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

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
430 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 1st. Bn. Saskatoon Light Infantry (M.G.) ~~21st Field Battery R.C.A.~~ Regimental Number L-15-73

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname: Fowler
2. Christian Names: Henry Arthur
3. Present address: Watrous, Sask. Canada
4. Date of birth: ~~October 29th, 1895.~~ Oct 29th 1890
5. Place of birth: England (Country) Dorchester (County or Province) Bridport (Town or Township)
6. Religion (state denomination): Church of England
7. Trade or Calling: Bookkeeper Accountant
8. Married, Widower or Single: Married - 2 children.
9. Name of next of kin: Mrs. Nina Evelina Fowler
10. Relationship: Wife
11. Address of next of kin: Watrous, Sask. Canada
12. Have you served in any Naval, Military or Air Force? Yes.
13. If previous war service, state arm, force and regimental particulars: Canadian Expeditionary Force 1916-19 27th, Batty. Field Artillery. Reg. No. 125068
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Henry Arthur Fowler 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. I understand this declaration to include overseas service.

Date ~~September 28th, 1939~~ Witness: D K Stewart

Henry Arthur Fowler (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Henry Arthur Fowler do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

~~Witness:~~ D K Stewart Henry Arthur Fowler (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 Saskatoon Cda. this 28th day of September 19 39

R B Allen 9/Capt (Signature of Magistrate, Justice or Attesting Officer.)

S.A.I. (M.G.) (Office or Rank and Unit or appointment.)

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

FINGERPRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

Regtl. No. L-1573 Rank Private Surname Fowler Christian Name Henry Arthur

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				

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

COPIED FOR VA

4008—

Record of Service of Fowler (Surname) Henry Arthur (Christian Names) Regimental Number L-15773

QUALIFICATIONS

Military 27th Bty C. F. A. 1916-19

Business or Professional nil

Trade or Civil Bookkeeper - accountant

Technical nil

Languages English

EDUCATIONAL QUALIFICATIONS.

High School or Collegiate 3 yrs (years completed) Graduation or Matriculation Sr matric (specify)

*College nil

*University nil

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

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

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
		Joined on appointment T.O.S.	Pte	28/9/39	S.L.I.	Saskatoon	26 39	10/10/39 ~~29/9/39~~
27-9-39	Pt II. 26.	ENTRAINED WITH UNIT	"	4-12-39	"	"		4-12-39
4-12-39		~~EMBARKED WITH UNIT~~	"	~~8-12-39~~	"	~~Halifax~~		~~8-12-39~~
8-12-39		~~Disembarked with unit.~~	"	~~18-12-39~~	"	~~Glasgow~~		~~18-12-39~~
18-12-39			"	29-12-39 To 5-1-40	"	Aldershot	DO #1	1-1-40
1-1-40	Adj. Unit	Granted leave of absence						
	3-20/1/40	Not SOS ~~SOS unit~~ ~~cat~~ ~~strength~~ on transf. to 2C 2 B Group	"	30-5-40	"	"	DO 145	30-5-40
16/8/40		Granted priv. leave to 10-8-40	"	9-8-40	"	Aldershot	13	16-8-40
		Granted priv. leave to 24 Dec 40	"	20 Dec 40	SLI	Aldershot	36	27 Dec 40
		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 8 Dec 39						
		TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 9 Dec 39 AND DISEMBARKED AT Greenock		14 Dec 39	SLI	Aldershot	3	14 Jan 41
		Leave - 4 days (D-3)	Pte	15/22 May 41	SLI	Aldershot	29	23 May 41
				21 July 41			49	19 Sept 41
	X	To do Read Party	Pte	4 Aug 41	SLI	UK	43	15 Aug 41

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

COPIED FOR VB

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Fowler ~~XXXXXX~~ Henry Arthur Date Sept. 27th 1939

Part 1. Information obtained from the recruit.

1. Age 44 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	no	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

Witness. H. A. Fowler (Signature of Recruit)

Examiner's remarks re above "Are you now receiving or have you in the past received disability pension or compensation, if so, give details?" no

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

1. Identification marks or scars. (If operative obtain history.)
Tattoed mark on left fore.arm. Gas burns on left jaw.
Two vaccination marks and skin-graft scars on left arm.

2. Height 5 feet 5½ inches. 3. Weight 166 pounds.

4. Complexion medium Eyes brown Hair black 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 42 inches.
Range of expansion 2½ inches.

7. Vision, right 6/6 left 6/6 8. Hearing, right W/V 20 left W/V 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Feet moderately flattened, lipoma 2" in diameter on right shin.

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	T.A.B.T. Brief details and signature
22/11/39	Reexamined: Normal urine, ears, reflexes: Cat A	23 Dec 41	1/2
28.11.39	T.A.B. 2-3	11-9-42	Vacc-
22 11 39	T.T. 1	3.11.42	TABT ½cc
22 11 39	U.A.S.E.	15.2.46	Schick. Neg.
30 11 39	X-Ray Chest (Duncan Chest Hospital)		
1/3/40	T.T. 2nd. DOSE. 3/3/40 LCC 63.		

FOWLER — HENRY ARTHUR

SURNAME — CHRISTIAN NAMES

1250685 — DENIOS

SERVICE NO. OR RANK

~~DEPARTMENT OF VETERANS AFFAIRS~~

SERVICE DOCUMENTS

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

PUBLIC ARCHIVES RECORDS CENTRE
DEPOT DES ARCHIVES PUBLIQUES
OTTAWA

405176.

THE CONTENTS OF THIS ENVELOPE ARE CONFIDENTIAL

Surname FOWLER

Christian Names HENRY ARTHUR
(Show Christian Names in full)

Service No. L 15973 Rank on Discharge Cpl

Kindly forward Medals to which I am entitled by reason of my service during the War 1939-45, to:—

No. & Street 3902 - 19th St SW

Town Calgary

Province Alta.

SIGNATURE H. A. Fowler.
(Write in block letters and in ink)

NAVY

ARMY X

R.C.A.F.

(Designate by an "X" the branch of the service from which you obtained your final release)

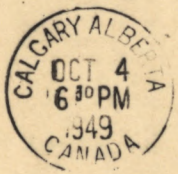
OTHER SERVICES
(Name Organization with which served)

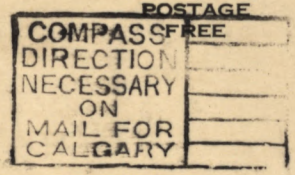
I AM ALREADY IN POSSESSION OF

Victory & G.S. Medals.

K. 15857

O.H.M.S.





DIRECTOR OF WAR SERVICE RECORDS
(AWARDS)

DEPT. OF VETERANS AFFAIRS

OTTAWA, ONT.

Regt No.	Rank	Name (Block letters)	Initials	Corps or Unit
L 1573	PTE.	FOWLER,	H.A.	SASK.L.I.

| | | |

Encl. 28 Sep 39. O/L 5 Dec 39.
Recarded 26 June 42.
CFA 253 Completed.

22 Sept 44. CH#10. Posted to Coln Treasury Office - Lancaster!
Auth: HQS/Pay Clerks/1 (Org2)
d: 22 Sept 44. CFA 253 prepared by SPO of 1 copy.

AWARDS—CANADIAN ARMY (ACTIVE)

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FOWLER	Henry Arthur	L.1573	Pte.	

FILE NO. 405-F-835

WAR SERVICE BADGE (CLASS) ELIGIBLE G.S.C. No. 792663(5-7-46)DD12 DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal	
CVSM& Clasp	
War Medal1939-45	
	564 25/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

REM. RAND LTD. (N.D. 9048) 6.12.66 KARDEX SYSTEMS DIV. CAT. NO. K. 15332

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

ADDRESS:

(1)

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

Fowler Pte H.A. L 1573. Age. 48 Cat. A

Sick Parade Attendance

1/ 24 Nov. 43. Recheck exam No complaints. Head neg Chest neg Heart neg B.P. 140/90 ~~Eyes~~ Throat neg Hernia neg. Urine O

2/ 18 Dec. 43: Transferring to The Ordnance. Exam neg. signed his papers

Weight	
Date	lbs.
Enl.	
Nov 43	158

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 FORCE

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Soldier FOWLER HENRY ARTHUR.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number L 1573

(3) Unit 1st Bn S.L.I. (M.G.)

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Nina Evelyn Fowler

(*b*) Present postal address of wife 2212 Lorne Avenue, Saskatoon, Sask.

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

(7) Are you a widower? ✓

(8) Have you any children? Yes.

If so, give number of boys and girls 2 Girls

Also their names and ages Harriett Jane age 21. Margaret Gwyn age 18.

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them No

Give particulars of Guardian to whom Separation 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? No

If so, state her full name and Postal Address ✓

(11) Is your father alive? No

If so, state name and address ✓

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

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

Also state reason he has no other means of support ✓

(14) Is your mother alive? No

If so, state name and address

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

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

Also state reason why she has no other means of support ✓

(17) Are you insured? No

If so, in what Company? ✓

Have you made arrangements for payment of your Insurance Premium? ✓

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

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

N. Bruce Witness

L G. Fowler
(Signature of officer or man)

Date October 28 1939.

T. A. Cantin Capt
Officer Commanding D.L.I. (M.G.)

Date Oct. 30/39

1st. Batt. Saskatoon Light Infantry

RECORD OF SERVICE

No.: G.S. 6 15 73.
No.: NRMA

1. CHRISTIAN NAMES Henry Arthur SURNAME Fowler.

2. Date of Birth 29 Oct. 95
3. Date of enrolment NRMA
4. Date of enlistment G.S. 27 Sept 39.
5. N. of Kin
   Relationship
6. Address of N. of Kin:

7. Marital Status: M.
8. Occupation on enlistment: Book Keeper Accountant

15 TRANSFERS, POSTINGS etc	WEF	UNIT	DO
Vol. for CFEF	17 May 45	C. Treas. Off.	24
Reposted for CFEF		CTO	37/45
TOS SER 312 wef 10 Aug 45 DO# 2/45			
SOS CDN ARMY O/S wef 11 Aug 45 DO # 2/45			

9. RANK, ACTING OR CONFIRMED	WEF	AUTH:
Lt.	27 Sept 39.	26/39.
Appt. T.S. Capt.	1 May 45	34/45

10. SERVICE (Country)	FROM	TO	DAYS
CAN.	27 SEP 39.	8 DEC 39	73
U.K.	9 DEC 39		1940
W.H.			73
O.S.			1940

11. HONOURS AND AWARDS	WEF	AUTH:
2 i/c Good Conduct Badge	28 Sep 44	29/45
Def medal	8 May 45	DOAO C TOO

12. QUALIFICATIONS AND COURSES	PLACE	WEF	RESULT	AUTH.

13. HOSPITALIZATION	WEF	UNIT	DO or CL

16. MED CAT OR PULHEMS

YOB	P	U	L	H	E	M	S

17. M.D. PREFERENCE:

18. RE-ALLOC. PREFERENCE
1.
2.
3.

14. PUNISHMENTS	WEF	UNIT	PLACE	D.O.

POINTS: 239

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full FOWLER Henry Arthur. (b) Reg'l. No. L. 1573
2. (a) Arm of service Army (b) Unit S.S.R. (c) Rank Pte.
3. (a) Date of birth 29 Oct. 95. (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Watrous SASK.
4. (a) Place of enlistment Saskatoon. (b) Date of enlistment 28 Sep 39.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 10 Grade.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Govt Liquor Store. Address Watrous Sask.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Liquor Store.
20. (a) Your specific occupation Cashier. (b) Number of years' experience at this occupation with any employer 8 Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes. (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming? Mixed.
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Watrous Sask.

Section G—MISCELLANEOUS

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

DATE 9 Jun 1945 SIGNATURE for Officer i/c Record, C.M.H.Q.

Profile Date	X	F	CD	PD	Pe

CANADIAN DENTAL CORPS
MEMORANDUM

M.F.B. 465B (Rev.)
10M pads of 100-9-45 (8072)
H.Q. 1772-39-950

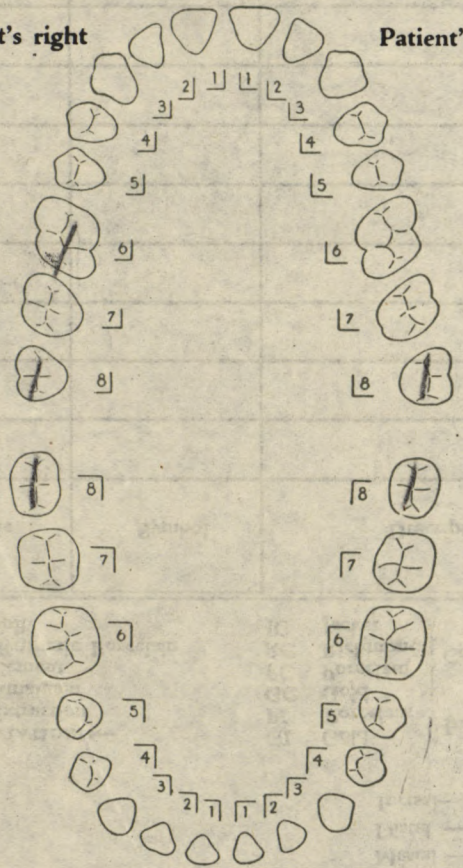
Title or use of form

L-1573 Cpl FOWLER H.A. #12D.D.

Number | Rank or Rating | Name | Base, Unit or Station

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



Date July 46

DENTAL REQUIREMENTS ON DISCHARGE

2 PF

M Gilmour Capt.

Signature of Operator

Dental Coy. No. 30

Mesial — M
Distal — D
Incisal — I
Occusal — O
Labial — La
Buccal — Bu
Lingual — Li

Abbreviations:—

- X 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 Angina
- Pe Periodontia
- Misc. Miscellaneous

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

Date	Symbol	Description of Treatment	Signature	Co'y No.

M.F.M. 45A
3M Pads of 100—5-45 (7303)
H.Q. 1772-39-1705

CANADIAN MEDICAL SERVICES

REPORT OF RADIOLOGICAL EXAMINATION

1

COPIED FOR VB

Reg. No. L-1573. Unit #12 Dist. Depot.

Rank L/Cpl. Corps

Name FOWLER, H.A. Film No. A-3666.

Report of Radiological examination of: CHEST.

A single postero-anterior exposure of the chest is negative.

HSG/JG.

Station Regina, Sask.,

Unit M.D. #12, Reception Centre,

Date 20 Dec./45.

(H.S. GILLESPIE) CAPT. RCAMC
Radiologist

MEMORANDUM

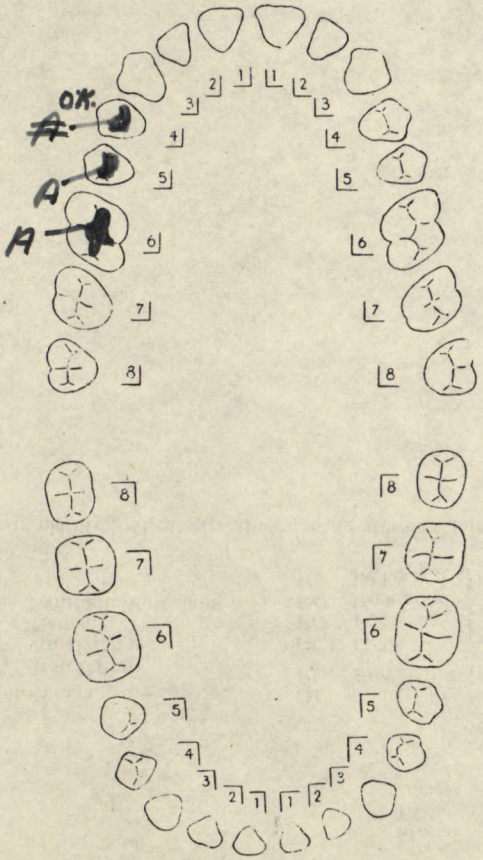
M.F.B. 465B
200M—10-39 (2534)
H.Q. 1772-39.

CANADIAN DENTAL CORPS 17.CBDC. #8.CGH. Date 7. SEPT. 43

Reg. No. L-1573. Rank PTE Name FOWLER. H.A. Unit CDN. LEGION-AUX. SERVICE

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

65 O-A.



H3157 LAIRD OW SGT.

Signature of Operator

Mesial	— M	Labial	— La
Distal	— D	Buccal	— B
Incisal	— I	Linual	— Li

Occusal — O

ABBREVIATIONS:—

X	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

R	Root Caval	Br	Bridge } Describe with sketch
VA	Vincent's Angina	PD	Partial Denture } Describe with sketch
Pu	Pulpitis	CU	Complete upper } Denture
PO	Post Operative	CL	Complete lower } Denture
Pe	Periodontia	Ra	X-ray

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

MEMORANDUM

M.F.B. 465B
200M—10-39 (2534)
H.Q. 1772-39-

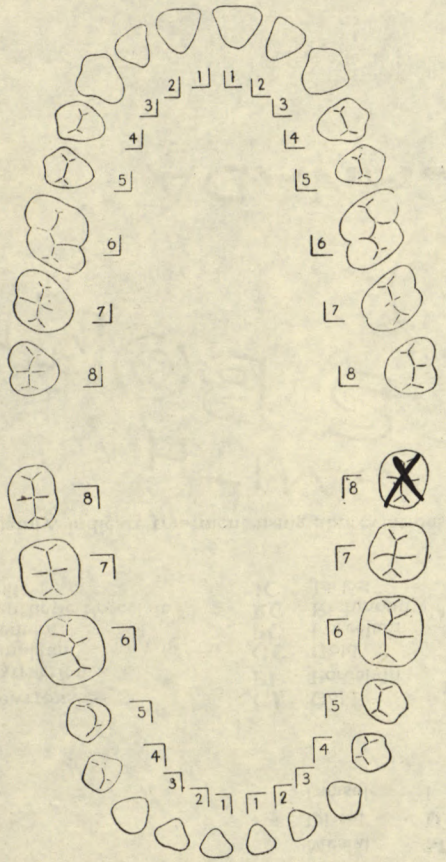
CANADIAN DENTAL CORPS 2nd. Div Dental Coy. Date 8/11/40

Reg. No. L-1573 Rank Pte Name Fowler H Unit S.A.I.

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

B Coy.

T8 Extraction



D. Mackenzie (Capt)

Signature of Operator

Mesial	— M	Labial	— La
Distal	— D	Buccal	— B
Incisal	— I	Linual	— Li

Occusal — C

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

R	Root Caval		
VA	Vincent's Angina		
Pu	Pulpitis		
PO	Post Operative		
Pe	Periodontia		
Br	Bridge	Describe with sketch	
PD	Partial Denture	Describe with sketch	
CU	Complete upper	Denture	
CL	Complete lower	Denture	
Ra	X-ray		

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

MEMORANDUM

M.F.B. 465B
200M—10-39 (2534)
H.Q. 1772-39-

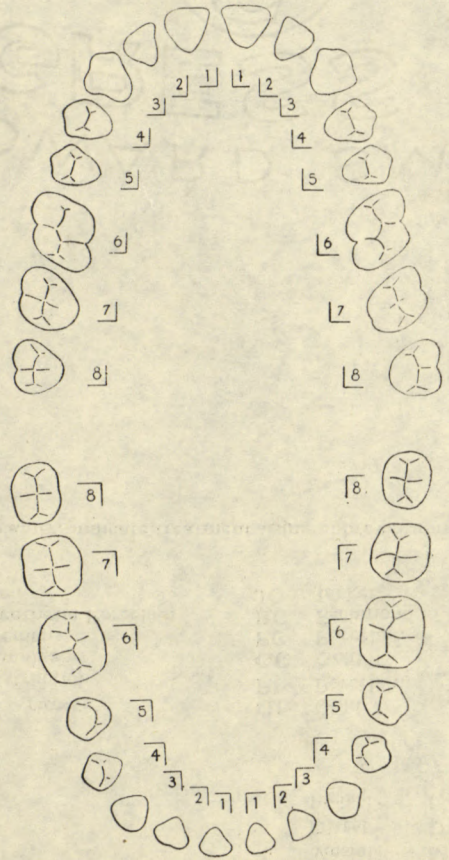
CANADIAN DENTAL CORPS 2nd Div. Dental Coy. Date 24/9/40

Reg. No. L-1573 Rank PTE Name FOWLER H.A. Unit SLI.

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

"B" Coy

Prophylaxis.



D. Mackenzie (Capt)
Signature of Operator

Mesial	— M	Labial	— La
Distal	— D	Buccal	— B
Incisal	— I	Linual	— Li

Occusal — O

ABBREVIATIONS:—

X	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

R	Root Caval	Br	Bridge } Describe with sketch
VA	Vincent's Angina	PD	Partial Denture } Describe with sketch
Pu	Pulpitis	CU	Complete upper } Denture
PO	Post Operative	CL	Complete lower } Denture
Pe	Periodontia	Ra	X-ray

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

DENTAL RECORD

CANADIAN DENTAL CORPS

NAME Fowler H.A. RANK Pte AGE 44 REG. No. ~~L-1523~~ L-1573

UNIT S.L.I. (M.G.) "B" Coy DATE 21/11 19 39

ORAL HYGIENE ~~GOOD~~ ~~FAIR~~ NEGLECTED

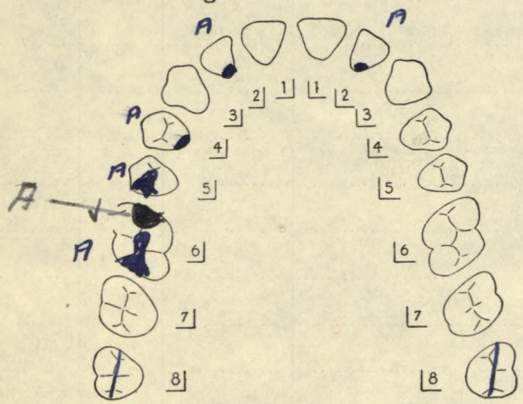
(Strike out inapplicable words)

MUCOSA

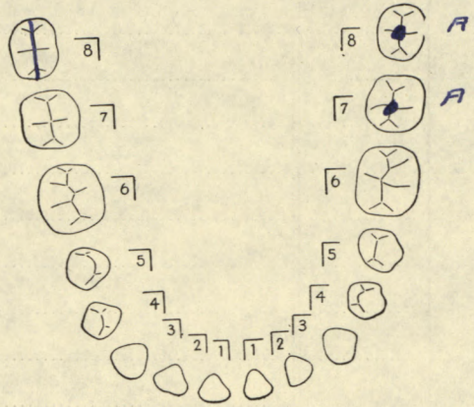
(Describe any pathological condition briefly)

O.K.

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

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

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

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.
All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

J.F. Mackenzie (Capt)

M.F.B. 465
200M—10-39 (2533)
H.Q. 1772-39-850

Indicate surfaces of teeth as follows:

Mesial — M
Distal — D
Incisal — I
Occusal — O
Labial — La
Buccal — B
Linual — 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
22/2/40	1	61	Ce Filling	J.A. Milne. Capt.					
14/3/40	2	61	MO A	F. S. Radway Capt					

DENTAL RECORD

CANADIAN DENTAL CORPS

NAME Fowler H. A. RANK Pte. AGE 44 REG. No. L-15773

UNIT SLI (MG) "B" Coy DATE 21/11/39 19

ORAL HYGIENE ~~GOOD~~ / ~~FAIR~~ / NEGLECTED

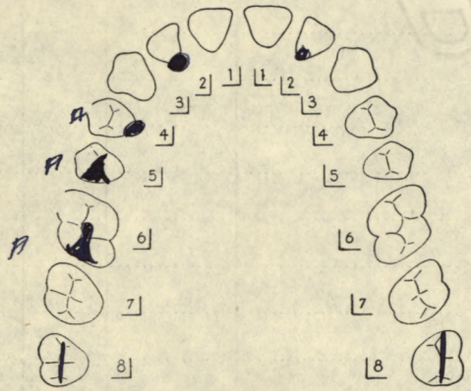
(Strike out inapplicable words)

MUCOSA

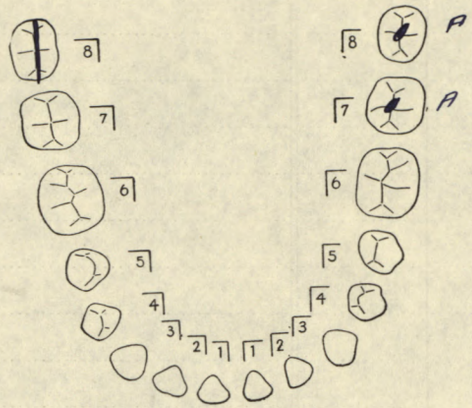
(Describe any pathological condition briefly)

OK

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

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

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

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.
All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

M.F.B. 465
200M—10-39 (2533)
H.Q. 1772-39-850

Indicate surfaces of teeth as follows:

Mesial — M
Distal — D
Incisal — I
Occusal — O
Labial — La
Buccal — B
Linual — 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

DEPARTMENT OF NATIONAL DEFENCE

(ARMY)

SUPPLEMENT TO PERSONNEL SELECTION RECORD

(M.F.M. 196A)

To be attached to M.F.M. 196, and to be initiated **only** when M.F.M. 186 is completely filled.

COPIED FOR VB

L-1573	L/Cpl	Fowler	H. A.
Regtl. No.	Rank	Surname	First Name

ADDITIONAL FOLLOW-UP:

Date of Enlistment: Sep 39 O/S From: Dec 39 Cat: A Age: 49

Interviewed at "A" Wing, #4 Cdn Repat Depot 29 Aug 45 with documents.

Plans: (1) Would like a job with the ImperialGraves Committee as a cemetary caretaker in France and Holland.

(2) Would like an outside job as a gardner, landscape man in public park, etc., under Civil Service.

(3) Will return to his former job as cashier in Saskatchewan Liquor Commission.

(4) Would like bookkeeping and clerical work.

Appreciation: Married without dependent children, Fowler is an older type, a veteran of two wars. He has been a cashier with the a/m commission for 7 years but as a result of gassing in the last war and heavy clerical work, he has an eye weakness which prompts him to take outisde work. Thus the first two plans. Friendly, reliable, Fowler has above average intelligence and does not seem to have any immediate financial worry. Stable and quite well settled, he is recommended for the first two plans unhesitatingly. Gardening is his hobby. It is possible he would like a depot job on his return to Canada.

Counsel Offered: Advised to approach Civil Service regarding plans (1) and (2) and apart from that, general information was provided.

B.V. Lavery Lt

(B.V. Lavery) Lieut

W.D. 12 completed at Regina, Sask., JUL 4 1946

Senior Army Examiner

M.F.M. 196A
100M—11-44 (6176)
H.Q. 1772-39-1916

(SEE REVERSE SIDE FOR FURTHER INFORMATION AND FOLLOW-UP)

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps ..... Regimental Number L. 1573

Substantive Rank Pte. Surname Fowler, Christian Names H. A.

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

(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
		C.T.O.D.	9 days P.L. 13 Jan - 22 Jan 45	U.K.	13 Jan 45	Pte	3 - 17 Jan. 45
		"	Volunteered for Pacific Theatre	"	17 May 45	"	24 - 26 May 45
		"	P.L. 7 days plus 48 hrs. w.e.f. 26 May 45 to 4 Jun. 45	"	26 May 45	"	25 d/30 May 45
		"	Awarded 2nd. Good Conduct Badge	"	28 Sep. 44	"	29 - 19 June 45
		"	Appointed L/Cpl.	"	1 July 45	L/Cpl.	34 d/42 Jul. 45
		"	Not accepted for C.E.F. because of age	"	31 Jul. 45	"	37 d/31 Jul. 45
		"	Awarded The Defence Medal	"	9 Aug 45	"	40 - 9 Aug 45
		"	Ceases subsistence (a)	"	9 Aug 45	"	42 - Aug 45
		"	Posted to 312 CD in D 12.	"	9 Aug 45	"	42 - Aug 45
			TOS SER 312 wef 10 Aug 45 DO# 1/45				
			SOS CDN ARMY O/S wef 31 Aug 45 DO # 2/45				

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown

SERVICE AND CASUALTY FORM

PART I (For all ranks)

COPIES FOR VB

M.F.M. 4 (Part I)
A.F.B. 103 (P...)
40/P & S/...

Unit R.C.A.M.C. S.L.1. Regimental Number L-1573

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	FOWLER.		
2. Christian Names	H. A.	R.C.A.M.C.	
3. *Substantive Rank and Appointment	Pte		
*Acting Temporary or Local Rank		Aux Serv.	
giving date			

*To be entered in pencil to facilitate alteration.

4. Place of birth	Bridport Dorset England	(18) Medical		
5. Date of birth as declared on attestation	29 Oct 1895			
(A)		Category	Date	Authority
6. Date of enlistment	September 28th, 1939			
7. Place of enlistment	Saskatoon, Saskatchewan.			
8. Residence at time of enlistment	Watrous, Sask.			
9. (B) Special conditions (if any) of enlistment or rate of pay				
10. (C) Any subsequent variations of conditions of service				
11. Religion	C of E			
12. If married, state date	Married	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment	Clerk (Cashier) Farmer	MRS. NINA EVELYN FOWLER,		
14. Corps, trade and grade		BOX 365, WATROUS,		
15. (D) Qualifications		SASK. CANADA		
16. (E) Miscellaneous entries				
		(20) E.		
		(21) E.		
		(22) E.		

YEAR OF BIRTH	P	U	L	H	E	M	S

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	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
	LofS	TRU	TOS from HQ 1 Edn Div (Rear Party)	UK	21 Aug 43	Pte	205 d/28 aug 43
SofS	LofS	TRU	SOS to 8 Edn. Gen. Hosp.	UK	1 sept 43	Pte	210 d/3 sept 43
	LofS	#1 CGH	TOS as Military Helper supplies to				
			W.E. on posting from #1 CGRU.	"	2 Sep 43	"	76, d/3 Sep 43
			Pay leave to 17 Dec 43	"	3 Dec 43	"	101, d/3 Dec 43
	LofS	1 Trans	LofS from 8 Edn Hosp to do				
			the Military Helper surplus				
			to W.E. Auth #08/Mil Help/				
			1 (SCA) d/10 Dec 43.	UK	19 Dec 43	pte	156 20 Dec 43.
SofS		8 CGH	SOS to 1 Adm Tpt Coy to do				
			the Military Helper surplus				
			to W.E.	UK	18 Dec 43	pte	106 21 Dec 43.
	S.O.S.	1 TRANS	S.O.S. to 12 Edn Amb Servicen				
			Sec (Military Helpers Surplus				
			to W.E.) Auth: 408/MIL HELP/				
			1/4 (ORB 1) C.R.H. d/11 Jan 44	—	16 Jan 44	—	6 — 14 Jan 44.
		1 TRANS	Attchd for from 12 Edn Amb				
			Servicen Sec (Military Helpers				
			Surplus to W.E.) Amdt: 408/				
			Mil HELP/1/4 (ORB 1) CRH				
			d/11 Jan 44	—	17 Jan 44	—	6 — 14 Jan 44.
Edn Amb Serv			awarded C.V.S. Medal & Clasp				
			Auth. O.R.D. 4167	UK	15 Jan 44	Pte	1 21 Jan 44
	OC	12 Amb Sec	Posted 12 Amb Sec as MH WEF 17-1-44	"	17-1-44	"	Do " 1 21-1-44
	"	"	Attached 1 Transport Coy as MH WEF 17-1-44	"	17-1-44	"	Do " 1 21-1-44
	"	"	Awarded C.S.M. 2nd Clasp 15-1-44	"	17-1-44	"	Do " 1 21-1-44
			Cease Attd 1 Adm Tpt Coy [redacted] WEF 19-7-44		19-7-44		32 21-7-44
			SOS 1 Adm Tpt Coy [redacted] WEF 19-7-44		19-7-44		32 21-7-44
			Amendt No 32 d/21/7/44 Sec C Sub para 16(1)				
			to Read 6 C I RU		19-7-44		33 24-7-44
	6 C I RU		T.O.S. fr 12 Edn Amb Sec (Mil Helpers)	"	20 Jul 44	"	188/44
	"		P.L. 9 days 6-15 sept 44	"	6 Sep 44	"	21.1/44
	6 C I RU		SOS to C.T.O. (Lancaster) (Auth: CMHQ				
			A.F.-178 (A.G.2.S.) d/21 Sep 44)	UK	24 Sep 44	Pte	227/44
	C.T.O.		T.O.S. from 6 C I RU	UK	25 Sept 44	"	18-29 Sept 44
	"		Granted Furlough a/	"	25 Sept 44	"	18-29 Sept 44

C. 16. 21.10.44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

MFM 4 (Part I)
AFB 103 (Part I)
40/P&S/31(Part I)

Unit 1 Bn Saskatoon Light Infantry Regimental Number L 1573

1. Surname Fowler
2. Christian Names Henry Arthur
3. *Substantive Rank and Appointment L/Cpl. Pte
   *Acting Temporary or Local Rank
   giving date 1 July 45

*To be entered in pencil to facilitate alteration

4. Place of birth Bridport Dorchester England
5. Date of birth as declared on attestation 29 October 1895
   (A)
6. Date of enlistment 24 September 1939
7. Place of enlistment Saskatoon Sask: Canada
8. Residence at time of enlistment Watrous Sask: Cda
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England
12. If married, state date married (2 children)
13. Trade on enlistment Book-Keeper Accountant
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn, etc)
Saskatoon Light Infantry	1 Bn

(18) Medical

Category	Date	Authority
"A"		Standing Med: Board

(19) Next of kin (entries to be made in pencil)
Mrs Nina Evelina Fowler (wife)
Watrous Saskatchewan
Canada

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

CFEF	1st	2nd	Mor S	Score
YES	O	R	M	239
MD	MD	MD	YOB	Disp
12		12	95	

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 1.	(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 Halifax	—	8.12.39	—	—	—
			T.O.S., C.A. Overseas	UK	9.12.39	(S.L.I) Pte	3	14 Jan 41
			Disembarked Gourock	—	17.12.39	—	—	—
			To be Rear Party	UK	21.8.41 4.8.41	Pte	430 + 49	15 Aug 45
		SLI	Entitled to wear 1 Good Conduct Badge	UK	28.9.42	Pte	45	16 Dec 42
		SLI	Apptd A/L/Cpl unpaid	UK	16.11.42	A/L/Cpl	73	2 Dec 42
		1 Cdn Div Sup Coy	To be Carried surplus to WE	UK	1.5.43	Pte		
		Note:	Referring to A/L/Cpl rank dated 16.11.42: there is NO "Revert to Pte" order in MF					
		1 Cdn Div Sup Bde	To be Mil: Helper Surp to WE. Remains posted to HQ 1 Cdn Div Sup Bde	UK	1.5.43	Pte	2	15 May 43
		SLI	Granted daily Regtl Rate of $1.50	UK	1.1.43	Pte	15	27 Mar 43
			Awarded the Canadian Volunteer Service Medal and Clasp					
		CTO	~~Awarded the 2nd Good Conduct Badge~~	UK	15.9.44	Cpl	19	6 Oct 44
		CTO	TOS from 6 CIRU	UK	25.9.44	Pte	18	29 Sept 44

Regimental No. L.1573 Rank Pte.(L/Cpl) Sheet No.

Name FOWLER H.A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
TOS from Cdn. Army O/S (Reported 12-Sep-45)	L/Cpl	1-Sep-45	#12 DD	Regina	268	25-Sep-45
Granted (30 dys) disemb. lve & trav time to 14-Oct-45	"	13-Sep-45	"	"	268	25-Sep-45
S.O.S. Hald. Est. to Supernumary to H.W.E.	"	17-Oct-45	"	"	291	18-Oct-45
T.O.S. Supernumary to H.W.E. from Hold. Est.	"	18-Oct-45	"	"	291	18-Oct-45
S.O.S. Super. H.W.E. to H.W.E.	"	22-Nov-45	"	"	330	26-Nov-45
~~Change of address of N. of K to Sioux Lookout, Ont.~~ CANCELLED by DO#97d/7-4-46		6-Apr-46	"	"	96	6-Apr-46
Change of N/K to A .B.Horseman Sioux Lookout, Ont.	"	6-Apr-46	# 12 DD	Regina	97	7-Apr-46
App. A/Cpl.	A/Cpl.	1 Apr 46	"	"	101	11 Apr 46
SOS HWE to Hold. Est.	"	19 Jun 46	"	"	163	20 Jun 46.
TOS Hold. Est. from HWE	"	20 Jun 46	"	"	163	20 Jun 46.
Granted 7 dys pre disc. leave with R.A. to 27 Jun46	"	21 Jun 46	"	"	164	21 Jun 46
Change of age: Date of Birth having been verified is changed to 29 Oct 1890 from 29 Oct 1892 (all docs to be amended)	A/cpl	3 Jul 46	12 DD	"	173	3 July 46 40/45
Awarded the Defense Medal						
sos on discharge 1029-5cl	A/Cpl	5 July 46	#12 D D	Regina	176	6 July 46
period of Service 27 Sept 39 to 5 July 46						

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

Name.....

M.F.M. 1 & 2 (a)
300M—11-44 (5977)
H.Q. 1772-39-1646

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

VACCINATIONS, INOCULATIONS, CHANGES IN PULHEMS GRADINGS, ETC.

Date	Brief Details and Signature of M.O.	Date	Brief Details and Signature of M.O.	Date	P	U	L	H	E	M	S	Signature of M.O.

Statement of the Service of No. L15443 Rank Pte Sheet No. II

Name Fowler H.A.

M.F.M. 1 & 2 (a)
709 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
		4th Prov. leave ww. 7 days.	Pte	4/11 Feb 42	1 SLI	UK.	17	13 Feb 42
		4 days P/L No/FIW to 13 May 42	Pte	6 May 42	SLI	UK.	35.	13 May 42.
		Priv. Leave 7 dys (Pb.)	Pte	12/19 Aug 42	SLI	U.K	56	25 Aug 42
	+	Entitled to wear One good Conduct badge	Pte	28 Sep 42	S.L.I	U.K	75	16 Dec 42
	+	Appt. A/L/Cpl (unpaid)	Pte.	16 Nov 42	S.L.I	U.K.	73	2 Dec. 42
	+	Priv. Leave with ration allowance	Pte	11/25 Jan 43	S.L.I	UK	10	27 Feb 43
SOS		S.O.S to H.Q.1 Cdn Div. Supp. Bn ceases to be Can. Sup to WE.	Pte	30 apr 43	S.L.I	U.K.	22	30 apr 43
	TOS	T.O.S HQ1 Cdn Div Sup Bn. from S.L.I	Pte	1 May 43	1CD Sup Bn	U.K.	2	15 May 43
	+	To be Carried Sup to W.E.	Pte	1 May 43	1C Div. Sup. Bn	U.K.	2	15 May 43
	+	To be Military Helper sup to WE	Pte	1 May 43	1C Div Sup Bn	U.K	2	15 May 43
		Remain Posted to H.Q. 1 Cdn Div Sup Bn Can. sup to WE.						
S.O.S		S.O.S to H.Q. 1 Cdn Div. ceases to be as mil. Helper sup to WE.	Pte	3 Jun 43	1CDSB	U.K	4	18 Jun 43
	T.O.S	T.O.S from 1 Cdn Div Sup Bn (S.L.I.)	Pte.	4 Jun 43	HQ1 Cdn Div	UK.	25	18 Jun 43
SOS	+	Granted daily Regtl Rate Pay $1.50	Pte	1 Jan 43	S.L.I	U.K	15	27 Mar 43
	T.O.S.	T.O.S from Rear Duties HQ 1 Con Div	Pte	21 Aug 43	G.R.U	UK	205	28 Aug 43
S.O.S.		SOS to 8 Gen Hosp	Pte	1 Sept 43	G.R.U	UK	210	3 Sept 43
	T.O.S	T.O.S. from G.R.U. surplus to W.E. Military Helper	Pte	2 Sept 43	8 G.H.	U.K.	76	3 Sept 43
S.O.S		S.O.S. to 1 Cdn Div. Trans. Coy. R.C.A.S.C. Military Helper, surplus to W.E.	Pte	18 Dec 43	8 Gen Hosp	U.K.	106	21 Dec 43
(M37)	T.O.S.	TOS from 8 Gen Hosp. Mil. Helper surplus to WE	Pte	17 Dec 43	1 Cdn Trans Coy	UK	156	20 Dec 43

Statement of the Service of No. L-15773 Rank Sheet No.

Name Fowler H A.

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

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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
(M37) SOS		SOS to 12 Can Army Services Coy (Ord Help for purplus to WE)	Pte	16 Jan 44	12 Adm Tpt Coy	UK	6	14 Jan 44
eql	TOS	T.O.S. from 1 Adm Coy.	Pte	17 Jan 44	12 Adm Tpt Coy	UK	1	21 Jan 44
eql		Att to 1 Adm Coy FAP: ex duty	Pte	17 Jan 44	12 Adm Tpt Coy	UK	1	21 Jan 44
	X	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
SOS		S.O.S. as mil Help to Adm Tpt Coy	Pte	19 June 44	12 C Aux Sen.	UK	32	21 July 44
	TOS							
		C/alt as mil Help to 1 Adm Tpt Coy	Pte	19 June 44	12 C Aux Serv	UK	32	21 July 44
SOS								
C101	TOS	TOS from 12 Ame Serv	Pte	20 Jul 44	6 C I R U	UK	188	4 aug 44
C101	SOS	S.O.S to C.T.O (Lancaster)	Pte	24 Sep 44	6 C I R U	UK	224	25 Sep 44
C11	X TOS	TOS from 6 C I R U	Pte	25 Sep 44	C.T.O.	UK	18	29 Sep 44
C101	X	Awd 2nd Good Conduct Badge	Pte	15 Sep 44	C.T.O	UK	19	6 Oct 44

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Canadian Army

This is to certify that

Cpl. (RANK) L.1573 (NUMBER)

Henry Arthur FOWLER (NAME IN FULL)

Served on Active Service with the

Canadian Army

From 27th. September/39 and is now discharged from the service under Routine Order 1029-5-c-1 by reason of, "To return to civil life, (on demobilization).

on the 5th. day of July 19 46

Particulars of Active Service

Number of occasions wounded NIL Theatres of Service - - - -CANADA- - - - - - UNITED KINGDOM/- -

Orders, Decorations, Medals, Mentions and Commendations awarded during above Service

Defence Medal, Canadian Volunteer Service Medal & Clasp.

- - - - - - - - - - - - - - - - - - - -

Issued War Service Badge "Service Class" No. 792663

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DESCRIPTION OF PERSON

Sex Male Age 55 years Height 5 feet 5½ inches

Complexion Moduim Eyes Brown Hair Black

Visible marks or scars Tattoed mark on left forearm.

Gas burns on left jaw. Two vacc. marks & skin graft scars on left arm.

Additional information

Signature of person H. A. Fowler

N.B. Any person finding this certificate is requested to forward it in an unstamped envelope to the Secretary, Department of National Defence (Army), Ottawa, Canada.

ORDERLY ROOM
JUL - 5 1946
No. 12 DISTRICT DEPOT (C.A.)

M.F.M. 7 (Eng.) (Duplicate)
200M—7-45 (7751)
H.Q. 1772-39-1653

M.F.M. 23 (Revised)
240M—2-46 (8808)
H.Q. 1772-39-1677

BOARD TO C. P. C.

IH/ **THIS JACKET CONTAINS SERVICE DOCUMENTS FOR EX-MEMBER OF THE CANADIAN ARMY**

PPs. 239

Regt. No. L.1573

Rank Rxxxx Cpl.

Name FOWLER, Henry Arthur

Intended Place of Residence Gen. Del. Watrous, Sask.

"I hereby acknowledge receipt of:—

(a) Discharge Certificate MFM 7

(b) War Service Badge "General Service Class" No. 792663

(c) Priority Suit Purchase Certificate and application for civilian ration book RB 64D NO. 329685 & SPC issued

and that Discharge Proceedings have been carried out to my satisfaction subject to reservations noted below."

H. A. Fowler.
Signature of soldier

Place Regina

Date 5 July/46

GB.

THE PAPERS IN THIS ENVELOPE HAVE BEEN PLACED IN CHRONOLOGICAL ORDER AND THEIR SEQUENCE SHOULD NOT BE DISTURBED.

WSR 2A 23.7.70 JC

mmee 16.9.47

THIS JACKET CONTAINS SERVICE DOCUMENTS

FOR EX-MEMBER OF THE CANADIAN ARMY

Pte. 838

Regt. No. L.12572

Bank [illegible] Cpl.

Name TOMLER, Henry Arthur

Intended Place of Residence Gen. Del. Maxtrone, Sask.

"I hereby acknowledge receipt of:—

(a) Discharge Certificate MEM 7

(b) War Service Badge "General Service Class" No. 179893

(c) Provide Suit Furnished Certificate and application for civilian ration book RB 640 No. 2558882 & SPC issued

and that Discharge Proceedings have been carried out to my satisfaction subject to reservations noted below."

Signature of soldier

Date 2 July/46

Place Regina

Reservations

CIC

L058-901

THIS JACKET CONTAINS SERVICE DOCUMENTS FOR EX-MEMBER OF THE CANADIAN ARMY

Regt. No. L.1673

Rank Rmgr Cpl.

Name FOWLER, Henry Arthur.

Intended Place of Residence Gen. Del., Watrous, Sask.

"I hereby acknowledge receipt of:-

(a) Discharge Certificate MFM 7

(b) War Service Badge "General Service Class" No. 792563

(c) Priority Suit Purchase Certificate and application for civilian ration-book RE 941 & SPC issued

and that Discharge Proceedings have been carried out to my satisfaction subject to reservations listed below."

H. A. Fowler

Signature of soldier

Regina

5 July/46

THE PAPERS IN THIS ENVELOPE HAVE BEEN PLACED IN CHRONOLOGICAL ORDER AND THEIR SEQUENCE SHOULD NOT BE DISTURBED.

WSR 21 23-7-46 AC

DEPARTMENT OF VETERANS AFFAIRS - W.D. 12

IF DISCHARGEE IS REPATRIATED PRISONER OF WAR MARK "POW"	IN HOSPITAL	

CONFIDENTIAL

ATTENTION
EMPLOYMENT

SURNAME	FIRST NAME	INITIALS	RANK	NUMBER	SEX
1. FOWLER	HENRY	A	CPL	L-1573	Male

2. DATE OF COMMENCEMENT OF ACTIVE SERVICE:-	PLACE	YR. OF BIRTH
28 Sep 39	Saskatoon, Sask.	29Oct90

3. SERVICE OUTSIDE CANADA:-	YES	NO	IN WHAT SERVICE ?
	YES		ARMY

4. CAUSE OF DISCHARGE:- CARO 1029 (5)-c-1

5. PRE-ENLISTMENT EDUCATION:-

Completed grade 8 at an English school in 1905.
(attended 8 years in English private school).

6. LANGUAGES:-

English

7. OCCUPATIONAL HISTORY:-

1905-10 employed seasonally in shipping, ranching and lumbering in B.C.
1910-16 farming in Sask.
1916-19 Ist World War.
1919-31 farming ½ section grain farm.

8. IMMEDIATE PRE-ENLISTMENT EMPLOYMENT:- (WITH NAME AND ADDRESS OF EMPLOYER) 1931-39 cashier - clerk in Sask. Gov't Liquor Bd. Watrous Store, Sask.

9. SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:-

Documents available: M.F.s.M. 2, 4, 196.

Ist World War C.E.F. 1916-19 Reg. No. 1250685 gas casualty.
Fully trained in infantry. Employed on training and general duties.
Qualified clerk group "B". Employed on clerical work for 3 years.

Total service 51 months, with 69 months in the U.K. France, Belgium, Holland and Germany.

10. EDUCATIONAL COURSES WHILE IN SERVICE:-

NIL

11. MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):-

"Varicose vv and sciatica. Referred to D.V.A. for treatment.
Restricted to medium and light tasks indefinitely."

12. MARITAL STATUS:- MARRIED NUMBER OF DEPENDENTS, OTHER THAN WIFE NIL

13. DISCHARGEE'S OWN STATEMENT OF FUTURE PLANS (IF ANY):-

"I am returning to my former position."

14. POST-DISCHARGE MAILING ADDRESS:-

General Delivery: Watrous, Sask. S

15. BASIS FOR COUNSELLOR'S RECOMMENDATIONS:-

For 8 years prior to enlistment in this war Fowler was employed as cashier in the Gov't Liquor Board Store at Watrous, Sask. He states that he is returning to this job immediately after disbharge. In view of his 15 years seniority and the accumulated pension rights this appears to be the most logical plan and Fowler is unlikely to seek other employment.

16. ACTION RECOMMENDED:-

Classification: Re-instatement.
Recommendation: Employment as cashier in Gov't Liquor Store at Watrous, Sask.

17. OTHER POSSIBILITIES SUGGESTED BY COUNSELLOR:-

NIL

18. REFERRED TO:-

N.E.S. Office, Regina, Sask.

19. PLACE #12 DD Regina, Sask. DATE 4 Jul 46.
AGP

SIGNATURE OF COUNSELLOR G.H. Reid Lt.

RANK OR APPOINTMENT D.S. MacDONALD, Lt.

NOTE:- COUNSELLOR WILL CHECK TO SEE THAT THIS FORM HAS BEEN COMPLETED AS REQUIRED.

MEDICAL BOARD PROCEEDINGS

JUL 18 1946

BOARD TO C.P.C.

INSTRUCTIONS TO MEDICAL OFFICERS

A. This form will only be used in connection with the retirement of an officer or the discharge of another rank or when specially required by N.D.H.Q. If Medical Board of three members acts, all sections will be completed by them.

B. It is the responsibility of each medical officer concerned to ensure that his part of the proceedings is properly carried out, that the individual examined is correctly and completely described.

C. If space on form is insufficient, report may be carried over to an overflow sheet, which will be numbered to correspond to the section concerned, and the overflow sheet will be signed as well as the corresponding section on the form.

D. Sections 1 to 10 inclusive may be completed in Orderly Room.

E. Sections 12 to 15 inclusive will be completed by the medical officer instituting the proceedings.

F. Sections 16 to 19 inclusive will be completed by the appropriate examining officers.

G. Every section is essential and each must be completed in full. Be relevant and concise. Write legibly.

Station REGINA Sask. Date 3 July 46.

1. State reasons and/or authority for proceedings 1029-5-c-1 On Demob.

2. Regimental No. L 1573 Rank Cpl. Unit No 12 D.D. Religion C. of E.

3. Name FOWLER (Surname in block letters) Henry Arthur (Christian Names)

4. Home Address Ge. Del., Watrous, Sask. Country of Birth Canada

5. Place of enlistment or enrolment Saskatoon Sask., Date 28 Sep 39

6. State whether G.S., N.R.M.A., C.W.A.C., G.O. 139, P.F., etc. G.S.

7. Category or PULHEMS Profile on Enlistment or Enrolment A

Date of Birth October 29th, 1890 1895

YOB	P	U	L	H	E	M	S

8. Occupation in civilian life Bookkeeper Accountant

in Army General Duties.

9. Length of Service, this war:

Canada 28 Sep 39 to 8 Dec 39

Abroad ~~9 Sep 45~~ 9 Dec 39 to 31 Aug 45

Canada (on return) 1 Sep 45. to Present date.

10. Length of Service, former wars: (Rank and Regimental No. if available) Reg. No 125068, Gnr.

Canada Nov. 1916. to Feb. 1917.

Abroad Feb. 1917. to June 1919.

Canada (on return) June 1919. to June 1919.

---

11. Present Diseases or Injuries (to be filled in by the President of the Board):

Cause	Present Diseases or Injuries	Place of Origin	Date of Origin	Code No.
unknown	Varicocele Lt	England	1942 Dec	0727
unknown	sciatica	Eng.	Spring '45	0306

SPECIALIST EXAMINERS SECTION

16. This Section will be completed by E.E.N. and T. Examiner.

(a) History, Functional Inquiry and Examination.

Hearing somewhat impaired
N.A.D.

Vision O.D. 20/20 O.S. 20/30 Corrected O.D. ____ O.S. ____

Hearing A.D. 20 A.S. 20

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

Nil

Recommended Grades: P 1 H 1 E 1

L. Hamilton Edwards Lt. R.C.A.M.C.
(Signature of E.E.N. and T. Examiner)

17. This Section will be completed by the SURGEON EXAMINER.

(a) History, Functional Inquiry and Examination.

Rt. leg. Sciatica. 0306
Varicosities 0727
Standing uncomfortable than marching, latter now restricted to about 5 miles.

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

Referred to D.V.A.
Re. 0306
0727

Recommended Grades: P 1 U 1 L 4 R

D. H. Williston Capt. R.C.A.M.C.
(Signature of Surgeon Examiner)

18. This Section will be completed by INTERNIST EXAMINER.

(a) History, Functional Inquiry and Examination: B.P. Syst. 125 Dias. 85.

History negative.
P.E. Negative; except for varicosities L. leg.

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

Recommended Grades: P ____ M ____ S ____

John S. Willis Lieut. R.C.A.M.C.
(Signature of Internist Examiner)

UNIT MEDICAL OFFICERS SECTION

12. Present complaints (in individual's own words) Varicose veins left leg.

13. History of present and past disability, including functional enquiry:

This Section should outline in detail the history of the various symptoms or complaints described in Sec. 12, special consideration being given to any illness or injury suffered during army service. In the case of injuries, inquiry should be made as to whether or not M.F.M. 371 was completed or Court of Inquiry held. Give dates and other essential data such as hospitals where treated, and names of doctors or medical officers rendering treatment. Findings of physical examination will be entered in this section when made by the Unit Medical Officer, or his equivalent, when such examination is indicated.

Pres: no operations, no serious illnesses no injuries

Dvt: 28/Sept/39 - Cat A.

Post:

Fe: left leg bothersome mostly on standing

Date JUL 3 1946 — Dahlmann R.C.A.M.C.
(Signature of Medical Officer)

14. Statement of Individual being examined:

(a) I, the undersigned H.A. Fowler having had Sections 12 and 13 read to me, am satisfied that they are correct to the best of my knowledge and belief.

Witness Dahlmann — Col H. A. Fowler
(Rank) (Name)

Date JUL 3 1946

15. (a) Ht. 5'5½" Wt. 166 Wt. on enlistment 166

(b) Urinalysis: Albumen Neg Microscopic (if albumen positive) Sugar Neg

(c) Chest X-Ray No. 5 4 5 32 Laboratory X-RAY DEPARTMENT, RECEPTION CENTRE, M.D. 12, REGINA, SASK. Report chest x-ray n

(d) Blood Serology: WASSERMAN TAKEN JUL 3 1946

19. This Section will be completed by the PSYCHIATRIST EXAMINER.

(a) History, Functional Inquiry and Examination.....

.....

.....

.....

.....

.....

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(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

.....

..... Recommended Grades: P.....M.....S.....

.....

....R.C.A.M.C.

(Signature of Psychiatrist Examiner)

20. This Section will be completed by the PRESIDENT of the Medical Board.

(a) Recommendations of Medical Board as to treatment and disposal.....

Referred to DVH within next 30 days for treatment of varicose veins & sciatica.

(b) Approved PULHEMS Profile

YOB	P	U	L	H	E	M	S
90	1	1	4R	1	1	1	

Date 3/7/46 M. Thorngate Lt-Col R.C.A.M.C.

President, Medical Board

21. Approved by:

APPROVED JUL 1 1946 A.D.M.S. D.M.O., C.M.O.

.....

A.D.M.S., D.M.O., C.M.O

Date JUL 3 1946 A.M.C.

D. M. O. MIL. DIST. No. 12

Confirmed by (when indicated)

.....

D.G.M.S.

Date.....

22. Certified True Copy of the Original Proceedings:

Date..... Signature..... .....R.C.A.M.C.

23. Re-examined and PULHEMS Profile confirmed.

YOB	P	U	L	H	E	M	S

Remarks.....

.....

.....

Date..... .....R.C.A.M.C.

(Signature of Examining Officer)

A/L/Cpl.

L 1573 ✓ — Regt'l. Number
FOWLER ✓ — Last Name
HENRY ✓ — First Name
CARDS PUNCHED-1
ARTHUR — Middle Names

CONFIDENTIAL

Soldiers Qualification Card

Unit ~~SASK L.I. M.G.~~ CTO "B" Coy H.Q. 15th Can. Div.

CODED

2 Nationality	By Birth	By Naturalization	Country of Birth
Canadian 28	✓		England

3 Racial Origin: British / 4 Language spoken in home: French ..... Other ..... English ✓

29 Oct. 95 — 46 8/12 — 5 ft 5½ in — 170 — 47 yrs.

5 Age 46 8/12 — 6 Height 5'-5½" — 7 Weight 170 — 8 Silhouette [1] 2 3 4

9 Eyes: 4 Colour of Brown / 10 Acuity 1 2 3 — 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 — 13 Speech Defects .....

14 Handedness R L A — 15 / Med Category A ✓

Cause .....

Attitude to own health reasonable — To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... E ..... S 10(15) (Grade completed)

Conduct during school life .....

17 18 University or Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

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

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

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

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English
OZ Written well -do-

24 Main occupation: Description Cashier - Govt. Liquor Store.
1601 Estimate of skill .....
Duration (from—to) 3/1931 - 9/1939 Weekly Wage $27
Employer's Name and Address Govt. Liquor Store Waiteress, Sask.

50 "M" Test	Score S	SM	
1	12		S. Tot 42
2	14		SM
3	16		
4	25		S. Tot 59
5	34		SM
6	12		S. Tot 61
7	24		SM
8	25		
Tot.	162	SM	Grade B
9			

51 OTHER MENTAL
Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL
Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.
Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST
1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER
Test .....
Score ..... Grade .....
Date .....

Unit ~~SASK L.I. M.G.~~ "B" Coy H.Q. 15th Can. Div.

1 Corps SASK L.I. 6 12

25 Second Most Important Occupation: Description: Farming - mixed.
5914 chiefly grain. Estimate of skill .....
Duration (from—to) 1919 - 3/1931 Weekly Wage .....
Employer's Name and Address own farm. SK West Waiteress, Sask.

26 Third Most Important Occupation: Carpenter, Deck Hand on Steam Boat etc. Estimate of skill .....
1528 Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 4 Auto WR 30 Motorcycle .....
31 4 Farm Tractor WR 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....
35 Accident Prone .....

Farming Experience: Wide ✓ Limited .....
District Waiteress, Sask. Type Mixed

Job promised after discharge yes By whom? Name Sect 24.
Address .....
Other provision for post-discharge occupation .....
Type of work desired Farming.
Occupational history: Ambitious ..... Accidental .....
Stable ✓ Erratic .....

36 1 Material Status: M ✓ S ..... W ..... D ..... Sep. .....
Marital Problems ..... (Remarks)
Age of wife 39 Wife's attitude to Service ..... Wife's Health good

37 No. of Children 2 No. Brothers 3 No. Sisters 3
Position in family 4 38 No. Dependents 1
Relationship of Dependents Wife.
Status of home in childhood .....

39 2 7 Hobbies: Photography M ..... S ✓ Radio ..... Engines .....
Mechanics ..... Other Woodwork
40 Sports: (1) Swimming (2) Hunting (3) Skiing.
Team Games and Position (1) .....
(2) ..... (3) .....

41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

505 Ch. Treasury Officer.

4 - DEC 1942 8 — MAR 1943 11 JUL 1943

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F.. N.P.. etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
CANADA ARMY.	27 BTY 4 BDE FD ART	3	GNR.	1919	FIELD GNR. E

43 CURRENT SERVICE: Date Enlisted 28. 9. 1939 Place Enlisted SASKATOON.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
28.9.39-5.12.39	CANADA	INF	SLI - B COY	PTE	TRAINING	
5/12/39	ENGLAND	"	" "	PTE	RANGETAKER.	Sat. 440
28.9.42	"	"	S.L.I.	"		
16/11/42.	✓	✓	✓ 1st Div HQ.	A/L/Cpl		
				#		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating
RANGETAKING	UNIT	1.2.42- 14.2.42.		
WATER COURSE	"	1.3.42- 7.3.42.		
RANGETAKING	"	1.6.42- 14.6.42.	RANGETAKER.	

46 Crime: Number Courts Martial Convictions ..... Hospitalization -

Number Civil Convictions ..... Minor Offender 3-10 Occasional Offender .....

Chronic Major Offender - Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Rangetaker 440	Sat.		C.O.
Waterman 550			

55 Type of Service Desired (1) ... Satisfied ... (2) .....

Remarks re Outstanding or Limiting Factors DEPORT correct

APP neat PHYS APP ✓ DISP correct

MILIT MAP R Sat MECH. Sat

52/Alloc.Feb./1 16 Feb 43. Unsuitable. Unit remarks: "Old Age".

52/Alloc/Mar/1 - 16 Mar 43 - Rec. he be considered for duty as an NCO with Pioneers.

AAG(org) Allor

22 Sept 44. CMHQ. Posted to Cdn Treasury Office. Lancaster. Auxiliary 408 Pay Clerks (1 (Org2) d 22 Sept 44. CFA 253 prepared by SPO of 1 Cdn. Corps.

Category "A" AR Doucette Capt. SPO.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) .....

48 Suggested Possibilities for Employment (1) .....

(2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by C. H. Hickey Lieut. Date 26-6-42

Reviewed by ..... Date .....

CANADIAN ARMY

SUPPLEMENTARY DECLARATION OF SERVICE IN PACIFIC THEATRE

SURNAME FOWLER CHRISTIAN NAMES HENRY ARTHUR.

REGTL NO. L 1573 RANK Pte. UNIT Canadian Treasury Office

I, Henry Arthur Fowler G6 now (or about to become)* a member of that part of the Canadian Army placed on Active Service, do hereby volunteer and engage to serve in the Pacific Theatre of War for the term of my engagement as set out in my attestation paper (or officers' declaration paper)*.

WITNESS Jean Mamon Capt.

Henry Arthur Fowler.
(Signature of soldier or officer)

K65 17 May /45.
(Date)

NOTE:—This Declaration to be completed in duplicate; one copy to be attached securely and permanently to page 1 of duplicate MFM 2 or MFM 1; one copy to be despatched to Director of Records, NDHQ, for attachment to original MFM 2 or MFM 1.

13/26A MFM 2j 40/P & S/3262

(*Delete words inapplicable). 05-8-1239