							•••••••••
				•			

Chart	NT-	
Sheet	No	

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. // /6	4.79. Rank	(424 s	urname Mas	lles		John	••••••••••
Unit	HOSPT.	ADMITTED Day Mo. Year	Discharged Day Mo. Year	Hospt. Days	DISEASE OF INJURY	REMARKS	CAS. LIST No.
Esm, Regt.					Killed	6/10.22-12-43	9-373
				••••••			•••••••••••••••••••••••••••••••••••••••
				•••••••			•••••••••••••••••••••••••••••••••••••••
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							•••••••••••••••••••••••••••••••••••••••
Records B3-49	•••••••••••••••••••••••••••••••••••••••						

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999) No.M16479 Name WALLIS, J.

Sqn., Battery, 11 A 11 or Company

CorpsEdmonton Reg't, Date of 1.21.39

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

Date of last entry in Company Conduct Sheet No. and date of last drunk) Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.)

Badges

Place	Date of	Rank	Cases of drunken-	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispen- sing with trial	By whom awarded	Remarks
	offence		ness		Col Harring	gton A Dara C D		E.B.Wilson	Major.
Morval	23140	Pte.		Conduct to the prej.	Cpl Conlon			Major Brow	
Morval	18.3.	and the second s	e. V	AWL. 2359 17.3.40 to 0735 18.3.40	TI/ O TIGITIALI	l days Pay	26.3.40	E.B.Wilson	Mai or.
Farnborou		Pte.		Theft from R.R. coy Fine paid by	Police	30 shillins fine	20.0.20	II. D. WILLOUIS	
	3.40		1/	officer and deducted from pay forf during imprisonment 32days		1 1110			
			1/		CSM. Greene	1 days pay	29.5.40	Major Brow	se.
Morval	29.5	Pte.	V	AWL.	ODINI. GI COITO	5 days C.B.			
O+	22.7.	D+o	7	Drunkenness 1st offence	Sgt. Baker		22.7.40	Major Brow	se.
Oxted	40	100	1	DI MINOTILLO DE LE CLIE		C			Lt.Col.
Oxted	22.7.	Pte	1 V	AWL. 2230 hrs 16.7.40 20.7.40	Sgt. Baker	14 days deter	22.7.40	MMXXXXXXXX	EEX Stillm
	22.2.		1	WOAS AWL. from 2359 hrs 22.2.41		5 days C.B.	25.2.41	J.H. Beatty	Capt.
MILOIO	41.	1000	V	to 2359 hrs 23.2.41 24 hrs.			77777	J.H. Beatt	₹ Cant.
Witley	9.3.	Pt.	1 1	WOID IIII ZZ CIII	Cpl Haddon	5 days C.B.	11.3.41	J. II. Deace	a capo.
11 - 0.	41		V	to 2000hrs 10.3.41 20 hrs		1			(P.T.O.)

Place	Date of offence		Cases of drunken- ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
	3.3.4	1 Pte		MOAG No regringtor or helmet.	Documentary	Admonished		W.W.Hender Lt.Col. Re	dmanan
	10.7,4	0 "	1 /	WOAS A.W.L. 6 hrs 50 mins until apprehended by civil police at Portsmouth AA. 15(1)	Documentary	10 days C.B. cost of Appri	12.7.41	Lt.Col Red	man
Field	3.4	2 "	1	WOAS Sec 41 AA. committing a ciroffence, that is to say common	7	90 days Deter	30.3.42	F.G.C.M.	
Field	1.10.	Pte	104	Sec 11 AA- improperly dressed in that he at 1450 hrs at Eastbourn	Documen tary	3 days D.P.	19.10.42	Lt-col G.	Kitching
				was wearing a collar and tie, contrary to Standing Orders					
				THE RESERVE THE BEST THE STATE OF THE STATE					

M.F.M. 6 Sqn., Battery, Service or (A.F.B. 122) 175M—7-41 (1219-20), Proficiency Pay H.Q. 1772-39-1652 Signature O.C. · Date of last entry in No. and date Period not reckoning towards Sheet No. Character Company Conduct Sheet freedom from extra fine of last drunk Company, etc. Date of award or Cases of Date of of order dispen-sing with trial Rank Names of Witnesses By whom awarded OFFENCE Punishment awarded Remarks drunken-Place offence until 2359 ha 17-1-43 (1 day) THEREBY ENDANCERING PIELINGETT J. PAYS PAY DRUNKENNESS, IN THAT HE COL MULLEN P.J. S. OO FINE 29 OCT 43 LT-COL J.C. VEFFERSON AT APROX 2000 HRS 24 OCT 43 WAS PIE. LIDGETT U.

(P T.O.)

No.M. 16479 Rank Private Name WALLIS, John
Unit Loyal Edmonton Regt. Date of death 22nd Dec., 1943.
Died at Italy
Cause Killed in action
Death occurred on strength of Forces HQ 405-W-12233 d 13-1-44
N/K Mrs. Dorothy Wallis Relationship Widow
Address Sto. 422, Alberta Blk., Edmonton, Alberta.
Remains buried in Cemetery
MR 329158 Sh. 147/1 200 yds S. of X-rds W. of Ortona nr Rd.
Grave location Grave 18. Ortona, Italy.
OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO MAR 17 1945 RETURN TO BUR. OF STATA 191945 ROYAL MESSAGE DESP'D. FEB 2 1944

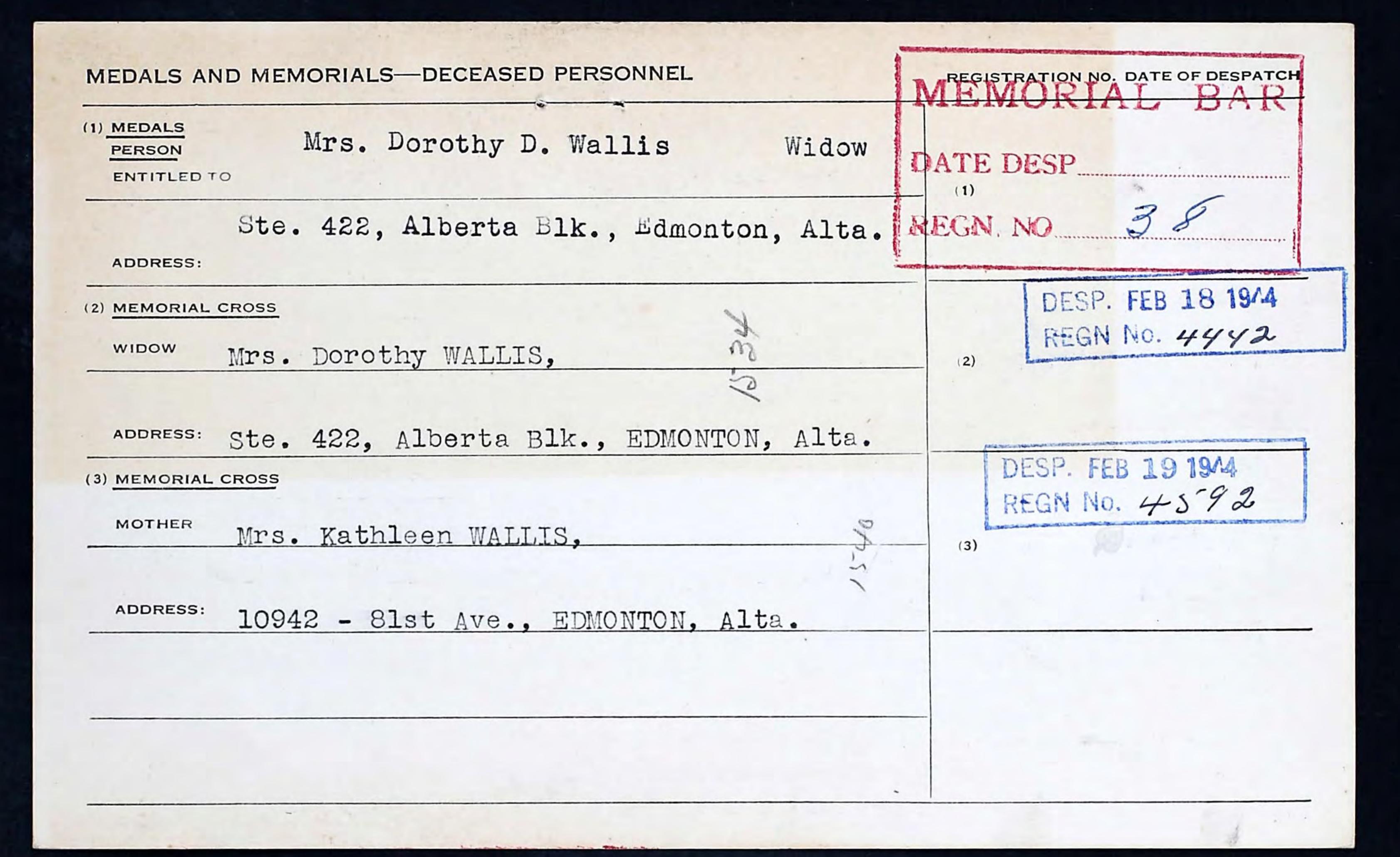
CAN. MESSAGI DESP'D. 21-1-44

Grave 7, row C, plot 8. & CR Form Despd. FEB 3 194 Morro River Cemetery, Ortona, Italy. REBURIAL

Jan 16 1947 Despatched

....

Photographs PHOTO RED



22.	-12 .C.	-4 L.	3 -4	19
		-		

AWARDS-CANADIAN ARMY (ACTIVE)

(1540)(1534)

100M-10-41 (2195) H.Q. 1772-45-8

				FILE NO. 405-W-12233	
WALLIS, John		M-16479	Pte.	Edmonton Regt.	
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES		REG. NO	RANK ON DISCHARGE	C.A S.F UNIT	

WARSERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

1939-45 Star
Italy Star
Defence Medal
War Medal 1939-45
CVSM & Clasp

REGISTRATION NUMBER AND DATE DESPATCHED

27.1049

THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION SERVICE UNIT The Loyal RANK NUMBER M16479 Edmonton Rest. NAME WALLIS, John DATE OF BIRTH YEAR 1914 March lst MONTH DAY Married MARITAL STATUS NEXT OF KIN AS SHOWN ON Wire Dorothy Wallis, M.F.M. 1, 2 & 5 RELATIONSHIP Sto.422, Alberta Blk., ADDRESS D.A.B. idmonton, Alberta ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER (MARRIED OVERSEAS) Canrecords 4150 H.Q.405-W-12,233 AUTHORITY CAS. SIG. NO. Killed in Action DATE 22-12-43 CASUALTY DETAILS M.F.M.5, ATTACHED TO LAST WILL ATTACHED TO YES/NO YES/NO NOTIFICATION TO A. OF E.? NOTIFICATION TO A. OF E.? OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

DEPARTMENT OF NATIONAL DEFENCE NAVY ======= ARMY ======= AIR FORCE



WAR SERVICE GRATUITY DECTISED MEM REGISTER NO. (CHRISTIAN NAMES) (SURNAME) FILE NO. SERVICE NO. Regina, Sask. FINAL RANK OR RATING 22-12-43 22-12-43 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 330.25 INELIGIBLE DAYS, EQUAL TO 1321 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION 667.75 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 1.50 PECE ISUBSISTENCE DR LODGING ADD TIONAL PAY MAR 30 1945 WARDEPENDENTS EALLOWINGE 1/30 OF \$ 51.12 GRATUITY DIVISION, ARMYTREASURY 227.24 894.99 D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES DEPENDENTS' ALLOWANCE

OTHER DEDUCTIONS AND ASSIGNED PAY \$

F. TOTAL AMOUNT PAYABLE

894.99

G. YOUR PORTION OF GRATUITY IS-

.00%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$____OF

= \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY CHECKED BY

CHECKED BY DATE

31.3.XI-

SERVICE REPRESENTATIVE

FIELD SERVICE

405 N-12233 Army Form B. 2090A.

RFPORT 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 LOYAL EDMONTON REGT OR CORPS DATE Battery of	n, Troop, Company
Officer's Personal No. (if known) M-16479 Soldier's Army No.	Rank Pts.
Surname WALLIS Christian Names	J.
Date 22 Dec. 43 Place	Italy
Died { Cause of Death* Killed in	action BC
Nature and Date of Report. Cas. List	1.08
By whom made HQ 1 Cdn	. Di7.
*Specially state if killed in action, or died from wounds received in action, or ORTONA MR 329158 expressive whitepy military duty are from in	from illness due to field operations or to fatigue, privation jury while on military duty or tong nr Rd.
Burial By whom reported	Date
	not known
State whether he leaves $\int (a)$ in Army Book 64	not known no

WRITE PLAINLY WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. All information asked for must be given. (See reverse side for instructions.)

This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use \$300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

PROVINCE OF ALBERTA

Record No. Of

REGISTRATION OF DEATHJAN 191943

1.	Name of Deceased in full							
	(Christian name first)		John W	ALLIE				
2.	Date of Death		220	day of Doo	amber	1943		
3. Place of Death		Municipalit (Name and Nu	Municipality (Name and Number) [Name and Number) [Name and Number]					
,	Name of Hospital	Town or Vil	lage					
4.	Length of Stay (in years, months and days)	(b) In Prov	ince					
5.	Regular Residence	Residence mea	ns usual place of abo	de. If outside the limits	of a city, town or	village, give sec., tp. and rge.)		
	Sex Male or Female)	Nationality (Citizenship)	8.	Racial Origin	9. Si	ngle, Married, Widowed or Divorced (Write the word)		
10.	Place of Birth	ty or Town, Province	ce or Country)	11. Date of Bir	th.March	(Month, day and year)		
12.	Age in	Years	Months	Days		nan one day old hrs. or min		
Occupation	13. Trade, profess spinner, teamster 14. Kind of indus cotton mill, lumb 15. Date deceased at this occupat	try or busine ering, bank, etc last worked	ss, as	1 16. Total	years spent i	n		
Parents	17. Birthplace of I	ather		(Province or Country				
9.	Cause of Death	C1113d 1	n.aot100					
20.	Name of Physician (if any) attend	ling Fatal Illr	ess				
	Name and Address of Undertaker or Person in charge of Funeral			Place of Interment	etery)			
	I certify the foregoi			the best of my l	knowledge ar	nd belief.		
Giv	en under my hand at Signature of Inform	ant (nearest avail	ble relative)	*** SEAT SEASON - FAN FAIR - FAN FAIR	Prisa · · · · · · · · · · · · · · · · · · ·	(Post Office Address)		
nn -						19		
						(Registrar)		

CASUALTY SECTION EXTRACT FORM

	Message Received from CECH/CAS	3/1645
A373	Time Message Received 0050	
	Date Message Received	43
REGIMENTAL No. R.	ANK NAME	FULL CHRISTIAN NAMES
M-16479 PT	Land Land	JOHN.
UNITLOYAL EDMON	TON REGT.	38/1
	HED IN ACTION 22 PRE- WOUN (This information must be clearly stated	
Hospital Admitted to	•••••••••••	Date
		Date
Hospital Transferred to		Date
Hospital Discharged from		Date
	FOR VERIFICATION CLERK	
IMPORTANT	NEXT-OF-KIN	IMPORTANT
If next-of-k	in is in CANADA—Give full Address and Rein is in U.S.A.—Give full Address and Relatin is in BRITISH ISLES—Give full Address	onship.
NEXT-OF-KIN DO1	POTHY WALLIS RELATION	ISHIP MITE,
	Address 9687 - 99 TH 57,	EDMONTON ALTH
Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand	Home Town EDMONTON	
square.	Cable No. 4150	
	(1)152) N	NU

Verification Clerk's Signature.

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

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME. WALLIS, John	PLACE & Montreal, P.Q. DATE OF BIRTH!
RANK. Private	REGIMENTAL NO. M-16479
UNITLOYAL.FDMONTON.REG!T	NEXT OF KIN
	ADDRESS. Mrs Dorothy WALLIS
	9687 99th St., Edmonton Alta.
PARTICULARS OF	F HOSPITALIZATION.
DATE OF ADMISSION	OF HOSPITAL
DIAGNOSIS	
PARTICULAR	S OF DEATH.
DATE OF DEATH 22 DEC 43	PLACE OF DEATH ITALY
HRS	
CAUSE OF DEATH KILLED IN ACT	ION
PARTICULAR	S OF BURIAL.
DATE OF BURIAL 26 Dec. 43	ORTONA MR 329158 Sh 147/1 CEMETERY 200 yds S of X rds. West of ORTONA near road
DEATH CERTIFICATE NO	DATE OF REGN OF DEATH CERTIFICATE
LOCATION OF CEMETERY	
	PLOT NOROWGRAVE18
RELIGIONC of E.	
	DATE 4. Dec. 44
Extracted from Burial Records, RECORDS OFFICE OVERSEAS. ACTON, LONDON W.3.	(B.E. WILLAN) Capt. FOR (PARKELHUCKS-LYNE) Lt.Colonel,
	For (RECHICKS-LYNE) Lt.Colonel, Officer i/c Records, Canadian Military Headquarters.
k pee	Canadian Military Headquarters.

BF. 60 90 A

20

Register No. D-4095 L

Nominal Rull Nu. D-83V H.Q. File No. 405-W-122336

TOI P.M.G.

CANADIAN ARMY WAR SERVICE GRANT Rank When Christian Name in Full S.O.S. Regt. No. Surname M-16479V. PHED WALLISV, JOHNE Reason for: Termination of Service: DECEASEDU 1st Enlistment 2nd Enlistment 3rd Enlistment 3rd Enlistment 2nd Enlistment 1st Enlistment S O.S. 22 D E C 4/3 MD. 0/5 S.O.S. MD MD S.O.S. Total Days / 4 9 3 V Total Days Total Days. U/493 DAYS TOTAL SERVICE Less Nonqualifying Net Total Service Service Service v 29 294 WESTERN HEMISPHERE 1294 13350 1/464 OVERSEAS SERVICE 1294 1364 W1493 Totals 1290 ... Add Non-qualify.ing Service 14930 TOTAL SERVICE EMBARKATION DETAILS: Date S.O.S. Overseas Date S.O.S. Overseas.....

REMARKS:

Computer's Signature.

Checker's Signature

Date Computed

3 AN 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.

DETAILS OF NON-CUALTITATING

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Latta).
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T.O.S. 20 DEC 39 T.O.S. T.O.S.

OVERSEAS

S.O.S. 22 DEC 43 S.O.S. S.O.S. S.O.S.

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	auf.	29 NI4440	50/10/	11 JUN40		
	auf.	16 JUL40	20 JULYO		4	
_	C/4	20 30 40	22 JUL40		2	
	DETENTION			22 Julyo	14	20
	aus.	11 MAR 41	Do/59 d/	12 MAR 41		
	auh.	25 FEB41	00/460/	25 FEB 41		
	and.	12 JUL41	D0/163d/	14 50241		
	aul.	17 JAN 43	18 JAN43		/	······································
	Field 1	Quisline	Si.	18 JAN 43	2	3
4	auch	20/90	4/21 JA	441	,	4
,	FG.C.M.	AA- 41	DETENTI	ON 30MARHZ	90	
	C/A	14 MAR42	30 MARIIZ		16	
,	Remisso	in of se	terre	28MAY42	(30)	76
,	A A · 11		7-	19.0.ct:42		3
1	A. A. 19			29 Oct 43		14
					TOTAL	1,26

Mrs. Dorothy Wallis, Ste. 422, Alberta Blk. Edmonton, Alta.

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-W-12-233 FD 484

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

March 24

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

M.16479, Pte. WALLIS, John,

Canadian Army.

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

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

(P.S. Deis) Capt., (L.M. Firth) Lt.-Col.,

Administrator of Estates.

PSD:MS

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		INFORMANT'S STATEMENT					
of Rela- tion- ship	required to be	e accounted for	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		
N 100 110		eceased	DOROTHY D. WALLIS	29			
			RICHARD BRIAN WALLIS	10	STE 422 ALBERTABLE EIMONTON		
2	Children of the I dates of their	Deceased and Births					
3	Father of the D	eceased	ELLISON WALLIS.		10942-81 HUE.		
4	Mother of the D	Deceased	KATHLEEN MALLIS		10942-81A1-2 15 DMONTON		
5	Brothers of the Deceased	Full Blood	ELLISON. INALLIS		Biritian in Beach. B. B.		
		Half Blood					
6	Sisters of the Deceased	Full Blood	Mary aret margaret Taylor		10942.81av		
		Half Blood					
7	Names of brothers of the full or the Deceased, who death of each.	rs or sisters (whether the half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children		

deceased ever

IN FULL Relative, opposite his and date of death eased relative

22 RTA BLOCK NTON ALTH

ERTABLK. MONTON

2-8/HUE. ONTONI ONTONI

nin each

6.

2.81ave

hildren

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	
9	Date of his birth.	1 St MARCA. 1914.
0	Place and date of his marriage.	JUNE 23m. 1933.
11	Place and date of his parents' marriage.	21 0 et 0 ber. 1909.
	PARTICULARS OF	DOMICILE Elewithers ing the
2	Place where deceased was born.	MONTREAL.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ALBERTA. 24 years (b) (c) (d)
4	Nature of employment before enlistment.	SALESMAN (Farm) Mache
5	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.	EDMONTON ALBER
1	PARTICULARS OF	
7	Did he leave a Will? If in your custody, please forward.	NO
8	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?	
9	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NO
0	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE
1	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
2	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTI	CULARS
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.	NO.
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of	e amounts authorized in the Regulations, where death occurrial is made in Canada or elsewhere in the North American will reimburse such relative to the extent of the american excess of those authorized in the Regulations is not payable.

*Insert degree	
of relationship for example, I hereby declare that all the particulars shown on this form are correct, and a true and complete "Widow".	
"Widow", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc.	1
* of the deceased.	
Ma (Signature	*
N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Informant	
Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Ste 422 Autorta Blk. Edmentagedress	
Stel FLL Meteria o Le 10 uningradies	
CEDTIFICATE	
CERTIFICATE 7 August 1	
I hereby certify that to the best of my knowlege and belief. The Drivity Walkis	
*See above. See above.	
above described, and I believe the above Declaration and the Statement of Relatives and of Particulars	- 100
made by the Informant and signed in my presence to be complete and correct.	
Dated at Whento, alluto, this 26 day of ful	
Signature of Clergyman,]	
Priect Magistrate	ban
Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Qualification Qualification Qualification	
Address 202 Brukg Trents, Swint, altrut	
All elements and believe the property and the second of th	
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. PARTICULARES OF ESTATE

(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.)

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DESCRIPTION OF THE PROPERTY OF

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TABLE TO THE RESIDENT AND THE PARTY OF THE P

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All the have a Bank, Pan Office or notice deposit account? If so, paye taken and address of ionit, etc., and the amount in algorit.

Do you wish is additionatered why the pay assured?

TWITTERCOMMINE AND ADMINISTRATION

THE RESIDENCE OF THE PROPERTY AND ADDRESS.

There is the second with

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

CHITTER PARTICULARS

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

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Name:	WALLEY.	#oby		No:	数。15479
	Surname	Christian Names			
	新 专业	C.S. 0/8			数数~2.20~25g
Rank		Unit		Da	te of Death
			AMOUNT		
				L. P. C\$	1000
	D	ate:		Other Credits	
				Total	109.91

SHARE	RELATIONSHIP	NAME AND A	DDRESS	AMOUNT
		Mrs. Derothy D. Vallis Sto. W22 Alberta Mock MINONYON, Alte.,		309.92
		() as next of him enti		
		() for benefit of 1 mi		
		TO BE FORWARDED BY R	EG. MAIL DIRECT.	
		P4. TO TREAS.	12/2/45-04	
AUTHO	RITY		ISTRIBUTION APPROVED	AND AUTHORIZ

H.Q. F.E. No. H.Q. SUB. PRI VOTE OBJ. AMOUNT 9999 CLASSIFIED BY EXAMINED BY

Original Signed by K. L. McCUAIG

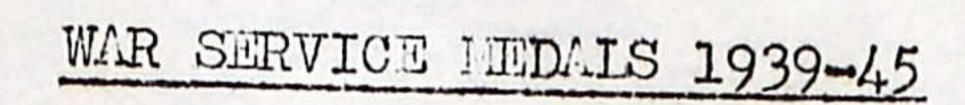
For Chief Treasury Officer

Original signed by L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

VERIFICATION FORM





	1164	The second secon	Name //	allis Jos	hr		
Rank on	Discharge	Pto		Date of Disch		22-12-	43
Authority	y for Disc	harge or	Retirement_		eased		
Served in	2:					alifying	
Canada	from_	21-11	-39 to	19-12-39			
	from		to				
United Kingdon	from	20-12	-32 to	15-6-43			
Tritigati	from		to				
Italy	from	16-6	- <u>7</u> 3 to	22-12-43		1/19.	
Northwe	st from		to				
	from_		to				
	from		to				
Eligib	le for awa	ard of:					
	1939 - 45	Star	015				
	Italy Star	•	01				
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	Defence Me	dal	4				
	War Medal_		01				
	Canadian 1	Joluntoer	Service Meda	301			
			WI OIL CITCL	J			V
				Verified by	Ed	a dan	re
NO	RiBBO	N DE	SPATCH	Date	CED	19 1946	
				Carded	SEP.	19 1540	

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

- 1. To be completed in triplicate of which one copy will be retained by the unit.
- 2. Parts marked * which are not applicable will be ruled out and initialled.
- 3. All blanks marked † will be filled in with "NIL" where appropriate.
- 4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EF-FECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
- 5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
- 6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - (a) preferential charges owing within the unit and the unit area, and
 - (b) ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
- 7. The following will be forwarded in the manner shown,
 In U.K.—to Officer i/c Estates, C.M.H.Q.

 Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
 - (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
 - (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
 - (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

REPORT

No. M16479 Rank Pte Name in full	Wallis	John	\$
*Deceased, *Missing, *Prisoner of War, *Interned.	Date of Casual	ty 22 Ded	4.3
Unit The Loyal Edmon			COLUMBIA
Medical installation in which death took place (if applicable)	N/A		RECEIVED
Reinforcement Unit to which posted at time of death (if applicable)	7.T / n		Canadian Book
Name of Officer furnishing report	N/A		2nd Eoh
		(BLOCK CAPI	TALS) 5/1/00/97

A. PERSONAL EFFECTS

- 1.* Separate inventories are attached, as applicable, showing: -
 - (a)* Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1".
 - (b)*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".
 - (c)*Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale,—Exhibit "A3".
 - (d)*Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article,—Exhibit "A4".
 - (e)*Personal Effects, forwarded to (*Officer 1/c Estates), (*Officer i/c 2nd Echelon),—Exhibit "A5".
- 2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".
- B. WILL

 - (b)*No Will or testamentary document was found on the person or among the effects of the deceased.
- C. CLOTHING AND EQUIPMENT (PUBLIC)
 - (a)*Was turned in to Q.M. Stores.
 - (b)*There were no deficiencies.
 - (c)*There were deficiencies amounting to £ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "Cl".

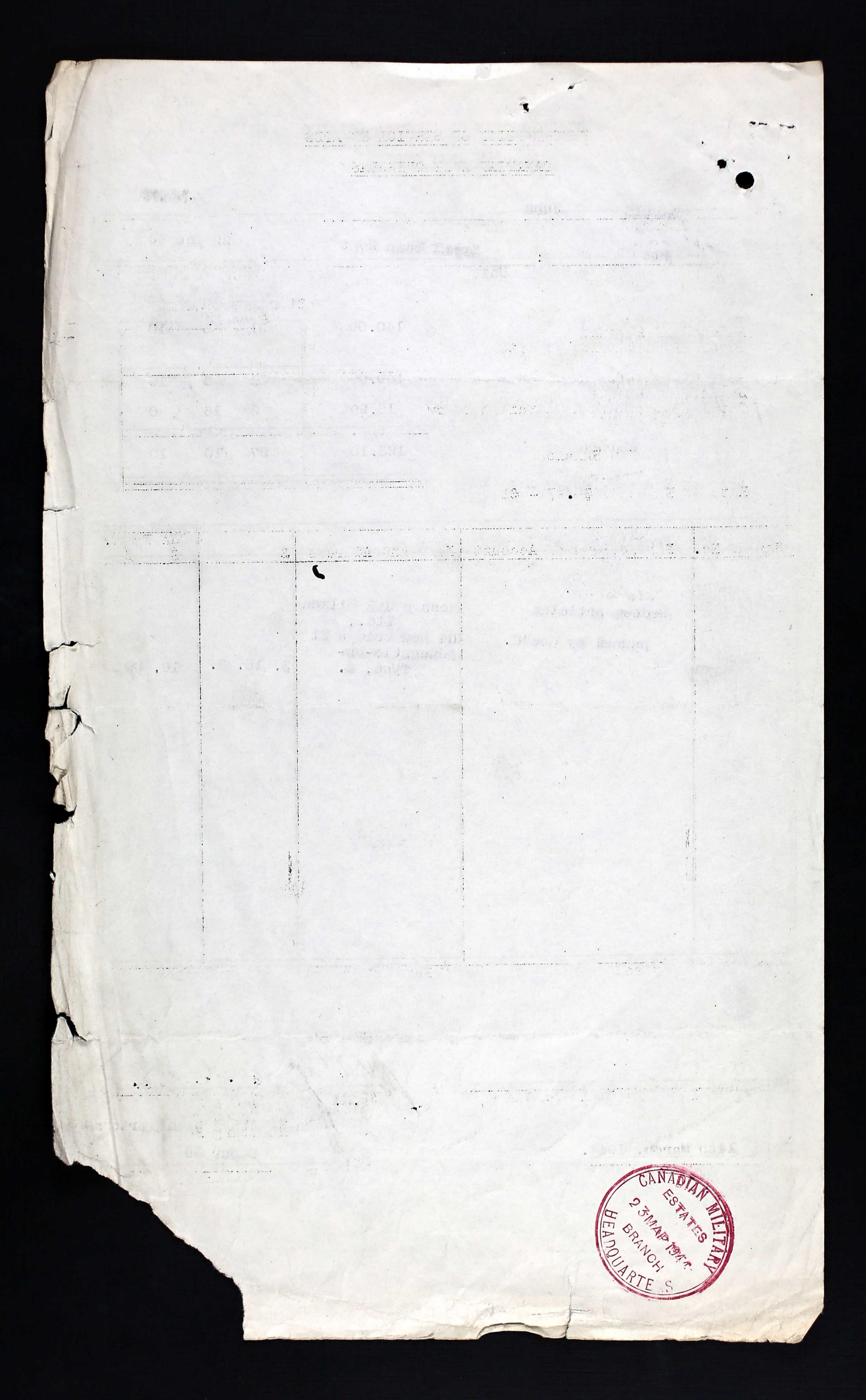
C.F.A. 151 40/P & S/1988 (3267)

D.		If space insufficient, attach, identify of RENTIAL CHARGES	and sign addit	ional sheets for It	ems D , E and F .	
		ne and Address of Creditor		Nature of Clair	m Amount	Paid or Unpaid
		nised accounts are attached as Exhibit nmended for payment by the Officer norandum as to any disputed accounts,				
E.		ARY DEBTS		That is a second of the factor		
	(a) Nam	e & Address of Creditor		Nature of Clair	m Amount	Paid or Unpaid
	Ť	nil				
	District Son S					
		1	1			
	*Ite	mised accounts are attached as Exhibit mmended for payment by the Officer	El', those a	shown as paid being so certified.	ng duly receipted	d, and those
		orandum as to any disputed accounts,				
F.	CREDI	rs				
	(a) Publ	ic Claims owing to the Casualty. Nature o	of Claim		4.	nount
		† nil				receires
	(i)*	Copy of each claim submitted and of a	y corresponde	nce connected th	erewith attached	as Exhibit
ani.	(ii)*	"F1". Statement of valuation of, and receipt forces (para. A.1. (a) above) attached as	ør, articles suit	able for service re	quirements turne	ed into Q.M.
			Exhibit "F2"			
	(B) Priv	ate Claims Owing to the Casualty. Name & Address of Debtor		Particulars of Cl	7 i 200	Paid or Unpaid
	†	nil		1 arriculars of Cu	aim Amount	Unpara
		1	1			
	*Me	morandum as to any unpaid claims, sho	wing whether	or not liability a	admitted and ste	ps taken to
G.		ect collection, attached as Exhibit 173". ECEIVED AND PAID				
			STATE OF THE PARTY	Paid	om Receive	7
		Cash found on person or in effects		#11 d/30	† £1/7	
		Cash realized from sale of effects as per para. A.	Dec 43	attached.	†nil	
	Cr.	Cash collected re private claims as	turned	into Fd		
		per para. F.	Cashier		† nil	
		Paid re preferential charges as per para. D.	†nil			
	Dr.	Paid re ordinary debts as per				
		Paid (*balance) to unit Paymaster	† nil			
			fnil	1	† £1/7/6	
H.		ICE AND PAY BOOK	nyriad and Da	Book MDM TT	Ote T and III)	(*fo1-1
	with this	Record of Service Book (*Soldiers' Ser	rvice and Pay	DUCK M.B.M. I, E	05. I and II) IS	(TOLWarded
	(*not xon	wardackbox reason xbat		L.C.A.		••••••
				Signature of Com	mittee or President.	Major.
1	8 Jan	44.		The Loyal E	dmonton Re	giment

Date

DISTRIBUTION OF SERVICE ESTATES CANADIAN ARMY OVERSEAS

Vame	SWATILITIE	John Chri	gtion	Names		Number	16479
Rank						22 De	c 43
. COLLE	Pte	Unit		dmn Regt	Da	te of	
Balanc	e of Accoundingle	nt nts to date	· · · · · · · · · · · · · · · · · · ·	140.09	Sterling £		
Belance Total	e available of payments	e s as detailed 1	below	140.09	31	6	10
	Net I	Balance		123.10	27	10	1.0
Rate of	fExchange	\$4.47 - £1					
Cheque No.	Particula	ars of Account	Name	and Address	£ s	d	Cdn Equiv.
Audited for	payment		Pa	yment approv	ed and	author	ised
or Chief T:	6 wentrick reasury Of	ficer, Overseas	5	Officer	1/C Egt	Major tates ary He	adquatrter
ate 14th 1	March, 1944			Date		Mar 44	



M.F.M. 510 40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.	
ъ.	

Dispersal
Area.....

LAST PAY CERTIFICATE

(All Ranks)

ransfer or Discharge)			on 22nd Dec.	194	3.
		1-1	Authority: GCL "A" 373 d/30th		10
			from 1st Doc. to 31st Dec.		
ne inclusive date of transfer or discharge.		or.	110111	Cr.	
				OI.	
Particulars	Amou	int	Particulars	Amou	unt
				97	0
alance Dr. from last account			Balance Cr. from last account		
		1000000	Tradesmen's Paydays at\$	7	
arrments on Thomason on Dischance			Additional Day (Circa montionalona)		
ssigned Pay	23	00	Additional Pay (Give particulars)\$		
egimental Charges			at\$		
ublic Stoppages (Give particulars):		00			
Cheque No.85487	2000 40	State of the state	Cash Effects, J.V.1311 Cash Effects O.R.134643	6	14
			(P.O.A/C Willingdon Rd,	•••••	25
		**	No.719)		
(Free	2.09	91			
o Balance Cr. Deferred			By Balance Dr.		
Total	7 40	-	Total		
	442	20		149	9(
			BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks:					
Assnd Pay \$23.0	0 (W) st	oppe	d off Jan.44.		
			•••••••••••••••••••••••••••••••••••••••		
			*		·
			······································		
					/

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

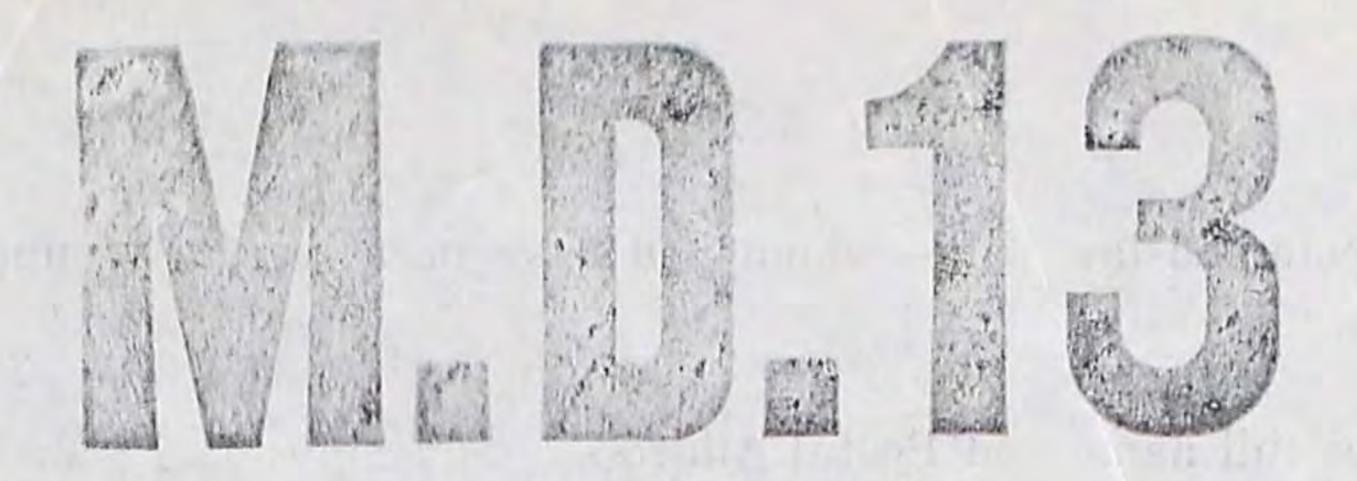
PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

_		the contract of the contract o
	Section A—GENERAL INFORMATION	
1.	1. (a) Print name in full	.(b) Reg'l. No
2.	2. (a) Arm of service	(c) Rank.
3.	2. (a) Arm of service	entBamonton., Alta
4.	4. (a) Place of enlistment	f enlistment21. Nov. 39
5.	Section B—EDUCATION AND TRAINING 5. (a) State age on (b) Were you attending school	G
6.	5. (a) State age on finally leaving school	nt?
	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	0
7.	7. If you attended a university, give name of university and standing or degree secured.	
8.	8. (a) Did you ever (b) If so.	(d) If you did not
0	enter upon a trade for what (c) Did you apprenticeship?	did you serve at it?
Э.	9. (a) What languages do you speak fluently?	es English
	Section C—EMPLOYMENT CONDITION AT TIME	OF ENLISTMENT
10.	10. (a) State whether you were WORKING or NOT WORK- (b) At time of en-	
- 1	ING at time of enlistment. (Enter here only "Work-"	
	ing" or "Not Working", as case may be; particu-	The same and the s
-		
1	Section D—PARTICULARS CONCERNING THOSE WHO WERE	UNEMPLOYED AT TIME
	OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" II	LOUESTION 10 (c)
11.	11. Had you ever been employed fairly regularly since leaving school?	
	12. (a) If answer to 11 be "Yes", (b) State how long you	
	state exact trade or occupation had worked at this at which you actually worked trade or occupation	••••••
13.	13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified	
14.	14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
15.	15. Give details of last employer, if any: Name	
16.	16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
17.	17. (a) If your last employment was in a business of your own, state	(b) Date of dis-
MARK TO	nature and address of business	continuing it
	Section E—PARTICULARS CONCERNING THOSE WHO WER	E EMPLOYED AT TIME
Q	OF ENLISTMENT QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLI TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT	EASE 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	
18.	18. Name of employer	ress
19.	19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	of farm machinery
20.		
21.	21. (a) Did your employer promise (b) Did your employer definitely to give you (b) Did your employer (c) (c) Tefuse to promise you	(c) Do you wish to return to your
	employment on discharge?employment on discharge?	.tormer employment?
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OF OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QU	ERATING A FARM, A STORE, AN AGENCY, ESTIONS 22 AND 23
	22. (a) State nature of business, (b) Where was or professional practice	
23.	23. (a) Number of years engaged in this businessreturn to the same or a similar business on disch	ans to
	Section F—PARTICULARS OF FARMING EXPE	
24.	24. (a) Do you wish to engage No (b) Do you feel competent (c) If so, in vining after the war?	
25.	in farming after the war?to operate a farm?kind of farming 25. (a) Were you (b) How many years' actual (c) In what poorn on a farm?farming experience have you had?did you have	ng? rovinces
100		experience?
26	Section G—MISCELLANEOUS 26. Have you made any arrangements other than indicated above, for re-establishment in civ	/il life after discharge?
	27. If so, state nature of your plans (for example, do you plan	in the diction districting of minimum.
	to return to school, or have you been assured of a job, etc.)	
	28. State any employment preference or ambition you may have, other than indicated elsewhere in this form	

18 June 3 SIGNATURE For Officer /i/c R cords. C.M.H.Q.

DATE.



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

(SEE OTHER SIDE).

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 WALLIS JOHN (Surname first—Christian names in full—Block capitals)
(2)	Regimental Number M 16479
(3)	Unit The Edmonton Regiment.
(4)	Are you married? Yes
(5)	If married, state, (a) Full name of your wife Dorothy Wallis
	(b) Present postal address of wife 9687-99th Street, Edmonton, Alberta.
(6)	If married, have you been regularly supporting your wife? If not—state reasons
(7)	Are you a widower?Nil
(8)	Have you any children? Yes
	If so, give number of boys and girlsl. boy
	Also their names and ages Richard Bryan 5 yrs.
(9)	If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them.
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
	Name Mrs. Dorothy Wallis,
	Postal Address 9687-99th Street, Edmonton, Alberta.

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly representing
13 21-2	as your wife? N11
	If so, state her full name and Postal Address
2 .	······································
	•••••••••••••••••••••••••••••••••••••••
(11)	Is your father alive? Yes
	If so, state name and address Ellison Wallis.
	10942-81st Avenue, Edmonton, Alberta.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
	NiJ
	If sole support of father who is a widower—state what amount per month you have given him prior
	to joining C.F.F. Nil
	Also state reason he has no other means of support
	Nil
	Is your mother alive? Yes
	If so, state name and address Kathleen Wallis,
	10942-81st Avenue, Edmonton, Alberta.
(15)	If your mother is a widow, are you her sole support?
(16)	If cale support of widowed mother state what amount nor month you have given has not a iding
	If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F.
	Also state reason why she has no other means of support.
	Nil
	Are you insured? Nil
	If so, in what Company?
	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.
	(Signature of officer or man)
Date	November 21st, 1939.
	Q/n/
******	& Whom here
	pofficer Commanding The Edmonton Regiment.
	C - A - S - F

Date November 21st, 1939.

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name THOMAS WILLIAM WALLINGTON JR. Rank PTE
Unit THE TORONTO SCOTTISH REGIMENT (M.G.) C.A.S.F. Regimental Number B275967
I, THOMAS WILLIAM WALLINGTON JR
having been enlisted in the Canadian Militia, and by my Declaration dated the
day of September. 1939, having engaged to serve in the Canadian Active Service Force as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada, and also beyond Canada and Overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.
Witness & M. Retterford Tom Wallington Signature of soldier. Date
Note.—This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M. 2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Declaration will be forwarded thereto for attachment.
M.F.M. 2 (x) 120M—9-39

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

- 1. You will be held personally responsible for the custody of this book.
- 2. You will always carry this book on your person when on duty, and on active service.
- 3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.
- 4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,
- 5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
- 6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. M/6479
Surname (in capitals) WAAMS
Christian Names (in full) Date of Birth May 1 St 1994 AAA
Place of Birth Montreal, P.Q. C.ANILDA Trade on Enlistment Chauffeur.
Nationality of Father at birth E 18115 h
Religion Church of England, Enlisted at Edmonton Alta Canada
Date 21/11/39.
Particulars of former service (if any) i.e. Regtl. No., Corps and period.
Signature of Soldier
Signature of Officer. Place Edmonton Date 29/11/39

MINISTER OF SHEET STATE

(II) NEXT OF KIN

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

Nearest degree of relationship		Names	Date		
	Wife	Dortty Wallis			
1st	Children	RichardB.Wallis			
	Father	Elison Wallis			
2nd	Mother	Mrs K Wallis			
3rd	*Brothers and Sisters	Miss MM. Wallis			
4th	Other Relations (stating) relationship)				

^{*}State whether brothers are older or younger.

NOW LIVING

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

	Latest known	Address in full		
9687 - Bawlf	995t. Ed. Alta. C	monto-	~ Alta	
9687. Bawl	99st Edn	20m 40	ANAG	A
10947	2.81 Ave	Edm	ANADA	4/
16942-	81Ave Ed	monto	n A1+a	
10942 Nupp	- 81Ave	Edmor ONT.,	ton AI	t a

	200				6					
Officer	Jana	3		- No	1 / 1 0	.00			191	y O S
Signature of Officer	REB	n ni	•	A	170					
Authority of Part II Orders	27/11/39									
Substantive, Tem- porary, Acting or Local (with or without pay)										
Rank and Appoint- ment	Dre									
Date	1/11/38									

(IV)	Certificate Applicable to all Arms, to be completed as	nd
	signed by the C.O. Bn., etc., before a Soldier proceeds	
	Overseas	

Т	RAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in:—*
G	ualified in addition as under:—
т	Date
_	/a · · · · · · · · · · · · · · · · · · ·

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Hrough F. CoxiciRu	24/3/43	RRDouglas!

•••••		

***************************************	l	

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
	•••••		
DECEMBER 1		·····	

(IX) EMPLOYMENT WHILST SERVING

Perio d	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From To	Nature of Employment	0.0. 003., 000.
	*	

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medi- cal Officer
9/39	A.		
14/39	A		
-			

-					Wiston		
	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
	4,8	+0.25	+1.50	10	494	Frame No. (or measurements):	Date of Issue:
		10.25	4.50	170	49+		
gr	nature of	м.о					
	Vision without Glasses		CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre	Date of Exam.
						Frame No. (or measurements	Date of Issue:
_	nature of	м.о					
_	nature of					ENTURES SUPI	PLIED
_	nature of			RTICULA		Date	Signature of Medical
C	V-	()	Particul	RTICULA	RS OF DE	Date 7/19/4/	PLIED Signature of Medical or Dental Officer
C	V-	()	Particul	RTICULA	RS OF DE	Date 7/19/4/	Signature of Medical or Dental Officer
C	P.D.	4, 2,	Particul	RTICULAI ars Boy 10 /C/ac	RS OF DE	Date 7/19/4/	Signature of Medical or Dental Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer	
1.A.B. 1	Nov134		e, L
1,A.B. 2	11.11.14.14.		
	Mov. 34	John Bauch	
ANT	16-9-40		
1.A.15, 1 / ce	13.8.42		
- 43. 1 1/2 E c	26-9-4	Laurhen	1
			E
(XV) VA	CCINATIO	N	
Date Vaccinated	Signatur	e of Medical Officer	+
Nov.139 Sept. 20/42	300	Guechens	1

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
FINGERP	RINT	ED-CAN
aur. U.K.	30/12/3	8
Priv leave	12/11/40	
DM. Test	25/6/42	
prevleave 7days	23/5/42	
MIESI (REVICOM,	1328-8-4	2 6
1/riv Lequelwi	9-11-42	
S.O.S. CON ARMY (U.K)	The state of the s	A A
EMBARKED U.K.	14-6-43	J. J. St. J. J.
T.O.S. CON ARMY (M)	15-6-43	J. C. P. S.
DISEMBARKED	10 - 1- 702	
	·•••••••••••••••••••••••••••••••••••••	



ESTATES BRANCH INVENTORY

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

C	H-64818 Pte. Davidson E. HECKED BY C-96325 Pte. Desormeaux J.M	DATE 27, Jan. 44
1111 11111 11214111	Kit Bag, marked with Name & No. Photo in Folder Army Issue Brush (Removed) Dress Shirt Letters Note Book Leather Cigarette Case Steel Mirror in Case Button Stick Anti-Gas Wallet P.O. Savings Book (#719) (To Officer i/c Estates) Part 111 Pay Book Pr. Serge Trousers (Removed) Pr. P.T. Shorts (Removed) Vest Prs. Socks Civilian Shirt Sweat Shirt Pr. Skates	

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

TRIPLICATE — with effects.

HE Tuelmes Spell for OC 1 Cdn KSD

ESTATES BRANCH INVENTORY

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

No., RANK and NAME M. RECEIVED FROM Cdn B.1435 CHECKED BY L.1734	Sec., G.H.Q.	2nd Echelor	2	
1 Photograph 3 Pawn Tickets (to			DATE15Fel	o44

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

TRIPLICATE — with effects.

HE. Leebour, Coff for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

	No., RANK and NAME M-16479 Pte. Wallis	J. (Dec'd)
1	Fountain pen in case	
1	Wrist Watch "Westfield"	
1	Cigarette case and lighter "Ronson"	

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

TRIPLICATE — with effects.

1.2. Tueloud left for OC 1 Cdn KSD



Lave Rew Blat

MORPO RIVER CEMETERY

X

Commi

EMG

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER

NIGHT LETTER

R

CASUALTY (REPORT DELIVERY)

OTTAWA

DECEMBER 30 1943

TO:-

MRS DOROTHY WALLES
STE 422 ALBERTA BLK
EDMONTON ALBERTA

10453 REGRET DEEPLY M16479 PRIVATE JOHN WALLIS OFFICIALLY REPORTED KILLED IN ACTION TWENTYSECOND DECEMBER 1943 STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

M.F.M. 267 50M-11-42 (7151) H.Q. 1772-39-1989 / prefiger / // Records/

19th January, 1944.

Mrs. Dorothy Wallis, Ste. 422, Alberta Blk., Edmonton, Alberta.

Dear Madam:

I deeply regret to inform you that your husband, M16479 Private John Wallis, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 22nd day of December, 1943.

From official information we have received, your husband 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,

Major - Conduct
Adjutem - Files

JAN 15 1944

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

GR/MEB

15th March, 1945.

Mrs. Dorothy Wallis, Ste. 422, Alberta Blk., Edmontton, Alberta.

Nol M. 16479. Private John WALLIS

Dear Madam:

With reference to the regretted death of your husband, the marginally named Canadian soldier. II am to advist that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburiediin grave 7, row C, plot 8, 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,

J. B. Lading

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

FBR/EMC

File No 405-40-12233.

REBURIAL

NO	M16479
RANK_	Private
NAME	WALLIS, J.
NAME OF CEMETERY	Morro River Cemetery
LOCATION OF CEMETERY_	Ortona, Italy
GRAVE LOCATION	Plot 8, Row C, Grave 7
AUTHOR ITY	54-27-88-2 Vol. 14. Reburial list.



7 a 28/12/x4 10-40.95 405-W- 12233 December 30, 1944. Department Of National Defence, Ottawa, Ontario. Gentlemen: I understand that I am entitled to this Gratuity Pay which is paid out by the government. My husband's rank was Private Jack Wallis, M-16479, A Coy., Edmonton, Regiment. He enlisted in November 1939, went overseas in December 1939. He was killed in Italy December 22, 1943. I was receiving an allowance for myself and my son at that time and I am now receiving a pension. I hope that you may be able to fook into this matter for me. Yours truly, Dorothy Wallis (Mrs.) 206 Kerr Block, Regina, Sask. Former Adress; Mrss Dorothy Wallis, Suite 422, Alberta Block, Edmonton, Alberta.

W.5

January 2, 1945.

Department Of National Defence, Ottawa, Ontario.

Gentlemen:

Some months ago I received a letter from the Government stating that I was to receive my Late husband's back pay. Up until now I have received no money or letter in reference to this matter.

My husband was killed in action in Italy on December 22, 1943. His rank was M-16479 Private Jack Wallis, A Coy., Edmonton Regiment.

Would you please look into this matter for me.

Yours truly,

Dorothy Wallis (Mrs.) 206 Kerr Block, Regina, Sask.

Former Address:

Suite 422, Alberta Block, Edmonton, Alberta.

Will you please forward this letter to the proper authorities.

Dear Mrs. Wallis:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, M16479 Private John Wallis, the lacation of which is grave 7, row C, plot 8, Morro River Cemetery, Ortona, Italy.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

for H.M. Jackson, Lt.-Col., Director of Records,

for Adjutant-General.