12 M. D. 1st Depot Battalion Sask., Regiment

Regtl. No. 260183, No. 2, Co.,

Card MB 25/7/18.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One,)

DUPLICATE

1. Surname: Heninger,
2. Christian name: William David,
3. Present address: Bienfait, P. O., Sask.,
4. Military Service Act letter and number: LC, 466122,
5. Date of birth: May 21st, 1897,
6. Place of birth (town, township or county and country): Owatonna, Minnesota, U.S.A.
7. Married, widower or single: Single,
8. Religion: Presbyterian,
9. Trade or calling: Farmer,
10. Name of next-of-kin: Alvin Heminger,
11. Relationship of next-of-kin: Father,
12. Address of next-of-kin: Bienfait, P. O., Sask.,
13. Whether at present a member of the Active Militia: No,
14. Particulars of previous military or naval service, if any: None,
15. Medical Examination under Military Service Act:—

(a) Place Estevan, (b) Date Dec., 3, 1917, (c) Category A II

DECLARATION OF RECRUIT

I, William David Heminger, do solemnly declare that the above particulars refer to me, and are true.

William David Heminger (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21, yrs mths.

Height 5, ft 8, ins.

Chest measurement: fully expanded 35½ ins.; range of expansion 3½ ins.

Complexion Fair,

Eyes Grey,

Hair Brown,

Distinctive marks, and marks indicating congential peculiarities or previous disease.

J. H. Warren Maj.

O. C. 1st Depot B'n Sask. Depot Btln.

Regt.

Place Regina, Sask., Date May 7, 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

12 M. D. 1st Depot Battalion Sask.,

Regiment

Regtl. No. 260183,
No. 2, Co.,

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One,)

1. Surname	Heminger,
2. Christian name	William David,
3. Present address	Bienfait, P. O., Sask.,
4. Military Service Act letter and number	LC, 466122,
5. Date of birth	May 21st, 1897,
6. Place of birth (Town township or county and county)	Owatowanna, Minnesota,
7. Married, widower or single	Single,
8. Religion	Presbyterian,
9. Trade or calling	Farmer,
10. Name of next-of-kin	Alvin Heminger,
11. Relationship of next-of-kin	Father,
12. Address of next-of-kin	Bienfait, P. O., Sask.,
13. Whether at present a member of the Active Militia	No,
14. Particulars of previous military or naval service, if any	None,
15. Medical Examination under Military Service Act: (a) Place Estevan, (b) Date Dec., 3, 1917, (c) Category	

DECLARATION OF RECRUIT

I, William David Heminger, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21,	yrs.	mths.
Height	5,	ft.	8, ins.
Chest measurement	fully expanded	35¾ ½	ins.
	range of expansion	3½	ins.
Complexion	Fair,		
Eyes	Grey,		
Hair	Brown,		

Distinctive marks and marks indicating congenital peculiarities or previous disease:

Depot Bttn.

Rect.

Place Regina, Sask., Date May 7, 1918.

M.F.W. 111

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HEMINGER WILLIAM D. 260183 1ST D. BN. 19095

DEMOB

406166

Surname	Christian Name or Names	Reg. No.
Heminger	W. D.	760183
Rank	Unit	
pte	Sask. 15 R.	

Cas. List.	
	17 Cl Bramshott - 4-10-18.
8-10-18 C 376	Influenza RW.
17.10.18 6334	Dis. 14.10.18
22.11.18 6365	12 Cly. Bisbett. 19.11.18
	Mumps. Dy.
9 IX 18 6378	Dis 6 IX 18.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.E.F. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

Number 260183 Rank Pte

Surname HEMINGER

Christian Name William David

Units S.R Theatre of War England

Date of Service 18-8-18

Remarks

Latest Address Brenfait. Sask.

Roll No. a Page 3014

200m.-2-21.M.

DESP. APR 18 1923
REGN. NO. 791c

Form R. 149.

Name HEMINGER William David Rank Pte Reg. No. 260183

Unit 15 Res

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4.10.18	Can B. Shott	Influenza		C326		28131
14 10	Dis-ch	do		C334		8712
		SAS 13/11/18				
19-11	Can Bramshott		Mumps	C365		1477
6-12	Discharged		do.	C378		192

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form DMS 1401.

No. 12 Can Gen HOSPITAL.

A. & D. CARD

AT Bramshott.

A. & D. No. 8060. PL. OF ACTION

RANK Pte. REG. No. 260183 UNIT 15th Can Res. H Co. SICK OR WOUNDED

NAME Heminger, 2 AGE 21. RELIGION

PLACE IN HOSPITAL ward 8.

DIAGNOSIS Influenza.

ADMITTED 3-10-18 FROM

DISCHARGED OCT 14 1918 TO Lmis

TRANSFERRED

SERVICE AT HOME 5/12. IN FIELD

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

NAME Heminger W. D. REGT. No. 260183

RANK AND UNIT Pte. Sask. Regt.

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 326-1	12 C. Gen. Bramshott	4-10-18	Influenza
C 334-2	Disc	14-10-18	"
C 365	12 Can Gen Bramshott	19-11-18	~~Measles~~ Mumps
C 378	Discharged	6-12-18	Mumps

Form DMS 1401.

12. Base Gen HOSPITAL.

A. & D. CARD

AT

A. & D. No. 10589 PL. OF ACTION

RANK 1st REG. No. 260783 UNIT 15th Reserve SICK OR WOUNDED

NAME Heminger W. AGE 22 RELIGION Pres.

PLACE IN HOSPITAL Amed

DIAGNOSIS Mumps.

ADMITTED 18. 11. 18 FROM S.

DISCHARGED DEC 6 1918 TO Line

TRANSFERRED

SERVICE AT HOME 6 IN FIELD

RESULTS 12.

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

NAME. Heminger, William David. | RANK. Pte. 0.12 | REC. FILE. May 7. 12
No. 260183. | T. O. S. ..... 19.
Sask. Regt. | CORPS. 1st Dpo. Bn. | D.C.O. FILE. Part II No 18 126

ENLISTMENT, PLACE. Regina Sask. DATE. May. 7th 1918.

BIRTH
DISCHARGE, PLACE. U.S.A. Owatonna Minn DATE. May 21st 1897

REASON. S.O.S. Dis. 26-6-19 Demob.
D.O. 178 J 27-6-19 # 12.D.D.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN Heminger Alvin RELATIONSHIP. Father.
ADDRESS Bienfait. Sask.

O/S. 29-7-18 1351/9.

7/C 20-6-19 331/143 Pte.

L. L 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

ORIGINAL DEC 6 - 1917

M.S.A. 15.

MILITARY SERVICE ACT, 1917. 260183

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Heminger Christian name William David

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 466122 L.C.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Bienfait, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of December 1917, by the undersigned medical board sitting at Estevan, Sask.

5. Age as stated 20 Years 6 Months. 6. Apparent age 20 Years 6 Months

7. Height 5 Feet 8 Inches. 8. Weight 160 Pounds.

9. Chest measurement { Minimum 33 Ins / Maximum 36½ Ins. } 10. Complexion Fair { Eyes grey / Hair Brown }

11. Physical development. { Good / Fair / Poor } 12. Smallpox marks yes

13. Number of vaccination marks { Right arm none / Left arm none } 14. When vaccinated last none

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

R. eye 20/30

L. eye 20/40

R. ear normal.

L. ear mnormal.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

J. F. Conniffton President.

J. J. Bromley Member. Member.

Okd. to Schedule by D.E.O. No. 6

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
8/5/18	+	Denis Devany M.O.	8/5/18	+	Denis Devany M.O.
		M.O.	31/5/18	+	M.O.
		M.O.	18/6/18	+	M.O.

Joined 7 day of May 1918 at Regina

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Batt	260183		7/5/18.
Transferred to.....	16th Canadian Res. Batt'n			16 AUG 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man William David Heminger

W. J.

63

0 1 Coy

Surname Hemingen Christian Name Williams David

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Discharge from Hospital Day	Month	Year	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. Particulars of prophylactic inoculations.	Signature of Medical Officer.
No. 12 CAN. GENERAL HOSPITAL.		3	10	18	14	10	18	Influenza	11	onset 29.9.18 headaches, cough Temp. always normal since admission Lungs neg. Slight cough - no sputum - to lines	G.Y. Laing Capt
No 12 CAN. GENERAL HOSPITAL.		18	11	18	6	12	18	Mumps	19	Rt parotitis - no complications Recovery - Wash to lines	[illegible]

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 12.

NAME OF SOLDIER Heminger W. J.

REGIMENT 1st. Depot Batt. Sask. Regt. RANK Pte. No 260184

M.F.B. 465
2/40M 1-17
1772-39 950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918. May 9										2 / 16.32.									Examined by Capt H. Holmes 12.		Cast 1/13.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Name of Soldier _____ Regimental No. _____

Rank _____ Unit _____ Date _____

Dentist _____

| | | |

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 260183 Rank Pte. Surname HEMINGER

(Given name in full) Wm. David

Unit or Corps 15th Res. Birthplace Owatonna Minnesota U.S.A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 163 lbs. Height 5 ft 8 in. Colour of Eyes Grey

Nutrition Good

Pulse 70 regular

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
1½" scar (with keloid) on forearm (L) flexor surface, at lower end of ulna.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System Yes

Osseous and Joint System No Any other general condition Yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

3.10.18 Influenza
18.11.18 Mumps

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at RIPON (Overseas)

Date 5-5-19 Signed E. Thurron M.O. Capt Corrse

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Henninger W. D.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 15 Res

No. 260183

Rank and Name Pte Hemminger W

Age

Military Hospital Bramshott

Service

Disease Mumps

Date of admission 18.11.18

Date of discharge 6-12-18

Result Recovery

Dates of Observation: 19, 20, 21, 22, 23, 24, 25

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

Pulse per Minute: 110, 112, 112, 108, 88, 80, 80, 72, 76, 60, 72, 64

Respirations per Minute: 22, 28, 22, 20

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature [illegible signature] In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps_____ Military Hospital_____

No._____ Rank and Name_____ Age_____ Service_____

Disease_____ Date of admission_____ Date of discharge_____ Result_____

Dates of Observation

Days of Disease

Temperature Fahrenheit

Time A.M.P.M. (repeated across the chart)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

8 6 4 2

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature_____ In charge of case.

Forms I. 1237 / 12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	260183	Pte	Heminger	W

Year	Unit.	Age.	Service.
1918	15 Res		

Station and Date. Disease Mumps

Bramshott
18.11.18

Complaint. Swelling + soreness face
Rt side –
Duration, 2 days

F.H. – neg

P.H. –
Influenza No 12 C.G.H. 1 month ago
Otherwise has always been well
Venereal – weeks,

Present. –
Two days before admission
swelling Rt gow pain on eating
+ difficulty in fully opening mouth
gradually getting worse –
Otherwise felt well

Phy Exam. TPR 101.160. 20
Rt parotites – moderate
Swelling + soreness
No orchitis – Other glands normal
Throat neg
Other systems normal

23 14 Fo.
Temp normal for mid day
face subsiding.
No complications

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

Station and Date.	

Corps 15th Res

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Military Hospital _____

No. 260153 Rank and Name Pte Hemynger Age _____ Service _____

Disease Influenza Date of admission 3.10.18 Date of discharge 14.10.18 Result Rec.

Dates of Observation	3		4			5			6	7	8	9	10	11
Days of Disease														
Temperature Fahrenheit — Time A.M.P.M.	10 2	6 10	2	6 10	2 6 10	2	6 10	2	6 10	2	6 10	2	6 10	2
107°														
106°														
105°														
104°														
103°														
102°														
101°														
100°														
99°														
98°														
97°														
Pulse per minute	78		78			76			80 76	74	72 72	84 72	68	74 80
Respirations per Minute	20		18			18			18 18					20
Motions per 24 Hours														

(29342) W6465—M789. 1,000,000. 9-16. D.P.W. A.F.B. 181. (373)

Signature _____ In charge of case.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	260183	Pte.	Hemingen	Wm

Unit.	Age.	Service.
15th Reserve	21	5/12.

Station and Date.	Disease Influenza
12 CCS	Had dysentery one year ago. Sick 3 mos. Family. Neg
3.10.18	Was taken ill 29.9.18 & Cough, Soreness in Chest Headache, ~~Chills~~ for several days.
4.10.18	Lungs neg.
6.10.18	Cough has subsided. Condition fairly Good. Exam Chest Negative.
12.10.18.	Slight cough. Temp normal. No expect. Lungs no rales heard.
14.10.18.	To Lines.

G Thomas
Capt

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

C.A.D.C. 5009A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

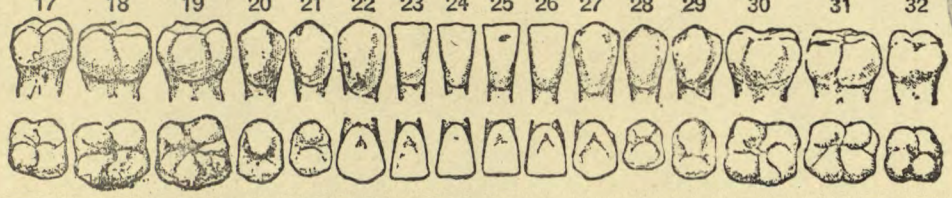
NAME OF SOLDIER (Block Letters) HEMINGER, W

REGIMENT 15th RES. BN RANK PTE No. 260183

Date of Examination in England 7-519 Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



DENTAL BOARD 7 MAY 1919 RIPON

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS —
2. EXTRACTIONS 13.
3. CROWNS —
4. DENTURES
   - (a) Full Upper —
   - (b) Part Upper —
   - (c) Full Lower —
   - (d) Part Lower —

E W Moules Capt Medical A.D.D.S., C.A.D.C., M.D. 12

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada —
- (b) In England —
- (c) In France —

Signature of Dental Officer R Rog Capt.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 260183 (Rank) Pte

Name (in full) William David Heminger enlisted in

the 1st Depot Bn.

CANADIAN EXPEDITIONARY FORCE at Regina on the Seventh

day of May 19 18.

HE served in Sask.Reg.in England

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness~~

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age	22 years & 1 month	Marks or Scars	
Height	5ft 8 ins.		
Complexion	Fair		
Eyes	Grey		
Hair	Brown		

Heminger W. D.
Signature of Soldier.

H Bradbrook
Issuing Officer.

Date of Discharge

Dispersal Station "O"
JUN 26 1919
Military District No.12

Rank MAJOR

Date ..... 19....

N B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battn. Sask. Regt.

Regimental No. 260183 Rank Private Name Heminger, William David

Enlisted (a) 7/5/18 Terms of Service (a) C. E. F. DURATION OF WAR Service reckons from (a) May 7-1918

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) Mil. nil civilian Farmer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Montreal	28-7-18.	
		Disembarked	Liverpool	15-8-18.	
22-8-18.		Taken on strength 15th Can. Res. Bn.,	Bramshott	15-8-18.	Part 11 D.O. No. 234.
14/6/19	D.C. 15th RES. BN.	STRUCK OFF STRENGTH TO	RIPON.	14/6/19	PART II DAILY ORDERS No. 165 ADJUTANT, to RESERVE BATTALION

REGINA DISPERSAL AREA "O"
T.O.S. R.O. 1420 (D.D.O. 178 Para 1043
S.O.S. R.O. " (D.D.O. " Para 1044
MEDICALLY UNFIT, DEMOBILIZATION.
LIEUT.

H. M. T. AQUITANIA
EMB'D SOUTHOMPTON, 14. 6. 19
DISEMB'D HALIFAX, 20. 6. 19

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

Form B.122
2352—M.0081—5-7-16

N.C.D.

Rank Name Heminger William David Reg'l No. 260183

Unit 106th Dft. Sask. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Regina Sask. 7/5/18 Place of Birth Owatowna Minn. U.S.A.

Name and Address, Next-of-Kin Alvin Heminger

Bienfait P.O. Sask. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

N/E. R.B. No. 14456
File R.L.
Category O.P. Can

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
C		Arrived in England	15 AUG 1918	H.M.T.	Cassandra
22.8.18	15 Res	T.O.S FROM Canada	Bramshott	16, 8 18	Pt.II O 234
14.6.19	15 Res	S O S to Canada	Ripon	14 6 19	Pt.II 164
		To Canada 85-O-298		14.6.19.	

260183 Hemminger W.D.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

P 820
12474—375M—13-2-18.

* Strike out whichever is not applicable.

ASSIGNED PAY.	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:–		EFFECTIVE DATE:–
AMOUNT:–		AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME A WORD "SAME" ONLY TO BE WRITTE

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTR BY INSERTION OF DATE CHARGED IN R

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID
25/5	539	15 Res. 26/5	~~19 47~~			Ledger Bal. C
						LPC Bal. C.

PARTICULARS OF RENDERING NON-EFFECTIVE:– Drons. to Can. 31/5/19.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	
July 31	Bal. to Can.			
Aug.	P.P.	34 10		AR. 16.
		34 10		
Sept.	"	33 -		" 1538.
				" 677.
				" 1650.
		33 -		
Oct.	P.P.	34 10		AR 1772. 31/
		34 10		
Nov.	P.P. Nov + Dec.	67 10		AR 189
				AR 3057.
Jan	P.P.	34 10		
		101 20		
Feb.	P.P.	30 80		AR 3298.
	Mcl.	34 10		AR 3463.
				AR. 3634.
				AR 3765.
				AR 3883.
		64 90		
Apr.	P.P.	33		AR 4024.
	P.P. May.	34 10		" 4110
				AR 96.
				AR 266.
				AR 373.
	Int Of Pay	3 44		
		7054		
				Over.

COMPILED BY. W.R.A.
CHECKED BY. [illegible]

ND OR A.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- HEMINGER. W. William David

NUMBER:- 260183

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
T.O.6.	AUG - 1 1918	Pte.

THORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 106 Dft. 1st S.R.D

DATE ACCOUNT FIRST OPENED:- 1-8-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
		15 Res	S.R.D
			Can Sect.

Y-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~19 67~~				
			Ledger Bal. C.	164 99
			LPC Bal. C.	145 32

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L. P. Co.	1 — —	10		

FFECTIVE:- Trans. to Can. 31/5/19 Repon F 9794. 27/5. Repon. M.D 12.

	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								29 60		
	34 10		AR. 16. 20/8/18. B'Ley Camp.	4 87				58 83	15	
	34 10			4 87				91 83		
	33 -		" 1538. 15/9/18. 15 Res.	29 20				34 07 57 76		
			" 677. 2.9.18. B. Camp.	4 87				43 16	30 -	
			1650. 30.9.18 15 Res.	14 60				43 16	a/cancel 30.12	
	33 -			48 67						
	34 10		AR 1772. 31/10. 15 Res.	19 47				57 79		
	34 10			19 47						
	67 10		AR 1294. 15/11 "	14 60						
			AR 3057. 21-12-18 "	34 07						
	34 10							110 32		
	101 20			48 67						
	30 80		AR 3298 15/1. 15 Res.	9 73						
	34 10		AR 3463. 31/1 "	9 73						
			AR. 3634. 13/2 " 19.46	7 30				148 46		
			AR 3765. 28/2. " 26.76	7 30						
			AR 3883. 15/3. " 34.06	9 73				131 43	135	
	64 90		43.79	43 79						
	33		AR 4024 31/3. "	9 73						
	34 10		" 4110 " "	49						
			AR 96. 15/4. "	9 73						
			AR 266. 30/4. " 19.95 29.68	9 73						
			AR 373. "/5. 15 Res.	7 30						
Off Pay	3 44			36 98				164 99	150	
	7054			36 98						

Over.

NUMBER 260183. RANK NAME HEMINGER. W. D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.
	Bal. Fwd.						
June				aR 539. 3/5 15 Res.	19 47		
					19 47		

SOS to Canada SL85 SRO 14-6-19

MINGER. Jr. D.

RTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					164 99		
15 Res.	19 47				145 52		
	19 47						
L85 8RD 14/6-19							

WAR SERVICE BADGE
CLASS No. C

Dispersal Area No. O

Occupational Group No. O

O — 12

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

H.M. TRANSPORT AQUITANIA
DEPARTMENT OF DISCHARGE
SOUTHAMPTON, ENGLAND
LIVERPOOL, ENGLAND
HALIFAX, N.S.

1. No. 260183
2. Rank. Pte
3. Name. Heminger William David
4. Unit. 15 Can Res. Batt and 1st Depot Batt Sask
5. Date of Discharge REGINA, SASK. JUN 26 1919 Place
6. Reason for Discharge On Demobolization
DEMOBILIZATION Service in France Nil
Next of Kin. Father
Category A2 Pres. Farmer
7. Authority. R.O. 1420 (D.D.O. 178 Para 1044)
8. Proposed Residence after Discharge Bienfait Saskatchewan
Canada

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Heminger W.D.

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "O" JUN 26 1919 Military District No. 12

Signature H Bradbrook

MAJOR (O. C. Discharging Unit.)

M.F.B. 218a (1184) Wt. /P53 5/19 25M (2) D.St.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Group a
Checked by I.O. 44
RDG XI
Date 12/6/19

No. 12 DISTRICT DEPOT

File, H 1147 S/S Aquitania 20/6/19

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 260183 | RANK Pte | NAME (IN FULL) HEMINGER, W.D.

NEXT OF KIN | RELATIONSHIP

ADDRESS: Bienfait, Sask.

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS: Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: 1 D B S | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION: 7/5/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO: Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED: PLACE Regina | DATE JUN 26 1919 | REASON Dumob | AUTHORITY DO 178 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. No. of Days	Rate	Amount $	C.	Other Credits $	C.	$	C.	Total Credits $	C.	Acquittance Rolls Col. No. 1 No.	Date	Col. No. 2 No.	Date	Col. No. 3 No.	Date	Cash Payments Col. No. 1 $	C.	Col. No. 2 $	C.	Col. No. 3 $	C.	Assigned Pay $	C.	Regimental Charges $	C.	Other Charges $	C.	$	C.	Total Debits $	C.	Balance Debit $	C.	Credit $	C.	Particulars or Remarks
BALANCE FROM PREVIOUS ACCOUNT 31/5/19					145	52			145	52																									145	52	145 52 Cr. from LPC
											Boat						4	87																			
											"						5	00																			
1/6 4/7	34	1.10	37	40	35	00			72	40	Cheque						38	05									8	80			296	72	78	80	WD		8 80 Opaid 29/6 4/7 Cr. 35 00 Clo Bn
			37	40	180	52			217	92							287	92									8	80			296	72	78	80			

WAR SERVICE GRATUITY M.D. 12

			W.S.G.																						W.S.G.						Soldier						
	122		280	=			280	=																	78	80			78	80	201	20					12 D.D.
																									70	=			148	80	131	20					629959 JUL 26 1919
																									70	=			218	80	61	20					639181 AUG 26 1919
																									61	20			280	=	-0-	=					648416 SEP 26 1919
			280	=			280	=																	280	=			280	=							

I certify that all payments due on this account have been completed,

[signature] Capt.
Paymaster War Service Gratuity
Military District No. 12.

[signature] CAPTAIN
For ASST. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

GENERAL AUDITOR'S DEPT.
AUDITED
OCT 21 1919
DISTRICT AUDITOR M.D. 12

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.