F13284
MACINNIS
HUGH ALPHO

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Martha McInnis,
Georgeville,
Antigonish County,
Nova Scotia.

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-M-37293 FD 188

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 9 1944

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

MCINNIS, Hugh Alphonse, Pte.,

No. F.13284 Canadian Army

ESTATES BRANCH SEP 30 NATIO

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.

C Stevenson Capt
for Director of Estates.

JL

M.F.W. 77
6-44 (4878)
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		Unmarried		
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Don A. Mac Innis. (deceased)	68	Georgeville
4	Mother of the Deceased		Martha Mac Innis		Died March 29, 1923
5	Brothers of the Deceased	Full Blood	Alexander Mac Innis	34	156 Provost St. New Glasgow N.S
			Lauchlin Mac Innis	33	227 Cottage St. New Glasgow. N.S
			Leo Mac Innis	31	227 Cottage St. New Glasgow. N.S.
			Gillis Mac Innis	29	Doctor's Brook. Antigonish Co. N.S.
			Angus R. Mac Innis	24	R.C.A.F England.
			Donald Cyril Mac Innis.	23	R.C.N. Halifax.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Edward King	26	Newton, Mass.
			Isabel Mac Innis.	30	Georgeville, N.S.
		Half Blood			None
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	Mary Martha Mac Innis; Died in infancy, Died April 5th 1923.				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Hugh Alphonse Mac Innis
9	Date of his birth.	April 13th 1917.
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Oct. 19. 1909. Married at Bacculeyes Cove

PARTICULARS OF DOMICILE

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

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?	Single
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$200.00 Bearer.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(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.

Dan A. McDonnis — Signature of Informant

Georgeville Antigonish Co. N.S. — Address

CERTIFICATE

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

See above. D.A. McDonnis {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 Georgeville this 21st day of September 1944

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

Address Georgeville, Antigonish Co, N.S.

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

A.I.S Forms & Occupational History Forms completed. {Fingerprinted & Photographed}

Received ..... Checked ..... Card ..... Observations .....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

Unit 86th Heavy Battery, R.C.A. Regimental Number F13284

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

WSG COMPLETED

1. Surname McInnis
2. Christian Names Hugh Alphonse
3. Present address Georgeville, Ant. Co N.S.
4. Date of birth April 13th 1917
5. Place of birth Canada (Country) Nova Scotia (County or Province) Georgeville (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Farmer
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Martha McInnis
10. Relationship Mother
11. Address of next of kin Georgeville, Ant. Co. N.S.
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? (If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? No (Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date October 7th 1940 Hugh A. MacInnis (Signature of recruit)
Witness: Herbert DeLorte

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Hugh Alphonse McInnis do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Hugh A. MacInnis (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 Aulds Cove N.S. this 7th day of October 1940

S. MacDonald Major (Signature of Magistrate, Justice or Attesting Officer.)
OC 86th Heavy Bty RCA (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

5404
1 July 44
1111111

Record of Service of MacInnis (Surname) Hugh Alphonse (Christian Names) Regimental Number F13284

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS			
Military	Nil	High School or Collegiate	Nil (years completed)	Graduation or Matriculation	— (specify)
Business or Professional	Nil				
Trade or Civil	Nil	*College	Nil		
Technical	Nil	*University	Nil		
Languages	English		Nil		

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
	Bde. OC	Joined on appointment L.O.S. 86th Heavy Battery, R.C.A.	Gunner	7-10-40	86th H.B	Beacon	D.O. #254	8-10-40
	" "	Admitted to Out Patients Military Hospital	"	17-11-40	" " "	"	D.O. # 287	18-11-40
	" "	Discharged from Hospital	"	24-11-40	" "	"	D.O. #294	25-11-40
	" "	Proceeded on Command	✓	28-1-41	"	✓	D.O. # 28	29-1-41
30-12-40	" "	Admitted to St Martha's Hospital Ant.	"	30-12-40	"	"	D.O. # 1	1-1-41
18-1-41	" "	Discharged from Hospital Antigonish	"	18-1-41	" "	"	D.O. # 18	19-1-41
19-1-41	" "	Admitted to Military Hospital	"	19-1-41	" "	"	D.O. # 19	20-1-41
25-1-41	" "	Discharged from Military Hospital	"	25-1-41	" "	"	D.O. #25	26-1-41
		Returns from on Command	"	7-4-41	" "	"	D.O. # 93	8-4-41
3-6-41	Fort Wm Henry Orderly Room	Proceeded on furlough	"	3-6-41	" "	"	D.O. #144	3-6-41
23-6-41	" "	~~Proceeded on command~~ Returns from furlough	"	17-6-41	" "	"	D.O. #156	23-6-41
20-7-42	" "	GRanted furlough 15-7-42	"	15-74-2	" "	"	D.O.# 148	16-7-42
		Returned from furlough	"	29-7-42	" "	"	D.O.#156	31-7-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Hugh Alphonse MacInnis Date 27-7-40

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Gastro-intestinal NO
g. Rupture NO
h. Varicose veins NO
i. Flat or deformed feet NO
j. Nasal trouble NO
Pleurisy or Pneumonia NO

k. Ear disease NO
l. Eye disease NO
m. Epilepsy NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? yes
r. Are you now or have you in the past received disability pension or compensation? If so, give details

Hugh A. MacInnis
Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history.)

2. Height 5 feet 11½ inches. 3. Weight 156 pounds.

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

6. Chest measurement—Girth on full expansion 39 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W V 20 left W V 20

9. Condition of mouth and teeth Fit

10. The abnormalities (congenital and pathological) found on examination are as follows

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

Special remarks when category lower than A

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
27-7-40	Ophthalmoscopic normal	3 Dec 43	T.A.B.T. 1 cc + [illegible]
27-7-40	X-ray neg	3 Dec 43	Hernia but negative [illegible]
27-7-40	Reflexes normal	6 Dec 43	Hepa toxoid 1 cc [illegible]
27-7-40	Urinalysis normal	18-2-44	T.A.B.T. ½ cc
11-11-41	T.A.P. L. Lewis		YOURPULHEMS
12-12-41	T.A.P.D. L. Lewis	14/1/44	17 / / / / / / / S Rankenlapt
22-8-41	T.A.B.T. 1 cc R. H. Baker		
22-8-41	Vaccination R. H. Baker	20 Mar 44	/ / / / / / / [illegible]
22-7-42	T.A.B.T. ½ cc — [illegible]	7-5-44	Typhus 41 1 cc
16 Sept 43		14-5-44	Typhus 42 1 cc
		19-6-44	Typhus 43 1 cc

YOURPULHEMS
17 / / / / / / /

14-6-44 Hernia confirmed [illegible]

Regtl. No. F13284 Rank Gunner Surname MacInnis Christian Name Hugh Alphonse

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Belgrave	Nov. 17	17	11	40	27	11	40	Influenza	7	Infection. Mild. Recovered. To units.	RDM
St. Martha's Hospital	Dec 30/40	30	12	40	13	1	41	Measles	16	Discharged improved	[illegible]

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

Statement of the Service of No. F13284 Rank Gunner Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1637)
H.Q. 1772-45-18

Name MacInnis, H.A.

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
	Bty.Off.	Admitted to P.M.M.H.	Gnr.	27-8-42	86th.CB.	Beacon	D.O.#175	29-8-42
21-9-42	" "	Discharged from P.M.M.H.	"	11-9-42	" "	"	D.O."184	12-9-42
	" "	Granted furlough + allowances	"	3 Aug-43	" "	"	D.O# 99	4 Aug 43
24-8-43	" "	Returned from furlough.	"	17-8-43	" "	"	D.O. #105	18-8-43
Battery Office	Promoted	to Rank of L/Bdr. With Pay	L/Bdr.	1-Sep-43	" "	"	D.O# 125	28 Sep 43
Reposted to	36th. Coast	Battery, R.C.A., 16 Coast Regt RCA	L/Bdr.	31-12-43	" "	"	D. O. #171	31 Dec 43
Attached to	86th. Coast	Battery, R.C.A., f.a.p. except Pay	L/Bdr.	1-1-44	" "	"	D. O. # 1	3 Jan 44.
Ceases to be att'd to	86th C.A. Bty.	f.a.p. except Pay	"	8-1-44	" "	"	DO # 4	8 Jan 44
	S.O.S. 16th Coast Regt RCA	of ~~Tempo~~	"	14-1-44	"	"	D.O. 11	14-1-44
	transfer to No 1 Transit Camp Windsor N.S.			15 1 '44	#1 TRANSIT	WINDSOR, N.S.	14	17 1 '44
	ATT. NO. 1 TRANSIT CAMP							
		QUAL FOR AWARD OF C.V.S. MEDAL		7/4/42	#1 TRANSIT	WINDSOR, N. S.	23	2.71.'44
		CEASE TO BE ATT NO 1 TRANSIT CAMP		12-2'44	#1 TRANSIT	WINDSOR, N.S.	38	12. 2.44
		TOS No. 60 CI(B)TC f.a.p.	L/Cpl.	13 Feb 44	60TC	Yarmouth	#34	15 Feb 44
		Reverts to permanent grade of Pte. on posting to #60 T.C. (FR&I.144(1) & to wear Mars Badge (R.D.2754) & to receive pay of $1. 50 per diem.	PTE.	12 Feb.44	"	"	#50	7 Mar. 44
	S.O.S.	on transfer to A.14 C.I.T.C. Aldershot, N.S.	Pte.	8 Apr.44	"	"	#76	7 Apr. 44

Statement of the Service of No. ..... Rank ..... Sheet No. .....

Name MACINNES

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
		T.O.S. on transfer from No. 60 C.I.(B)T.C.	Pte	9 Apr 44	A14 CITC	Aldershot NS	#87	10 Apr 44
Granted furlough and per diem from 2 Jun 44 to 15 Jun 44		to draw ration alls. at the rate of .50¢ TW#A591911	"	2 Jun 44	"	"	#133	2 Jun 44
S.O.S. on proceeding to Serial 294 C			"	25 Jun 44	"	"	#154	25 Jun 44
		S.O.S., C.A. Canada 25 Jun 44						
		T.O.S., C.A. Overseas 26 Jun 44						
		Disembarked 3 Jul 44						
		Reported for Duty 3 Jul 44	Pte		4CIRU	UK	173	6 Jul 44

Regimental No. F13284 Rank Pte

Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name MAC INNIS H. A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated
NOK in - MR DAN ALEX MAC INNIS (father) GEORGEVILLE, ANTI Co., N.S. CAN			4 CIRU		186	20 July 44
Killed	Pte	27 Jul 44	R. A. of L.	BEF	A475	3 Aug 44

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

Sheet No. ....

MFM 1 & 2a
40/P & S/119 (4398)

Name ....

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated

27-7-44

M

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

AWARDS—CANADIAN ARMY (ACTIVE)

FILE.No. 405-M-37293

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
McINNIS,	Hugh Alphonse	F.13284	Pte.	R.H.R. of Can.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	9295. 5/4/50
War Medal, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Dan A. MacInnis,

ADDRESS: GEORGEVILLE,
Antigonish Co.,
N.S.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 2226

(2) MEMORIAL CROSS

WIDOW Single.

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Deceased. (A2-70A)

ADDRESS:

(3)

16th.Coast Regiment, R.C.A.(CA) DECEASED

DEPARTMENT OF NATIONAL DEFENCE
(Army)

86 Coast Bty. RCA.
Arm or Corps

"O" CARD COMPLETE

Trade (if Tradesman or Trade Trainee)

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

Personnel Selection Record

Truck Driver.
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
F-13284	Gnr	MacINNIS, H.A. 13-4-17	A	26	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
English		86 Coast Bty Beacon, N.S.	1-July-43

II. Revised Examination "M"

Beacon, N.S. (Place Tested) 1-July/43 (Date Tested) A.C.O. Capt. (By Whom)

115 (Total) IV (Group) Subtests 17 (1) 13 (2) 14 (3) 8 (4) 23 (5) 10 (6) 11 (7) 19 (8) Subtotals 44 (1–3) ~~21~~ 31 (4–5) 40 (6–8) Eng. (English or French)

Other Tests

Y.O.B.	P	U	L	H	E	M	S
17	1	1	1	1	1	1	1

18. 6-44

III. Educational Background

Completed Grade VII and part of Grade VIII in rural N.S. at age 14. Left to help support his family.

IV. Occupational Background Raised on farm

Worked at farming(mixed) and fishing until he enlisted.
R 6-7 yrs. offshore

V. Military Background

Enlisted 7 Oct 1940 with 86th Heavy Bty.,RCA. Rather Inf. Jan 44
Qualified as driver M.T. Class III.
Clear conduct sheet. 3/45 measles ringworm Tonsils. opens 3.7.44 4 cities

VI. Other Personal History and Appraisal Cdn Scotch descent.

Height 5'11½" and weight ~~165~~ 170 lbs. Single.
Mother died 19 years ago. Father is a farmer and fisherman.
Six brothers (one in the Navy and one a petty officer in the R.C.A.F.) and two sisters. 6th in family
Man of good appearance and physical development. Average interest in reading and sports. No ill health. Quiet, pleasant manner. He has been employed in present unit as a truck driver, for over a year and has proven to be conscientious and capable.
His M Test score denotes average learning ability. Appears to be basically stable and adaptable.

VII. Recommendations

Suitable for present duties - Driver M.T. - and for service overseas.

(Signed) W.E. Langieu Capt.
for (M.MacKenzie) Lieut. Army Examiner

See reverse side for further information and follow-up

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

FURTHER INFORMATION AND FOLLOW-UP

Aldershot Camp, N. S. 12 Jun 44.

Pulhems profile, age and examination of M.F.M. 196 indicate suitability for o/s service with C.I.C. Operational N.T.

D M Macadam Lt.
for (R. McKim.) Capt.
Army Examiner.

A 14 C.I.T.C.

4 CIRU 4.7.44

Dvr IC (W) III Standing Orders (RCA) 15-9-43.

CIC - 1. Dr. D.C. (qual. Can.)
2. A/tk Gnr. (pot.)
3. GD

G G Wrenshall, Lt.

DO 188A to 13 Bn 2CDRG (Black Watch) 21-7-44

To be made out in duplicate.

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ~~FIELD~~ ACTIVE SERVICE FORCE

INSTRUCTIONS.

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

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

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

---

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

HUGH ALPHONSE

(2) Regimental Number F13284

(3) Unit 86th. Heavy Battery, R.C.A., C.A.S.F.

(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? NO

(8) Have you any children? N.A.
If so, give number of boys and girls N.A.
Also their names and ages N.A.

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name

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? NO

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

(11) Is your father alive? YES

If so, state name and address Daniel A. MacInnis

Georgeville, Antigonish Co., N.S.

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

NO

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

Also state reason he has no other means of support

(14) Is your mother alive? NO

If so, state name and address N.A.

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. N.A.

Also state reason why she has no other means of support

N.A.

(17) Are you insured? YES

If so, in what Company? Great West.

Have you made arrangements for payment of your Insurance Premium? No.

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.

Hugh A. MacInnis
(Signature of officer or man)

Date Oct 7/40

J. MacDonald Major
Officer Commanding 86th Heavy Bty RCA. CASF

Date Oct 7/40

No F.13284 Rank Private Name McINNIS, Hugh Alphonse

Unit Black Watch (R.H.R.) Date of death 27th July, 1944.

Died at France

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-M-37293

N/K ~~Mrs. Martha McInnis--(Deceased)~~ Mr. Dan A. McInnis, Relationship ~~Mother~~ Father

Address Georgeville, Antigonish Co., N.S.

Remains buried in 7F/1 05496027 FRANCE Cemeter

CHK ✓

Grave location

OVER-

REBURIAL

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

Grave 12, row G, plot 7

HI & CR Form Despd. DEC 9 - 1946

Photographs
Despatched
SEP 9 1947

BURIAL REPORT TO N.K. APR 2 1946

RETURN TO BUR. OF STAT. JUL 18 1945

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. AUG 15 1944

Temp BR sent to NK & Ma

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 ..... Regimental Number F 13284

1. Surname MacINNIS
2. Christian Names Hugh Alphonse
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate [illegible]eration.
4. Place of birth Georgeville, N.S.
5. Date of birth as declared on attestation 13-April-1917
   (A)
6. Date of enlistment 7-October-40
7. Place of enlistment Aulds Cove, N.S.
8. Residence at time of enlistment Georgeville, N.S.
9. (B) Special conditions (if any) of enlistment or rate of pay
   1.5D 17-2-44
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date
13. Trade on enlistment Farmer
14. Corps, trade and grade
15. (D) Qualifications Dr. Ve III
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	27-7-40	M.7. M.R.S
17 11111111	30-3-44	Med Board

(19) Next of kin (entries to be made in pencil) Father
Mr. Don Alex MacInnis
Georgeville, Ant. Co., N.S.

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) 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	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S.O.S., C.A. Canada 25 Jun 44				
			T.O.S., C.A. Overseas 26 Jun 44				
			Disembarked 3 Jul 44				
		4CIRU	Reported for Duty	UK	3 Jul 44	Pte	173 - 6 Jul 44
	Co	4CIRU	Remuster from Dr/K to Ren Duty	UK	17 Jul 44	Pte	186 - 20 Jul 44
change	Rept to Km	to Mr	Dan Alex MacPhee (Father) Sea jeville Antig Co			B.S.	Can ~~186~~ 186 - 20-7-44
	SOS	4CIRU	SOS to X4 List 13 Bn 2 CBRC	UK	21 Jul 44	"	189 - 24 July 44
X4	RHC	13 Bn	To strength 4 CIRU	"	22 Jul	"	26 Jul 44
"	"	11 Bn	SOS to RR of C	Fd	25 Jul	"	28 - 1944
	O.C.	R. REGT. O.	T.O.S. FD. UNIT, 1 BN. ROYAL REGIMENT OF CANADA	"	26 Jul 44		37 JUL
cancelled	DO 43-44	"	SOS to X3 List R Regt C	"	27 Jul 44	"	44 /44
Aug 44	X3	"	To X3 List	Sd	28 Jul 44	Pte	31/44

Cancelled DO. 38/45

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

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

WILL

(1) I, Hugh Alphonse MacInnis (Name in full) of the Village (City, Town, Village, Township)

Address in civil life.

of Georgeville in the County District of Antigonish

Province of Nova Scotia Farmer (Civil Occupation)

Regimental No. ~~H~~ 13284, Unit A.14 C.I.T.C. 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 father, Daniel Alexander MacInnis Georgeville, Antigonish Co. Nova Scotia all my estate

HANH

Relationship, names and address of residuary beneficiaries.

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

HANH

(4) I appoint Donial Alexander MacInnis (Name) Georgeville Antigonish Co. N.S. (Address) Farmer. (Civil Occupation) to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of May 1944

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 hereunto subscribed our names as witnesses.

Hugh Alphonse MacInnis (Signature of soldier)

First Witness sign here.

(5) Signature R. P. Power Lt.

Civil Address College Ave Dominion N.S.

Civil Occupation Salesman.

Second Witness sign here.

Signature J. P. Keniher

Civil Address 33 Cogswell St. Halifax N.S.

Civil Occupation Writer

(Witnesses are not to be beneficiaries)

(OVER)

WILL RECEIVED IN
DOCUMENT SECTION
JUN 1 1944
RECORD OFFICE
NAT. DEF. H.Q.

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 bendficiary 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.

2

Receipt is Acknowledged
MAY 31 1944
Colonel
(C. L. LAURIN)
Director of Records,
for Adjutant-General.

FORM 6

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

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County of IN THE FIELD (FRANCE) Municipality of ..... Registered No. ..... (For use of Registrar General only)
If in City or Town ..... (Name) Street ..... House No. .....
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. NAME OF DECEASED McINNIS (Surname) Hugh Alphonse (Given name or names)

RESIDENCE No. ..... Street ..... City, Town or Rural Division ..... Province N.S.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (*Citizenship*)	6. Racial Origin	7. Single, Married, Widowed or Divorced (*write the word*)
M			Single

8. BIRTHPLACE Nova Scotia (Province or Country)

9. DATE OF BIRTH April (Month) 13 (Day) 1917 (Year)

10. AGE in	Years	Months	Days	If less than one day old
	27			hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Farmer

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

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

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

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Signature of informant [signature]
Address Director of Records, G.S.
Relationship to deceased Dept. of National Defence.

21. Place of burial, cremation or removal France.
Date of burial or removal .....

22. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH July (Month) 27 (Day) 19 44 (Year)

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

CAUSE OF DEATH

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

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

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

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

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? ..... (State which) Date of injury ..... 19 .....
Manner of injury ..... (How sustained)
Nature of injury .....
Specify whether injury occurred in **industry,** in **home,** or in **public place** .....

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

28. Registrar's Record Number .....

29. Filed ..... 19 .... (Division Registrar)

OVERSEAS CASUALTY
CANADIAN ARMY

JUL 18 1945

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

(*See reverse side for instructions.*)

Every item of information should be carefully supplied.

INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

MFM 510
40/P & S 254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. F.13284. Rank and Name McInnis H.A. Pte.

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

~~(Transfer~~ or Discharge)..... to..... on 27th. July 19 44.

Reason Death. Authority: C.C.L. "A" 475 d/3rd. Aug.44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	5	18
First Monthly Payment AR 21 d/5.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments AR 33 d/15.7.44.	13	63	Technical Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	20	00	Allowances (Give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (Give particulars):					
I & I Roll July 44.		04			
AR d/23.7.44.	4	47			
To Balance Cr Free	9	07			
To Balance Cr Deferred			By Balance Dr		
Total	51	68	Total	51	68

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

Remarks:

Assnd. Pay of $20.00 (A) stopped eff Aug.44.

The above statement has been compiled entirely from Treasury records, no paybooks being available.

Compiled by F. Gough.

Checked by [signature]

Date 1st. February 19 45.

P.H.

Certified correct [signature]
for Chief Treasury Officer, Overseas

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C
Prior to compilation of statement below

Date	Unit	Payments	Amount Dr		Amount Cr		Paymaster's Signature
		Balance from L P C					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr		Cr		Signature of Paying Officer

Place of Embarkation .....
Date of Embarkation .....
Place of Disembarkation ..... HM Transport .....
Date of Disembarkation .....

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER	F.13284	RANK Private	SERVICE UNIT 1st Royal Highland Regiment of Canada (C.A)
NAME	MCINNIS, Hugh Alphonse		
DATE OF BIRTH	13th April, 1917		DATE OF ENLISTMENT 7-10-40
MARITAL STATUS	Single		RELIGION Roman Catholic
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Mother	NAME ADDRESS D.A.B.	Mrs. Martha McInnis,
ADDRESS	Georgeville, Antigonish Co., N.S.		
ADDITIONAL PERSON TO BE NOTIFIED			ADDRESS
PARENTS NAME			
ADDRESS (IF SOLDIER MARRIED OVERSEAS)			
AUTHORITY CAS. SIG. NO.	Canrecords 8676	H.Q. 405-M-37,~~293~~	DATE 27-7-44
CASUALTY DETAILS	Killed in action		

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
	MA			7-8-44

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

P.A.

405-M-37293

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MAC INNIS, Hugh Alphonse. PLACE & DATE OF BIRTH Nova Scotia, CANADA. 13 April 1917

RANK Pte. REGIMENTAL NO F-13284

UNIT Black Watch. NEXT OF KIN & ADDRESS FATHER.

Mr. Dan Alex MAC INNIS,

Georgeville, N.S. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 27 Jul 44. PLACE OF DEATH France

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 13 Oct 44 CEMETERY 7F/1 087675 Mondeville Temp.

PLOT NO 6 ROW C GRAVE 20

DEATH CERTIFICATE NO.

RELIGION Roman Catholic.

DATE 22 Sep 45

A R Dillon Lt

M.Bluteau (Capt)
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Hugh Alphonse (CHRISTIAN NAMES) MC INNIS (SURNAME)

REGISTER NO. D-10859
FILE NO. 405-M-37293
DATE 4-6-45
SERVICE NO. F-13284
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 27-7-44

PAYEE Mr. Dan A. Mc INNIS,
ADDRESS Georgeville,
Antigonish Co., N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1390 (30) EQUAL TO 46 (1380) COMPLETE PERIODS AT $7.50	345.00
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 32 LESS 10 INELIGIBLE DAYS, EQUAL TO 22 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	5.50
	350.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $	
TOTAL $ 2.75 X7 = $ 19.25; NO. OF DAYS 32 (183) X$ 19.25	3.37
D. WAR SERVICE GRATUITY	353.87
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	353.87

RECEIVED
JUN 7 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

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
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
N. McCleland	7/6/45

[illegible]
SERVICE REPRESENTATIVE

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

MV

CASUALTY (REPORT DELIVERY)

OTTAWA 2 August 1944

TO:- MRS MARTHA MCINNIS
GEORGEVILLE
ANTIGONISH CO N S

4019 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT F13284 PRIVATE HUGH ALPHONSE MCINNIS HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTYSEVENTH JULY 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

3.

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

17th August, 1944.

Mrs. Martha McInnis,
Georgeville,
Antigonish Co., N.S.

Dear Mrs. McInnis:

It is with deep regret that I learned of the death of your son, F.13284 Private Hugh Alphonse McInnis, who gave his life in the Service of his Country in France on the 27th day of July, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 9 1944

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

GR/MA

Pte. McInnis

H.Q. 405-M-37293
R. 4 (B).

9th September, 1947.

Mr. Dan A. McInnis,
Georgeville,
Antigonish County, N.S.

Dear Mr. McInnis:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, F13284 Private Hugh Alphonse McInnis, the location of which is grave 12, row G, plot 7, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

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

Yours faithfully,

JBR

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

NNIS HUGH ALPHONSE

WILL REQUIRED Q3

Mac Innis

REGIMENTAL DOCUMENTS

WSS COMPLETED

H.Q. FILE No. 405-M-37,292

REGIMENTAL No. F 13284

WILL REQUIRED Q3

UNIT OF ENLISTMENT 86TH HEAVY BTY. R.C.A. RANK GNR.

CONTENTS	NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A)	20030 DEATH
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)	DATE DECEASED. 27 July 44
PARTICULARS OF FAMILY (M.F.M.5)	CAUSE
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	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
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)	DATE
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	REASON
TRANSFER CLOTHING STATEMENT (M.F.C. 644)	AUTHORITY
LAST PAY CERTIFICATE (M.F.D.930A)	
PROCEEDINGS ON DISCHARGE (M.F.M. 23)	
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE 183
PAY SHEETS	AUTHORITY R Regt C
CARDS	
SUNDRY	

PERSONNEL RECORDS CENTRE
CONTROL OF DOCUMENTS

PROCESSED

MICROFILMED
FILM REF MUR-1309 2 6

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

X

M. F. W. 2589
150M-8-40 (6598
1772-39-1377

Statement of the Service of No. F13284 Rank Gunner Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name MacInnis, H.A.

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
	Bty.Off.	Admitted to P.M.M.H.	Gnr.	27-8-42	86th.CB.	Beacon	D.O. #175	29-8-42
21-9-42	" "	Discharged from P.M.M.H.	"	11-9-42	"	"	D.O. "184	12-9-42
	" "	Granted furlough & allowances	"	3 Aug 43	"	"	D.O. # 99	4 Aug 43
24-8-43	" "	Returned from Furlough.	"	17-8-43	"	"	D.O. # 105	18-8-43
Battery Office	Promoted	to Rank of L/Bdr. with Pay	"	1st Sep 43	"	"	D.O. # 125	28 Sep 43
Reposted to	36th. Coast Battery, R.C.A.,	16 Coast Regt. RCA	L/Bdr.	31-12-43	"	"	D. O. #171	31 Dec 43
Attached to	86th. Coast Battery, R.C.A.,	f.a.p. except Pay	L/Bdr.	1-1-44	"	"	D. O. # 1	3 Jan 44.
Ceases to be att'd	to 86th Coast Bty.	f.a.p. except Pay	"	8-1-44	"	"	D.O. # 4	8 Jan 44
	S.O.S.	16th Coast Regt RCA on strength	"	14-1-44	"	"	D.O. 11	14-1-44
	transfer	to No 1 Transit Camp Windsor N.S.		15 1 '44	#1 TRANSIT	WINDSOR, N.S.	14	171
	ATT. NO. 1 TRANSIT CAMP							
		QUAL FOR AWARD OF G.V.'S. MEDAL		7/4/42	#1 TRANSIT	WINDSOR, N. S.	23	2.71.'44
		CEASE TO BE ATT NO 1 TRANSIT CAMP			12-2.'44	#1 TRANSIT	WINDSOR, N. S.	38 12. 2.'44
		TOS No. 60 CI(B)TC f.a.p.	L/Cpl.	13 Feb 44	60TC	Yarmouth	#34	15 Feb 44
Reverts to permanent grade of Pte. on posting to #60 T.C. (FR&I.144(1) & to wear Mars Badge (R.D.2754) & to receive pay of $1. 50 per diem.			PTE.	12 Feb.44	"	"	#50	7 Mar. 44
S.O.S.	on transfer to A.14 C.I.T.C. Aldershot, N.S.		Pte.	8 Apr.44	"	"	#76	7 Apr. 44

Statement of the Service of No. ..... Rank ..... Sheet No. .....

Name MACKINNES

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
	T.O.S.	on transfer from No. 60 C.I.(B)T.C.	Pte	9 Apr 44	A14 CITC	Aldershot NS	#87	10 Apr 44
Granted furlough and per diem from 2 Jun 44 to 15 Jun 44		to draw ration alls. at the rate of .50¢ TW#A591911	"	2 Jun 44	"	"	#133	2 Jun 44
S.O.S.		on proceeding to Serial 294 C	"	25 Jun 44	"	"	#154	25 Jun 44
		S.O.S., C.A. Canada 25 Jun 44						
		T.O.S., C.A. Overseas 26 Jun 44						
		Disembarked 3 Jul 44						
		Reported for Duty	Pte	3 Jul 44	4 CIRU	UK	173	6 Jul 44
M 144		Remustered from Cdn to Gen duty	"	17 Jul 44	"	"	186	20 Jul 44
M 144		SOS to X4 list 2 CBRG	"	21 Jul 44	"	"	185a	22 Jul 44
SOS.		SOS X-4h. (4Bn) to RRofC.	Pte.	25 July 44	X4 RRofC	21a gp	28.	16 Aug 44
	TOS.	TOS. from X-4 list B.W. 11 Bn.	Pte.	26 July 44	RRofC.	21a gp.	37.	19 Aug 44
		Embarked. UK. 24 July 44.						
		Disembarked France. 25 July 44.	Pte.		X4 2g bn.	21c gp.	21a gp. 16.	18 Aug 44.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. F-13284 Rank Pte. Surname MacInnis Christian Name Hugh A.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R.H.y C. (B.W)									Killed 27-7-44		A-475

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

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				

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

A.F.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.
All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.
Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital St. Martha's Hospital 2. Date of admission Dec. 30/40

3. Surname MacInnis 4. Christian Name Hugh A. 5. Age 23

6. Birthplace Georgeville, N.S. 7. Next of kin

8. Address Georgeville, N.S.

9. Regimental Numbers: C.A.S.F. F 13284; C.E.F.; Other — 10. Rank: Gunner — 11. Unit: 86th ~~Bat~~ Battery

12. Personal address Georgeville, N.S. 13. Height 14. Weight

15. Present pensionable disability "Not applicable"

16. Amount per month

17. Other disabilities not pensionable " Not applicable

18. Dates of last or other hospital periods "Not applicable"

19. Authority for hospitalization 20. Class

21. Statement of present complaints in patients own language on admission to hospital
On December 30th patient became ill with cold- general malaise- fever and weakness. Was admitted for treatment. Following day patient developed rash on forehead which rapidly spread overe surface of body.

22. Date of discharge Jan. 13/41. 23. Reason for discharge Well

24. Condition of patient on discharge Well

HEADQUARTERS
NOV 1 1942
86TH HEAVY BATTERY
R.C.A.

25. Is further treatment needed at home? No.

26. Final Diagnosis Measles

27. Disposal of case Return to Battery.

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

Signature of C.M.O. Signature of Patient.

P & N.H. 100 100M-4-41 Req 224 These signatures apply only to Section 28.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

Physical Examination:-

Head and Neck - marked fine rash red and erythematous running into blotches over entire body. Face is erythematous- eyes swollen and reddened.

Heart- Normal.

Chest- Normal.

Abdomen- Normal.

C.V.S.- Normal

Kahn Test - Negative.

All other systems negative.

Progress Notes:-

Dec. 30/40-Patient was admitted complaining of general malaise,cold, Tempature on admission was 100.6- On the day following admission entire body was covered with a red erythematous rash-eyes swollen and reddened. Patient placed on Dagenan -Cough prescription given. Patient's condition gradually improved and he was allowed to return home Jan. 13th,1941 in good condition.

R.C.A. { Squadron / Battery / Company / Detachment } 7th Coast Battery Unit or Battalion

MORNING SICK REPORT

August 28th 1942

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
F13784	Gnr. McLennis H.A.	25	R.C.	Duty	S	(1) Ringworm (2) Interrigo	M. M. H.

MULGRAVE HOSPITAL
INSTALLATION, C.A.S.F.
Discharged
SEP 10 1942
11th a.f.c.
ORDERLY ROOM

MULGRAVE HOSPITAL
INSTALLATION, C.A.S.F.
Admitted
AUG 28 1942
a.f.c.
ORDERLY ROOM

Medical Officer

G. McPherson Orderly N.C.O.

M. F. B. 292
4560M-3-41 (9688-9-90)
H.Q. 1772-39-248

(OVER)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES	

86 Ch Battery Lanisberg

Squadron / Battery / Company / Detachment

16 Coast Brigade

Unit or Battalion

MORNING SICK REPORT

1st 3 1943

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
F-13284	Gnr MacInnis H.A	28	RC	duty	S	mumps	admit to SMH

Medical Officer

Orderly N.C.O.

M. F. B. 292
5000M 9-41 (1885-6-7-8-9)
H.Q. 1772-39-248

(OVER

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery or Company	Corps	Regt'l No.	RANK AND NAMES	

CANADIAN DENTAL CORPS

MEMORANDUM

M.F.B. 465B
8M pads of 100—7-41 (1231)
H.Q. 1772-49-950

Dental Coy. No. 26. MULGRAVE. N.S. Date 7. MAY 42

Reg. No F13284 Rank GNR Name MCINNIS, H.A. Unit 86TH BTY RCA.

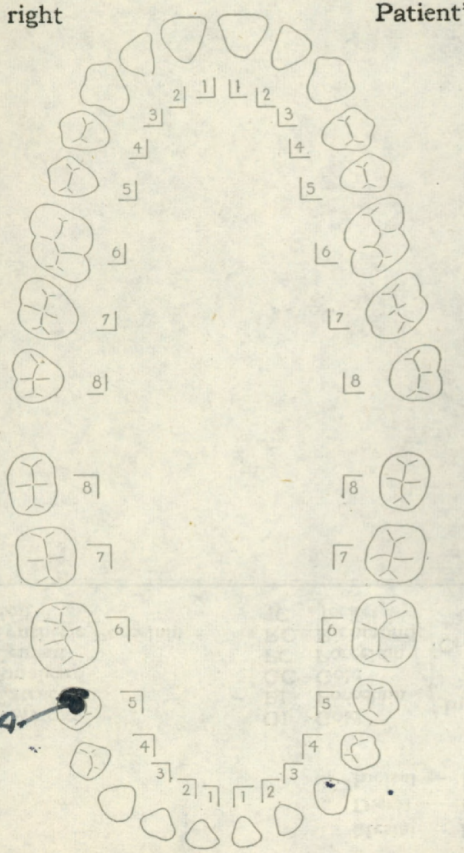
Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

Patient's right

Patient's left

Shade

Mould



Shade

Mould

7-5-42 5 D.O.A

Signature of Operator

Capt.

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

TREATMENT

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

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

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

Dup

X 2

NAME McInnis Hugh Alphonse RANK Gnr AGE 26 REG. No. 713284

UNIT 86 Bty R.C.A. DATE June 28th 1943.

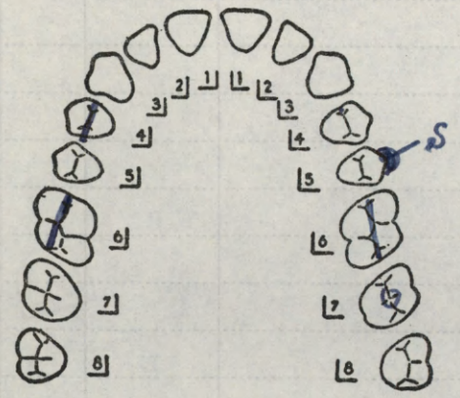
Strike out inapplicable number and words.

ORAL HYGIENE { Good / ~~Fair~~ / ~~Neglected~~

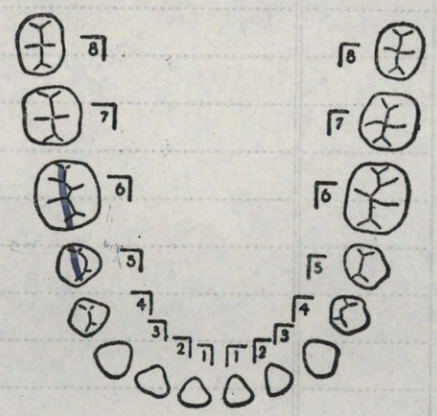
PROPHYLAXIS required { Yes / ~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

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

GI Gold
PI Porcelain } Inlay

GC Gold
PC Porcelain
RC Richmond
JC Jacket } Crown

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
CU Complete upper
CL Complete lower
DA Adjustment } Denture

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

M.F.B. 465
10M pads of 100-10-40 (7487-8)
H.Q. 1772-39-950

L.H. Cameron Capt
Signature and unit of examining officer

No. 26 COY. C.D.C.

Indicate surfaces of teeth as follows:

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

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
28 June 43,			13 Silicate	L.H. Cameron Capt.					

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

1 **2**

NAME MacGINNIS H Alphonse RANK G NR AGE 24 REG. No. F-13284

UNIT 8 CH R.C.A. DATE 10-7-41 19

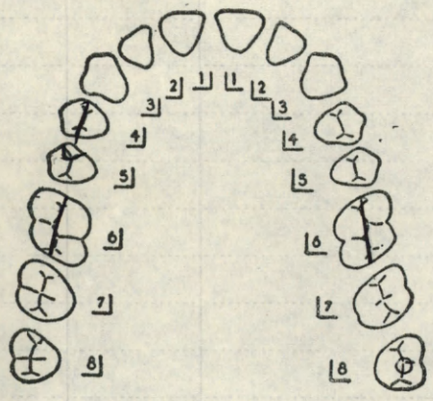
Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~ / Fair / ~~Neglected~~

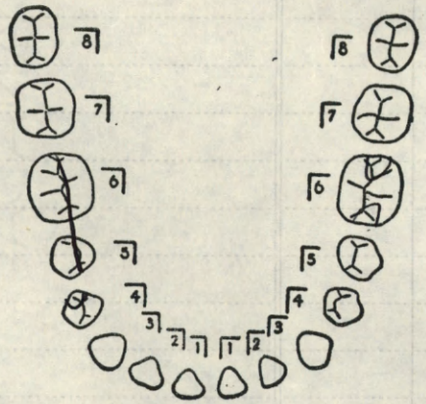
PROPHYLAXIS required { Yes / ~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

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

GI Gold } Inlay
PI Porcelain

GC Gold } Crown
PC Porcelain
RC Richmond
JC Jacket

Treatment
RC Root Canal
V's Vincent's
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.
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 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.

M.F.B. 465
6M pads of 100-7-40 (5811-2)
H.Q. 1772-39-950

J. G. McCubbin Capt
Signature and unit of examining officer

Indicate surfaces of teeth as follows:

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

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
10-7-41	7		Exam	J. McCubbin					

CASE HISTORY SHEET

Mulgrave Military Hospital — Mulgrave, N. S. Station

No. F13284 Rank Gnr. Name MacInnis, H. A. Age 23

Unit R.C.A. Completed years of service (Where and how long)

Date of admission 17 Nov. 40 Date of discharge 24 Nov. 40

Diagnosis Influenza Place of origin

Complaint Chills, malaise, general pain.

Examination and Progress Notes

17 Nov. 40 Temp. on admission 99^{6}. No pathological findings.

18 Nov. 40 Temp. normal. Feels better.

19 Nov. 40 Temp. normal. No complaints.

20 Nov. 40 Temp. 100. No cause found.

21 Nov. 40 Temp. normal. No complaints.

22 Nov. 40 No change.

23 Nov. 40 No change.

24 Nov. 40 Discharged.

TREATMENT Bed rest, Dagenan, fluids, Soda Bicarb, A.P.C.&C., Fluids.
(Especially any specific or special form)

CONDITION ON DISCHARGE Recovered.
(and disposal made of case) To unit.

Date 24 Nov. 40 F. A. Minshull, Capt.
Medical Officer i/c case

M.F.B. 313a
500 M-7-40 (6112-3)
H.Q. 1772-39-439

CASE HISTORY SHEET

Hospital: Lyd Mil. Ward: E

Regt'l No.: F-13284 Rank: Gnr Name: Mac Innis, HA

Unit: 86 Hel Bty Completed years of service (Where and how long):

Date of admission: 3-2-43 Date of discharge: 23-2-43.

Diagnosis: Mumps. Age: 35

Complaint: Sudden onset to-day of swelling on right side of face.

History, Examination and Progress Notes:

Examn: Tense swelling of rt parotid gland.
Throat, heart, lungs, abdomen G.U. Reflexes and extremities not remarkable.

D. Kasler Capt

8/2/43 Still has considerable swelling of right parotid to submaxillary gland - Left side normal

B. Kerki Capt

10-2-43. Improving. D.K.

22-2-43. Has had a normal course without complications. No signs or symptoms for past few days.

TREATMENT: Routine.
(Especially any specific or special form)

CONDITION ON DISCHARGE: Cured. To unit. Excuse duty for 6 days.
(and disposal made of case)

Date: 22-2-43.

A. M. Edington Capt.
Medical Officer i/c case

M.F.B. 313a
1000M—1-42 (2874)
H.Q. 1772-39-439

CASE HISTORY SHEET

Hospital: Mulgrave Military Ward: C

Regt'l No.: F 13284 Rank: Gnr Name: MacLean, H. A

Unit: RCA Completed years of service (Where and how long): Oct. 1940

Date of admission: 28 Aug 42 Date of discharge: 11 Sept 42

Diagnosis: (1) Ringworm (2) Intertrigo Age: 25

(1) Complaint + Present Illness - Reddish itchy area about size of a five cent piece involving both thighs - Reddish - burning area involving scrotum and adjacent areas of thigh

(2) Previous Illnesses:
Influenza - Mil. Hosp. - Mulgrave N.S. - Oct. 1940 - good recovery
Measles - Jan. 1941 - for two weeks - good recovery

(3) Family History - Negative

(4) Physical Examination
Head - Negative
Eyes - Sclera clear - pupils A.R.E.
Ears + Nose - Negative
Mouth + Throat - Tongue clear - teeth healthy - tonsils fibrotic and slightly enlarged
Neck - No adenopathy
Chest - No dullness - vesicular breathing - no rales - no friction -
C.V.S. - Apex beat - 5th space - nipple line - regular - no murmurs. B.P. 125/80
Abdomen - No tenderness - no masses - intact inguinal rings - no hernias
G.U. System - No discharge - no adenopathy
Skin - About inguinal areas, red - scaly - ring-shape - size of five cent piece both thighs anterior, laterally + medially area of scrotum + adjacent thighs are red - scaly

TREATMENT
(Especially any specific or special form)

CONDITION ON DISCHARGE
(and disposal made of case)

(5) Impression - (1) Ringworm
(2) Intertrigo

Date

Medical Officer i/c case

M.F.B. 313a
100M—1-42 (2884)
H.Q. 1772-39-439

scrotum

over

CASE HISTORY SHEET

Hospital: Melgrove Military Ward: C

Regt'l No: F/13284 Rank: Gnr Name: Mac Innes, H. E.

Unit: RCA Completed years of service (Where and how long):

Date of admission: 28 Aug 42 Date of discharge: 11 Sept 42

Diagnosis: (1) Ringworm (2) Intertrigo Age: 25

Complaint:

History, Examination and Progress Notes:

31-8-42. Areas of involvement are healing rapidly. Carried on.

4-9-42. Complains sore throat - Both tonsils swollen, red and painful - spots on both tonsils. T. 101. Pulse. R. 20.

6-9-42. Very much better. Good refl.

7-9-42. Discontinue Penicillin. Ordinary diet.

10-9-42. Apparently cured.

TREATMENT (Especially any specific or special form): Special R. W. tests. Injection personally with alcohol. Penicillin 5 x 5 V. 4 hr.

CONDITION ON DISCHARGE (and disposal made of case): Apparently cured. To duty.

Date: 10-9-42.

L. J. Bennett - Capt
Medical Officer i/c case

M.F.B. 313a
100M—1-42 (2884)
H.Q. 1772-39-439

SYDNEY MILITARY HOSPITAL INSTALLATION

Date 22 Feb. 43

Reg.No.	Rank	Name	Unit	Remarks
F13284	Gnr	Mac Innis, H.R.	86th C. Bty	Disc. from Hosp.

Diagnosis Mumps

Recommendations: Excuse duty 6 days.

Medical Officer

Orderly N.C.O.

ADMITTING FORM

Hospital Syd Mil. Date and Hour Admitted 1300 hrs. 3-2-43

Regt'l. No. F-13294 Rank Gnr. Name Mac Innis, H R

Unit 86th Lt Bty Age 25

Next of Kin Mr D A Mac Innis Religion RC

Admitted from Louisburg

Previous Military Hospital Admissions Mulgrave M H Ringworm Sept/42

Previous attendance at a Consultation Clinic ——

Previous X-Ray Examinations { yes / no } Where done? ——

Diagnosis on M.F.B. 292 Mumps Temp. ——

Signature of Admitting Clerk M Swan

THE ABOVE TO BE FILLED IN BY ADMITTING CLERK

History, including any information on M.F.B. 292

This man noticed a swelling on left side of his face below the ear.

Physical Findings

U- left parotid gland. swollen & tender.

Diagnosis of Admitting Officer Mumps

Admit to Ward

Admission Orders Bed rest, APC + C for pain. ordering diet

Should M.O. be immediately informed of admission? No

S Rankin Capt.

Admitting M.O.'s Signature.

M.F.B. 1475
500M—6-41 (719)
H.Q. 1772-39-1829

LABORATORY

Hospital: Sydney Military Ward: E Bed 8

Regimental No.: F13284 Rank: Gnr. Name: Mac Innis H.A.

Unit: 86th Battery Date Admitted: 3rd February 43 Age: 25

URINE EXAMINATION

DATE	3/2/43																	
Type of sample	Stram																	
Amount																		
Reaction	Acid																	
Specific gravity	1031																	
Albumin	Neg																	
Sugar	Neg																	
Ketones: S.N.P.																		
FeCl3																		
Bile																		
Urobilin																		
Blood																		
Casts: Hyaline																		
Granular																		
Cellular																		
R.B.C.																		
W.B.C.																		
Epithelium																		
Centrifuged																		

HAEMATOLOGICAL EXAMINATION

DATE						
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						

BLOOD CHEMISTRY

DATE						
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

PATHOLOGICAL REPORT

M.F.B. 1477
500M—6-41 (721)
H.Q. 1772-39-1831

TREATMENT

Hospital: Sydney Military Ward: E Bed 8

Regt'l No.: F13284 Rank: Gnr. Name: Mac Innis

Unit: 86th Battery Age: 25

Order Given		Orders	Order Discontinued	
Date	By Whom		Date	By Whom
3 Feb 43	Capt Parker	Bed rest, APC&C for pain		
		Ordinary diet.		
22-2-43	Capt Edington	Discharge.		

M.F.B. 1476
500M—6-41 (720)
H.Q. 1772-39-1830

CLINICAL CHART

Hospital: Sydney Military Service: Medical Ward: E Bed 8

Regt'l No.: F13244 Rank: Gdr. Name: Mac Innis H. A. Age: 25

Unit: 86th Battery Date of Admission: 3rd February 1943

DATE	3	4	5	6	7	8	9	10	11	12	13	14	15	17	18	19	20	21	22
Pulse / Temperature	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
Respirations	17	17	18	20	20	20	18	18	16	20	20	18	20	18	18	18	18	18	16
Stools																			
Fluid Intake, 8 a.m.-8 a.m.																			
Blood Pressure																			

Pulse: 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

Temperature: 107, 106, 105, 104, 103, 102, 101, 100, 99, 98, 97

admitted 1200

M.F.B. 288
250M—6-41 (718)—H.Q. 1772-39-513

LABORATORY

Hospital: Mulgrave Military Ward: C

Regimental No.: H 13284 Rank: Gnr. Name: Moe Davies W.A.

Unit: R.C.A. 86 Bty Date Admitted: 28 Aug 42 Age: 25

URINE EXAMINATION

DATE	Sept 42																	
Type of sample																		
Amount																		
Reaction	acid																	
Specific gravity	1025																	
Albumin	neg																	
Sugar	neg																	
Ketones: S.N.P.																		
FeCl3																		
Bile																		
Urobilin																		
Blood																		
Casts: Hyaline	neg																	
Granular																		
Cellular																		
R.B.C.																		
W.B.C.																		
Epithelium																		
Centrifuged	neg																	

HAEMATOLOGICAL EXAMINATION

DATE						
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						

BLOOD CHEMISTRY

DATE						
N.P.N.						
Urea N.						
Creatinin						
Chlorides						
Cholesterol						
Sugar (fasting)						
Sulphonamide						
V.D.B.						

Bacteriology and Serology

DATE			
Blood	4-9-42	Eagle Test - negative	
Faeces			
Serous fl.			
Urine			
Sputum			
Wasserman Bl.			
Wasserman C.S.F.			
Widal			

PATHOLOGICAL REPORT

Miscellaneous

9-9-42.
Throat Swab.
Bacillus Diphtheriae - negative
Streptococci - negative
Vincenti Spirochaetes - negative

M.F.B. 1477
500M—6-41 (721)
H.Q. 1772-39-1831

TREATMENT

Hospital: Melgrove Military Ward: C

Regt'l No: F 13284 Rank: Gnr Name: Mac Jones, N G

Unit: R. C. A. 56 Bty. Age: 25

Order Given		Orders	Order Discontinued	
Date	By Whom		Date	By Whom
28-8-42	Maj McDonald	Sp. R & affected parts also.	11 Sept 42	Capt Bennett
		Dr. Iodine followed by Alcohol. & then Zinc oxide ont. B. I. D.	11 Sept 42	Capt Bennett
2 Sept 42		Kaln Tablets		
3 Sept 42	Capt Bennett	Chlorphyll gr xx gth. Soda Bicarb gr xx	7 Sept 42	Capt Bennett
5 Sept 42	Capt Bennett	Athletes Foot Rx to feet.	11 Sept 42	Capt Bennett

M.F.B. 1476
500M—6-41 (720)
H.Q. 1772-39-1830

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

[1] [2]

NAME MAC INNIS, H. A. Hughie alphonse RANK ~~GNR~~ Pte. AGE 24 REG. No. F-132854

UNIT 86th R.C.A. DATE 10-7-41 19

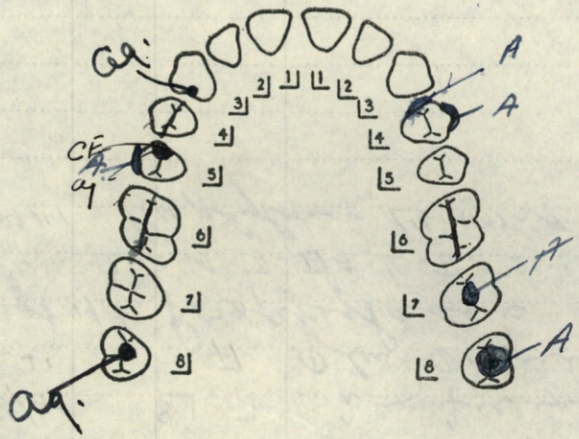
Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~ / Fair / ~~Neglected~~

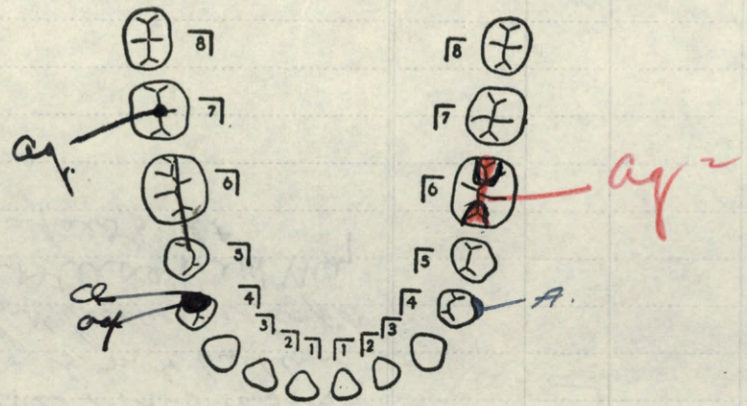
PROPHYLAXIS required { Yes / ~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

X	Irreparable teeth—extraction	GI	Gold (Inlay)
A	Amalgam	PI	Porcelain (Inlay)
Ce	Cement	GC	Gold (Crown)
S	Synthetic Porcelain	PC	Porcelain (Crown)
F	Foil	RC	Richmond (Crown)
		JC	Jacket (Crown)

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 (Denture)
CL	Complete lower (Denture)
DA	Adjustment (Denture)

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

M.F.B. 465
6M pads of 100-7-40 (5811-2)
H.Q. 1772-39-950

Signature and unit of examining officer

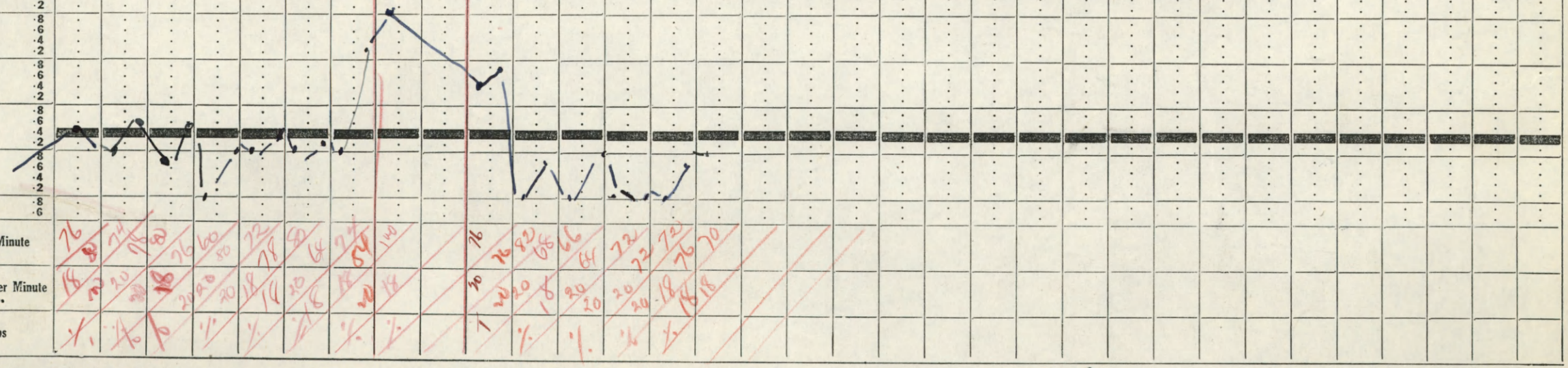
CLINICAL CHART

Corps R. C. A. 86 Bty. Hospital Station Bulgaon N.I.

No. T-13284 Rank and Name Gnr. Mac Lowie, N. G. Age 25 Service Medical

Disease (1) Pneumonia (2) Intestinal Date of Admission 28 Aug 42 Date of Discharge 11 Sept 42 Result Serial No. A. & D. Book 494

Dates of Observation	August 28	29	30	31	Sept. 1	2	3	4		5	6	7	8	9	10	11	12
Days of Disease	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
Temperature Fahrenheit (TIME a.m. p.m.)																	
Pulse per Minute	76	74	78	76	60 80	72	78	80	84	76	76	82	66	66	64	72	72 76 70
Respirations per Minute	18	20	18	20 20	20	18	16	20	18	20	20	18	20	20	20	20	18 18
Motions	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓			



M. F. B. 288

250M—11-40 (7906-7)
H.Q. 1772-39-513

Signature L. J. Bennett Capt. In charge of case

HUGH A.McINNIS, F-13284

DAN A.McINNIS, 520,212

GEORGEVILLE,
ANTIGONISH CO.,N.S.

M.F.B. 387
1,500M—4-43 (9433)
H.Q. 1772-39-440

H.Q. ~~405-M-37,293~~ F 13284

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

MAC. INNIS, HUGH, ALPHONSE.

F. 13284

A.F.

ESTABLISHED DVA
PERS RECORDS CENTRE
CENTRE des DOCUMENTS du PERSONNEL

H.Q. ~~405-M-37,293~~

Central Registry	Date	P. A. or B. F.	Initials	Referred to	For Remarks	Initials	Date
					(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")		
				C	WITH PAPERS AUG 2 1944		
				a b	For sign. to Cas. Sec. please.	PL	9/8/44
				Cas Sec	Returned		9/8/44
				Q 8	Passed please.	PL	18-8-44
				Graves	Passed Pls.		30-8-44
SEP 14 1944	12-10-44			HA	" "	JMC	1-9-44
		CANCELLED					
OCT 4 1944	28-9-44	P.A.		Ha 2	WITH PAPERS SEP 27 1944		
OCT 19 1944	18/10/44	pa.		G	WITH PAPERS OCT 13 1944		
JUL 19 1945	17/7/45	pa.		2d	PER REQUISITION - JUN 27 1945		
OCT 19 1945	18/10/45	Pa.		7a	PER REQUISITION OCT 12 1945		
APR 3 - 1946	2-4-46	pa		2C	PER REQUISITION MAR 18 1946		
SEP - 9 1947	8/9/47	pa		4B	PER REQUISITION SEP 4 1947		
JAN 12 1953	9/1/53	Pa		WDR10	PER REQUISITION DEC 30 1952		

F 13284

40-31881

DO NOT WRITE BELOW THIS LINE

CASUALTY SECTION

FILE ACTION

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

NOTICE

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

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

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

H.Q. 405-M-37,293

FALSE DOCKET ARMY No. 188 ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

MAC.INNIS, H.A.

F.13284

CROSS REFERENCE

Z

Central Registry	Date	P. A. or B. F.	Initials	Referred to	For Remarks	Initials	Date
		~~34-10~~ 30-4			(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
				Q3	PER REQUISITION AUG 19 1944		
AUG 31 1944				Estates	Passed Pls.		31-8-44
				Q P	FEB 26 1945		
				Z	L.P.C. est	Q P	28.2.45
	30-6	B.F.	Z	Z	Per B. F. MAY 1 1945		
				Q-V	Verify 8 P-4	Z	1-5
	1-6	B.F	Q-4	Q-4	P-4	Q.V.	19-5-45
				Q-4	Per B. F. JUN 7 1945		
				S.G.	for seg.	Q.C	30/6
				Z	With Papers JUL 5 1945	pass to S.A.	
	10-6	B.F.	Z	Z	Dist. eff. Q.C	P	10/7
				Eff	To go	Z	12.7
				Z.	Effects shipped	Eff	18.7.
		PA	Q.C	Q.C	Closed	Z	19.7
				Z	With Papers JUL 27 1945		
C.R.	27-7	P.A.	C&S				
AUG 2 - 1945	1/8/45	P.A.	R.D.W	2c	PER REQUISITION AUG 1 -		

CLOSED

H.Q. FILE No. 405-M-37,293

M.F.M. 50
5M—2-43 (8649)
H.Q. 1772-39—1710

DO NOT WRITE BELOW THIS LINE

CANADA

DIED July-27- 1944 OVERSEAS ✓ FRANCE

	Date Received	Date Despatched	
Casualty Report—	5-9-44		
Will: Service Canada 17-5-44			Beneficiary MR. DANIEL ALEXANDER MacINNIS (FATHER)
Will: Service O/Seas			
Will: Civil			
Will: None			Residing: Canada ✓
Will: Probate (or L of A)			Residing: Elsewhere
Particulars of Family Form dated 7-10-40 None			Single ✓ Married Parents FATHER Children (Minors) Life Insurance GREAT WEST.
A.P. to other than Dependents			
Form P.64 Dated	30-9	9-9	By father Single ✓ Other N/K Will no Other Estate no Debts no
Form to Unit			
C. of A. Report	15-2	Approved 1-5	Service debts nil no will
L.P.C. $ 9.07	15-2-45	28-2-45	VERIFIED 5/3
Amended			
Bank Credits			
Other Credits			
Domicile			N.S.
DISTRIBUTION— Effects: Canada		17-7-45	To Father Bulk via 1 Pkl reg. 3663 ✓
Effects:			Valuables via
Effects: Overseas			Letter as to, dated 12-7

Total Cash $ 9.07

Date of Despatch 12-7

will copied 20-10-44

effts box 126

To

$ Father Dan A. MacInnis (per will)

$ advise Ins. - Get W. life.

$ NR 375

$

$

$

$

$

$

$

ADVICE RECEIVED
JUL 6 1945
NO WILL IN REC. OFF.

FALSE DOCKET

D 10859

3373

H.Q. 405-M-37293

FALSE DOCKET No. WSG

M.F.B. 387a
450M—11-44 (5891-5948)
H.Q. 1772-39-485

DEPARTMENT OF NATIONAL DEFENCE, OTTAWA

CROSS REFERENCE

F.D.

McInnis H.A.
A-13284

H.Q.

Central Registry	P. A. or B. F.	Date	Initials	Referred to	For Remarks	Initials	Date
		(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")					
				DA&AP	WITH PAPERS 12 MAY 1945		
				W.S.G.	" " MAY 16 1945		
	PW	8/6/45	OB	TREAS-A	WITH PAPERS JUN 6 1945		

DO NOT WRITE BELOW THIS LINE

DEPARTMENT OF NATIO

H.Q. No.....

Pay-List in duplicate of persons employed on the (

FILE No. 405-M-37,293 VOL.

SUBJECT

F.13284 MAC.INNIS, H.A.

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE
		WITH PAPERS AUG 2 1944			
P3		19/8/44			P8
G.		30/8/44			P8
Ha 2		WITH PAPERS SEP 27 1944			
G		WITH PAPERS OCT 13 1944			
2d		PER REQUISITION - JUN 27 1945			
7a		PER REQUISITION OCT 12 1945			
2C		PER REQUISITION MAR 18 1946			
HB		PER REQUISITION SEP 4 1947			
R10		Reg			30-12-52

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—1000M—6-43 (612)
H.Q. 1772-45-8

FILE No. VOL.

SUBJECT

CHARGED TO	PER	DATE	CHARGED TO	PER	DATE

THIS CHARGE-OUT AND ABSENT CARD **MUST NOT** LEAVE THE REGISTRY

O.S.S. 5—1000M—6-43 (612)
H.Q. 1772-45-8

CFA 187
40/P & S/[illegible]0 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME F-I3284 Pte MacInnis H A Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 2I Army Group

CHECKED BY A-II7006 Gnr Schwartz M
B-9I759 Sgt Graves J G DATE 18 Jan 45

I	R C A Signet Ring.		

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

for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
22 JAN 1945
BRANCH
HEADQUARTERS

Personal or Army No. F5284 Rank Pte Name & Initials MacINNIS H.A. Regt. R.R. of C.

Army Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
1 RCA Signet Ring ✓	

Complete 18 Jan 45

[signature]

[signature]

	£	s.	d.	Frcs.	Ctms
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F.W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Army Form W.3190.
(Books of 50)
40/P & S/2456 (5155)

Personal Effects Certificate.

Personal or Army No. F 13284

Rank, Name & Initials Pte MacINNIS H A

Regiment or Corps R R of C

Nature of Casualty K/A

Date of Casualty 27 Jul 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature

Rank Capt

Unit Standing Committee of Adjust. Cdn. Sec. GHQ. 2 Ech. 21 A Gp.

Date 28 Oct 44

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No.:— 5210

Registered Post Particulars :—

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or Army No. F13284 Rank Pte Name & Initials MacINNIS HA Regt. RRofC Army Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
1 RCA Signet Ring	

	£	s.	d.	Frcs.	Ctms
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Lt 18 Jan 41

Comd

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F.W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Army Form W.3190.
(Books of 50)
40/P & S/2456 (5155)

Personal Effects Certificate.

Personal or Army No. F 13284

Rank, Name & Initials Pte MacINNIS H A

Regiment or Corps RR of C

Nature of Casualty KIA

Date of Casualty 27 Jul 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature

Rank Capt

Standing Committee of Adjust.

Unit Cdn. Sec. GHQ 2 Ech. 21 A Gp.

Date 28 Oct 44

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No. :— 3210

Registered Post Particulars :—

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or Army No. 41264 Rank Pte Name & Initials Mac INNIS H. Regt. RRoC

Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
1 RCA Signet Ring	

	£	s.	d.	Frcs.	Ctms
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F.W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Army Form W.3190.
(Books of 50)
40/P & S/2456 (5155)

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. F 13284

Rank, Name & Initials Pte MacINNIS HA

Regiment or Corps RR of C

Nature of Casualty K/A

Date of Casualty 27 Jul 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible]

Rank Capt

Unit Standing Committee of Adjust. Cdn. Sec. GHQ. 2 Ech. 21 A Gp.

Date 28 Oct 44

Inventory No. :— 5210

Registered Post Particulars :—

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

UNIT COMMITTEE OF ADJUSTMENT REPORT

APPROVED AND FORWARDED
Eric Robert Capt.
Standing Committee of Adjust
Cdn. Sec. GHQ 2nd Ech 21 A.Gp
21 OCT 1944

INSTRUCTIONS

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

REPORT

No. F13284 Rank PTE Name in full MACINNIS, H.A.

*Deceased, ~~*Missing, *Prisoner of War, *Interned~~. Date of Casualty 27 July 44

Unit R REGT C

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

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

Name of Officer furnishing report H.F. APPLEYARD, H/CAPT
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

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

C. CLOTHING AND EQUIPMENT (PUBLIC)

   (a)*Was turned in to QM Stores.
   (b)*There were no deficiencies.
   (c)~~*There were deficiencies amounting to £ and cash debit voucher duly certified by the DADOS, or Senior Ordnance Representative of the formation is attached as Exhibit "C1".~~

CFA 151
40/P & S/1988 (6185)

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

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*

	Nature of Claim	*Amount*	*Paid or Unpaid*
† NIL			

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

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

E. ORDINARY DEBTS

(a) *Name and Address of Creditor*

	Nature of Claim	*Amount*	*Paid or Unpaid*
† NIL			

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

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

F. CREDITS

(a) *Public Claims owing to the Casualty.*

	Nature of Claim	*Amount*
† NIL		

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

(ii) *Statement of valuation of, and receipt for, articles suitable for service requirements turned into QM Stores (para A1 (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

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

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

G. CASH RECEIVED AND PAID

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

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book MBM I, Parts I and II) is (*forwarded with this report)

(*not forwarded by reason that Not available

H. F. Appelbergand Lieut.
Signature of Committee or President

8 Aug 44
Date

R Regt C
Unit

UNIT COMMITTEE OF ADJUSTMENT REPORT

APPROVED AND FORWARDED
Eric Robert Capt.
Standing Committee of Adjust.
Cdn. Sec. GHQ 2nd Ech 21 A.Gp.
21 OCT 1944

INSTRUCTIONS

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

REPORT

No. F13284 Rank PTE Name in full MACINNIS, H.A.

*Deceased, ~~*Missing, *Prisoner of War, *Interned~~. Date of Casualty 27 July 44

Unit R REGT C

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

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

Name of Officer furnishing report H.F. APPLEYARD, H/CAPT
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

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

B. WILL

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

C. CLOTHING AND EQUIPMENT (PUBLIC)

   (a)*Was turned in to QM Stores.
   (b)*There were no deficiencies.
   (c)*~~There were deficiencies amounting to £ and cash debit voucher duly certified by the DADOS, or Senior Ordnance Representative of the formation is attached as Exhibit "C1"~~.

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

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*

	Nature of Claim	Amount	Paid or Unpaid
† NIL			

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

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

E. ORDINARY DEBTS

(a) *Name and Address of Creditor*

	Nature of Claim	Amount	Paid or Unpaid
† NIL			

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

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

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	Amount
† NIL	

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

(ii) *Statement of valuation of, and receipt for, articles suitable for service requirements turned into QM Stores (para A1 (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

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

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

G. CASH RECEIVED AND PAID

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

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book MBM I, Parts I and II) is (*~~forwarded with this report~~)

(*not forwarded by reason that Not available

H. F. Appleyard Lt Col
Signature of Committee or President

8 Aug 44
Date

R Regt C
Unit

Army Form W.3190.
(Books of 50)
40/P & S/2456 (5155)

Personal Effects Certificate.

Personal or Army No. F 13284

Rank, Name & Initials Pte MacINNIS H A

Regiment or Corps R.R. of C

Nature of Casualty K/A

Date of Casualty 27 Jul 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [illegible] Capt

Rank Standing Committee of Adjust.

Unit Cdn. Sec. GHQ. 2 Ech. 21 A Gp.

Date 28 Oct 44

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No. :— 5216

Registered Post Particulars :—

Special Instructions.

Personal effects of :—

(i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.

(ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or
Army No. 41264 Rank Pte Name & Initials McINNIS H.R. Regt. R.H.C.

Army Form W.3190.

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.	
1 RCR Signet Ring	

	£	s.	d.	Frcs.	Ctms
Notes					
Postal Orders					
Gold					
Silver					
Copper					
TOTAL					

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F.W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. F.13284. Rank and Name McInnis H.A. Pte.

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

~~Death~~ or Discharge)..... to..... on 27th. July 19 44.

Reason Death. Authority: C.C.L. "A" 475 d/3rd. Aug.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	5	18
First Monthly Payment AR 21 d/5.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments AR 33 d/15.7.44.	13	63	Technical Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
I & I Roll July 44.		04			
AR d/23.7.44.	4	47			
To Balance Cr Free	9	07	By Balance Dr		
To Balance Cr Deferred					
Total	51	68	Total	51	68

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

Remarks:

Assnd. Pay of $20.00 (F) stopped eff Aug.44.

The above statement has been compiled entirely from Treasury records, no paybooks being available.

ESTATES BRANCH FEB 15 194 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by F. Gough.

Checked by [signature]

Date 1st. February 19 45.

P.H.

Certified correct A. Lapstick
for Chief Treasury Officer, Overseas

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr		Amount Cr		Paymaster's Signature
		Balance from L P C					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr		Cr		Signature of Paying Officer

Place of Embarkation .....

Date of Embarkation .....

Place of Disembarkation .....

Date of Disembarkation .....

HM Transport .....

405-M-37293 FD 188

ESTATES BRANCH

October 11, 1944.

Mr. Daniel A. MacInnis,
Georgeville,
Antigonish County, N.S.

MacINNIS, Hugh Alphonse, Pte. (Deceased)
No. F.13284 C.A.

Dear Mr. MacInnis:

Receipt of our completed questionnaire is gratefully acknowledged.

There is on file here a Will which was made by your son on May 17, 1944 in which you are named sole beneficiary. The terms of this Will may have been changed if your son made a later Will Overseas.

Full particulars of his Service estate, including a statement as to the pay account, personal effects, etc., will not be available here for some months owing to the war situation. This delay is due to circumstances entirely beyond our control. However, if in the meantime you wish any information about the estate, please let us know.

Yours faithfully,

Director of Estates.

RGP/CF

405-M-37294

H. S. COPY

M.F.M. 5
150M—1-42 (3165)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank MACINNIS
(Surname first—Christian names in full—Block capitals)
Hugh Alphonse

(2) Regimental or Official Number and Rank F13284

(3) Unit 86th Heavy Battery, R.C.A., C.A.S.F.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

(8) Have you any children? Number of boys Girls

Names and ages

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

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

Name

Postal Address

[SEE OTHER SIDE]

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

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

(11) Is your father alive? YES

If so, state name and address, occupation Daniel A. MacInnis

Georgeville, Antigonish Co., N.S.

(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.....

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

(14) Is your mother alive? NO

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

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

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

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

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

(18) Are you insured? YES

If so, in what Company? Great West.

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

(Sgd.) Hugh A. MacInnis
(Signature of officer or man)

Date Oct. 7/40

(Sgd.) C. MacDonard, Major

Officer Commanding 86th Heavy Bty. R.C.A.
C.A.S.F.

Date Oct. 7/40

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.)

FORM No. 1

Register No. D-10859 Nominal Roll No. D-239

H.Q. File No. 405-M-37293

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
F-13284	PTE	McINNIS	HUGH ALPHONSE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 OCT 40	T.O.S.	T.O.S.
S.O.S. 27 July 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1390	Total Days	Total Days

Total Service 1390 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1358	—	1358
Overseas Service	32	—	32
Totals	1390	—	1390
Add Non-qualifying Service			
Total Service			1390

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 27 July 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 27 July 44

Computer's Signature R. Crosgrey

Checker's Signature Lucas E.T.

Date Computed 9 May 45

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 26 JUNE 44 T.O.S. T.O.S.
S.O.S. 27 July 44 S.O.S. S.O.S.

				Total	

EST 1

Cas Report No 8771

NAME [redacted]-13284 Pte MacINNIS, Hugh A.

Casualty	Date	Authority	Date entered	Clerk
KILLED	27 Jul 44	"A" 475	AUG 24 1944	[illegible]

CASUALTY REPORT checked by [illegible] O

EST 3( ) to _____ O.

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

EST 3( ) to _____ O.

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

No

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

Date _____ Beneficiary _____

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

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

EFFECTS at 1 CKSD ~~YES~~ (NO) EST 2 No. 93 Inventory checked by _____ O.

EST 4 to _____ O.

Sent on _____ by _____ C. O.

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

Inventory UNIT effects checked by [illegible] O. / NO UNIT effects [illegible] O.

Release from A. of E. to _____ O.

RELEASE to Carr [illegible] O. EST 11(a) No. ~~EST 5~~ on _____ by [illegible] C.

Shipped in Box EST 126 on [illegible] EST 5(a) rec'd and filed by _____ C.

by phone 27.11.44 [illegible]

C. of A. REPORT rec'd and dup. ch. on OCT 27 1944 by [illegible] C. Checked by [illegible] O.

DEBTS

Particulars	Name	Amount	Paid	Receipt

		Checked		
MBM I Part II		O	MBM I Part I	O
No.	Ch bk chs	O	Off Record of Service Bk	O
GPO	bank book	O		O
		O		O
		O		O
		O		O
EST 6/~~Recun/Does/Uplift~~				O
Cash to P.M. nil				O

Prepared by [illegible] 28 Oct 44 C.

L.P.C. received and checked by [illegible] O.

EST 7 [illegible] O. Prepared by [illegible] C.

COMPLETE (Decided) [illegible] O. Entered on FEB 9 - 1945 by [illegible] C.

NOTES

REMARKS to A. of E.

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

F.13284 Pte. MacInnis H.A. (Deceased)

10/MacInnis H.A./1 (Est 3)

In accordance with your letter dated 28th. Oct.44.

Enclosed ~~are~~ is Last Pay Certificate ~~and Paybooks~~ for the above noted.

CHIEF MILITARY ESTATES BRANCH HEADQUARTERS 3 FEB 1945

PR/495 1st. Feb.45.

A. Bogstick
for Chief Treasury Officer.

EST 7

Quote No. 10/MacINNIS, H.A/1(Est3)

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street,

(Trafalgar Square)

London, S.W.1. 7 Feb 45

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

F.13284 Pte Mac INNIS, Hugh A. (dec'd)

1. Herewith the following:-

Original C. of A. report
L.F.C.
C.F.A. 187 Cdn Sec GHQ 2 Ech 21 A Gp

Receipted accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. Personal effects released to you in Box 126

3. Nil effects stored at #1 C.K.S.D.

4. Nil Will here

5. Remarks

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

Copy to file

STANDING COMMITTEE OF ADJUSTMENT REPORT

F 13284 Pte MacINNIS, H.A. Royal Regt. of Canada
Regt'l No. Rank Name in full Unit

Casualty Deceased Date 27 Jul 44

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores. They are included in our Q.M. Receipt No._____

Nil

2. The following items have been removed for reasons indicated:-

Nil

3. The following documents have been forwarded to Officer i/c Estates by Registered Post:-

Nil

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information;-

Signet Ring	Received this H.Q. subsequent to submission of Standing Committee of Adjustment Report, forwarded to Officer i/c Estates 21 Oct 44.

5.

(ERIC G. ROBERTS), Capt.
Standing Committee of Adjustment
Cdn Sec G.H.Q. 2nd Ech 21 Army Gp

21 Nov 44
Date

E[illegible] 6 Quote No. 10/MacINNIS HA/1 (Est 3)

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,

(Trafalgar Square)

London. S.W.1.

28 OCT 44.

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

F-13284 Pte MacINNIS Hugh A (dec'd)

1. Herwith the following:-

(i) M~~XMXMXMXMXMXMXM~~
(ii) D~~XMXMXMXMXMXMXMXMXMXMXMXMXMXMXMXM~~

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

NIL

3. Committee of Adjustment Report shows the following:-

Cash to Paymaster NIL

C.D.V. Nil

4. Please forward:-

Ch~~XMXMXMXMXMXMXMXMXMXMX~~
L.P.C.

(G.M. Lampard) Major
Officer i/c Estates
Canadian Military Headquarters

Copy for file

CANADIAN MILITARY HEADQUARTERS

No. 8771

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) MacINNIS, Hugh A.

NO. F-13284 RANK PTE UNIT BLACK WATCH

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

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

CASUALTY KILLED DATE 27 JUL 44 LIST # "A" 475 PLACE AEF

If P.O.W. or INTERNED, Number & Address _____

PREVIOUSLY REPORTED _____ DATE _____

(L.S. APPLEFORD) Major
Officer i/c R.5 Wing CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (if NO, Complete No. 2)
2. NAME, (In Full) _____

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

   Date of Marriage, if known _____

WILL, EFFECTS, ETC.

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

   _____ EXECUTOR _____
   (Name) (Address)
2. BANK ACCOUNT - NAME OF BANK, etc. _____ A/c No. _____

   ADDRESS _____
3. KIT PRIVATELY STORED - NAME of Custodian _____

   Address _____
4. Particulars of DEBTS, Remarks, etc. _____

Date SEP 9 1944

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

ORIGINAL - With WILL, if any to O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File.

File No. 405-M-37293

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. F-13284 Name Mc Innis Hugh alphonse

Rank on Discharge pte Date of Discharge 27-7-44,

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 7-10-40.	to	25-6-44.	
	from	to		
United Kingdom	from 26-6-44.	to	24-7-44.	
	from	to		
Italy	from	to		
Northwest Europe	from 25-7-44	to	27-7-44	IVa
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star ok.

~~Italy Star~~

France-Germany Star ok

Defence Medal NE

War Medal 1939-45 ok

Canadian Volunteer Service Medal

with clasp ok

M

EH

Verified by D Fosler

Date 24-10-46

Carded OCT 25 1946

NO RIBBON DESPATCH

HA 165

H.Q. 405-M-37293 D.R. 2(C)

2nd April, 1946.

Mrs. Martha McInnis,
Georgeville,
Antigonish Co. N.S.

Dear Madam:

Information has just been received from overseas that the remains of your son, F13284 Private Hugh Alphonse McInnis, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row G, plot 7, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

JJJ

KJD

File No 405-M-37293

REBURIAL

NO F 13284

RANK PTE

NAME MACINNIS H. A.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 12 Row G Plot 1

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

P.A. to CR

Closed file

ESTATES BRANCH
NOV 21 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

NOV 22 1945

CLOSED

In reply please quote

MCC

NO MC INNIS H.A. Pte. F-13284
HQ 405-M 37,293 FD 188

DEPARTMENT OF NATIONAL DEFENCE
Army

Mrs. Martha MacInnis
Georgeville,
Antigonish Co., N.S.

.....31...Oct....1945

Enclosed is the identity disc of the deceased member of the Canadian Army whose name appears thereon.

Col.

F.18

Director of Estates.

I received the identity disc of the deceased member

Mrs Martha MacInnis
Georgeville

Thanks

P.A.

CLOSED
In reply please quote

NO MG INNIS H.A. Rte. F-13284
HQ 405-M 37,293 FD 188

DEPARTMENT OF NATIONAL DEFENCE
Army

Mrs. Martha MacInnis
Georgeville,
Antigonish Co., N.S.

.....31..Oct....1945

Enclosed is the identity disc of the deceased member of the Canadian Army whose name appears thereon.

Col.

F.18

Director of Estates.

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from 21/CAS/1851

Time Message Received

Date Message Received 1 AUG 44

Theatre: A.E.F.

F 13284

Regimental No.	Rank	Name	Full Christian Names
~~F 132~~84	PTE	MACINNIS	HUGH ALPHONSE

Unit: BLACK WATCH

SERIAL 186

CASUALTY PARTICULARS

KILLED 27 JUL 44

"A" 475

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin MR. DAN ALEX MACINNIS Relationship FATHER

GEORGEVILLE N.S. CAN

(ANT. CO.)

Home Town AS ABOVE

Cable No.

Inland Tel. No. 8676

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

M 100 M 142

Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

Department of National Defence

Ottawa, Canada

Date July 23rd 1945

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

------ NINE ------ 07/100 Dollars ($ 9.07)

being in connection with the service estate of my deceased son

H.Q. 405-M-37,293 FD 188

MacINNIS, Hugh A., Pte.(deceased)
No. G-13284 - C.A.

ESTATES BRANCH
JUL 26 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Signature

7M-11-44 (M-4444)

Department of National Defence

Estates Branch

Ottawa, Canada

Date Georgeville P.E.I. July 20th 1945

Received this date from the Director of Estates

ONE PARCEL BY REGISTERED MAIL.

containing personal effects of my deceased son

H.Q. 405-M-37.293 FD 188

MacINNIS, Hugh A., Pte. (dec'd)
No. G-13284 - C.A.

ESTATES BRANCH
JUL 26 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Signature

405-M-37,293 FD 188

ESTATES BRANCH

12 July, 1945

Dan A. MacInnis,
Georgeville,
Antigonish, N.S.

MacINNIS, Hugh A., Pte. (deceased)
No. G-13284 - C.A.

Dear Mr. MacInnis:

The final report of your son's service estate has now been received here. This shows we have available for distribution the sum of $9.07, made up entirely of pay and allowances atccredit.

This is payable to you as the sole beneficiary of your son's Will.

A cheque for this amount will be requisitioned from Treasury in the course of the next few days. When received, will you kindly sign and return the enclosed receipt.

Your son's personal effects have also, been received here. They will be going forward to you in one parcel by registered mail in the near future. When received, will you kindly sign and return the receipt covering these effects.

Yours faithfully,

CS/MD

3663

Director of Estates.

2/T-C-Q4

(EFFECTS CONTROL FORM)

EFFECTS SECTION

B.F.

126
(O/S Case No.)

176
(Section Case No.)

MACINNIS H.A.
(Name)

Pte.
(Rank)

(Initials)

F-13284
(Reg.No.

Date rec'd 7-5-45

From O/S

V - Valuables

M - Missing

D - Destroyed (reasons why destroyed)

Surpluses

R - Retained (reasons why retained)

Diaries,

Letters,

Etc.

Remarks

Containers received

1 sack

Containers re-packed

1 parcel (R.M.)

25/6/45
Date checked

By

E.J. Lilley
(Clerk)
G.W. Mitchell

(Inven. 1 Pgs.) d/ 18 Jan 45 1 RCA signet Ring only
(Clerk)

" " d/

" " d/

Officer or N.C.O. i/c

R.J. Drogengel

4M-4-45(M-41)

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

AM

ARMY

Name: MacINNIS, Hugh A., No.: F-13284
Surname Christian Names

Pte. C.A. O/S July 27, 44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 9.07

Date: 20 June 45

Other Credits

Total 9.07

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Dan A. MacInnis, Georgeville, Antigonish County, N.S. (Sole beneficiary under will)	9.07

TO BE FORWARDED BY REG. MAIL DIRECT,
P4. TO TREAS. 13-7-45
QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	9.07

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

EST 7

Quote No. 10/MacINNIS, H.A/1(Est3)

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street,

(Trafalgar Square)

London, S.W.1. 7 Feb 45

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

F.13284 Pte Mac INNIS, Hugh A. (dec'd)

1. Herewith the following:-

Original C. of A. report
L.P.C.
C.F.A. 187 Cdn Sec GHQ 2 Ech 21 A Gp

Receipted accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

ESTATES BRANCH FEB 15 1945 H.Q. OTTAWA NATIONAL DEFENCE

2. Personal effects released to you in Box 126

3. Nil effects stored at #1 C.K.S.D.

4. Nil Will here

5. Remarks

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

Copy to file

rhb

93

STANDING COMMITTEE OF ADJUSTMENT REPORT

F 13284 Pte MacINNIS, H.A. Royal Regt. of Canada
Regt'l No. Rank Name in full Unit

Casualty Deceased Date 27 Jul 44

1. The following articles of Government Equipment have been removed from the personal effects of the above mentioned and have been turned in to Q.M. Stores. They are included in our Q.M. Receipt No. _____

Nil

2. The following items have been removed for reasons indicated:-

Nil

3. The following documents have been forwarded to Officer i/c Estates by Registered Post:-

Nil

4. The following which are not mentioned in the Unit Committee of Adjustment Report are indicated hereafter for your information;-

Signet Ring — Received this H.Q. subsequent to submission of Standing Committee of Adjustment Report, forwarded to Officer i/c Estates 21 Oct 44.

5.

Eric G. Roberts Capt.
(ERIC G. ROBERTS), Capt.
Standing Committee of Adjustment
Cdn Sec G.H.Q. 2nd Ech 21 Army Gp

21 Nov 44
Date

405-M-37,293

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

Original on H.Q. File

Receipt is Acknowledged

405-M-35,595

DATE OCT 17 1945

C.A.S.F. A.28

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

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME F-I3284 Pte MacInnis H A Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A-II7006 Gnr Schwartz M
B-9I759 Sgt Graves J G DATE 18 Jan 45

I	R C A Signet Ring.		

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

J Graves Sgt
for OC 1 Cdn KSD

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME F-I3284 Pte MacInnis H A Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 2I Army Group

CHECKED BY A-II7006 Gnr Schwartz M
B-9I759 Sgt Graves J G DATE 18 Jan 45

I	R C A Signet Ring.		

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

J Graves Sgt
for OC 1 Cdn KSD

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, Canada

The Great-West Life Assurance Company,
Halifax, Nova Scotia.

Reference your letter of October 10, 1944,

Pol. No. P668674.

The reverse side of this paper is hereby certified to be a true photostat copy of a Will on file in this Branch of Hugh Alphonse MacINNIS named therein, who died on the 27th day of July, 1944 while serving in the Military Forces of Canada on Active Service.

Dated at Ottawa aforesaid
this 26th day of October, 1944.

.....
(R. G. PHELAN) Capt.
A Notary Public in and for
the Province of Ontario.

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

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

WILL

(1) I, Hugh Alphonse MacInnis (Name in full) of the Village (City, Town, Village, Township)

Address in civil life.

of Georgeville in the County District of Antigonish

Province of Nova Scotia, Farmer (Civil Occupation)

Regimental No. 13284, Unit A.14 C.I.T.C. 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 father, Daniel Alexander MacInnis Georgeville, Antigonish Co. Nova Scotia

All my estate

HANI

Relationship, names and address of residuary beneficiaries.

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

HANI

(4) I appoint Daniel Alexander MacInnis (Name) Georgeville Antigonish Co. N.S. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of May 1944

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 hereunto subscribed our names as witnesses.

Hugh Alphonse MacInnis (Signature of soldier)

First Witness sign here.

(5) Signature R. P. Power Lt.

Civil Address Village Cove Dominion N.S.

Civil Occupation Salesman

Second Witness sign here.

Signature J. P. Keohan

Civil Address 33 Cogswell St. Halifax N.S.

Civil Occupation Writer

(Witnesses are not to be beneficiaries)

(OVER)

THE GREAT-WEST LIFE ASSURANCE COMPANY

HEAD OFFICE - WINNIPEG, CANADA

G.F. GREIG,
BRANCH MANAGER
F.J. O'NEILL,
CASHIER

TELEPHONE 3-7241

DENNIS BUILDING,
HALIFAX, N.S.

October 10, 1944.

ESTATES BRANCH
OCT 13 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

Estates Branch
Department of National Defense
Ottawa, Ontario

Gentlemen:

Policy P668674
F13284, Hugh Alphonse MacInnis

This policyholder was killed in action in France on July 27, 1944. For consideration of a claim under this policy, we wish to have a photostatic copy of his Will or letter to the effect that no such document is on file in your department.

Yours truly

F.J. O'Neill

Cashier.

FJO:PAM
10-11

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

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

WILL

(1) I, Hugh Alphonse MacInnis (Name in full) of the Village (City, Town, Village, Township)

Address in civil life.

of Georgeville in the County District of Antigonish

Province of Nova Scotia, Farmer (Civil Occupation)

Regimental No. 13284, Unit A.14 C.I.T.C. 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 father, Daniel Alexander MacInnis Georgeville, Antigonish Co. Nova Scotia All my estate

HAMI

Relationship, names and address of residuary beneficiaries.

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

HAMI

(4) I appoint Daniel Alexander MacInnis (Name) Georgeville Antigonish Co. N.S. (Address) Farmer (Civil Occupation) to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of May 1944

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 hereunto subscribed our names as witnesses.

Hugh A. Alphonse MacInnis (Signature of soldier)

First Witness sign here.

(5) Signature R. P. Powers Lt.

Civil Address College Ave Dominion N.S.

Civil Occupation Salesman

Second Witness sign here.

Signature J. P. Lenihan

Civil Address 33 Cogswell St. Halifax N.S.

Civil Occupation Writer

(Witnesses are not to be beneficiaries)

(OVER)

Director of Estates

Regimental No. F.13284 Rank Private

MCINNIS Hugh Alphonse

Surname Christian Names

ESTATES BRANCH SEP 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

Unit 1st Royal Highland Regiment of Canada (CA)

Date of Death 27-7-44 Place of Death Overseas (France)

Next-of-kin Mrs. Martha McInnis Relationship Mother

Address Georgeville, Antigonish Co., N.S.

M.F.M. 5 Copy Herewith.

Will Will d/17-5-44 Herewith.

Date 29-8-44

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

JEC/GSM

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Hugh Alphonse McInnis (Christian Names) (Surname) Register No. D-10859

File No. 405-M-37293

PAYEE'S NAME Dan A. McInnis (Christian Names) (Surname) Date 2-6-45

ADDRESS Georgeville, Antigonish Co., N.S. Service No. F-13284

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-44 Date of Discharge 27-7-44

	AMOUNT $	c
(10)		
A. TOTAL QUALIFYING SERVICE No. of days 1390 / 30 = 46 Periods @ $7.50	345	00
B. QUALIFYING OVERSEAS SERVICE No. of days 32 less 10 Ineligible days, equal 22 Days @ 25c per day	5	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	350	50
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ —		
Dependents' Allowance 1/30 $..... $ —		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days 32 / 183 × $ 19.25	3	37
D. WAR SERVICE GRATUITY	353	87
Computed By [signature]		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $.....		
Entered By [signature]		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 353.87 each)	353	87

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

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

Register No. D-10859

File No.

WAR SERVICE GRANTS ACT 1944

Ottawa May 2nd 1945

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

Service No. F-13284

Name H.A. McINNIS
Christian Name Surname

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

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

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment	Dan A. McInnis	$20.00
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.	Dan A. McInnis	$20.00
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	Nil	

May 15 1945

13 Stanley
For Chief Treasury Officer,
D.A. & A.P. Branch

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

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

194

for C.T.O.

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

Register No. D-10859

File No.

WAR SERVICE GRANTS ACT 1944

Ottawa May 2nd 1945

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

Service No. F-13284

Name H.A. McINNIS
Christian Name Surname

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

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

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment	Dan A. McInnis	$20.00
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.	Dan A. McInnis	$20.00
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	Nil	

May 15 1945

Vera Meek B Stanley
For Chief Treasury Officer,
D.A. & A.P. Branch

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

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

194

for C.T.O.

D.10859

APPLICATION FOR WAR SERVICE GRATUITY BY

DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

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

(a) Surname Hugh Alfonse McInnis

(b) Christian Names

(c) Regimental No. F.13284

(d) Rank at time of decease Pte.

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

(a) Surname Dan A. McInnis

(b) ~~Christian Names~~

(c) Relationship to deceased Father,

Georgeville, Antigonish Co, Nova Scotia

(d) Address in full

Yours truly,

Date April 9th 1945. Dan A McInnis

(Signature of Applicant)

April 25, 1945

Mr.Dan A.McInnis,
Georgeville,
Antigonish Co.,
N.S.

Dear Mr.McInnis:

Your application for payment of War Service Gratuity on behalf of the service of the late **F-13284 Pte McInnis, H.A.** is acknowledged.

You are advised that the War Service Grants Act,1944, and relative Regulations provide that in the case of a member who dies before payment 9f the gratuity is made in full, the gratuity, or the unpaid balance thereof, shall be paid to a dependent who was eligible to receive Dependents Allowance, or to a dependent to whom pay was assigned by the member immediately prior to his death or discharge.

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

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

Yours truly,

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

H.Q. 405-M-37293 D.R. 2(D)

3rd July, 1945.

Mrs. Martha McInnis,
Georgeville,
Antigonish County, N.S.

Dear Madam:

Information has now been received from the overseas military authorities that your son, F13284 Private Hugh Alphonse McInnis, was buried with religious rites in a temporary grave located at a point approximately five miles South-East of Caen, in the Department of Calvados (Normandy) France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

/EMA

C. S.
30-6-45

17

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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

A.H75

REGIMENT OR CORPS: Royal Regt of Canada. Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: F13284 Rank: Pte.

Surname: MacInnis. Christian Names: H.A.

Died — Date: 27 Jul 44 Place: France.

Cause of Death*: Killed.

Nature and Date of Report: A.F.W. 5014/75 3 Aug 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp.

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

Burial — Place: 7F/L. 05496027 Date: 14 Oct 44

By whom reported: Major. R.S. Peabody No. 2 Cdn Graves Con Unit.

State whether he leaves a Will or not — (a) in Army Book 64: No.

(b) as a separate document: Not Received

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

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

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

Station and Date: Belguim 7 Nov 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Robertson Capt. for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

16

405-M-37293
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. F.13284, Private Hugh Alphonse McINNIS, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 27th of July, 1944.

(C.L. Laurin) Colonel,
Director of Records.

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

Department of National Defence,
Ottawa, Canada,
October 18th, 1944.

14

405-M-37293
(Records G)

Ottawa, October 18th, 4.

Great-West Life Assurance Co.,
Dennis Bldg.,
Halifax, N.S.

Your policy P668764

No. F.13284, Private Hugh A. McINNIS

Gentlemen:

As requested in your letter of October 10th, enclosed herewith is an official certificate of death in respect of the marginally named Canadian soldier.

Yours truly,

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

FBR/JG

FBR.

15

405-M-37,293

THE GREAT-WEST LIFE ASSURANCE COMPANY

HEAD OFFICE - WINNIPEG, CANADA

G.F. GREIG,
BRANCH MANAGER
F.J. O'NEILL,
CASHIER

TELEPHONE 3-7241

DENNIS BUILDING,
HALIFAX, N.S.

October 10, 1944.

Director of Records
A. G. Branch.
OCT. 18 1944
Nat. Defence Hqr
Ottawa, - Canada.

Records Office
Department of National Defense
Ottawa, Ontario

Gentlemen:

F13284 Hugh Alphonse MacInnis
Policy P668674

This policy holder was killed in action in France on July 27, 1944. For consideration of the claim under this policy, I would ask you to let me have the official death certificate.

Yours truly

Cashier.

FJO:PAM
10-11

13

PH

405-M-37293

KILLED IN ACTION(Continued)
****

QUEBEC REGIMENT

41. MACNEILL, IAN, PTE., D138642, MRS. MARTHA MACNEIL (MOTHER), 473 BRAULT AVE., VERDUN, QUE.

42. MAY, HECTOR BAILLIE, CPL., E52733, MRS. GERTRUDE MAY (MOTHER), ARUNDEL, QUE.

43. PIDPRYHORA, JOHN, PTE., D142563, PETER PIDPRYHORA (FATHER), 489 MAGDALEN ST., MONTREAL, QUE.

44. PROCTOR, DARWIN ERNEST, PTE., D135995, ERNEST PROCTOR (FATHER), 4 VICTORIA AVE., BEDFORD, QUE.

45. WARD, RUSSELL MELVIN, PTE., D143305, MRS. EUNICE WARD (WIFE), 113 ROBERT ST., LACHUTE, QUE.

46. WELLS, JAMES, PTE., D77383, FINLAY WELLS (FATHER), 5469 UPPER LACHINE RD., MONTREAL, QUE.

47. WILLOUGHBY, JAMES, SGT., D81243, MRS. LOLA N. WILLOUGHBY (WIFE), 3801 MAYENNE ST., MONTREAL NORTH, QUE.

48. WILSON, ERNEST ARMSTRONG, PTE., D86456, ERNEST WILSON (FATHER), 4691 LAFONTAINE ST., MONTREAL, QUE.

49. WRIGHT, RONALD, PTE., D138087, GEORGE WRIGHT (FATHER), FULFORD, QUE.

NOVA SCOTIA AND P.E.I. REGIMENT

50. HINKLEY, DANIEL RICHARD, PTE., F45684, MRS. IRENE M. HINKLEY (WIFE), CHETICAMP, N.S.

51. MCINNIS, HUGH ALPHONSE, PTE., F13284, MRS. MARTHA MCINNIS (MOTHER), GEORGEVILLE, N.S.

NEW BRUNSWICK REGIMENT

52. MULLIS, JAMES ROBERT, PTE., G32825, MARY ANN MULLIS (MOTHER), WOODSTOCK, N.B.

MANITOBA REGIMENT

53. KLODT, ARTHUR EDMOND, PTE., H94489, MRS. JENNY KLODT (MOTHER), 5 LAKE SHORE DRIVE, PORT ARTHUR, ONT.

BRITISH COLUMBIA REGIMENT

54. CAMPAGNOLO, ALDO JOHN, PTE., K367, LOUIS CAMPAGNOLO (FATHER), 238 9TH AVE. W., PRINCE RUPERT, B.C.

55. HILDER, JOHN, PTE., K45911, JOHN HILDER SR., (FATHER), 3281 CONNAUGHT AVE., NORT VANCOUVER, B.C.

56. JOHNNY, AUGUSTINE, PTE., K4017, MRS. MARY J. JOHNNY (WIFE), WILLIAMS LAKE, B.C.

57. KELLINGTON, ERLING JAMES, PTE., K69419, CLIFFORD KELLINGTON (FATHER), RED DEER, ALTA.

58. LENOARD, ROBERT ALLAN, PTE., K49721, SAMUEL LENOARD (FATHER), R.R. #3, NEW WESTMINSTER, B.C.

12

DATE Sept. 28th 1944

To CENTRAL REGISTRY.

Please cancel 405-M-37293

B. F. of 12-10-44

CANCELLED

Jm. H. A. 2.

To be pinned to face of
Jacket affected

M. F. B. 389

2M pads of 100—1-41 (9179)
H.Q. 1772-39-281

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Records (HA2)

Mr. Daniel A. McInnis,
GEORGEVILLE,
Antigonish Co., N.S.

File No. 405-M-37293

OTTAWA, Sept. 12/44.

Regt. No. and Name F.13284 Pte. Hugh Alphonse McINNIS

For the purpose of record and in the event of there being any Memorials available for distribution on account of the ex-soldier marginally noted, it is necessary that the following information be furnished, please. It would be appreciated if you would complete and return this Form at your earliest convenience.

A.C. Chadwick

(A.C. Chadwick) Major,
Secretary, Sub-Committee Awards Board,
for Adjutant-General.

Relatives Required to account for	Name in full of relative	Address in full	(or) date of death
Widow of Soldier			
~~Father of Soldier~~			
Mother of Soldier	Martha MacInnis		March 29. 1923.

Director of Recor
A. G. Branch.
SEP 27 1944
Nat. Defence Hqr
Ottawa, - Canada

If the soldier was married, please state exact place and date of marriage.

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete Statement of the relatives of the soldier in the degrees inquired for; and that I am the

Father of the deceased.

#Insert degree of relationship:-
For example, - "Widow", "Father", etc.

(Signature)
Daniel A. McInnis

September 25th 1944
(Date)

Georgeville Antigonish Co N.S.
(Address)

A2-70A

Noted, HA2.

10

Director of Estates

Regimental No. F.13284 Rank Private

MCINNIS Hugh Alphonse
Surname Christian Names

Unit 1st Royal Highland Regiment of Canada (CA)

Date of Death 27-7-44 Place of Death Overseas (France)

Next-of-kin Mrs. Martha McInnis Relationship Mother

Address Georgeville, Antigonish Co., N.S.

M.F.M. 5 Copy Herewith.

Will Will d/17-5-44 Herewith.

Date 29-8-44

Mem. & card.
A2-70 to father.
12/9/44 - HA2

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

JEC/GSM

9

405-M-37293
(Records C)

Ottawa, 17th August, 4

Mrs. Martha McInnis,
Georgeville,
Antigonish Co., N.S.

RE: F13284 Private Hugh Alphonse MCINNIS

Dear Mrs. McInnis:

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

Yours truly

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

GR/MAS

8

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER: F.13284

RANK: Private

SERVICE UNIT: 1st Royal Highland Regiment of Canada (Black Watch (R.H.R.) of Can.)

NAME: MCINNIS, Hugh Alphonse

DATE OF BIRTH: 13th April, 1917

DATE OF ENLISTMENT: 7-10-40

MARITAL STATUS: Single

RELIGION: Roman Catholic

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

NAME ADDRESS D.A.B.: Mrs. Martha McInnis,

ADDRESS: Georgeville, Antigonish Co., N.S.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.: Canrecords 8676

H.Q. 405-M-37,293

CASUALTY DETAILS: Killed in action

DATE: 27-7-44

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: 7-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

MA

DIRECTOR OF RECORDS

6

5 COPY FOR C. R. FILE

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

File Copy

Quote No.

H.Q. 405-M-37,293
(Records-O)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Ottawa, Canada,

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

National Registration Division
Department of Labour,
Ottawa, Ontario.

7th August, 1944.

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

Regimental No.	F.13284
Rank	Private
Surname	McINNIS
Christian Names	Hugh Alphonse
Nature of Casualty	Killed in action
Date of Casualty	27-7-44
Address at time of enlistment	Georgeville, N.S.
Date of Birth	Date Enlisted: 7-10-40
Marital Status (On enlistment)	13th April, 1917
Marital Status (Present)	Single
Occupation	Single
Name and address of Next-of-Kin	Farmer
	Mrs. Martha McInnis,
	Georgeville, Antigonish Co., Nova Scotia.

S.M. Sgt.
[illegible]

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

GR/MA

5

FORM 6122

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

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

CANADIAN NATIONAL TELEGRAM

TELEGRAPH CANADIAN NATIONAL AND CABLE

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

(001)

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

STANDARD TIME

1944 AUG 3 PM 12 01

MOB54 7 GB COLLECT XC013=ANTIGONISH NS 3 1001A

DIRECTOR OF RECORDS= 0336

CASUALTY SECTION OTTAWA ONT=

=4019 PRIVATE HUGH ALPHONSE MCINNIS DELIVERED=

C N TELEGRAPHS.

DEP. A.G. BRANCH

1944 AUG 3 14:08

4

FORM NO.-CAS. 2

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 8676 PAGE 1 DATE 1-8-44

REG'T'L NUMBER F 13284 RANK PTE

NAME ~~MACINNIS~~ McINNIS (SURNAME) HUGH ALPHONSE (CHRISTIAN NAMES)

SERVICE UNIT 186 I R H C

NATURE OF CASUALTY DATE

Killed 27 July

(BC AEF)

DATE OF BIRTH

13. DAY April. MONTH 1917. YEAR N.S.

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

Spec Sect 1493 21-6-44

MRS MARTHA MCINNIS MOTHER

ADDRESS

GEORGEVILLE

ANTIGONISH CO. N.S. DAB 7-10-42

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

RELIGION R. C. TRADE OR CALLING Farmer. LANGUAGES English.

MARITAL STATUS ON ENLISTMENT Single. PRESENT MARITAL STATUS Single

SOLDIERS ADDRESS ON ENLISTMENT Georgeville, N.S.

Antigonish Cove, N.S. 7 Oct. 1940.

DL

CABLE CHECK 922 N. OF K. CHECK $12.4200.-INF. TELEGRAM CHECK

1

COPY FOR RESEARCH SECTION

#4 C.I.B.A.

M.B.F.

CRAIN PRINTERS LIMITED

JC

COPY OF CABLES FROM CANRECORDS

BATTLE CASUALTIES AEF

8676 LONDON 011030/8/44

RECEIVED: 18:38/1/8/44

H 101023 GNR ADAMS Ronald George	155	AMP LEGS AND LEFT ARM WOUNDED 29 JULY
H 195486 PTE DRUGGE H	867	WOUNDED SEVERE 29 JULY
CAPT HUTTON Walter Lloyd	1102	KILLED DNK
M 59057 L/CPL SIMPSON GM	634	KILLED 25 JULY
B 143491 PTE DESAYEUX JL	183	KILLED 25 JULY
B 55420 PTE POE RD	183	KILLED 25 JULY
D 61569 PTE PELLETIER G	187	KILLED 25 JULY
D 62550 PTE KEMAY M	187	KILLED 25 JULY
L 154309 PTE BACHMEIER JV	183	KILLED 26 JULY
K 48374 PTE CARLSON JOC	183	KILLED 26 JULY
B 149042 PTE GREIG S	183	KILLED 26 JULY
K 45911 PTE HILDER J	183	KILLED 26 JULY
B 45367 L/CPL VENTON WR	183	KILLED 26 JULY
D 140800 PTE TIBBS JLF	183	KILLED 26 JULY
C 7279[illegible] GNR PILKINGTON TC	170	KILLED 26 JULY
B 25785 PTE GATTO J	182	KILLED 26 JULY
F 13284 PTE MACINNIS HM	186	KILLED 27 JULY
F 13314 PTE TOWER VT	186	KILLED 27 JULY
B 137277 PTE SAWCZUK NJ	183	KILLED 27 JULY

CONTINUED.....

Library and Archives Canada
Bibliothèque et Archives Canada

395 Wellington Street
Ottawa, ON K1A 0N4

395, rue Wellington
Ottawa, ON K1A 0N4

For material still subject to legislative, contractual or institutional obligations, users warrant that they will respect those obligations and not use LAC collections in a manner that would infringe the rights of others. Liability that may arise in the use of a copy is assumed in full by the user. LAC accepts no responsibility for unauthorized use of collection material by users.

To ensure proper citation and to facilitate relocation of an item, the source of the material and its reference number should always accompany the copy.

Pour les documents faisant encore l'objet d'obligations législatives, contractuelles ou institutionnelles, les usagers s'engagent à respecter ces obligations et à ne pas utiliser les documents des collections de BAC de façon à nuire aux droits d'autrui. Ils doivent assumer entièrement toute responsabilité qui pourrait découler de l'utilisation d'une reproduction de document. BAC décline toute responsabilité quant à l'utilisation non autorisée de documents provenant de ses collections.

Afin de citer un document avec exactitude et d'en faciliter le repérage, sa source et son numéro de référence doivent toujours accompagner la reproduction.

TITLE/TITRE _____
RG 24 MG _____ R- _____ SERIES/SÉRIE _____
ACCESSION _____ VOL 26470 PAGE(S) 144
BOX/BOÎTE _____ REEL/BOBINE _____
FILE/DOSSIER Hugh Alphonse MacInnis F13284
DATE 2012-03-14