

ORIGINAL
DUPLICATE
TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 20
A.F.B. 271
750M-5-42 (4398)
H.Q. 1772-39-1645

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

Unit INF. (M) CA Regimental Number D-139844

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSJ
COMPLETED
PHOTOCOPIED
PHOTOGRAPHED
D/PTE

- 1. Surname..... KELLAR
- 2. Christian Names..... John Douglas
- 3. Present address..... 1475 Mountain St., Montreal Que., Canada
- 4. Date of birth..... 7 October 1917
- 5. Place of birth..... Canada Ontario Mountain Grove
(Country) (County or Province) (Town or Township)
- 6. Citizenship..... Canada
(Of What Country are You Now a Citizen)
- 7. Religion (state denomination)..... United Church of Canada
- 8. Trade or Calling..... Salesman
- 9. Married, Widower or Single..... Married
- 10. Name of next of kin..... Mrs Olive KELLAR (CARSON) } See change
- 11. Relationship..... Wife } inside
- 12. Address of next of kin..... ~~1475 Mountain St., Montreal Que., Canada~~ } See change
- 13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?..... No
(If Yes, Give Unit and Dates of Service)..... No
- 14. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... No
(If Yes, Give Regimental No. and Unit)..... (b) Any other Naval, Military, or Air Force?..... No
(Yes or No) (If Yes, specify Unit and Period of Service)
- 15. Did you serve during the Great War 1914-1918?..... No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Douglas KELLAR, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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 16-March-43

John D Kellar
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness.....
(Name) (Rank)

John D Kellar
(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 MONTREAL SOUTH QUE. this 16th day of March 1943

NO. 4-DISTRICT DEPOT A.F.

[Signature]
(Signature of Magistrate, Justice of the Peace or Attesting Officer.)
[Signature]
(Officer or Rank and Unit of Special Recruiting Officer or appointment.)

Record of Service of **KELLAR** (Surname) **JOHN DOUGLAS** (Christian Names) Regimental Number **D-139844**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... **NIL** High School } **NIL** Graduation } **NIL**
 or } **NIL** or } **NIL**
 Business or Professional..... **NIL** Collegiate } (years completed) Matriculation } (specify)
 Trade or Civil..... **5505 SALESMAN** *College..... **NIL**
 Technical..... **NIL** *University..... **NIL**
 Languages..... **L ENGLISH** **8 Yrs. Public School**
*(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment 18-3-43 DRO TOS NO 4 DISTRICT DEPOT CA	PTE.	16-3-43	4DD	MTL STH	4DD PT II 66	18-3-43
SOS on transfer to C.A.(B)T.C. 41 Huntington Que.	"	1-4-43	"	"	" " 78	1-4-43
TOS ON TRANSFER FROM 4DD	PTE	2 APR 43	TC 41	HTINGDON,	PT II - 78 A	6 APR 43
2-6-43 " SOS on transfer to A-12 Farnham Que.	"	2-6-43	"	"	" " 130-A	2-6-43
<i>SOS on temp att on rep from CA(B) 20th Huntingdon</i>	"	3-6-43	A12	Farnham	A-128	3-6-43
Spec leave from 8-8-43 to 10-8-43 incl with 50¢ per diem T.W. A-471250	"	5-8-43	"	"	A-186	10-8-43
Next of kin is changed from Mrs Olive Kellar (Wife) 1475 Mountain St. Montreal, Que., to Mrs Olive Kellar (Wife) Mountain Grove, Ontario.	Pte.		A-12	Farnham	A-187	11-8-43
S.O.S. TO SERIAL No 3850 CAM	"	15-8-43	"	"	A-191	16-8-43
SOS NO 1 TRANSIT CAMP					16843 #1 TRANSIT WINDSOR, N.S. 210	17843
					26843 #1 TRANSIT WINDSOR, N.S. 220	27843

Name J. E. Kellar

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
		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON <u>26 Aug 43</u>						
		T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON <u>27 Aug 43</u>						
		AND DISEMBARKED ON <u>1 Sept 43</u>	<u>✓ Pte</u>	<u>2 Sept 43</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>157</u>	<u>1 Sept 43</u>
		T.O.S. — 5 C.I.R.U.						
		Granted daily Regie. pay \$1.50	<u>Pte</u>	<u>23 Oct 43</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>219</u>	<u>16 Nov 43</u>
<u>(C95)</u>		Proceed. on CMHA Case 723 Ser 25D & attd for <u>to Army Sch of Hqg.</u>	<u>Pte</u>	<u>14 Dec 43</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>243</u>	<u>16 Dec 43</u>
<u>(C95)</u>		Rtd from CMHA Case 723 Ser 25D & attd for <u>to Army Sch of Hqg.</u>	<u>Pte</u>	<u>23 Dec 43</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>251</u>	<u>25 Dec 43</u>
<u>(C95)</u>		attd p.m sch. (Tracked) to 9 Mar 44 <u>2nd. Q.I.</u>	<u>Pte</u>	<u>14 Feb 44</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>53</u>	<u>11 Mar 44</u>
<u>(C95)</u>	<u>SOS</u>	SOS to ICIRU	<u>Pte</u>	<u>14 Mar 44</u>	<u>5 CIRU</u>	<u>U.K.</u>	<u>56</u>	<u>15 Mar 44</u>
	<u>TOS</u>	SOS from 5 CIRU.	<u>Pte</u>	<u>15 Mar 44</u>	<u>1 CIRU</u>	<u>U.K.</u>	<u>59</u>	<u>15 Mar 44</u>
<u>(C91)</u>	<u>change n/k add:-</u>	<u>M^{rs} OLIVE KELLAR (Wife) MADOC, ONTARIO, CANADA.</u>			<u>1 CIRU</u>	<u>U.K.</u>	<u>63</u>	<u>20 Oct 44</u>
<u>(C92)</u>	<u>SOS</u>	SOS to EX "Dart"	<u>Pte</u>	<u>25 Mar 44</u>	<u>1 CIRU</u>	<u>U.K.</u>	<u>68</u>	<u>25 March 44</u>
		S.O.S. CA (UK) on embarkation <u>25 Mar 44</u>	<u>Pte</u>		<u>X-KIRU</u>	<u>AAI</u>	<u>26</u>	<u>12 Apr 44</u>
	<u>(C9)</u>	T.O.S. CA (M) <u>26 Mar 44</u>						
		Disembarked <u>2 TOS + his 2 on 9 Apr 44</u>						
	<u>TOS</u>	SOS from X Post Westa Regt	<u>Pte</u>	<u>30 Apr 44</u>	<u>Westa Regt</u>	<u>AAI</u>	<u>28</u>	<u>3 May 44</u>

CONTINUATION CARD M.F.M. 14

Regimental No. D-139844 Name KELLAR, J.D.Part O.

PARTICULARS OF CASUALTY

No. Date

- 243 16.12.43 Proceeded CMHA case 723 Ser 25D. Att'd Army Sch
of Hygiene ref 14.12.43
- 251 25-12-43 Ret'd CMHA case 723 Ser 25D. CTBIA & Hyg. ref 23.12.43
- 12 15-1-44 9 days PLORA from 14-23 Jan 44
- 53 11.3.44 attended unit D & M school from 14.2.44
to 9.3.44 and qualified "A 1"
- 56 15.3.44 Sus to 1 CIRU ref 14-3.44
- 59 15.3.44 TOS ICIRU from 5KIRU w of 15.3.44
- 63 20.3.44 Address Norfolk, Mrs Olive Kellar (w), Madoc, Ontario, Can.
- 68 25.3.44 SOS ICIRU to Ex Dark w of 25.3.44
S.O.S. to Westm. Reg't. w. of 29 Apr 44
S.O.S. Killed in Action 25 May 44

PARTICULARS OF CASUALTIES

No.

Date



No. **D-139844**

RANK **Pte 25**

NAME **KELLAR John Douglas**

Married
 Widower
 Single

Place of Appointment Enlistment **Montreal South Que.**

Date of Appointment Enlistment **16-3-43**

RATE OF PAY **NR. 699**

D.O. No.	Date D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
					1.40	16-7-43		
219	16-4-43				1.50	23-10-43		<i>Wife</i> A-170 Mrs Olive Kellar Mountain Grove Que. Ont Wife

ASSIGNMENTS

DEPENDENTS' ALLCES. No. Deps. **1**

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
Mrs. Olive KELLAR (W)		20.00	24-3-43	Wife		
1475 Mountain St.	1/10/43	28.00				
Montreal Que.						
<i>Modoc, Ontario, Canada</i>	<i>Apr 45</i>					
Total						

*Outfit } Allce. \$ Paid on
 *Clothing }
 Rehabilitation Grant \$ Paid on
 *Delete words which are inapplicable. **sd**

M. F. M. 14
 200M-10-42 (6723)
 H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$ P.A.
 Occupational Form Completed **Yes**

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
66	18-3-43	TOS DD4 & Posted to "B Wing" wef 16-3-43	
78	1-4-43	SOS to #41 Huntingdon, for allpurp except pay wef 1-4-43 and for pay purp wef 31-3-43	
78A	2.4.43	TOS TC 41 for RQ&D wef 2.4.43 and pay wef 1.4.43	
P. & A. LED. AGREES APR 12 1943			
130A	2.6.43	SOS on tfr to A-12 Farnham, Que. wef 2.6.43.	
128	3-6-43	TOS A-12 Farnham wef 3-6-43	
170	27-7-43	<i>Granted rate of Pay 1.40 eff. 16-7-43</i>	
186	10-8-43	Granted special leave from 6 Aug 43 to 10 Aug 43 inc warrant and r.a. of \$0.50 per d.	
191	Aug-16-43	SOS A-12 to serial 3850 Windsor N.S. wef Aug-15-43	
210	17.8.	ATTACHED TO NO. 1 TRANSIT CAMP FROM..... 16.8.43	
220	27/8/43	PROCEEDED OVERSEAS..... 26/8/43	
157	4.9.43	T.O.S. C.A.% 27 Aug 50 iRu 2 Sept 43.	
219	16.10.43	Inc Rates to 1.50 wef 23-10-43	

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)
200M-8-4 (2)
H.Q. 1772

Unit INF. (M) CA

Regimental Number D-139844

<p>1. Surname <u>KELLAR</u></p> <p>2. Christian Names <u>JOHN DOUGLAS</u></p> <p>3. *Substantive Rank and Appointment.....</p> <p> *Acting Temporary or Local Rank <u>Pte</u></p> <p> giving date <u>16-3-43</u></p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>Mountain Grove, Ont. Canada</u></p> <p>5. Date of birth as declared on attestation <u>7-10-17</u></p> <p> (A).....</p> <p>6. Date of enlistment <u>16-March-43</u></p> <p>7. Place of enlistment <u>Montreal South, Que.</u></p> <p>8. Residence at time of enlistment <u>1475 Mountain St. Montreal, Que.</u></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 <u>United Church of Canada</u></p> <p>12. If married, state date <u>7th Oct. 1940</u></p> <p>13. Trade on enlistment <u>Salesman</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications <u>Div 1c (H)</u></p> <p>16. (E) Miscellaneous entries.....</p> <p><u>Engaged</u></p>	<p>(17) Regiment or Corps.....</p> <p>Unit (Battn., etc.).....</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: 30%;">Date</th> <th style="width: 40%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>"A"</u></td> <td style="text-align: center;"><u>13-3-43</u></td> <td style="text-align: center;"><u>M.F.M. 2</u></td> </tr> <tr> <td style="text-align: center;"><u>A</u></td> <td style="text-align: center;"><u>12-8-43</u></td> <td></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p><u>Mrs. Olive Kellar (wife)</u></p> <p><u>Madoc</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	<u>"A"</u>	<u>13-3-43</u>	<u>M.F.M. 2</u>	<u>A</u>	<u>12-8-43</u>	
Category	Date	Authority								
<u>"A"</u>	<u>13-3-43</u>	<u>M.F.M. 2</u>								
<u>A</u>	<u>12-8-43</u>									

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)	(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
			<i>Non tradesman No charges in Can</i> S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON... 26 AUG 43... T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON... 27 AUG 43... AND DISEMBARKED ON... 1 SEP 43... T.O.S. — 5 C.I.R.U.				
		5 C.I.R.U.	<i>Wair rates of pay 1.50</i>	U.K.	2/9/43	Pte.	157 4 Sep 43.
		5 C.I.R.U.	<i>Proceeded on CMHOP use 223 Ser 25 D (Regtl. Water Duties) & with a p to Army School of Hygiene</i>	U.K.	23 Oct 43	Pte.	219 16 Nov 43
		5 C.I.R.U.	<i>Ret from above C.I.R.U. to A.S. of Hyg.</i>	U.K.	14 Dec 43	Pte.	243 16 Dec 43
		5 C.I.R.U.	<i>9 days P.H. with org to 23 Jan 44</i>	U.K.	23 Dec 43	Pte.	251 25 Dec 43
		5 C.I.R.U.	<i>Qual. " on Unit D.M.C. (I) from 14 Feb 44</i>	U.K.	14 Jan 44	Pte.	12 15 Jan 44
	SOS	5 C.I.R.U.	<i>Qual. " on Unit D.M.C. (I) from 14 Feb 44</i>	U.K.	9 Mar 44	Pte.	53-11 Mar 44
	TOS	5 C.I.R.U.	<i>TO 1 C.I.R.U.</i>	UK	14 Mar 44	Pte.	56 15 Mar 44
		1 C.I.R.U.	<i>From 5 C.I.R.U.</i>	"	15 MAR 44	"	59-44
		"	<i>S.O.S. in Amuse. Dock</i>	"	25 MAR 44	"	68/44
		"	<i>S.O.S. in U.K. ON EMBARKATION AT</i>	"	25 MAR 44	"	
		"	<i>ON TRANSFER ON 26 Mar 44 T.O.S. Westm R x-4 (2B) 9 Apr 44</i>	"	25 MAR 44	"	X26/44
		"	<i>AND DISEMBARKED AT</i>	"	25 MAR 44	"	
1.4	2 BN	WESTM R	<i>SOS x-4 hist (2 BN) To WESTM R</i>	M	19 APR 44	Pte.	X-31-44
1 May 44	CA	"	<i>To station 4 hist Westm R (2 BN)</i>	Ad.	30 Apr 44	"	28 May 44
3 Jun 44	W3014/275	"	<i>SOS Killed in Action</i>	"	25 May 44	"	39 June 44
"	CA	"	<i>Awarded CIVS 19 C (Posthumously)</i>	"	25 May 44	"	39 June 44

copy

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE

(Army)

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

Personnel Selection Record

I. D 139844 PTE KELLAR JOHN DOUGLAS A 25 A
 Regt. No. Rank Name (surname first) A or R Age Med. Cat.
ENGLISH NIL MONTREAL SOUTH QUE 17 3 43
 Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

103 IV M.D.4 15-3-43 A. BRETON, CAPT
 Total Group Subtests 1 2 3 4 5 6 7 8 Subtotals 1-3 4-5 6-8 English or French
10 12 10 13 21 6 12 19 25 34 37 ENGLISH
 Other Tests

III. Educational Background

Born in Mountain Grove Ont. attended English school there from age 7 to 15. Completed grade VIII (Int. entrance). Did not attend school regularly on account of sickness and indifference. Got along well with teachers and other pupils.

IV. Occupational Background

4 years Farm hand in summer, road work on lumberjacks in winter seasons.
 2 1/2 years Driving truck on milk round - no accidents
 2 1/2 years Elmhurst Dairy Montreal - drove hard milk run
 6 years driving experience - has chauffeur's commercial license; owned two cars and repair them, valves, transmissions etc.

V. Military Background

Reported after first notice to D.D.-4, signed Active 16-3-43
 T.O.S. 16/3/43

VI. Other Personal History and Appraisal

Man of good physical appearance 5'8 1/2" - 161 lbs. Active and fond of outdoor life: fishing, hunting deer, and small game. Timid and shy but learning ability better than shown by "M" test score in view of his occupational background. (Steady and reliable worker for dairies 5 years where he had to deal with the public and was handling money). Does not drink, married 2 1/2 years and happy, normal habits. In spite of a rather low score this man appears to have the average learning ability. He seems to have been a little nervous on the "M" test. He has driven cars, trucks for years without any accidents. He has some mechanical ability and he is a good risk for driver I.C. non-tradesman. This man has been interviewed by H.S. Payer, Capt., R.C.A.M.C., Psychiatrist and found suitable for normal training.

VII. Recommendations

INFANTRY (MOTOR) AUTOMOTIVE NON-TRADESMAN

(Signed) R.E. Le Brun, Lieut.
 Army Examiner
R.E. LEBRUN, LIEUT.

FURTHER INFORMATION AND FOLLOW-UP

D 139844

PTE KELLER.

JOHN. D.

17/3/43.

1st ~~...~~

T.O.S. T.C. 41. 1/4/43. No sickness whilst here.

Training: No difficulties so far. (Complains of cataract on left eye. Has reported to M.O).

Has already passed First Aid, Rifle and Bren T's - O.F.T.

C.A. (B). T.C. NO. 41.

W Sykes,

Huntingdon. QUR. 18/5/43.

(W. Sykes) Capt. Army Examiner

1 C.I.R.V. inf. 14 March.

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER LES MÉTHODES DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

Partie A—RENSEIGNEMENTS GÉNÉRAUX

LAISSÉZ EN BLANC

1. (a) Nom et prénoms (lettres moulées) WILLAR John Douglas (b) N° matricule D-150044
2. (a) Arme ARMY (b) Unité INFANTRY CA (c) Rang Pvt
3. (a) Date de naissance 1917 Oct 7 (b) Avez-vous des personnes à votre charge? Yes (c) Domicile au moment de l'enrôlement Montreal, Quebec.
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement March 10th 1945.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 10 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 8 yrs public school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? 1941 (c) Avez-vous complété votre apprentissage? 1941 (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 1941
9. (a) Quelles langues parlez-vous couramment? English (b) Quelles langues lisez-vous facilement? English

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?.....
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé..... (b) Durée d'emploi dans cette occupation ou métier?.....
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent.....
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement.....
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom..... Adresse.....
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.).....
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise..... (b) Quand l'avez-vous abandonnée?.....

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Wheeler Dairy Adresse Montreal, Quebec.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Dairy products.
20. (a) Genre précis de votre occupation Teleman (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 yrs
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No (c) Désirez-vous retourner à votre ancien emploi? Yes

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE, OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession..... (b) Où était-il situé?.....
23. (a) Nombre d'années dans ce commerce?..... (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?.....

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Yes (b) Vous croyez-vous apte à exploiter une ferme? Yes (c) Si oui, dans quel genre de culture? Gen. cult.
25. (a) Êtes-vous né sur une ferme? No (b) Nombre d'années d'expérience effective dans la culture? 5 yrs (c) Dans quelles provinces avez-vous acquis votre expérience? Ontario

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) Yes
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule. To go back to my last position.

DATE April 1945 194 5 SIGNATURE John D. Willar

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full KELLAR JOHN DOUGLAS Place Mtl. 13 March 1943

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?
- | | |
|---|---|
| a. Rheumatism <u>left shoulder</u> <u>yes</u> | k. Ear disease <u>no</u> |
| b. Tuberculosis or pleurisy <u>no</u> | l. Eye disease <u>no</u> |
| c. Bronchitis or asthma <u>no</u> | m. Fits <u>no</u> |
| d. Heart disease <u>no</u> | n. Nervous or mental disease <u>no</u> |
| e. Kidney or bladder disease <u>no</u> | o. Syphilis <u>no</u> |
| f. Stomach or bowel trouble <u>no</u> | p. Gonorrhoea <u>no</u> |
| g. Rupture <u>no</u> | q. Have you ever worn glasses? <u>no</u> |
| h. Varicose veins <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details <u>no</u> |
| i. Foot trouble <u>no</u> | |
| j. Nasal trouble <u>no</u> | |

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

John D. Kellar
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1
Rheumatic pains left shoulder (following boxing) now & then.
not painful to-day. Left elbow joint slightly hypertrophied.

1. Identification marks or scars. 1 vac. left arm. Birthmark on chest.
2. Height 5 feet 8 1/2 inches. 3. Weight 161 pounds. Good
Fair
Poor
4. Complexion Med. Eyes Brown 5. Development Good
 Hair Brown
6. Chest measurement—Girth on full expansion 40 1/2 inches. Range of expansion 2 1/2 inches.
7. Vision, right 20/20 left 20/20
 With Glasses— right _____ left _____
8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth fair
10. Blood Pressure:—S. _____ D. _____ (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEGATIVE; REFLEXES NORMAL
DR. JEAN LAPOINTE.

13. Chest X-Ray No. 176923 Laboratory at which taken D.P. & N.H., Mtl.

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 _____

H. Aubry rank _____ *St. Jean Desrosiers* rank _____ *G. Garon* rank _____
 H. AUBRY MAJOR ST. JEAN DESROSIERS M.D. G. GARON M.D.

Date 13 March 1943

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAR 18 '43	TAB. TICO		
MAR 18 '43	VACCINATION		
APR 18 1943	F.A.B. 72		
MAY 7 '43	F.A.B.T. 3		
MAY 27 '43	category lowered		
12-8-43	Recheck Cat. H. War. Reserve left.		

NOTE: Any corrections to entries made must be initialed by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

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

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

and the following number quoted:—

H.Q. 405-K-7795 FD 53

Mrs. Olive Kellar,
Madoc,
Ont.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

July 6, 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

KELLAR, John Douglas, Pte.

D139844 C.A.

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.



R. G. Phelan Capt.
Administrator of Estates.

RGP/CF

6

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees 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.....	Olive, Mrs. Myrtle Kellar.	24	Skayne, Douglas, Rayce, Kellar (son). Died. June 17th. 1944.
2	Children of the Deceased and dates of their Births.....	Skayne, Douglas, Rayce Kellar.	5 mos.	
		Born:- January 9th. 1944.		
3	Father of the Deceased.....	Zina Kellar John, Douglas, Kellar.	58 26	Mountain Grove
4	Mother of the Deceased.....	Lora Alice Kellar.	54 24	Mountain Grove Myriad, Ont.
5	Brothers of the Deceased	Full Blood	38 36 32 23 21	Rainy River Dist. Rainy River Dist. Mountain Grove, Ont. Sewing Overseas. Sewing Overseas.
		Half Blood		None.
6	Sisters of the Deceased	Full Blood	34 33 27 24 20	Kingston, Ont. Mountain, Grove, Ont. Port Hope, Ont. Kingston, Ont. Long Lake, Ont.
		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.	Lloyd Kellar.		None.
		Died August 10th. Age. 35. 1943.		

25-5-44

AWARDS—CANADIAN ARMY (ACTIVE) (1610)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FB

(O.C.L.-495)

KELLAR, John Douglas		D-139844	Pte.	FILE NO. 405-K-7795
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
				Westminster Regt.

WAR SERVICEBADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	1007 24.10.49
Italy Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS

PERS

ENTITLED TO Mrs. Olive Kellar (Widow)

ADDRESS:

~~Madoc, Ont.~~ Frankford, Ont

(2) MEMORIAL CROSS

WIDOW

Mrs. Olive KELLAR, (ENGLISH)

(2)

(1610)

ADDRESS:

MADOC, Ont.

(3) MEMORIAL CROSS

MOTHER

Mrs. Cora KELLAR, (MFM5) (ENGLISH)

(3)

(1610)

ADDRESS:

MOUNTAIN GROVE, Ont.

REGISTRATION NO. DATE OF DESPATCH

M I A J S K

DATE DESP (1)

REGN. NO 9942

DESP. JUL 31 1944
REGN No. 958

DESP. JUL 31 1944
REGN No. 939

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D129844 Name KELLAR JOHN DOUGLAS
Rank on Discharge Pvt Date of Discharge 25-5-44
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>16-3-43</u> to <u>26-8-43</u>	
	from _____ to _____	
United Kingdom	from <u>27-8-43</u> to <u>25-3-44</u>	
	from _____ to _____	
Italy	from <u>26-3-44</u> to <u>25-5-44</u>	<u>KIA</u>
Northwest Europe	from _____ to _____	
-----	from _____ to _____	
-----	from _____ to _____	

Eligible for award of:

- 1939 - 45 Star OK ✓
-
- Italy Star OK ✓
- France-Germany Star _____
- Defence Medal OK ✓
- War Medal OK ✓
- Canadian Volunteer Service Medal OK ✓
- with clasp OK ✓



G.P.

Verified by [Signature]
Date 23-7-46
Carded JUL 23 1946

18382
OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D-139844** RANK **Private**

SERVICE UNIT **The Westminister Regiment (C.A.)**

NAME **KELLAR, John Douglas**

DATE OF BIRTH DAY **7th** MONTH **October** YEAR **1917** Date Enlisted: **16-3-43**

MARITAL STATUS **Married** Religion: **United Church**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **wife**
 ADDRESS **Madoc, Ontario.**

NAME **Mrs. Olive Kellar,**
 ADDRESS
 D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **Canrecords 6392 6418 H.Q. 405-K-7795**

DATE **25-5-44**

Killed in action

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

YES/NO

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.T.

YES/NO

DATE **6-6-44**

AM

OFFICER I/C RECORDS

13th June, 1944

Mrs. Olive Kellar,
Madoc, Ontario.

Dear Mrs. Kellar:

It is with deep regret that I learned of the death of your husband, D139844 Private John Douglas Kellar, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 25th day of May, 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

JUN 10 1944

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

GR/MKB

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D139844 Rank and Name KELLAR J.D. Pte

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

(Transfer or Discharge)..... to..... on 25th May 19 44.

Reason Death Authority: G.C.L. "A" 448 d/4th June.1944.

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

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	4 51
First Monthly Payment.....		Regimental Pay <u>31 days at \$ 1.50</u>	46 50
Casual Payments.....		Technical Pay..... days at \$.....	
Payments on Transfer or Discharge.....		Additional Pay (Give particulars)..... days at \$.....	
Assigned Pay.....	28 00	Allowances (Give particulars)..... days at \$.....	
Regimental Charges.....			
Public Stoppages (Give particulars):			
To Balance Cr { Free.....	23 01	By Balance Dr	
{ Deferred.....			
Total.....	51 01	Total.....	51 01

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

Remarks:

Assnd Pay of \$28.00 (W) Stopped eff June.1944.

The above statement has been compiled from Treasury Records,
the latest paybook not being available.

Compiled by W. Blackburn.

Certified correct G. G. Munro
for Chief Treasury Officer, Overseas

Checked by G. V. Collins

Date 27th. November. 19.44.

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN DOUGLAS KELLAR Register No. D-111541
(Christian Names) (Surname)

PAYEE'S NAME MRS OLIVE KELLAR File No. 405-K-77951
(Christian Names) (Surname)

ADDRESS MADOC Service No. D-139844
ONT Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 25-5-44 Date of Discharge 25 MAY 44

		AMOUNT
		\$ c
A. TOTAL QUALIFYING SERVICE No. of day <u>437</u> = <u>14</u> ⁽¹⁷⁾ Periods @ \$7.50		105 00
B. QUALIFYING OVERSEAS SERVICE No. of days <u>273</u> less <u>17</u> Ineligible days, equal <u>256</u> Days @ 25c per day		64 00
C. SUPPLEMENT FOR OVERSEAS SERVICE		169 00
Daily Rate of Pay	\$ <u>1.50</u> ✓	
Subsistence Allowance	\$ <u>1.25</u> ✓	
Additional Pay	\$ <u>✓</u>	
Dependents' Allowance 1/30	\$ <u>51¹²</u> \$ <u>1.70</u> ✓	
TOTAL \$ <u>4.45</u> × 7 = \$ <u>31.15</u>		
No. of Days <u>273</u> × \$ <u>31.15</u> 183		46 47
D. WAR SERVICE GRATUITY Computed By <u>Kates</u> ✓		215 47
E. DEDUCTIONS		
Overpayment of (1) Pay & Allowance	\$	
(2) D.A. & A.P.	\$	
Other Deductions	\$	
Entered By <u>[Signature]</u> ✓		
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>215 47</u> each)		215 47
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$..... × 30 = \$.....		

REMARKS

Regt. No. D-11154

Nominal Roll No. D-245

To: P.M.G.

H.Q. File No. 405-K-7795

CANADIAN ARMY (ACTIVE)
Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D-139844</u>	<u>PRIVATE</u>	<u>KELLAR</u>	<u>JOHN DOUGLAS</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ()
 2nd Enlistment CARO ()
 3rd Enlistment CARO ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>16-MAR-43</u>	T.O.S.	T.O.S.
S.O.S. <u>25-MAY-44</u> MD <u>O/S</u>	S.O.S. MD	S.O.S. MD
Total Days <u>437</u>	Total Days	Total Days

Total Service 437 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	<u>164</u>	<u>nil</u>	<u>164</u>
Overseas Service	<u>273</u>	<u>nil</u>	<u>273</u>
Totals	<u>437</u>	<u>nil</u>	<u>437</u>
Add Non-qualifying Service			<u>nil</u>
Total Service			<u>437</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 25-MAY-44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION

Computer's Signature P. G. MacNathie, P.C.

Checker's Signature [Signature]

Date Computed 10-MAY-45

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

[Signature]
C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... KELLAR
(Surname first—Christian names in full—Block capitals)
John Douglas

(2) Regimental or Official Number and Rank..... D-139844 Pte

(3) Unit..... INF (M) CA

(4) Are you married?..... Yes

(5) If married, state,
(a) Full name of your wife..... Mrs. Olive KELLAR (Carson)
1475 Mountain St., Montreal, Quebec, Canada.
(b) Present postal address of wife.....

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

(7) Are you a widower?..... No

(8) Have you any children?..... no..... Number of boys..... Girls.....
Names and ages..... nil

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

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
Name..... nil
Postal Address.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address..... nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Zina KELLAR - Laborer
Mountain Grove, Ontario, Canada.

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

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

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

(14) Is your mother alive? Yes

If so, state name and address..... Mrs. Cora KELLAR (Karkwood)
Mountain Grove, Ontario, Canada.

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

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

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

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

If so, state the following particulars:—

Relationship..... nil

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

(18) Are you insured? No

If so, in what Company?..... nil
(Give number of policy)

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

Date March 18th 1943.

John D. Kellar
(Signature of officer or man)

Date March 18th 1943.

S. A. Bidock Lt
Officer Commanding

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

NO. 4-DISTRICT DEPOT A.F.

WILL

(1) I, John Douglas KELLAR, of the city
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Montreal, in the County of Jacques Cartier
District

Province of Quebec, Salesman
(Civil Occupation)

Regimental No. D-139844, Unit INF (M) CA, do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

Relationship,
names and
address of
beneficiaries,
and what
each is to
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MY WIFE" Mrs. Olive KELLAR (Carson)
residing at: 1475 Mountain St., Montreal, Quebec, Canada.
All my estate both real and personal.

J D K

Relationship,
names and
address of
residuary
beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
of whatsoever kind and wheresoever situate unto

J D K

(4) I appoint.....
(Name) (Address)

....., to be the Executer of this my Last Will.
Executrix
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 18th day of March
19...43.

Signed and acknowledged by the Tes-
tator, 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.

John D Kellar
(Signature of soldier)

First witness
sign here.

(5) Signature *Vera Ionakina*

Civil Address *570-14 Ave Point Montreal*
Civil Occupation *Clerk*

Second witness
sign here.

Signature *V. Dugas*
Civil Address *1108 Depromanville Montreal*
Civil Occupation *Clerk*

(Witnesses are not to be beneficiaries.)

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

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

4
ARMY

DECLASSED
MEMBER'S
NAME

John Douglas

KELLAR

REGISTER NO. D-11154

(CHRISTIAN NAMES)

(SURNAME)

FILE NO. 405-K-7795

PAYEE

Mrs. Olive KELLAR,

DATE 26-6-45

ADDRESS

Madoc, Ont.

SERVICE NO. D-139844

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-5-44

DATE OF DISCHARGE 25-5-44

A. TOTAL QUALIFYING SERVICE

420

NO. OF DAYS 437

EQUAL TO 14

COMPLETE PERIODS AT \$7.50

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 273

LESS 17

INELIGIBLE DAYS, EQUAL TO 256

DAYS @ 25c. PER DAY

SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 64.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

BASE PAY
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE

\$ 1.50

\$ 1.25

ADDITIONAL PAY

\$

\$

JUN 5 1945

\$ 1.70

DEPENDENTS' ALLOWANCE 1/30 OF \$ 51.12

\$ 4.45

WAR SERVICE
GRATUITY DIVISION, TOTAL

X7 = \$ 31.15

ARMY TREASURY

NO. OF DAYS 273

183

X\$ 31.15

\$ 46.47

D. WAR SERVICE GRATUITY

\$ 215.47

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$

AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 215.47

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 [Signature]

TREASURY
CHECKED BY J. Hendey DATE 9.7.45.

[Signature]
SERVICE REPRESENTATIVE

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, 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. D 137542 Rank Pvt Name DEWAR
states that he has executed a Will and that the same has been deposited with NCH
at M.D. Signature of Officer.

Date Apr 3/43 Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his 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. 10 received and forwarded to
the Officer i/c Records at 2nd Battalion 2/17
Signature of Officer.
Rank or Appointment.

H. Q. M. D. 4.

in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—
 "The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid".
 In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) may be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M.10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	Official name of civil municipality or township	Place an X over the word which applies to this municipality or this territory City | Town | Village | Parish | Township															
	Street	IN THE FIELD (ITALY)										No.	Hospital or Institution					
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province			Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED	Surname	Do not write in this space														
	Given names	KELLAR (Block letters) John Douglas														

4. RESIDENCE	Street	1475														
	Official name of civil municipality or township	Mountain Montreal														
	Municipal county	Province	Quebec													

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M			Married

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country)	Ontario
--------------------------------------	---------

11. DATE OF BIRTH	October	7th	1917
-------------------	---------	-----	------

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
26				.....hrs. or.....min.

OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Salesman		
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.			
	15. Date deceased last worked at this occupation	16. Total years spent in this occupation		

17. NAME	18. BIRTHPLACE (Province or Country)
----------	--------------------------------------

FATHER	Kellar	Zina
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal	Italy
---	-------

20. Date of burial19.....
--------------------	--------------

21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church	15		
	(b) Civil municipality of			
	(c) Municipal county			
	(d) Date	(Month)	(Day)	(Year)

22. Date of death	12th	(Month)	25th	19	17	(Year)
-------------------	------	---------	------	----	----	--------

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

24. CAUSE OF DEATH

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

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

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

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

25. If a woman, was there a puerperal condition?
--	-------

26. Was there a surgical operation?	Date of19.....
-------------------------------------	---------	--------------

State findings	Was there an autopsy?
----------------	-----------------------	-------

27. If death was due to external causes (violence) fill in also the following:—	Accident, suicide or homicide	Date	.....19.....
	(State which)		

Manner of injury	(How sustained)
------------------	-----------------

Nature of injury
------------------	-------

Specify whether injury occurred in industry, in home, or in public place
--	-------

Signed	M.D.
--------	------

Address	Date19.....
---------	------	--------------

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)	29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
---	--

This signature authorizes the collector to accept this form as authentic.	(Voir l'autre côté pour le français)
---	--------------------------------------

NOV 24 1944

1. LIEU DU DÉCÈS	Comté municipal		Nom officiel de la municipalité civile ou du canton				Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité | Ville | Village | Paroisse | Canton																												
	Rue		No.				Hôpital ou institution																												
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours																			
3. NOM DU DÉFUNT	Nom de famille.....				(Lettres moulées)				N'écrivez pas dans cet espace																										
4. RÉSIDENCE	Noms de baptême ou prénoms.....				CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS																														
	Rue.....				No.....				22. Date du décès.....																										
Nom officiel de la municipalité civile ou du canton.....				Comté municipal.....				Province.....				(jour).....				(mois).....				19.....				(année)											
Comté municipal.....				Province.....				23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le.....																											
Province.....				Province.....				19.....				jusqu'au.....				19.....				que je l'ai vu vivant pour la dernière fois le.....				19.....											
5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE		8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)				24. CAUSE DU DÉCÈS																											
9. Si le défunt était marié, nom de son conjoint				10. LIEU DE NAISSANCE (Province ou pays)				11. DATE DE NAISSANCE.....				I Cause immédiate				Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.																			
12. ÂGE DU DÉFUNT				Années	Mois	Jours	Si âgé de moins d'un jour.....hrs. ou.....min.				II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.				Mentionner la maladie, blessure (a).....				(b).....				(c).....												
13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.				14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.				15. Dernière date à laquelle le défunt vaquait à ce travail				16. Nombre d'années occupées dans cette profession				III Si une maladie contagieuse est mentionnée à ce certificat, donner				(a) Date d'écllosion.....				19.....				(b) Durée de la maladie.....				jours			
17. NOM				18. LIEU DE NAISSANCE (Province ou pays)				25. S'il s'agit d'une femme, y avait-il état puerpéral?.....																											
PÈRE				MÈRE (Nom de fille)				26. Y a-t-il eu intervention chirurgicale?.....				Date de l'opération.....				19.....				Constatations.....				Y a-t-il eu autopsie?.....											
Lieu de l'inhumation, de l'incinération ou destination du transport				20. Date de l'inhumation.....				19.....				27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—				Accident, suicide ou homicide.....				Date.....				19.....				(Spécifier)							
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE				(a) Nom de la paroisse ou église.....				(b) Municipalité civile de.....				(c) Comté municipal.....				(d) Date.....				19.....				(jour)				(mois)				(année)			
Mère de la fille				28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)				29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.				Signature.....				M.D.				Adresse.....				Date.....				19.....							
20. Date de l'inhumation.....				19.....				Cette signature autorise le collecteur à accepter la formule comme authentique.				(For English see other side)																							

No D.139844 Rank Private Name KELLAR, John Douglas

Unit The Westminster Regt., Date of death 25th May, 1944.

Died at _____

Cause Killed in action

Death occurred on strength of Forces. HQ. 405-K-7795 d _____

N/K Mrs. Olive Kellar Relationship Widow

Address Madoc, Ontario.

Remains buried in _____ Cemetery _____

MR 725196 Sheet 160, 1/100000 In the field beside
Heart Route Cassino Italy.

Grave location ✓

CHK

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. **AUG 16 1945**

RETURN TO BUR. OF STAT. **NOV 24 1944**

ROYAL MESSAGE DESP'D. **JUN 30 1944**

CAN. MESSAGE DESP'D.

12-6-44

REBURIAL

Cassino Military Cemetery,
Cassino, Italy.

Plot 5, Row G, Grave 16.

HI & CR Form Despd.
Photogi

NOV 20 1946

Despatched

FEB 12 1948

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John, Douglas, Keller.
9	Date of his birth.	October, 7 th . 1918.
10	Place and date of his marriage.	Montreal, Que. Oct. 7 th 1943.
11	Place and date of his parents' marriage.	Mountain Grove, Ont. May 24 th 1904.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Mountain Grove, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Frontenac County, Ontario (b) (c) Last three years in (d) Montreal, Que.
14	Nature of employment before enlistment.	Dairy Products.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Que.

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.
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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
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.	No. No. No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the 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 Olive Zellar

{ Signature of Informant

Madoc, Ont.

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Olive Zellar

"See above." { Name of informant } is the* widow of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Madoc this 13th day of July 1944

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

Frank Baalun Qualification Barrister

Address Madoc, Notary Public

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

H.Q.

405-K-7795

D-139844

M.F.B. 387

1,500M-4-43 (9433)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

KELLAR, JNO. DOUG.

ESTATES CONTROLLED
D

D. 139844

WESTM. R.

A. F.

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
					(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")		
				C	WITH PAPERS JUN 2 1944		
				A. J.	For signature & return to O. Sec. please	P. J.	9/6/44
				lears.	Returned.	W	10/6/44
				93	passed pli	Od	17-6-44
				Y	Passed pli	JEC	27/6/44
JUN 29 1944	28 6/44	Pa	JPH	HA	" "	JMC	27-6-44
				7a	WITH PAPERS MAR 12 1945		
MAR 20 1945	21 3/45	pa	A.P.	2 D.	With papers	Rel.	19.3.45
AUG 17 1945	16 8/45	Pa	FAK	2d	PER REQUISITION.		AUG 6 1945
FEB 13 1948	12 2/48	PA	YB	HPS	PER REQUISITION		FEB 9 1948

405-K-7795

H.Q.

D-139844

DO NOT WRITE BELOW THIS LINE

CASUALTY SECTION

FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY
1. Cable Abstract Attached	J.M.G.	2-6-44	J.M.G.	3-2-44	
2. Telegram Despatched to N/K	J.M.G.	2-6-44			
3. Delivery of N/K Telegram Confirmed			E.P.	3/6/44	
4. Confidential Notice (Miss. POW. FATALS)					
5. Dependents Allowance Board Notified					
6. P. & N.H. Notified (Blindness Amps. FATALS)					
7. Nat. War Services Notified (POW's Only)					
8. Red Cross Notified (POW's Only)					
9. SAAG Notified POW's Only)					
10. Income Tax & Dept. of Labour Notified					
11. Chaplain Services Notified					
12. Released to Press					
13. G's Letter to Next of Kin (FatalS)					
14. File Passed to Q3 (FatalS)					
15. Q3 Action Taken					
16. File Passed to "G"					
17. Minister's Condolence Card Desp't.	J.M.G.	12-6-44			
18. File Passed to Honours & Awards	J.M.G.	27-6-44			
19. Memorial Cross Action Taken	F.B.	28/6/44			
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
FILE EXAMINED AND ACTION COMPLETED					

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity of using it.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.

6
VERIFIED PERIOD

From 27 Aug 43 19 To FEB 29 1944

DATE 16/5/44 Dub

MILITIA BOOK M. 1

PART II

Pr. 250M-10-42 (5040-2 & 5232)
H.Q. 1772-39-1072

5 Can. Inf. Rft. Unit.

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Reg. No. D139844

Surname (Capitals) KELLAR

Christian Names in full JOHN DOUGLAS

SOLDIER'S PAY BOOK—INSTRUCTIONS

1. This Book will be produced whenever an advance of pay is required.

2. The Soldier will give a receipt on an Acquittance Roll for all cash advances. The Officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.

3. This Book is the property of the Canadian Government, and a Soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, **may be charged with a serious offence under the Army Act.**

4. If this Pay Book is lost, the Soldier will report the loss immediately to his Paymaster. A new book will be issued by the Paymaster, after inquiry has been made and a statement of the account has been received from the Chief Paymaster.

5. If a Soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book, he should make reference in all cases to his Paymaster.

6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the Soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be noted on page 3 of this Book.

7. This Pay Book must be in possession of the Soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

If this Book is found NOT in possession of the Soldier and it cannot be returned immediately to the Paymaster of his Unit, it is to be forwarded at once as indicated below:—

IN CANADA: To the
Paymaster-General,
Department of National Defence,
Ottawa.

ABROAD: To the
Chief Paymaster,
Canadian Army Overseas.

IN THE FIELD: To the
Paymaster,
Canadian Troops.

PARTICULARS OF SOLDIER

Regimental Number D 139 844.Name in full (surname first) KELLAR.JOHN DOUGLASDate of Attestation 16/3/43State whether married, widower or single married.

If married after enlistment, state date of marriage:

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):

Mrs Olive Kellar wife
1475 Mountain St.
Montreal Que Can

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

- | | | |
|-----|-----------------|----------------|
| (a) | \$ <u>20.00</u> | <u>7/4/43</u> |
| (b) | \$ <u>28.00</u> | <u>1-11-43</u> |
| (c) | \$ ..... | ..... |
| (d) | \$ ..... | ..... |

Name, address and relationship of assignee:

- | | |
|-----|--|
| (a) | <u>Mrs Olive Kellar</u>
<u>1475 Mountain St.</u>
<u>Montreal Que Can</u> |
| (b) | ..... |
| (c) | ..... |
| (d) | ..... |

Dependents allowance, payable to: (state relationship)

Mrs Olive Kellar
wife

Soldier's Signature: *J. D. Keller*

Book opens on **AUG 27 1943** Balance Cr. or Dr. \$ *2.88*

Paymaster's Signature: *J. W. Curney*

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay
			Local Currency	Canad'n Currency	
3 Sept 43	Bals. Br't Forward			2.88	
	Bal Aug Pay	7.00			
	Sept Pay	42.00			20.00
4 Sept 43	A.R. 51		1-0-0	4.47	
15 Sept	A.R. 38		2-0-6	9.05	
28 Sept.	A.R. 46		2-10-0	11.18	
Oct.	Pay.	43.40			20.-
13 Oct.	A.R. 52		1-10-6	6.82	
	Totals	92.40		34.40	40.-

Balances only will be carried forward.

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
	2.88		<i>J. W. Curney</i>
		4.12	<i>J. W. Curney</i>
		26.12	<i>J. W. Curney</i>
		21.45	<i>J. W. Curney</i>
		12.60	<i>J. W. Curney</i>
		1.42	<i>J. W. Curney</i>
		24.82	<i>J. W. Curney</i>
		18.-	<i>J. W. Curney</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay 28.00 1-10-43
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't Forward	18 -			
29 Oct.	AR58		2-10-0	11 18	
	Nov Pay	42.00			28.00
10 Nov.	G.R.64		2-10-6	11 29	
17	120219	390			
24 Nov	NR 71		2-10-0	11 18	
	Dec Pay	4650			28.00
14 Dec	G.R.75		3-10-0	15 63	
	Ja. Pay.	4650			28 -
	Totals	15690		4930 84 -	

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		18 -	
		6 82	Rebent h.
		20 82	Rebent h.
	*	9 43	Rebent h.
		13 33	Rebent h.
		2 15	Rebent h.
		20 60	Rebent h.
		5 00	Rebent h.
		23 50	Rebent h.
		23 60	ERROR. ABOVE CORRECT BAL. SHOWN.

If you do not wish to draw all pay due, place the amount desired opposite date of pay day.

15 MAY 1944

FEB. 15	\$ 1.10.50	AUG. 15	
FEB. 28	\$ 2.00	AUG. 31	
MAR. 15		SEP. 15	\$ 2 B Coy
MAR. 31		SEP. 30	\$ 2-10s B Coy
APR. 15		OCT. 15	\$ 1-10s B Coy
APR. 30		OCT. 31	\$ 2.10.0 B Coy
MAY 15		NOV. 15	\$ 2.10.0 B Coy
MAY 31		NOV. 30	\$ 2.10.0 B Coy
JUNE 15		DEC. 15	\$ 3.00 B Coy
JUNE 30		DEC. 31	NIL B Coy
JULY 15		JAN. 15	NIL B Coy
JULY 31		JAN. 31	\$ 1.10.50

File No 405-K-7795

REBURIAL

NO D139844

RANK Pte.

NAME KELLAR, J.D.

NAME OF CEMETERY Cassino Military Cemetery

LOCATION OF CEMETERY Cassino, Italy.

GRAVE LOCATION Plot 5, Row G, Grave 16.

AUTHORITY 54-27-88-2 Vol. 15

Reburial list.

22

Department of National Defence

Ottawa, Canada

Date April 16 1945

Received this date from the Treasury Branch cheque for the sum of

~~-----TWENTY-THREE-----~~ 01 Dollars (\$ 23.01)
100

being balance at credit husband's Service estate.

HQ. 405-K-7795 FD 33

KELLAR, John D., Pte. (Deceased)

No. D. 139844, C.A.



Mrs. Olive Kellar
Signature

18

ESTATES BRANCH

OTTAWA, May 17th, 5.

Mrs. Olive Kellar,
Madoc, Ontario.

KELLAR, John D., Pte. (Deceased)
No. D. 1398th, C.A.

Dear Mrs. Kellar:

Would you please acknowledge receipt of the cheque for \$23.01 which it is assumed you have by this time received from Treasury. For your convenience a receipt form is enclosed.

Yours faithfully,

RGP/MP
Encl.

Director of Estates.

17

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to BF it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.

NOTICE

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3. All outgoing letters should bear the official file number.

CD
PA
C.M.H.D.

3618

[Handwritten signature]

D-139844 PTE. KELLAR J. D.

DIED May 25 1944 CANADA..... OVERSEAS Med

	Date Received	Date Despatched	
Casualty Report—	27-6-44		
Will { Service { Canada <u>18-3-43</u> O/Seas.....			Beneficiary <u>Wife: Mrs. O. Keller</u>
Will { Civil..... None..... Probate (or L of A).....			Residing { Canada <u>✓</u> Elsewhere.....
Particulars of Family Form dated <u>18-3-43</u> None.....			Single..... Married <u>✓</u> Parents <u>both</u> Children <u>✓</u> (Minors.....) Life Insurance <u>nil</u>
A.P. to other than Dependents			
Form P.64 Dated.....	14-7	6-7	By <u>Widow</u> Single..... Other N/K <u>1 son</u> Will <u>no</u> Other Estate <u>no</u> Debts <u>no</u>
Form to Unit			
C. of A. Report.....	26-12-44	Approved 12-1-45	Service debts <u>Nil. No Will</u>
L.P.C. <u>\$ 23.01</u>	26-12	29-12-44	VERIFIED 8/1
Amended.....			
Bank Credits.....			
Other Credits.....			
Domicile			<u>P.Q.</u>
DISTRIBUTION— Effects { Canada..... Overseas.....			To..... Bulk via <u>not per L of A.</u> Valuables via <u>destroyed at time of death</u> Letter as to, dated.....

Total Cash \$ 23.01
Date of Despatch 26/3/45

To
Wife - Olive Keller per Will
(address as above)
Px W. 31 1/4 5 278-154

ADVICE
 RECEIVED
 MAR 21 1945
 NO WILL
 IN REC. OFF.

KELLAR JOHN DOUGLAS

D 139844

NAME

REGIMENTAL No.

PTE.

NO. 4 D.D.

WILL REQUIRED

Q3

RANK

WILL REQUIRED Q3

UNIT OF ENLISTMENT

MSG COMPLETED

A.A.

405-K-7705

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

04449

REGIMENTAL DOCUMENTS

NON-EFFECTIVE BY

NON-EFFECTIVE BY

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

DISCHARGE

DISCHARGE DECEASED

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

DATE

DATE 25-5-44

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

REASON

REASON

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

AUTHORITY

AUTHORITY

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

H

M

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

DISCHARGE

DISCHARGE

DENTAL RECORD (M.F.B. 465)

MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)

DATE

DATE

MEDICAL BOARD PROCEEDINGS (M.F.B. 227)

REASON

REASON

TRANSFER CLOTHING STATEMENT (M.F.C. 644)

AUTHORITY

AUTHORITY

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

MICROFILMED FILM REF W.A. 6964 3

PROCEEDINGS ON DISCHARGE (M.F.M. 23)

DESERPTION

DEATH

PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)

DATE

DATE

DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)

AUTHORITY

CAUSE

PAY SHEETS

DESERPTION

AUTHORITY

CARDS

DATE

SUNDRY

AUTHORITY

X

15

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

CANADIAN ARMY

EH.

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. D-139844 Rank Pte. **DECEASED.**

Surname KELLAR

Christian name John Douglas

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps The Westminster Regiment

Date of discharge 25 May 44

Place of discharge Overseas Mil. Dist. No.

C.A.A.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 25 years months

Descriptive marks:

Height 5 feet 8½ inches

1 Vac. left arm. Birthmark on chest.

Complexion Medium

Eyes Brown

Hair Brown

Trade Salesman

Intended place of residence }
Street and Number P.O., City or Town, etc.

(To be given as fully as practicable: i.e., mailing address)

Province

2. The above-named is discharged in consequence of DECEASED

Authority for discharge DECEASED

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer.

3. Conduct while in the service has been, according to the records, etc.:

N.B.—See K.R. Can. 385. This will be assessed when practicable by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company, and will be read out to him.

4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. War Service Badge

General Service

Class and number.....
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

[Empty space for listing medals and decorations]

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the fourth page, and that I have received my discharge certificate.

(Place)..... (Signature of Soldier)

(Date)..... (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Statement of Service

(Date of enlistment—Canadian Army)..... 16 March 43

(Date of discharge—Canadian Army)..... 25 May 44

(Total Service—Canadian Army)..... years..... days

10. Confirmation of Discharge

The discharge of the above-named man is hereby confirmed.

(Place)..... (Signature).....

(Date)..... Commanding.....

List of Discharge Documents

<p>Field Conduct Sheet.</p> <p>Certified Copies of Convictions by Civil Power.</p> <p>Casualty Form.</p> <p>Proceedings Medical Board.</p> <p>Medical Case History Sheet.</p> <p>Dental History Sheet.</p> <p>Last Pay Certificate.</p> <p>Duplicate Discharge Certificate.</p>	<p>Certified Copy of Record of Declaration of Court of Inquiry.</p> <p>Attestation or Enrolment forms (Duplicate and Triplicate).</p> <p>Clothing and Equipment Statement.</p> <p>Proceedings on Discharge.</p> <p>Training Record.</p> <p>Application for War Service Badge (G.S. Class).</p>
---	--

CANADIAN WOMEN'S ARMY CORPS

<p>Charge Sheet.</p> <p>Casualty Form.</p> <p>Proceedings Medical Board.</p> <p>Medical Case History Sheet.</p> <p>Dental History Sheet.</p> <p>Last Pay Certificate.</p> <p>Duplicate Discharge Certificate.</p>	<p>Attestation or Enrolment Form (Duplicate and Triplicate).</p> <p>Certificate of Examination (Duplicate and Triplicate).</p> <p>Clothing and Equipment Statement.</p> <p>Declaration to serve in Canada and beyond.</p> <p>Proceedings on Discharge.</p> <p>Training Record.</p> <p>Application for War Service Badge (G.S. Class).</p>
---	---

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Date.....

.....
Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

Field Commission	Field Commission
Canadian Army	Canadian Army
Medical Board	Medical Board
Medical Case History Sheet	Medical Case History Sheet
Dental History Sheet	Dental History Sheet
Last Pay Certificate	Last Pay Certificate
Duplicate Certificate of Discharge	Duplicate Certificate of Discharge

CANADIAN WOMEN'S ARMY CORPS

Application for Discharge Form (DACA)	Application for Discharge Form (DACA)
Statement of Discharge (DACA)	Statement of Discharge (DACA)
Medical Board	Medical Board
Medical Case History Sheet	Medical Case History Sheet
Dental History Sheet	Dental History Sheet
Last Pay Certificate	Last Pay Certificate
Duplicate Certificate of Discharge	Duplicate Certificate of Discharge

Information not contained in this form should be crossed out

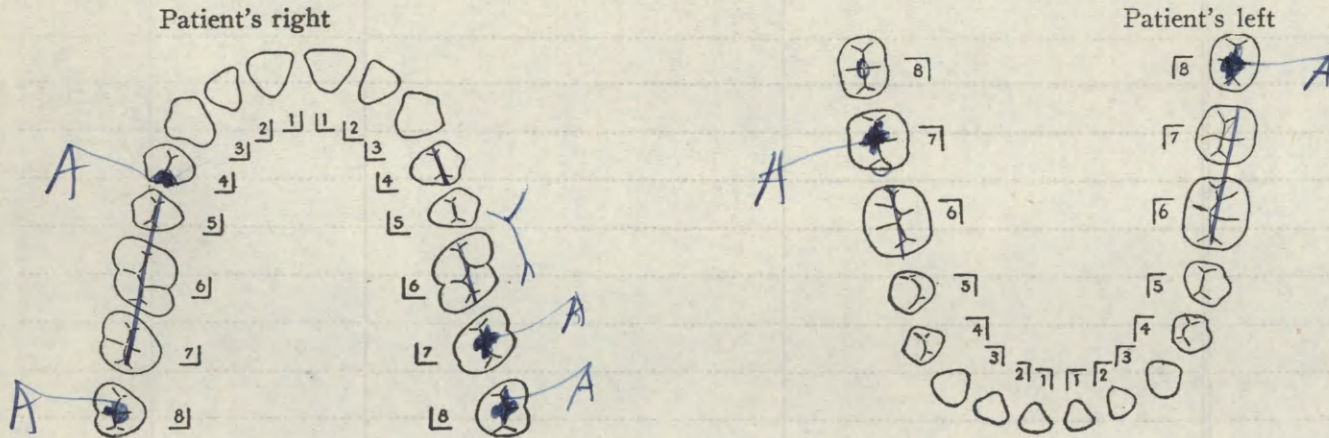
(Date).....

(Signature of Soldier)

NAME KELLAR, John Douglas RANK Pte. AGE 25 REG. No. D-139844

UNIT INF. (M) CA DATE 18th March 193

Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.



ORAL HYGIENE Good
Fair
Neglected } Strike out
inapplicable
words.

PROPHYLAXIS required Yes
No }

MUCOSA
(Describe any pathological condition briefly)

Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- | | |
|--------------|---------|
| GI Gold | } Inlay |
| PI Porcelain | |
| GC Gold | } Crown |
| PC Porcelain | |
| RC Richmond | |
| JC Jacket | |

- Treatment
- RC Root Canal
 - V's Vincent's
 - Pe Periodontia
 - Misc. Miscellaneous
 - Ra X-Ray

- Br Bridge
 - PD Partial
 - CU Complete Upper
 - CL Complete lower
 - A Adjustment
- } Denture

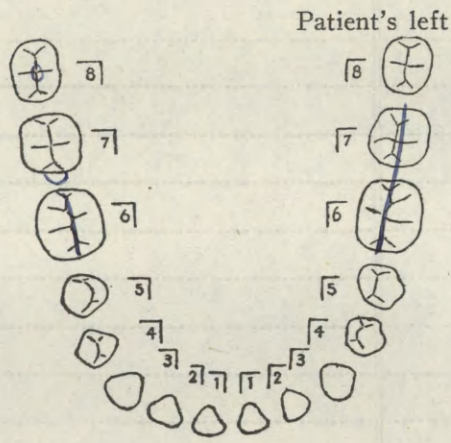
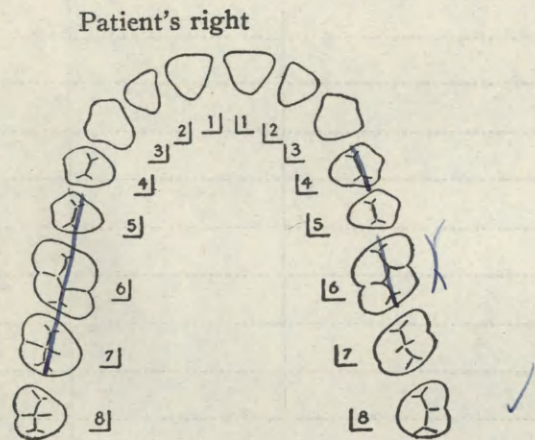
Irreparable tooth—Mark with an X drawn through diagram of tooth.
 Caries—Outline defective tissue. Do not fill in space.
 Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
 Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.

M. G. Davis
 Signature and unit of examining officer
NO. 24 COY., C.D.C.

NAME KELLAR, John Douglas RANK Pte. AGE 25 REG. No. D-139844

UNIT INF. (M) CA DATE 18th March 193

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Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.

[Signature]
 Signature and unit of examining officer
 NO. 24 GOY. C.D.O.

MEMORANDUM

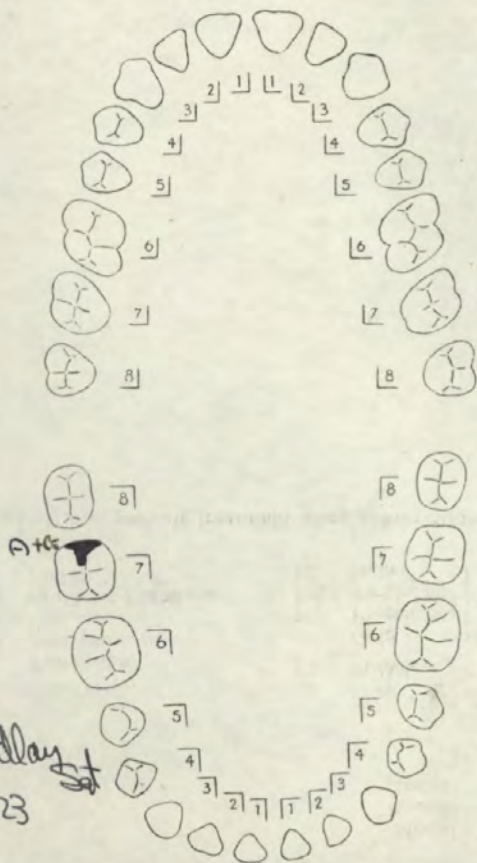
M.F.B. 465B

CANADIAN DENTAL CORPS No. 15 CB.D.C. # 1C1RU Date 24 MAR 44.

Reg. No. D139844 Rank P.T.E. Name KELLAR J.D. Unit # 1C1RU
"F" COY.

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below.

24 MAR 44 71 D.O. A. + CE.



Dwynday St
K84823

J. Kellar
Signature of Operator

Mesial — M
Distal — D
Incisal — I

Labial — La
Buccal — B
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction
A Amalgam
Ce Cement
S Synthetic Porcelain
F Foil

GI	Gold	} Inlay
PI	Porcelain	
GC	Gold	} Crown
PC	Porcelain	
RC	Richmond	
JC	Jacket	

TREATMENT

R Root Canal
VA Vincent's Angina
Pu Pulpitis
PO Post Operative
Pe Periodontia

Br Bridge
PD Partial Denture
CU Complete upper
CL Complete lower
Ra X-ray

} Describe
with
sketch
} Denture

Write plainly, indicate treatment using abbreviations as above, and sketch the outline of all restorations.

LOC0001.t01

10:18 11/13/85

PAOCOTT
QC DVAKGTN
BT

TO C. MCGRATH DVAKGTN

REF YR TLX OF 7 NOV 85

RE D-139844 KELLAR, JOHN DOUGLAS


ENL CA(A) 16 MAR 43 MONTREAL, QUE
DISCH KILLED IN ACTION ON 25 MAY 44
BORN 7 OCT 17 MOUNTAIN GROVE, ONT
MARRIED OLIVE KELLAR
SERVED CANADA AND OVERSEAS
EMB FOR O/S 26 AUG 43

SHIRLEY COOPER
FOR JH PAVELING
DIRECTOR NPRC

*** RECEIVE TRAFFIC ***

B

131515 GME161



RCV13903

10:45 11/07/85

✶
DVA KGTN

NOV. 7, 1985

NATIONAL PERSONNEL RECORDS CENTRE

WOULD YOU PLEASE SEND SERVICE VERIFICATION FOR

KELLAR, JOHN DOUGLAS
D139844
WORLD WAR TWO

TLX

BAUMHOUR, WILFRED HEBERT SC12015

JOSE, WILLIAM L613813

BRANT, LESLIE CECIL B20588

PURPOSE OF INFO - WVA APPLICATION

THANK YOU,

CLARE MCGRATH (FOR)
J.G.H. HONEY

DISTRICT DIRECTOR
VETERANS SERVICES
KINGSTON D.O.

John

NAME D-139844 PTE KELLAR Douglas.

Casualty	Date	Authority	Date entered	Clerk
KILLED	25 MAY 44	"A" 448	23 JUNE 44	g m'a

CASUALTY REPORT checked by JS 0

EST 3() to _____ 0.

Sent on _____ by _____ C. Returned and checked by _____ 0.

EST 3() to _____ 0.

Sent on _____ by _____ C. Returned and checked by _____ 0.

WILL from _____ received on _____ and checked by _____ 0.

Date _____ Beneficiary _____ 0.

Photo indent dated _____ by _____ C. Negative No. _____ filed by _____ C.

Forward to A. of E. _____ O. EST 10 No. _____ by _____ C.

EFFECTS at 1 CKSD YES/NO X EST 2 No. 52 Inventory checked by g m'a 0

EST 2 to _____ 0.

Sent on _____ by _____ C. 0.

EST 4(a) _____ O. Sent on _____ by _____ C Inventory checked by _____ 0.

Inventory UNIT effects checked by _____ O. / NO UNIT effects JS 0.

Release from A. of E. to _____ 0.

RELEASE to _____ O. EST 11(a) No. _____ EST 5 on _____ by _____ C.

Shipped in Box EST _____ on _____ EST 5(a) rec'd and filed by _____ C.

C. of A. REPORT rec'd and dup. ch. on 8-824 by g m'a C. Checked by JS 0.

DEBTS

Particulars	Name	Amount	Paid	Receipt

MBM I Part II 0 Checked 0 MBM I Part I 0 0

No. Ch bk chs 0 Off Record of Service Bk 0

GFO bank book 0 0

0 0

0 0

0 0

0 0

EST 6 / Requ/Does Uplift JS 0

Cash to P.M. nil 0

L.P.C. received and checked by JS 0. Prepared by JS C.

EST 7 JS 0. Prepared by E.B. C.

COMPLETE JS JS 0. Entered on DEC 18 1944 by JS C.

NOTES No Effects

REMARKS TO A. of E.

No kit in storage at 1CKSD.

Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Missing or Date taken POW
D139844	Pte	KELLAR JD	Westmr Regt	25 May 44

PROCEEDINGS OF A STANDING COMMITTEE
OF ADJUSTMENT assembled at Canadian
Section G.H.Q., 2nd Echelon on the

15 Jul 44

by order of ~~It~~ - Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

J. SANSON

~~Enfnx RADLEY~~, Major

CANADIAN SECTION GHQ 2nd Echelon CMF.

MEMBERS

W.G.D. STANLEY, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

G.F. CLYNICK,
~~XXXXXXXXXXXXXXXXXXXX~~ CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

The Committee having assembled
pursuant to order, proceed to
report their findings as shown
on the back hereof.

1. So far as can be ascertained this ~~Officer~~/other rank has:-
(a) No recoverable property in this area of operations;
(b) No known preferential charges or local debts.
2. We have received no money or other property on account of this ~~officer~~/other rank.

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices. (including statement as to why no effects)

J. Sanson
(J. SANSON) Major
~~(J. SANSON)~~ PRESIDENT.

W.G.D. Stanley
(W.G.D. STANLEY) Capt
MEMBER.

G.F. Clynick
(G.F. CLYNICK) Capt
~~(G.F. CLYNICK)~~ MEMBER.

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - (a) preferential charges owing within the unit and the unit area, and
 - (b) ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
 - (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
 - (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
 - (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

REPORT

No. D.139844 Rank Pte. Name in full KELLAR John Douglas

*Deceased, *Missing, *Prisoner of War, *Interned, Date of Casualty 24 May 1944

Unit Westminster Regiment (Motor)

Medical installation in which death took place (if applicable) N/A

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report LIEUT. E. G. ROBERTS
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1. * Separate inventories are attached, as applicable, showing:—

- (a) * ~~Articles of personal effects for service requirements from Q.M. Stores~~ *PHL*
- (b) * ~~Articles sold to pay preferential charges showing the purchase of and the price paid for each article~~ *PHL*
- (c) * ~~Articles additionally sold under G.O.s and only showing the purchase of and the price paid for each article~~ *PHL*
- (d) * ~~Articles of sentimental value or value to the deceased or to the family of the deceased~~ *PHL*
- (e) * ~~Receipts for articles of sentimental value or value to the deceased or to the family of the deceased~~ *PHL*

2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6."

B. WILL

- (a) * ~~Will or testamentary document was forwarded~~ *PHL*
(* Officer i/c Estates, C.M.H.Q. Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon. Copy of the will and of the memorandum forwarded to the unit is attached as Exhibit "A6".)
- (b) *No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

- (a) *Was turned in to Q.M. Stores.
- (b) *There were no deficiencies.
- (c) * ~~The person or the estate of the deceased is notified by the D.A.D.C. of the Service and the receipt of the information is attached as Exhibit "A6".~~ *PHL*

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
NIL			

*If a claim is submitted as an exhibit, it should be shown as paid being duly received and these records should be maintained by the Office of the Adjutant General being concerned.

(b) *If a claim is submitted as an exhibit, it should be shown as paid being duly received and these records should be maintained by the Office of the Adjutant General being concerned.

E. ORDINARY DEBTS

(a) Name & Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
NIL			

*If a claim is submitted as an exhibit, it should be shown as paid being duly received and these records should be maintained by the Office of the Adjutant General being concerned.

(b) *If a claim is submitted as an exhibit, it should be shown as paid being duly received and these records should be maintained by the Office of the Adjutant General being concerned.

F. CREDITS

(a) Public Claims owing to the Casualty.

†	Nature of Claim	Amount
NIL		

(i) *Copy of each claim submitted and of any correspondence connected therewith should be submitted as an exhibit.

(ii) *Statements of value for each year in force for periods suitable for service requirements should be submitted to the Adjutant General.

(b) Private Claims Owing to the Casualty.

†	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid
NIL				

*If a claim is submitted as an exhibit, it should be shown as paid being duly received and these records should be maintained by the Office of the Adjutant General being concerned.

G. CASH RECEIVED AND PAID

	Paid	Received
Cr. { Cash found on person or in effects		† NIL
{ Cash realized from sale of effects as per para. A.		† NIL
{ Cash collected re private claims as per para. F.		† NIL
Dr. { Paid re preferential charges as per para. D.	† NIL	
{ Paid re ordinary debts as per para. E.	† NIL	
{ Paid (to unit) to unit Paymaster	† NIL	
	† NIL	† NIL

H. SERVICE AND PAY BOOK

Office Book of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report)

(*not forwarded by reason that destroyed at time of Casualty)

[Signature]
Signature of Committee or President

3 July 1944
Date

The Westminster Regiment (Motor)
Unit

844 Pte. Kellan J. D.

No personal effects were found as they
were destroyed at the time of his death

YAG

E. G. Lebeck Lieut

13 Jul 44

Officer i/c Estates,
Canadian Military Headquarters,
Cockspur Street
London S.W. 1

D139844 Pte Kellar J.D.

1. This is to certify that investigation at 2 Cdn Kit Storage and Disposal Unit reveals no trace of any personal effects for the marginally named soldier.

M. S. Dunn
for (Michael S. Dunn) Colonel,
Officer i/c

Canadian Section GHQ 2nd Echelon A.A.I.

/MJW

3 July 1944

Officer Commanding,
Westminster Regiment (Motor),
Canadian Army, C.M.F.

UNIT COMMITTEE OF ADJUSTMENT
D.139844, Pte. KELLAR, J. D.

1. Reference your Unit Committee of Adjustment in connection with marginally named soldier who was Killed in Action on 25 May 1944.
2. It is pointed out that all Sub-paragraphs on the CFA 151 should be, if not applicable, deleted individually and not with a large cross as was done in this instance.
3. It is also noted that Para. "H" of CFA 151 was not completed.
4. In order to expedite this matter, we have completed as far as possible from information on file at this Headquarters, a Unit Committee of Adjustment. Will you please complete Para. "H", initial all deletions, sign each report and return three copies to this Headquarters at your early convenience.

G. F. Clynick

(G. F. Clynick), Capt.,
for officer i/c

Canadian Section GHQ, 2nd Echelon, A.A.I.

CHW

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - (a) preferential charges owing within the unit and the unit area, and
 - (b) ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
 - In U.K.—to Officer i/c Estates, C.M.H.Q.
 - Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
 - (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
 - (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
 - (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

REPORT

No. D139844 Rank Pte Name in full Kellan John Douglas
*Deceased, *Missing, *Prisoner of War, *Interned, Date of Casualty 24th May 1944
Unit Westminster Regt. (M)
Medical installation in which death took place (if applicable) N.A.
Reinforcement Unit to which posted at time of death (if applicable) N.A.
Name of Officer furnishing report Lt. F. B. Roberts (BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

- (a)*Original Will or testamentary document was forwarded on _____ (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- (b)*No Will or testamentary document was found on the person or among the effects of the deceased. NR

C. CLOTHING AND EQUIPMENT (PUBLIC)

- (a)*Was turned in to Q.M. Stores.
- (b)*There were no deficiencies.
- (c)*There were deficiencies amounting to £ _____ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
†	†	†	

*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
†	†		

*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

†	Nature of Claim	Amount
†	†	

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

†	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid
†	†	†		

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

		Paid	Received
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para. A.		†
	Cash collected re private claims as per para. F.	†	†
Dr.	Paid re preferential charges as per para D.	†	
	Paid re ordinary debts as per para. E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. 1, Pts. I and II) is (*forwarded with this report) (*not forwarded by reason that

Robert Lint
Signature of Committee or President

Regt. Minster Regt.
Unit

Date

CECH/33/SC of A/1 (A6b)

Date 19 June 1944

OFFICER COMMANDING,
Westminster Regiment, (Mot),
Canadian Army, C.M.F.

UNIT COMMITTEE OF ADJUSTMENT (CFA 151)

1. U. C. of A. (CFA 151) in connection with No. D.139844
Rank Pte. Name KELLAR J.D. K/A MISSING/POW
was sent to you on Date 5 June 1944.
2. This return is overdue at this Headquarters and it is requested that same be forwarded by return mail.
3. This will be treated as urgent, please.

(G. F. Clynick), Capt.,
for officer i/c
Canadian Section GHQ, 2nd Echelon,
C.M.F.

CECH/33/KELLAR J. D.

5 JUN 44

Officer Commanding,
WESTMINISTER REGT
Canadian Army, C.M.F.

D-139844 PTE. KELLAR J. D.

SUBJECT

1. The above mentioned ~~Officer~~^{CCCCCCC}/Other Rank has been reported to this H.Q. as **KILLED IN ACTION 25 MAY 44**

2. Will you please complete the attached proforma in quadruplicate and return three copies to this H.Q. as quickly as possible, furnishing the maximum of detail within your knowledge. Please state specifically in para D & E whether any preferential or local debts remain unpaid. If there are none, state "NIL" (do not strike out the relevant portion of the proforma). A receipt in triplicate will be attached for any money found in the effects.

3. No effects will be sent to Next of Kin or given to relatives of any kind, but will all be forwarded direct to this H.Q. registered mail.

4. Home authorities have been officially notified of the a/m death.

5. Please forward a letter of condolence to this H.Q. for onward transmission to Next of Kin in accordance with H.Q. 1 Cdn. Corps Circular Letter A/Q 6-6 dated 13 March 44.

for Officer i/c
Cdn. Sec. G.H.Q. 2nd Echelon A.A.I.

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,

(Trafalgar Square)

London, S.W.1.

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada.

12 DEC 44.

D-13984 Pte KELLAR, John Douglas (dec'd)

1. Herewith the following:-

Original C. of A. report.

~~M.B.M. I Part I~~

M.B.M. I Part II

~~M.F.M. 14~~

~~Officers Record of Service Book~~

L.P.C.

~~Amended I.P.C.~~

~~(C.F.A. 187)~~

~~(C.F.A. 187)~~

~~(C.F.A. 187)~~

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. Nil effects

~~Personal effects released to you in Box~~

~~Personal effects released to~~

3. NIL Will here:

~~Will forwarded to you with EST 10 serial no~~

4. Remarks

No Kit stored at 1 CKSD.

26

(G.M. Lampard) Lt-col.
Officer i/c Estates
Canadian Military Headquarters.

Copy to file

Officer i/c Estates,
C.M.H.Q.,
L O N D O N, S.W.1.

D139844 Pte Kellar. J.D. (Deceased)
10/Kellar D/1 (Est.2.)

In accordance with your letter dated 11th. Aug. 44.
enclosed are Last Pay Certificate and Paybooks for the above noted.



PR/495 27th. November. 1944.

to Leunbrook
for Chief Treasury Officer.

EST 6

Quote No..10/Kellar.D/1.(Est.2).....

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,
(Trafalgar Square)
London. S.W.1.

C.P.M. (Pay 2)
Lancaster.

11 Aug 44

D-139844 PTE KELLAR John Douglas (dec'd)

1. Herewith the following:-

- (i) ~~Mr B M x I x Part x II x~~
- (ii) ~~Distribution x of x service x estates x form~~

2. Please uplift the following bank account in addition to the official bank account if any:-

Nil

3. Committee of Adjustment Report shows the following:-

Cash to Paymaster Nil

.....
.....
.....
.....
.....
.....

C.D.V. Nil

4. Please forward:-

~~Cheques x in x payment x of x debts x~~
L.P.C.

79
(G.M. Lampard) ~~Major~~ Lt-col.
Officer i/c Estates
Canadian Military Headquarters

Copy for file

52

4237

Est 2 P-4-F-44

Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Missing or Date taken POW
D139844	Pte	KELLAR JD	Westar Regt	25 May 44

PROCEEDINGS OF A STANDING COMMITTEE
OF ADJUSTMENT assembled at Canadian
Section G.H.Q., 2nd Echelon on the

15 Jul 44

by order of ~~LT~~-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

~~J.~~ **J. SANSON**
~~Eng~~ ~~RADLEY~~, Major
CANADIAN SECTION GHQ 2nd Echelon CMF.

MEMBERS

W.G.D. STANLEY, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

~~KLYNICK~~ **G.F. CLYNICK,**
~~KLYNICK~~ CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

The Committee having assembled
pursuant to order, proceed to
report their findings as shown
on the back hereof.

1. So far as can be ascertained this ~~officer~~ officer/other rank has:-
- (a) No recoverable property in this area of operations;
 - (b) No known preferential charges or local debts.
2. We have received no money or other property on account of this ~~officer~~ officer/other rank.

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices. (including statement as to why no effects)

J. Sanson
(J. SANSON)
~~XXXXXXXXXXXX~~ Major
PRESIDENT.

W.G.D. Stanley
(W.G.D. STANLEY) Capt
MEMBER.

G.F. Clynick
(G.F. CLYNICK)

~~XXXXXXXXXXXX~~
(A.M. STEPHENSON) Capt
MEMBER.

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.
D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†	Nature of Claim	Amount	or Unpaid
NIL			

*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
NIL			

*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

†	Nature of Claim	Amount
NIL		

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

†	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid
NIL				

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

	Paid	Received
Cr.	Cash found on person or in effects	† NIL
	Cash realized from sale of effects as per para. A.	† NIL
	Cash collected re private claims as per para. F.	† NIL
Dr.	† NIL	
	† NIL	
	† NIL	
	† NIL	† NIL

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report) (*not forwarded by reason that destroyed at time of casualties)

Ed Lewis
 Signature of Committee or President

3 July 1944
 Date

The Westminster Regiment (Motor)
 Unit

D139844 Pte. Kellan J.D.

No personal effects were found as they
were destroyed at the time of his death.

W. H. Baker's Lieut

1A6

13 Jul 44

Officer i/c Estates,
Canadian Military Headquarters,
Cockspur Street
London S.W. 1

D139844 Pte Kellar J.D.

1. This is to certify that investigation at 2 Cdn Kit Storage and Disposal Unit reveals no trace of any personal effects for the marginally named soldier.

M. S. Dunn
for (Michael S. Dunn) Colonel,
Officer i/c

Canadian Section GHQ 2nd Echelon A.A.I.

/MJW

CANADIAN MILITARY HEADQUARTERS

No. 4237

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) KELLAR JOHN DOUGLAS

(Surname)

(Christian Names)

RANK PTE No. D/139844 UNIT WESTMINSTER REGT.

HOSPITAL (U.K. only) In which death took place, if applicable _____

R.U. (U.K. only) to which posted on admission to Hospital _____

CASUALTY KILLED DATE 25 MAY 44 LIST # A-448 PLACE A.A.I.
(If ex U.K. specify theatre)

If P.O.W. or INTERNEED, number and address _____

PREVIOUSLY REPORTED _____ DATE _____

L.S. Appelford
L.S. APPELLFORD (Major)
Officer i/c R.5. Wing Cas. Section.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO Y (If NO, complete No.2)

2. NAME, in full _____

RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. From M.F.M.5 or any other source, including children born overseas. If NONE, so state _____

4. Date of MARRIAGE, if known _____

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED _____ BENEFICIARY _____
(Relationship)

(Name) (Address) EXECUTOR _____

2. BANK ACCOUNT - Name of Bank etc. _____ A/c No. _____

address _____

3. KIT PRIVATELY STORED - Name of custodian _____

address _____

4. Particulars of DEBTS; REMARKS, etc. _____

JUN 23 1944

Date _____

Original - with Will, if any, to
O.i/c Estates, C.M.H.Q.
Duplicate - to file.

B.E. Willan
B.E. WILLAN Capt
Officer i/c R.3. Wing Non-Effectives.
for Officer i/c Records.
CANADIAN MILITARY HEADQUARTERS

D.V.A. 405-K-7795
R. 4 (B).

Ottawa,
12th February, 1948.

Mrs. Olive Kellar,
Madoc, Ontario.

Dear Mrs. Kellar:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, D139844 Private John Douglas Kellar, the location of which is grave 16, row G, plot 5, Cassino Military Cemetery, Cassino, Italy.

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

Yours faithfully,

JBR.

Encl.

[Handwritten signature]

for A/Director,
War Service Records.

D.V.A. 405-K-7795
R. 4 (B).

Ottawa,
12th February, 1948.

Mrs. Cora Kellar,
Mountain Grove, Ontario.

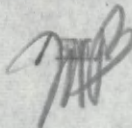
Dear Mrs. Kellar:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D139844 Private John Douglas Kellar, the location of which is grave 16, row G, plot 5, Cassino Military Cemetery, Cassino, Italy.

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

Yours faithfully,

Encl.



A/Director,
War Service Records.

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.11154

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 5 May 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-139844

Name John Douglas KELLAR
Christian Name Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

Name	Amount
<i>Mrs Oline Kellar</i>	\$ <i>51.12</i>
<i>wife + 1 child</i>	
_____	_____
_____	_____

If no D.A. in issue, list names and
relationship of persons in receipt
of A.P. who may be classed as
dependents under W.S.G. Act, 1944
and amount of monthly assignment

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

MAY 16 1945 194

C. L. ...
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. \$ _____

194

for C.T.O.

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.11154

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 5 May 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-139844

Name _____
Christian Name KELLAR Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

K. W. Rice
(K.W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

Name	Amount
<i>Mrs Olive Kellar</i>	\$ <i>54.12</i>
<i>Wife + Child</i>	
_____	_____
_____	_____

If no D.A. in issue, list names and
relationship of persons in receipt
of A.P. who may be classed as
dependents under W.S.G. Act, 1944
and amount of monthly assignment

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

MAY 16 1945 194_____

W. H. ...
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. \$ _____

_____ 194_____

_____ for C.T.O.

1 May 1945

Mrs. Olive Kellar,
MADOC, Ontario.

Dear Mrs. Kellar:

Your application for payment of War Service Gratuity on behalf of the service of the late is acknowledged.

D-139844 Pte. KELLAR, J.D.

You are advised that the War Service Grants Act, 1944, and relative Regulations provide that in the case of a member who dies before payment of the gratuity is made in full, the gratuity, or the unpaid balance thereof, shall be paid to a dependent who was eligible to receive Dependents Allowance, or to a dependent to whom pay was assigned by the member immediately prior to his death or discharge.

If there is no person qualified to receive payment of the gratuity as outlined above, then the amount payable shall form part of and be comprised in the member's Service Estate to be distributed in accordance with the member's Will or, if there is no Will, in accordance with the law applicable.

By reason of certain procedure which must be followed to determine under which condition of the Act settlement of this gratuity is to be made, some time will elapse before this can be brought to a finality. You are assured, however, that this claim is receiving every attention, and you will be advised at the earliest possible moment.

Yours truly,

For (A.R.Mortimore) Brigadier,
PAYMASTER/GENERAL.

111154

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

- (a) Surname Hellar
- (b) Christian Names John Douglas
- (c) Regimental No. D-139844
- (d) Rank at time of decease Private

2. I hereby submit the following particulars in support of my application:-

- (a) Surname Hellar
- (b) Christian Names Olive, Ida, Myrtle
- (c) Relationship to deceased Wife

(d) Address in full Madoc, Ontario

Yours truly,

Date April 13, 1945.

Mrs. Olive Hellar
(Signature of Applicant)

15th August, 1945.

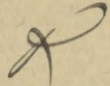
Mrs. Olive Kellar,
Madoc, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D139844 Private John Douglas Kellar, have now been carefully exhumed from the original place of interment and reverently reburied in grave 16, row G, plot 5, of Cassino Military Cemetery, Cassino, Italy. 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.

B.B./EMA

24

ESTATES BRANCH

July 26, 1944.

Mrs. Olive Kellar,
Madoc, Ontario.

KELLAR, John D., Pte. (Deceased)
D.1398¹¹⁴ - Canadian Army

Dear Mrs. Kellar:

Receipt is gratefully acknowledged of our completed form F.64.

A Will has been received here executed September 3rd, 1943, by your husband, in which he named you the sole beneficiary of his estate. The terms of this Will are subject to any later Will which may have been executed Overseas.

As a result of the recent invasion, there may be some considerable delay in having the personal effects and the Overseas report sent to us because of the shortage of ships available for this purpose. You will, of course, appreciate that this is due to circumstances beyond our control, and you may be assured that you will be notified as soon as we are in a position to proceed with distribution of the estate.

Yours faithfully,

CWP/RD

Director of Estates.

7

D139844 Pte Kellar J. D.

No personal effects were found as they were
destroyed at the time of his death.

probab Lieut

1A6

11

13 Jul 44.

Officer i/c Estates,
Canadian Military Headquarters,
Cockspur Street
London S.W. 1

D139844 Pte Kellar J.D.

1. This is to certify that investigation at 2 Cdn Kit Storage and Disposal Unit reveals no trace of any personal effects for the marginally named soldier.

M. S. Dunn
M4 (Michael S. Dunn) Colonel,
Officer i/c

Canadian Section GHQ 2nd Echelon A.A.I. 10

/MJW

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

Name and Address of Creditor	Nature of Claim	Amount	Paid or Unpaid
† NIL SHAL			

*Premised accounts are attached as Exhibit D1, those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit D2.

E. ORDINARY DEBTS

(a) Name & Address of Creditor

Name & Address of Creditor	Nature of Claim	Amount	Paid or Unpaid
† NIL SHAL			

*Premised accounts are attached as Exhibit E1, those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b) Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit E2.

F. CREDITS

(a) Public Claims owing to the Casualty.

	Nature of Claim	Amount
† NIL	SHAL	

(i) Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit F1.

(ii) Statement of valuation of and receipt for articles suitable for service requirements issued into O.M. Stores (para. A1 (a) above) attached as Exhibit F2.

(b) Private Claims Owing to the Casualty.

Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid
† NIL	SHAL		

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit F3.

G. CASH RECEIVED AND PAID

	Paid	Received
Cr. { Cash found on person or in effects	† NIL	† NIL
Cr. { Cash realized from sale of effects as per para. A.	† NIL	† NIL
Cr. { Cash collected re private claims as per para. F.	† NIL	† NIL
Dr. { Paid re preferential charges as per para D.	† NIL SHAL	
Dr. { Paid re ordinary debts as per para. E.	† NIL	
Dr. { Paid (balance) to unit Paymaster	† NIL	
	† NIL	† NIL

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report)

(*not forwarded by reason that destroyed at time of casualties)

Signature of Committee or President

3 July 1944
Date

The Westminster Regiment (Motor)
Unit

Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Missing or Date taken POW
D139844	Pte	KELLAR JD	Westar Regt	25 May 44

PROCEEDINGS OF A STANDING COMMITTEE
OF ADJUSTMENT assembled at Canadian
Section G.H.Q., 2nd Echelon on the

15 Jul 44

by order of Lt.-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

J. SANSON
E.C. RADLEY, Major
CANADIAN SECTION GHQ 2nd Echelon CMF.

MEMBERS

W.G.D. STANLEY, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

G.F. CLYNICK,
A.M.D. STEPHENSON, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

The Committee having assembled
pursuant to order, proceed to
report their findings as shown
on the back hereof.

1. So far as can be ascertained this ~~Officer~~ Officer/other rank has:-
- (a) No recoverable property in this area of operations;
 - (b) No known preferential charges or local debts.
2. We have received no money or other property on account of this ~~officer~~ officer/other rank.

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices. (including statement as to why no effects)

J. Sanson
(J. SANSON)
(E.G. RADLEY) Major
PRESIDENT.

W.G.D. Stanley
(W.G.D. STANLEY) Capt,
MEMBER

G.F. Clynick
(G.F. CLYNICK)
(A.M. STEPHENSON) Capt
MEMBER.

DISTRIBUTION OF SERVICE ESTATES
ARMY

TL

Estates Form "P. 4"

Name:..... **KELLAR,** **John D.** No.: **D.139844**
Surname Christian Names
..... **Pte.** **G.A. O/S** **25-8-44**
Rank Unit Date of Death

AMOUNT

Date:..... **22-2-45**
L.P.C.....\$ **23.01**
Other Credits.....
Total..... **23.01**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Olive Kellar, MADOC, Ontario. (Sole beneficiary under will) TO BE FORWARDED BY REG. MAIL DIRECT, P4. TO TREAS. 2-4-4504	23.01

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$23.01
CLASSIFIED BY <i>Original Signed by</i> K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED
Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

ESTATES BRANCH

March 26th, 1945.

Mrs. Olive Kellar,
Madoc, Ontario.

KELLAR, John D., Pte. (Deceased)
No. D.139844, C.A.

Dear Mrs. Kellar:

We are pleased to advise you that the final statement concerning your husband's Service estate has now been received.

The total amount available to this Branch for distribution is \$23.01 and is made up entirely of pay and allowances.

The whole amount will be paid to you as sole beneficiary named in your husband's last Will.

The Treasury Department has been requested to forward to you a cheque in this amount. When it has been received, would you please sign and return to us the enclosed receipt form.

We are very sorry to have to inform you that according to the report prepared by the Unit, no effects were recovered following your husband's death. There is a notation in the report signed by Lieutenant Roberts to the effect that the effects were destroyed at the time your husband's death took place.

Yours faithfully,

Director of Estates.

RGP/MP
Encl.

14

CLIS

COPY OF CABLES FROM C. RECORDS

6418 LONDON 0915/3/6/44

RECEIVED 12:09/3/6/44

BATTLE CASUALTIES

FURTHER OUR 6392 M 104297 RICE

O2E NOW ADVISE CORRECT
CLASSIFICATION BATTLE
CASUALTIES RICE KILLED 24 MAY

D.139844 KILLAR

O2E NOW ADVISE CORRECT
CLASSIFICATION BATTLE
CASUALTIES KILLAR KILLED 25 MAY
REPEAT 25 MAY

A.58842 WHITE

O2E NOW ADVISE CORRECT
CLASSIFICATION BATTLE CASUALTY
WHITE KILLED 26 MAY

FURTHER OUR 6310 M.26842 ALLISON

O2E NOW ADVISE KILLED IN ACTION
24 MAY

M 45631 GULLY

O2E NOW ADVISE KILLED IN ACTION
24 MAY

M 50316 LARSON

O2E NOW ADVISE KILLED IN ACTION
24 MAY

L 54810 SLAW

O2E NOW ADVISE KILLED IN ACTION
24 MAY

OUR 6313 B.53719 WAGNER

O2E NOW ADVISE KILLED IN ACTION
24 MAY

FOLLOWING CONFIRMATION DATES CASUALTIES

OUR 6235 B 78536 HARKIS

CONFIRMED 22 MAY

OUR 6291 H 77389 ABBOTT

CONFIRMED 24 MAY 5

OUR 6269 G 17084 BRITTAIN

CONFIRMED 24 MAY

OUR 6291 L 1065 HARM

CONFIRMED 25 MAY

H 64811 PETZ

CONFIRMED 25 MAY

OUR 6159 K 74723 DAVISON

CONFIRMED 21 MAY

OUR 6241 L 1745 MACINTOSH

CONFIRMED 23 MAY

OUR 6251 H 41286 SARGENT

CONFIRMED 23 MAY

OUR 4232 H 42256 MARTIN

CONFIRMED 23 MAY

OUR 6229 M 15656 GAGNON

CONFIRMED 23 MAY

OUR 6400 H 6656 WRIGHT

CONFIRMED 29 MAY

OUR 6342 D 139513 COUSINEAU

CONFIRMED 27 MAY

OUR 6290 A 44711 HAWOOD

CONFIRMED 25 MAY

21 NAMES

30433/MCS/1114/3/6/44

CASUALTIES

The Administrator of Estates.

Regimental No. D-139844 Rank Private

..... KELLAR, John Douglas
Surname Christian Names

Unit The Westminster Regiment (CA)

Date of Death 25-5-44 Place of Death Overseas (Mediterranean)

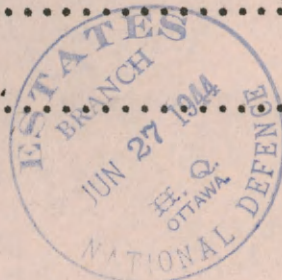
Next-of-kin Mrs. Olive Kellar, Relationship Wife

Address Madoc, Ontario.

M.F.M.5 Copy Herewith.

Will Will d/18-3-43 & Notation re Will d/3-9-43.

Date 23-6-44



C. L. Laurin
Colonel
Director of Records
W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

FJH:GSM

H

To be made out in duplicate

M.F.M. 5
150M-7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank..... KELLAR
(Surname first—Christian names in full—Block capitals)
John Douglas

(2) Regimental or Official Number and Rank..... D-139844 Pte.

(3) Unit..... INF (M) CA

(4) Are you married?..... Yes

(5) If married, state,
(a) Full name of your wife..... Mrs. Olive KELLAR (Carson)
1475 Mountain St., Montreal, Quebec, Canada.
(b) Present postal address of wife.....

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

(7) Are you a widower?..... No

(8) Have you any children?..... No..... Number of boys..... Girls.....
Names and ages.....

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....
.....
Give particulars of Guardians to whom Dependents' 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 for at least 2 years immediately prior to appointment or enlistment?.....**No**.....

If so, state her full name and Postal Address.....

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

If so, state name and address, occupation **Mr. Zina KELLAR - Laborer**

Mountain Grove, Ontario, Canada.

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

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

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

(14) Is your mother alive?.....**Yes**.....

If so, state name and address.....**Mrs. Cora KELLAR (Karkwood)**

Mountain Grove, Ontario, Canada.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months.....

(18) Are you insured?.....**No**.....

If so, in what Company?.....
(Give number of policy)

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.

(Sgd.) John D. Kellar

(Signature of officer or man)

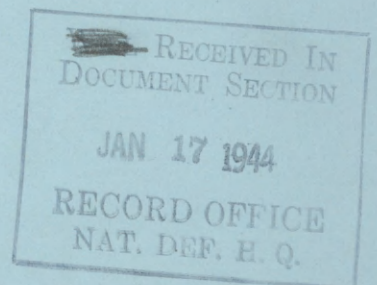
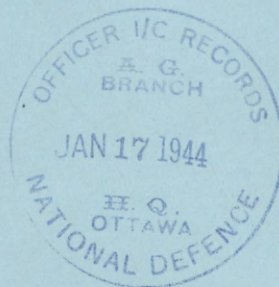
Date **March 18th 1943.**

(Sgd.) D.D. Diplock Lt.

for Officer Commanding **No. 4-DISTRICT DEPOT A.F.**

Date **March 18th 1943.**

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.



RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
GRAVES REGISTRATION CARD.

NAME John KELLAR Douglas PLACE & DATE OF BIRTH Mountain Grove, Ontario Canada
7 October 1917
RANK Pte REGIMENTAL NO D-139844
UNIT Westminster Regiment NEXT OF KIN & ADDRESS Wife
Mrs. Olive Kellar Madoc Ontario Canada

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ PLACE OF DEATH ITALY.
~~HRS~~ - DATE OF DEATH 25 May 44
CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 25 May 44. CEMETERY Field. beside Heart Route
at Map R. ITALY 1/100000 CASSINO,
PLOT NO _____ ROW NO _____ GRAVE NO 160 G725196.
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT: _____
RELIGION United Church of Canada
DATE 19 Feb. 45.

*Noted
HR 2 (rel)*

B. E. Willian
(B. E. WILLIAN) Capt.,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS.
ACTON, LONDON W.3.

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
GRAVES REGISTRATION CARD.

NAME John KELLAR Douglas PLACE & DATE OF BIRTH Mountain Grove, Ontario Canada
7 October 1917
RANK Pte REGIMENTAL NO D-139844
UNIT Westminster Regiment NEXT OF KIN & ADDRESS Wife
Mrs. Olive Kellar Madoc Ontario Canada

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ PLACE OF DEATH ITALY.
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DATE OF BURIAL 25 May 44. CEMETERY Field. beside Heart Route
at May R. ITALY 1/100000 CASSINO,
160 G725196.
PLOT NO _____ ROW NO _____ GRAVE NO _____
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT: _____
RELIGION United Church of Canada
DATE 19 Feb. 45.

B. E. Willan
(B. E. WILLAN) Capt.,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

CASUALTY SECTION EXTRACT FORM

A.448

Message Received from..... E/CAS/6156 & 6195.....

Time Message Received.....

Date Message Received..... 3 JUN 44.....

AAI

REGIMENTAL No. RANK NAME FULL CHRISTIAN NAMES
 D-139844 PTE. KELLAR DOUGLAS.....
 UNIT..... WESTMINSTER REGIMENT.....

KILLED IN ACTION 25 MAY 44.
 CASUALTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. OR D.I.
 (This information must be clearly stated)

Hospital Admitted to..... Date.....
 Hospital Transferred to..... Date..... ENTERED ON
 Hospital Transferred to..... Date..... CAS. CARD
 Hospital Discharged from..... Date..... CAS. LIST *AAI*

FOR VERIFICATION CLERK

IMPORTANT NEXT-OF-KIN IMPORTANT

If next-of-kin is in CANADA—Give full Address and Relationship.
 If next-of-kin is in U.S.A.—Give full Address and Relationship.
 If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

Change

NEXT-OF-KIN MRS. OLIVE KELLAR RELATIONSHIP WIFE.

Address..... MADOC.....
 ONTARIO.....
 CANADA.....
 Home Town..... MONTREAL..... QUE.....
 Cable No..... 6392.....
 6418

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

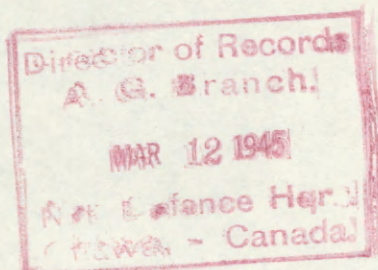
CARD MADE

Verification Clerk's Signature. *R*

BEW/EP.

REC/D-139844.

CANADIAN MILITARY HEADQUARTERS.



RECORDS OFFICE,
Government Building,
Bromyard Avenue,
ACTON. W.3.

19 Feb. 45.

The Director of Records,
Department of National Defence,
OTTAWA, ONTARIO.
CANADA.

D-139844, Pte. KELLAR, J.D., deceased.

Enclosed please find the undermentioned documents in respect of the m/n deceased soldier:-

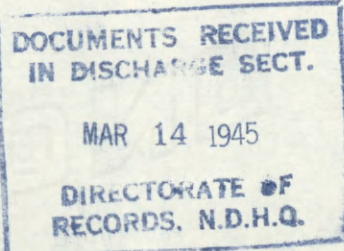
- ✓ M.F.M.2.(Trip)
- ✓ M.F.M.4.
- ✓ M.F.B.465 & B's.
- ✓ M.F.M.14.
- ✓ Casualty Section Form.
- ✓ Records Office Graves Regn. Card in dup.

B. E. Willan
(B. E. WILLAN) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Encls.

COPY RETURNED

H.L.



H.O.405 -K-7795

DISCHARGE DOCUMENTS HAVE BEEN DETACHED
AND PLACED IN DOCUMENT ENVELOPE IN
RECORD OFFICE, N.D.H.Q.

DATE _____

Director of Records
A. G. Branch.
MAR 19 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

C.A.S.F. A. 2E

17

FIELD SERVICE

405-K-7795
Army Form B, 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT } WESTM'R REGT
OR CORPS } Squadron, Troop, }
Battery or Company }
Officer's Personal No. (if known) }
Soldier's Army No. } D-1398M Rank PTE.
Surname KELLAR Christian Names J. D.
Died { Date 25 MAY 44 Place ITALY
Cause of Death* KILLED IN ACTION
Nature and Date of Report 3011C 25 MAY 44
By whom made UNIT

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

In the Field, Beside Heart Route at Mar Ref. ITALY 1/100000
Burial { Place CASSINO 160 9725196 Date 25 MAY 44
By whom reported G. D. JOHNSTON (HQ 5 COUN ARMD DIV)

State whether he leaves { (a) in Army Book 64 NOT KNOWN
a Will or not { (b) as a separate document NOT KNOWN

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and } FIELD 15 JUN 44 Signature of Officer in charge of Section } Jeanquar Kent
Date } Adjutant-General's Office at the Base }

WARRANT OFFICERS, N.C.O.S AND MEN**KILLED IN ACTION**
*****CANADIAN ARMoured CORPS

6. BUSS, HERMAN, PTE., H100845, EMILE BUSS (FATHER),
681 SEVEN OAKS AVE., WEST KILDONAN,
WINNIPEG, MAN.
7. DEBAEREMAEKER, JULES, TPR., B131863, MRS. MADELINE DEBAEREMAEKER
(MOTHER), 82 GAMBLE AVE., TORONTO 6,
ONT.
8. FRAZIER, DONALD LEONARD, TPR., C101699, MRS. ETHEL M. FRAZIER (WIFE),
53 SUSSEX ST., OTTAWA, ONT.
9. GREENBERG, PERCY, TPR., D131229, MRS. ROY GREENBERG (MOTHER),
4601 COLONIAL AVE., MONTREAL, QUE.
10. GROVES, CLINTON ARNOLD, TPR., B132791, MRS. JESSIE MAY CHADBURN (MOTHER),
TROUT MILLS, ONT.
11. HANIS, GEORGE VICTOR, TPR., H188, JOHN WILLIAM HANIS (FATHER),
STOCKHOLM, SASK.
12. LAWTON, ALFRED CHAMPION, TPR., G544, MRS. NELLIE LAWTON (MOTHER),
R.R. #3, ST. STEPHEN, N.B.
13. MCGARITY, ALVIN VAUGHN, L/CPL., G138, MRS. VERA MCGARITY (MOTHER),
YOUNG'S COVE RD., N.B.
14. OCHRYMOWICH, THEODORE, TPR., M36925, MRS. CAROLINE OCHRYMOWICH (MOTHER),
BOX 38, ARDATH, SASK.
15. PESKO, JOHN LAWRENCE, TPR., B258, JOHN PESKO (FATHER),
24 LOCUST ST., WARREN, PA., U.S.A.
16. SHEARS, CECIL DAVID, TPR., K914, MRS. LUCY SHEARS (MOTHER),
STE. 3, THE CONNAUGHT, 2515 VINE ST.,
VANCOUVER, B.C.
17. STEWART, CHARLES HENRY, SGT., G43, MRS. EFFIE L. STEWART (WIFE),
R.R. #2, APOHAQUI, N.B.
18. STRAND, ALBERT HAROLD, TPR., H100517, ALFRED F. STRAND (FATHER),
GILBERT PLAINS, MAN.

ROYAL CANADIAN ARTILLERY

19. TRIST, FRANK DREW, GNR., H76125, RICHARD TRIST (FATHER),
DRYDEN, ONT. 144

QUEBEC REGIMENT

20. COOK, FRANK DAVID, PTE., D175579, MRS. RUTH COOK (WIFE),
5054 FABRE ST., MONTREAL, QUE.
21. KELLAR, JOHN DOUGLAS, PTE., D139884, MRS. OLIVE KELLAR (WIFE),
MADOC, ONT.

REGIMENT DE QUEBEC

22. BEDARD, OMER EUGENE, CPL., E5580, EUGENE H. BEDARD (FATHER),
CHARLESBOURG, QUE.

The Administrator of Estates.

Regimental No. D-139844 Rank... Private

..... KELLAR John Douglas
Surname Christian Names

Unit... The Westminster Regiment (CA)

Date of Death 25-5-44 Place of Death Overseas (Mediterranean)

Next-of-kin Mrs. Olive Kellar Relationship Wife

Address..... Madoc, Ontario

M.F.M.5... Copy Herewith

Will... Will d/18-3-43 & Notation re Will d/3-9-43

Date 23-6-44

*Memo. X. Widow
& Mother
28/6/44 H.A.Z*

FJH:GSM

13
C. L. Laurin
Colonel
Director of Records
W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

Mrs. Olive Kellar,
Madoc, Ontario.

June 13th

4

Re: D139844 Private John Douglas KELLAR.
The Westminster Regiment. (C.A.)

Dear Mrs. Kellar:

In connection with the regretted death of your husband the soldier marginally named, I am directed to forward herewith for your retention a "Confidential Notice" and a copy of "Notes for the general information and guidance of the next of kin or other relatives of soldiers reported missing, deceased, prisoners of war or interned" which no doubt will be of interest and assistance to you.

Yours truly,

GR/IG

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

12

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D-139844** RANK **Private**

SERVICE UNIT
**The
Westminster Regiment (C.A.)**

KELLAR, John Douglas

DATE OF BIRTH
DAY **7th** MONTH **October** YEAR **1917**

Date Enlisted: **16-3-43**

MARITAL STATUS **Married**

Religion: **United Church**

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

**Wife
Madoc, Ontario.**

NAME
ADDRESS
D.A.B.

Mrs. Olive Kellar,

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

Canrecords 6392 6418 H.Q. 405-K-7795

DATE
25-5-44

Killed in action

10

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

YES/NO

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

YES/NO

DATE
6-6-44

MM

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

6th June 1944

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

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army
Casualty is forwarded for your information, please:

Regimental No..... **D-139844** Rank..... **Private**

Surname..... **KELLAR**

Christian Names..... **John Douglas**

Nature of Casualty..... **Killed in action**

Date of Casualty..... **25-5-44**

Address at time of enlistment..... **Montreal, Quebec**

Date of Enlistment:..... **16-3-43**

..... **7-10-17**

Date of Birth..... **Married**

Marital Status (On enlistment)..... **Married**

Marital Status (Present)..... **Salesman**

Occupation..... **Mrs. Olive Kellar,**

Name and address of Next-of-Kin..... **Madoc, Ontario.**

.....

GR/MM

August C. Barr
 (C.L. Laurin) Colonel,
 Director of Records,
 for Adjutant-General.

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	DL
Night Message	NM
Night Letter	NL

If none of these three symbols appears after the check (number of words) this is a full-rate message. Otherwise its character is indicated by the symbol appearing after the check.

CANADIAN NATIONAL TELEGRAM

TELEGRAPH
CANADIAN NATIONAL
AND CABLE

W. M. ARMSTRONG, GENERAL MANAGER, TORONTO, ONT.

Exclusive Connection
with
WESTERN UNION
CABLES
Cable Service
to all the World
Money Transferred
by Telegraph

STANDARD TIME

1944 JUN 5 AM 10 29

RA99 10/6 COLLECT=MADOC ONT 5 930A
DIRECTOR OF RECORDS=
OTTAWA ONT= 0121

10925 MRS OLIVE KELLAR DELIVERED=
CN TELEGRAPHS.

RECORDS A.G. BRANCH
NAT. DEFENCE HQS.

1944 JUN 5 13:53

8

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER



NIGHT LETTER



CASUALTY (REPORT DELIVERY)

OTTAWA

JUNE 3 1944

TO:-

MRS OLIVE KELLAR
MADOC ONTARIO

10925 REFERENCE MY TELEGRAM 2264 OF THE SECOND INSTANT STOP
REGRET DEEPLY D139884 PRIVATE JOHN DOUGLAS KELLAR NOW OFFICIALLY
REPORTED KILLED IN ACTION TWENTYFIFTH MAY 1944 STOP FURTHER
INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS


PREPAID7
OFFICER I/C RECORDS
XXXXXXXXXXXX

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 6418 PAGE _____ DATE 3-6-44
 REG'T'L NUMBER D139844 RANK _____
 NAME KELLAR
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT _____

NATURE OF CASUALTY

DATE

our 6392-02E How advise correct.
classification Battle Casualty Killed 25 May.

DATE OF BIRTH

DAY

MONTH

YEAR

MARITAL STATUS _____

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

ADDRESS _____

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS _____

PARENT'S NAMES

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

KS
1**COPY FOR RESEARCH SECTION**

CLASS OF SERVICE	SYMBOL
Full-Rate Message	
Day Letter	D L
Night Message	N M
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a full-rate message. Otherwise its character is indicated by the symbol appearing after the check.

CANADIAN NATIONAL TELEGRAM

TELEGRAPH AND CABLE

(10)

W. M. ARMSTRONG, GENERAL MANAGER, TORONTO, ONT.

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to all the World
Money Transferred
by Telegraph

STANDARD TIME

1944 JUN 3 AM 10 14

RA135 9/6 COLLECT=MADOC ONT 3 957A

DIRECTOR OF RECORDS=

126 OTTAWA ONT=

2264 MRS OLIVE KELLAR DELIVERED=

CN TELEGRAPHS.

1944 JUN 3 AM 11:28

4

CANADIAN PACIFIC
TELEGRAPHS

EMG

DAY LETTER

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA JUNE 2 1944

TO:-

MRS OLIVE KELLAR
MADOC ONTARIO

2264 REGRET DEEPLY DL39844 PRIVATE JOHN DOUGLAS KELLAR
OFFICIALLY REPORTED DIED TWENTYFOURTH MAY 1944 STOP
CAUSE OF DEATH NOT YET AVAILABLE STOP FURTHER INFORMATION
FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 6392 PAGE 1 DATE 1-6-44
 REG'T'L NUMBER D139844 RANK Pte
 NAME KELLAR JOHN DOUGLAS
 (SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT Westminster Regt
 NATURE OF CASUALTY Received from OSE "Bivird" return received this date shows D139844 Pte J.D. Kellar deceased 24 May. Investigating nature of casualty and will advise "Treating here as unclassified pending investigation" DATE

DATE OF BIRTH DAY 7 MONTH October YEAR 1917
Ont

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP Wife) Mrs Oline Kellar SP. LIST-726
 ADDRESS MADOC ONT.
1475 Mountain St
D.O. 63 d/20-3-44 / C.T.R.U. D.A.R. Montreal Pq
4/15-1-44 ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

PARENT'S NAMES ADDRESS (IF SOLDIER MARRIED OVERSEAS)

RELIGION United Church TRADE OR CALLING Salesman LANGUAGES English

MARITAL STATUS ON ENLISTMENT Married PRESENT MARITAL STATUS Married

SOLDIERS ADDRESS ON ENLISTMENT Montreal, Que Montreal So.
16 Mar 43

CABLE CHECK 1 N. OF K. CHECK K.D.(1) TELEGRAM CHECK 2

COPY FOR RESEARCH SECTION 0/5 26-8-43 9/2 3110 Inf
#5 C.D.R.U.
 GRAIN PRINTERS LIMITED

PKG

COPY OF CABLE FROM CANRECORDS

#6392 LONDON 2245/01/6/44

OUR 6289 G.60882 HARGREAVES

M.104297 CPL CM RICE

D.139844 PTE JD KELLAR

K.31010 SPR AW LEE

A.58842 TPR KJ WHITE 4 FIELD PARK
SQUADRON RCE

OUR 6387 R.22802 ANNETT

6 NAMES

30203/01/2220/01/6/44

BATTLE CASUALTIES

RECEIVED 2216/1/6/44

OZE ADVISE REPORTED IN ERROR
CANCEL ALL REFERENCE

RECEIVED FROM OZE "BURIAL
RETURNS RECEIVED THIS DATE
SHOWS DECEASED ON DATE SHOWN
24 MAY WESTMINSTER REGT
INVESTIGATING NATURE OF
CASUALTIES AND WILL ADVISE"
TREATING HERE AS UNCLASSIFIED
PENDING INVESTIGATION.

RECEIVED FROM OZE "BURIAL
RETURNS RECEIVED THIS DATE SHOWS
DECEASED 24 MAY WESTMINSTER REGT
INVESTIGATING NATURE OF
CASUALTIES AND WILL ADVISE"
TREATING HERE AS UNCLASSIFIED
PENDING INVESTIGATION.

4 FIELD PARK SQUADRON RCE
RECEIVED FROM OZE "BURIAL RETURNS
RECEIVED THIS DATE SHOWS
DECEASED ON DATE SHOWN 25 MAY
INVESTIGATING NATURE OF
CASUALTIES AND WILL ADVISE"
TREATING HERE AS UNCLASSIFIED
PENDING INVESTIGATION.

RECEIVED FROM OZE "BURIAL RETURNS
RECEIVED THIS DATE SHOWS
DECEASED ON DATE SHOWN 11 (MAY?)
26 MAY INVESTIGATING NATURE OF
CASUALTIES AND WILL ADVISE"
TREATING HERE AS UNCLASSIFIED
PENDING INVESTIGATION.

TREATING HERE AS MISSING

CANMILITRY



Library and Archives
Canada

395 Wellington Street
Ottawa, ON K1A 0N4

Bibliothèque et Archives
Canada

395, rue Wellington
Ottawa, ON K1A 0N4

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TITLE/TITRE _____
RG 24 MG _____ R- _____ SERIES/SÉRIE _____
ACCESSION _____ VOL 26237 PAGE(S) 148
BOX/BOÎTE _____ REEL/BOBINE _____
FILE/DOSSIER KELLAR, JOHN DOUGLAS D139844
DATE SEPTEMBER 2013