

MCKENNA, JAMES LLOYD

NAME

2nd Cdn Parachute Bn

REGIMENTAL No.

WILL REQUIRE 03

2ND LT.

NO. 5 DIST. DEPOT RCA

RANK

UNIT OF ENLISTMENT

332-61-165

E461631

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

REGIMENTAL DOCUMENTS

NON-EFFECTIVE BY

24382 NON-EFFECTIVE BY

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

DISCHARGE

DISCHARGE

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

DATE

DATE

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.

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

DENTAL RECORD (M.F.B. 465)

DISCHARGE

DISCHARGE

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)

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

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

DESERTION

DECEASED. DEATH

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

DATE

DATE 22 Sept. 44

PAY SHEETS

AUTHORITY

CAUSE

CARDS

DESERTION

AUTHORITY

SUNDRY

DATE

AUTHORITY

X MICROFILMED

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

SAR

# OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full..... MORRENNIA, JAMES, LLOYD (b) Reg'l. No. MA  
 2. (a) Arm of service..... RCMP (b) Unit..... REINFT (c) Rank..... LIEUT  
 3. (a) Date of birth..... 12/19/19 (b) Have you any dependents?..... NO (c) Place of residence at time of enlistment..... QUEBEC-CITY  
 4. (a) Place of enlistment..... QUEBEC-CITY (b) Date of enlistment..... 1944

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 16 (b) Were you attending school or college up to the time of enlistment?..... NO  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... JUNIOR-MATRIC.  
 7. If you attended a university, give name of university and standing or degree secured..... N/A  
 8. (a) Did you ever enter upon a trade apprenticeship?..... NO (b) If so, for what occupation?..... N/A (c) Did you finish it?..... N/A (d) If you did not finish it, how long did you serve at it?..... N/A  
 9. (a) What languages do you speak fluently?..... FRENCH + ENGLISH (b) What languages do you read well?..... SAME

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... WORKING (b) At time of enlistment of what trade union or professional society were you a member?..... N/A

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

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

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

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

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

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

18. Name of employer..... THE ROYAL TRUST CO. LTD. Address..... QUEBEC-QUE  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... TRUST-COMPANY  
 20. (a) Your specific occupation..... RESTATES-CLERK (b) Number of years' experience at this occupation with any employer..... THIRTEEN  
 21. (a) Did your employer promise definitely to give you employment on discharge?..... NO (b) Did your employer refuse to promise you employment on discharge?..... NO (c) Do you wish to return to your former employment?..... NO

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... NO (b) Do you feel competent to operate a farm?..... YES (c) If so, in what kind of farming?..... N/A  
 25. (a) Were you born on a farm?..... YES (b) How many years' actual farming experience have you had?..... 5 (c) In what provinces did you have experience?..... QUEBEC

## Section G—MISCELLANEOUS

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

DATE..... 24th May 194..... 4 SIGNATURE..... McKernan

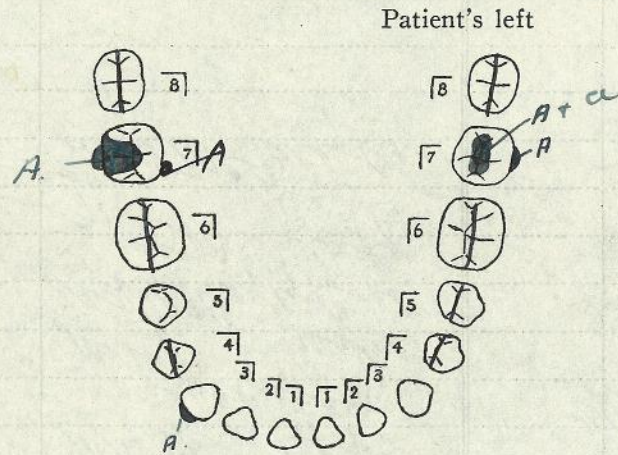
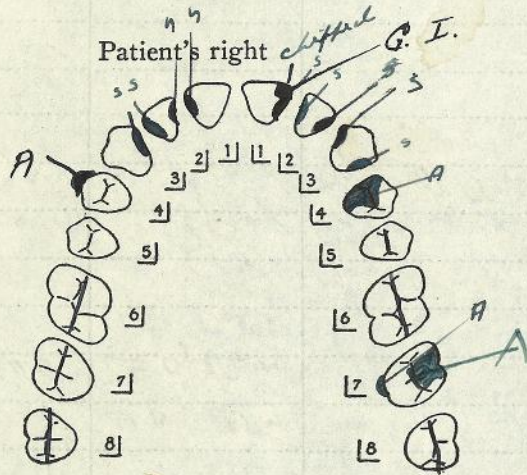
*Spec Inf*

NAME MC KENNA James Lloyd RANK 2/Lt AGE 20 23 REG. No. \_\_\_\_\_

UNIT R.C.A. DATE 8-10-47 29 FEB. 1944

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

*DUPLICATE COPY*



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 }

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

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

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.

*W. M. Curdy Capt*  
Signature and unit of examining officer  
*# 30 City C. S.*

Indicate surfaces of teeth as follows:

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — Bu  
Lingual — Li

Occlusal — O

Indicate tooth by the notation below.

|                 |   |   |   |   |   |   |   |                |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|----------------|---|---|---|---|---|---|---|
| 8               | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1              | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Patient's right |   |   |   |   |   |   |   | Patient's left |   |   |   |   |   |   |   |

| Date    | Notation Symbol         | Description of Treatment | Signature of Operator | Date | Notation Symbol | Description of Treatment | Signature of Operator |
|---------|-------------------------|--------------------------|-----------------------|------|-----------------|--------------------------|-----------------------|
| 29/2/44 | 12 B O                  | A                        | M D McCurdy Capt      |      |                 |                          |                       |
| 2/3/44  | 27 B O                  | A                        | M D McCurdy Capt      |      |                 |                          |                       |
| 3/2/44  | 17 O, 12 H              | A + C                    | M D McCurdy Capt      |      |                 |                          |                       |
| 3/2/44  | L 7 M                   | A                        | M D McCurdy Capt      |      |                 |                          |                       |
| 7/3/44  | 11 D, 21 M              | S                        | M D McCurdy Capt      |      |                 |                          |                       |
| 7/3/44  | 12 D, 13 M              | S                        | M D McCurdy Capt      |      |                 |                          |                       |
| 10/3/44 | 41 B 71 L               | A                        | M D McCurdy Capt      |      |                 |                          |                       |
| 14-3-44 | Prep. for S. I. U       |                          | M D McCurdy Capt      |      |                 |                          |                       |
| 14-3-44 | Max Pattern for S. I. U |                          | M D McCurdy Capt      |      |                 |                          |                       |
| 15-3-44 | Inserted G. I. U        |                          | M D McCurdy Capt      |      |                 |                          |                       |

*Surname*  
James Lloyd McKENNA

RANK ~~2nd~~ Lieutenant

AGE 23

REG. No.

UNIT R.C.A. A/F 20th QUOTA.

DATE

*Oct 8 41*

Strike out inapplicable number and words.

ORAL HYGIENE

~~Good~~  
Fair  
~~Neglected~~

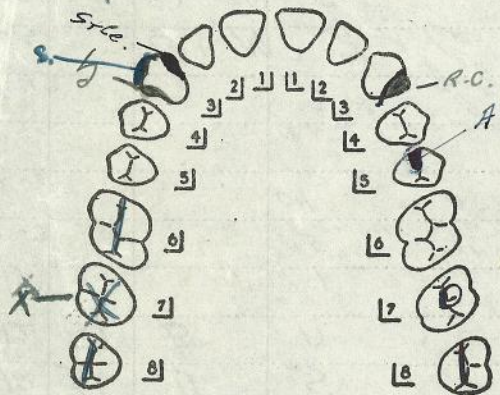
PROPHYLAXIS required

Yes  
~~No~~

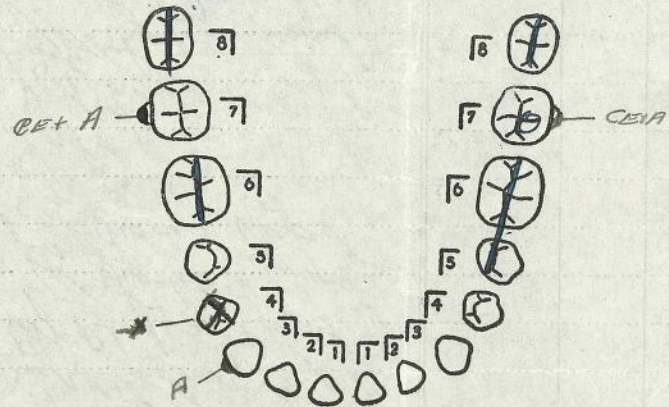
MUCOSA

(Describe any pathological condition briefly)

Patient's right



Patient's left



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- JC Jacket }

- Treatment
- RC Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

Describe with sketch  
Br Bridge

- PD Partial } Denture
- CU Complete upper }
- CL Complete lower }
- DA Adjustment }

Irreparable tooth—Mark with an X drawn through diagram of tooth.

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

All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

*[Signature]*  
Signature and unit of examining officer

*MD 528 Coy*

Indicate surfaces of teeth as follows:

Mesial — M                      Labial — La  
 Distal — D                      Buccal — B  
 Incisal — I                      Lingual — Li  
 Occlusal — O

Indicate tooth by the notation below.

|                 |                 |
|-----------------|-----------------|
| 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 |
| 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 |
| Patient's right | Patient's left  |

| Date       | Op. No. | Notation Symbol | Description of Treatment          | Signature of Operator | Date | Op. No. | Notation Symbol | Description of Treatment | Signature of Operator |
|------------|---------|-----------------|-----------------------------------|-----------------------|------|---------|-----------------|--------------------------|-----------------------|
| 17-4-42    | 71      |                 | X                                 | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 17-4-42    | 77      |                 | X                                 | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 20-4-42    |         | Ra              | lower teeth & molars              | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 22-4-42    |         | STB B           | ATCB                              | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 26-4-42    | 31      | D               | S                                 | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 30-4-42    | 37      | B               | A                                 | C.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 15-MAR-43  | 13      |                 | 1 R.R.                            | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 17-MAR-43  |         |                 | R.C. DRESSING.<br>CAMPLO PHENIQUE | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 19-MAR-43  |         |                 | CHANGE DRESSING IN R.C.           | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 24-MAR-43  |         |                 | chang of dressing in R.C.         | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 1-april-43 | 13      |                 | R.C. fishing                      | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 20-Apr-43  | 31 M    |                 | S + Ce.                           | J.M. Rhodes Capt.     |      |         |                 |                          |                       |
| 27-Jul-43  | 31 LA   |                 | S.                                | Geo. K. Clarke Capt.  |      |         |                 |                          |                       |
| 14-Dec-43  | 15-MO   |                 | A.                                | C.B. Hambley Capt.    |      |         |                 |                          |                       |

NAME James Lloyd McKENNA RANK 2nd Lieutenant AGE 23 REG. No. \_\_\_\_\_

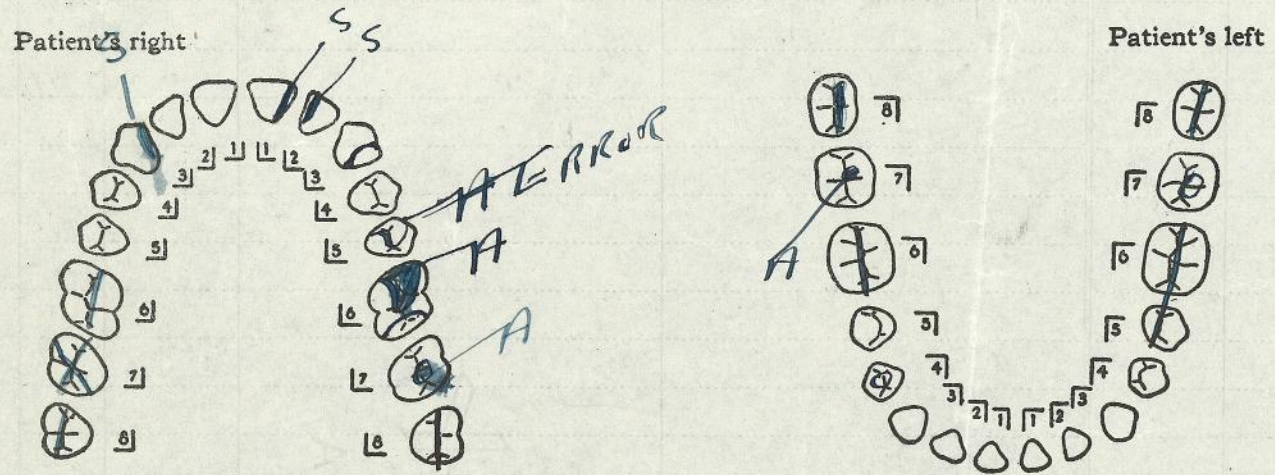
UNIT R.C.A. A/F 20th QUOTA. DATE Oct 8 1941

Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~  
Fair  
Neglected

PROPHYLAXIS required { Yes  
~~No~~

MUCOSA  
(Describe any pathological condition briefly)



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M.F.B. 465  
 10M pads of 100-10-40 (7437-8)  
 H.Q. 1772-39-950

*H. Deane*  
 Signature and unit of examining officer  
 MWS 25 07





CASE HISTORY SHEET

Hospital Petawawa Military Ward 1  
 Rank Lieut Name McKenna, Jas.  
 Unit A-1; C.A.P.C. Completed years of service 11 months  
 Date of admission 25-9-42 Date of discharge 24-10-42  
 Diagnosis Duodenal Ulcer Age 24

Complaint Pain in epigastrium 2 hrs after meals since 25-8-42

History, Examination and Progress Notes.

PAST ILLNESSES: Mumps at age of 23. No operations, other illnesses or serious injuries, Denies V.D.

FAMILY HISTORY; Father 74, Mother 65, 6 sisters alive and well. 3 bros. 1 had perforated ulcer 1942. 1 alive and well.

No familial history of allergy or tuberculosis. 2 aunts died of ea of stomach.

PERSONAL HISTORY: Junior Matriculation at 16 yrs of. Estates Officer with Royal Trust Co. Single. Smokes 2-3 cigarettes daily. Occasional drinker.

FUNCTIONAL ENQUIRY: Head and neck--neg. for headache, colds, sore throats

Chest--Resp:- Has frequent chest colds. No sputum. No chest pain. No shortness of breath. Abdomen--Appetite good. Had gastric pain for about 2 months in 1939 which cleared with powder (antacid). In Aug. 1942 developed pain after eating. Mild antacid powder relieved pain. No gaseous eructations, or heartburn. No pain or distress for past two weeks. Bowels regular. G.U. D 3-4/N.O.-No dysuria.

Nervous sytem:- Sleeps rather restlessly. Says he does not worry but appears rather nervous.

PRESENT ILLNESS:/ In Aug. 1942 gradually developed pain in abdomen about 2 hrs after meals, while at paratroops school in Montana. Usually worse about 3 P.M. Relieved by Milk and Alkalis. Had an X-ray early in Sept. and diagnosis of chronic duodenal ulcer with acute exacerbation made.

PHYSICAL EXAMINATION:- Mod-rately well nourished, rather pale officer of about stated age. MENT: Several teeth extracted, otherwise normal. Chest--Resp--No adventitious sounds. CV system--heart normal in size, regular in rate and rythm.No murmurs heard. Abdomen--slightly tender below scaphoid on rt side otherwise no masses, areas of tenderness or hernia. Nervous sytem--reflexes normal.

Impression:- Duodenal ulcer NED

13-10-42 Condition unchanged. No distress after eating. NED

18-10-42 No pain since first two days. Test meal. 50/58/60/52. Free HCL up 1 hour bid. Former X-ray 18-9-42 Montana. Fort W.H. Harrison does not state a crater was present. Repeat. G.I. feels nervous at night--give luminal gr 2 nocte.

21-10-42 No pain. Still feels jumpy but better than when admitted. There is marked tenderness below scaphoid, and percussion tenderness at 8 D vert

G.I.series shows distortion of duodenal cap but no crater.

SUMMARY:- High strung nervous type. Difficulty in sleeping for weeks, high free acidity. Two very suspicious G.I. series, former episode of stomach pain in 1939, one brother had perforated ulcer of stomach.

DIAGNOSIS:- Duodenal ulcer, healing. Not fit for overseas. CBR

19-10-42 Short G.I. series. Oesophagus and stomach normal. Pylorus appears normal. There is a persistent distortion of the duodenal cap although no crater could be outlined. The impression is that of a scarred duodenum due to old ulceration. There was no six hour delay.

Urine 26-9-42 neg. Gastric analysis 17-10-42

| <del>XXXXXXXXXX</del> | FREE HCL | TOTAL ACIDITY |
|-----------------------|----------|---------------|
| #1                    | 150      | 71            |
| #2                    | 238      | 50            |
| #3                    | 360      | 74            |
| #4                    | 452      | 64            |

23-10-42 For discharge 24-10-42

TREATMENT Peptic ulcer diet. Puly antacid. Bed rest.

CONDITION Improved. To continue. Puly antacid and milk. Recommend three days sick leave. For board.

Date 23-10-42

N.E.Dunn, Capt. R.C.M.C.

CANADIAN MEDICAL SERVICES  
 REPORT OF RADIOLOGICAL EXAMINATION

Report of radiological examination of:- Film No. B-2372

Short G.I. Series:- Oesophagus and stomach normal. Pylorus appears normal. There is a persistent distortion of the duodenal cap, although no crater could be outlined. The impression is that of a scarred

quodenum, due to old ulceration.

There was no 6 hour delay.

Station Petawawa Military Hospital

Unit R.C.A.M.C.-1. R.S.F.

Date 19-10-42

R.S. Dun, Capt.

for (A.S. Broome) Major R.S. A.M.C.

## CASE HISTORY SHEET

Hospital Brockville Military

Ward 1

Date of admission 19-1-42

Date of discharge 5-2-42

Diagnosis Mumps

Age 23

Complaint 1. Toothache xx 48 hrs. 2. Swelling on left side of face 36 hrs. 3. Pain on left face slight 6 hrs.

History, Examination and Progress Notes: Pres. Ill. On the morning of 17-1-42 developed a tooth ache in region upper back teeth on left side. This continued and made eating difficult. About twelve hrs later a swelling appeared over left side of face in front of left ear. This swelling was slightly painful to touch.

PAST ILL: Childhood diseases, occasional colds.

PHYS. A.M.: Head and Neck: There is a firm slightly tender swelling over the left parotid region the size of a large goose egg. Mouth: Teeth in fairly good condition, the region of the left molars shows a rather ill defined tenderness. Heart: Neg. Abdomen: neg. Extremities, neg.

Cases system: neg. Cutaneous system neg. Impression: Parotitis, probably due to infected teeth.

22-1-42 Swelling of face decreased. ~~Impression: Parotitis~~. tenderness on pressure over left upper 3rd molar. Temp. improvement. N.A.C.

24-1-42 Swelling much decreased. To see Dentist. N.A.C.

25-1-42 Right parotitis began today swelling tenderness left side greatly decreased no swelling below angle of jaw Diag: Mumps.

26-1-42 Improved today, eats with greater ease. N.A.C.

27-1-42 No soreness to swelling. Duct pointing slightly, no Orchitis

29-1-42 Right testicle swollen, painful orchitis. N.A.C.

30-1-42 Some swelling of testicle no pain today Parotitis decreased in size. N.A.C.

2-2-42 light swelling right testicle no tenderness Parotid glands reduced to normal size, not tender N.A.C.

4-2-42 Swelling of parotids and testicles has disappeared. N.A.C.

TREATMENT Bed. 430 packs A.P.C.

CONDITION ON DISCHARGE Cured.

(and disposal made of case) return to unit. Cases. Neg.

Date 5-2-42

(R.S. Conway) Capt. R.S. A.M.C.

Dates checked with duplicate form

Personal Number

[Empty box]

CDN/639

CANLOAN

Regiment or Corps } **CDN, INFANTRY CORPS**

Surname **MCKENNA**

Serial Number on Index Card

Christian Names **JAMES LLOYD**

Recorded Address **26 DESALLEBARY, QUEBEC, T.Q.**

(1)

WHERE EDUCATED (a) Schools **JUNIOR MATRIC** Date of Birth **12 - AUG 1918** Officer **CANADIAN**  
 (b) University..... Place of Birth **CHANDLER CO GASPE PQ CANADA** NATIONALITY OF **CANADIAN** Officer's Father **IRISH**  
 or Technical College..... Religious Denomination **R.C.** OF **CANADA** " Mother **IRISH**

| (2) If Married, Wife's Name and Wartime Address. | Date of Marriage | Names of Children Living | Dates of Birth | Sex |
|--|------------------|--------------------------|----------------|-----|
|  |                  |                          |                |     |

| (3) Name and address of relative or other person for use in emergency (additional to (2) in the case of married officers) | Relationship  | Name and Address of Officer's Bankers or Agents |
|---|---------------|---|
| <b>MRS CORNELIUS MCKENNA</b><br><b>GRAND PAVOS</b><br><b>GASPE, QUE</b>   | <b>FATHER</b> |   |

| (4) Army Schools and Courses of Instruction | Place           | From             | To               | Result                   | Authority | (5a) Examinations for Promotion | Date | Result | Whether gained Special Certificate |
|---|-----------------|------------------|------------------|--------------------------|-----------|---------------------------------|------|--------|------------------------------------|
| <b>PARATROOPS -</b>                         | <b>U. S. A</b>  | <b>28 JUL 42</b> | <b>15 AUG 42</b> | <b>PARACHUTIST</b>       |           |                                 |      |        |                                    |
| <b>TRACKED VEHICLES</b>                     | <b>A-4 CATE</b> | <b>2-1-44</b>    | <b>31-4-44</b>   | <b>DRIVER VC</b>         |           |                                 |      |        |                                    |
| <b>S.P. TRACKING</b>                        | <b>SHILO</b>    |                  |                  | <b>CLASS 4th TRACKED</b> |           |                                 |      |        |                                    |

(5b) If Commissioned from the Ranks :—  
 Army No. .... Regt or Corps .....  
 Period of rank service. From ..... To .....  
 If serving on regular attestation.....

| (6) SPECIAL QUALIFICATIONS   | Speak         | Read          | Write         | (f) Any special knowledge or experience not included in (a) to (e) |
|--|---------------|---------------|---------------|--|
| (a) Foreign Languages (state dialects where necessary and degree of proficiency, i.e., "fluent," "good," or "fair")<br><b>FRENCH</b> | <b>FLUENT</b> | <b>FLUENT</b> | <b>FLUENT</b> |  |

(b) Knowledge of Foreign Countries ..  
 .....  
 .....

(c) Business Qualifications (state nature of business carried on by civilian employers)  
**TRUST CO - ESTATES - CLERK**  
 .....

(d) Legal Qualifications (giving particulars) ..  
 .....

**GASPE QUEL**

| (4) Army Schools and Courses of Instruction         | Place                        | From                             | To      | Result  | Authority | (5a) Examinations for Promotion | Date | Result | Whether gained Special Certificate |
|---|------------------------------|----------------------------------|---------|---|-----------|---------------------------------|------|--------|------------------------------------|
| PARATROOPS -<br>TRACKED VEHICLES<br>SP. INSTRUCTION | U. S. A<br>A-4 EATC<br>SHILO | 28 JUL 42<br>15 AUG 42<br>2-1-44 | 31-4-44 | PARACHUTIST<br>DRIVER 1K<br>CLASS 100 TRACKED |           |                                 |      |        |                                    |

(5b) If Commissioned from the Ranks :—

Army No. .... Regt or Corps .....

Period of rank service. From ..... To .....

If serving on regular attestation .....

(6) SPECIAL QUALIFICATIONS

| (a) Foreign Languages (state dialects where necessary and degree of proficiency, i.e., "fluent," "good," or "fair") | Speak  | Read   | Write  | (f) Any special knowledge or experience not included in (a) to (e) |
|---|--------|--------|--------|--|
| FRENCH  | FLUENT | FLUENT | FLUENT |  |
| (b) Knowledge of Foreign Countries ..   |        |        |        |  |
| (c) Business Qualifications (state nature of business carried on by civilian employers)                             |        |        |        |  |
| TRUST CO - ESTATES - CLERK  |        |        |        |  |
| (d) Legal Qualifications (giving particulars) ..  |        |        |        |  |
| (e) Professional or Artistic qualifications or degrees, or Membership, etc., of Learned Society ..                  |        |        |        |  |

| (7) Campaigns | Period |    | (9) Honours and Rewards, including Mentions in Despatches | Date of Gazette or other Authority |
|---------------|--------|----|---|------------------------------------|
|               | From   | To |   |                                    |
|               |        |    |   |                                    |

| (8) Wounds and Nature | Place and Date | Pension or Gratuity |
|-----------------------|----------------|---------------------|
|                       |                |                     |

**CERTIFICATE.**

I do hereby certify that to the best of my knowledge and belief the statements of particulars contained in my record of service are in all respects correct and true.

Place *Bristol* Date *29 MAY 44* Signature *[Signature]* Rank *Lt*

Countersigned by *[Signature]* Comdg. *Comd. G.T.C.* Unit Date *26 May 44*

PARTICULARS OF SERVICE.

| (10) | Authority for Posting | Date of Authority | With effect from | UNITS, MOVEMENTS, APPOINTMENTS, ETC.<br>(Promotions will be shown in para (12) ). | Station | Joining date | Part II Orders (officers)        |
|------|-----------------------|-------------------|------------------|---|---------|--------------|----------------------------------|
|      | 100/5170/5169         |                   | 24.6.44          | Disembarked UK for service under Cambou scheme                                    | UK      |              |                                  |
|      | " / 5170              | 27.6.44           | 25.6.44          | Posted to X(IV) Coy 21 AG. (103 Rpt Gp) to join                                   | "       | 28.6.44      | 10/19 July 44                    |
|      | YPM                   |                   |                  | Posted 11 Para Bn Det. X (IV)   | UK      | 8 July 44    | 15/22 July 44                    |
|      | 2FJ/100/10/2018/44    | 10.7.44           | 10.7.44          | Pltd from 101 AFHQ to 11 Para Bn. 10.7.44   | UK      | 10.7.44      | Cambou 1. d. 20/7/44             |
|      |                       |                   |                  | Granted Para Pay @ 8/11 p. under Act 1408 FR. H. 1.<br>(Canada) 10 Jul 44.        |         |              |                                  |
|      |                       |                   |                  | Employed UK for B. h. A.  | "       | 18/7/44      | Cambou 3 d. 24. 24. 44.          |
|      |                       |                   |                  | Killed in action N.W.E.   | NWE     | 22.9.44      | Cambou 5 dated 9 Oct 44.<br>OZE. |

MSG  
COMPLETE

18  
Y O B P U L H E M S

24 MAY 44  
BROOKVILLE ONTAUTMFM

|                    |      |                                |      |                  |   |      |
|--------------------|------|--------------------------------|------|------------------|---|------|
| Sick leave granted | From | Place where held and Authority | Date | Medical Category | FINDING OF MEDICAL BOARDS AS TO FITNESS FOR GENERAL DUTY WITH REGIMENT OR CORPS | (13) |
|                    | To   |                                |      |                  |   |      |

|                 |      |    |       |      |        |      |      |      |           |      |
|-----------------|------|----|-------|------|--------|------|------|------|-----------|------|
| Country         | From | To | Home  |      | Abroad |      | Rank | Date | Authority | (11) |
|                 |      |    | Years | Days | Years  | Days |      |      |           |      |
| Period          |      |    |       |      |        |      |      |      |           |      |
| (12) Promotions |      |    |       |      |        |      |      |      |           |      |

|   |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|
| <p>2/27</p> <p>8-10-41</p> <p>13-5-42</p> |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|

M. F. M. 14

A M E N D E D

300M-5-41 (323-4)

H. O. 1772-39-1662

~~MARRIED~~  
~~WIDOWER~~  
 \*SINGLE

 NO. \_\_\_\_\_ RANK <sup>Lieut.</sup> 2/Lt. NAME MCKENNA James Loyd.

 PLACE OF ENLISTMENT QUEBEC. P.Q. DATE 8-10-41.

## RATE OF PAY

| D. O. NO.             | DATE         | RANK          | GROUP | P. F. OR<br>A. S. | DAILY<br>RATE | IF LIABLE<br>PEN. DED. | REMARKS   |
|-----------------------|--------------|---------------|-------|-------------------|---------------|------------------------|---|
| <u>243--11-10-41.</u> | <u>2/Lt.</u> |               |       | <u>a.s.</u>       | <u>4.25</u>   |                        |   |
| <u>124</u>            | <u>26/41</u> | <u>Lieut.</u> |       |                   | <u>5.00</u>   |                        |   |
|                       |              |               |       |                   |               |                        | <del>XXXXXX</del><br><del>XXXXXX</del><br><del>XXXXXX</del> |

## ASSIGNMENTS

| ASSIGNEE                        | EFFECTIVE<br>DATE | AMOUNT           | TOTAL            |
|---------------------------------|-------------------|------------------|------------------|
| <u>Elisabeth MCKENNA</u>        | <u>Nov. 1941</u>  | <del>10.00</del> | <del>10.00</del> |
| <u>Chandler Co. Caspe.</u>      | <u>CANADIAN</u>   | <del>3.43</del>  |                  |
| <u>P.Q. (mother)</u>            | <u>eff.</u>       | <u>-3-43</u>     |                  |
| <u>4/16/41 B. May - Oct. 43</u> |                   | <u>16.80</u>     |                  |

## DEPENDENTS' ALLOWANCES

| DATE APPLICATION<br>FORWARDED | RELATIONSHIP | AMOUNT<br>AWARDED | EFFECTIVE<br>DATE |
|-------------------------------|--------------|-------------------|-------------------|
| <u>Nov. 1941</u>              |              |                   |                   |
|                               |              |                   |                   |
|                               |              |                   |                   |
|                               |              |                   |                   |

OUTFIT OR } ALLOWANCE \$ 150.00 PAID ON 403  
 CLOTHING }  
 REHABILITATION GRANT \$ PAID  
 \*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT  
 OR MILITIA PENSION ACT (1910) \$ P.A.  
 OCCUPATIONAL FORM COMPLETED

## CASUALTIES, ETC.

PART II D. O.

NO.

DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

|         |           |  |  |
|---------|-----------|--|--|
| 243---- | 11-10-41. | TOS.DD.5. as reinforcement. 20th.Quota.R.C.A.Ef/8-10-41. |  |
| 243---- | 11-10-41. | SOS.DD.5. proceeding to O.T.C. Brockville.Ont.9-10-41.   |  |



No. \_\_\_\_\_

RANK *LIEUT.*

NAME *M'KENNA*

*JAMES LLOYD*

~~Married~~  
~~Widower~~  
\*Single

Place of (\*Appointment \*Enlistment

*Quebec, P.Q.*

Date of (\*Appointment \*Enlistment

*8-10-41*

RATE OF PAY

| D.O. No. | Date | Rank | Group | P.F. or A.S. | Daily Rate | Effective Date | If liable Pen. Ded. | REMARKS |
|----------|------|------|-------|--------------|------------|----------------|---------------------|---------|
|          |      |      |       |              |            |                |                     |         |
|          |      |      |       |              |            |                |                     |         |
|          |      |      |       |              |            |                |                     |         |
|          |      |      |       |              |            |                |                     |         |
|          |      |      |       |              |            |                |                     |         |

ASSIGNMENTS

DEPENDENTS' ALLCES.

No. Deps. ....

| Name and Address of Assignees                                     | Effective Date | Amount       | Date Application Forwarded | Relationship | Amount Awarded | Effective Date |
|---|----------------|--------------|----------------------------|--------------|----------------|----------------|
| <i>ELIZABETH M'KENNA<br/>Chandler Co. Gasps<br/>P.O. (mother)</i> | <i>1-7-42</i>  | <i>30.00</i> |                            |              |                |                |
| Total .....   |                |              |                            |              |                |                |

\*Outfit } Allcs. \$ *150.<sup>00</sup>* Paid on *M.D. 3*  
 \*Clothing }  
 Rehabilitation Grant \$ ..... Paid on .....

**M. F. M. 14**  
 200M-5-42 (4676)  
 H.Q. 1772-39-1662

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

## CASUALTIES, ETC.

| Part II. D.O. |           | Nature and particulars   | If in Hospital note name    |
|---------------|-----------|--|-----------------------------|
| No.           | Date      |  |                             |
| 223           | 15-9-42   | T. O. S. No. 13 D.D. 16-9-42   | <i>Casualty</i>             |
| 229           | 22-9-42   | S.O.A. No. 13 D.D. 22-9-42   | To A.I.R.C.A. T/C, Petawawa |
| 229           | 25-9-42   | TOS A-1) T/C off. 23-9-42  | Ontario                     |
| 255           | 26-10-42  | Direct. Hosp off 24-10-42  |                             |
| 281           | 25-11-42  | On Command off 23-11-42  |                             |
| 281           | 26-11-42  | Ret on Command.. 25-11-42  |                             |
| 299           | 16-12-42. | Xmas leave & rat. all. 22-12-42. to 28-12-42.  |                             |
| 30            | 5-2-43    | Proceeded on Command (Conducting Officer) at 1220 hrs. 27-1-43 to Gaspé, P. Q. and ret'd. from on Command at 0600 hrs. 4-2-43. |                             |
| 67            | 20-3-43   | On Command- Camp HdQtrâ. HWE. for all purposes except- pay -eff.- 18-3-43.   |                             |
| 103           | 1 MAY 43  | SOS A, LATC ON TRANSFER TO CAMP HQS. PETAWAWA EFF 4 APR 43. AND FOR PAY EFF 2 MAY 43   |                             |
| 63            | 29/4/43   | T.O.S on transfer from PATRA-1, eff 5 Apr 43.  |                             |
| 63            | 29/4/43   | To be orderly Officer to the Commanding P.M.O. eff 5 Apr 43.   |                             |

No. RANK Lieut. NAME McKenna, J.L.

CASUALTIES, ETC.

| PART II D. O. |            | NATURE AND PARTICULARS   | IF IN HOSPITAL | NOTE | NAME |
|---------------|------------|--|----------------|------|------|
| No.           | DATE       |  |                |      |      |
| 68            | 10-5-43    | to draw class 11 rate of pay. eff. 5 Apr and 10/23.  |                |      |      |
| 68            | 10-5-43    | Sept. 23 to 26 Apr. 43 ration allow.   |                |      |      |
| 100           | 1-7-43     | Leave from 1 July to 5 July 43. Incl. Rat. Allow.  |                |      |      |
| 110           | 19-7-43    | Granted 5 days leave from 12 Aug. to 16 Aug. 43. Incl. entit. to rat. allow.                                   |                |      |      |
| 111           | 20-7-43    | Leave from 17 Aug. to 23 Aug. 43. Incl. H. Allow.  |                |      |      |
| 155           | 23 Sept 43 | S.O.S. CHQ for pay on transfer to HWE A.I.C.A.T.C. attached to CHB for pay except pay. eff. 16 Sept. 43        |                |      |      |
|               |            | Vacates appt of orderly officer CHQ and ceases draw 11 rate of pay. 00156. credited for 155 00156 9/24 Sept 43 |                |      |      |
| 227           | 23 Sept 43 | TOS A.I.C.A.T.C. from CHQ Pt M. Camp. eff. 16 Sep. 43  |                |      |      |
| 257           | 28 Oct. 43 | Ceases to be detailed for duty and ceases to be entitled for duty rations and quarters to CHQ PMC. 25 Oct. 43  |                |      |      |

## CASUALTIES, ETC.

| PART II D. O. |                    | NATURE AND PARTICULARS   | IF IN HOSPITAL NOTE NAME     |
|---------------|--------------------|--|------------------------------|
| No.           | DATE               |  |                              |
| 298           | 15 Dec. 43         | Amas & Spec. leave from 18 to 28 Dec. 43 incl.   |                              |
| 5             | 7 Jan. 44          | 505 to A-3 C.A.T.C. Camp Shilo Mon. 28 Dec. 43   |                              |
| 35            | 1-44               | 105 A3 C.A.T.C. EFF. 29-12-43.   |                              |
| <del>74</del> | <del>17-1-44</del> | <del>Loc of Abs. with R/A 31-1/13 2 44 incl. cancelled</del>   | <del>DO. 23 d/27-1-44.</del> |
| 26            | 31-1-44            | Qual. Dr. i/c blow 111 (tracked) & qual to operate tracked veh. (Sexton S.P. 25 pdr.)                              |                              |
| 49            | 24-2-44            | Qualified Lieut. 25 pdr (Sexton) S.P. eff. 29-1-44.  |                              |
| 86            | 5-4-44             | Att'd to OTC Brockville FAP Eff 5 Apr 44.  |                              |
| 95            | 11-4-44            | Rec'd O.T.C. from A-3 C.A.T.C. eff. 7-4-44.  |                              |
| 140           | 2-6-44             | Rec'd. 9 days. S.L. from 31-5/8-6-44 incl.   |                              |
| 140           | 2-6-44             | Rec'd. S.L. & J.J. A 625060  |                              |
| 141           | 3-6-44             | Rec'd as Rec'd 4/3-6-44.   |                              |
| 144           | 7-6-44             | Came to be att'd. O.T.C. on proceeding to A-34 eff 8-6-44.   |                              |
| 143           | 6-6-44             | Entitled to wear CUSM. 8-4-43 and change of reg. of kin from father to brother; address: Grand Pibos, Suisse, Que. |                              |
| 124           | 12-6-44            | TOS A-34 S.O T.C. Eff. 9-6-44  |                              |
| 128           | 16-6-44            | SOS A-34 SOTC eff 16-6-44 on proceeding Overseas.  |                              |
|               |                    | Cr. Bal. as of 1-7-44 \$13.89  |                              |

BALANCE AGREES WITH TREASURY P. &amp; A. LEDGER

DATE 15/44 INITIALS JBC FOR T.O.M.D. 7

## CONTINUATION CARD M.F.M. 14

Regimental No. *6 cent*Name *J. L. McKenna*

## Part II D.O.

## PARTICULARS OF CASUALTY

| No.  | Date      |   |
|------|-----------|---|
| 9    | 4 July 44 | S.O.S. to draw army pay and allowances on emergency basis 16 June 44  |
| 9    | 4 July 44 | T.O.S. "loan" to unit 17 June 44 - Disembarked 24 June 44   |
| X-10 | 1 July 44 | Posted to 103 Rpt. Hqs 25 June 44 - T.O.S. X(11) to unit  |
| 15.  | 22.7.44.  | S.O.S. X(11) list on posting to 11 Para. R. 8 Jul. 44.  |
| 15.  | 17.8.44   | Awarded clasp. to C.V.S.M. 18 Aug. 44   |
| 23.  | 14.10.44  | Killed in action 22 Sep. 44. - S.O.S. loan  |
| 3.   | 24.9.44   | Granted leave with R/A/Sk.R. 25-27 Aug. 44 (Incl.) and with R/A-R.R. 3-4. Jul. 44. (Incl.)                        |
| 3.   | 24.9.44.  | Granted field allowance for 8 to 12 Jul. and 5-10 Aug. 44 (Incl.)   |
| 3.   | 24.9.44   | Granted Para. Pay @ 8/11 per day under Art. 140(B) S.R. & S. (Canada) up to 10 Jul. 44. and continues in receipt. |
| 2.   | 18.8.44.  | Granted leave with R/A - 3 to 4 Aug. 44.  |



M. F. M. 14

300M-5-41 (323-4)

H. Q. 177R-39-1662

NO.

RANK

Lieut. NAME MCKENNA James Lloyd.

 \*MARRIED  
 \*WIDOWER  
 \*SINGLE

PLACE OF ENLISTMENT

QUEBEC, P. Q.

DATE

8-10-41.

## RATE OF PAY

| D. O. NO.                               | DATE | RANK   | GROUP  | P. F. OR<br>A. S. | DAILY<br>RATE | IF LIABLE<br>PEN. DED. | REMARKS  |
|---|------|--------|--------|-------------------|---------------|------------------------|--|
| 243-11-10-41.                           |      | 2/Lt.  |        | A.S.              | 4.25          |                        |  |
| 68 10-5-43                              |      | Lieut. | Cl. 11 | AS                | 6.00          |                        | eff. 5 Apr. 43   |
| 155-23-9-43                             |      | Lieut  |        | AS                | 5.00          |                        | eff. 16 Sept 43. <i>Completed Op 156 d/24 Sept 43.</i> |
| 26 Desalaberry Ave., Quebec City, P. Q. |      |        |        |                   |               |                        |  |

## ASSIGNMENTS

## DEPENDENTS' ALLOWANCES

NO.

ASSIGNEE

EFFECTIVE  
DATE

AMOUNT

TOTAL

DATE APPLICATION  
FORWARDED

RELATIONSHIP

AMOUNT  
AWARDEDEFFECTIVE  
DATE~~4th V.L.B. May-Oct. 43~~~~16.80~~~~Imperial Life Ass. Co. 1-7-43~~

2.29

2.29

5th V.L.B. Nov 43 to APR 44

33.60

6th VWL May-Oct. 44

16.80

OUTFIT OR } ALLOWANCE \$ 150.00 PAID ON M.D.3

CLOTHING }  
REHABILITATION GRANT \$ PAID

\*DELETE WORDS WHICH ARE INAPPLICABLE

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               |  |                          |
| 243-11        | 10-41              | T. O. S. D. D. 5. as Reinf. to 20th. Quota R. C. A. Eff. 8-10-41.            |                          |
| 243-11        | 10-41              | S. O. S. DD. 5. on proceeding to O. T. C. BROCKVILLE ONT. with Eff. 9-10-41. |                          |
| 159           | 16-10-41           | TOS att. OTC Brockville eff. 10-10-41  |                          |
| <del>37</del> | <del>13-2-42</del> | <del>SOS A-2, C.A.T.C. Petawawa</del>  | <del>" 13-2-42</del>     |
| 61            | 13-3-42            | SOS A.1 C.A.T.C. Petawawa eff. 13-3-42                                       |                          |
| 65            | 13-3-42            | TOS CATC(A' 1).  | " 14-3-42.               |
| 124           | 26-7-42            | Leut. 1388 742   |                          |
| 177           | 27-7-42            | SOS on command for all purposes to D.D.S. 27-7-42                            |                          |
| 212           | 30-7-42            | TOS DD MD #3, ON TFR 28-7-42   |                          |
| 216           | 3-8-42             | S.O.S. D.D., M.D. No. 3 on tfr. to 2 <sup>ND</sup> Bn Parachute Bn           |                          |
| 106           | 2-8-42             | T.O.S. 2 <sup>ND</sup> Bn Parachute Bn eff 1-8-42                            |                          |
| 106           | 15-9-42            | S.O.S. 2 <sup>ND</sup> Cdn Parachute Bn EFF 15-9-42                          |                          |

JUL 31 1942



No. 639 RANK Lieut. NAME McKENNA, James Lloyd \*Married  
\*Widowgr  
\*Single

Place of { \*Appointment  
\*Enlistment } Quebec, P.Q. Date of { \*Appointment  
\*Enlistment } 8-10-41

RATE OF PAY

| D.O. No.                               | Date of D.O. | Rank  | Group | P.F. or A.S. | Daily Rate | Effective Date | If liable Pen. Ded. | REMARKS |
|--|--------------|-------|-------|--------------|------------|----------------|---------------------|---------|
| 155                                    | 23-9-43      | Lieut |       | A.S.         | 5.00       |                |                     |         |
|  |              |       |       |              |            |                |                     |         |
|  |              |       |       |              |            |                |                     |         |
|  |              |       |       |              |            |                |                     |         |
| 26 Desalaberry Ave., Quebec City, P.Q. |              |       |       |              |            |                |                     |         |

ASSIGNMENTS

DEPENDENTS' ALLCES.

No. Deps.....

| Name and Address of Assignees     | Effective Date    | Amount           | Date Application Forwarded | Relationship | Amount Awarded | Effective Date* |
|-----------------------------------|-------------------|------------------|----------------------------|--------------|----------------|-----------------|
| Imperial Life Ass Coy.            | 1-7-43            | 2.29             |                            |              |                |                 |
| 6th V.W.L. May-Oct. 44            |                   | 16.80            |                            |              |                |                 |
| Mrs. Elizabeth McKENNA (M)        | <del>1-7-44</del> | <del>30.00</del> |                            |              |                |                 |
| <i>Grand Palais Co. Gaspé Que</i> | <i>2-21-44</i>    | <i>50.00</i>     |                            |              |                |                 |
| Total.....                        |                   |                  |                            |              |                |                 |

150.

\*Outfit { Allcs. \$..... Paid on M.D. 3  
\*Clothing  
Rehabilitation Grant \$..... Paid On.....  
\*Delete words which are inapplicable.

**M. F. M. 14**  
250M-7-43 (1001)  
H.Q. 1772-39-1662  
K.P. 85489

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

## CASUALTIES, ETC.

Part II. D.O.

Nature and particulars

If in Hospital note name

No.

Date

McKenna (Cdn. 639)

CHRISTIAN NAMES James Lloyd

| C.A. (A.F.)                          | AUTHORITY | C.A. (R.F.)                             | AUTHORITY |
|--------------------------------------|-----------|---|-----------|
| UNIT<br>CIC.                         |           | UNIT                                    |           |
| RANK ON APPT.<br>2nd Lieut.          |           | RANK                                    |           |
| DATE OF APPT.<br>13 May 42           |           | REGIMENTAL & STAFF APPTS. C.A. (O'SEAS) |           |
| T.O.S. C.A. (O'SEAS)<br>17 Jun 44    |           |   |           |
| 2ND LT. (RCA)<br>13 May 42           | 2240c-6   |   |           |
| LIEUT.<br>22 Jan 44                  | 4175c-10  |   |           |
| CAPT.                                |           |   |           |
| MAJ.                                 |           |   |           |
| LT. COL.                             |           |   |           |
| <u>QUOTE CHRISTIAN NAMES IN FULL</u> |           |   |           |

|                  |          |           |
|------------------|----------|-----------|
| DATE OF BIRTH    | RELIGION | MED. CAT. |
| CIVIL OCCUPATION |          |           |
| CIVIL RESIDENCE  |          |           |
| HONOURS & AWARDS |          |           |

**SECRET** C3880/A.

NAME :-

McKENNA, J.L.

*Killed in Action*

# PART II ORDERS

ENTRY

CONTRA

| TOS.                              | UNIT    | EFFECTIVE DATE | ORDER No. | Fr. | UNIT    | EFFECTIVE DATE | ORDER No. |
|-----------------------------------|---------|----------------|-----------|-----|---------|----------------|-----------|
|                                   | CANLOAN | 17 Jun 44      | 9         |     | Canada. |                |           |
| <i>Killed in Action 22 Sep 44</i> |         |                |           |     |         |                |           |

| COURSES & QUALIFICATIONS | CASUALTIES BY RO's, ETC. | AUTHORITY |
|--------------------------|--------------------------|-----------|
|                          |                          |           |

REMARKS *Killed 22 Sep 44 - A-25*

**SECRET** CS880/A.

NAME :-

C.F.A. 133  
40/P&S/1956 MCKENNA, J.L.

*Killed in Action*

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)  
60M-7-40(5847-8)  
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU  
CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL  
CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

- 
- (1) Nom de l'officier, ou soldat, ou aviateur..... James Lloyd McKENNA  
(Noms et prénoms en entier et en lettres moulées)
- (2) Matricule et grade..... 2nd Lieutenant
- (3) Unité..... R.C.A. A/F 20th QUOTA
- (4) Êtes-vous marié?..... N.A.
- (5) Si oui, donnez
- (a) le nom entier de votre épouse..... N.A.
- (b) l'adresse postale actuelle de votre épouse..... N.A.
- (6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... N.A.
- Sinon, donnez-en les raisons..... N.A.
- ..... N.A.
- (7) Êtes-vous veuf?..... N.A.
- (8) Avez-vous des enfants?..... N?A? Garçons N.A. Filles..... MN.A.
- Noms et âges..... N.A.
- (9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins..... N.A.
- Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.
- Nom..... N.A.
- Adresse postale..... N.A.

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement?..... N.A.

Dans l'affirmative, donnez son nom en entier et son adresse postale..... N.A.

(11) Est-ce que votre père vit encore?..... OUI

Si oui, donnez son nom, son adresse et son emploi..... Con, McKENNA

Agriculteur. Chandler Co Gaspe. P.Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel?..... N.A.

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement..... N.A.

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?..... N.A.

(14) Est-ce que votre mère vit encore?..... OUI

Dans l'affirmative, donnez son nom et son adresse..... Mm Mcgarth McKenna

Chandler Co Gaspe. P.Q.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?..... N.A.

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement..... N.A.

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?..... N.A.

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?..... N.A.  
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté..... N.A.

Nom en entier..... N.A.

Adresse postale..... N.A.

Montant de la contribution mensuelle au cours des six derniers mois.....

N.A.

(18) Êtes-vous assuré?..... OUI

Si oui, dites dans quelle compagnie?..... Imperial Life Ins. Co

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

OUI Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Date..... 8-10-41

S. J. McKenna  
(Signature de l'officier, soldat, ou aviateur)

A. F. C. MAGEE Lt.-Col.

Officier Commandant..... District Depot. M.D. 5.

Date..... 8-10-41

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en conséquence les questions qui se rapportent au père ou à la mère.

PLEASE WRITE OR PRINT PLAINLY

B-199A  
QUESTIONNAIRE

(1) Officer's Name (PRINT) *JAMES LLOYD MCKENNA*  
 Christian Names in Full... *JAMES LLOYD*  
 NATIONALITY OF OFFICER... *Irish Can.* MARRIED.....  
 NATIONALITY OF FATHER... *Irish Can.* SINGLE... *S*  
 NATIONALITY OF MOTHER... *Irish Can.*

UNIT OR CORPS TO WHICH YOU BELONG... *R-C-A*

(2) NAME AND ADDRESS OF NEXT OF KIN... *Mr. Cornelius McKenna*  
*Grand Babos*  
 RELATIONSHIP... *Father* *Sergeant*  
 DATE OF MARRIAGE... *N/A*

CHILDREN ALIVE

| NAMES | SEX (M. or F.) | DATE OF BIRTH OF EACH |
|-------|----------------|-----------------------|
|       |                |                       |
|       |                |                       |
|       |                |                       |
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ARMY COURSES OF INSTRUCTION

| COURSES                | PLACE                      | DATE           |               | QUALIFICATION                        |
|------------------------|----------------------------|----------------|---------------|--------------------------------------|
|                        |                            | FROM           | TO            |                                      |
| <i>PARATROOPS</i>      | <i>V. SA</i>               | <i>15/8/42</i> |               | <i>PARACHUTIST</i>                   |
| <i>TRACKED VEHICLE</i> | <i>A.H. C.A.T.C. SHILO</i> | <i>2/1/44</i>  | <i>3/1/44</i> | <i>Driver 1c - Class III Tracked</i> |
| <i>S.FEXTON</i>        | <i>A.H. C.A.T.C. SHILO</i> | <i>2/1/44</i>  | <i>3/1/44</i> | <i>QUALIFIED LIEUTENANT</i>          |
|                        |                            |                |               |                                      |
|                        |                            |                |               |                                      |
|                        |                            |                |               |                                      |
|                        |                            |                |               |                                      |

(6a) FOREIGN LANGUAGES & DIALECTS STATING DEGREE OF FLUENCY I.E. "GOOD" "FAIR" "FLUENT"

| SPOKEN               | READ          |               | WRITTEN |
|----------------------|---------------|---------------|---------|
|                      |               |               |         |
| <i>Fluent French</i> | <i>Fluent</i> | <i>Fluent</i> |         |
|                      |               |               |         |
|                      |               |               |         |

(6b) KNOWLEDGE OF FOREIGN COUNTRIES, VISITED, TOURIST, EXPLORER, STATE COUNTRIES AND LENGTH OF TIME SPENT THERE, DO NOT INCLUDE THE UNITED KINGDOM OR THE UNITED STATES OF AMERICA

*N/A*

(6c) BUSINESS QUAL. (State nature of business carried on by civilian employers.)

*States clerk - Trust Co.*

(6d) LEGAL QUALIFICATIONS IF ANY *N/A -*

(6f) SPECIAL KNOWLEDGE OR QUALIFICATIONS WHICH MAY BE OF SOME USE TO THE ARMY *NONE*

(6e) PROFESSIONAL OR ARTISTIC OR DEGREES OR MEMBERSHIP ETC. OF LEARNED SOCIETY. *NONE*

(7) EDUCATION

HIGH SCHOOL..... *3* YEARS..... *Jr-matric*

UNIVERSITY..... DEGREE.....

..... DEGREE.....

TECHNICAL COLLEGE.....

SPECIAL.....

SIGNATURE..... *[Handwritten Signature]*

JAB/S/SE



ARTY. WING { Squadron  
Company  
Detachment }

ARTY. TRAINING CENTER Unit or Battalion

MORNING SICK REPORT

January to 14th 19 42

| Reg't No. | RANK AND NAMES<br>(Christian Name in full) | Age | Religion | Whether<br>for duty<br>a prisoner<br>or<br>defaulter | Married or<br>Single | DISEASE      | Medical Officer's<br>Remarks<br>and Initial |
|-----------|--|-----|----------|--|----------------------|--------------|---|
| 2496      | 2nd Lt. D.K. Kemmer Jr.                    | 23  | P.C.     |  | S                    | Bail on neck | M+D   |
|           |  |     |          |  |                      |              |   |
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Medical Officer

Orderly N.C.O.



X BTY

( Squadron  
Battery  
Company  
Detachment )

A. S. GATC

Unit or Battalion

### MORNING SICK REPORT

MARCH 25,

19 44

| Reg't No. | RANK AND NAMES<br>(Christian Names in full) | Age | Religion | Whether<br>for duty<br>a prisoner<br>or<br>defaulter | Married<br>or<br>Single | DISEASE              | Medical Officer's<br>Remarks<br>and Initial |
|-----------|---|-----|----------|--|-------------------------|----------------------|---|
|           | Lieut. J.L. McKenna,                        | 25  | R.C.     |  | S                       | For Bacium<br>Series | L.S.C.M.H.                                  |
|           |   |     |          |  |                         |                      |   |
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*John A. Judge, Capt* Medical Officer

Orderly N.C.O.



Art Wing

Squadron  
Battery  
Company  
Detachment

E. D. 2 Co. Brownsville

Unit or Battalion

MORNING SICK REPORT

Jan. 13

1942

| Reg't No. | RANK AND NAMES<br>(Christian Name in full) |            | Age | Religion | Whether for duty a prisoner or defaulter | Married or Single | DISEASE       | Medical Officer's Remarks and Initial |
|-----------|--|------------|-----|----------|--|-------------------|---------------|---------------------------------------|
|           | ART  | McKENNA JL | 23  | R.C.     | D  | S                 | Boil<br>Teeth | Ref P.D.C.<br>at 0900 hr              |
|           |  |            |     |          |  |                   |               |                                       |
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Amgill Lieut Medical Officer

Sgt CR Miller Orderly N.C.O.



"E" *Bohy*

Squadron  
Battery  
Company  
Detachment

A. I. CATE

Unit or Battalion

MORNING SICK REPORT

9-12-42

19

| Reg't No. | RANK AND NAMES<br>(Christian Name in full) | Age       | Religion  | Whether for duty a prisoner or defaulter | Married or Single | DISEASE                             | Medical Officer's Remarks and Initial |
|-----------|--|-----------|-----------|--|-------------------|-------------------------------------|---------------------------------------|
|           | <i>Lieut McKenna Jk.</i>                   | <i>29</i> | <i>RC</i> |  | <i>S</i>          | <i>Upper Respiratory Infection.</i> | <i>Sick in Quarters.</i>              |

*E. E. Kenna Capt*

Medical Officer

Orderly N.C.O.

M. F. B. 292





BROCKVILLE, ONT., Jan. 19, 1942

*[Faint handwritten text]*

*[Faint handwritten text]*

IN ACCOUNT WITH

**DR. D. H. MALLORY**  
**DENTAL SURGEON**  
**PROFESSIONAL SERVICES**

220.      56      78      (1.50)

I certify that the dental treatment charged \$.....  
herewith has been properly rendered, and has

**RECEIVED PAYMENT** fully completed.

*[Handwritten signature]*  
.....  
Signature and rank of patient.

**Particulars on request**

I certify that the services specified in this account have  
been satisfactorily performed, that they were necessary in  
the interest of the public, and that the charges made are in  
accordance with contract or agreement, (or if not b  
tract, the charges are fair and just.) That no  
account has been previously certified by m  
I recommend payment.

*[Handwritten signature]*  
D. D. C. M. D. M. A.

Temporary M.F.B. 465  
#2 copy CANADIAN DENTAL CORPS  
MEMORANDUM

M.F.B. 465B  
SM pads of 100-6-43 (325)  
H.Q. 1772-49-950

Dental Coy. No. 23

Date 30/5/44

Reg. No. \_\_\_\_\_ Rank Lieut Name McKenna J L Unit Can. Infantry

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

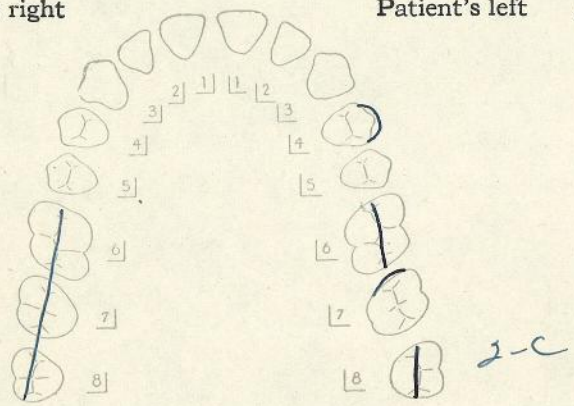
Patient's right

Patient's left

30/5/44  
Re-examined

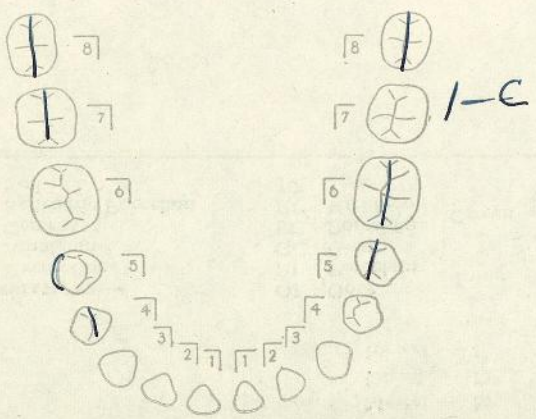
Shade

Mould



Shade

Mould



Michael Kapusta Cep

Signature of Operator

No 23 Coy. C.D.C.

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — Bu  
Lingual — Li

Occusal — O

ABBREVIATIONS:—  
X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold  
PI Porcelain  
GC Gold  
PC Porcelain  
RC Richmond  
JC Jacket

} Inlay  
} Crown

TREATMENT  
RC Root Canal  
V's Vincent's Angina  
Pe Periodontia  
Misc. Miscellaneous

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

} Describe with sketch  
} Denture

2/L.T.

M. McKENNA, J. Referred by E.O.T.C. BROCKVILLE.

Date JANUARY 19<sup>TH</sup> 1942. No. \_\_\_\_\_



J. E. Kanner J.E.K. ..... 22-4 1947  
Name Initials Rank

— C.A.F.C. (A)  
Regimental No. Unit

REPORT—

CANADIAN DENTAL CORPS

M.F.M. 51—50M-11-40 (7970)—H.Q. 1772-39-1711

C. Rhodes Capt  
Dental Officer  
#8 Clinic  
#23 Log C.D.C.

BROCKVILLE, ONT., Jan. 19, 1942

2/Lt. Moenna, J.

**E.O.T.C., Brockville**

IN ACCOUNT WITH

**DR. D. H. MALLORY**

DENTAL SURGEON

PROFESSIONAL SERVICES

2Ra.

56

78

\$1.50

I certify that the dental treatment charged  
herewith has been properly rendered, and has  
been satisfactorily completed.

RECEIVED PAYMENT

*Moenna J.H.*

Particulars on request

Signature and rank of patient.

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with contract or agreement, (or if not by contract, the charges are fair and just.) That no item in this account has been previously certified by me for payment. I recommend payment.

*Moenna on file*  
D. D. O., M. D., No. 3

# MEMORANDUM

M.F.B. 465B  
8M pads of 100-9-40 (7079-80)  
H.Q. 1772-30-950

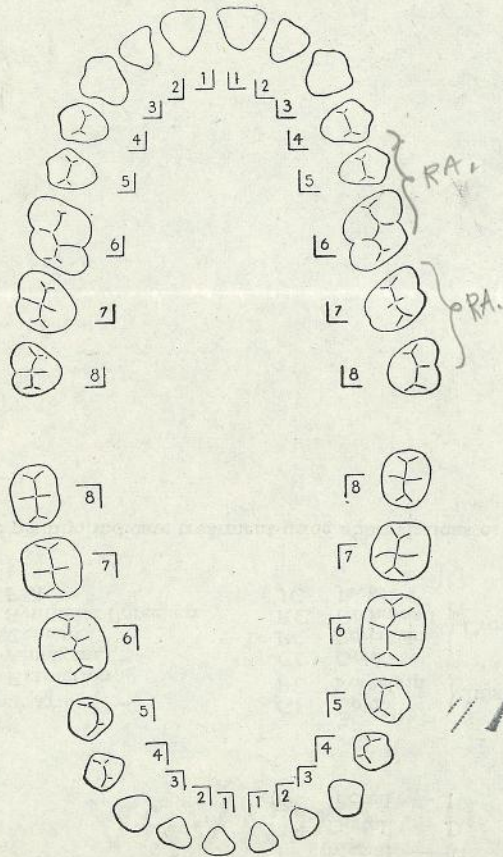
CANADIAN DENTAL CORPS No. 73 COY., C.D.C.

Date Jan. 19, 1942

E. O. T. C.

Reg. No. .... Rank 2/Lt. Name McKenna, J. Unit Brockville

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



2Ra.

5 6

7 8

\$1.50

D. D. O., M. D., No. 3

D. J. Mallery  
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 }  
PI Porcelain } Inlay  
GC Gold }  
PC Porcelain } Crown  
RC Richmond }  
JC Jacket }

TREATMENT

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

Br Bridge } Describe  
PD Partial Denture } with  
CU Complete upper } sketch  
CL Complete lower } Denture  
Ra X-ray

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



**DIVISION OF LABORATORIES**  
**DEPARTMENT OF HEALTH, ONTARIO**  
**SEROLOGICAL REPORT**

1. **Standard Kahn Test:** The Kahn test for syphilis has been found to be more reliable than the Wassermann. The Kahn test will in future be the routine diagnostic test. The Wassermann blood test will be performed only in cases where the result of the Kahn tests are not in agreement. The Wassermann test is a routine procedure on spinal fluids and will continue so.
2. **Quantitative Kahn Tests:** When the Standard Kahn Test is positive, a quantitative test is conducted. This quantitative test estimates in units the degree of positivity of the patient's blood. This is especially helpful in evaluating the effect of the treatment. A gradual falling of Kahn units indicates that the treatment is effective, and that the positivity of the blood is gradually lessening in degree, in other words, that the disease is being cured.
3. **Wassermann Test:** Is conducted routinely on spinal fluids, but not on blood specimens.

713

Laboratory Number .....

Contway

Specimen sent by Dr. ....

2/Lt. J. L. McKenna

Name or Initials of Patient .....

| Laboratory Test        | Result   |
|------------------------|----------|
| Standard Kahn Test     | NEGATIVE |
| Quantitative Kahn Test | Units    |
| Wassermann Test        |          |

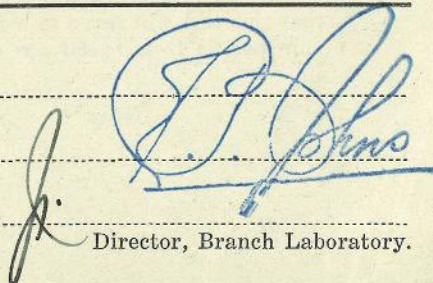
New cases of syphilis must be reported on Form VI to the Department of Health,  
Parliament Buildings, Toronto.

Remarks:

.....  
Jan. 23, 1942, Kingston, Ontario

.....  
Date

L.F. 86. 50M-10-41.

  
.....  
Director, Branch Laboratory.

# INTERPRETATION

1. The sensitivity of the Standard Kahn and Kolmer Wassermann test is almost identical.
2. The Kolmer Wassermann technique used is the recent modification proposed by the author.
3. Each and every lot of antigen prepared is carefully studied and compared to antigen prepared by the author of the test.
4. The combined dark field outfit is available to assist in the diagnosis of early sero-negative and sero-positive syphilis.
5. Quantitative Kahn tests are performed by diluting the patient's serum with saline, the dilutions ranging from undiluted to 1:60. A test is then conducted on each dilution in the usual manner and the highest dilution showing a positive reaction noted. The result is expressed in Kahn units, arrived at by multiplying this dilution by four. Eg. Positive reactions obtained with undiluted serum only would be expressed as 4x1, or 4 Kahn units; positive reactions up to and including 1:40 dilutions reported as 4x40 or 160 Kahn units.
6. The qualitative Kahn test distinguishes between positive, doubtful and negative reactions.
7. The quantitative test in addition provides a measure of the degree of positivity. Its chief value is as a means of evaluating the results of treatment.
8. The quantitative Kahn test further serves to distinguish non-specific from specific reactions. Observations made as to the merit of the Kahn Verification test are limited as yet, nevertheless, the indications are, that this test will serve as a further diagnostic aid in further identifying non-specific from specific reactions.

# MEMORANDUM

M.F.B. 465B  
8M pads of 100-9-40 (7079-80)  
H.Q. 1772-39-950

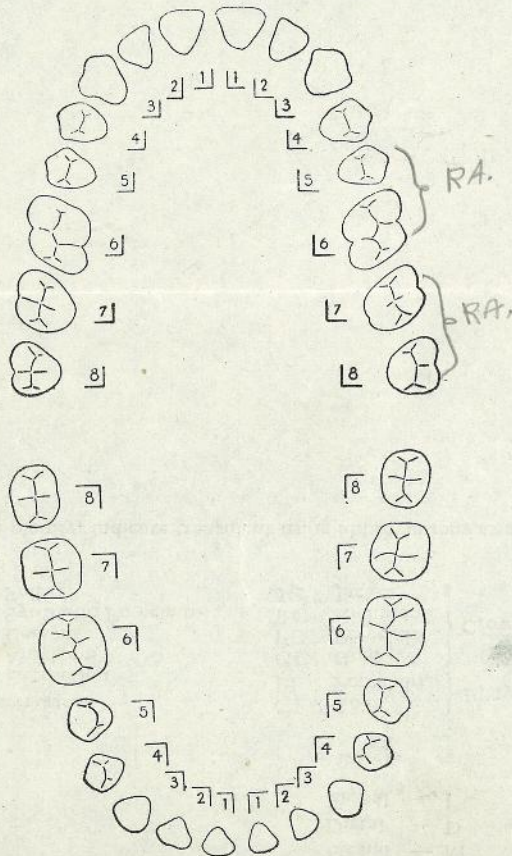
CANADIAN DENTAL CORPS NO. 13 COY., C.D.C.

Date Jan. 19, 1942

E. O. T. C.

Reg. No. .... Rank 2/Lt. Name McKenna, J. Unit BROCKVILLE

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



2Ra. | 5 6 | 7 8 | \$1.50

*Authorized*  
*J. Ben Simon, Capt.*  
D. D. O., M. D., No. 3

*D. A. Mallory*  
Signature of Operator

|         |      |         |       |
|---------|------|---------|-------|
| Mesial  | -- M | Labial  | -- La |
| Distal  | -- D | Buccal  | -- B  |
| Incisal | -- I | Linual  | -- 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          | } Describe with sketch |
| PD | Partial Denture |                        |
| CU | Complete upper  | } Denture              |
| CL | Complete lower  |                        |
| Ra | X-ray           |                        |

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

NEW YORK

# CANADIAN MEDICAL SERVICE

Date..... No.....

---

---

No., Rank and Name.....

*McKenna J. J.*

**R<sub>x</sub>**

*R. 20/20  
L. 20/20  
W-156*

Signature of M.O.....

To be filled at Medical Inspection Room  
or Military Hospital

M. F. C. 680

4M pads of 100-1-44 (28)

H.Q. 1772-39-690

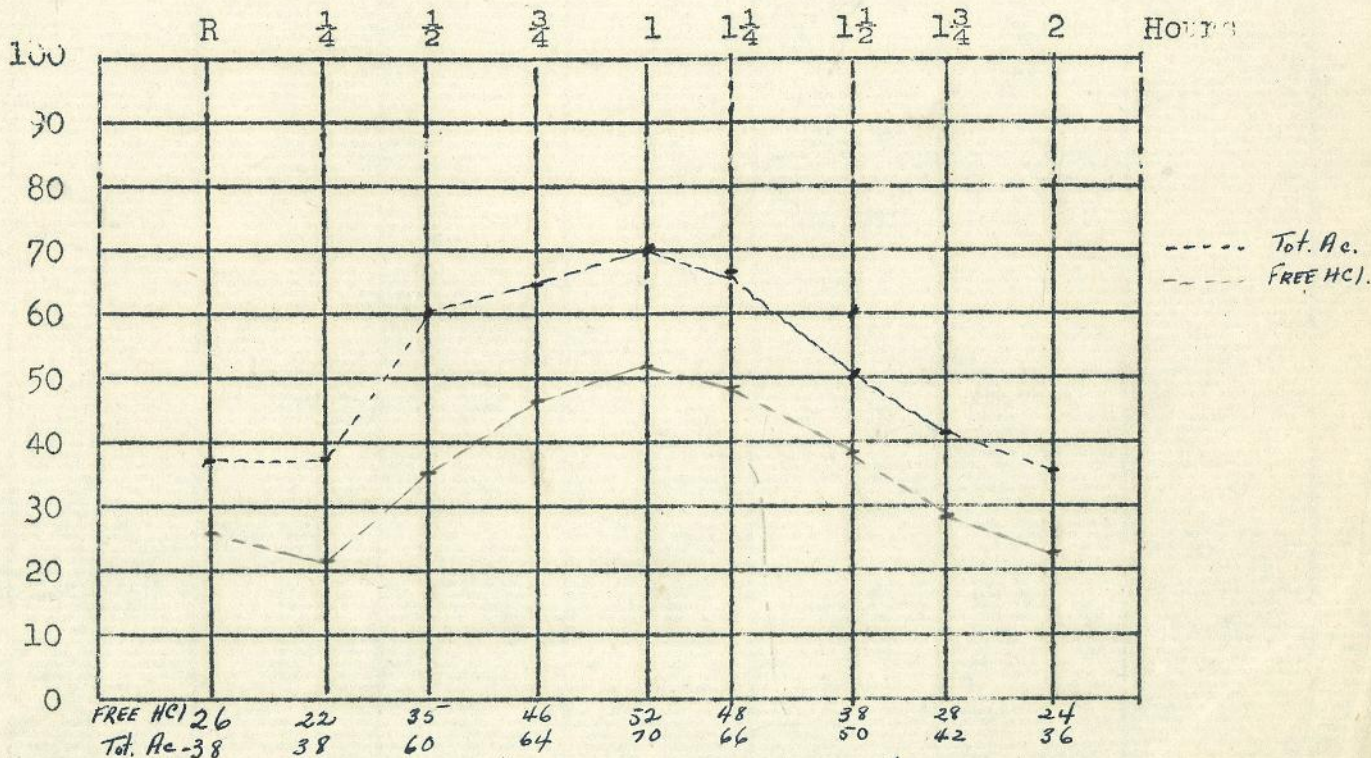
# GASTRIC ANALYSIS

SHILO CAMP MILITARY HOSPITAL  
R.C.A.M.C., C.A.

Name: Lieut McKenna J. L. Date: 27-3-44

Regt. No: \_\_\_\_\_ M.O.: Capt. H. J. Setledge

Unit: A5 C.A.T.C.



... J. J. Mansel ...  
Laboratory Technician

**CASE SHEET (SPECIALIST REPORT)**

Referred by: ..... Date: .....

No. .... Rank Lieut. Name McKENNA James Lloyd

Address 26 De Sallebary Quebec P.O. Age 25

Unit or Ship A3 C.A.T.C. Trade S.P. Class or Category

Referred to: Medical Consultant Profile { Army { Y O B P U L H E M S }  
Air {



**History and Physical Findings (to be filled out by M.O. i/c. case)**

Seen by Brig. Topp commission who request a re-examination of stomach because of history of investigation in U.S.A. for research purposes revealing defect in duodenum. Has absolutely no complaints. Lives on army rations quite adequately.

**SUGGESTED PULHEMS**

| Y O B | P | U | L | H | E | M | S | DOE     |
|-------|---|---|---|---|---|---|---|---------|
| 18    | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8-10-41 |

Opinion Requested Re: Stomach check up.

Type of Case—Ambulatory, Wheelchair, Stretcher, Bed M.O. Signature *[Handwritten Signature]*

**CONSULTANT'S REPORT**

Hospital SHILO CAMP MILITARY HOSPITAL Report No. ....

X-Ray No. ....

The m/n officer was referred back for further consultation re his gastro-intestinal system owing to the fact that some abnormality was seen on routine B.A. Series and the question of peptic ulcer was brought up.

**HISTORY:** He enlisted Oct 8 1941 and has lost no time due to illness apart from Mumps in Jan 1942. While undergoing a special course in the U.S.A. a routine B.A. Series was done and he says "a scar was seen in his duodenum". Ten years ago - Jan 1934 he had a little trouble with his stomach. Two or three times a week he suffered from abdominal discomfort following large meals. This was a generalized ache and lasted for about one hour. He noticed that milk or water gave him relieve. His appetite was good and he could eat any type of food. No vomiting or melena. This lasted about one month. He was not x-rayed and did not see a doctor or lose any time from school. Since then he has had no gastro intestinal symptoms at all and has never been sick.

**PHYSICAL:** This Officer is a placid well built lad. He certainly does not present an ulcer diathesis. General exam is essentially negative and exam of his abdomen does not reveal any masses or tenderness. Gastric analysis curve is normal and B.A. Series findings are as attached report.

**APPROVED PULHEMS**

Diagnosis Mild (Congenital anomaly of duodenum)

Is this man fit for his duty? Yes.

Recommendation .....

| Y O B                  | P | U | L | H | E | M | S | DOE     |
|------------------------|---|---|---|---|---|---|---|---------|
| 18                     | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8-10-41 |
| DISABILITY             |   |   |   |   |   |   |   | CODE    |
| No appreciable disease |   |   |   |   |   |   |   | 1898    |

Date 27-3-44 *[Handwritten Signature]*

(R CHADWICK) CAPT. (Specialist's or Consultant's Signature)

CONSULTANT IN MEDICINE.

OVER:

USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED

IMPRESSION: Owing to his age at time of Gastric symptoms the rapidity of recovery without special treatment, the absence of symptoms since and his ability to undergo strenuous training without a recurrence I don't feel that it was a peptic ulcer he was suffering from in 1934. The X-Ray findings seem to confirm this opinion. The duodenal irregularity is probably congenital in origin and does not present any hazard as far as further symptoms of the development of ulcer is concerned. In my opinion this officer is an Al man able to serve in any capacity in any theatre.

(R. CHADWICK) CAPT.  
CONSULTANT IN MEDICINE.

|    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|----|----|----|----|----|----|----|----|----|----|----|

|    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|----|----|----|----|----|----|----|----|----|----|----|



CANADIAN MEDICAL SERVICES  
REPORT OF RADIOLOGICAL EXAMINATION

Reg. No..... Unit..... A3 CATC.  
Rank..... LIEUT. Corps.....  
Name..... McKENNA J.L. Film No..... 2783

Report of Radiological examination of:

OP Consul.  
Capt. Chadwick.

Stomach and Duodenum.

The stomach is fish-hok in type, regular in outline and  
freely moveable.

There is a moderate symmetrical constriction of the distal  
half of the duodenal cap. This appears to be due to extrinsic  
pressure, probably a congenital transduodenal band.

4 hrs: The stomach is empty with the head of the meal in the  
mid transverse colon.

Summary: Congenital anomaly of duodenal cap. No radiographic  
evidence of disability.

Station..... Shilo Camp, Manl  
Unit..... S.C.M.H.  
Date..... 25 Mar 44.

*F.G. Stuart*  
.....  
(F.G. STUART) MAJOR.

Radiologist

**CASE SHEET (SPECIALIST REPORT)**

*app*

Referred by: J.D. MC FERRIDGE CAPT. Date: 3 March 1944

No. .... Rank Lieut. Name McKENNA James Lloyd

Address ..... Age 25

Unit of ~~Ship~~ A3 C.A.T.C. Trade ..... Class or Category .....

Referred to: Medical Specialist Profile { Army 

| Y | O | B | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 8 |   | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

 Air 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

History and Physical Findings (to be filled out by M.O. i/c case)

No complaints.  
 Weight on enlistment 145. Present weight 149.  
 General: Well developed officer.  
 E.E.N.&T.: Negative.  
 Glandular System: Negative.  
 Cardio vascular system: Negative  
 Respiratory System: Negative.  
 Gastro-intestinal: Negative.  
 Genito-urinary: Negative.  
 Nervous System: Negative.



Suggested Pulhems.

| Y | O | B | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 8 |   | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

Opinion Requested Re: Medical recheck

Type of Case—Ambulatory, Wheelchair, Stretcher, Bed M.O. Signature J.D. Ferridge, Capt

CONSULTANT'S REPORT

Hospital: SHILO CAMP MILITARY HOSPITAL Report No. ....

X-Ray No. ....

This man is still 1 across the board.  
 No evidence of disease.

Approved Pulhems.

| Y                             | O | B | P | U | L | H | E | M | S | DOB         |
|-------------------------------|---|---|---|---|---|---|---|---|---|-------------|
| 1                             | 8 |   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1-10        |
| DISABILITY                    |   |   |   |   |   |   |   |   |   | CODE        |
| <u>No appreciable disease</u> |   |   |   |   |   |   |   |   |   | <u>1898</u> |

Diagnosis.....

Is this man fit for his duty?..... Fit.

Recommendation.....

Date: 6 March 44

(R. Chadwick) CAPT.  
 (Specialist's or Consultant's Signature)

CONSULTANT IN MEDICINE

USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED

M. S. P. D.

CANADIAN MEDICAL SERVICES  
REPORT OF RADIOLOGICAL EXAMINATION

Reg. No. .... Unit. CAMP HEADQUARTERS  
Rank Lieut. Corps.....  
Name McKENNA, J. Film No. C-343

Report of Radiological examination of:

SHORT G. I. :

The esophagus and stomach appeared normal.

The pylorus appeared normal.

The duodenum showed a central defect with typical  
cloverleaf deformity of old ulcer.

The crater appears to be in the immediate post pyloric  
area on the posterior wall.

There was no six hour delay.

IMPRESSION: OLD DUODENAL ULCER.

Station PET. MIL. CAMP.  
Unit PHIL., RCAMC.  
Date 14th July, 1943

*[Handwritten signature]*  
*[Red initials]* 62  
for (R. E. Broome) Major, RCAMC  
Radiologist

# CASE SHEET (SPECIALIST REPORT)

Enlisted Oct. 6th, 1941  
 Unit: Camp Headquarters Place: Patawawa Ont. Date: July 9/43  
 Reg't No. ----- Rank Lieut Name McKENNA, J.L.  
 To—Hospital: PMH Type of Specialist: Medical  
 Information desired: Category C-1 for Duodenal ulcer.  
 History and Physical Findings (Must be filled out in full by M.O. i/c case).

The marginally named is in category C-1 because of duodenal ulcer. I would like your opinion re present state of this officer for purposes of raise in category.

He states that at present he is feeling fit and has been free of symptoms for almost a year. (since August 1942).

For your opinion, please.

(DOCUMENTS ENCLOSED)

Diagnosis..... M. Zeldin Capt. Hq MIR  
*M.O. Signature*

Hospital..... Report No.....

9-7-43

Says he has felt quite well since 15th October -42. No headaches of any kind. Has been leading ordinary life without undue restrictions - smokes moderately occasional alcoholic beverage. Appetite good. Sleeps well. No heart burn regurgitation melena or constipation. Functional enquiry completely neg.

W.D. W.H. Long linear build apparently healthy without any apparent emotional instability. 5' 11" weight 152 Colour good. E.N.T. neg. tonsils small, apparently not diseased. No enlarged glands. Chest symmetrical. Expiration 3 1/4" expansion 3" no rales or rhonchi. C.V. system neg. no murmurs heard. P. 64 B.P. 110/65 Exercise tolerance good. No dyspnoea - abdomen neg. No masses tenderness or rigidity. Osseous system neg. neurology system neg.

Check G.A. and G.I., Urinalysis and Wassermann.

V.W.

(F.O. Dixon) Major RCAMC  
~~(F.O. Dixon) Major RCAMC~~  
 Medical Consultant

34 63

Date..... *Specialist's Signature*

- NOTE:—
1. Special report should contain the essential points in the history, physical examination and special examinations (if any) upon which the diagnosis and opinion are based.
  2. The examination and report is to be made by O.i/c Medicine or Surgery or both or by other senior assistants and not by junior officers.
  3. A copy will be attached to hospital case sheet (if any) and to all copies of Medical Board Proceedings. Does not apply to R.C.A.F.
  4. Specialists should give an opinion as to whether the soldier is to be brought before a Medical Board.
  5. Consultant will return original to M.O. concerned and duplicate will be forwarded to D.M.O. for forwarding to Records Office. A third copy may be retained by specialist if required. Does not apply to R.C.A.F.

16th July 43.

G.I. series showed presence of old duodenal ulcer including crater and typical clover  
~~leaf~~ leaf deformity. G.A. is O-81-60-43 with one plus mucous in every sputum. *Specimen*  
In view of these findings I would recommend that category should not be raised.

*E. M. Heller, Capt.*

E.M.Heller Capt., RCAMC.,  
for (Medical Consultant)

RJH

# CASE HISTORY SHEET

Hospital Petawawa Military Ward 1

Regt'l No. \_\_\_\_\_ Rank Lieut. Name McKeena-Las.

Unit C.A.T.C. #1 Completed years of service 11 mos. Where and how long

Date of admission 23 Sept 42 Date of discharge Oct 24, 1942

Diagnosis Duodenal (B) Ulcer Age 24

Complaint 18. No pain since first two days  
Test meal. 50/38/60/52. free HCl

History, Examination and Progress Notes Up 1hr b.i.d.  
Former x ray Sept 9/42 - Montana Fort 10. J. Harrison  
does not state a crater was present. Repeat  
G.I. feels nervous at night. C. B. Rich  
give lumbar 9/4 route

Oct 21/42. No pain. Still feels jumpy, but  
better than when admitted. There is marked  
tenderness below xiphoid, + percussion tenderness  
at 8-10 vertebra. G.I. series shows distortion  
of duodenal cap but no crater.

Summary - High strung nervous type  
difficulty in sleeping for weeks. High free  
acidity. Two very suspicious G.I. series, former  
episode of stomach pain in 1939, one brother had  
perforated ulcer of stomach.  
Diagnosis: Duodenal ulcer, healing.  
Not fit for overseas. C. B. Rich.  
capt.

14-10-42 Short S.I. Series. Oesophagus and stomach normal.  
Pylorus appears normal. There is a persistent distortion of the  
duodenal cap although no crater could be outlined. The impression  
is that of a scarred duodenum, due to old ulceration.  
There was no real lower delay.

Urine. 26-9-42 negative. Gastric Analysis 17-10-42

|          |               |
|----------|---------------|
| Free HCl | Total acidity |
| #1 50    | 71            |
| #2 38    | 50            |
| #3 60    | 74            |
| #4 52    | 64            |

23-10-42 For discharge 24-10-42  
 TREATMENT Peptic ulcer diet. Pulu. Antacid. Bed rest.  
 (Especially any specific or special form)

CONDITION ON DISCHARGE Improved. To continue Pulu, antacid + milk.  
 (and disposal made of case) Recommended 3 days sick leave. For board.

Date 23-10-42 U. E. Deum Capt.  
 Medical Officer i/c case

# CASE HISTORY SHEET

Hospital Pet Mil Ward 1

Reg't No. - - Rank Lieut Name Mc Kenna Jas

Unit A-1 CATC Completed years of service <sup>Where and how long</sup> } 11 mos

Date of admission Sept 25-42 Date of discharge Oct 24, 1942

Diagnosis Duodenal Ulcer Age 24

Complaint Pain in epigastrium 2 hours after meals since Aug 25/42

**History, Examination and Progress Notes**

Past Illnesses - Mumps as a child. No operations, other illnesses or serious injuries. Denies V.D.

Family History - Father of 4 now. Mother 65 now 3 brothers } <sup>1 had perforated ulcer 1942</sup>  
 6 sisters now. No familial history of allergy or tuberculosis. 2 aunts died of Ca of Stomach.

Personal History - Junior matriculation @ 16 yrs. Estates officer & Royal West Co.

Habits - Smokes 2-3 cigs daily. Occasional drinker.

Structural Enquiry - Head & neck - negative for headache, colds, sore throats.

Chest - Respiratory - Has frequent chest colds. No sputum. No chest pain. No shortness of breath.

Abdomen - Appetite good. Had gastric pain for about 2 months in 1939 which cleared with powder (antacid?). In August/42 developed pain after eating. Milk and antacid powder relieved pain. No gaseous eructations or heartburn. No pain or distress for past two weeks. Bowels regular. G.U. D. 3-4. No dysuria.

Nervous System - Sleeps rather restlessly. Says he does not worry, but appears rather nervous.

Present Illness - In August 1942 gradually developed pain in abdomen about 2 hrs. after meals while at paratroops school in Montana. Usually worst about 3pm. Relieved by milk and alkalis. Had x-ray early in September and diagnosis of Chronic Duodenal Ulcer & acute exacerbation made.

Physical Exam - Moderately well nourished, rather pale officer of about stated age.

E.E.N.P. - Several teeth extracted otherwise normal.

Chest - Respiratory - no adventitious sounds.

CV System - Heart normal in size, regular in rate and rhythm. No murmurs heard.

Abdomen - Slightly tender below xiphoid on Rt. side otherwise no masses, areas of tenderness or hernia.

CONDITION ON DISCHARGE - Nervous System - Reflexes normal.

(and disposal made of case) Impression - Duodenal Ulcer. W. Edm. Capt. 13-10-42. Condition unchanged. No distress after eating. W. Edm.

Date .....

# LABORATORY

Hospital Petawawa Military Ward 1 Bed 8  
 Regimental No. \_\_\_\_\_ Rank Lieut Name Mr. Dennis Jas.  
 Unit C.A.T.C. A1 Date Admitted 25 Sept 42 Age 24

|                   | DATE             |       |  |  |  |  |  |
|-------------------|------------------|-------|--|--|--|--|--|
| URINE EXAMINATION | Sept 26          |       |  |  |  |  |  |
|                   | Type of sample   |       |  |  |  |  |  |
|                   | Amount           |       |  |  |  |  |  |
|                   | Reaction         | acid  |  |  |  |  |  |
|                   | Specific gravity | 1.022 |  |  |  |  |  |
|                   | Albumin          | Trace |  |  |  |  |  |
|                   | Sugar            | Trace |  |  |  |  |  |
|                   | Ketones: S.N.P.  |       |  |  |  |  |  |
|                   | FeCl3            |       |  |  |  |  |  |
|                   | Bile             |       |  |  |  |  |  |
|                   | Urobilin         |       |  |  |  |  |  |
|                   | Blood            |       |  |  |  |  |  |
|                   | Casts: Hyaline   | }     |  |  |  |  |  |
|                   | Granular         |       |  |  |  |  |  |
|                   | Cellular         |       |  |  |  |  |  |
| R.B.C.            |                  |       |  |  |  |  |  |
| W.B.C.            |                  |       |  |  |  |  |  |
| Epithelium        |                  |       |  |  |  |  |  |
| Centrifuged       |                  |       |  |  |  |  |  |

|                            | DATE                    |  |  |  |  |
|----------------------------|-------------------------|--|--|--|--|
| HAEMATOLOGICAL EXAMINATION |                         |  |  |  |  |
|                            | Haemoglobin             |  |  |  |  |
|                            | R.B.C.                  |  |  |  |  |
|                            | Colour Index            |  |  |  |  |
|                            | Volume Index            |  |  |  |  |
|                            | W.B.C.                  |  |  |  |  |
|                            | Eosinophiles            |  |  |  |  |
|                            | Eosinophiles Myelocytes |  |  |  |  |
|                            | Neutrophiles            |  |  |  |  |
|                            | Neutrophiles Myelocytes |  |  |  |  |
|                            | Myleblasts              |  |  |  |  |
|                            | Basophiles              |  |  |  |  |
|                            | Bas. Myelocytes         |  |  |  |  |
|                            | Endothelial             |  |  |  |  |
|                            | Lymphocytes             |  |  |  |  |
|                            | Platelets               |  |  |  |  |
|                            | Anisocytosis            |  |  |  |  |
|                            | Macrocytosis            |  |  |  |  |
|                            | Microcytosis            |  |  |  |  |
|                            | Poikilocytosis          |  |  |  |  |
|                            | HB. Content             |  |  |  |  |
|                            | Polychromasia           |  |  |  |  |
|                            | Reticulation            |  |  |  |  |
|                            | Normoblasts             |  |  |  |  |
|                            | Megaloblasts            |  |  |  |  |
| Bleed. Time                |                         |  |  |  |  |
| Coag. Time                 |                         |  |  |  |  |

**PATHOLOGICAL REPORT**

|                           | DATE            |  |  |  |  |
|---------------------------|-----------------|--|--|--|--|
| BLOOD CHEMISTRY           |                 |  |  |  |  |
|                           | N.P.N.          |  |  |  |  |
|                           | Urea N.         |  |  |  |  |
|                           | Creatinin       |  |  |  |  |
|                           | Chlorides       |  |  |  |  |
|                           | Cholesterol     |  |  |  |  |
|                           | Sugar (fasting) |  |  |  |  |
| Sulphonamide              |                 |  |  |  |  |
| V.D.B.                    |                 |  |  |  |  |
| Bacteriology and Serology |                 |  |  |  |  |
|                           | DATE            |  |  |  |  |
| Blood                     |                 |  |  |  |  |
| Faeces                    |                 |  |  |  |  |
| Serous fl.                |                 |  |  |  |  |
| Urine                     |                 |  |  |  |  |
| Sputum                    |                 |  |  |  |  |
| Wasserman Bl.             |                 |  |  |  |  |
| Wasserman C.S.F.          |                 |  |  |  |  |
| Widal                     |                 |  |  |  |  |

Miscellaneous

Gastric Analysis - 17 Oct 42.

|          |               |
|----------|---------------|
| Free HCl | Total Acidity |
| # 1 - 50 | 71            |
| # 2 - 38 | 50            |
| # 3 - 60 | 74            |
| # 4 - 52 | 64            |



# TREATMENT

Hospital Petawawa Military Ward 1 Bed 8  
 Reg'l No. \_\_\_\_\_ Rank Lieut. Name McKenna Jas  
 Unit C.A.T.C. A1 Age 27

| ORDER GIVEN |              | ORDERS  | ORDER DISCONTINUED |         |
|-------------|--------------|---|--------------------|---------|
| Date        | By Whom      |   | Date               | By Whom |
|             |              | Liquid "B" diet.<br>alkaline 3ii qid  |                    |         |
| 28 Sept 42  | Capt Butts   | Phenobarb. q. 1 1/2 hs.   |                    |         |
| 30 Sept 42  | Capt Dunn    | May have phenobarb. q. 1 1/2 hs   |                    |         |
| 16 Oct 42   | " "          | To have functional test<br>meal 4-morrow.   |                    |         |
| 18 Oct 42   | Capt<br>Rich | Up. only 1 hr b.i.d.<br>Continue A.H. pulse 3ii qid<br>Full diet.<br>X-Ray - C.I. Occult blood<br>Luminal q. 3/4 h.s. |                    |         |
| 23 Oct 42   | Capt<br>Dunn | Discharged to-morrow  |                    |         |

# CLINICAL CHART

Hospital Pittsawana Military Service Medical Ward 1 Bed 8  
 Reg't'l No. \_\_\_\_\_ Rank Lieut. Name McKenna Jas. Age 24  
 Unit C.A.T.C.A.1 Date of Admission 25 Sept. 1942

| DATE                        |             | 25           | 26        | 27        | 28        | 29        | 30        | Oct. 1    | 2         | 3         | 4         | 5         | 6         | 7         | 8         | 9         | 10        | 11        | 12        | 13        | 14        | 15        | 16        | 17        | 18        | 19        | 20        | 21        | 22        | 23        | 24        |  |  |  |
|-----------------------------|-------------|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|--|--|
| SEPT.                       |             | TIME         | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      | TIME      |  |  |  |
| Pulse                       | Temperature | a.m. p.m.    | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. | a.m. p.m. |  |  |  |
| 160                         | 107         | ON ADMISSION |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 150                         | 106         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 140                         | 105         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 130                         | 104         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 120                         | 103         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 110                         | 102         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 100                         | 101         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 90                          | 100         |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 80                          | 99          |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 70                          | 98          |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| 60                          | 97          |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| Respirations                |             | 18/18        | 18/18     | 20/20     | 20/18     | 20/18     | 18/20     | 16/18     | 18/18     | 20/18     | 18/18     | 18/18     | 18/18     | 18/18     | 18/18     | 18/18     | 20/20     | 20/18     | 18/18     | 18/18     | 18/18     | 14/14     | 18/18     | 20/18     | 18/18     | 18/18     | 20/20     | 20/18     | 18/18     | 18/18     |           |  |  |  |
| Stools                      |             |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           | 1         | 0         | 1         | 1         | 1         |           |           |           |           |  |  |  |
| Fluid Intake, 8 a.m.-8 a.m. |             |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |
| Blood Pressure              |             |              |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |           |  |  |  |

# ADMITTING FORM

Hospital Pet. Mil Date and Hour Admitted 1000 hrs Sept 25-42.  
Reg't'l. No. - Rank Lieut Name McKenna Jas. Lloyd.  
Unit CATC A-1 Age 24  
Next of Kin Father Mr. L. McKenna Religion R/C  
Admitted from R.A.P.  
Previous Military Hospital Admissions Brockville M.H. June 1942 - ulcers.

Previous attendance at a Consultation Clinic Nil  
Previous X-Ray Examinations  yes Where done? St Johns Veterans Hosp. Sept 9-42.  
 no  
Diagnosis on M.F.B. 292 by I. Investigation Temp  
Signature of Admitting Clerk Pte Staff R.

## THE ABOVE TO BE FILLED IN BY ADMITTING CLERK

History, including any information on M.F.B. 292.  
acute gastric symptoms Aug 25 - pain  
in epigastrium when stomach empty  
has been in "Parachute" teams at Ft.  
Wan Henry Harrison Montana  
x-ray exam. then revealed a duodenal  
Physical Findings ulcer & acute exacerbation

Diagnosis of Admitting Officer Ch. Duodenal ulcer & acute exacerbation  
Admit to Ward 1  
Admission Orders Bed legend B. Pipter ulcer diet  
most gastric alk. 3 or 4 h.  
Should M.O. be immediately informed of admission? NO

CANADIAN MEDICAL SERVICES  
REPORT OF RADIOLOGICAL EXAMINATION

Ward 1

Reg. No. .... Unit..... A-1  
Rank..... Lieut..... Corps..... C.A.T.C.  
Name..... McKenna, J.L..... Film No..... B-2372

Report of Radiological examination of:

Short G.I. Series:-

Oesophagus and stomach normal. Pylorus appears normal. There is a persistent distortion of the duodenal cap, although no crater could be outlined. The impression is that of a scarred duodenum, due to old ulceration.

There was no 6 hour delay.

Station..... Petawawa Military Hospital  
R. C. A. M. C. - C. A. S. F.  
Unit.....  
Date 19-10-42

*A.E. Broome*  
(A.E. Broome) Major, RCAMC  
Radiologist

# MEDICAL HISTORY OF AN INVALID

## INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION..... Petawawa ..... DATE..... 26-10-42  
Lieut.

1. (a) Unit..... A-1; C.A.F.C. ..... (b) Regimental No..... ..... (c) Rank.....  
 (d) Surname..... MCKENNA ..... (e) Christian names..... James Lloyd  
(Use block letters)  
 (f) Home address..... 26 Desalaberry Que.  
 (g) Next of Kin..... Con McKenna ..... (h) Relationship..... Father  
 (i) Address of Next of Kin..... Shendler Co Gaspé P.Q.

2. Age last birthday..... 24 ..... Date of Birth..... 12-8-18

3. Enlistment, or Appointment: (a) Place..... Quebec ..... (b) Date..... 8-10-41  
 (c) Category on enlistment..... A ..... (d) If lower than A on enlistment, give reason.....

4. Personal description: (a) Height..... 5'11" ..... (b) Weight..... 150  
 (c) Complexion..... Fair ..... (d) Colour of hair..... Brown ..... (e) Colour of Eyes..... Blue  
 (f) Identification marks, scars, etc..... -

5. Former civilian trade, profession or occupation..... Clerk (Estates)

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)

(a) Length of service. Years..... 1 ..... Days..... 18

(b) Periods of service: Continuous

(c) Trade on enlistment 2/Lt. ..... (d) Present Trade Lt.

|                                    | From           | To          |
|------------------------------------|----------------|-------------|
| Former Wars.....                   |                |             |
| War 1939—Canada..... <u>C.A.A.</u> | <u>8-10-41</u> | <u>date</u> |
| Abroad.....                        |                |             |
| Canada on return from abroad.....  |                |             |

7. Diseases or injuries with Code Nos..... Duodenal Ulcer 0912  
(To be filled in when examination has been completed)

(a) Dates of origin..... August 1942

(b) Places of origin..... Montana

(c) Causes..... Unknown

43

8. Present Condition—(a) Subjective.....

(In the individual's own words)

There is no pain like there was from the stomach. I still feel somewhat weak and out of condition. My nerves are still jumpy. I am unable to eat a full meal, because of the discomfort following.

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Well developed, nutrition and color fair. Rather nervous at present

Mentally alert. Mild acne of face.

Vision Lt 20,20 Rt 20,20

Hearing is good.

Mouth and throat healthy.

Chest: Heart within normal limits. Rate 88, regular. Sounds fairly distinct. No murmurs.

Lungs are resonant throughout. Breath sounds are clear. No rales heard.

Abdomen: Tenderness on deep pressure in the right upper quadrant, remainder of abdomen shows no tenderness, rigidity or palpable masses. No herniae.

External genitalia normal.

Back and extremities show no abnormalities.

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

Enlisted 8-10-41, category A-1.

Since enlistment was in Brockville Military Hospital 19-1-42 5-2-42 with "lumps"

Present illness began Aug 1942 while at paratroops in Montana with pain in the stomach after meals ( 2 hrs) worst about 3 P.M. and relieved by milk, alkalis or a small amount of food.

This became gradually worse and he was X-rayed and a diagnosis of ch. Duodenal ulcer with acute exacerbation made. Was in Petawawa Military Hospital 25-9-42 to 24-10-42. Reports attached.

10. Were the diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?

(a) No

(b) No

11. What is the probable duration of the diseases or injuries?

Uncertain

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

(If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed?

Yes

(If not, briefly state why)

14. Recommendations: Referred to Medical Board.

(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

I feel that further convalescence might well be considered in this case.

E. E. Reinke Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned James L. McKenna having heard the contents of Sections 8 (a) and 9 read, am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

J.L. McKenna

Lt.

Rank

Signature of member of the Forces.

Handwritten initials

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons... This young officer apparently had an acute ulcer incident to the strain of parachute training with complete cessation of symptoms. As this is, clinically, a first attack, service at home is indicated.

16. It is certified that the invalid, - (a) Does require treatment (give nature of treatment required and probable duration.)

Mild dietary.

Does not require treatment.

Categories hereunder are defined for information only.

- (1) NAVY - A. General Service, D. Temporarily unfit, E. Unfit for Category A. (2) ARMY - A. General service, B1, B2, C1, C2, D. Temporarily unfit, E. Unfit for A, B, C. (3) R.C.A.F. - A1B, A1HBH, A2B, A2HBH, A3B, A3HBH, A4B, A4HBH, ATB, ATBH, ATBT, APB, APBH, APBT, APBP.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category: "C.I" Place: Petawawa, Ont. Date: Oct. 27/42. W.R. TUTT, Major. A.F. Mavety, Major. S.S. Lightman, Lt. RCAMC. President. Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons...

Witness... Signed... (Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place... Date... APPROVED BY... APPROVED BY... President. Members.

APPROVED BY: J. Richardson capt. CAMP MEDICAL OFFICER, PETAWAWA. Date: 29.10.42. APPROVED BY: D.G.M.S. or D.M.S. (Air) Date...



FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE  
LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

N.R. 4979

Numéro d'ordre de l'avis d'appel:

F 1110

DIVISION F, Québec,  
Reçu le 21-9-40.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms: Mc Kenna Lloyd  
(Ecrire en lettres moulées) (Nom de famille) (Prénoms)

Lieu de naissance: Ste Adelaïde Province canadienne Québec Date de naissance: 12 Aout 1918  
(ou autre pays)

Résidence fixe: Ste Adelaïde de Pabos Québec  
(Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?  
Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non  
Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non  
Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non  
Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non  
Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non  
Touchez-vous une indemnité ou une pension d'invalidité? non Si oui, de quelle source? (Oui ou non)

Localité: Ste Adelaïde Province: Québec Date: 19 Septembre /40

Signé: L. McKenna Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

Examen somatique (sur la peau nue)

- 1. Taille: 5 pieds; 11 pouces. 2. Poids: 162 livres.
- 3. Teint: Blanc Couleur des yeux: gris 4. Constitution: { Vigoureuse } Moyenne } Biffer les } Débile } mentions } inutiles.
- 5. Périmètre thoracique à l'ampliation maxima: 36 1/2 pouces. Étendue de l'ampliation: 2 pouces.
- 6. (a) Acuité visuelle sans verres correcteurs: Œil droit: 20/20 Œil gauche: 20/20 (b) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit: Œil gauche:
- 7. Acuité auditive: Oreille droite: C.V. 20 Oreille gauche: C.V. 20
- 8. Bouche et dents: 3 enlevées Indiquer la nature et l'emplacement de toutes dents artificielles
- 9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" A Signé: J.V. Allard M.D. (Médecin examinateur)  
" "B I"  
" "B II"  
" "C I" Adresse: Chandler  
" "C II"  
" "D" Date: 19 Septembre  
" "E"

L'espace ci-dessous est réservé aux inscriptions par le Médecin militaire du Centre d'instruction

QUATRIÈME PARTIE

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

Classe A

Signature: R.C.A.M.E. CASF

Signature: Médecin militaire du Centre d'instruction militaire

Nom ou numéro du Centre d'instruction  
Numéro dans la Milice active non permanente

(Important — Voir au verso)

| Station | Entré à l'hôpital le |      |       | Sorti de l'hôpital le |      |       | Maladie | N.B.—Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique. |
|---------|----------------------|------|-------|-----------------------|------|-------|---------|---|
|         | Jour                 | Mois | Année | Jour                  | Mois | Année |         |   |
|         |                      |      |       |                       |      |       |         |   |

### INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues, instructions dont le ministère des Services nationaux de Guerre lui fournira un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. Le nom et l'adresse des registraires divisionnaires seront signalés aux médecins examinateurs par voie d'avis publiés dans les journaux ou, si possible, par lettre.

4. Le ministère des Services nationaux de Guerre versera chaque mois aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

Copie certifiée conforme à l'original.

*B. McKee*

Le registraire estampillera les quatre copies en indiquant le lieu et la date où les copies ont été dressées et certifiées conformes.

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues))

39 M. 891

MILITIA ACT

M.F.M. 82  
480M-8-40 (6652)  
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

525

REGIMENTAL No. E-461 631

Militia Unit taken On Strength R. R. C.

8921  
03  
8-18  
12  
600

1. Surname (Block Letters) Mc. Kenna

2. Christian Names (In Full) James Floyd

3. Present Address St. Adelaire de Sabos. P.Q.

4. Place of Birth St. Adelaire Date of Birth 12-8-18

5. Religion \_\_\_\_\_ 6. Occupation \_\_\_\_\_

7. Next-of-Kin \_\_\_\_\_

(NAME AND ADDRESS)

8. Physical Description: Height 5'11" Weight 162

Color of Eyes Grey Color of Hair Blond

9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

0  
09-0-0  
050  
07-11-0  
1  
01  
02

Dated this 9 day of October 1940

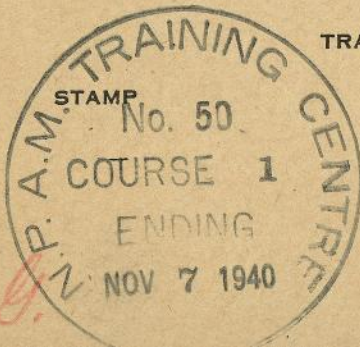
Training Centre No. 50

James Floyd McKenna  
(SIGNATURE OF MAN)

A.A. Macmillan 2/Lt

(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

TRAINING CERTIFICATE STAMP



J.L. Mackay Capt.  
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

MB.

4B

Wishes to join 87<sup>th</sup> Battalion

Am

MILITIA ACT

M.F.M. 83  
240M-8-40 (6682)  
H.Q. 1772-39-1773

National Resources Mobilization Act, 1940

ENROLMENT  
NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. E-461-631

Militia Unit taken On Strength I.P. I.P. C.

- 1. Surname (Block Letters) J.C. Kenna
- 2. Christian Names (In Full) James Lloyd
- 3. Present Address St. Adelaire des Sabos.
- 4. Place of Birth St. Adelaire Date of Birth 12-2-18
- 5. Religion \_\_\_\_\_ 6. Occupation \_\_\_\_\_
- 7. Next-of-Kin \_\_\_\_\_

(NAME AND ADDRESS)

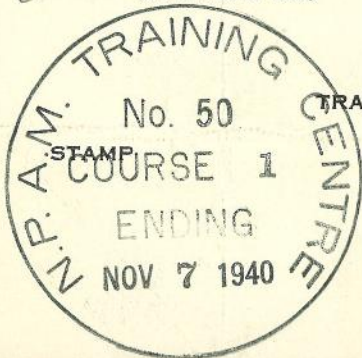
- 8. Physical Description: Height 5'11" Weight 162.  
Color of Eyes Grey Color of Hair Blond
- 9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Dated this 9 day of October 1940

Training Centre No. \_\_\_\_\_

J.C. Kenna  
(SIGNATURE OF MAN)

A.A. MacMillan 2/Lt  
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)



TRAINING CERTIFICATE STAMP

J.L. MacKay Capt  
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

No..... Rank Lieutenant Name McKENNA, James Lloyd.....

Unit..... Date of death 22nd Sept., 1944.....

Died at ~~France~~. HOLLAND.....

Cause Killed in action.....

Death occurred on strength of Forces.H.Q. 332-61-165.....

N/K Mr. Cornelius McKenna, Relationship Father.....

Address Grand Pabos, Gaspé Co., Quebec.....

Remains buried in..... Cemetery.....

**CHK** ✓  
Grave location.....

**OVER**—

REBURIED

Arnhem British Cemetery,  
Arnhem, Holland.

Grave 9, row A, plot 6.

HI & CR Form Despd. DEC 9 - 1946

Photographs  
Despatched

MAR 12 1949

MAY 13 1946

BURIAL REPORT TO N.K.

SEP 19 1946

RETURN TO BUR. OF STAT.

OCT 30 1944

ROYAL MESSAGE DESP'D.

NOV 2 1944

CAN. MESSAGE DESP'D.

Sheet No. ....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. *Cdn. 639* Rank *Lieut* Surname *McKenna* Christian Name *James Lloyd*

| UNIT                      | HOSPT. | ADMITTED |     |      | DISCHARGED |     |      | Hospt. Days | DISEASE OR INJURY     | REMARKS | CAS. LIST No.           |
|---------------------------|--------|----------|-----|------|------------|-----|------|-------------|-----------------------|---------|-------------------------|
|                           |        | Day      | Mo. | Year | Day        | Mo. | Year |             |                       |         |                         |
| <i>11 Bn. Para. Regt.</i> |        |          |     |      |            |     |      |             | <i>Killed 22-9-44</i> |         | <i>Carlson<br/>A.25</i> |
|                           |        |          |     |      |            |     |      |             |                       |         |                         |
|                           |        |          |     |      |            |     |      |             |                       |         |                         |
|                           |        |          |     |      |            |     |      |             |                       |         |                         |
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|                           |        |          |     |      |            |     |      |             |                       |         |                         |
|                           |        |          |     |      |            |     |      |             |                       |         |                         |



Sheet No.....

**POSTINGS FROM O/S CASUALTY LISTS**

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

Regt'l No..... Rank..... Surname..... Christian Name.....

| UNIT | HOSPT. | ADMITTED |     |      | DISCHARGED |     |      | Hospt. Days | DISEASE OR INJURY | REMARKS | CAS. LIST No. |
|------|--------|----------|-----|------|------------|-----|------|-------------|-------------------|---------|---------------|
|      |        | Day      | Mo. | Year | Day        | Mo. | Year |             |                   |         |               |
|      |        |          |     |      |            |     |      |             |                   |         |               |
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|      |        |          |     |      |            |     |      |             |                   |         |               |

NAME

McKENNA JAMES LLOYD.

H.Q. File 200-61-165

RANK

2ND Lt. (Surf.) 2ND Lt. Lt. A/CAPT.

ACTIVE UNIT

R.C.A. (R.R.) No 5 D.D.

RESERVE UNIT

R. DE MONTY.

Appt. R.O. No.

1421

Date

8-11-41.

Effective date of appt.

8-10-41.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

DET. FOR DUTY WITH 2ND CDN. PARACHUTE BN. 30-7-42. 250 PR. 90, 25-9-42

CHANGES TO 133 DET. FOR DUTY WITH 2ND CDN. PARACHUTE BN. 15-9-42. <sup>31.7.42. RO 3374.5.7.43.</sup>

Spec. Pr. 95 / 23 10 42.

TO BE LT. R.C.A. (R.) #5 D.D. 13-5-42 P.O. #2240, 12-8-42.

TO BE LT., NO. A-1 ARTY. T.C. (REINF) FROM #5 D.D., 23-5-42, R.O. #2381,

25-4-42 (ESTAB)

TO BE LT., STAFF, NO. A-1 ARTY T.C., 1.11.42 RO #2669, 9.12-42

TO BE ORDERLY OFFICER: PETAWAWAMIK CAMP, FROM A-1 ARTY. T.C. 5-4-43. RO #3161, 5-5-43

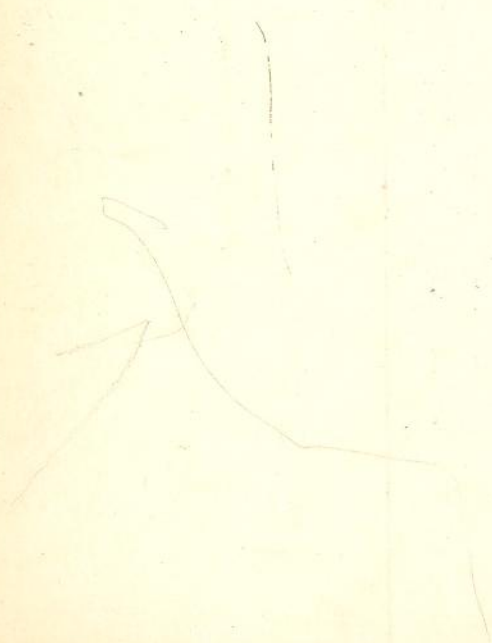
TO BE LIEUT. 1st. Cdn Spec. Serv. Bn. Cdn Para. Troops. from No A-1. ARTY. T.C (R) R.C.A. '8.42

R.O. #3374. 5.7.43

A. ONE T.C. PETAWAWA. AS AT 27-7-42.

~~2nd Parachutes Bn.~~

13 D.D. as at 15/9/42.



NAME MC KENNA.

JAMES LLOYD.

H.Q. File 332. 61. 165.

RANK

ACTIVE UNIT

RESERVE UNIT R.C.A.

Appt. R.O. No.

Date

Effective date of Appt.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

To be Lieut. No. A1. ARTY. T.C. (Reinfs) R.C.A. from 1st. SPEC. SERV. Bn. 16.9.42  
R.O# 3374. 5.7.43

RELINQUISHES appt. of Orderly Offpr. PETAWAWA MIL. Camp. and is trans. to  
No. A1. ARTY. T.C. STAFF. 16.9.43. R.O# 3687. 6.10.43.

TRANS TO A3.T.C. (REINF) R.C.A. 29 DEC 43. FROM A1 C.A.T.C. STAFF

R.O# 4065, 3 FEB 44.

TRANS TO A-24 T.C. (REINF) C.I.C., 8 June 44, From No. A-3 T.C. (REINF) R.C.A.

R.O 4682. 14 June 44.

EMBARKED CANADA - SAILING LIST NO. 4172 JUN 16 1944

On loan to Pr Army

10M-643 (519)  
H.Q. 1772-45-8

~~To be Press Officer & Take a/empt without so employed. 2 edn~~

NAME *McKENNA*

*JAMES LLOYD*

H.Q. File

RANK

ACTIVE UNIT

RESERVE UNIT

Appt. R.O. No.

Date

Effective date of Appt.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

~~Pr. Op. 15 JUN. 44.~~

~~OS/RO # 4881, 4 Aug. 44~~

K. I. A.

22. 9. 44 ATT. 11 BN.  
PARA REGT. Cdn OPR  
ON loan to B.  
ARMY

'FRANCE' CABLE # 1159A 2/13-10-44

NAME

McKENNA JAMES LLOYD.

H.Q. File 200-61-165

RANK

2ND Lt. (Surf.) 2ND Lt. Lt. A/CAPT.

ACTIVE UNIT

R.C.A. (R.R.) No 5 D.D.

RESERVE UNIT

R. DE MONTF.

Appt. R.O. No.

1421

Date

8-11-41.

Effective date of appt.

8-10-41.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

DET. FOR DUTY WITH 2ND CDN. PARACHUTE BN. 30-7-42. ~~259 PR 90, 25-9-42~~CHANGES TO BE DET. FOR DUTY WITH 2ND CDN. PARACHUTE BN. ~~15-9-42~~.  
31.7.42. R.O. 3374. 5.7.43.

TO BE LT. R.C.A. (R.) #5 D.D. 13-5-42 P.O. #2240, 12-8-42.

SEC. PR. 95/23 10 42.

TO BE LT., NO. A-1 ARTY. T.C. (REINF.) FROM #5 D.D., 23-5-42, R.O. #2387,

25-4-42 (ESTAB)

TO BE LT., STAFF, NO. A-1 ARTY T.C., 1.11.42 R.O. #2669, 9.12.42

TO BE ORDERLY OFFICER: PETAWAWAMIK CAMP, FROM A-1 ARTY. T.C. 5-4-43. R.O. #3161, 5-5-43

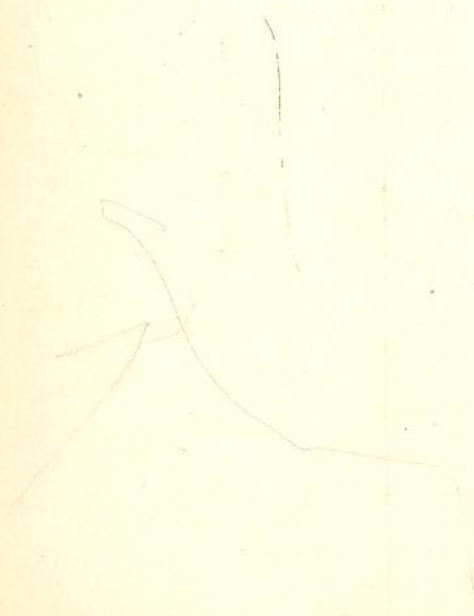
TO BE LIEUT. 1st. Cdn Spec. SERV. BN. Cdn Para. Troops. from No A-1 ARTY. T.C (R) R.C.A. #8.42

R.O. #3374. 5.7.43

A. ONE T. C. DEJAWAWA. AS AT 27-7-42.

2nd Parachutes Bn.

13 D.D. as at 15/9/42.



NAME *MC. KENNA.*

*JAMES LLOYD.*

H.Q. File 332. 61. 165.

RANK

ACTIVE UNIT

RESERVE UNIT *R.C.A.*

Appt. R.O. No.

Date

Effective date of Appt.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

To be Lieut. No. A1. ARTY. T.C. (Reinfs) R.C.A. from 1st. Spec. SERV. BR. 16.9.42  
R.O\* 3374. 5.7.42

RELINQUISHES appt. of Orderly Offpr. DETAWAWA MIL. Camp. and is trans. to  
No. A1. ARTY. T.C. STAFF 11.9.43. R.O# 3687. 6.10.43.

TRANS TO A3.T.C. (REINF) R.C.A. 29 DEC 43. FROM A1.C.A.T.C. STAFF

R.O# 4065, 3 FEB 44.

TRANS TO A-24 T.C. (REINF) C.T.C., 8 JUNE 44, FROM NO. A-3 T.C. (REINF) R.C.A.

R.O 4282. 14 JUNE 44.

EMBARKED CANADA - SAILING LIST No. 4172 JUN 16 1944

*On loan to the Army*

10M-643 (519)  
H.Q. 1772-45-8

~~To be REISSUED & Take A/empt without so employed. 2 CDW~~



NAME *McKENNA JAMES Lloyd*

H.Q. File

RANK

ACTIVE UNIT

RESERVE UNIT

Appt. R.O. No.

Date

Effective date of Appt.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

~~Pr. Ap. 15 JUN. 44. OS/RO # 4881, 4 Aug. 44~~

K. I. A.

22. 9. 44 ATT. 118N.  
PARA REGT. Cdn OPR  
ON LOAN TO  
ARMY

'FRANCE' CABLE # 1759A 2/13-10-44

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

**M.F.M. 4 (Part I)**  
A.F.B. 103 (Part I)  
150M-3-42 (3885)  
H.Q. 1772-39-1649

Unit INFANTRY

Regimental Number .....

| <p>1. Surname..... <u>McKENNA</u><br/>                 2. Christian Names..... <u>James Lloyd</u><br/>                 3. *Substantive Rank and Appointment..... <u>Lt.</u><br/>                 *Acting Temporary or Local Rank.....<br/>                 giving date..... <u>13 May 42</u><br/>                 *To be entered in pencil to facilitate alteration.<br/>                 4. Place of birth..... <u>Chandler Gaspé Co. Quebec, Canada</u><br/>                 5. Date of birth as declared on attestation..... <u>12 Aug 18</u><br/>                 (A).....<br/>                 6. Date of enlistment..... <u>8 Oct 41</u><br/>                 7. Place of enlistment..... <u>Quebec City, Quebec, Canada</u><br/>                 8. Residence at time of enlistment..... <u>26 de Salaberry Street</u><br/>                 9. (B) Special conditions (if any) of enlistment or rate of pay.....<br/>                 10. (C) Any subsequent variations of conditions of service.....<br/>                 11. Religion..... <u>Roman Catholic</u><br/>                 12. If married, state date.....<br/>                 13. Trade on enlistment..... <u>Office Clerk</u><br/>                 14. Corps, trade and grade.....<br/>                 15. (D) Qualifications..... <u>Armed 1st Class (Tracked)</u><br/>                 16. (E) Miscellaneous entries.....</p> | <p>(17) Regiment or Corps<br/><u>Infantry</u></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: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td><u>18-1111111</u></td> <td><u>27 Mar 44</u></td> <td><u>MFM 2</u></td> </tr> <tr> <td><u>18-1111111</u></td> <td><u>24-5-44</u></td> <td><u>MFM 2</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)<br/> <u>Mrs. Cornelius McKenna (Wife)</u><br/> <u>Grand Pater, Gaspé, Que</u><br/> <u>Can.</u></p> <p>(20) E.....<br/>                 (21) E.....<br/>                 (22) E.....</p> | Category     | Date | Authority | <u>18-1111111</u> | <u>27 Mar 44</u> | <u>MFM 2</u> | <u>18-1111111</u> | <u>24-5-44</u> | <u>MFM 2</u> |
|---|--|--------------|------|-----------|-------------------|------------------|--------------|-------------------|----------------|--------------|
| Category  | Date   | Authority    |      |           |                   |                  |              |                   |                |              |
| <u>18-1111111</u>   | <u>27 Mar 44</u>   | <u>MFM 2</u> |      |           |                   |                  |              |                   |                |              |
| <u>18-1111111</u>   | <u>24-5-44</u>   | <u>MFM 2</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)<br>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 |
|               |                    | Canloan     | SOS C.A. Canada on embarkation  | Can.              | 16Jun44          | Lieut               | 9 4 Jul 44   |
|               |                    |             | TOS CANLOAN   |                   | 17Jun44          | Lieut               | 9 4 Jul 44   |
|               |                    |             | Disembarked   | UK                | 24Jun44          | Lieut               | 9 4 Jul 44   |
| X List 21     | Army Gp.           |             | Posted to 103 Rft. Group  | UK                | 25Jun44          | Lieut               | 10 1 Jul 44  |
| 11 Bn.        | Para               |             | Posted to 11 Bn. The Parachute R.   | UK                | 10 Jul44         | Lieut               | 1 26 Jul 44  |
|               |                    | Canloan     | Awarded the Clasp to The CVSM   | UK                | 15 Aug44         | Lieut               | 15 17 Aug 44                                       |
|               |                    | 11 Para Bn. | Explained UK for B.L.A.   | UK                | 18Sep44          | Lieut               | 4 1 Oct 44   |
| Cas. List A25 |                    | Canloan     | SOS Killed in Action (11 Para Bn)   | NWE               | 22Sep44          | Lieut               | 23 14 Oct 44                                       |

Regimental No. .... Rank **Lieut** .....

Sheet No. ....

Name **Mc KENNA J. L.** .....

M.F.M. 1 & 2 (a)  
300M-5-43 (154)  
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

|  | Rank Shown | Effective Date  | Unit                         | Place      | Authority   |                  |
|--|------------|-----------------|------------------------------|------------|-------------|------------------|
|  |            |                 |                              |            | D.O. Number | Dated            |
| T O S from C H Q Pet Mil Camp  | Lieut      | 16 Sep 43       | (A1) CATC                    | Petawawa   | DO 227      | 23 Sep 43        |
| Detailed for duty and att for duty R.Q. to C.H.Q. (PMC)                    | "          | 16 Sep 43       | "                            | "          | DO 227      | 23 Sep 43        |
| TO W.W.E. C/Bty  | "          | 16 Sep 43       | "                            | "          | A.228       | 24 Sep 43        |
| Reclass reft P D to A/W (S of I) Ceases to be Detailed to C H Q D R Q      | "          | 25 Oct 43       | "                            | "          | A.254       | 25 Oct 43        |
| Ceases to be detailed for duty Ceases to be att for D R Q                  | "          | 26 Oct 43       | "                            | "          | A.257       | 28 Oct 43        |
| Granted Christmas and Special Leave to 28 Dec 43 (Incl)                    | "          | 18 Dec 43       | "                            | "          | DO 298      | 15 Dec 43        |
| S O S to A-3 CATC Camp Shilo Man   | "          | 28 Dec 43       | "                            | "          | DO 5        | 7 Jan 44         |
| T.O.S. on t'fer from Al C.A.T.C. Petawawa                                  | Lieut.     | 29 Dec 43       | A3 CATC                      | Shilo      | 3           | 5 Jan 44         |
| Granted Leave of Absence to 13 Feb 44 incl.                                | Lieut.     | 31 Jan 44       | A3 CATC                      | Shilo      | 14          | 17 Jan 44        |
| Issued transport warrant A562508   | Lieut      |                 | A3 CATC                      | Shilo      | 26          | 31 Jan 44        |
| Qual Driver i/c Class lll(Tracked) & to operate tracked vehicles(S.P.25pr) | Lieut      |                 | A3 CATC                      | Shilo      | 26          | 31 Jan 44        |
| Qual Lieut 25 pdr (sexton) S.P.  | Lieut      | 29 Jan 44       | A3 CATC                      | Shilo      | 49          | 24 Feb 44        |
| Att'd to O.T.C. Brockville fa.p. (loan to British Army)                    | Lieut      | 5 Apr 44        | A3 CATC                      | Shilo      | 86          | 5 Apr 44         |
| <i>AST TO O.T.C. F.A.P. AND POSTED TO INF. SPEC.WING.</i>                  | "          | <i>7 APR 44</i> | <i>OTC(EG) BROCKVILLE</i>    | <i>ONS</i> | <i>95</i>   | <i>11 APR 44</i> |
| <b>CHANGE OF ADDRESS NEXT OF KIN</b>                                       |            |                 |                              |            |             |                  |
| FROM: MR. CORNELIUS MCKENNA (FATHER)                                       |            |                 |                              |            |             |                  |
| Chandler Co. Gaspé, P.Q.   |            |                 |                              |            |             |                  |
| TO: MR. CORNELIUS MC KENNA (FATHER)  |            |                 |                              |            |             |                  |
| GRAND PABOS, GASPE, QUE.   | Lieut.     |                 | "                            | "          | 144         | 8 JUN 44         |
| AWARDED CDN. VOLUNTEER SERVICE MEDAL UNDER C.A.R.O. 3929                   | "          | 8 APRIL 1943    | "                            | "          | 144         | 8 JUN 44         |
| GRANTED 9 DAYS SPECIAL LEAVE FROM 31 MAY 44 TO 8 JUN 44 INCL.              | "          | <i>31-5-44</i>  | <i>OTC(EG) BROCKVILLE</i>    |            | <i>140</i>  | <i>2-6-44</i>    |
| GRANTED SPECIAL LEAVE & TRANSPORT WARRANT.                                 | "          | <i>31-5-44</i>  | "                            | "          | 140         | 2-6-44           |
| CEASES TO BE ATTACHED TO O.T.C. (EG) F.A.P. FROM <i>A-3CATC Shilo</i>      | "          | <i>8 Jun 44</i> | <i>O.T.C.(EG) BROCKVILLE</i> |            | <i>144</i>  | <i>7 Jun 44</i>  |
| Awarded the Cdn. Volunteer Service Medal under CARO 3929.                  | "          | 8-4-43          | "                            | "          | 143         | 6-6-44           |



# CASE HISTORY SHEET

Hospital Brockville Military Ward 1

Reg't No. \_\_\_\_\_ Rank 2/lt Name Nckenna James L.

Unit R.C.A. Completed years of service \_\_\_\_\_ Where and how long } Quebec Oct 1941

Date of admission 19-1-42 Date of discharge 5-2-42

Diagnosis Mumps. Age 23

Complaint 1. Toothache 48 hrs. 2. Swelling on left side of face 36 hrs. 3. pain on left side Face slight 6 hrs.

History, Examination and Progress Notes Pres ill; On the morning of 17-1-42 developed a tooth ache in region upper back teeth on left side. This continued and made eating difficult, about twelve hrs later a swelling appeared over left side of face in front of left ear. This swelling was slightly painful to touch.

Past ill; Childhood diseases, occasional colds.

Phys Exam; Head and Neck there is a firm slightly tender swelling over the left parotid region the size of a large goose egg. Mouth; teeth in fairly good condition the region of the left molars shows a rather ill defined tenderness Heart; neg. Lungs; neg. Abdomen; neg. Extremities; neg Osseous System; neg. Cutaneous System; neg. Impression; Eruptions probably due to infected teeth.

22-1-42. Swelling of face decreased, tenderness on pressure on left upper 3rd molar, Temp improvement M.A.C.

24-1-42. Swelling much decreased, to see dentist M.A.C.

25-1-42. Right Parotitis began today swelling tenderness left side greatly decreased no swelling below angle of jaw Diag; Mumps

26-1-42. Improved today eats with greater ease. M.A.C.

27-1-42. No soreness to swelling, Ducts pointing slightly no Orchitis

29-1-42. Right testicle swollen painful orchiditis M.A.C.

30-1-42. Some swelling of testicle no pain today Parotitis decreased in size M.A.C.

2-2-42. Slight swelling right testicle no tenderness Parotid glands reduced to normal size not tender. M.A.C.

4-2-42. Swelling of parotids and testicles has disappeared. M.A.C.

TREATMENT Red. Ice Packs A.P.C.

(Especially any specific or special form) \_\_\_\_\_

CONDITION ON DISCHARGE Cured.

(and disposal made of case) \_\_\_\_\_

return to Unit.

Date 5-2-42.

( N.A. Contway )

Capt.

Medical Officer i/c case

H.Q. FILE No. ....

# OFFICERS CONFIDENTIAL REPORT

NAME **McKenna**  
SURNAME FIRST

**James Lloyd**  
USE BLOCK LETTERS

RANK **Lieut**

UNIT **A3 CATC**

PRESENT Under instruction  
EMPLOYMENT **Man management**

## ESTIMATE OF PERSONAL CHARACTERISTICS (Use Characteristics Chart No. 1. Indicate ratings by letters from it).

| OFFICER REPORTING            | O.C.      | BRIGADE OR OTHER O.C. | SUPERIOR COMMANDER | N.D.H.Q. C.M.H.Q. |
|------------------------------|-----------|-----------------------|--------------------|-------------------|
| Date of Report               | 21 Mar 44 |                       |                    |                   |
| (1) Reliability              | C         |                       |                    |                   |
| (2) Leadership               | B         |                       |                    |                   |
| (3) Sense of Responsibility  | C         |                       |                    |                   |
| (4) Stability                | C         |                       |                    |                   |
| (5) Alertness                | B         |                       |                    |                   |
| (6) Administrative Ability   | C +       |                       |                    |                   |
| (7) Energy and Persistence   | B         |                       |                    |                   |
| (8) Group Value              | C         |                       |                    |                   |
| (9) Appearance               | B         |                       |                    |                   |
| (10) Speech                  | B         |                       |                    |                   |
| (11) Writing Facility        | C         |                       |                    |                   |
| (12) Basic Knowledge of Arms | B         |                       |                    |                   |
| (13) Tactical Aptitude       | C +       |                       |                    |                   |
| (14) Teaching Ability        | U         |                       |                    |                   |

REMARKS BY COMMANDERS: Note—Facts concerning weaknesses must be disclosed.

O.C. UNIT Returned from Paratroop. Has been under instruction for Self-propelled guns. From the limited opportunity to observe this officer he is a good average officer. who with more experience could be usefully used on HWE

*W.J. Finney Lt Col*

21 Mar 44 Date (W.J. Finney) Lt.-Col. Signature  
Commandant, A3 CATC

BRIGADE OR OTHER COMMANDER

Date Signature and Command

COMMANDER OF SUPERIOR FORMATION

Date Signature and Command

### RECOMMENDATION FOR PROMOTION OR OTHERWISE

| OFFICER RECOMMENDING                |   |  |  |  |
|-------------------------------------|---|--|--|--|
| Staff Appointment (see note)        |   |  |  |  |
| Accelerated Promotion               |   |  |  |  |
| Normal Promotion                    | ✓ |  |  |  |
| Retarded Promotion                  |   |  |  |  |
| Appears to have reached his ceiling |   |  |  |  |
| Transfer to Other Arm (specify)     |   |  |  |  |
| Reclassification (specify)          |   |  |  |  |
| Retirement                          |   |  |  |  |

NOTE:—When Staff Appointment is recommended the branch and the grade for which the officer is considered to be qualified should be stated. Recommendations for command or staff employment will be taken as indicating that the recommending officer is prepared to accept the nominee for service under his immediate command or as a member of his staff in the capacity recommended also that the nominee is available elsewhere than in his command.

This card on completion must be returned to THE CHAIRMAN OF THE OFFICERS SELECTION PROMOTION RECLASSIFICATION and DISPOSAL BOARD N.D.H.Q. or C.M.H.Q.

# PROPOSED RETIREMENT OR RECLASSIFICATION

NAME.....  
SURNAME FIRST. USE BLOCK LETTERS.

RANK.....

(1) Specific Definition of Faults or Deficiencies of the above Officer by his Commanding Officer.....

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

(2) Has the C.O. discussed these faults or deficiencies with the Officer concerned. Yes..... No.....

(3) Following such discussion was the Officer given a suitable Period in which to demonstrate whether or not he was capable of correcting them. Yes..... No.....  
If Yes, how long was the Trial Period.....

(4) Do you consider that there is any Military Appointment at that Station or any other Station where the services of the Officer could be used efficiently in his present or lower rank.  
Yes..... No.....

(5) If Yes, state Station..... Rank..... Appointment.....

(6) Signature and Command of Officer initiating this Report.....

DATE

(7) I have read the above Report.....

DATE

SIGNATURE OF OFFICER REPORTED ON

(8) Brigade or other Commander. I Concur I do not Concur

I Recommend

(10) Specific Instances with Dates of Absence without Leave, Drunkenness, or other serious Misdemeanor.

SIGNATURE AND COMMAND

(9) Superior Commander I Concur I do not Concur

I Recommend

SIGNATURE AND COMMAND

The Officer reported on should be required to write his Comments which the Formation Commander will forward (with this report if possible) to THE CHAIRMAN, OFFICERS SELECTION PROMOTION RECLASSIFICATION and DISPOSAL BOARD.



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **Cdn. 639** RANK **Lieutenant** SERVICE UNIT **Att. 11 Bn. Para. Regt. Cdn. Officer on Loan to British Army**

NAME **McKENNA, James Lloyd**

DATE OF BIRTH DAY **18th** MONTH **August** YEAR **1918** Religion **Roman Catholic**

MARITAL STATUS **Single** Date of Enlistment **8-10-41**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father,** NAME **Mr. Cornelius McKenna,**  
 ADDRESS **Grand Faubos, Gaspé Co., Que.** ADDRESS **D.A.B.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME ADDRESS  
 ( IF SOLDIER MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO. **1759A** H.Q. **532-61-165**

CASUALTY DETAILS **Killed in Action** DATE **22-9-44**  
**FRANCE**

*[Handwritten Signature]*  
 DATE **13-10-44**

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **HAS** YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

OFFICER I/C RECORDS

(1) I, James Lloyd McKenna, of the County  
(Name in Full)  
of Grand Sabos, in the District of Gaspe,  
Province of Quebec, estates clerk  
(Civil Occupation)

Regimental No. ...., Unit ....., do hereby revoke  
all former Wills by me made and declare this to be my LAST WILL.

Names and  
address of  
beneficiaries

(2) I GIVE, DEVISE AND BEQUEATH unto my mother, Mrs Elizabeth  
McKenna, Grand Sabos, Gaspe-Que.  
all my estate for her own use  
absolutely- and in the event of her  
death occurring before mine, to my  
Brother, Lawrence, Raymond McKenna,  
all my estate for his own use  
absolutely

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

(4) I NOMINATE, CONSTITUTE AND APPOINT Mr. Wilfred McKenna  
(Name)  
Grand Sabos Gaspe, Que., to be the Executor  
(Address) Executrix of this my LAST WILL.

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

IN WITNESS WHEREOF I have hereunto set

my hand this 26th day

day of May, A.D. 19 44

First witness  
sign here

(5) W. G. Nichols Lt.  
Canadian (Address)  
(Witnesses are not to be beneficiaries)

W. McKenna Lt.  
(Signature of Soldier)

Second witness  
sign here.

J. E. Morley Lt.  
Hurdman's Bridge  
Ont.

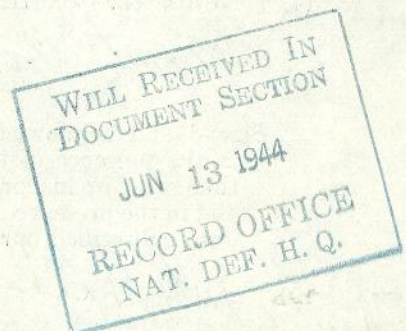
(OVER)

42 Canon Law  
Burgess  
Turner

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, do hereby etc.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Jones, all my estate for her own use absolutely", in which event, strike out clause (3). If more than one beneficiary, set out what each is to have, such as  
"my wife, Mary Jones \$.....00, and my household goods and effects",  
"my brother, Thomas Jones, \$.....00",  
"my sister, Margaret Jones, \$.....00",  
"my friend, John Smith, \$.....00",  
and any personal gift, if desired.
- (3) If balance of estate is to one person, name that person such as "my wife, Mary Jones, for her own use absolutely", or "unto my mother and father, equally", or as desired.
- (4) Fill in name of Executor or Executrix, "John Doe, 24 Smith Street, Blankville, Ontario", or, if Executrix "Jane Doe", and address. A beneficiary or legatee under the Will may be appointed Executor or Executrix. It is not necessary to appoint Executor or Executrix if your estate consists *only* of pay, allowances, kit and personal belongings.
- (5) Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full address. Be sure to have soldier date the Will and sign his regular signature.
- (6) Do not appoint a soldier as your Executor.



22-9-44

## AWARDS—CANADIAN ARMY (ACTIVE)

1795

C.B.  
500M—1-44 (3487)  
H.Q. 1772-45-8

M

|                            |                 |          |                   |  |
|----------------------------|-----------------|----------|-------------------|--|
| McKENNA James Lloyd        |                 |          |                   | FILE NO. 332-61-165<br>Canadian Officer on<br>loan to British Army |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT  |
|                            |                 |          | Lieut.            |  |

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS   | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star<br>France-Germany Star<br>War Medal, 1939-45<br>CVSM & Clasp | 3888 31/3/50                            |
|   |   |
|   |   |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

Mrs. Elizabeth McKenna

(Mother)

ENTITLED TO

ADDRESS: Grand Pabos,  
Gaspé Co., Que.

Nov. 45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Elizabeth McKenna, (MFM5) (ENGLISH)

1795

ADDRESS: Grand Pabos, Gaspé Co., Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 2778

(2)

(3) DESP. FEB 8 1945  
REGN No. 12317

Regiment..... Rank **Lieut**

Sheet No. **THREE**

M.F.M. 1 & 2 (a)  
300M-5-43 (154)  
H.Q. 1772-39-1646

Name..... **Mc KENNA J. L.**

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

|  | Rank Shown | Effective Date | Unit                  | Place      | Authority   |           |
|--|------------|----------------|-----------------------|------------|-------------|-----------|
|  |            |                |                       |            | D.O. Number | Dated     |
| T O S from C H Q Pet Mil Camp  | Lieut      | 16 Sep 43      | (A1) CATC             | Petawawa   | DO 227      | 23 Sep 43 |
| Detailed for duty and att for duty R.O. to C.H.Q. (PMO)                      | "          | 16 Sep 43      | "                     | "          | DO 227      | 23 Sep 43 |
| TO H.W.E. C/Bty  | "          | 16 Sep 43      | "                     | "          | A.228       | 24 Sep 43 |
| Reclass reft P D to A/W (S of I) Ceases to be Detailed to C H Q D R Q        | "          | 25 Oct 43      | "                     | "          | A.254       | 25 Oct 43 |
| Ceases to be detailed for duty Ceases to be att for D R Q                    | "          | 26 Oct 43      | "                     | "          | A.257       | 28 Oct 43 |
| Granted Christmas and Special leave to 28 Dec 43 (Incl)                      | "          | 28 Dec 43      | "                     | "          | DO 298      | 25 Dec 43 |
| T.O.S. on t'fer from Al C.A.T.C. Petawawa                                    | Lieut.     | 29 Dec 43      | A3 CATC               | Shilo      | 3           | 5 Jan 44  |
| Granted Leave of Absence to 13 Feb 44 incl.                                  | Lieut.     | 31 Jan 44      | A3 CATC               | Shilo      | 14          | 17 Jan 44 |
| Issued transport warrant A562508   | Lieut      |                | A3 CATC               | Shilo      | 26          | 31 Jan 44 |
| Qual Driver i/c Class III (Tracked) & to operate tracked vehicles (S.P.25pr) | Lieut      |                | A3 CATC               | Shilo      | 26          | 31 Jan 44 |
| Qual Lieut 25 pdr (sexton) S.P.  | Lieut      | 29 Jan 44      | A3 CATC               | Shilo      | 49          | 24 Feb 44 |
| Att'd to O.T.C. Brockville fa.p. (loan to British Army)                      | Lieut      | 5 Apr 44       | A3 CATC               | Shilo      | 86          | 5 Apr 44  |
| ATT TO O.T.C. F.A.P. AND POSTED TO INF. SECT WING.                           | "          | 7 APR 44       | OTC(EG) BROCKVILLE    | GEN-95     | 11 APR 44   |           |
| <b>CHANGE OF ADDRESS NEXT OF KIN</b>   |            |                |                       |            |             |           |
| <b>FROM: MR. CORNELIUS MCKENNA (FATHER)</b>                                  |            |                |                       |            |             |           |
| <b>Chandler Co. Gaspé, P.Q.</b>  |            |                |                       |            |             |           |
| <b>TO: MR. CORNELIUS MC KENNA (FATHER)</b>                                   |            |                |                       |            |             |           |
| <b>GRAND PABOS, GASPE, QUE.</b>  | Lieut.     |                | "                     | "          | 144         | 8 JUN 44  |
| <b>AWARDED CDN. VOLUNTEER SERVICE MEDAL UNDER C.A.R.O. 3929</b>              | "          | 8 APRIL 1943   | "                     | "          | 144         | 8 JUN 44  |
| Qualified for the rank of Lt. (Inf) at OTC(EG)                               | "          | 3 Jun 44       | OTC(EG) BROCKVILLE    |            | 141         | 3 Jun 44  |
| GRANTED 9 DAYS SPECIAL LEAVE FROM 31 MAY 44 TO 8 JUN 44 INCL.                | "          | 31-5-44        | "                     | "          | 140         | 2-6-44    |
| GRANTED SPECIAL LEAVE & TRANSPORT WARRANT.                                   | "          | 31-5-44        | "                     | "          | 140         | 2-6-44    |
| CEASES TO BE ATTACHED TO O.T.C.(EG) F.A.P. FROM A3 CATC Camp Shilo.          | "          | 8 Jun 44       | O.T.C.(EG) BROCKVILLE |            | 144         | 7 JUN 44  |
| Having qualified for the award of the Canadian Volunteer Service Medal       | Lieut.     | 8 Apr 43       | OTC(EG)               | Brockville | 143         | 6 Jun 44  |

under the Provisions of CARO 3929, is entitled to wear the ribbon

Regimental No. .... Rank Lieut. .....

Sheet No. Four .....

Name James Lloyd McKENNA .....

M.F.M. 1 & 2 (a)  
300M-5-43 (154)  
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

|   | Rank Shown | Effective Date | Unit       | Place      | Authority   |               |
|---|------------|----------------|------------|------------|-------------|---------------|
|   |            |                |            |            | D.O. Number | Dated         |
| TOS A-34 SOTC from A-3 CATC Camp Shilo                              | Lieut.     | 9 Jun 44       | A-34 SOTC  | Sussex NB  | 124         | 12 Jun 44     |
| Struck off strength A-34 SOTC on proceeding to the British Army O/S | Lieut.     | 16 Jun 44      | A-34 SOTC  | Sussex, NB | 128         | 16 Jun 44     |
| S.O.S., C.A. Canada 16 June 44                                      |            |                |            |            |             |               |
| T.O.S., Can Loan 17 June 44   |            |                |            |            |             |               |
| Disembarked 24 June 44  | Lieut      |                | Can Loan   | U.K.       | 9           | 4 July 44     |
| Posted to 103 Rgt Yp  | Lieut      | 25 June 44     | 21X A Yp   | U.K.       | 10          | 1 July 44     |
| Awarded the Clasp to Can Val Service Medal                          | Lieut      | 15 Aug 44      | Can Loan   | U.K.       | 15          | 17 Aug 44     |
| Posted to 11 Para Bn The Parachute Regt                             | Lieut      | 10 July 44     | 11 Para Bn | U.K.       | 1           | 26 July 44    |
| Employed U.K. for B.L.A.  | Lieut      | 18 Sep 44      | 11 Para Bn | U.K.       | 4           | 1 Oct 44      |
| SOS killed in action 11 Para Bn.                                    | Lieut      | 22 Sep 44      | Can Loan   |            | 23          | A25/14 Oct 44 |

I. Regt. No. .... Rank Lieut. Unit C.A.T.C. A.1 Date July 24/42  
 Name McKENNA J.L. Age 23 Place of Birth Grand Pabos Gaspe Que.  
 Date of Enlistment 8/10/41 Place of Enlistment #5 District Depot. Depot ..  
 Languages spoken Eng. & French.  Recruit A .. Med. Cat. A Place Petawawa

| II. M. Test |       |      | Other Tests<br>Name or Type | Date | Place | Score | Grade |
|-------------|-------|------|-----------------------------|------|-------|-------|-------|
| Test        | Score | S.M. |                             |      |       |       |       |
| 1           | 19    |      | SUB-TOTAL<br>46<br>S.M.     |      |       |       |       |
| 2           | 14    |      |                             |      |       |       |       |
| 3           | 13    |      | SUB-TOTAL<br>41<br>S.M.     |      |       |       |       |
| 4           | 22    |      |                             |      |       |       |       |
| 5           | 19    |      | SUB-TOTAL<br>66<br>S.M.     |      |       |       |       |
| 6           | 11    |      |                             |      |       |       |       |
| 7           | 25    |      | SUB-TOTAL<br>111<br>S.M.    |      |       |       |       |
| 8           | 30    |      |                             |      |       |       |       |
| Total       | 153   | S.M. | GRADE<br>111                |      |       |       |       |
| 9           |       |      |                             |      |       |       |       |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| Y | O | B | P | U | L | H | E | M | S |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

III. Military Background

N.A.P.M. 1 month R.R. of Can. 1 month Reserve army.  
 Le Regt. de Montmagny. S of I. Petawawa Rank Lieut.  
 E.O. Brockville Rank 2/Lt. R.C.A.

IV. Educational Background

Started school at the age of 6 and completed 3 yrs of High School at the age of 16.  
 Took Special M.C.C. Civil service course and got diploma of Merit equal to  
 Junior Matriculation.

V. Occupational Background

|  |        |
|--|--------|
| Clerk in lumber camps. and assistant foreman | 2 yrs. |
| Sales manager British American Oil           | 2 yrs. |
| Estates Officer. Royal Trust Company         | 2 yrs. |
| Enlistment in army                           | 1 yr.  |

VI. Sports and social Accomplishments.

~~WORKING AND DISTRICT~~

VII.

Good health. Normal habits. Good appearance. Plays Baseball football,  
 and hockey. Likes the army all right. Single Drives all M.T. and is  
 mechanically inclined. Completely bi-lingual.



VIII. Summary

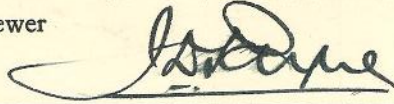
Average intelligence. Stability I Bi-lingual. Mechanically inclined.  
Volunteers for 2nd C.P.B.. Realizes what he is doing and is enthusiastic.

IX. Suggestions

Recommend.

2nd C.P.B.

X. Signature of Interviewer



N.C.O.

J.D. Payne      Officer  
Lieut.

XI. Action Taken

Date of Action

Follow-up

O.T.C. BROCKVILLE ONT. 30 MAY 1944.

Lt. McKenna qualified as 2/Lt. at O.T.C. Brockville in Jan. 1942 and as Lieut. in R.C.A. at A-1 C.A.T.C. in May 1942. He qualified in Montana, U.S.A. as Lieut. in paratroops; 15 July 42 and returned to Canada in Sept. 42 with C1 category, and served as troop officer at Petawawa. He completed a refresher course at A-1 C.A.T.C. in Nov. 43 and S.P. Arty course at Shilo in Jan. 44. Is qualified driver i/c (wheel and track) Was posted to O.T.C. 7.4.44 for special infantry course to British Army.



MAJOR

(E. Sager) Major  
Army Examiner.

Name *McKenna, J. J.*M.F.M. 1 & 2 (a)  
250M-7-41 (1151)  
H.Q. 1772-39-1646

| REPORT |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,<br>(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               |
|        |                    | Promoted to Lieut (Auth. R.O. 1293 d/23/42)  | Lieut.     | 13 <sup>3</sup> /42 | (A-1) C.A.T.C.  | Pet'awa       | " " 124                          | 26 <sup>3</sup> /42 |
|        |                    | Artillery (no file)  | "          | 13/5/42             | "               | "             | " " 124                          | 26/5/42             |
|        |                    | Granted leave of absence to 20/7/42  | "          | 6/7/42              | "               | "             | " " 158                          | 4/7/42              |
|        |                    | ON COMMAND AND ATT'D FOR ALL PURPOSES.<br>SEE TO D.D. 3 OTTAWA   | "          | 27-7-42             | "               | "             | 177                              | 27-7-42             |
|        |                    | S.O.P. of D.D. 3 on transfer from A1 C.A.T.C.  |            |                     |                 |               |                                  |                     |
|        |                    | for all purposes from 2nd Cdn Parachute Bn   |            |                     |                 |               |                                  |                     |
|        |                    | Concentration and is posted to Miss. Wing  |            | 28-7-42             | D.D. 3          | Ottawa        | D.O. 212                         | 30-7-42             |
|        |                    | S.O.P. on transfer to 2nd Cdn Para Bn  |            |                     |                 |               |                                  |                     |
|        |                    | (Auth: H.Q.S. 20-4-11; H.Q.S. 8974 (A.D.) d/9-7-42)  | "          | 31-7-42             | "               | "             | D.O. 218                         | 5-8-42              |
|        |                    | Having reported for selection, was accepted &  |            |                     |                 |               |                                  |                     |
|        |                    | is S.O.P. of 2nd Cdn Para Bn from D.D. 3 for   |            |                     |                 |               |                                  |                     |
|        |                    | all purposes except quarters and rationals   | "          | 1-8-42              | 2nd Cdn Para Bn | Record Office | D.O. 1                           | 2-8-42              |
|        |                    | Qualified as a Parachutist   | "          | 15-8-42             | "               | "             | D.O. 7                           | 9-9-42              |
|        |                    | S.O.P. on transfer to #13 D.D.   | "          | 15-9-42             | "               | "             | D.O. 9                           | 25-9-42             |
|        |                    | Attached for all purposes from 2nd Cdn   |            |                     |                 |               |                                  |                     |
|        |                    | Para Bn and posted to Disposal Company   |            |                     |                 |               |                                  |                     |
|        |                    | (Casualty Section)   | "          | 16-9-42             | D.D. 3          | Calgary       | D.O. 223                         | 15-9-42             |
|        |                    | SOC #11-R-R. Ceases to be att'd FAP on   | "          | 22-9-42             | "               | "             | #229                             | 22-9-42             |
|        |                    | proceeding to A1- RCA TC, Petawawa   | "          |                     |                 |               |                                  |                     |

Name.....

| REPORT  |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,<br>(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      |
|         |                    | Leave to be recorded to P.B. return to AIC ATC  | Lieut      | 22/9/42        | AIC ATC | PETAWANA | 229                              | 25/9/42    |
|         |                    | Designated as Parachutist (Extract: HQ first Special Services for Capt William Henry Harrison Helena Montana Special Order no 35 d/25/8/42)   | "          | 15/8/42        | "       | "        | 230                              | 26/9/42    |
|         |                    | Proceeded on command to Montreal Que  | "          | 23/11/42       | "       | "        | 281                              | 25/11/42   |
|         |                    | Return from on command  | "          | 25/11/42       | "       | "        | 281                              | 25/11/42   |
|         |                    | Proceeded on command to Gaspe on 27/1/43 return from on command.  | "          | 4-2-43         | do      | do       | 30                               | 5-2-43     |
|         |                    | Attached to Camp Headquarters, for all purposes (except pay)  | "          | 18 Mar 43      | do      | do       | 67                               | 20 Mar 43. |
|         |                    | Previously attached to C.H.Q. is taken on strength of C.H.Q. on tfr. from A.I.C.A.T.C. Pet. Mil. Camp Ont. FAP. Incl. Pay   | "          | 5/4/43         | C.H.Q.  | "        | H.Q. 332-6I-I65 Pers 3A3         | 26/4/43    |
|         |                    | Appointed Orderly Officer to the Commander Pet. Mil. Camp p Ont.  | "          | " " "          | " 2 "   | "        | " " " "                          | " " "      |
| 10/5/43 | A.M.D.T.           | you # 63 d/29 apr 43 head. FAP. except pay. 7. Apr. 42. 2. 1. May. 43.  | "          | 3/5/43         | " " "   | "        | ord # 68-                        | 10/5/43    |
| " " "   | "                  | same order amended to head. CLASS "   | "          | " " "          | " " "   | "        | " " "                            | " " "      |
| 20/7/43 | "                  | Granted 7 days annual leave - 17 & 23 Aug 43 + ration allow - 50 per diem - 7.4.43 - 19684 - S.O.S. Camp Headquarters on posting to H.W.E. AI C.A.T.C. I5 Sept 43 Auth. letter H.Q. 332-6I/-I65 (pers. IA3) d22 Sept 43 Att. to C.H.Q. f.a.p. except pay I6/9/43 Auth: As for above entry | "          | 17/8/43        | " " "   | "        | " " "                            | 20/7/43    |
|         |                    | Vacates appointment of Orderly Officer and ceases to be graded for pay class II I5 Sept. 43...  | "          | 15/9/43        | "       | "        | " I55                            | 23/9/43    |
|         |                    |   | "          | "              | "       | "        | " "                              | "          |
|         |                    |   | "          | "              | "       | "        | " I56                            | 25/9/43    |

Name

McKenna J L

M.F.M. 1 & 2 (a)  
250M-7-41 (1151)  
H.Q. 1772-39-1646

| REPORT |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,<br>(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   |
|        |                    | Promoted to Lieut. (Authy. R.O. 1523. d/23/41.)<br>Artillery (Mobile)   | Lieut.     | 13/5/42        | (A) CO TC                              | Pet'wa                   | 124                              | 26/5/42 |
|        |                    | Granted leave documents 20-8-42<br>ON COMMAND AND ATTD FOR ALL PURPOSES.  | "          | 13/5/42        | "                                      | "                        | 124                              | 26/5/42 |
|        |                    | SSS TO D.D. 3 OTTAWA  | "          | 6/7/42         | "                                      | "                        | 158                              | 4/7/42  |
|        |                    |   | "          | 27-7-42        | "                                      | "                        | 177                              | 27-7-42 |
|        |                    | S.O.P. of D.D. 3 on transfer from A.I.C. ATC<br>for all purposes from 2 <sup>nd</sup> Cdn Parachute<br>Bn Concentration and is posted to Misc Wing  | "          | 29-7-42        | DD3                                    | Ottawa                   | D.O. 212                         | 30-7-42 |
|        |                    | S.O.P. on transfer to 2 <sup>nd</sup> Cdn Para Bn<br>(Auth. H.O.S. 20-4-11; H.O.S. 8974 (A.D.) d/29-7-42)   | "          | 31-7-42        | "                                      | "                        | D.O. 218                         | 5-8-42  |
|        |                    | Having reported for selection, was accepted<br>and is S.O.P. of 2 <sup>nd</sup> Cdn Para Bn from DD3<br>for all purposes except quarters and ration | "          | 1-8-42         | 2 <sup>nd</sup> Cdn<br>Para Bn<br>H.Q. | Recptl<br>Office<br>H.Q. | D.O. 1                           | 2-8-42  |
|        |                    | Qualified as a Parachutist  | "          | 15-8-42        | "                                      | "                        | D.O. 7                           | 9-9-42  |
|        |                    | S.O.P. on transfer to #13 D.D.  | "          | 15-9-42        | "                                      | "                        | D.O. 9                           | 25-9-42 |
|        |                    | Attached for all purposes from 2 <sup>nd</sup> Cdn<br>Para Bn and posted to Disposal Company<br>(Casualty Section)                                  | "          | 16-9-42        | D.D. 13                                | Calgary                  | D.O. 223                         | 15-9-42 |
|        |                    | SSS #13-B.D. Ceases to be att'd. FAP on<br>proceeding to A1- RCA TC, Petawawa   | "          | 22-9-42        | "                                      | "                        | #229                             | 22-9-42 |

Statement of the Service of No.....

Rank Lieut.

Sheet No. Two

Name J. L. McKenna

M.F.M. 1 & 2 (a)  
250M-7-41 (1151)  
H.Q. 1772-39-1646

| REPORT         |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.<br>(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                     |
|                |                    | <i>ceases to be recorded to 2 P.B. return to A.I.C.A.T.C.</i>   | <i>Lieut</i> | <i>22<sup>9</sup>/42</i>  | <i>A.I.C.A.T.C.</i> | <i>PETAWANA</i> | <i>229</i>                                     | <i>25<sup>9</sup>/42</i>  |
|                |                    | <i>Qualified as Parachutist (Extract:- H.R. first special Service Force Ft William Henry Harrison Helena Montana Special Order No. 35, d. 25<sup>8</sup>/42.)</i> | <i>"</i>     | <i>15<sup>8</sup>/42</i>  | <i>"</i>            | <i>"</i>        | <i>230</i>                                     | <i>26<sup>9</sup>/42</i>  |
|                |                    | <i>Proceeded on command to Montreal Que.</i>  | <i>"</i>     | <i>23<sup>11</sup>/42</i> | <i>"</i>            | <i>"</i>        | <i>281</i>                                     | <i>25<sup>11</sup>/42</i> |
|                |                    | <i>Return from on command " Proceeded on command to Gaspé on 27/1/43 return from on command.</i>  | <i>"</i>     | <i>25<sup>11</sup>/42</i> | <i>"</i>            | <i>"</i>        | <i>281</i>                                     | <i>25<sup>11</sup>/42</i> |
|                |                    | <i>Attached to Camp Headquarters, for all purposes (except pay)</i>   | <i>"</i>     | <i>4-2-43</i>             | <i>do</i>           | <i>do</i>       | <i>30</i>                                      | <i>5-2-43</i>             |
|                |                    | <i>Previously attached to C.H.Q. is taken on strength of C.H.Q. on tfr. from A.I.C.A.T.C. Pet. Mil. Camp Ont. FAP. incl. Pay</i>                                  | <i>"</i>     | <i>18 Mar 43</i>          | <i>do</i>           | <i>do</i>       | <i>67</i>                                      | <i>20 Mar 43.</i>         |
|                |                    | <i>Appointed Orderly Officer to the Commander Pet. Mil. Camp Ont.</i>   | <i>"</i>     | <i>5/4/43</i>             | <i>C.H.Q.</i>       | <i>"</i>        | <i>26/4/43 Pers. 3A3-Dated H.Q. 332-61-I65</i> | <i>26/4/43</i>            |
| <i>10/5/43</i> | <i>AMDT.</i>       | <i>Order # 63 d/29 Apr. 43. in amdt. 5 mod. 9 a.p. 4 cap</i>  | <i>"</i>     | <i>3/5/43</i>             | <i>"</i>            | <i>"</i>        | <i>64</i>                                      | <i>10/5/43</i>            |
| <i>"</i>       | <i>"</i>           | <i>pay - 5 Apr. 43 4 p.p. pay - 3 mod. 43 - Same as above amdt. 8. A.I.C.A.T.C. G.A.P.S.S. etc.</i>   | <i>"</i>     | <i>"</i>                  | <i>"</i>            | <i>"</i>        | <i>"</i>                                       | <i>"</i>                  |
| <i>20/7/43</i> |                    | <i>Granted 7 days annual leave - 19<sup>8</sup> 23 Aug 43 &amp; return allow L. 50 per diem - F.R. 2-146-4-8</i>  | <i>"</i>     | <i>17/8/43</i>            | <i>"</i>            | <i>"</i>        | <i>"</i>                                       | <i>20/7/43 -</i>          |
|                |                    | <i>S.O.S. Camp Headquarters on posting to H.W.E. A.I.C.A.T.C. 15 Sept 43 Auth. letter H.Q. 332-61-I65 (pers. IA3) d22 Sept 43</i>                                 | <i>"</i>     | <i>15/9/43</i>            | <i>"</i>            | <i>"</i>        | <i>155</i>                                     | <i>23/9/43</i>            |
|                |                    | <i>Att. to C.H.Q. f.a.p. except pay 16/9/43</i>   | <i>"</i>     | <i>"</i>                  | <i>"</i>            | <i>"</i>        | <i>"</i>                                       | <i>"</i>                  |
|                |                    | <i>Auth: As for above entry</i>   | <i>"</i>     | <i>"</i>                  | <i>"</i>            | <i>"</i>        | <i>"</i>                                       | <i>"</i>                  |
|                |                    | <i>Vacates appointment of Orderly Officer and ceases to be graded for pay class II 15 Sept. 43...</i>   | <i>"</i>     | <i>"</i>                  | <i>"</i>            | <i>"</i>        | <i>156</i>                                     | <i>25/9/43</i>            |

**CERTIFICATE OF MEDICAL EXAMINATION**

Name in full J. L. Mc Kenna Date 25-9-41

**Part 1. Information obtained from the applicant.**

1. Age 23 2. Have you ever suffered from any of the following diseases ?
- a. Rheumatism non k. Ear disease non
  - b. Tuberculosis non l. Eye disease non
  - c. Bronchitis or asthma non m. Epilepsy non
  - d. Heart disease non n. Nervous or mental disease non
  - e. Kidney or bladder disease non o. Syphilis non
  - f. Gastro-intestinal non p. Gonorrhoea non
  - g. Rupture non q. Have you ever worn glasses? non
  - h. Varicose veins non r. Are you now or have you in the past received disability pension or compensation? If so, give details non
  - i. Flat or deformed feet non
  - j. Nasal trouble non

*[Signature]*  
Signature of Applicant

Examiner's remarks re above nil

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

1. Identification marks or scars. (If operative obtain history.)  
Cicatrice sur le haut de la cuisse droite.
2. Height 5 feet 10 1/4 inches. 3. Weight 145 pounds. Good  
Build  
Build
4. Complexion clair Eyes bleus 5. Development Good  
Hair blonds
6. Chest measurement—Girth on full expansion 36 1/2 inches.  
Range of expansion 2 1/2 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right c.v. 20 left c.v. 20
9. Condition of mouth and teeth bonnes
10. The abnormalities (congenital and pathological) found on examination are as follows.  
Acnee faciale, chevauchement du 2ieme orteil sur le gros orteil droit.  
Urine, et oreilles et reflexes normaux. SEP 25 1941 X-RAY CHEST - NEGATIVE.  
Asahara Test Normal Chicopee cap

**PART 3.** We, the examiners find no evidence of the diseases mentioned in Question 2. Part 1, except as reported in the remarks. We have examined the Applicant in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A  
Special remarks when category lower than A \_\_\_\_\_

J. V. Lavoie Major R.C.A.M.C. J. A. Girard M. D. C. Gelinas M. D.  
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date        | Brief details and signature   | Date     | Brief details and signature   |   |   |   |   |   |   |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
|-------------|---|----------|---|---|---|---|---|---|---|---|---|----|---|----|---|---|---|---|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|----|---|---|---|---|---|---|---|---|---|
| 8-10-41     | Vacc <i>[Signature]</i>   |          |   |   |   |   |   |   |   |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 8-10-41     | T. A. B. T. <i>[Signature]</i>  | 16/12/43 | <table border="1"> <tr><td>Y</td><td>O</td><td>B</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>M</td><td>S</td></tr> <tr><td>18</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table> <i>[Signature]</i> | Y | O | B | P | U | L | H | E | M  | S | 18 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1       | 1   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| Y           | O   | B        | P   | U | L | H | E | M | S |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 18          | 1   | 1        | 1   | 1 | 1 | 1 | 1 | 1 | 1 |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 29/5/42     | T. A. B. T. <i>[Signature]</i>  | 6-3-44   | <table border="1"> <tr><td>Y</td><td>O</td><td>B</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>M</td><td>S</td></tr> <tr><td>18</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table> <i>[Signature]</i> | Y | O | B | P | U | L | H | E | M  | S | 18 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1       | 1   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| Y           | O   | B        | P   | U | L | H | E | M | S |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 18          | 1   | 1        | 1   | 1 | 1 | 1 | 1 | 1 | 1 |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 27/10/42    | Re-Examined Cat. Unchanged. <i>[Signature]</i>  | 30-3-44  | Re-Examined Cat. Unchanged. <i>[Signature]</i>  |   |   |   |   |   |   |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 29-1-44     | Re-Examined Cat. Unchanged. <i>[Signature]</i>  | 12-6-44  | <i>[Signature]</i>  |   |   |   |   |   |   |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 4/4/44      | Re-Examined Cat. Unchanged. <i>[Signature]</i>  | 24-5-44  | <i>[Signature]</i>  |   |   |   |   |   |   |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| May 24 1944 | <table border="1"> <tr><td>Y</td><td>O</td><td>B</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>M</td><td>S</td></tr> <tr><td>18</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table> <i>[Signature]</i> | Y        | O   | B | P | U | L | H | E | M | S | 18 | 1 | 1  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 27-3-44 | <table border="1"> <tr><td>Y</td><td>O</td><td>B</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>M</td><td>S</td></tr> <tr><td>18</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table> <i>[Signature]</i> | Y | O | B | P | U | L | H | E | M | S | 18 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Y           | O   | B        | P   | U | L | H | E | M | S |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 18          | 1   | 1        | 1   | 1 | 1 | 1 | 1 | 1 | 1 |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| Y           | O   | B        | P   | U | L | H | E | M | S |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |
| 18          | 1   | 1        | 1   | 1 | 1 | 1 | 1 | 1 | 1 |   |   |    |   |    |   |   |   |   |   |   |   |         |   |   |   |   |   |   |   |   |   |   |   |    |   |   |   |   |   |   |   |   |   |

12-6-44 - S.P. Vacc. WH Brock Capt.



ORIGINAL  
DUPLICATE  
TRIPLICATE

FINGERPRINTED  
PHOTOGRAPHED

*Record of Service  
Dated 5 Apr 44*

M.F.M. 1  
100M-5-40 (3235)  
H.Q. 1772-39-1644

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable)  
Unit *Regiment de Montmagny R.F.* Rank *2nd Lieutenant*  
Personal No. Name *James Lloyd McKenna*

### CANADIAN ACTIVE SERVICE FORCE

#### ATTESTATION PAPER

#### OFFICER'S DECLARATION PAPER

*Occupational History Form  
Completed*

Also applicable to Nursing Sisters

1. Surname..... *McKENNA*

2. Christian Names..... *James Lloyd*

3. Present Address..... *26 DeSALLEBARY, Que. P.Q.*

4. Date of birth..... *12-8-1918*

5. Place of birth..... *CANADA* *P. Q.* *CHANDLER, Co Gaspé.*  
(Country) (County or Province) (Town or Twp.)

6. Religion (state denomination)..... *ROMAN CATHOLIC*

7. Profession or occupation..... *OFFICE CLERK*

8. Married, widower or single..... *SINGLE*

9. Name of next of kin..... *Con McKenna*

10. Relationship..... *FATHER*

11. Address of next of kin..... *~~CHANDLER Co GASPÉ, P.Q.~~ (See charge)*

12. (a) State unit of Active Militia in which you are serving or have served..... *N.A.*

(b) Present rank..... *2nd Lieut*

13. State particulars of former war service..... *N.A.*

I, *James Lloyd McKenna* do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Active Service Force if, when and so long as required.

Date *8-10-41*  
WITNESS: *James L. [Signature]* *James McKenna 2/Lt.*  
(Signature and rank)

#### CERTIFICATE OF OFFICER COMMANDING

The application of *James Lloyd McKenna* for appointment to the  
(Rank and name)  
*2nd Lieut R.C.A. /A/F 20th QUOTA* with the rank of *2nd Lieut*  
(Unit)  
and appointment..... (was) recommended, appointment  
(is) has been approved.  
to date from *1st-10-41* is recommended for approval.

Authority *Q.5.8.245 & Q:3/029-7- d/1-6-41*

*[Signature]*  
(F.C. MACE) Lt-Col.,  
(Signature of O.C.) (Rank)  
Commanding, D.D.M.D.5.

Date *8-10-41*  
(Unit)



Record of Service of James Lloyd McKenna (Name)

Active Militia Unit R.C.A. A/T 20th Quota

Rank 2nd Lieut. Date of Rank 13-1-3-41

Highest rank for which qualified by examination N.A. Staff College N.A.

Militia Staff Course N.A.

Advanced Course N.A.

Languages FRENCH & ENGLISH Other military qualifications or special courses (specify) N.A.

University or College Degrees High School

Civil Technical Training or qualifications (specify) N.A.

| Report     |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force           | Rank Shown         | Effective Date       | Unit              | Place                 | Authority                        |                      |
|------------|--------------------|---|--------------------|----------------------|-------------------|-----------------------|----------------------------------|----------------------|
| Date       | From whom received |   |                    |                      |                   |                       | Part II D.O. No. Cas. List, etc. | Dated                |
|            |                    | Joined on appointment   |                    |                      |                   |                       |                                  |                      |
|            |                    | <del>T.O.S. DISTRICT DEPOT M.D.# 5</del>  | <del>2nd/Lt.</del> | <del>8-10-41</del>   | <del>D.D.5</del>  | <del>Quebec</del>     | <del>D.O. 241</del>              | <del>9-10-41</del>   |
|            |                    | <del>S.O.S. DISTRICT DEPOT M.D.# 5 ON PROCEEDING TO O.T.C. BROCKVILLE ONT.</del>  | <del>"</del>       | <del>9-10-41</del>   | <del>D.D.5</del>  | <del>Quebec</del>     | <del>D.O. 241</del>              | <del>9-10-41</del>   |
| 16 Oct. 41 | O.C.               | AS REINFORCEMENT 20th QUOTA. (R.C.A.)<br>Posted to O.T.C. for qualification and attached for all purposes.                | 2/Lieut            | 10-10-41             | O.T.C.            | Brockville            | Pt. II D.O. #159                 | 16 Oct. 41           |
| 20 Jan 42  | O.C.               | Admitted to Brockville Military Hospital (Sick)   | 2/Lieut            | 19-Jan-42            | O.T.C.            | Brockville            | Pt. II D.O. #16                  | 20 Jan 42            |
|            |                    | Discharged from Brockville Military Hosp  | 2/Lieut            | 5-Feb-42             | O.T.C.            | Brockville            | Pt. II D.O. #31                  | 6 Feb-42             |
|            |                    | <del>Having successfully completed his course is Struck off Strength on transfer to A-2 C.A.T.C. Petawawa, Ontario.</del> | <del>2/Lieut</del> | <del>13-Mar-42</del> | <del>O.T.C.</del> | <del>Brockville</del> | <del>Pt. II D.O. #37</del>       | <del>13-Mar-42</del> |
|            |                    | Having successfully completed his course is Struck off Strength on transfer to A-1 C.A.T.C. Petawawa Ontario.             | 2/Lieut            | 13-Mar-42            | O.T.C.            | Brockville            | Pt. II D.O. #61                  | 13 Mar 42            |
|            |                    | T.O.S. OF C.A.T.C. (A-1)  | "                  | 14-3-42              | CATC(A1)          | Petawawa              | 65                               | 18-3-42              |

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