

ALLEN JOHN BAILEY

REGIMENTAL DOCUMENTS

WSG  
COMPLETED

H.Q. FILE No. 405-A-649

C.A.A.

NAME

REGIMENTAL No. A.29161

WILL REQUIRED  
Q3

WILL  
REQUIRED  
Q3

UNIT OF ENLISTMENT

NO. 1 ARMY FLD. WKSHP. R.C.O.C.

RANK

PTE.

CONTENTS

07077 NON-EFFECTIVE BY

DECEASED DEATH

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A)

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B.103)

RETURN THESE DOCUMENTS  
TO WAR SERVICE RECORDS  
DEPT. OF VETERANS AFFAIRS

DATE

8 Aug 44

PARTICULARS OF FAMILY (M.F.M.5)

CAUSE

FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)

AUTHORITY

O.C.L.m 605. 17-9-44

CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF

FORM OF WILL (M.F.M.10 OR M.F.M.10A)

DENTAL HISTORY SHEET

DISCHARGE

MEDICAL REPORT OR CASE HISTORY SHEET

DATE

PROCESSED

MEDICAL EXAMINATION ON LEAVING THE SERVICE

REASON

TRANSFER CLOTHING STATEMENT

AUTHORITY

LAST PAY CERTIFICATE (M.F.D.930A)

PROCEEDINGS ON DISCHARGE

PROCEEDINGS COURT OF ENQUIRY

DESERTION

DECLARATIONS COURT OF ENQUIRY

DATE

PAY SHEETS

AUTHORITY

CARDS

MICROFILMED  
FILM REF. M.2.R.7163-8

SUNDRY

X

UNITED STATES ARMY

1915

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

CK5949.

A29161

ALLEN, J.B.

## 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.



(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
1st	Wife Margaret Annie Allen	30-9-40
	Children	
2nd	Father	
	Mother	
3rd	*Brothers and Sisters	
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

R.R. #2, Kippen, Ont., Canada

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
9-5-40	Pte.	With Pay	# 126	W B Moore Sgt.
26-7-40	a/cp	Without	# 195	
1-8-40	a/cp	With Pay	# 200	
1-8-40	a/cp	With Pay	# 206	
1-11-40	cp	Confirmed	# 296	
1-9-41	a/sot	With Pay	3 16-9-41	
1-12-41	Sgt.	Confirmed	19 14-12-41	
9-10-43	PTB	With Pay		Jos T Anchow Lt

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

TRAINED (passed Recruit's Course as held down for his arm of the Service) *except that he requires further training in.*

TOETS Completed and Passed

11-12-42

W B Moore

Qualified in addition as under:—

Date.....

\* If no further training required, strike out words in italics and Initial.









(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

## (XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB 1/4 cc	17-5-40	W.B. Moore Junt.
TAB 1/2 cc	12-8-40	
TAB 1 cc	20-8-40	
ATT 1 cc	27-8-40	
TAB T 1/2 cc	14-9-41	
TAB T	30-10-42	
ATT 1 cc	17-5-40	W. J. Daniels Capt.
Typhus 1 cc	4-2-44	
" 1 cc	4-2-44	W. J. Daniels Capt.
" 1 cc	28-2-44	X. Kraft
TAB T ANN IM.L	28-2-44	X. Kraft
Typhus 1 cc	22-6-44	X. Kraft

## (XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
17-5-40	W.B. Moore Junt.
4-2-44	

## (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
X Ray Chest Neg	9-5-40	W.B. Moore Junt.
handing leave W.W	16-1-41	
1 Pr. leave W.W	2-4-41	
2 " " W.W	7-7-41	
3 " " W.W	21-11-41	
4 " " W.W	5-3-42	
5 " " W.W	24-6-42	" "
6 " " W.W	24-9-42	
" 7" TEST (REV.) COMPLETE	16-3-43	" "
" 8" CARD COMPLETE	3-4-43	
<b>FINGERPRINTED—CAIB</b>		
2 PRV LEAVE	13/2-1944	J. J. Held Capt.
Awarded 6th		
V. Punter	15	J. J. Held Capt.
service medal and 6 loop		
DO. PART II 10/44		J. J. Held Capt.
M.F.M. 19x mind	28/4/44	



## (XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect, and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.**

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No.                      Rank                      Name

states that he has executed a Will and that the same has been deposited with  
at

Signature of Officer.  
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

#### Certificate

M.F.M. .... received and forwarded to the Officer i/c Records at

.....  
Signature of Officer.  
Rank or Appointment.

Signature of Officer.....  
Date Certificate or Will extracted.....

Dept.....  
To whom sent.....

To whom sent.....  
Dept.....  
Date Certificate or Will extracted.....  
Signature of Officer.....

No A.29161 Rank Private Name ALLEN, John Bailey

Unit R.C.A.S.C. Date of death 8th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-A-6493

N/K Mrs. Margaret A. Allen, Relationship Widow

Address c/o Rich Taylor Sr., R.R. #2, Kippen, Ontario.

Remains buried in \_\_\_\_\_ Cemetery

MR 087675, Sheet 7F/2 Mondeville, France.

Grave location \_\_\_\_\_

OVER-

BURIAL REPORT TO N.K. MAR 7 1946

RETURN TO BUR. OF STAT. NOV 10 1944

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 1-9-44

Bretteville-sur-Laize. Cdn. Mil. Cem.,  
Bretteville-sur-Laize, France.

Grave 4, Row H, Plot 16.

RI & CR Form Despd. OCT 5 1946

Photographs

Despatched

AUG 8 1947

REBURIAL



MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS  
PERSON

ENTITLED TO

Mrs. Margaret A. ALLEN (WIDOW)

ADDRESS:

c/o Rich Taylor, Sr.,  
R.R.#2, KIPPEN, Ont.

(2) MEMORIAL CROSS

WIDOW

Mrs. Margaret A. ALLEN, (ENGLISH)

(1702)

ADDRESS:

c/o Rich Taylor Sr., R.R. # 2, KIPPEN, Ont.

(3) MEMORIAL CROSS

MOTHER

(DECEASED) MFM5

ADDRESS:

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL B R

DATE DESP

(1)

REGN. NO.

395

DESP. NOV 6 1944

REGN No. 5540

(2)

(3)

8-8-44

FB

## AWARDS—CANADIAN ARMY (ACTIVE)

(1702)

500M-1-44 (3467)  
H.Q. 1772-45-8

			FILE NO. 405-A-6493
ALLEN, John Bailey		A-29161	Pte. Infantry
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
<del>France &amp; Germany Star</del>	1274
Defence Medal	5/10/49
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted **9 MAY 40** Place Enlisted **London, ONT.**

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
9/May/40	Can.	RCOC	London	Pte.	Basic Trng.	
24 Dec/40	U.K.	"	Aldershot	Cpl.	Cooking	
0CT/41	UK.	"	Crowborough	Sgt.	Cooking	
JUN/42	UK.	"	Retworth	Sgt.	Cooking	
25/MAY/43	UK	ASC	at Retworth	Sgt.	Cooking	
9/NOV/43	UK	"	Headley Detn.	Pte.	Admitted to Det.	
8/NOV/44	UK	"	Released.	Pte.		

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Cook's	Fort. Scott, Calif.	10 wks. (1933)	Cook + Baker	"A"
Aviation Mech.	ILLINOIS	1 yr. (1934)	Mech.	"A"
Combat Pilot	ILLINOIS	4 yrs.	Lieutenant.	
Air Mail Gas + Dispersion.	Philippine	3 mos	Qual'd.	
N.C.O. Course.	Elmer Sands.	11 days.		"Q-2"

46 Crime: Courts Martial Convictions *1/2 year (improper possession of WD. weapon)* Major Offences..... Minor Offences.....  
 Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric

Designation	Degree of Proficiency	Date	Authority
Cook Cook	"Gp" C. Cp C.	9-8-40 16-2-44	Pay Bk D0.40

55 Type of Service Desired (1) **PARA TROOPERS** (2) **BLIDER**

Remarks re Outstanding or Limiting Factors

Department	Fair	No living relatives: has little information of his life previous to age of 14. Enlisted with RCOC through a misunderstanding of type of duties: cooking was a personal hobby and for that reason took up the trade. Has had a number of courses but all other than in Canadian Army. The 14th sentence in Retention is the only entry on M 7 M 6, he claims: pleaded not guilty. Has had no leave since March 1943. And then he wants posting to field or overseas in any capacity. Regt'l Psychiatrist describes him as "a dramatic <del>person</del> wandering adventurer of considerable ability". No complaints. Rec/med: Consideration for leave and posting to fld. with good prospects of Overseas.
Disposition	Serious	
Appearance (grooming)	Neat	
Physical appearance	Tall: fair build	
Map Reading.	Satisf	
Military Knowledge	"	
Mechanical Knowledge	Good.	

U.S.B. 12 Feb 44. Post to fld immediately if fully qualified. *48 pabs*

Reason for Joining Cdn. Army **"Security Reasons"**  
 Attitude to Interview: Antagonistic..... Overanxious..... Co-operative ..... Indifferent.....  
 Tests Indicated: 51..... 52a..... 52b..... 53..... Other.....

48 Suggested Possibilities (1) **Cook (field)**  
 for employment (2).....

Interviewed by **PJW-ats et al Lt.** Date **10 FEB-44**  
 Reviewed by..... Date.....

A-29161 ALLEN John  
 Regimental Number: 2 Nationality: Can. By Birth: [x] By Naturalization: [ ] Country of Birth: Can.  
 3 Father Racial Origin: Scotch. Mother: English. 4 Language spoken in home: French [ ] English [x] Other: [ ]  
 5 Age: 28/11 20/MAR/15 6 Height: 5 ft 11 1/2 in. 7 Weight: 154 lbs 8 Silhouette: [1] [2] [3] [4] 9 Eyes: Blue. 10 Acuity: [x] [2] [3] 11 Glasses: None. 12 Hearing: Acuity [x] [2] [3] 13 Speech Defects: "A"  
 14 Handedness: [x] [L] [A] 15 Med. Category: "A"  
 Cause: Fine. Attitude to own health: Very Good. Health History: [ ]  
 16 Education Level: Illiterate [ ] EL [ ] ( ) Sec. 9 (15) (Grade completed)  
 Conduct during school life: [ ]  
 17 University or Professional Institution: [ ] Course Taken: [ ] Years completed: [ ] Degree: [ ] Year: [ ]  
 19 Post Graduate: [ ] Course: [ ] From-To: [ ] Degree: [ ] Year: [ ]  
 20 Specialized Training:  
 1. (Course) [ ] At: [ ] From-To: [ ] Completed? [ ]  
 21 2. (Course) [ ] At: [ ] From-To: [ ] Completed? [ ]  
 22 3. (Course) [ ] At: [ ] From-To: [ ] Completed? [ ]  
 Other trades papers, Diplomas, Certificates or Qualifications: [ ]  
 23 Languages: Spoken fluently: English. Written well: [ ]  
 24 Main occupation: (Pilot) PROFESSIONAL SOLDIER. Description: [ ] Estimate of skill: [ ] Weekly Wage: [ ]  
 Duration (from-to): 6 weeks (1928) "HAD THE RIGHT TO LOOT"  
 Employer's Name and Address: NICARAGUA REVOLUTION

Barley  
 Middle Names: [ ]  
 50 "M" Test Score S.M. Test 9 Score  
 1 19 [ ] 50  
 2 16 [ ] S.M.  
 3 15 [ ]  
 4 28 [ ] Sub-total 58  
 5 30 [ ] S.M.  
 6 10 [ ] Sub-total 67  
 7 25 [ ] S.M.  
 8 32 [ ]  
 Tot. 175 [ ] Grade  
 English [x] French [ ]  
 51 OTHER MENTAL  
 Test: [ ] Score: [ ] Grade: [ ] Date: [ ]  
 52a MECHANICAL APT.  
 Test: [ ] Score: [ ] Grade: [ ] Date: [ ]  
 52b CLERICAL APT.  
 Test: [ ] Score: [ ] Grade: [ ] Date: [ ]  
 53 TRADE TESTS  
 Trade and Grading: [ ] Date: [ ]  
 54 OTHER  
 Test: [ ] Score: [ ] Grade: [ ] Date: [ ]

Unit: #1. CASERO  
 1 Corps: RCASE  
 25 Second Most Important Occupation: Description: PROFESSIONAL SOLDIER. Estimate of skill: [ ] Weekly Wage: \$80.00  
 Duration (from-to): 1937-SEPT/29  
 Employer's Name and Address: CHINESE-JAPANESE WAR (Trophy Pay - Pilot)  
 26 Third Most Important Occupation: PRO-SOLDIER (PILOT). Estimate of skill: [ ] Weekly Wage: [ ]  
 Duration (from-to): [ ]  
 Employer's Name and Address: Philippines; Spanish Civil War; Brazil; Shapie Sector (CHINA).  
 Trade Union or Professional Society: [ ]  
 Vehicles: 27 Heavy Truck w/r 28 Light Truck w/r 29 Auto w/r 30 Motorcycle w/r  
 31 Farm Tractor w/r 32 Tracked Vehicle w/r. 33 Power Launch w/r 34 Aeroplane w/r  
 35 Accident Prone: PILOT'S LICENCE-1927 CIV. CAR LICENCE-1925 16-horse-team  
 Farming Experience: Wide [ ] Limited [x] None [ ]  
 District: ONTARIO; CALIFORNIA; SUSSEX. Type: Mixed Farming  
 Job promised after discharge? NO. By whom? Name: [ ]  
 Job: [ ] Address: [ ]  
 Other provision for post-discharge occupation: [ ] Type of work desired: Stay in Army  
 Occupational history: Ambitious [ ] Stable [ ] Accidental [ ] Erratic [ ]  
 36 Marital Status: M. 30/SEP/40 S. W. D. Sep. Marital Problems: [ ]  
 Wife's Age: 25. Attitude to Service: [ ] Health: [ ]  
 37 No. of Children: [ ] 38 No. of Dependents: 1  
 Relationship of Dependents: wife  
 No. of Brothers: 0 No. of Sisters: 0 Position in family: 1st.  
 Status of home in childhood: Orphan.  
 Religious Denomination: C. of E.  
 39 Hobbies: Photography M. S. Radio Engines Mechanics Other: Model-Planes; Leather-work.  
 40 Sports: (1) Hunting (2) Fishing (3) Swimming  
 Team Games and Position: (1) BASEBALL (2) [ ] (3) [ ]  
 41 Ability to Entertain: Music: String [ ] Brass [ ] Woodwind [ ] Percussion [ ] Piano [ ] Vocal [ ]  
 Theatrical: Other: CLARINET

## CONTINUATION CARD M.F.M. 14

Regimental No. A 2916/1 Name Allen J. B.

## Part II D.O.

## PARTICULARS OF CASUALTY

No.	Date	
44	22-2-44	S.O.S. to 2 CBO Staff wef 19 Feb 44 for 1 Cassin (Art 'e')
9	26 Feb 44	ToS from 1 CASCRU. 20 Feb 44. COOK. C.
14	1-4-44	9 days P.L. with R.A. 15-22 Mar 44
26	13 Jul 44	Embarked UK wef. 5 Jul 44
26	13 Jul 44	Disembarked France wef. 7 Jul 44
28	21 Jul 44	Granted inc. to adenos after 1 pay <sup>1.65</sup> wef 8 June
33	20 Aug 44	S.O.S. deceased (killed in action) wef 8 Aug
22	15 Jan 44	7 wef 2 days pay FR 9 149(2) 1 day pay FR 9 149(1) Total 3 days pay for an offence AA 15U wef 6 Jan 44

## Part II D.O.

## PARTICULARS OF CASUALTIES

No.

Date

## CONTINUATION CARD M.F.M. 14

Regimental No. ....

Name

Sgt Adles J B A 29161

## Part II D.O.

## PARTICULARS OF CASUALTY

No.	Date	
3	22-1-43	Proceeded on P. leave with allowance from 21st Dec 42 to 30th Dec 42
5	29 Jan 43	SOS 2000W to 6 CIB w/s wef 29-1-43
1	14 Feb 43	T.O.S. from 2. b.D.O.W. w/s 30 Jan 43
10	3-4-43	R.A. 9 days Pur. leave - 16 Mar 43 to 25 Mar 43.
18	26-5-43 CR#	Transferred to R.C.A.S.C w/s 26-5-43. Forfeits 96 days pay under FR 1149 (i) (B) Forfeits (Sep 23 to Oct 9) 17 days pay for time held in custody FR 1149 (i) (C) Reduced to rank of Pte and sentenced to 6 months detention on 9 Oct 43
279	19 Nov 43	CR81 SOS 6 CIB w/s to 1 CASCRU w/s 9-11-43 on adm Headley Down Det. lamp (6 mos)
279	19 Nov 43	TOS 1 CASCRU for 6 CIB W/S R.O.C w/s 10 Nov 43 on adm to Headley Dorsons. over

No. Date

- 279 18-11-43 Det. camp award 6 months det.  
on 9 Oct 43.
- 279 18 Nov 43 Reverts to Reg'd Rates of Pay wef  
10 Nov 43
- 14 18 Jan SOS #1 CA & CRU to Y-2 list wef 15 Jan 44  
while in detention
- 1 21 Jan 44 <sup>FRICASERU</sup> TOS Y-2 list wef 16 Jan 44 while  
in Detention
- 36 12 Feb 44 Released from det. 9 Feb 44. Remission 60 days.
- 36 12 Feb 44 TOS 1 camp of Y-2 list wef 10 Feb 44  
on release fr Detention
- 40 17 Feb 44 awarded trade pay as a Cook C" wef 16 Feb 44
- 40 17 Feb 44 Award as a Cook C" wef 16 Feb 44
- 7 17 Feb 44 SOS Y-2 list to 1 camp wef 9 Feb 44  
on release fr Detention



## CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
To be A/cpl	195	26-7-40	Without Pay.
" " " "	200	1-8-40	With Pay.
To be A/cpl	206	1-8-40	With Pay.
T.O. S.#1 AFW (9.5.40).	126	13.5.40	
Confirmed Cpl.	296	6.12.40	Eff. 1-11-40
Trade Pay C 9.8.40	218	23.8.40	C 9.8.40
Conf. Cpl.	16	21.3.41	
Cont. Trade Pay C.	37	4.7.41	w.e.f. 15.5.41
Continues T.P. C	52	31-8-41	w.e.f. 1-8-41
aj. A/cpl Sgt w. pay. 1.9.41	3	16.9.41	" 1.9.41.
Posted to 2 CDOW	2	14-9-41	wef 25-8-41
Confirmed Sgt	19	19.12.41	wef 1-12-41
Proceeded Privilege leave (F6)			end money allowance
17-9-42 to 24-9-42	47	28-10-42	

NAME ALLEN John Bailey

REGIMENTAL NO. ~~A-29103~~ A29161 RANK ~~Private~~ *Private*

ENLISTED AT London, Ont. PROMOTIONS, ETC. AND DATE *Private*

DATE 9-5-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC. No

MARRIED, WIDOWER, OR SINGLE Single married

NEXT OF KIN None Margaret Allen RELATIONSHIP wife

ADDRESS OF 421-251 Waterloos St. London, Ont.

ASSIGNMENT OF PAY, 20.00 Eff. 1-10-40 R.R. # 2 Kippen Ont.

ADDRESS as above \$35.00 wef Jan 1942.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Yes 20.00 wef 1 Oct 43 (PRV) 90

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 1-10-40 M. F. M. 14

IN WHOSE FAVOUR Margaret Annie Allen 100M-9-39 (1873)  
H.Q. 1772-39-1662

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of St. Catharines (France) Township of .....  
 If in City, Town or Village..... Street..... House No.....  
 (Name) (if death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Township where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED John Taylor  
 (Family name) (Given name or names in usual order)

RESIDENCE No..... Street..... City, Town, Village or Township London Province Ontario  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>M</u>	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Married</u>
8. BIRTHPLACE <u>Quebec</u> (Province or Country)			
9. DATE OF BIRTH <u>March 30th 1915</u> (Month) (Day) (Year)			
10. AGE in { Years Months Days If less than one day old <u>29</u> hrs. or min.			
11. Trade, profession or kind of work as <u>Motor Vehicle spinner, teamster, office clerk, etc.</u>			
12. Kind of industry or business, as <u>cotton mill, lumbering, bank, etc.</u> <u>Fitter</u>			
13. Date deceased last worked at this occupation.....		14. Total years spent in this occupation.....	
15. If married give name of wife or husband of deceased.....			
FATHER			
16. NAME <u>Deceased</u>			
17. BIRTHPLACE (Province or Country)			
MOTHER			
18. MAIDEN NAME.....			
19. BIRTHPLACE (Province or Country)			
20. Person giving information sign here <u>C.S.</u> Address <u>Director of Records Dept. of National Defence.</u> Relationship to deceased.....			
21. Place of Burial, Cremation or Removal <u>France.</u> Date of burial or removal.....			
22. Burial Permit was issued by..... Address.....			
23. UNDERTAKER (Name and address)			

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 8th 1944  
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: ..... 19..... to..... 19.....  
 and last saw h..... alive on..... 19.....

CAUSE OF DEATH

I. Immediate cause  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.  
 (a) Killed in action  
 due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).  
 (b).....  
 due to  
 (c).....

II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.  
 {.....

PHYSICIAN
Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance..... 19..... (b) Duration of disease..... days

27. If a woman, was the death associated with pregnancy?.....

28. Was there a surgical operation?..... Date of operation..... 19.....  
 State findings..... Was there an autopsy?.....

29. If death was due to external causes (violence) fill in also the following:—  
 Accident, suicide or homicide?..... Date of injury..... 19.....  
 (State which)  
 Manner of injury..... (How sustained)  
 Nature of injury.....  
 Specify whether injury occurred in industry, in home, or in public place.....

Signed by..... M.D.  
 Address..... Date..... 19.....

30. Division Registrar's Record No.....

31. Filed..... 19.....  
 (Division Registrar)

NOV 10 1944

# INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, the entry should be housewife. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation the entry should be none.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as spinner, weaver, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as grocery store, soap factory, cotton mill, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationery engineer, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as carpenter, painter, machinist, etc. A careful distinction should be made between retail merchants and wholesale merchants. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a salesman. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (See Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to accident, suicide or homicide, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an automobile accident should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —	due to (b) —	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) —	due to (c) —	due to (c) —	due to (c) Strangulated inguinal hernia	due to (c) —
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis

Mrs. Margaret A. Allen,  
c/o Rich Taylor Sr.,  
R. R. #2, Kippen, Ont.

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

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

and the following number quoted:—

H.Q. 405-A-6493 FD 191

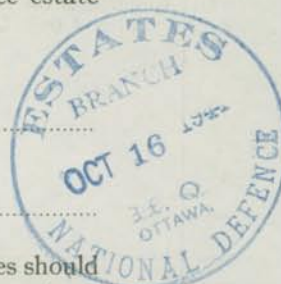
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

27 Sep 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

ALLEN John B., Pta.

No. A.29161 Canadian Army



it is necessary that certain information regarding the deceased and his relatives should 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.

JMR/BGS

*[Signature]*  
Director of Estates

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Margaret A. Allen	25	R.R. # 2, Kippula, Ont.
2	Children of the Deceased and dates of their Births.....	(none)		
3	Father of the Deceased.....	John B. Allen, Sr.		(Dead.)
4	Mother of the Deceased.....	Maudie Allen		(Dead.)
5	Brothers of the Deceased	Full Blood		(none)
		Half Blood		(none)
6	Sisters of the Deceased	Full Blood		(none)
		Half Blood		(none)
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		(none)		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Bailey Allen
9	Date of his birth.	March 27, 1915.
10	Place and date of his marriage.	London, Ontario, September 30, 1940.
11	Place and date of his parents' marriage.	(Have no knowledge)

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	(no record)
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Born in United States. (b) Enlisted in United States. (c) Transferred to Canadian (d) army in 1940.
14	Nature of employment before enlistment.	(no knowledge)
15	State whether he owned the premises in which he lived, and, if so, where situated.	(none)
16	Name place where deceased stated he intended to make his permanent home.	(never heard him say.)

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no contract.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	(none)
20	Amount of War Savings Certificates held by deceased. Indicate where located.	(none known.)
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	(none known.)
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	(none)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	(none)

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none known. (none)
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. He died in action overseas.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Margaret A. Allen

{ Signature of Informant

R. R. No 2, Kippen, Ont.

Address

CERTIFICATE

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

\*See above. A. Allen { Name of informant } is the\* widow of the Deceased

above described. \*The above Declaration was made by the Informant and signed in my presence.

Dated at St. Marys, Ont. this 14 day of October 19 44.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

W. J. Wilkinson

Qualification

Notary Public

Address

St. Marys, Ontario.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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





Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

In the event of my death I give the whole of my property and effects to my wife, Mrs. J. B. Allen, Kippen, Ontario, Canada.

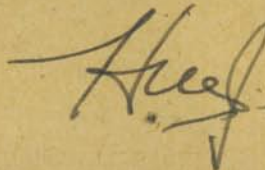
Signature..... John B. Allen  
Rank, Reg't'l Number..... Sgt. A29161  
Date..... 10 May, 1943

ORIGINAL WILLS OF:

A.29161	Pte	ALLEN, John Bailey	10 May 43
B.68152	Pte	CHALKLEY, William George	27 May 43

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. A.29161, Private John Bailey ALLEN, of the Royal Canadian Army Service Corps, Canadian Army, was killed in action on the 8th of August, 1944.



(H.M. Jackson) Lt.-Col.,  
Director of Records.

Officer authorized to sign certificates  
of death and/or presumption of death  
for the Canadian Army.

Department of National Defence,  
OTTAWA, Canada.  
30th June, 1947.



**OVERSEAS**

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl No. **A29161** Rank and Name **ALLEN J.B. Pte.**

of (Unit)..... on.....

(Transfer or Discharge)..... to..... on **8. Aug. 44.** 19.....

Reason **Death** Authority: **CCL. "A" 478/13. Aug. 44.**

The following is a statement of the account of the above-named from **1st Aug. 44.** to **31st Aug. 44.** 19.....  
the inclusive date of transfer or discharge.

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....	<b>78</b>	<b>17</b>	Balance Cr from last account.....				
First Monthly Payment.....			Regimental Pay <b>31 days at: 1.40</b>	<b>43</b>	<b>40</b>		
Casual Payments.....			Tradesmen's Pay <b>31 days at \$ 25¢</b>	<b>7</b>	<b>75</b>		
Payments on Transfer or Discharge.....			Additional Pay (Give Particulars).....				
Assigned Pay.....	<b>20</b>	<b>00</b>	..... days at..... \$.....				
Regimental Charges.....			Allowances (give particulars)..... days				
Public Stoppages (give particulars):			at..... \$.....				
			<b>D.P. Int:</b>	<b>1</b>	<b>28</b>		
			<b>C. Eff SOCR 14739</b>	<b>11</b>	<b>18</b>		
			<b>OR 146948 GPO a/c Lynchford</b>				
			<b>Rd. #12172</b>		<b>22</b>		
To Balance Cr { Free.....			By Balance Dr	<b>34</b>	<b>34</b>		
{ Deferred.....			<b>Nett</b>				
Total.....	<b>98</b>	<b>17</b>	Total.....	<b>98</b>	<b>17</b>		

BALANCE GIVEN IS SUBJECT TO ANY CHARGES  
AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

**A.P. \$20.00 (W) Stopped off Sept. 44.**

**The above balance is made up as follows :-**

**Free Bal: DR \$49.34.**

**Def. Pay : CR: \$15.00**

**Nett Bal: DR: \$34.34.**

Compiled by **M. Durham.**

Checked by *A. Bronghton*

Date **13th Oct. 45.** 19.....

Certified correct *W. B. ...*  
for Chief Treasury Officer, Overseas



ORIGINAL  
DUPLICATE  
TRIPPLICATE

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

Unit #1 Army Field Workshop, R.C.O.C. Regimental Number A29161

# CANADIAN ACTIVE SERVICE FORCE

## ATTESTATION PAPER

# C.A.A.

09  
Sgt

OCCUPATIONAL HISTORY FORM COMPLETED

- Surname..... ALLEN
- Christian Names..... John Bailey
- Present address..... General Delivery, London, Ont., Can.
- Date of birth..... Mar. 20, 1915.
- Place of birth..... Canada (Country) Quebec (County or Province) LaTouche (Town or Township)
- Religion (state denomination)..... Anglican
- Trade or Calling..... Motor Vehicle Fitter
- Married, Widower or Single..... Single Married 30-9-40
- Name of next of kin..... ~~Miss Lillian Diech~~ Margaret Annie Allen
- Relationship..... ~~Best friend~~ Wife
- Address of next of kin..... ~~431 Waterloo Street, London, Ontario.~~ 1021 Erie St., Windsor, Ont. RR #2 KIPISEN ONTARIO CAN.
- Have you served in any Naval, Military or Air Force?..... Nil
- If previous war service, state arm, force and regimental particulars..... Nil
- Do you now belong to or have you served in the Active Militia of Canada?..... No

(Give unit and date of attestation)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Bailey Allen 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.

Witness: Al Langhorne Cpt.

Date 9-5-40 John Bailey Allen (Signature of recruit)

### OATH TO BE TAKEN BY MAN ON ATTESTATION

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

John Bailey Allen (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 London, Ont., Canada this 9th day of May 1940

W. C. D. Ad. Col. (Signature of Magistrate, Justice or Attesting Officer.)

C.C. #1 Army Field Workshop, R.C.O.C. (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

# FINGERPRINTED—CAIB

8306  
026-3

Record of Service of ALLEN (Surname)

JOHN BAILEY (Christian Names)

Regimental Number A29161

QUALIFICATIONS

Military NIL  
 Business or Professional NIL  
 Trade or Civil Motor Vehicle Fitter  
 Technical NIL  
 Languages English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate 5 1/2 years (years completed)  
 Graduation or Matriculation Public School (specify)  
 \*College NIL  
 \*University NIL  
 \* (Name of institution, courses or years completed, and degrees obtained to be shown)

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

Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cag. List, etc.	Dated
13-5-40	Civil Life	Joined on appointment #1 Army Field Workshop, R.C.O.C.	Pte.	9-5-40	#1 A.F.W. R.C.O.C.	London Canada	Part II Order #126	13-5-40
26-7-40	O.C.	Appointment: A/L.Cpl. (Without Pay)	A/L.Cpl.	26-7-40	" "	" "	Part II #195	26-7-40
1-8-40	O.C.	Appointment: A/L.Cpl. (With Pay)	A/L.Cpl.	1-8-40	" "	" "	Part II #200	1-8-40
8-8-40	O.C.	Appointment: A/Cpl. (With Pay)	A/Cpl.	1-8-40	" "	" "	Part II #206	8-8-40
23-8-40	O.C.	To draw Tradesman's Pay - Cook - Group "C"	A/Cpl	9-8-40	" "	" "	Part II #218	9-8-40
18-11-40	O.C.	Granted 14 days Furlough (with pay)	A/Cpl.	16-11-40	" "	" "	Part II #281	18-11-40
6Dec40	O.C.	Confirmed as Corporal	Cpl	1 Nov 40	" "	" "	Part II #296	6 Dec 40
		SOS CASF (OVERSEAS) ON EMBARKATION AT <u>Hobart</u> ON <u>14 Dec 40</u>						
		TOS CASF (OVERSEAS) ON TRANSFER ON <u>15 Dec 40</u> AND DISEMBARKED AT <u>Glasgow</u> ON <u>21 Dec 40</u>						
		Granted Pending Base to 20 Jan 41	Cpl	16 Jan 41	1A.F.W.	Flt.	Do. 3	5 Jan 41
		Confirmed in the rank of Cpl	A/Cpl	10 Feb 40	1A.F.W.	Flt.	16	20 Jan 41
		Prio leave (14) free Trav Warr to 11 Apr 41	Cpl	20 Apr 41	1A.F.W.	Flt.	21	21 Mar 41
								18 Apr 41

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





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

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Cape Town Castle	14/12/40	16	12	40	20	12	40	Influenza -	4	Moderate attack - Recovered	W. M. Pfeiffer

2<sup>nd</sup> Cls. DOW, RCJC. (HQ.)  
 I certify that I have medically examined A29161 Sgt. Allen, J.B. ....  
 and consider him to be in a fit state of health to perform the  
 duties of a cook. He is not suffering from any infectious or  
 contagious disease and there is no evidence of enteric, dysentery,  
 food poisoning, streptococcal or diphtheric carrier conditions.  
 He is protected against the enteric group of fevers by T.A.B. vaccine.  
 Date 27-3-42  
 W. M. Pfeiffer Capt. Medical Officer.  
 RCAMC.

Regimental No. A29161 Rank .....

Sheet No. ....

MFM 1 & 2a  
40/P & S/119 (4308)

Name ALLEN JOHN BAILEY

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated
<u>SOS</u> <u>SOS deceased Killed in Action Cook "C"</u> <u>Killed</u>	<u>Pte</u> <u>Pte</u>	<u>8 Aug 47</u> <u>8 Aug 47</u>	<u>2C CBOSK</u> <u>2. H. B. O. Av</u>	<u>21A Sp.</u> <u>ACE</u>	<u>33</u> <u>47</u>	<u>20 Aug 47</u> <u>13 Aug 47</u>



Statement of the Service of No. A29161

Rank .....

Sheet No. ....

Name Allen J. B.M.F.M. 1 & 2A  
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Cease to draw trade pay Group "C"	Cpl.	15 May 41	10 FW	Fld	37	4 July 41
		Privilege leave (2 <sup>nd</sup> ) to 16 July 41	Cpl.	7 July 41	10 FW	UK	40	21 July 41
		Continues to draw T. Pay in book "C"	Cpl.	1 Aug 41	1 AFW	UK	52	31 Aug 41
		Errors to draw Trade pay	Cpl.	25 Aug 41	10 FW	UK	53	5 Sep. 41
		cont. " " " " "C"	Cpl.	26 Aug 41	250W	UK	1	12 Sep. 41
		Promoted to a/sergeant with pay	A/Sgt.	1 Sep. 41	250W	UK	3	16 Sep. 41
		3 P/leave to 28 Nov. 41 FW	A/Sgt.	21 Nov. 41	250W	UK	18	12 Dec. 41
		Confirmed in rank of Sgt.	Sgt.	1 Dec. 41	250W	UK	19	19 Dec. 41
		4 P/leave to 12 Mar. 42 FW	Sgt.	5 Mar. 42	250W	UK	15	31 Mar. 42
		P. 5 to 1 July 42	Sgt.	24 June 42	250W	UK	30	10 July 42
		P. leave to 1 Oct 42	Sgt.	24 Sept 42	2 POW	UK	47	23 Oct 42
		Priv. leave to 30 Dec 42	Sgt.	21 Dec 42	2 Down	UK	3	22 Jan 43
SOS		SOS to 6 CIBWS Cook Grp C	Sgt.	29 Jan 43	2 Down	UK	5	29 Jan 43
To S		To S from 2 Down Cook Grp C	Sgt.	30 Jan 43	6 CIBWS	UK	1	1 Feb 43
		Granted 7 days P.H. 48 hrs with RA. 90 25/1/43	Sgt.	16 Mar 43	6 D/BWS	UK	10	3 April 43
		Removed to 26es	Sgt.	14 May 43	6 D/BWS	UK	16	14 May 43
		Disch. from 26es	Sgt.	13 May 43	6 D/BWS	UK	14	21 May 43
		Trans from RCOE to RCAFSC Cook C	Sgt.	26 May 43	6 CIBWS	UK	18	26 May 43

Name Allen JB

M.F.M. 1 & 2A  
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>S.O.S.</u>		<u>S.O.S. to 1 C.A.S.C.R.V. Cook Sup. C</u> <i>on command 10 det baps.</i>	<u>Pte</u>	<u>9 Nov 43</u>	<u>6 C.I.B.W.S</u>	<u>UK</u>	<u>44</u>	<u>20 Nov 43</u>
	<u>T.O.S.</u>	<u>T.O.S. from 6 C.I.B. W/S Recd at a det to Headly</u> <i>downs det Camp</i>	<u>Pte</u>	<u>10 Nov 43</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>279</u>	<u>18 Nov 43</u>
		<u>sect 3.3 bound over the sum of 5.00</u> <i>for 97 days pay</i>	<u>Pte</u>	<u>22 Nov 43</u>	<u>6 C.I.B.W.S</u>	<u>UK</u>	<u>44</u>	<u>20 Nov 43</u>
<u>So 45</u> <u>27 Nov 43</u>	<u>F.G.E.M.</u>	<u>A.A. Sec 4.0 6 months Det pay 198 days</u> <i>for 12 months and 10.00 for det (191.6)</i> <i>*10.00 Costs by his last 4 quarters sessions pay</i>	<u>Pte</u>	<u>9 Oct 43</u>	<u>6 C.I.B.W.S</u>	<u>UK</u>	<u>44</u>	<u>20 Nov 43</u>
		<u>Reverts to Regt. Hdq. of pay</u>	<u>Pte</u>	<u>10 Nov 43</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>279</u>	<u>18 Nov 43</u>
<u>S.O.S.</u>	<u>C63</u>	<u>S.O.S. to 72 list whilst in Detention</u>	<u>Pte</u>	<u>15 Jan 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>14</u>	<u>18 Jan 44</u>
	<u>T.O.S.</u>	<u>T.O.S. from 72 list over for Det</u>	<u>Pte</u>	<u>10 Feb 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>36</u>	<u>12 Feb 44</u>
<u>S.I.</u>	<u>C63</u>	<u>Released from Det. 60 days remuneration</u>	<u>Pte</u>	<u>9 Feb 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>36</u>	<u>12 Feb 44</u>
<u>S.I.O.S.</u>	<u>C63</u>	<u>S.O.S. to 2 C.A.O. Staff Cook C.</u>	<u>Pte</u>	<u>19 Feb 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>44</u>	<u>22 Feb 44</u>
	<u>T.O.S.</u>	<u>T.O.S. from C.A.S.C.R.V. Cook C.</u> <b>AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CROSS</b>	<u>Pte</u>	<u>20 Feb 44</u>	<u>2 C.A.O.S</u>	<u>UK</u>	<u>9</u>	<u>26 Feb 44</u>
	<u>C63</u>	<u>Qual Cook C.</u>	<u>Pte</u>	<u>16 Feb 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>40</u>	<u>17 Feb 44</u>
	<u>C63</u>	<u>Granted T.P. Cook C.</u>	<u>Pte</u>	<u>16 Feb 44</u>	<u>C.A.P.C. Re</u>	<u>UK</u>	<u>40</u>	<u>17 Feb 44</u>
<u>M114</u>		<u>A.A. (15L1) <sup>stop</sup> for 3 day pay.</u>	<u>Pte</u>		<u>2 C.A.O. Staff</u>	<u>UK</u>	<u>22</u>	<u>15 Jan 44</u>
		<u>Embarked at <u>UK</u> on <u>5 Jul 44</u></u>						
		<u>Disembarked at <u>France</u> on <u>7 Jul 44</u></u>	<u>Pte</u>		<u>1 C.A.O. Staff</u>	<u>UK</u>	<u>26</u>	<u>13 Jul 44</u>
<u>C63</u>		<u>Increase T.P. \$1.65 po.</u>	<u>Pte</u>	<u>8 June 44</u>	<u>2 C.A.O. Staff</u>	<u>UK</u>	<u>28</u>	<u>21 July 44</u>

# 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 ALLEN, JOHN BAILEY,  
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number ~~A 29162~~ A 29161

(3) Unit #1 Army Field Workshop, R.C.O.C.

(4) Are you married? No Yes

(5) If married, state,  
(a) Full name of your wife ALLEN MARGARET  
(b) Present postal address of wife 821 King St., London, Ont.

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

(7) Are you a widower? No

(8) Have you any children? 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 YES  
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—  
Name Mrs Margaret Allen  
Postal Address 821, King Street London Ont.

(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? **No**

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

(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? **No**

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

(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? **No**

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.

*John Bailey Allen*  
(Signature of officer or man)

Date **9-5-40.**

*A. J. [Signature]*  
Officer Commanding **Army Field Workshop,** Lt. Col.  
**R.C.O.C. C.A.S.F.**

Date **9-5-40.**

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	19 Jun 43	Sgt	AA Sec 17 (Charge 1) AA Sec 40 Firearms. (Charge 2)	Theft of W.D. Rations Illegal possession of	Capt D.L. Angus B95453 Sgt Rose, W.C. C30238 Cpl Escott, W.R. G4209 L/CPL McLaughlin, H.W.	Reduced to rank of Pte and to undergo detention for one year. (Sentence reduced to 6 mos by G.O.C. 2 Cdn Div)	9 Oct 43	F.G.C.M. H. Downs 1947	Forfeits 17 days pay for time held in unit custody under FR&I 149(1) on SENTENCE Remission granted under "Rules for Detention Barracks and Military Prisons" 60 days CGM WARDANTS Initials: <i>[Signature]</i>
Field	25 Jun 44	Pte	W.O.A.S. R.W.L. 11 hrs - 25 mins	AA 15(1)	D-12300 A/L/Bde Telfts WA B-112467 A/L/Bde Riddell J.	2 days CB 2 " forfeiture FR+1 (2) 1 day forfeiture FR+1 (1)	2 Jun 44	Col J.H.D. Ross	Comm with Capt



No. **A29161** Name **ALLEN, J.B.**Sqn., Battery,  
or CompanyCorps **R.C.A.S.C.**Date of  
enlistment**9-5-4-**G.C.  
BadgesService or  
Proficiency Pay

M.F.M. 6

(A.F. B.122)

40/P &amp; /S136 (2965)

Date of last entry in  
Company Conduct Sheet**N/A**No. and date  
of last drunk**N/A**Period not reckoning towards  
freedom from extra fine**N/A**Sheet No. **1**Signature O.C.  
Company, etc.*John P. ...*

Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Certified no entries on completion of 6 months service 9-11-40									
Certified no entries on completion fo 2 years service 9-11-42									
Petworth Sx England	30 Mar & 21 Jun 43	Sgt		Between 30 Mar 43 and 21 Jun 43 at the Parish of Petworth in the County of Sussex, unlawfully and knowingly did receive from some person unknown one gent's pocket watch, one gent's wrist-watch, works of a small clock, a metal wristwatch band, parts of various watches, together of the value of £3.10.0, the goods and chattels of Ernest Streeter, well knowing the same to have been stolen, contrary to Sec 33 of the Larceny Act 1916.	Ernest Streeter, Petworth.  Crown	Bound over in the sum of £5.0.0 for 12 months & ordered to pay £10.0.0 towards the cost of the prosecution.	23 Sep 43	Crown	nil

**DECEASED**

(P.T.O.)

# SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

*R.C.A.S.C.*

Unit..... *#1 Army field workshop, R.C.C.C. CASR* ..... Regimental Number..... *A29161* .....

<p>1. Surname..... <i>ALLEN</i></p> <p>2. Christian Names..... <i>John Bailey</i></p> <p>3. *Substantive Rank and Appointment..... <i>Plc</i></p> <p>*Acting Temporary or Local Rank..... giving date.....</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth..... <i>Latoue, Quebec, CANADA</i></p> <p>5. Date of birth as declared on attestation..... <i>March 20, 1915</i></p> <p>(A).....</p> <p>6. Date of enlistment..... <i>May 9, 1940</i></p> <p>7. Place of enlistment..... <i>London, Ontario, CANADA</i></p> <p>8. Residence at time of enlistment..... <i>General Delivery, London, Ont.</i></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <i>Anglican</i></p> <p>12. If married, state date..... <i>single 30-9-40</i></p> <p>13. Trade on enlistment..... <i>Motor vehicle ritter</i></p> <p>14. Corps, trade and grade..... <i>rank "b"</i></p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps..... <i>H.C.C.C.</i></p> <p>Unit (Battn., etc)..... <i>#1 A.F.W.</i></p> <p>(18) Medical.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">"A"</td> <td style="text-align: center;">9-5-40</td> <td style="text-align: center;">Medical Board London, Ontario</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)..... <i>Margaret Annie Allen (w. fe)</i> <i>R.R. # 2</i> <i>Kuppen, Ontario, Can.</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	9-5-40	Medical Board London, Ontario
Category	Date	Authority					
"A"	9-5-40	Medical Board London, Ontario					

**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		(b)	Record or substantiated forfeiture of Hospital, C embarkation with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I			(g)
Date	From whom received	Unit		rank (e)	Army Form or other authority for entry to be shown	
5 Jan 41	O.C.	#1 AFW	SOS CASB (Canada) ON EMBARKATION AT Halifax ON 14 Dec 40	epi	Part 11 order #3, 5 Jan 41	
5 Jan 41	O.C.	R.C.C.		epi	Part 11 order #3, 5 Jan 41	
17 Jan 41	O.C.	#1 AFW	SOS CASB (OVERSEAS) ON TRANSFER ON 15 Dec 40 AND DISEMBARKED AT Glasgow ON 26 Dec 40	epi	Part 11 order #3, 5 Jan 41	
20 Jan 41	O.C.	R.C.C.	Address next of kin now R.R.#21 Kippin, Ontario	6 Png	Part 11 No. 3, 12 Jan 41	
21-3-41	O.C.	I AFW	Granted 5 days landing leave	6 Png	Part 11 No. 3, 20 Jan 41	
18-4-41	O.C.	I AFW	Confirmed in rank of Corporal	Eng.	Part 2 #15, 21-3-41	
21-7-41	O.C.	I AFW	Granted 1st P.L. 9 days free warrant	England	Part 2 #21, 18-4-41	
		"	cease to draw trade pay as cook Grm C	Field	Part II #37 4 July 41	
		"	Granted 2nd P.L. no warrant	Field	Part 2 #40, 21-7-41	
		"	continues to draw T.P. as Cook "C"	"	#52 D/31 Aug 41	
		"	ceases to draw T.P. Cook "C"	"	53-359-41	
		"	Trade Pay Cook "C"	"	1-10-9-41	
	2 Div	afw	to be A/Sgt with pay	"	3 1/16 Sep 41	
	"	"	3rd P.L. FTW 7 days	"	1.8 12 Dec 41	
	"	"	confirmed Sgt	"	1.9 19 Dec 41	
	"	"	4th Priv leave w/w. 7 days	"	1.5 8/31 Mar 42	
	"	"	5th Priv leave " "	"	3.0 10-7-42	
	"	"	Priv leave F. 5 7 days to 1 Oct	"	4.7 23 Oct 42	
	"	"	Priv leave 9 days to 30 Dec 42	"	3 22 Jan 43	
6 Cdn. Inf. Bde.	W/Shop	W/Shop	SOS to 6 Cdn. Inf. Bde. Workshop	"	5 29 Jan 43	
			TOS from 2 Cdn. Div. Ord. W/Shop	"	1 1 Feb 43	
			Priv leave 9 days to 25 MAR 43	"	10 2 Apr 43	
			Adm. to 1st Bde. 7th Arm.	"	16 14 May 43	
			Removed to 2 Cdn. Bde. S.	"	16 14 May 43	
			Discharged from 2 Cdn. Bde. S.	"	17 May 21, 1943	
			Transf. to R. A. S. C.	"	18 26 May 43	
			Bound over in the sum of £5.0.0 for 12 months and £10.0.0 costs for an offence contrary to Sec 33 of the Larceny Act (1916) In civil cus 96 days 1 hour) Forfeits 97 days pay under FR&I 149(1)(c)(i)	UK	22 Sep 43	Sgt. 44 20 Nov 43
			Tried by F.G.C.M. on 9 Oct 43. Charges: AA17 and 3 AA40. Findings: Guilty on all charges. Sentence: Reduced to the rank of Pte and 1 years detention. Confirmation: Findings and Sent-			

# SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)  
40/P&S/412 (3006)

(PART II)

Regiment or Corps..... R.C.O.C. ..... Regimental Number..... A29161  
 Substantive Rank..... Pte. ..... Surname..... Allen, ..... Christian Names..... J.B.

Acting Temporary or Local Rank.....  
 (To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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 1 of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
6 Cdn Inf	Bde Workshop		ence confirmed but sentence reduced to 6 months detention by GOC 2 Cdn Div on 14 Oct 43. Forfeitures: 15 days pay FR&I 149(1)(c)(i) 183 days pay FR&I 149(1)(b) Total of 198 days pay	UK	9 Oct 43	Sgt.	44 20 Nov 43
"	"	"	SOS to 1 CASCRU on comm to Headley D Down Detention Camp (Awarded 6 months Det 9 Oct 43) Cook "C"	UK	9 Nov 43	Pte.	44 20 Nov 43
		<i>TO S</i> 1 CASCRU	<i>TO S</i> from 6 Cdn Inf Bde Wksh RLOC on admission to Headley Downs Det Camp (6 months)	"	10 Nov 43	"	279-18 Nov 43
		"	Reverts to Regt late pay	"	10 Nov 43	"	279-18 Nov 43
		✓ Y-2 list	sent to Y-2 list	UK	15 Jan 44	✓	14-18 Jan 44
		✓	to p 1 case whilst in detention	✓	16 Jan 44	-	1-21 Jan 44
			Released from detention (remission 60 days)	-	9 Feb 44	-	36-12 Feb 44
		<i>TO S</i>	Released from detention (remission 60 days)	✓	10 Feb 44	-	36-12 Feb 44
		✓	granted T.P. as Cook "C" 77%	✓	16 Feb 44	-	40-17 Feb 44
		✓	10th 26 30. (Cook "C")	✓	16 Feb 44	✓	40-17 Feb 44
		✓	T.O.S from 1 base R (U) (back 6")	Field	20 Feb 44	TO S	44-26 Feb 44
			awarded 6th det det hospital 6 days	"	15 Jan 44	"	9-26 Feb 44
		BR 2 CBO	awarded 20 days CB 2 days pay in the opinion of AD (P) from 20th 26 30 to 1125 to 20th 44 (det. 12th 26 30) 112 days pay FR&I (10th 26 30) 149(1)(a) total 2 days pay.				
					8 Jan 44	Pb	22 150 Jan 44

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
	BR	2C60	Wanted increased to 10/- embarked 24.11.41 Disembarked 1.12.41	France	8 Jan 41	Pte 25-219	219
9 Aug 41	CR	2C60	Sos received (Killed in action) look 6	"	8 Aug 41	Pte 33-26	26 Aug 41

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate  
to one person, and the balance of his personal estate  
to another person.

I John Bailey Allen (Name in full).....

Number A29161..... of the Canadian Field Force.....

#1 Army Field Workshop, R.C.O.C.  
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath  
my personal estate consisting of everything I possess

(Here describe fully personal estate)

unto Miss Bethine Crumpley  
314 Eleventh St.,  
Pacific Grove, California, U.S.A.  
  
a good Friend

Name and Address of person  
or persons to whom it is to  
go and relationship.

absolutely, and the residue of my personal estate and everything that I can give or dispose of.....

(Here describe remaining assets)

unto also unto Miss Bethine Crumpley

Name and Address of person  
or persons to whom it is to  
go and relationship.

NOTE.—If Soldier owns Real Estate, Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc. in fact  
everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this.....

IMPORTANT NOTE  
This must be signed and  
dated by the soldier him-  
self.

16 day of May A.D. 1940  
John B. Allen  
(Signature of Soldier)

Signed and acknowledged by the Testator, in the presence of us, present at the same time, who,  
in his presence, at his request, and in the presence of each other, have hereunto subscribed our names  
as Witnesses.

1st witness to sign here C. A. Grand

Address in full 73 Amelia St., Chatham, Ont.

2nd witness to sign here W. G. Vinson

Address in full R. R. #7, Chatham, Ont.



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **A.29161** RANK **Private**

SERVICE UNIT **2nd Counter  
Battery Officer's Staff (CA)**

NAME **ALLEN, John Bailey**

DATE OF BIRTH

DATE OF ENLISTMENT

**20-3-15**

**9-5-40**

MARITAL STATUS

**Married**

RELIGION

**Anglican**

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

**Wife  
c/o Rich Taylor Sr.,  
R.R.#2, Kippen, Ontario.**

NAME  
ADDRESS  
D.A.B.

**Mrs. Margaret A. Allen,**

ADDRESS

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.  
CASUALTY DETAILS

**Canrecords 9129**

**H.Q. 405-A-6493**

DATE

**Killed in action**

**8-8-44**

**FRANCE.**

LAST WILL ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.5. ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

DATE

**21-8-44**

FORM NO. CAS. 6  
25M-4-44 (4184)  
H.Q. 1773 39-1989-1990

DIRECTOR OF RECORDS

**5**

**COPY FOR C. R. FILE**

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.



Mrs. Margaret A. Allen,  
c/o Rich Taylor Sr.,  
R.R. #2,  
Kippen, Ontario.

Dear Mrs. Allen:

It was with deep regret that I learned of the death of your husband, A29161 Private John Bailey Allen, who gave his life in the Service of his Country in France on the 8th day of August, 1944.

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,

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

AUG 29 1944  
(H.F.G. Letson),  
Major-General,  
Adjutant-General.

/EMA

- Navy  
 Army  
 Air Force

(Mark  opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441  
 1 Mil. 9-44 (5449)  
 H.Q. 1772-39-2326

D-5871

**Application for War Service Gratuity**  
 (Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service..... ALLEN (Print)

2. Christian Names ..... JOHN BAILEY (Print)

3. Service No. A 29161..... 4. Paid rank or rating at date of termination of Service..... Pte.

5. Address, in full, to which payments of gratuity are to be forwarded.....  
Mrs. Margaret Allen  
St. Marys Ontario

*See letter from set affairs with letter address*

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
<u>Army</u>	<u>A 29161</u>	<u>Pte.</u>	<u>May 1940</u>	<u>8 August 1944</u> (killed in action)

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty?..... N.A. If so, state name of Force or Forces..... N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)?..... NO If so, state the Force or Forces, with dates of commencement and termination of service..... N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

11 January 1945  
 (Date)

Mrs Margaret Allen  
 (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

St. Marys, Ontario.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz: Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.) Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General. Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

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

**4**  
**ARMY**

DECEASED MEMBER'S NAME

**John Bailey ALLEN**  
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. **D-5871**  
FILE NO. **405-A-6493**  
DATE **22-10-45**  
SERVICE NO. **A-29161**  
FINAL RANK OR RATING **Pte.**  
DATE OF DISCHARGE **8-8-44**

PAYEE **Mrs. Margaret A. ALLEN,**  
ADDRESS **R.R. # 2,  
Kippen, Ont.**

DATE OF TERMINATION OF OVERSEAS SERVICE **8-8-44**

**A. TOTAL QUALIFYING SERVICE**  
NO. OF DAYS **1290** EQUAL TO **43** COMPLETE PERIODS AT \$7.50  
\$ **322.50**

**B. QUALIFYING OVERSEAS SERVICE**  
NO. OF DAYS **1095** LESS **25** INELIGIBLE DAYS, EQUAL TO **1070** DAYS @ 25c. PER DAY  
**SEE PAR. 2 OVERLEAF FOR EXPLANATION**  
\$ **267.50**

**C. SUPPLEMENT FOR OVERSEAS SERVICE**

DAILY RATES AT DISCHARGE

PAY	\$ <b>1.50</b>	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ <b>1.25</b>	
ADDITIONAL PAY	\$	
	\$	
	\$	
DEPENDENTS' ALLOWANCE 1/30 OF \$ <b>37.20</b>	\$ <b>1.24</b>	
<b>TOTAL</b>	\$ <b>3.99</b>	X7 = \$ <b>27.93</b>
NO. OF DAYS <b>1095</b>		X \$ <b>27.93</b>

\$ **167.12**

**D. WAR SERVICE GRATUITY**  
\$ **757.12**

**E. DEDUCTIONS**

OVERPAYMENT OF	PAY AND ALLOWANCES	\$
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	\$
OTHER DEDUCTIONS		\$

**F. TOTAL AMOUNT PAYABLE**  
\$ **757.12**

**G. YOUR PORTION OF GRATUITY IS—**  
**100%**

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

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

PREPARED BY **KRM** CHECKED BY

TREASURY  
CHECKED BY DATE

*Kerley*  
SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN BAILEY ALLEN Register No. D-5871  
(Christian Names) (Surname)

PAYEE'S NAME MRS MARGARETA ALLEN File No. 405-A-1493  
(Christian Names) (Surname)

ADDRESS R.R.#2 KIPPEN, ONT. Date 22-10-45

Service No. A-29161

Final Rank PTF

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44 Date of Discharge 8-8-44

		AMOUNT	
		\$	c
<b>A. TOTAL QUALIFYING SERVICE</b> No. of day <u>1315</u> <sub>30</sub> = <u>43</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">25</span> Periods @ \$7.50		322	50
<b>B. QUALIFYING OVERSEAS SERVICE</b> No. of days <u>1095</u> less <u>25</u> Ineligible days, equal <u>1070</u> Days @ 25c. per day		267	50
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>		590	00
Daily Rate of Pay	\$ <u>1.50</u>		
Subsistence Allowance	\$ <u>1.25</u>		
Additional Pay	\$ <u>    </u>		
Dependents' Allowance 1/30	\$ <u>37.50</u>		
	\$ <u>1.84</u>		
<b>TOTAL</b>	\$ <u>3.99</u>		
	× 7 = \$ <u>27.93</u>		
No. of Days	<u>1095</u>		
	183 × \$ <u>27.93</u>	167	12
<b>D. WAR SERVICE GRATUITY</b>		757	12
Computed By	<u>Montgomery</u>		
<b>E. DEDUCTIONS</b>			
Overpayment of (1) Pay & Allowance	\$ .....		
(2) D.A. & A.P.	\$ .....		
Other Deductions	\$ .....		
Entered By	<u>my</u>		
<b>F. AMOUNT PAYABLE</b> (This amount is payable in.....monthly instalments of \$.....each)		757	12
<b>G. Monthly instalment not to exceed daily rate of Pay &amp; Allowances per (C)</b>			
\$..... × 30 = \$.....			

REMARKS

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



Date.....

The Estates Branch has received the following personal effects of:

NAME ALLEN, J.B., Pte., No. A-29161 C.A. (Dec'd).....

- 1 Cap Badge
- 1 Shoulder Flash - RCASC
- 1 Leather snap holder
- 1 Comb, mirror & nail file in case
- 1 American Flag
- 1 Letter
- 1 Red "I" Disc

Received the effects as listed

SIGNATURE *Mrs Margaret A. Allen*

DATE REC'D... *Kippard... R.P.H. 2*

*To R. Taylor Ontario*

Director of Estates

Regimental No. A.29161 Rank Private

ALLEN John Bailey  
Surname Christian Names

Unit 2nd Counter Battery Officer's Staff (CA)

Date of Death 8-8-44 Place of Death Overseas (France)

Next-of-kin Mrs. Margaret A. Allen Relationship Wife ✓

Address c/o Rich Taylor Sr., R.R.#2, Kippen, Ontario.

M.F.M. 5 Copy M.F.M.5 herewith

Will Will d/16-5-40 herewith

Date 15-9-44



JEC/EKG

*[Signature]*  
for (C.L. Laurin) Colonel,  
Director of Records,  
for Adjutant-General.

File No 405.A-6493

REBURIAL

NO A. 29161

RANK Pte

NAME ALLEN - J. B.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 4 Row H Plot 16

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

7th March, 1946.

Mrs. Margaret A. Allen,  
c/o Rich Taylor Sr.,  
R.R. #2,  
Kippen, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your husband, A29161 Private John Bailey Allen, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row H, plot 16, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. 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 any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,



for C.L. Laurin, Colonel,  
Director of Records,  
for Adjutant-General.



CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME A-29161 Pte Allen J B. ..... Dec'd .....

RECEIVED FROM Cdn 2nd Ech AEF. .....

CHECKED BY B-73775 Pte Todd F A.  
B-81759 Sgt Graves J.G. ..... DATE 22 Nov 44 .....

I	Cap Badge.
I	Snapshots.
I	Shoulder Flash, RCASC.
I	Leather Snap Holder.
I	Comb, Mirror & Nail file in case.
I	Bible.
I	American Flag.
2	Letters.

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

..... *J Graves Sr* .....  
 for OC 1 Cdn KSD

# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full **ALLEN, John Bailey** (b) Reg'l. No. **A-29161**  
 2. (a) Arm of service **Army** (b) Unit **6 CIB W/XS R.C.O.C.** (c) Rank **Sgt**  
 3. (a) Date of birth **20 Mar 15** (b) Have you any dependents? **Yes** (c) Place of residence at time of enlistment **London., Ont.**  
 4. (a) Place of enlistment **London., Ontario.** (b) Date of enlistment **9 May 40**

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school **15** (b) Were you attending school or college up to the time of enlistment? **No**  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) **Grade 9**  
 7. If you attended a university, give name of university and standing or degree secured.....  
 8. (a) Did you ever enter upon a trade apprenticeship? **No** (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....  
 9. (a) What languages do you speak fluently? **English** (b) What languages do you read well? **English**

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) **Working** (b) At time of enlistment of what trade union or professional society were you a member? **None.**

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....  
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....  
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....  
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....  
 15. Give details of last employer, if any: Name..... Address.....  
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....  
 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer **U.S. ARMY. GOVT.** Address **Washington, D C .**  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) **Dept of National Defence.**  
 20. (a) Your specific occupation **Soldier.** (b) Number of years' experience at this occupation with any employer **1 1/2 Yrs**  
 21. (a) Did your employer promise definitely to give you employment on discharge? **No** (b) Did your employer refuse to promise you employment on discharge? **No** (c) Do you wish to return to your former employment? **Yes**

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? **No** (b) Do you feel competent to operate a farm? **None** (c) If so, in what kind of farming?.....  
 25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? **No**  
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) **P.P. Army Cdn**  
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE **29 Jun 3** 194 **3** SIGNATURE **For Officer i/c Records. C.I.B.C.**