

A37979
WOOD
MURRAY EMERY

Received 15 Aug 41 Checked WJ "E" Card ✓ Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
20M-5-41 (9720)
P.Q. 1772-39-1044

**WSG
COMPLETED**

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

Unit No. 1 District Depot (AF) H.L.I. of C Regimental Number A-3797

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01
PTE

DUPLICATE

1. Surname..... W O O D
2. Christian Names..... MURRAY EMERY
3. Present address..... P.O. Ayr, Ontario, Canada.
4. Date of birth..... 17th November, 1920.
5. Place of birth Canada Ontario Blenheim
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... United Church
7. Trade or Calling..... Farming.
8. Married, Widower or Single..... Single
9. Name of next of kin..... Mrs. Elizabeth WOOD
10. Relationship..... Mother
11. Address of next of kin..... P.O. Ayr, Ontario, Canada.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No.
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... No.
(Yes or No)
(b) Any other Naval, Military, or Air Force?..... No.
(If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?..... No.
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 7th. June, 1941.
Witness: [Signature] Murray Emery Wood
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, MURRAY EMERY WOOD, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Murray Emery Wood (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at London, Ontario this 7th. day of June 1941.

[Signature] Lt-Col. (Signature of Magistrate, Justice or Attesting Officer.)
O.C. No. 1 District Depot, (A.F.) (Office or Rank and Unit or appointment.)

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

FINGERPRINTED—CAIB

Record of Service of WOOD (Surname) MURRAY EMERY (Christian Names) Regimental Number A-37979

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military NIL. High School } NIL. Graduation } NIL.
 or } (years completed) or } (specify)
 Business or Professional NIL. Collegiate }
 Trade or Civil Farmer- 4 yrs. *College NIL.
 Technical NIL. *University NIL.
 Languages English

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
7-6-41	Civ. Life	Joined on appointment T.O.S. No. 1 District Depot, (A.F.)	Pte.	7-6-41	H.L.I. of C	London	163	12-6-41
22-6-41	No. 1 DD	SOS on transfer to H.L.I. of C. Belmont, N.S.	"	22-6-41	"	"	173	22-6-41
27-Jun-41		T.O.S. of The H.L.I. of Canada (AF) on transfer from No.1 District Depot.	Pte.	23-Jun-41	H.L.I.	Camp Debert	No.139(b) para 1	27-Jun-41
5-Aug-41		Granted Emb. Leave 5-Jul-41 to 10-Jul-41 (R.O. 1118, para B.)	"	5-Jul-41	H.L.I.	" "	No. 156 para 1	5-Aug-41
5-Aug-41		S.O.S.C.A. (Canada) on Emb. at Halifax, N.S. on 20-Jul-41.	"	20-Jul-41	H.L.I.	" "	No. 156 para 2	5-Aug-41
5-Aug-41		T.O.S.C.A. (Overseas) on transfer 21-Jul-41, and Disemb. at Gourock, Scotland on 29-Jul-41	"	21-Jul-41	H.L.I.	Talavara Barracks	No. 156 para 3	5-Aug-41
5302		Granting leave with warrant,	Pte	15 Aug 41	H.L.I.	U.K.	3	21 Aug 41
-		Priv Leave W.W.	Pte	18 25 Nov 41	H.L.I.	U.K.	25	21 Nov 41
-		1/2 leave (P-2) FTW.	Pte	23 mar 42	H.L.I.	UK	21	27 mar 42
-		Priv. Leave	Pte	23 29 Jul 42	H.L.I.	UK	50	13 Aug 42
1		Priv. Leave	Pte	4 10 Sep 42	H.L.I.	UK.	58	25 Sep 42
		7 days PL to 7 Feb 43	Pte	1 Feb 43	H.L.I.	UK	7	10 Feb 43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full WOOD, Murray Emery Place London, Ont.
 Place London, Ont. Date 7-6-41

Part 1. Information obtained from the recruit.

1. Age 20 2. Have you ever suffered from any of the following diseases?
- | | | | |
|------------------------------|-----------|---|-----------|
| a. Rheumatism | <u>no</u> | k. Ear disease | <u>no</u> |
| b. Tuberculosis or pleurisy | <u>no</u> | l. Eye disease | <u>no</u> |
| c. Bronchitis or asthma | <u>no</u> | m. Fits | <u>no</u> |
| d. Heart disease | <u>no</u> | n. Nervous or mental disease | <u>no</u> |
| e. Kidney or bladder disease | <u>no</u> | o. Syphilis | <u>no</u> |
| f. Stomach or bowel trouble | <u>no</u> | p. Gonorrhoea | <u>no</u> |
| g. Rupture | <u>no</u> | q. Have you ever worn glasses? | <u>no</u> |
| h. Varicose veins | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>no</u> |
| i. Foot trouble | <u>no</u> | | |
| j. Nasal trouble | <u>no</u> | | |

Murray Emery Wood
 Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history).
"arty mole over left clavicle.
2. Height 5 feet 11 inches. 3. Weight 156 pounds.
4. Complexion dark Eyes brown 5. Development good
- Good
Fair
Poor
- Hair dkybrown.
6. Chest measurement—Girth on full expansion 37 inches.
 Range of expansion 4 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right 20'CV left 20'CV
 With Glasses— right _____ left _____
9. Condition of mouth and teeth 15 large left tonsil
10. The abnormalities (congenital and pathological) found on examination are as follows
Long feet broad transversely but non rigid.

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

P. Poisson *T. Towers* *J. Duffy*
 P. Poisson, Lt. Col. T.L. Towers, Major J. Duffy, Major
 VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
7-6-41	Normal urine, ears, reflexes. Cat. "A"	11-7-41	T.A.B.T. I.C.C.
8-6-41	X-ray of chest neg.	28-8-41	
16-6-41	V.A.C.C. <i>col. [unclear]</i>	23-7-42	T.A.B.T. 1/2 c.c.
11-7-41	T.A.B.T. <i>col. [unclear]</i>		
11-7-41	T.A.B.T. <i>col. [unclear]</i>		
14-6-41	re-exam A <i>col. [unclear]</i>		

Statement of the Service of No. A 37979 Rank

Sheet No.

Name WOOD Murray Emery

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		granted a daily Regt'l R of Pay \$1.50	Pte	1 Jan 43	H L I	UK	16	29 Mar 43
		Awarded 1 Good Conduct Badge	Pte	7 June 43	H L I	UK	33	23 June 43
		Att: fap. to H.Q 3 Gen Div. (A.D.O.S.)	Pte	30 Nov 43	H L I	UK	60	13 Nov 43
		leave att. fap. to H.Q 3 Gen Div. (A.O.S.)	Pte	4 Dec 43	H L I	UK	66	20 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		enrolled A-41 ² WOUNDED. D.N.K. ADM. DERBYSHIRE R. I.		21 JUN 44	H L I		CLA 463	29 JUN 44
		Embarked at <u>UK</u> on <u>4 Jun 44</u>						
		Disembarked at <u>France</u> on <u>6 Jun 44</u>						
		Adm Derbyshire Royal Infan.	Pte				CH 242	25 Jul 44
		Adm Devonshire Royal Infan.		26 Jun 44			CLB 251	6 Jul 44
		Wire from 19 Gen Div. Hoop	Pte	24 July 44			CL 1489	10 Aug 44
	SOS	SOS to Y3 List 2 CIRU	Pte	29 Jul 44	X R H L I	21 Asp	27	4 Aug 44
	TOS	SOS from Y3 List H L I	Pte	30 Jul 44	4 th List 2 CIRU	UK	49	8 Aug 44
		SOS to UK AG 19.	Pte	2 Oct 44	2 CIRU	UK	237	2 Oct 44
		Embarked at <u>UK</u> on <u>2 Oct 44</u>						
		Disembarked at <u>France</u> on <u>3 Oct 44</u>						
			Pte		X R H L I	21 Asp	H 4	12 Oct 44

Amended No 66,
(103) 20 Dec 43.
(103)

624

624

624

624

Statement of the Service of No. A54979

Rank

Sheet No.

Name Wood M. E.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Follo 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>503</u>		Sos to H&I of C	Pte	13 Oct 44	X2 H&I of C	21A Sp	49	21 Oct 44.
<u>(70)</u>	TOS	TOS from X2 H&I of C	Pte	14 Oct 44	H&I of C	21A Sp.	61	22 Oct 44
<u>624</u>		To be 2/cpl	2/cpl	20 Oct 44	H&I of C	21A Sp	69	11 Nov 44.
		To be P/cpl	P/cpl	3 Dec 44	H&I	21A Sp	78	14 Dec 44
		Killed		3 Mar 45				
		- Killed	al cpl	3 Mar 45	N. 6. 1.	G. W. A	554.	13 Mar 45.
		Sos killed in action	al cpl	3 Mar 45	H&I	21A Sp.	13	17 Mar 45

POSTINGS FROM O/S CASUALTY LISTS

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

Reg't No. A-37979. Rank A/cpl. Surname Wood. Christian Name Murray E.

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE or INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
High Lt. Inf. of Can.	Derbyshire Royal Inf.	21	6	44				Wounded on 10-11-44	Cancelled by	a-472.	
								Injury to left thigh 88w. Rifle.		A-463.	
H.L.I. of Can.	Devonshire Roy Inf. Buxton, Derby.	26	6	44				SW. lt. thigh.	Tr. fr. Derby Royal Inf.	B-251.	
H.L.I. of C.	Derbyshire R. Infirmary	21	6	44				G.S.W. (sten) lt. thigh Inj. Dr. K. acc.		C-1466.	
"	" Buxton	26	6	44				" " " " " " " "	Tr. fr. R. Derbys. Infirmary	@-1466.	
"	19 C. G.	17	7	44	24	7	44	33.	" (M.G.) acc. flesh inj. lt. thigh	C. 10	@-1479.
"									" " " " (acc.)	Tr. fr. Devonsh. Roy	@-1473.
"									Killed 3-3-45.		A-554.

Read this whole Form and Instructions
on other side before commencing to
complete.

WILL

M.F.M. 10
75M-10-40 (7779)
H.Q. 1772-39-1656

(1) I, Murray Emery WOOD, of the Willage
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Ayr, in the County of Waterloo
~~District~~

Province of Ontario, Farmer.

No. 1 Dist. Depot, (A.F.)
(Civil Occupation)

Regimental No. A-37979, Unit H.L.I. of C. Wing, do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

my Mother,
Mrs. Elizabeth WOOD,
P.O. Ayr, Ontario, Canada.

" ALL MY ESTATE "

Relationship,
names and
address of
residuary
beneficiaries.

(3) ~~I give, devise and bequeath unto~~ to my mother and to my wife, both real and personal,
~~of whatever kind and wheresoever situated~~

(4) I appoint Mrs. Elizabeth WOOD (mother) P.O. Ayr, Ont., Can.
(Name) (Address)

Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 10 day of June
1944.

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

Murray Emery Wood
(Signature of soldier)

First witness
sign here.

(5) Signature S. G. Williams M/Pl.
Civil Address Kitchener, Ontario.

Civil Occupation

Second witness
sign here.

Signature A. S. Pease, Jr.
Civil Address Argus, Ont.
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

RECEIVED
D OF RECORDS
MAR 12 1946
WILL SEC.
N. D. H. Q.

D. R. 10

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

(Refer to Overseas RO 2022)

INFORMATION EXTRACTED AND PROOF READ CASUALTIES & EFFECTS

(E) 4

PART I

No. A-37979 Rank Pte. Name WOOD, M.E.

Unit H.L.I. of Can. was reported on the 18 June 19 44

suffering from G.S.W. (Sten) Left thigh

The disability is of a minor nature, and in all probability will not interfere with his future efficiency as a soldier.

He claims that he was in the performance of military duty at the time of the accident. (Here insert "claims" or "does not claim")

STATION Field

DATE 18 June 44 J. D. Gibson Capt Medical Officer in charge.

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, hereby declare that the injury sustained by me on the DID NOT occur while I was in the performance of military duty.

STATION DATE Soldier's Signature Signature of Medical Officer

PART III STATEMENT OF COMMANDING OFFICER:

- (a) Was the individual in the performance of military duty? yes
(b) Nature of duty? Active service in face of enemy
(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? N.A.
(d) If it was incurred on leave, was such leave with or without pay? N.A.
(e) Was anyone to blame? Yes Whom? A 37624 Cpl. Spurgeon, N.L. "D" Coy HLI of C
(f) Did the injury occur on military premises and if so what part of such premises?
(g) Court of Inquiry (See Overseas RO 2022, paragraph 9).
(i) Has one been held? When? No.
(ii) Will one be held? When? No.
(h) Disciplinary action taken (if any required) or other remarks Accidental injury in so far as evidence is available.

[Handwritten signature]

Date 20 Jun 44 Comd H.L.I. of Canada

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.)

" While I was lying in my slit trench asleep, someone accidentally shot me in my left thigh."

M. E. Wood

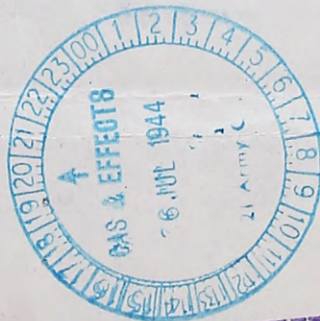
" I was proceeding out to a Standing Patrol with my Sten Gun cocked and ready for action. In the darkness I fell into a Slit Trench where Pte. Woods was sleeping; the gun discharged wounding him in the left thigh."

M. L. Spurgeon

In my opinion no Court of Inquiry or disciplinary action is necessary.

18 Jul

W. N. Wickwire Maj
(WN Wickwire) Major
DAAG 3 Cdn Inf Div
for and by the direction of
(RFL Keller) Maj-Gen
GOC 3 Cdn Inf Div



RECEIVED

5 AUG 1944
OFFICE OF DOCUMENTS
M.H.Q. - RECORDS.

M 71

CASUALTY WING EXTRACTS

DATE 21 JUL 44

AUTH 21/CAS/1210

TIME _____

DATE _____

FOR AEF LIST.

"A" "B" "C" **X** "POW"

NAME WOOD MURRAY EMERY

RANK PTE

REGT. NO. A-37979

UNIT HIGHLAND LIGHT INFANTRY

HOSPITAL PARTICULARS

ADMITTED DERBYSHIRE ROYAL INFIRMARY DERBY DATE 21 JUN 44

TRANSFERRED DEVONSHIRE ROYAL HOSP BUXTON DATE 26 JUN 44

DISCHARGED _____ DATE _____

DIAGNOSIS INJURED DNK ACCIDENTALLY GSW STEN LEFT THIGH

FOR THE DAILY UNIT & CONSOLIDATED LIST _____ ADMISSION _____

FOR THE DAILY LIST ONLY _____ DISCHARGE _____

CASUALTY CARD MADE (YES OR NO) _____ PROGRESS REPORT _____

CLERK'S NUMBER OR INITIALS 26 DEATH _____

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT OF KIN PARTICULARS

RELATION SHIP _____

NAME AND ADDRESS _____

CABLE NO. TO OTTAWA _____

ENTERED ON _____

CAS. CARD _____

CAS. LIST. _____

HOME TOWN _____

SERIAL NO. _____

INLAND TELEGRAM NO. _____



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **A.37979** RANK **Corporal**

SERVICE UNIT **The Highland
Light Infantry of Canada (C.A.)**

NAME **WOOD, Murray Emery**

DATE OF BIRTH
DAY **17th** MONTH **November** YEAR **1920** Enlisted: **7-6-41**

MARITAL STATUS **Single** RELIGION--**United Church**

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

NAME **Mrs. Elizabeth Wood,**
ADDRESS
D.A.B.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **7032A**

H.Q. 405-W-15,210

CASUALTY DETAILS

DATE

Killed in action.

3-3-45

WESTERN EUROPEAN THEATRE OF WAR

**O/S with H.L.I.
S/L 779**

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

YES/NO

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

YES/NO

DATE

29-3-45

Murray Wood
OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CONTINUATION CARD MFM 14

Regimental No. Name

Part II DO		PARTICULARS OF CASUALTIES
No.	Date	
Y49	9-7-44	TOS B CBR 4) Y3 (H41) List inf no - 7-44
227	20-9-44	TOS 2 C 1 Bn from Y3 List inf 12-9-44
236	30-9-44	SOS Q x - 4 list 19 Bn 2 C B R C Inf 30-9-44
		SOS X4 List H41 (10 CBR Bn) to 11 Bn wef 9-10-44
		Tos 11 Bn wef list inf 10.10.44
		SOS " " to 13 Bn 12.10.44
CR2	13-10-44	SOS 13 Bn to H41 of C Inf 13-10-44
61	22 Oct 44	Tos H41 from 13 CBR B 19 Oct 44
69	11 Nov 44	to be 4/cpl 20 Oct 44
78	14 Dec 44	to be 4/cpl. 3 Dec 44
565		SOS H41 to (K/A) 3 Mar 45

Occupational History Form Completed by MD No. 1
June 7th 1941

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS. IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
T.O.S. No 1 D.D. (AF) Posted	163	12-6-41	Eff. 7-6-41. H.L.I. of C
SOS. NO 1 D.D. (AF) on trans, to H.L.I. of C. (AF) Debert N.S.	173	22-6-41	Eff, 22-6-41.
EMBARK. LVE.	156	5-8-41	" 5-7-41 - 10-7-41
LANDING LVE. (WARRANT)	3	21-8-41	" 0600-11-8-41 - 2359-15-8-41
S.O.S. CANADA	156	5-8-41	W.E.F. 20-7-41
T.O.S. UNITED KINGDOM	156	5-8-41	W.E.F. 21-7-41
7 day P.L. + R.A. 17 Feb 43 Ret 7 Feb 43	7	10 Feb 43	
1 day increase \$1.50 a day	16	29 Mar 43	w.e.f. 1 Jan 43
7 days P.L. with R.A.	28	31 May 43	14 May ret 20 May 43
Awarded one good conduct	33	23 Jun 43	badge w.e.f. 7 Jun 43
7 day RA	46	19 Aug 43	13/19 Aug 43.
Att. F.A.P. to 3 P.D. from	60	13 Nov 43	1-30 Nov. 43
OTBA for 1st class awarded 1st class medal	66	20 Dec 43	3 Cdn Clin. 7 Dec 43
7 day P.L. + R.A. 17/25 Jan 44	3	26 Jan 44	4 clasp waf 15 Jan 44
SOS T6 X3 18 June 44	4	27 Jan 44	
TOS X3 Hist (HLI) etc	23	6 Jul 44	waf 19 June 44

The Highland Light Infantry
of Canada A. F.

150

D

NAME Wood Murray Emery
REGIMENTAL NO. A- 37979. RANK Pte.
ENLISTED AT London Ontario. PROMOTIONS, ETC. AND DATE 3 Dec
DATE June 7th 1941
IF SERVED PREVIOUSLY, STATE UNIT, ETC. Nil
MARRIED, WIDOWER, OR SINGLE Single
NEXT OF KIN Elizabeth Wood RELATIONSHIP Mother
ADDRESS OF P.O. Ayr Ontario.,
* ASSIGNMENT OF PAY, \$ 10.00 Eff July 1941
4.00 Eff July 1941 Rec. Gen War Savgs
ADDRESS as above
DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Not.
DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER _____ M. F. M. 14
10M-8-40 (1873)
H.Q. 1772-39-1662

IN WHOSE FAVOUR _____
* 5.40 Nov 43 to April 44 (6th V. Coy)
16.80 May to Oct 44 6th V. Co.

To be made out in duplicate

M.F.M. 5
200M-2-41 (9495-6)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

(1) Name of Officer or Other Rank. WOOD..... MURRAY EMERY.....
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank. A-37979..... Private.....

(3) Unit. No. 1 District Depot, (A.F.) (H.L.I. of C. Wing.).....

(4) Are you married?..... NO......

(5) If married, state,

(a) Full name of your wife..... N.A......

(b) Present postal address of wife..... N.A......

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

..... N.A......

(7) Are you a widower?..... N.A......

(8) Have you any children?..... NO...... Number of boys..... N.A...... Girls..... N.A......

Names and ages..... N.A......

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

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

Name..... N.A......

Postal Address..... N.A......

[SEE OTHER SIDE]

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

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

(11) Is your father alive? YES.

If so, state name and address, occupation Mr. Albert WOOD (Farmer)

P.O. Ayr, Ontario, Canada.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO.

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

N.A.

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

(14) Is your mother alive? YES.

If so, state name and address Mrs. Elizabeth WOOD

P.O. Ayr, Ontario, Canada.

(15) If your mother is a widow, are you her sole or partial support? NO.

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

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

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

If so, state the following particulars:—

Relationship NA

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? NO.

If so, in what Company? N.A.

(Give number of policy)

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

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

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

Murray Emerald Wood
(Signature of officer or man)

Date 7th. June, 1941.

Officer Commanding [Signature] Capt.,

Date 7th. June, 1941.

ADJ. ? No. 1 District Depot, (A)

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

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

PLEASE
LEAVE
BLANK

1. (a) Print name in full Murray Emery WOOD (b) Reg'l. No. A-37979
 2. (a) Arm of service Army (b) Unit H.L.I. of C. Wing. (c) Rank Private
 3. (a) Date of birth 17-11-1920 (b) Have you any dependents? NO. (c) Place of residence at time of enlistment W. Ont., Can.
 4. (a) Place of enlistment London, Ontario, Canada (b) Date of enlistment 7-6-41.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) 7 1/2 Yrs. Public School.
 7. If you attended a university, give name of university and standing or degree secured NO.
 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? NA.
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Mr. Murray MOORE Address W. Ont., Can.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
 20. (a) Your specific occupation Farmer (b) Number of years' experience at this occupation with any employer 4 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge? NO. (b) Did your employer refuse to promise you employment on discharge? NO. (c) Do you wish to return to your former employment? 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. (b) Where was it located?
 23. (a) Number of years engaged in this business. (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO. (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? Mixed Farming.
 25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 4 yrs. (c) In what provinces did you have experience? Ontario.

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.) N.A.
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Moulder.

DATE 7th. June 1941 SIGNATURE Murray Emery Wood

NO. A. 37979 Rank Corporal Name WOOD, Murray Emery,

Unit H. L. I. OF C. Date of death 3rd March, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-W-15210

N/K Mrs. Elizabeth Wood, Relationship Mother

Box 80
Address AVR, Ontario.

Remains buried in Cdn. Temp Mil. Bedburg, R. 21, G. 5 Cemetery

CW ✓
Grave location.....

OVER-

BURIAL REPORT TO N.K.

AUG 9 1946

RETURN TO BUR. OF STAT.

NOV 27 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. APR 19 1945

Temp B R sent to N

K HI & CR Form Despd. FEB 4 1947

Photographs

Despatched

FEB 4 - 1948

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 1, row E, plot 8.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

Mrs. Elizabeth Wood

Mother

ENTITLED TO

Ayr, Ont.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Elizabeth Wood,

(ENGLISH)

1930

ADDRESS:

AYR, Ont.

MEMORIAL BAR

(1) DATE DESP

REGN. NO

A4011

(2)

(3)

DESP. MAY 9 1945
REGN No. 18621

3-3-45

AWARDS—CANADIAN ARMY (ACTIVE)

1930

M

C.B.

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

			FILE NO. 405-W-15,210
WOOD Murray Emery		A-37979	Cpl.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES		REG. NO.	RANK ON DISCHARGE
			H.L.I. of C.
			C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	3498 - 27/10/49.
France-Germany Star	
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
5-3-41		R.I.I.	S.O.S. CA (Canada) on sub. at Halifax S.S. on 30-7-41	Camp Roberts	30-7-41	Pte.	Form 155 para 2
5-3-41		R.I.I.	S.O.S. CA (overseas) on transfer 21-7-41 and disembarked at Glasgow, Scotland on 21-7-41	Malvera Barracks	31-7-41	Pte.	Form 155 para 3
16 Aug 41	OC	H.I.	7 days leave 5 days (w) Field		11 Aug 41	Pte	No. 2 11 Aug 41
18 Nov 41	OC	H.I.	7 days leave 10 1/2 days Field		15 Nov 41	Pte	No. 25-21 Nov 41
16 Nov 42	OC	H.I.	7 days leave on 11/21/42 Field		17 Nov 42	Pte	No. 21-20 Nov 42
10 Aug 42	OC	H.I.	7 days P.L. P. 3	"	23 Jul 42	"	50- Aug 42
17 Sep 42	OC	H.I.	7 days leave F4	"	4 Sep 42	"	58- Sep 42
4 Feb 43	OC	H.I.	7 days leave	"	1 Feb 43	"	7 Feb 43
			Grtd Daily Rates Pay of \$1.50		1 Jan 43		1 6 1943
	✓	✓	7 days P.L.	✓	14 May 43	✓	28/43
14 Jun 43	✓	✓	Awarded one Good Conduct Badge	✓	7 Jun 43	✓	33 Jun 43
1 Nov 43	✓	✓	all pay to HQ 3 CID	✓	1 Nov 43	✓	60/43
9 Dec 43	✓	✓	CTBA Gap HQ 3 CID ADOOS	✓	7 Dec 43	✓	66/43
			AWARDED CD, VOL. SER. MEDAL & CLASP	✓	15 JAN. 44	✓	3-d/26 Jan 44
19-7-44		✓	Embarked	✓	4 Jun 44	✓	84-12 Jul 44
19-7-44		✓	Disembarked	✓	6 Jun 44	✓	84-12 Jul 44
S.O.S.	OC	H.I.	S.O.S. to X-3 L.I.S.T. (H.I./C)	7d	18 Jun 44	✓	21/44
29 Jun 44	X3	✓	T.O.S. X-3 L.I.S.T. (H.I./C) on admission to hospital	✓	19 Jun 44	✓	21/44
			SOS X3 H.I. to Y3 2 CIRU w/c		29 Jun 44		
	Ylist	2 CIRU	TOS from X-3 (H.I.) in hosp.	U.K.	30 Jul 44	Pte.	X-49 Aug 44
	"	"	Trans from 1902H to 4.C.C.D.	"	24 Aug 44	Pte	60/44
	"	"	S.O.S. to 2 CIRU on Disch 4.C.C.D.	"	11 Sep 44	"	76/44
		2 CIRU	TOS from Y3 on Disch 4.C.C.D.	"	12 Sep 44	"	227/20 Sep 44
		2 CIRU	SOS to X-4 13 Bn 2 CBRG	U.K.	5 Oct 44		236/30 Sep 44
			Embarked U.K. - 2 OCT Disembarked				
			and TOS X4. H.I./C (10 PM) vol				
	X4	13 Bn	SOS X4 (13 Bn) to H.I. of Canada	2d	13 Oct 44	"	44 OCT 1944
	OC	H.I.	TOS from X4 (H.I.)	2d	14 Oct 44	"	44 OCT 1944
29 Oct 44	✓	✓	TO be 4 pl	2d	20 Oct 44	4 pl	49- Oct 44
	✓	✓	TO be A/pl	7d	3 Dec 44	A/pl	61/44
							69-1944
							78 Nov 44

A-37979 Wood M.E.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit No. 1 District Depot, (AF) (H.L.I. of C.) Regimental Number A-37979

<p>1. Surname <u>WOOD</u></p> <p>2. Christian Names <u>Murray Emery</u></p> <p>3. *Substantive Rank and Appointment <u>A/sgt</u></p> <p> *Acting Temporary or Local Rank giving date <u>3 Dec 47</u></p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth <u>17th. November, 1920</u></p> <p>5. Date of birth as declared on attestation <u>Blenheim, Ont., Can.</u></p> <p> (A).....</p> <p>6. Date of enlistment <u>7th. June, 1941.</u></p> <p>7. Place of enlistment <u>London, Ontario, Canada.</u></p> <p>8. Residence at time of enlistment <u>P.O. Ayr., Ontario, Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion <u>United Church</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment <u>Farmer</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps</p> <p style="text-align: center;">(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">"A"</td> <td style="text-align: center;">7-6-41</td> <td style="text-align: center;">Medical Board.</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)</p> <p style="text-align: center;"><i>Mrs. Elizabeth Wood (Mother)</i> <i>P.O. Ayr, Ontario</i> <i>Canada</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	7-6-41	Medical Board.
Category	Date	Authority					
"A"	7-6-41	Medical Board.					

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.

CONFIDENTIAL

Soldiers Qualification Card

Regtl Number A37979 Last Name Wood First Name MURRAY

CARDS PUNCHED
EMERY
Middle Names

Unit 1st. Batt. D Coy. #17 Pl.
1 Corps H.L.I. of C. 522

2 Nationality 08 Can By Birth - By Naturalization - Country of Birth -

3 Racial 1 Origin Br. Language spoken in home: French 4 Other English

5 Age 21 1/2 Height 5' 11" Weight 193 Silhouette 1 2 3 4

Eyes: 1921 9 4 Colour of Brown 10 Acuity 1 2 3 Glasses - 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects -

14 Handedness R L A 15 Med Category A

Cause -

Attitude to own health R To Medical attention R

Health History Normal

50 "M" Test	Score	SM	S. Tot.
1	12		32
2	10	SM	
3	10		
4	20		40
5	20	SM	
6	8		30
7	6	SM	
8	16		
Tot	102	SM	Grade

25 Second Most Important Occupation: Description: -

Duration (from-to) - Estimate of skill - Weekly Wage -

Employer's Name and Address -

26 Third Most Important Occupation: -

Duration (from-to) - Estimate of skill - Weekly Wage -

Employer's Name and Address -

16 Education Level: Illiterate - E 7/14 S - (Grade completed)

Conduct during school life Normal

Trade Union or Professional Society -

Vehicles: 27 Heavy Truck - 28 Light Truck - 29 Auto ✓ 30 Motorcycle -

31 Farm Tractor ✓ 32 Tracked Vehicle - 33 Power Launch - 34 Aeroplane -

35 Accident Prone No

17 University or Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From-To	Degree

51 OTHER MENTAL

Test -

Score - L. Grade -

Date -

Farming Experience: Wide - Limited ✓

District - Type -

Job promised after discharge No By whom? Name -

Address -

Other provision for post-discharge occupation - Type of work desired Moulder

Occupational history: Ambitious - Accidental - Stable ✓ Erratic -

Specialized Training:

20 1. - (Course) At - From-To - Completed -

21 2. - (Course) At - From-To - Completed -

22 3. - (Course) At - From-To - Completed -

52 MECHANICAL

Test -

Score - Grade -

Date -

36 Material Status: M - S ✓ W - D - Sep. -

2 Marital Problems - (Remarks) -

Age of wife - Wife's attitude to Service - Wife's Health -

37 No. of Children - No. Brothers 4 No. Sisters 3

Position in family 5 38 No. Dependents 0

Relationship of Dependents -

Status of home in childhood Normal

Other trades papers, Diplomas, Certificates or Qualifications -

23 Languages: Spoken fluently 02 English Written well -

52 CLERICAL APT.

Test -

Score - Grade -

Date -

53 TRADE TEST

1. Score - G. - Date -

2. Score - G. - Date -

3. Score - G. - Date -

4. Score - G. - Date -

39 Hobbies: Photography M - S - Radio - Engines -

Mechanics - Other -

40 Sports: (1) - (2) - (3) -

Team Games and Position (1) - (2) - (3) -

41 Ability to Entertain: Music: String - Brass -

Woodwind - Percussion - Piano ✓ Vocal -

Theatrical - Other -

24 Main occupation: Description -

Estimate of skill - Weekly Wage -

Duration (from-to) -

Employer's Name and Address -

54 OTHER

Test -

Score - Grade -

Date -

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

43 CURRENT SERVICE: Date Enlisted **7-6-41** Place Enlisted **London, Ont.**

Date From—to	Country	Corps	Unit and Sub-unit	Rank	Principal Duty	Performance
7-6-41 to 11-7-41	Can.	H.L.I.	#1 D.D.	Pte.	Rifleman	
11-7-41 to 21-7-41	Can.	Inf.	H.L.I. of C.	Pte.	Rifleman	
21-7-41 to 22-7-41	Eng.	Inf.	H.L.I. of C.	Pte.	Rifleman	Sat 123

45 COURSES ATTENDED

PLACE	Date From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions Hospitalization
 Number Civil Convictions Minor Offender Occasional Offender
 Chronic Major Offender Chronic Minor Offender Occasional Offender

49 Psychiatric

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) **Infantry** (2)

Remarks re Outstanding or Limiting Factors **DEPARTMENT - Fair**
 APP. - **meat** PHYS. APP. - **Good** DISP. - **Cheerful**
 MILIT. - **Sat** MAPR. - **Def.** MECH. - **Def.**

*This is the type of young fellow that having left school was unable to find employment in their community and for the few years prior to joining the Army just loafed around the local pool room, etc. He is completely indifferent to everything and without ambition towards anything. ~~At all~~
 Definitely Lazy*

Attitude to Interview: Antagonistic Over-anxious Co-operative Indifferent ✓
 Reason for Joining Cdn. Army (if ascertainable) **Doesn't know - possibly because his brother was in but not sure**

48 Suggested Possibilities for Employment (1) **As employed** (2)

Tests Indicated: 2nd Mental Mech. Apt. Clerical Apt.
 Other Apt. Pers Trade Test as

Interviewed by **Inf Pettit Lieut** Date **31-3-42**
 Reviewed by Date

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. A 37977 Name Wood, Murray Emery
Rank on Discharge A/Cpl Date of Discharge 3-3-45
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 7-6-41 to 28-7-41
from _____ to _____

United Kingdom from 21-7-41 to 5-6-44
from 30-7-44 to 2-10-44

Italy from _____ to _____

Northwest Europe from 6-6-44 to 29-7-44
3-10-44 3-3-45 K/A.
-----from _____ to _____

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK
with clasp OK



W.F.

Verified by Edna Faine

Date SEP 25 1946

Carded SEP 26 1946

NO RIBBON DESPATCH

H.Q. 405-W-15210
D.R. 2 (C)

9th August, 1946.


Mrs. Elizabeth Wood,
Ayr, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your son, A37979, Corporal Murray Emery Wood, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row E, plot 8, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,


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

FBR/BOC

Handwritten initials

4057 W - 15-210

EB

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

P.A.

NAME WOOD, Murray Emery PLACE & DATE OF BIRTH Blenheim, Ont. 17 Nov 1920
RANK A/Cpl. REGTL NO. A-37979
UNIT Highland Light Inf. AEF. NEXT OF KIN & ADDRESS Mother
Mrs. Elizabeth WOOD.
P.O. Ayr., Ontario., Canada.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
DIAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 3 Mar 45. PLACE OF DEATH _____
HRS _____
CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL.

DATE OF BURIAL 30 MAR 45 CEMETERY CDN TEMP MIL CEM BEDBURG
PLOT NO _____ ROW NO 21 GRAVE NO 5
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT _____
RELIGION U.C.

DATE 15 NOV 45

AR Bluteau Lt.
(M. Bluteau) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS,

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

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

4
ARMY

DECEASED
MEMBER'S
NAME

Murray Emery ✓
(CHRISTIAN NAMES)

WOOD ✓
(SURNAME)

REGISTER NO.

D-23021 ✓

FILE NO.

405-W-15210 ✓

DATE

12-6-46 ✓

PAYEE

Mrs. Elizabeth WOOD, ✓

SERVICE NO.

A-37979 ✓

ADDRESS

Box 80, ✓
Ayr, Ontario ✓

FINAL RANK OR RATING

A/Cpl ✓

DATE OF TERMINATION OF OVERSEAS SERVICE

3-3-45 ✓

DATE OF DISCHARGE

3-3-45 ✓

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS ¹³⁵⁰ 1366 ✓ EQUAL TO 45 COMPLETE PERIODS AT \$7.50

\$ 337.50 ✓

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1322 LESS ¹⁶ 16 INELIGIBLE DAYS, EQUAL TO 1306 DAYS @ 25c. PER DAY

326.50 ✓

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.70 ✓
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25 ✓

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.95 X 7 = \$ 20.65 ✓
NO. OF DAYS 1322 X \$ 20.65 ✓
183

664.00 ✓

149.18 ✓

D. WAR SERVICE GRATUITY

813.18 ✓

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

813.18 ✓

G. YOUR PORTION OF GRATUITY IS—

100% ✓

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$ _____

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ _____

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

PREPARED BY CHECKED BY

GJC

AMT

TREASURY

CHECKED BY

DATE

Kim R. Coart
SERVICE REPRESENTATIVE

Register No. CD-4751 Nominal Roll No. D.755
 To: P.M.G. H.Q. File No. 405-W-15210

CANADIAN ARMY (ACTIVE)
Computation of Service
 WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>A37979</u>	<u>Private</u>	<u>WOOD</u>	<u>MURRAY EMERY</u>

REASON FOR TERMINATION OF SERVICE:

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>7 JUN 41</u>	T.O.S.	T.O.S.
S.O.S. <u>3 MARCH</u> MD <u>4/5</u>	S.O.S. MD	S.O.S. MD
Total Days..... <u>1366</u>	Total Days.....	Total Days.....

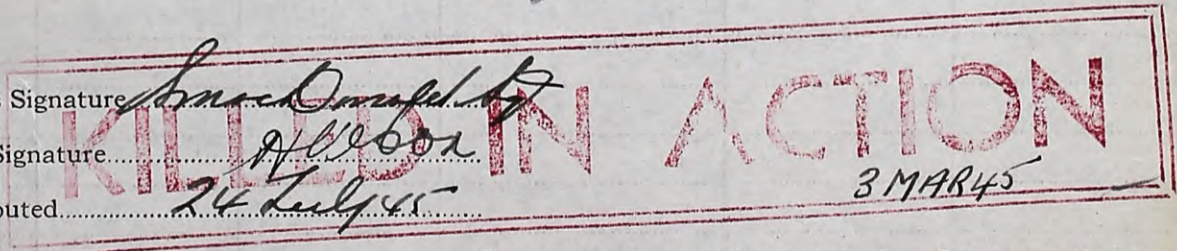
Total Service 1366 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>44</u>	<u>Nil</u>	<u>44</u>
Overseas Service.....	<u>1322</u>		<u>1322</u>
Totals.....	<u>1366</u>		<u>1366</u>
Add Non-qualifying Service.....			<u>Nil</u>
Total Service			<u>1366</u>

EMBARKATION DETAILS 405 21 JUL 41
 1. Date S.O.S. Overseas 3 MARCH 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature [Signature]
 Checker's Signature [Signature]
 Date Computed 24 July 45



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

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



A-37979

11

A.F. W3084
 Number A 37979
 Name WOOD M.F.
 Rank PTE. Religion U.S.
 Arm INF.
 Branch if R.A.; Regt. if Foot Guards or Infantry
 NOT to be filled in by Soldier
 Diagnosis
 Disposal

A.F. W3084
 Number A 37979
 Name WOOD M.F.
 Rank PTE. Religion U.S.
 Arm INF.
 Branch if R.A.; Regt. if Foot Guards or Infantry
 NOT to be filled in by Soldier
 Diagnosis
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A.F. W3084
 Number A 37979
 Name WOOD M.F.
 Rank PTE. Religion U.S.
 Arm INF.
 Branch if R.A.; Regt. if Foot Guards or Infantry
 NOT to be filled in by Soldier
 Diagnosis
 Disposal

Militia Book M-1. (Part I)
 40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

A.F.W3084

4

(II) NEXT OF KIN

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

Nearest degree of relationship	Names	Date
1st	Wife	
	Children	
2nd	Father	Albert Hood. 12-7-41
	Mother	Mrs Elizabeth Hood 7-6-41
3rd	*Brothers and Sisters	Mrs Elsie Lewis Clayton Hood Stanley Hood
	Other Relations (stating relationship)	

*State whether brothers are older or younger.

5

NOW LIVING

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

Latest known Address in full

Ayr. Ontario Can.

P.O. Ayr Ont. Can.

Senise Ontario
Ayr. Ontario
Ayr. Ontario

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1 c.c.	16-6-41	H.O.S. Paulston
3	11-7-41	H.O.S. Paulston
	18-8-41	H.O.S. Paulston
T.A.B.T. 1/2 c.c.	3-6-42	H.O.S. Paulston
T.A.B.T. 1/2 c.c.	16 JUN. 43	H.O.S. Paulston
	1/9 24-12-43	H.O.S. Paulston
	1/2 24-12-43	H.O.S. Paulston
	1 6-1-44	H.O.S. Paulston
TYPHUS	10 c.c.	11-5-44
T.A.B.T.	1/2 c.c.	17-9-44
TYPHUS	1 c.c.	15-1-45

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
16-6-41 Vacc.	H.O.S. Paulston
2-2-44 Imm.	Schuyler Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
1 Ray Neg	2-6-41	H.O.S. Paulston
P-1 with warrant	18-25/11/41	H.O.S. Paulston
P-2, ..	17-24/3/42	H.O.S. Paulston
M'Leat (Res.) complete		H.O.S. Paulston
O'Leat complete		H.O.S. Paulston
P-3 with warrant	24-31/1/42	H.O.S. Paulston
P-4 ..	4-11/9/42	H.O.S. Paulston
P-5 ..	1-10/2/43	H.O.S. Paulston
P-6 - Priv. Leave	14 May 43	H.O.S. Paulston
FINGERPRINTED—CARD		
awarded on	10-2-41	
Good Conduct Badg	7-Jun 42	
Part II - # 33		H.P. Kennedy
P-7 Priv. Leave w.	13-8-43	H.P. Kennedy
P-8 Priv. Leave w.w	19-1-44	H.P. Kennedy
(awarded Cam. #3/44)		
Volunteer Service	para 2(a)	
Medal & Clasp	15-1-43	
3rd service chevrons	7-6-44	

A-87979

V

A.F.W3084

A.F.W3084

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

WILL

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

Signature.....

Rank, Reg't Number.....

Date.....



PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

405-W-15210

Registration Number
For use of Registrar General only.

NOV 27 1945

1. PLACE OF DEATH
City, Town or Village of **IN THE FIELD (GERMANY)** Street.....
(If death occurred in a hospital or institution, give the name instead of street and number)

Township of..... County or District of.....

2. LENGTH OF STAY In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days).....

3. PRINT FULL NAME OF DECEASED **WOOD, Murray Emery**
(Surname or last name) (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of **Ayr** Street **Post Office**
Township of..... County or District of..... Province of **Ontario**

5. SEX **M** 6. CITIZENSHIP (See marginal note) 7. RACIAL ORIGIN (See marginal note) 8. Single, Married, Widowed or Divorced (Write the word) **Single** 9. BIRTHPLACE (Province or Country) **Ontario**

10. Date of Birth **November 17th 1926** 11. AGE } Years Months Days If less than one day
(Month by name) (Day) (Year) } **24** hrs. or min.

12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc. **Farmer**
(b) Kind of industry or business, as paper mill, lumber, bank, etc.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation..... 14. Total years spent in this occupation.....

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased.....

16. Name of father..... (Surname or last name) (Given or Christian names)

17. Maiden name of mother..... (Surname or last name) (Given or Christian names)

18. Birthplace: Father..... Mother.....
(Province or Country) (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at **Ottawa, Ont.** this..... day of..... 19.....

Signature of informant *C. J. [Signature]* Relationship to deceased.....
Address **Director of Records, Department of National Defence.**

20. Burial, Cremation or Removal..... Date..... 19.....
(Month by name) (Day) (Year)

Place of Burial **Germany** Cemetery.....
(Municipality)

Burial Permit was issued by..... Address.....

21. Funeral Director: Name..... Address.....

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH **March 3rd 1945**
(Month by name) (Day) (Year)

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

I Immediate cause Give disease, injury, or complication which caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.	CAUSE OF DEATH Killed in action	DURATION		
		Yrs.	Mos.	Dys.
(a)..... due to				
(b)..... due to				
(c)..... due to				
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy?..... Duration..... weeks. Was there a delivery?.....

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

27. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide?..... Date of injury..... 19.....
(State which)

Manner of injury..... (How sustained)

Nature of injury.....

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.....

Signed by..... Designation..... M.D., Coroner, etc.

Address..... Date..... 19.....

Division Registrar's Record No.....

Date of Registration..... 19..... (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.
RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

OVERSEAS CASUALTY
CANADIAN ARMY

In case of Stillbirth consult the reverse side before making out certificate.

Mrs Elizabeth Wood,

Ayr, Ont.

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

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

and the following number quoted:—

H.Q. 405-W-15, 210 FD 202

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

19 April, 1945

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

WOOD,

Murray Emery

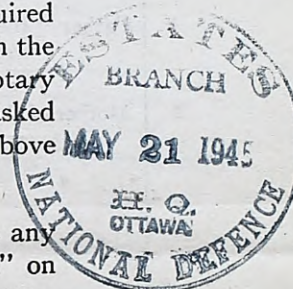
Cpl.

A37979

C.A. O/S



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



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

Clive Smith Col.

Director of Estates.

WRH/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	<i>no</i>		
2	Children of the Deceased and dates of their Births.....	<i>no</i>		
3	Father of the Deceased.....	George Albert Wood George Albert Wood	54 52	<i>Ayr Ontario</i>
4	Mother of the Deceased.....	Elizabeth Wood	58	<i>Ayr Ontario</i>
5	Brothers of the Deceased	Full Blood	Bill Wood Clayton Clarence Wood Stanley Scott Wood George Roy Wood	33 29 23 21 <i>Overseas.</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	Anna Elizabeth Albert Florence Isabell Lewis Dore Jean Wood	35 26 17 <i>Simcoe Ont. Ayr Ont. Ayr Ont.</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		<i>no</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Murray Emery Hood.
9	Date of his birth.	November 17 th 1921.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Bright Ont. June 3. 1914.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Pineston Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (b) Canadian (c) Ont. (d) Ont.
14	Nature of employment before enlistment.	Farming.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	6 th year. 1941. } 12 th year. 1943. } 12 th year. 1942. } 12 th year. 1944. } 3 rd year. 1945. } 190.00
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Father of the deceased.

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

Albert Wood

{Signature of Informant

Qyr, Ontario

Address

CERTIFICATE

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

See above. Albert Wood { Name of informant } is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Qyr Ontario this 18th day of May 1945.

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

E. W. McIntyre

Qualification Commissioner

Address Qyr, Ontario

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

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

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HG

Name..... WOOD Murray Emery. No. A.57979
Surname Christian Names

..... Cpl. C.A.O/S 3-3-45
Rank Unit Date of Death

AMOUNT

L.P.C.....\$ 343.89

Date..... 27-11-45.....

Other Credits.....

Total..... 343.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs. Elizabeth Wood, AYR, Ont.</p> <p>(Sole beneficiary under will)</p>	\$343.89

PAY TO TREAS. *7-1-46 QM*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$343.89
CLASSIFIED BY			EXAMINED BY		
<i>[Signature]</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

N.R-213

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME ..A-37979.....A/Cpl.....WOOD.....M.E.....(DECEASED).....

RECEIVED FROM2nd Echelon 21 Army Group.....

CHECKED BY ...C-5591 Fte Patterson L.K..... DATE13 April 45.....

AND ...B-6410 Rfn Shaw R.V.....

Snapshots

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

QUADRUPLICATE—with effects.

L K Patterson

for OC 1 Cdn KSD

ESTATES BRANCH
INVENTORY

of personal effects retained by
Command, 1945

NAME AND GRADE
PROPERTY FROM
PROPERTY BY
DATE



ORIGINAL - To Officer in Charge with
PROPERTY FROM
PROPERTY BY
DATE

OF 1000

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME A-37979 A/Cpl Wood H.E. (Dec'd)

RECEIVED FROM HQ CKSD (Ser 228)

CHECKED BY L-17349 Sgt Bailey H.S. DATE 17 Sept 45

AND M-7303 Pte Harvey H.C.

8	Photos
1	Greeting card
1	"Novoris" Wrist watch (damaged)
1	Watch case w/snap
	Snaps

No inventory rec'd with effects

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

QUADRUPLICATE—with effects.

M.S. Bailey Sgt.
for OC 1 Cdn KSD



CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. **A37979** Rank and Name **WOOD M.E. A/CPL.**

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

(Transfer or Discharge)..... on **3rd March 45.** 19.....

Reason **Death** Authority **C.C.I. "A" 554 d/13th Mar. 45.**

The following is a statement of the account of the above-named from **1st Mar:** to **31st Mar:** 19 **45.**
the inclusive date of transfer or discharge.

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		289 06	
First Monthly Payment.....				Regimental Pay 31 days at 1.70		52 70	
Casual Payments.....				Tradesmen's Pay..... days at \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars).....			
Assigned Pay \$10.00 and \$4.00		14 00	 days at \$.....			
Regimental Charges.....				Allowances (give particulars)..... days			
Public Stoppages (give particulars):				at..... \$.....			
				D.P. Int:		12 78	
To Balance Cr { Free.....		148 54					
{ Deferred.....		192 00		By Balance Dr			
Total.....		354 54		Total.....		354 54	

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

Remarks

A.P. \$10.00 (M) Stopped off Apl. 45

A.P. \$4.00 (WSC) Stopped off Apl. 45.

Compiled by **B. Mc. Kercher.**
Checked by **S. M. Farver**
Date **14th. Sept. 45.** 19.....

Certified correct *E. Anderson*
for Chief Treasury Officer, Overseas

CANADIAN NATIONAL TELEGRAPHS

AP

FILE H.Q. ~~405-W-15,210~~

CASUALTY (REPORT DELIVERY)

OTTAWA 12TH MARCH 1945

TO:- MRS ELIZABETH WOOD
AYR ONTARIO

63976 REGRET DEEPLY A37979 PRIVATE MURRAY EMERY
WOOD HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION THIRD
MARCH 1945 STOP YOU SHOULD RECEIVE FURTHER DETAIL BY MAIL
DIRECT FROM THE UNIT IN THE THEATRE OF WAR STOP TO PREVENT
POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY
OR NAME OF UNIT

PREPAID *ME*

DIRECTOR OF RECORDS *M*