EDWARDS, JOHN CAMERON

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit: Cameron Highlanders of Ottawa M.G. Regimental Number: C-20621

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: EDWARDS,
2. Christian Names: John Cameron
3. Present address: Roxborough Apts., Laurier Avenue, Ottawa.
4. Date of birth: August 18th 1914
5. Place of birth: Canada (Country) Quebec (County or Province) Metis (Town or Township)
6. Religion (state denomination): United Church
7. Trade or Calling: Book Keeper
8. Married, Widower or Single: Single
9. Name of next of kin: Col. Cameron MacPherson Edwards, D.S.O. V.D., A.D.C.
10. Relationship: Father
11. Address of next of kin: Roxborough Apts., Laurier Avenue, Ottawa.
12. Have you served in any Naval, Military or Air Force? Ashbury Cadets, Appleby Cadet Corps.
13. If previous war service, state arm, force and regimental particulars: No
14. Do you now belong to or have you served in the Active Militia of Canada? Ashbury Cadet Corps, Appleby Cadet Corps.
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Cameron Edwards do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date: Sepember 2nd 1939. John C Edwards (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, John Cameron Edwards do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

John C Edwards (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Ottawa, Ont. this 6th day of September 1939.

G. Reynolds — Signature of Magistrate, Justice or Attesting Officer.

Captain, G Hof O. Arg — Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of EDWARDS (Surname) John (Christian Names) Regimental Number C 20621

QUALIFICATIONS

Military

Business or Professional

Trade or Civil

Technical

Languages English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Appleby School (years completed)

Graduation or Matriculation: Both (specify)

*College

*University Acadia Univ.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
SEP -2 1939	O.C.C.H.of O. (M.G.)	Joined on appointment CAMERON HIGHLANDERS OF OTTAWA. (M. G.) C. A. S. F.	PRIVATE	SEP -2 1939	C.H.of O.(M.G)	OTTAWA.	PART II ORDER No. 7	SEP -2 1939
17-10-39	do	Promotion	A/cpl.	29-9-39	do	do	do 24	29-9-39
19-10-39	do	On Command Course No. 2, 9-10-39 to 16-12-39	do	9-10-39	do	do	do 33	8-10-39
19-12-39	Do	Off Command, Course No 2 (Regimental Instructors)	Do	17-12-39	Do	Do	Do 104	18-12-39
4-3-40	do	Struck off Strength - having been appointed to a Commission in C.H. of O (M.G) N.P.A.M. C.A.S.F. R.O. 342	do	12-1-40	do	do	do 62	2-3-40
2-3-40	do	Attached to C.H. of O (M.G) C.A.S.F. for training under the provisions of para 5(c) General Staff Training Instructions No. 1	2nd Lt	13-1-40	do	do	do 62	2-3-40
4-4-40	"	Furlough leave granted.	"	4-4-40 14-4-40	"	"	" 91	4-4-40
4-6-40	do	Previously reported missing (believed dead) as known to have died on 18-5-40 and is struck off strength as of that date	do	18-5-40	do	do	do 135	4-6-40

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full John Cameron Edwards Date Sept. 2nd 1939.

Part 1. Information obtained from the recruit.

1. Age 25

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

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

John C Edwards
(Signature of Recruit)

Examiner's remarks re above

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

1. Identification marks or scars. (If operative obtain history.)
Appendix (Operation 1930)
Small scar on top of forehead

2. Height 6 feet 1¼ inches. 3. Weight 183½ pounds.

4. Complexion Med. Eyes Brown Hair Brown 5. Development Good. (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 41 inches.
Range of expansion 3½ inches.

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

9. Condition of mouth and teeth teeth good except for fillings

10. The abnormalities (congenital and pathological) found on examination are as follows
none

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A.

Special remarks when category lower than A

President — Member — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
1928	Vacc. John C Edwards	Jan 24/39	Typhoid Inoculation Complete
NOV 18 1939	X RAY NEGATIVE		Vacc. S.P.
27.12.39.	Re examined urine reflexes normal cat A P.S.		Tetanus Toxoid 4th Dose

Regtl. No..... Rank..... Surname..... Christian Name.....

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				

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

1316

AWARDS C.A.S.F.

M

50M—5-40 (5079)
H.Q. 1772-45-8

FILE NO. 332-43-141

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
EDWARDS,	John Cameron,	------	2nd.Lieut.	Camerons of O.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal C.V.S.M. &	1641 19/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO

Executorsof the Estate of
John C. Edwards(dec'd)
c/oColonel C.M. Edwards,
~~140 Wellington Street,~~
Ottawa, Ontario.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs.Agnes Wallace Edwards

ADDRESS: Roxborough Apts,Laurier Ave., Ottawa Ont.

Memorial Bar to:

Col. C.M. Edwards, DSO,VD,
Roxborough Apartments,
Laurier Avenue,
Ottawa, Ont.

MEMORIAL BAR

DATE DESP

REGN. NO 2783

DESP. JUN 24 1941
REGN No. 334

No _____ Rank 2/Lieut. Name EDWARDS, John Cameron

Unit C.H. of O. (M.G.) Date of death 18th May, 1940.

Died at Hull, P.Q.

Cause Killed when his automobile crashed through bridge.

Death occurred on strength of CASF. HQ 332-43-141 d 16-1-41

N/K Col. C. M. Edwards, D.S.O., V.D., Relationship Father

Address Aylmer Road, Hull, Quebec.

Remains buried in Beechwood Cemetery

Ottawa, Ontario;

Grave location Remains placed in Edwards' vault.

CHK

S.O.S.

NAME EDWARDS, JOHN CAMERON. H.Q. File C-20621.

RANK 2ND LT.

C.A.S.F. UNIT

N.P.A.M. UNIT C. H. OF O. (M.G.)

Appt. R.O. No. Date Effective date of appt.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

ATTD. FOR TRAINING UNDER PROV. OF PARA. 5(C) GEN. STAFF TRAINING INSTRUCTIONS NO. 1, AS STATED:—
TO THE C. H. OF O. (M.G.), C.A.S.F., 2ND DIV., 13-1-40 R.O. #342, 28-2-40.

died. 18/5/40

3M—11-39 (3039)
H.Q. 1772-45-8

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF

CANADIAN ACTIVE SERVICE FORCE

~~ATTESTATION PAPER~~

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier EDWARDS John Cameron
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number C-20621

(3) Unit

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower?

(8) Have you any children? No

If so, give number of boys and girls

Also their names and ages

(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

Postal Address

(SEE OTHER SIDE).

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

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address Col. John MacPherson EDWARDS D.S.O.
Roxborough Apts., Laurier Ave., Ottawa, Ont

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support?

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F.

Also state reason he has no other means of support

(14) Is your mother alive? Yes

If so, state name and address Agnes Wallace EDWARDS
Roxborough Apts., Laurier Ave., Ottawa, Ont.

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

(16) 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

(17) Are you insured? Yes

If so, in what Company?

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

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

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

J. M. C. Edwards
(Signature of officer or man)

Date September 8th., 1939.

A L Jortey Capt
Officer Commanding Base Coy CHQ

Date 9. 9. 39

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name EDWARDS JOHN CAMERON Rank Pte.

Unit CAMERON HIGHLANDERS OF OTTAWA (M. G.) Regimental Number C-20621

I, John Cameron Edwards,

having been enlisted in the Canadian Militia, and by my Declaration dated the 2

day of Sept., 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 Arthur L. Pettapiece Capt. John C. Edwards
Signature of soldier.

Sept. 30, 1939.
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

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, OTTAWA

From.....Head Office.

.....Ottawa, May 12, 1942.

2/Lieut. EDWARDS, J. C.

P. & N. H. 531-J

The Department of National Defence, Army

officially reports that the marginally named was reported - "PREVIOUSLY REPORTED MISSING, BELIEVED DEAD, is known to have DIED,

on the 18th May, 1940 on service in Canada." Prior to May 21, 1940.

His next of kin is reported as - Father -
Colonel Cameron MacPherson Edwards,
D.S.O. (V.D.) A.D.C.,
Roxborough Apts., Laurier Ave., Ottawa, Ont.

The Addressograph Stencil shows payment of Assigned Pay of

$ NIL a month to -

As no D.A. was payable the Commission will not take any action unless a claim is filed.

E. Clewes,
for
Canadian Pension Commission.

/LR

C.P.C. - C.N. 2 10M-1-42 Req 108