

**F35453**  
**FISHER**

JAMES

CLARE



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full Fisher James Clarence (b) Reg'l. No. P35453  
 2. (a) Arm of service Army (b) Unit P.L.Fus. (M.G.) A.S. (c) Rank Fus.  
 3. (a) Date of birth 22nd Jan. 1908 (b) Have you any dependents? Yes (3) (c) Place of residence at time of enlistment Hantsport  
 4. (a) Place of enlistment Wellington Bks. (b) Date of enlistment 11 Dec. 1940

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No.  
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade Nine Public School  
 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? Yes (b) If so, for what occupation? Barber (c) Did you finish it? Yes (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? No.

## 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 D.W. Murray Address Hantsport N.S.  
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hantsport Fruit & Basket Co.  
 20. (a) Your specific occupation Cook (b) Number of years' experience at this occupation with any employer one  
 21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed  
 25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 16 (c) In what provinces did you have experience? Nova Scotia

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?  
 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. Cooking course

April 26th

I

DATE April 26th 1941 SIGNATURE J.C. Fisher



overage?

CARDS PUNCHED  
C. KARENCE

CONFIDENTIAL

H. Q. Lay.

Soldiers Qualification Card

CODED  
656

Reg't. Number **F35453**

Last Name **FISHER**

First Name **JAMES**

Middle Names

2 Nationality **Cdn 08** By Birth ☒ By Naturalization ☐ Country of Birth **Canada**

3 Racial **British-British** 4 Language spoken in home: French ☐ Other ☒ English

5 Age **42 1/12** 6 Height **5' 9"** 7 Weight **153** 8 Silhouette 

1	2	3	4
---	---	---	---

Eyes 9 Colour of **Blue** 10 Acuity 

1	2	3
---	---	---

 11 Glasses ☒ **eyeglasses** 12 Colour Vision 

1	2	3	4
---	---	---	---

12 Hearing: Acuity 

1	2	3
---	---	---

 13 Speech Defects **none**

14 Handedness 

R	L	A
---	---	---

 15 Med. Category **A**

Cause **normal** Attitude to own health **normal** To Medical attention **normal** Health History **Good**

16 Education Level: Illiterate ☐ **8/16** S ☐ (Grade completed) Conduct during school life **normal - had to leave to go to work -**

17 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**  
Written well **English**

24 Main occupation: Description **Cook - (lumber camp - merchant marine summer hotels)**

Duration (from-to) **1932 to 1940** Estimate of skill **skilled**

Employer's Name and Address **Various in N.S. & at sea**

50 "M" Test Score **Q** SM

1 19 S. Tot. **44**

2 13 SM

3 12

4 20 S. Tot. **41**

5 21 SM

6 11 S. Tot. **54**

7 17 SM

8 31

Tot. **144** SM Grade **C**

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 **2/1/41**

2 Score **G** Date

3 Score **G** Date

4 Score **G** Date **25¢ a day**

54 OTHER

Test

Score Grade

Date

Unit **PL Fus (M) 7th 4th C. A.D.** 1 Corps **PL Fus (M) 7th 4th C. A.D.**

25 Second Most Important Occupation: Description: **0552 Barber** Estimate of skill **skilled**

Duration (from-to) **1922 - 1932** Weekly Wage **30.00 - 40.00**

Employer's Name and Address **operated business Yarmouth, N.S.**

26 Third Most Important Occupation: **odd jobs - millwork - Farming - woods work - teamster** Estimate of skill **unskilled**

Duration (from-to) **1916 - 1922** Weekly Wage **?**

Employer's Name and Address **Various N.S.**

Trade Union or Professional Society **none**

Vehicles: 27 Heavy Truck 28 Light Truck 29 Auto **D** 30 Motorcycle

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Accident Prone **1 minor - not prone**

Farming Experience: Wide Limited ☒

District **Queens Co. N.S.** Type **mixed**

Job promised after discharge **NO** By whom? Name

Address

Other provision for post-discharge occupation **probably cooking**

Occupational history: Ambitions **undecided** Accidental

Stable ☒ Erratic

36 Material Status: M ☒ S ☐ W ☐ D ☐ Sep. (Remarks)

1 Marital Problems **None** Age of wife **36** Wife's attitude to Service **normal** Wife's Health **Good**

37 No. of Children **3** No. Brothers **1** No. Sisters **3**

Position in family **1** 38 No. Dependents **4**

Relationship of Dependents **wife & three children (one son in)**

Status of home in childhood **Father died soldier aged 10 - mother carried on farm with kids help - mother died soldier aged 18-19**

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

0 Mechanics ☐ Other **Taxidermy - Poultry Raising - Movies**

40 Sports: (1) **swims a little** (2) (3)

Team Games and Position (1) **Baseball a little** (2) (3)

41 Ability to Entertain: Music: String ☐ Brass ☐

Woodwind ☐ Percussion ☐ Piano ☐ Vocal ☐

Theatrical ☐ Other **none**



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

43 CURRENT SERVICE: Date Enlisted 11/12/40 Place Enlisted Halifax, N.S.

[illegible][illegible]

46 Crime: Courts Martial Convictions \_\_\_\_\_ Major Offences \_\_\_\_\_ Minor Offences \_\_\_\_\_  
Civil Convictions \_\_\_\_\_ Fines \_\_\_\_\_ Hospitalization none

**49**    Psychiatric    ☐    ☐    ☐    ☐    ☐

[illegible]

55 Type of Service Desired (1) as at present. (2)

Remarks re Outstanding or Limiting Factors		
Department	sab	score well above average - age 42
Disposition	quiet serious	outstanding experience as a cook -
Appearance (g rooming)	sab	civilian & Army. Wants to continue on job
Physical appearance	very good	Despite age he claims to be
Map Reading	def } out of	perfectly fit
Military Knowledge	sif } training	Quiet manner, very responsible &
Mechanical Knowledge	sif	conscientious.

Attitude to Interview: Antagonistic \_\_\_\_\_ Overanxious \_\_\_\_\_ Co-operative ☒ \_\_\_\_\_ Indifferent \_\_\_\_\_

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

48 Suggested Possibilities for Employment (1) *as at present - cook.*  
(2) *(aged 43?)*

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

Interviewed by T. ORR Date 31/12/42.  
Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



Mrs. Vera Fisher

Hantsport, Hants Co., N.S.

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

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

and the following number quoted:—

H.Q. 405-F-11,698 FD211

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

4 November 1944

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

FISHER, James Clarence CPL.

F35453 Canadian Army.



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

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

/JQ

Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Vera Libert Fishes	38	Ctr. Burlington Hants Co., N.S.
2	Children of the Deceased and dates of their Births.....	L.A.C. Victor Carroll Fishes Mar 13 <sup>th</sup> . 1925. Harold Eugene Fishes Aug 16 <sup>th</sup> . 1926 Eleanor Joyce Marguerite Fishes July 31 <sup>st</sup> . 1938.	19. 18. 14.	Torrey Nfld. Land. #7. Fermanagh Ave. Toronto, Ont. Ctr. Burlington Hants Co., N.S.
3	Father of the Deceased.....	John E. Fishes (deceased)		died June 1910.
4	Mother of the Deceased.....	Cynthia Jane Fishes (deceased)		died July 15, 1922
5	Brothers of the Deceased	George Andrew Fisher	38.	Bangs' Falls Queens Co. N.S.
		William A. Joudrey. Archie R. Joudrey. Ernest N. Joudrey.	58 52 48.	Greenfield Queens Co. N.S. Bangs Falls. " " " Greenfield " " "
6	Sisters of the Deceased	Jennie Edith Fishes Mrs. <sup>Mattilda</sup> Chas. <sup>is no</sup> <del>is no</del> Florence Helena Fishes		Bangs Falls. Queens Co. N.S. Barrs Corner Lunenburg Co. N.S. Liverpool Queens Co. N.S.
		Maudie Mrs. <del>Chas.</del> McLean.	55	Pleasant Field, Queens Co., N.S.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	



## PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Clarence Fisher
9	Date of his birth.	January 22 <sup>nd</sup> 1900
10	Place and date of his marriage.	Greenfield Queens Co., N.Y. Oct 2 <sup>nd</sup> 1924
11	Place and date of his parents' marriage.	(unknown)

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bangs Falls, Queens Co., N.Y.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) N.Y. (lifetime) (b) Nanto County, 1 yr (previous) Queens Co. (c) Yonkers Co., 16 yrs (as Barber)
14	Nature of employment before enlistment.	Cook
15	State whether he owned the premises in which he lived, and, if so, where situated.	Rented
16	Name place where deceased stated he intended to make his permanent home.	No definite place

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None to my knowledge
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	We had taken out a bond of bonds overseas (Amt. Unknown)
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Not to my knowledge.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No. (Buried Overseas)

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



## DECLARATION

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

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

\* Widow of the deceased.

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

Mrs. Vera Libert Fisher

{ Signature of Informant

6th Burlington Hants Co. N.S.

{ Address

## CERTIFICATE

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

\*See above. Vera Libert Fisher { Name of informant } is the \* Widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Burlington this 20<sup>th</sup> day of November 19 44

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

Albert W Burgess

Qualification J.P. for Hants County

Address Centre Burlington Hants County N.S.

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

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

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



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

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

Unit The Princess Louise Fusiliers (Rif.), CASR Regimental Number F35453CANADIAN ACTIVE SERVICE FORCE  
ATTESTATION PAPER01  
FUS 11

- Surname FISHER,
- Christian Names James Clarence
- Present address Hantsport, Hants Co., N.S.
- Date of birth 22nd. January 1900
- Place of birth Bangs Falls Queen's Co., Nova Scotia.  
(Country) (County or Province) (Town or Township)
- Religion (state denomination) Baptist.
- Trade or Calling Barber & Cook.
- Married, Widower or Single Married.
- Name of next of kin Mrs. Vera T. Fisher.
- Relationship Wife. SEE CHANGE
- Address of next of kin Hantsport Hants Co., N.S.
- Do you belong to, or have you served in the Active Militia of Canada? No.  
N.A.  
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) The Canadian Active Service Force? No.  
N.A. (If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? N.A.  
(Yes or No) (If Yes, specify Unit and Period of Service)
- Did you serve during the Great War 1914-1918? N.A.  
NO  
(If Yes, specify Regimental No., Unit and Dates of Service)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, James Clarence Fisher. 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.

Witness J. C. FisherDate 11-12-40

(Signature of recruit)

## OATH TO BE TAKEN BY MAN ON ATTESTATION

I, James Clarence Fisher. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

(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 Halifax, N.S. this 11th. day of December 1940.

(Signature of Magistrate, Justice  
or Attesting Officer.)  
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



...Regimental Number **F35453**

### EDUCATIONAL QUALIFICATIONS

High School } .....  
or } .....  
Collegiate } ..... (years completed)

Graduation } ..... N.A. 4  
or } .....  
Matriculation } ..... (specify)

\*College..... N.A.

\*University..... N.A.

N.A.

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
-12-40	PLF(MG) CASF	Joined on appointment T.O.S.	Fusilier	12-12-40	PLF(MG) CASF.	Hfx.N.S.	Part II Or 348	13-12-40
1/8/41	5704-	Transfered Pay of Cook.	"	2-1-41	"	Halifax	" " " 219	7-8-41
15/10/41	"	Furlough.	"	15-10-41	"	Halifax	" " " 289	16-10-41
6/10/41	03453	A/c with Pay.	"	28-10-41	"	"	" " " 290	17-10-41
6/10/41	"	Furlough.	"	15-10-41	"	"	" " " 290	17-10-41
8.6.42	"	Reverts to permanent grade at own request.	"	15-10-41	"	"	" " " 290	17-10-41
8.6.42	"	Draws Grade Pay group "C" Cook.	"	28-10-41	"	"	" " " 290	17-10-41
4-8-42	"	Qualified as cook.	"	18.6.42	"	"	" " " 139	19.5.42
6-9-42	"	Granted Special Leave The No A 2003'88 to draw 50¢ per day while on leave.	"	18.5.42	"	"	" " " 139	19.5.42
		S.O.S., C.A. Canada 26-10-42		21-5-42	"	"	" " " 213	1-8-42
		T.O.S., C.A. Overseas 27/10/42		5-8-42	"	"	" " " 254	10-9-42
		Disembarked 4-11-42		8-9-42	"	"		

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

✓ T. O. S. ....



# CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....James Clarence Fisher..... Date.....11-12-40.....

## Part 1. Information obtained from the recruit.

1. Age.....40.....
2. Have you ever suffered from any of the following diseases?
  - a. Rheumatism.....No.....
  - b. Tuberculosis.....No.....
  - c. Bronchitis or asthma.....No.....
  - d. Heart disease.....No.....
  - e. Kidney or bladder disease.....No.....
  - f. Gastro-intestinal.....No.....
  - g. Rupture.....No.....
  - h. Varicose veins.....No.....
  - i. Flat or deformed feet.....No.....
  - j. Nasal trouble.....No.....
  - k. Ear disease.....No.....
  - l. Eye disease.....No.....
  - m. Epilepsy.....No.....
  - n. Nervous or mental disease.....No.....
  - o. Syphilis.....No.....
  - p. Gonorrhoea.....No.....
  - q. Have you ever worn glasses?.....Yes.....
  - r. Are you now or have you in the past received disability pension or compensation? If so, give details.....No.....

Pleurisy & Pneumonia No.

*J.C. Fisher*  
Signature of Applicant

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

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

Nil.

2. Height.....5.....feet.....8.....inches.
3. Weight.....153.....pounds.

4. Complexion.....Fair.....Eyes.....Blue.....

5. Development.....Good.....

Good  
Fair  
Poor

Hair.....Lt. Brown.

6. Chest measurement—Girth on full expansion.....40.....inches.

Range of expansion.....3 1/2.....inches.

7. Vision, right.....20/20.....left.....20/20.....

8. Hearing, right.....C.V. 20.....left.....C.V. 20.....

9. Condition of mouth and teeth.....Upper denture - Lower - Pass.....

AURISC PIC Normal.

REFLEXES Normal.

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

URINALYSIS Negative

FIELD OF VISION Nor.

CHEST X-RAY Negative.  
#4329.

**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.....

*L.P. Bralich* President *J. H. Little* Member *Reemacella* Member

## VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
31-JAN-41	2nd TETANIS	17-APR-41	Re-examined. No change in Cat.
31-JAN-41	Small pox V	25-5-42	Re-examined. No change in Cat.
7-JAN-41	1st T.A.B.	26-6-42	Re-examined. No change in Cat.
23-JAN-41	2nd T.A.B.		
9-JAN-41	1st TETANIS		



Regtl. No.....	Rank.....	Surname.....	Christian Name.....
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M.F.M. 1 &amp; 2 (a)

700 M-8-39 (1697)

H.Q. 1772-45-13

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
TOS.	can	Embarked (UK) 22 Oct 43						
		Disembarked (UK) 23 Oct 43			11 C.I.B.S.G.			
		Disembarked (UK) 10 Nov 43			(PRN) CMA.		2	11 Jan 44.
		SOS. x 3 list (Died of Sickness.	Cpl.	7 Sept 44	XH-REASC.	AAH.	133.	29 Sept 44.
		Adm to 14 Gen Hosp.		15 May 44	}			
		Discharged from 14 Gen Hosp.		10 June 44			ch c 15-76	17 Nov 44



Statement of the Service of No. F 35453 Rank .....

Sheet No. ....

Name FISHER J. C.M.F.M. 1 & 2 (a)  
700 M-8-39 (1697)  
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		✓ Granted P/Leave 10.17 Dec 42	7us	11 Dec 42	P.L-7us	UK	5	25 Dec 42
		✓ Award one Good Conduct Badge	7us	11 Dec 42	P.L.7	UK	1	12 Feb 43
		✓ Priv. Leave with R/p	7us	1/8 Mar 43	Ph 7us	UK	5	12 Mar 43
		✓ Trades pay \$1.75 per diem Cook "C"	7us	1 Jan 43	P.L. 4us	UK	8	29 Mar 43
		✓ Trans. from C.I.C. to RCASC	7us	26 May 43	P.L.F	UK	18	29 May 43
		✓ remains posted to P.L-Fus.	✓ 7us					
		✓ appl'd A/cpl.	A/cpl.	23 Aug 43	11113 P.L.F.	UK	35	14 Sept 43
		✓ Confirmed in rank of Spl.	Spl.	23 Oct 43	P.L.F	NA	Hd.	26 Oct 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		VERA, T.	CPL.		11113 Spqr	CMF.	5	24 Jan 44
		Change of ADJ. N.Y.K. MR. ESTH FISHER (WIFE) PARRSBORO, N.S. CAN.						
		✓ Adm to 1 Can Gen Hosp (D.O.)	Cpl.	20 July 44			Ph. 1462	22 July 44
		✓ SOS to X-4 hist. gen hist- B <sup>COOK "C"</sup> - 8 Bn	Cpl.	12 July 44	X-4 hist	AA 1	35	16 July 44
		✓ TOS from X-4 hist. Cook "C"	Cpl.	13 July 44	X-4 genl	AA 1	5	22 July 44
		✓ Adm 14 Can Gen Hosp		17 June 44			C LC 1465	24 July 44
		✓ SOS X-3 hist. to X-8 hist. Cook "C"	Cpl.	2 Aug 44	X-1 RCASC	AA 1	11.2	12 Aug 44
		✓ TOS from X-3 hist RCASC Cook "C"	Cpl.	3 Aug 44	X-8 hist	AA 1	64	10 Aug 44
		✓ SOS to X-8 hist CA CMF	Cpl.	2 Aug 44	X-8 hist	AA 1	64	10 Aug 44
		✓ Died 7 Sep 44		7 Sept 44	2 Base Reinf Group	64 "C" 1514		18 Sept 44



AWARDS—CANADIAN ARMY (ACTIVE) 1752

M

7-9-44

FISHER James Clarence		F-35453	Cpl.	FILE NO. 405-F-11,698
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

## CAMPAIGN MEDALS

## REGISTRATION NUMBER AND DATE DESPATCHED

MID 1939 -45 Star  
Italy Star  
Defence Medal  
C.V.S.M. with Clasp  
1939-45 War Medal



# MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Vera T. FISHER (WIDOW)

ADDRESS: ~~HANTSPO~~Walton,  
Hants Co., N.S.

5-8-49

## MEMORIAL BAR

(1) DATE DESP

REGN. NO. 2398

(2) MEMORIAL CROSS

WIDOW

Mrs. Vera Fisher, (ENGLISH)

1752

ADDRESS: Hantsport, Hants Co., N.S.

(2) DESP. DEC 27 1944  
REGN No. 10035

(3) MEMORIAL CROSS

MOTHER

Deceased (MFM5.) 3266

ADDRESS:

17/1/50

(3)



(a) Report		(b)	(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
Date	From whom received	Unit					
014, Ser 265, pl 1	RCASC X3		SOS to X-3 List	"	2 Aug	1st Cpl	X112/44
			SOS from X-3 List RCASC	"	3 Aug	"	X57/44
			SOS X-3 & CA (CWF) on enrl for UK	"	3 Aug	"	X67/44
d/15 Sep 44			SOS DIED OF SICKNESS	"	7 Sep	"	X137/44



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)

40/P & S/318

Unit

RCASC

Regimental Number F35453

1. Surname..... FISHER		(17) Regiment or Corps		Unit (Battn., etc)	
2. Christian Names..... J. C.					
3. *Substantive Rank and Appointment..... Cpl					
*Acting Temporary or Local Rank.....					
giving date.....					
*To be entered in pencil to facilitate alteration.					
4. Place of birth.....		(18) Medical			
5. Date of birth as declared on attestation.....					
(A).....		Category		Date	Authority
6. Date of enlistment.....					
7. Place of enlistment.....					
8. Residence at time of enlistment.....					
9. (B) Special conditions (if any) of enlistment or rate of pay.....					
10. (C) Any subsequent variations of conditions of service.....					
11. Religion.....					
12. If married, state date.....		(19) Next of kin (entries to be made in pencil).....			
13. Trade on enlistment.....					
14. Corps, trade and grade.....					
15. (D) Qualifications.....					
16. (E) Miscellaneous entries.....					
		(20) E.....			
		(21) E.....			
		(22) E.....			

## NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.

(B) Whether for home service only, enlisted at special rates of pay, etc.

(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.

(D) Signaller, Farrier, etc.

(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.



# SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)  
40/P&S/412 (3006)

(PART II)

Regiment or Corps.....Regimental Number...**F 35453**

Substantive Rank.....Surname...**FISHER**.....Christian Names...**J. C.**

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

*Deceased*

(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 1 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 shown
	<b>RCASE</b>	<b>X3</b>	<b>ADM 13 C.F.D.S</b>	<b>C.F.E</b>	<b>14 May 44</b>	<b>CPL</b>	<b>X 96/44</b>
<b>983/40</b>	<b>✓</b>	<b>✓</b>	<b>ADM 14 C.G.H</b>	<b>✓</b>	<b>15 May 44</b>	<b>CPL</b>	
<b>297/36</b>	<b>✓</b>	<b>✓</b>	<b>ADM 16</b>	<b>✓</b>	<b>10 Jun 44</b>	<b>CPL</b>	
	<b>✓</b>	<b>✓</b>	<b>Disch</b>	<b>✓</b>	<b>26 June 44</b>	<b>"</b>	<b>9/44</b>



[illegible]



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

## INSTRUCTIONS.

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

- (1) Name of Officer or Other Rank..... FISHER JAMES CLARENCE  
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Air Force Number and Rank..... F35453..... Fusilier.....
- (3) Unit..... THE PRINCESS LOUISE FUSILIERS (MG) C.A.S.F......
- (4) Are you married?..... Yes..... (2nd October 1924).....
- (5) If married, state,
- (a) Full name of your wife..... Vera Fisher.....
- (b) Present postal address of wife..... Hantsport Hants Co. Nova Scotia.....
- (6) If married, have you been regularly supporting your wife? If not—state reasons.....  
Yes.....
- (7) Are you a widower?..... No.....
- (8) Have you any children?..... 3..... Number of boys..... 2..... Girls..... 1.....  
Names and ages..... Victor (age 15) Harold (age 13) Joyce (age 10).....
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... Yes.....

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

Name..... Mrs Vera Fisher.....  
Postal Address..... Hantsport Hants Co. Nova Scotia Canada.....

[SEE OTHER SIDE]



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

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

(11) Is your father alive? **No.**

If so, state name and address, occupation **N/A**

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? **N/A**

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

**N/A**

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

(14) Is your mother alive? **No.**

If so, state name and address **N/A**

(15) If your mother is a widow, are you her sole or partial support? **N/A**

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

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

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

If so, state the following particulars:—

Relationship **N/A**

Full Name **N/A**

Postal Address **N/A**

Amount contributed monthly during the past six months **N/A**

(18) Are you insured? **No.**

If so, in what Company? **N/A**

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? **N/A**  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Date **12th December 1940.**

*J. C. Fisher*  
(Signature of officer or man)

*P. Mitchell* Lieut. Col.  
P.L.FUS. (MG) C.A.S.F.

Officer Commanding

Date **12th December 1940.**

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



M. F. M. 14

300M-5-41 (323-4)

H. Q. 1772-89-1662

NO. *335453*

RANK

NAME

*Fisher* James Clarence

PLACE OF ENLISTMENT

Halifax.N.S.

DATE

11.12.40

RATE OF PAY

2.10.24 *HQ*  
\*MARRIED  
\*WIDOWER  
\*SINGLE

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
		Fus		AS	1.30		11.12.40
219	1940		C		1.55		<del>15.10.41</del> 2.1.41
290	1940	Cpl			1.95		15.10.41
139	1942	Fus			1.30		18.5.42

ASSIGNMENTS

DEPENDENT ALLOWANCES

No.

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL	DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
Vera Fisher	Jan 41	20.00	20.00	12.12.40	wife	35.00	
<del>Transport Hants Co. N.S.</del>	<del>1-2-43</del>	<del>23.00</del>	<del>23.00</del>		child	12.	
<del>4 Victoria Loan</del>	<del>may 6.43</del>	<del>2.40</del>	<del>31.40</del>		child	12.	
						9.00	
					<i>Edith Fisher (wife)</i>		

OUTFIT OR  
CLOTHING } ALLOWANCE \$

PAID ON

REHABILITATION GRANT \$

PAID

\*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT  
OR MILITIA PENSION ACT (1910) \$

P.A.

yes

OCCUPATIONAL FORM COMPLETED



## CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
NO.	DATE		
348	1940	TOS P.L.FUS(MG)CA 11.12.40	
219	1941	Class C Cook 2.1.41	
290	1941	A/Cpl. 15.10.41.	
95	1942	On Command Camp Borden eff, 1022hrs 3-4-42	
99	1942	Ceases to draw trade pay eff 2-4-42	
139	1942	Reverts own request 18.5.42	
139	1942	Draw TP 18.5.42.	
142	1942	Retd to Unit 17.5.42.	
213	1942	Qual as Cook(Auth:RCASCTC STCB4-6-5-2 Vol.XVII d/21-5-42)	
300	1942	S.O.S. C.A. (Canada) wef 26-10-42.	
1. 8-	11-42	T.O.S. C.A. (Overseas) wef 27-10-42.	
4 28-	12-42	7 days R/A wef 11-to-17-12-42	
5 12-	3-43	7 days R/A wwf 1-to-8-3-43 ✓	
8	29-3-43	Rec incr. R/P 6 mos wef. 1-1-43	
20	11 June	7 d. RA 31 m to 7 June	
35	14 Sep 43	Apptd A/cpl wef 23 Aug 43	
35	14 Sep 43	9 days R/A wef 04 to 12 Sep 43	
42	26 Nov 43	Confirmed Cpl wef 23 Nov 43	
		2nd Lt. Borden 23 Nov 43. 103 hrs living (2) 29 Oct 43	



## CASUALTIES, ETC.

PART II D. O.

No.

DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME



No. 335453

RANK

Lpl

NAME

Fisher J. L.

CASUALTIES, ETC.

PART II D. O.

No.

DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

7

18 May 44

Wounded by VJW + black 10 Jan 44  
SAS to X-3 list RCASC w/ 14 May 44 (Cook C)

21

18 May 44



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **F35453**

RANK **Corporal**

SERVICE UNIT **Headquarters  
2nd Base Reinforcement  
Depot (CA)**

NAME **FISHER, James Clarence**

DATE OF BIRTH

DAY **22nd**

MONTH **January**

YEAR **1900**

Date enlisted: **11-12-40**

MARITAL STATUS **Married**

Religion: **Baptist**

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

**Wife**

NAME  
ADDRESS  
D.A.B.

**Mrs. Vera Fisher,**

ADDRESS

**Hantsport,  
Hants Co., N.S.**

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.

**851A**

**H.Q. 405-F-11698**

CASUALTY DETAILS

**Died of sickness (Carcinoma of rectum)**

DATE **7-9-44**

**MEDITERRANEAN**

LAST WILL ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.3. ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

DATE **25-9-44**

**LF**

**O/S with P.L.F. Motor S/L 2119**

OFFICER I/C RECORDS



## POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No.	Rank	Surname	Christian Name
1	Private	John	Smith
2	Private	James	Johnson
3	Private	Robert	Brown
4	Private	William	Miller
5	Private	Charles	Wilson
6	Private	Thomas	Moore
7	Private	Richard	Taylor
8	Private	Joseph	Anderson
9	Private	Samuel	Clark
10	Private	David	White
11	Private	John	Gray
12	Private	James	Green
13	Private	Robert	Black
14	Private	William	Red
15	Private	Charles	Blue
16	Private	Thomas	Yellow
17	Private	Richard	Purple
18	Private	Joseph	Pink
19	Private	Samuel	White
20	Private	David	Black
21	Private	John	Gray
22	Private	James	Green
23	Private	Robert	Black
24	Private	William	Red
25	Private	Charles	Blue
26	Private	Thomas	Yellow
27	Private	Richard	Purple
28	Private	Joseph	Pink
29	Private	Samuel	White
30	Private	David	Black
31	Private	John	Gray
32	Private	James	Green
33	Private	Robert	Black
34	Private	William	Red
35	Private	Charles	Blue
36	Private	Thomas	Yellow
37	Private	Richard	Purple
38	Private	Joseph	Pink
39	Private	Samuel	White
40	Private	David	Black
41	Private	John	Gray
42	Private	James	Green
43	Private	Robert	Black
44	Private	William	Red
45	Private	Charles	Blue
46	Private	Thomas	Yellow
47	Private	Richard	Purple
48	Private	Joseph	Pink
49	Private	Samuel	White
50	Private	David	Black
51	Private	John	Gray
52	Private	James	Green
53	Private	Robert	Black
54	Private	William	Red
55	Private	Charles	Blue
56	Private	Thomas	Yellow
57	Private	Richard	Purple
58	Private	Joseph	Pink
59	Private	Samuel	White
60	Private	David	Black
61	Private	John	Gray
62	Private	James	Green
63	Private	Robert	Black
64	Private	William	Red
65	Private	Charles	Blue
66	Private	Thomas	Yellow
67	Private	Richard	Purple
68	Private	Joseph	Pink
69	Private	Samuel	White
70	Private	David	Black
71	Private	John	Gray
72	Private	James	Green
73	Private	Robert	Black
74	Private	William	Red
75	Private	Charles	Blue
76	Private	Thomas	Yellow
77	Private	Richard	Purple
78	Private	Joseph	Pink
79	Private	Samuel	White
80	Private	David	Black
81	Private	John	Gray
82	Private	James	Green
83	Private	Robert	Black
84	Private	William	Red
85	Private	Charles	Blue
86	Private	Thomas	Yellow
87	Private	Richard	Purple
88	Private	Joseph	Pink
89	Private	Samuel	White
90	Private	David	Black
91	Private	John	Gray
92	Private	James	Green
93	Private	Robert	Black
94	Private	William	Red
95	Private	Charles	Blue
96	Private	Thomas	Yellow
97	Private	Richard	Purple
98	Private	Joseph	Pink
99	Private	Samuel	White
100	Private	David	Black

[illegible]



## POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. *P 35453*

Rank.

Surname

Christian Name

James C.

[illegible]



Rank. *Cpl*

Sheet No.....

M.F.M. 1 & 2 (a)  
50M-3-44 (4002)  
H.Q. 1772-39-1646

Name Fisher J. C.

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

Rank Shown

Effective Date

Unit

Place

Authority

D.O. Number

Dated

Mentioned in Dispatches

CPH

Lo. # 5398 d. 6 Jan 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
25 Mar 43	CR	PLF	Granted Daily Rates of Pay \$1.75	Fld	1 Jan 43	Pte	Pt II No 8. d/29 Mar 43
6 Sep 43	CR	11CTIBSP	Appointed A/Cpl	"	23 Aug 43	A/Cpl	" 38 d/14 Sep 43
16-11-43	C.R.	"	Take cpl.	"	23-11-43	Cpl	4.2 26-11-43
11 C.I.B.	Op. CP.		BOS ON TUR ON EMBARKATION AT	ON	22 Oct 43		
			ON TRANSFER ON 23 Oct 43 AND DISSEMBARKED AT	ON	20 Nov 43		2 d/11 Jan 44
9 Jan 44	C.R.	11CTIBSP	Award Cdn Val Med & Clasp.	M.	10/1/44		
14 May 44	C.R.	✓	SOS to X-3 L.S.T. PCASC (Cant C)	✓	14 May 44	Cpl	21/2 May 44
	PCASC	✓	TOS from 11CTIBSP by (Cant C)	✓	15 May 44		X 83/44
			SOS to X-9 (P.S. Rd) Cant C	✓	26 Jan 44	Cpl	X 102/44
			TOS X-9 from X-3 PCASC (Cant C)	✓	27 Jan 44	Cpl	X 31/44
Powis 384	11 July 44		SOS to X-4 from X-3 B. & B. Co. C	✓	12 Jan 44		X 25/44
			TOS from X-9 Cant C	✓	12 Jan 44		X 5/44
			SOS to X-3 L.S.T. Cant C	✓	10 Feb 44		X 5/44
			TOS from X-4 L.S.T. Cant C	✓	17 Feb 44		X 106/44
			SOS TO X-1 L.S.T. C.O.O.K "C"	"	20 Aug 44	Cpl	X 12/44
			TOS from X-1 L.S.T. PCASC Cant C	"	3 Aug 44		X 67/44
			SOS X-4 CA PMFM Implany J.K.	"	3 Aug 44		X 67/44



# SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)

A.F.B. 103 (Part I)

40/P & S/318

PART I (For all ranks)

Unit P.L.Fns (Motor)

Regimental Number F35453

1. Surname <u>FISHER</u>	(17) Regiment or Corps	Unit (Battn., etc)	
2. Christian Names <u>James Clarence</u>	<u>RCASC</u>	<u>PLF</u>	
3. *Substantive Rank and Appointment <u>cpl</u>		<u>HCIB 966</u>	
*Acting Temporary or Local Rank			
giving date <u>2-1-42</u>			
*To be entered in pencil to facilitate alteration.			
4. Place of birth <u>Bang's Falls QUEEN'S Co N.S.</u>	(18) Medical		
5. Date of birth as declared on attestation <u>22-1-00</u>			
(A)	Category	Date	Authority
6. Date of enlistment <u>11-12-40</u>	<u>"A"</u>	<u>25-5-42</u>	<u>Med Board</u>
7. Place of enlistment <u>Halifax N.S.</u>			
8. Residence at time of enlistment <u>Hantsport Hants Co N.S.</u>			
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion <u>Baptist</u>	(19) Next of kin (entries to be made in pencil)		
12. If married, state date <u>Married</u>	<u>Mrs Vera T. Fisher (wife)</u>		
13. Trade on enlistment <u>Barber &amp; Cook</u>	<u>N.S.</u>		
14. Corps, trade and grade			
15. (D) Qualifications <u>Qual Cook Gp "C"</u>			
16. (E) Miscellaneous entries			
	(20) E	<u>very 14/44</u>	
	(21) E		
	(22) E		

## NOTES—

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



No F. 35453 Rank Corporal Name FISHER, James Clarence  
Unit ~~P. L. Fusiliers~~ <sup>R. C. A. S. C.</sup> Date of death 7th Sept., 1944.  
Died at Italy  
Cause Died of Sickness (Carcinoma of rectum)  
Death occurred on strength of Forces. H.Q. 405-F-11698  
N/K Mrs. Vera Fisher, Relationship Widow  
Address Hantsport, Hants Co., N. S.  
Remains buried in Naples ~~British~~ Mil Cem Cemetery  
Naples, Italy.  
Grave location Plot 1 Row G Grave 15.



BURIAL REPORT TO N.K. NOV 30 1945<sup>4</sup>

RETURN TO BUR. OF STAT. JAN 16 1945

ROYAL MESSAGE DESP'D. OCT 18 1944

CAN. MESSAGE DESP'D. OCT 7 1944

HI & CR Form Despd. NOV 16 1946



1886

Register No. .... Nominal Roll No. ....

To: P.M.G. .... H.Q. File No. ....

CANADIAN ARMY (ACTIVE)  
Computation of Service  
WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
F-35453	CPL.	FISHER	JAMES-CLARENCE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment	DIED of SICKNESS	CARO	( )
2nd Enlistment		CARO	( )
3rd Enlistment		CARO	( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 11 DEC 40	T.O.S.	T.O.S.
S.O.S. 7 SEP 44 MD 15	S.O.S. nil MD	S.O.S. MD
Total Days 1367	Total Days	Total Days 1

Total Service 1367 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	685	NIL	685
Overseas Service	682	NIL	682
Totals	1367	NIL	
Add Non-qualifying Service			
Total Service			1367

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 7 SEP 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature *[Signature]*  
Checker's Signature *[Signature]*  
Date Computed 9 May 45  
all Doc's show above dates. T.O.S. & S.O.S. 1947  
DIED WHILST IN SERVICE  
DIED of SICKNESS  
7 SEP 44  
CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.



### Western Hemisphere—

[illegible]

NIL

**Overseas:**

T.O.S.

27 OCT 42

T.O.S.

T.O.S

S.O.S.

7 SEP 44

S.O.S.

S.O.S

[illegible]

211



OVERSEAS  
LAST PAY CERTIFICATE  
(All Ranks)

Regtl No. **F.35453**. Rank and Name **Fisher. J.C.** **Cpl.**

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

~~XXXXXX~~ Discharge).....to.....on **7th. Sept.** 19 **44.**

Reason **Death.** Authority : **C.C.L. "C" 1514 d/18th. Sept. 44**

The following is a statement of the account of the above-named from **1st. Sept.** to **30th. Sept.** 19 **44.**  
the inclusive date of transfer or discharge.

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	<b>373 15</b>
First Monthly Payment.....		Regimental Pay <b>30 days @ \$ 1.70</b>	<b>51 00</b>
Casual Payments.....		Tradesmen's Pay <b>30 days at \$ .25/</b>	<b>7 50</b>
Payments on Transfer or Discharge.....		Additional Pay (Give Particulars).....	
Assigned Pay.....	<b>23 00</b>	..... days at..... \$.....	
Regimental Charges.....		Allowances (give particulars)..... days	
Public Stoppages (give particulars) :		at..... \$.....	
		<b>Def. Pay Interest.</b>	<b>1 44</b>
		<b>Cash effects SOCR 1207</b>	<b>06</b>
		<b>Cash effects SOCR 22498</b>	<b>2 24</b>
		<b>Cash effects SOCR 22498</b>	<b>4 66</b>
To Balance Cr { Free.....	<b>334 05</b>	By Balance Dr	
Deferred.....	<b>83 00</b>		
Total.....	<b>440 05</b>	Total.....	<b>440 05</b>

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

Remarks  
**Assnd. Pay of \$23.00 (W) stopped eff. Oct. 44.**  
  
**The above statement has been compiled from Treasury records,**  
**the latest paybook not being available.**  
  
**May it be noted that the last payment received by Treasury**  
**is dated 29th. June. 44.**

Compiled by **F. Gough.**  
Checked by **ABell**  
Date **7th. May** 19 **45.**  
Certified correct **D. G. Gough**  
for Chief Treasury Officer, Overseas  
PH.



## ENDORSEMENTS

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

[illegible]

**Explanation of Debit Balance :-**

## STATEMENT OF ACCOUNT

DATE		PARTICULARS	DE		CR	
		Balance as shown above.....				
		Pay and Allowances from.....to.....				
		Assigned Pay months of.....				
		Civilian Clothing Allowance.....				
		Boat Expense Money.....				
		Train Expense Money.....				
		Miscellaneous Debits (give details).....				
		Miscellaneous Credits (give details).....				
		TOTAL .....				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

[illegible]

Place of Embarkation.....  
Date of Embarkation.....  
Place of Disembarkation.....  
Date of Disembarkation.....

HM Transport.



CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

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

No., RANK and NAME F-35453 Cpl. Fisher J.C. (Deceased)

RECEIVED FROM 2nd Echelon AAI

CHECKED BY C-52743 Pte McDonald G.J.  
C-5591 Pte Patterson J.R. DATE 12 Dec 44

1	Pen & Pencil Case Empty	L	Knife In Sheath
1	Comb & Case	1	Regt'l. Landyard
1	Leather Holdall	1	New Testament
1	Religious Book	1	Chrome Mirror
1	Identity Disc Red	2	Pr. Scissors
1	Set False Teeth	1	Cap Badge
1	Cig. Lighter	1	Photo In Folder
2	Propelling Pencils	1	Eng. 3d Coin - - To C. P. M.
1	Rosary		
1	Eng. Penny		
1	Leather Wallet		
3	Black Note Books		
1	Tooth Brush		
2	Gillette Razors (1 In Case)		
1	Cookery Book		
1	Photo Frame (Handmade)		
1	Nail File		
1	Prayer Book		
2	Prs. Spectacles In Case		
1	Pr. Barbers Clippers		
1	Pocket Watch (Westclock)		
1	Cigarette Holder		
1	Fountain Pen (Watermans)		
2	Rings		
2	Eng. Parthings		
1	Nail Clippers		
3	Combs		
1	Pen Knife		
1	Letters & Snapshots		
1	Barbers Brush		

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

*P. Patterson Pte*  
for OC 1 Cdn KSD







13th June 1946

F.35453, Corporal James Clarence FISHER

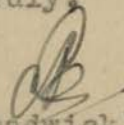
Dear Mrs. Fisher:-

I am directed to forward to you a Certificate to denote that your husband was Mentioned in Despatches for distinguished service and that His Majesty the King has recorded his high appreciation of the services rendered.

The Honourable the Minister of National Defence expresses his sincere regret that your husband did not survive to receive the award so gallantly earned.

Kindly acknowledge receipt at your convenience.

Yours truly,

  
(A.C. Chadwick) Major,  
for Director of Records,  
for Adjutant-General.

Mrs. Vera Fisher,  
Centre Burlington,  
Hants Co., Nova Scotia.

DESP. JUN 13 1946  
REGN No. 9963



DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY4  
ARMYDECEASED  
MEMBER'S  
NAME

James Clarence

FISHER

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

D-11184

FILE NO.

405-F-11698

DATE

3-7-45

SERVICE NO.

F-35453

FINAL RANK OR RATING

Cpl.

DATE OF DISCHARGE

7-9-44

PAYEE

Mrs. Vera FISHER,

ADDRESS

Centre Burlington,

Hants Co. - N.S.

DATE OF TERMINATION OF OVERSEAS SERVICE

7-9-44

## A. TOTAL QUALIFYING SERVICE

NO. OF DAYS

1367

EQUAL TO

45

COMPLETE PERIODS AT \$7.50

\$ 337.50

## B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

682

LESS

17

INELIGIBLE DAYS, EQUAL TO

665

DAYS @ 25c. PER DAY

166.25

SEE PAR. 2 OVERLEAF FOR EXPLANATION

## C. SUPPLEMENT FOR OVERSEAS SERVICE

## DAILY RATES AT DISCHARGE

PAY

\$ 1.70

SUBSISTENCE OR LODGING

\$ 1.25

AND PROVISION ALLOWANCE

\$ .25

ADDITIONAL PAY

\$

\$

\$

\$ 1.70

JUN 13 1945

DEPENDENTS' ALLOWANCE /30 OF \$

51.12

TOTAL \$ 4.90

X7 = \$ 34.30

NO. OF DAYS 682

X\$ 34.30

183

127.83

RECEIVED  
JUN 13 1945  
WAR SERVICE  
GRATUITY DIVISION,  
ARMY TREASURY

## D. WAR SERVICE GRATUITY

631.58

## E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$

DEPENDENTS' ALLOWANCE \$

AND ASSIGNED PAY \$

OTHER DEDUCTIONS

\$

## F. TOTAL AMOUNT PAYABLE

631.58

## G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE



# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME. JAMES CLARENCE FISHER Register No. D-11184  
(Christian Names) (Surname)  
 PAYEE'S NAME. MRS VERA FISHER File No. 405-F-11698  
(Christian Names) (Surname)  
 ADDRESS. CENTRE BURLINGTON Date 27-6-45  
HANTS CO. - N.S. Service No. F35453  
 DATE OF TERMINATION OF OVERSEAS SERVICE. 7-9-44 Final Rank Cpl.  
 Date of Discharge. 7-9-44

AMOUNT  
\$ c

## A. TOTAL QUALIFYING SERVICE

No. of day 1367 = 45 <sup>(12)</sup> Periods @ \$7.50  
30

337 50

## B. QUALIFYING OVERSEAS SERVICE

No. of days. 682 less 17 Ineligible days,  
 equal 665 Days @ 25c per day

166 25

## C. SUPPLEMENT FOR OVERSEAS SERVICE

Daily Rate of Pay \$ 1.70

Subsistence Allowance \$ 1.25

Additional Pay \$ 25

Dependents' Allowance 1/30 \$ 51.12 \$ 1.70

503 75

TOTAL \$ 4.90 × 7 = \$ 34.30

No. of Days 682 × \$ 34.30  
183

127 83

## D. WAR SERVICE GRATUITY

Computed By Rate

631 58

## E. DEDUCTIONS

Overpayment of

(1) Pay & Allowance \$ .....

(2) D.A. & A.P. \$ .....

Other Deductions \$ .....

Entered By WRB

## F. AMOUNT PAYABLE

(This amount is payable in 1 monthly instalments of \$ 631.58 each)

631 58

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

\$ ..... × 30 = \$ .....

REMARKS



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

Register No. D.11184  
File No. 405-F-11698

WAR SERVICE GRANTS ACT 1944

Ottawa 9 May 1945

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

Service No. F-35453

Name J.C. FISHER  
Christian Name Surname

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

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

Names of persons in receipt of D.A. and amount of monthly award	Name	Amount
	<u>Mrs. Vera Fisher</u>	<u>\$ 51.12</u>

If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	<u>nil</u>	<u>\$</u>
---	------------	-----------

Names of persons whom assign- ed pay was continued by supple- mentary award after death.	<u>nil</u>	<u>\$</u>
--	------------	-----------

Amount of overpayment of dependents' allowance and/ or assigned pay deductible from the War Service Gra- tuity and name of person to whom paid.	<u>nil</u>	<u>\$</u>
--	------------	-----------

May 17 1945

*Wm Mack B Stanley*  
For Chief Treasury Officer,  
D.A.&A.P. Branch

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

Overpayments of D.A. and / or A.P. recovered from W.S.G. \$  
194

for C.T.O.



APPLICATION FOR WAR SERVICE GRATUITY BY

DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

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

(a) Surname Fisher  
 (b) Christian Names JAMES CLARENCE  
 (c) Regimental No. F35453.  
 (d) Rank at time of decease Cpl.

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

(a) Surname Fisher  
 (b) Christian Names Vera Tibert  
 (c) Relationship to deceased Wife

(d) Address in full Centre Burlington,  
HANTS Co,  
N.S

Yours truly,

Date April 11<sup>th</sup>/45.

Vera Tibert Fisher  
 (Signature of Applicant)

P.S.

Middle initial in my name is "T" instead of "F"



P.A.

405-F-11698

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME FISHER, James Clarence. PLACE & DATE OF BIRTH Queens Co. N.S. 22 Jan 1900  
RANK Cpl. REGIMENTAL NO. F-35453  
UNIT 11 CIB Sp Grp . Cdn.2 C.B.R.D. REL OF KIN & ADDRESS WIFE.

Mrs. Vera FISHER,

Parrshoro, N.S. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION OF  
DIAGNOSIS \_\_\_\_\_ HOSPITAL \_\_\_\_\_

PARTICULARS OF DEATH.

DATE OF DEATH 7 Sep 44. PLACE OF DEATH Italy.  
HRS \_\_\_\_\_  
CAUSE OF DEATH DIED.

PARTICULARS OF BURIAL

DATE OF BURIAL 9 Sep 44 CEMETERY Naples Br. Mil. Cem.  
PLOT NO 1 ROW G GRAVE 15  
DEATH CERT.NO \_\_\_\_\_  
RELIGION BAPTIST.

DATE 15 Oct 45

(M. BLUTEAU) Capt.  
for COLONEL,  
O i/c Records,

CANADIAN MILITARY HEADQUARTERS.

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



# Department of National Defence

H.Q. 405-F-11,698 FD 211

FISHER, James, C. Cpl. (Dec'd)

F-35453, C.A.

Ottawa, Canada

Date

*Jan 22*

194*6*

Received payment from the Treasury Branch of the amount mentioned below. This payment is in connection with the share in the Service estate of the above mentioned deceased to which the below named minor(~~s~~) is (~~are~~) entitled in the amount set opposite each name, and is to be applied for such minor(s) benefit,

MINOR

AMOUNT

Victor Fisher

\$104.83



*Mrs Vera Fisher*

Signature



## DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY


HG

Name FISHER Surname James C. Christian Names No. P. 35453  
Rank Cpl. Unit C.A.O/S Date of Death 7-9-44


## AMOUNT

Date 20-12-45  
L.P.C. \$ 417.05  
Other Credits 54.70  
Total 471.75  
Prev. Dist. 366.92  
This Dist. 104.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Vera T. Fisher, East Walton, HANTS CO., N.S.  (In trust for minor son Victor)  P4. TO TREAS. 10-1-46, q.w.	\$104.83

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$104.83
CLASSIFIED BY 			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

Re-735453.

✓ (Present Address)  
East Malton.  
Hants Co., N.S.  
Nov. 4/45.

Dept. National Defence.  
(Army) Estate Branch.  
Ottawa Canada.



Dear Sirs:

My address has changed recently to East Malton. I will be here for the present school term. '45-'46

My son Victor Carroll Fisher (#R183165) who has been discharged from the Air Force within the past week will have the same address. This information was requested from me for the purpose of forwarding his share of his father's estate to Kpl. J. Clarence Fisher (#735453).

Yours truly,  
Mrs Vera I. Fisher.



## DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

LL

Name.....**FISHER.**.....No.....**P.35453**  
Surname.....Christian Names.....**James C.**

Rank.....**Cpl.**.....Unit.....**C.A. O/S**.....Date of Death.....**7-9-44**

## AMOUNT

Date.....**24 Sept 45**.....

L.P.C.....\$ **417.05**  
Other Credits.....**54.70**  
**184.75**

Total.....**471.75**  
Shares Ret. **104.83**  
This dist. **366.92**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	Widow	Mrs. Vera T. Fisher, Protestant Orphanage, Halifax, N.S.  (6/18 as next of kin entitled) (8/18 benefit of 2 minors)  (As next of kin entitled)	366.92
	SON	SHARES RETAINED FOR SERVICE PERSONNEL OVERSEAS  R.183165 L.A.C. Victor C. Fisher  (Pending Confirmation of address)  P4. TO TREAS. <b>22-10-45, OM</b>	104.83

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<b>731</b>	<b>00</b>	<b>00</b>	<b>001</b>	<b>366.92</b>
CLASSIFIED BY  <b>P</b>			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

**P.**  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

Re-735453. Centre Burlington,  
Hants Co., N.S.  
June 6/45.

5/30-5-58  
Directors of Estates,  
Ottawa, N.S.



Dear Sir:

As I haven't rec. my  
husband's personal belongings  
or my gratuity money  
I am wondering if my case  
has been overlooked, in so  
many others.

I need the money  
greatly, and would appreciate  
it, if you will take immediate  
steps to procure it for me.

I was informed by Major  
Kennedy, formerly of the P.L. of  
Regt. that I would receive the  
Maple Leaf decoration, as an



award, for distinguished  
service, by my husband  
735453 Cpl. J. H. Fisher while  
serving with the P. H. F.  
in Italy, as yet it has  
not arrived.

Kindly give this  
letter, your consideration  
Yours truly,  
Mrs. Vera Fisher

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

INSTRUCTIONS

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.  
(b) All questions, etc., must be completed.  
(c) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

- (1) Name of Officer or Other Rank..... FISHER..... JAMES CLARENCE  
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Official Number and Rank..... F35453..... Fusilier
- (3) Unit..... The Princess Louis Fusiliers (MG) C.A.S.F.
- (4) Are you married?..... YES (2nd.-10-24) (5) If married, state,  
(a) Full name of your wife..... Vera Fisher  
(b) Present postal address of wife..... Hantsport, Hants Co., Nova Scotia.
- (6) If married, have you been regularly supporting your wife? If not—state reasons:.....  
YES
- (7) Are you a widower?..... NO
- (8) Have you any children?..... 3..... Number of boys..... 2..... Girls..... 1  
Names and ages..... Victor (Age 15) Harold (Age 13) Joyce (Age 10)
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... YES
- Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.....  
Name..... Mrs. Vera Fisher  
Postal Address..... Hantsport Hants Co., Nova Scotia, Canada.
- (10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?.....  
If so, state her full name and postal address.....



- (11) Is your father alive? NO.....If so state name and address, occupation NA.....
- (12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....
- (13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....
- Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?
- (14) Is your mother alive? NO.....If so, state name and address NA.....
- (15) If your mother is a widow, are you her sole or partial support? NA.....
- (16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....
- Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support?.....
- (17) Are you contributing to the support of any dependents, other than those shown above?.....
- This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship.....

Full Name.....

Postal Address.....

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

- (18) Are you insured? NO.....If so, in what company?.....NA  
(Give number of policy)

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

Date 12th. December 1940.....(Sgd). J.C. Fisher  
(Signature of officer or man)

Date 12th. December 1940.....(Sgd). C.C. Mitchell, Lieut.-Col.  
Officer Commanding P.L.FUS. (MG). CASF

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



## CASUALTY WING EXTRACTS

"A" "B" "C" "POW"  
 NAME FISHER JAMES CLARENCE  
 RANK CPL  
 REGT. NO. F35453  
 UNIT (11 CIB SP GRD ) 8BN 2 C.B.R.D.

DATE 16 SEP 44  
 AUTH CECH/CAS/8809  
 TIME \_\_\_\_\_  
 DATE \_\_\_\_\_

FOR AAP LIST

HOSPITAL PARTICULARS

ADMITTED 1 RAF GEN HOSP  
 TRANSFERRED \_\_\_\_\_  
 DISCHARGED \_\_\_\_\_  
 DIAGNOSIS DIED OF SICKNESS 7 SEP 44

DATE \_\_\_\_\_  
 DATE \_\_\_\_\_  
 DATE \_\_\_\_\_

*Carcinoma of Rectum*

FOR THE DAILY UNIT & CONSOLIDATED LIST yes ADMISSION \_\_\_\_\_  
 FOR THE DAILY LIST ONLY \_\_\_\_\_ DISCHARGE \_\_\_\_\_  
 CASUALTY CARD MADE (YES OR NO) Yes PROGRESS REPORT \_\_\_\_\_  
 CLERK'S NUMBER OR INITIALS 9 DEATH

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT OF KIN PARTICULARSRELATIONSHIP

NAME & ADDRESS \_\_\_\_\_  
MRS VERA FISHER  
PARRSBORO N.S. CANADA

ENTERED ON  
 CAS. CARD. \_\_\_\_\_  
 CAS. LIST \_\_\_\_\_

HOME TOWN \_\_\_\_\_

CABLE NO. TO OTTAWA 851A  
 INLAND TELEGRAM NO. \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

ENTERED ON

CAS. CARD

CAS. LIST

49  
1215

58



27th June 1945

Mrs. Vera Fisher,  
Centre Burlington,  
Hants Co., Nova Scotia.

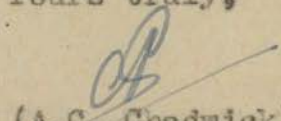
F.35453, Corporal James Clarence FISHER

Dear Mrs. Fisher:-

With reference to your letter of June 6th., addressed to the Director of Estates, records show your husband was Mentioned in Despatches, authority Canada Gazette No. 1 dated 6th January 1945, and I am enclosing an Oak Leaf Emblem issued to denote this Mention.

The Medals issuable in respect of your husband's service will not be available for some little time, but you can rest assured that as soon as available, they will be forwarded to the person entitled to receive them with the least possible delay.

Yours truly,

  
(A.C. Chadwick) Major,  
for Director of Records,  
for Adjutant-General.

ACC:PS

14  
5

## PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

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

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

3. NAME OF DECEASED FISHER James Clarence  
 (Surname) (Given name or names)  
 RESIDENCE No. \_\_\_\_\_ Street \_\_\_\_\_ City, Town or Rural Division Hansport Province Nova Scotia  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Nova Scotia  
 (Province or Country)

9. DATE OF BIRTH January 22nd, 1900.  
 (Month) (Day) (Year)

10. AGE in { Years 44 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

11. Trade, profession or kind of work as Barber & Cook  
 spinner, teamster, office clerk, etc.

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

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

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

16. NAME Deceased

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

18. MAIDEN NAME \_\_\_\_\_

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

20. Signature of informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to deceased Director of Records, C.S.  
Dept. of National Defence.

21. Place of burial, cremation or removal Italy  
 Date of burial or removal \_\_\_\_\_

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

## MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH September 7th, 1944.  
 (Month) (Day) (Year)

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

## CAUSE OF DEATH

I  
 Immediate cause (a) Died of Sickness.  
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to (Carcinoma of rectum)  
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) \_\_\_\_\_ due to \_\_\_\_\_ (c) \_\_\_\_\_  
 II  
 Other morbid conditions (if important) contributing to death but not causally related to immediate cause. \_\_\_\_\_

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

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

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

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

Manner of injury \_\_\_\_\_ (How sustained)

Nature of injury \_\_\_\_\_

Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Signed by \_\_\_\_\_ M.D.

Address \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

28. Registrar's Record Number \_\_\_\_\_

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

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 (See reverse side for instructions.)  
 Every item of information should be carefully supplied.

OVERSEAS CASUALTY  
 CANADIAN ARMY

JAN 16 1945



# INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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



# FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT **X 4 List Gen List 8 Bn 2 CBRD** Squadron, Troop, }  
OR CORPS } Battery or Company }

Officer's Personal No. (if known) } **F35453** Rank **Cpl**

Soldier's Army No. }

Surname **FISHER** Christian Names **J.C.**

Died { Date **7 Sep 44** Place **Italy (1 RAF GH)**

{ Cause of Death\* **Died (sick) (Carcinoma)**

Nature and Date of Report **Cas/3175**

By whom made **1 RAF Gen Hosp**

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

**NAPLES BRITISH MIL CEM Plot 1 Row G Grave 15**

Burial { Place Date **8 Sep 44**

{ By whom reported **FJ Costeloe Chaplain 2 BPO RAF**

State whether he leaves { (a) in Army Book 64 **Not known**

a Will or not { (b) as a separate document **Not known**

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

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

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

Station and Date { **Field 20 Sep 44** Signature of Officer in charge of Section }  
Adjutant-General's Office at the Base } **S. G. Main 49**

for Officer i/c

Cen Sec GHQ 2nd Echelon AAI



30 November, 1944.

Mrs. Vera Fisher,  
Centre Burlington,  
Hants County, N.S.

No. F.35453, Corporal James C. FISHER

Dear Madam:

Your inquiry of November 22nd addressed to the Imperial War Graves Commission concerning the burial of your late husband, the marginally named, has been passed to this office for attention.

In reply, kindly note that according to information recently received from the overseas military authorities, the remains of Corporal Fisher were buried on September 8th in grave 15, row G, plot 1, of the British Military Cemetery at Naples, Italy.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed and the grave will be photographed and a print of the picture will be forwarded to you as soon as it is available. It should be borne in mind, however, that for obvious reasons it may be some time before this photographic work can be carried out.

Yours truly,

*J.B. Lading*

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

FBR/DGL

405-711-698



(1) Centre Burlington  
Hants Co. N.S.

Imperial War Grave Comm. Nov. 22/44.  
Ottawa, Ont.

Dear Sir:-

Re the Family of the  
late ~~(7.35453)~~ Clarence Fisher  
who died overseas on Sept  
7<sup>th</sup>. /44 would like all the  
details possible concerning  
his funeral and burial  
stating name of place  
etc.

Thanking you kindly,  
I remain,  
Vera F. Fisher (widow)



(2) W. Rodine.

Passed to you for your attention  
please.

W. Stiles  
to Sec. Gen. Secy (Car.)

27<sup>4</sup>/<sub>44</sub>.

From :- No. 1, R.A.F. General Hospital, C.M.F.

To :- Officer i/c Cdn. Section, G.H.Q., 2nd Echelon, A.A.I.,  
Canadian Army, C.M.F. (two copies).  
Copy to :- P.L.F., 2. C.I.B., R.C.A.S.C.

Ref :- LHM/1401/2/Med.

Date :- 10th September, 1944.

F.3753. CPL. Fisher, J.C. - dead.

The attached copies of Form 1755. (Burial Return) in respect of the above are forwarded to you for favour of disposal.

2. The following particulars are given for your information :-

Corporal Fisher was admitted to this hospital on 3rd August, 1944, with a view to being transferred by air to G.K. for onward transmission to Canada. Whilst air passage was being arranged for him it was found necessary to perform a minor operation, and this rendered him temporarily unfit to be moved by air or sea. Corporal Fisher was suffering from a carcinoma of the rectum, and subsequent to the minor operation he did not become fit for any form of transfer. His condition gradually deteriorated and he died quietly on the morning of the 7th September, 1944. He was buried in a British Military Cemetery at Naples on the 8th September, 1944.

*to W. W. Drath & Co*  
Group Captain, Commanding,  
No. 1, R.A.F. General Hospital.

39





*Handwritten:* 100-100000

2nd October, 1944

Mrs. Vera Fisher,  
Hantsport,  
Hants Co., N.S.

Dear Mrs. Fisher:

It was with deep regret that I learned of the death of your husband, F35453 Corporal James Clarence Fisher, who died while in the Service of his Country in the Mediterranean Theatre of War on the 7th day of September, 1944.

You may be assured that any additional information received will be communicated to you without delay.

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

Yours sincerely,

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

SEP 28 1944

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

/EMA

ph

37



12th August, 1944.

Dear Madam:-

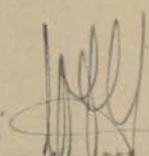
This will reply to your letter of 1st August in respect of the possible return of Cpl. Fisher to Canada.

The return of soldiers to Canada on medical grounds is a matter for the decision of the overseas authorities. You were informed by telegram dated 8th August that Cpl. Fisher was evacuated by air to the United Kingdom, and that he was still dangerously ill.

A cable has been sent to Canadian Military Headquarters asking if there is any possibility of the early return of Cpl. Fisher to Canada on medical grounds. Immediately a reply is received I will be pleased to inform you.


In view of the fact that Cpl. Fisher was still on the dangerously ill list on the 9th August, it is very doubtful if arrangements could be made to return Cpl. Fisher to Canada during the month of August.

Yours very truly,

  
Deputy Minister,  
(Army)

Mrs. Vera Fisher,  
Hantsport,  
Hants Co., N.S.

WH/SRH



*W.H.B. for Colonel*  
*18*

W.S.



Hantsport N.S.  
Aug 1<sup>st</sup>

Ministry of National Defence  
Ottawa N.S.

852-99

Dear Sir. Am writing for information concerning 735453.  
Cpl. Fisher J. C.

Please answer these questions if possible as his two sons are home at present one from Overseas, one from a War Plant, They will be home for 3 wks. during the month of Aug.

Will 735453. Fisher be sent to Canada?

Is he on his way to Canada?

16



Is there a possibility that he  
might get home while they  
are on leave, or during  
month of Aug.?

If so the sons may be able  
to get an extended leave  
in order to see him.

Kindly let me know  
as soon as possible.

Yours in haste,  
Mrs. Vera Fisher





FISHER JAMES CLARENCE

REGIMENTAL DOCUMENTS

H.Q. FILE No. 405-F-11698

WILL  
REQUIRED  
Q 3

NAME  
UNIT OF ENLISTMENT PL FUSILIERS /MG/

WAS  
WED  
COMPLETED

REGIMENTAL No. F 35453

RANK FUS.

CONTENTS		NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A)		10209 DEATH
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)		DATE 7 Sep 44
PARTICULARS OF FAMILY (M.F.M.5)		CAUSE
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)		AUTHORITY
CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF		
FORM OF WILL (M.F.M.10 OR M.F.M.10A)		
DENTAL RECORD (M.F.B. 465)		DISCHARGE
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)		DATE
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)		REASON
TRANSFER CLOTHING STATEMENT (M.F.C. 644)		AUTHORITY
LAST PAY CERTIFICATE (M.F.D.930A)		
PROCEEDINGS ON DISCHARGE (M.F.M. 23)		
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)		DESERTION
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)		DATE
PAY SHEETS		AUTHORITY
CARDS		
SUNDRY		

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

MICROFILMED  
FILM REF WSR 12338-2

X





NAME Fisher, J. P. RANK Fus. AGE 40 REG. No. F35453  
 UNIT 6 Dist. PL. F. DATE 17th Jan. 1941

Strike out inapplicable number and words.

ORAL HYGIENE

Good  
 Fair  
~~Neglected~~

PROPHYLAXIS required

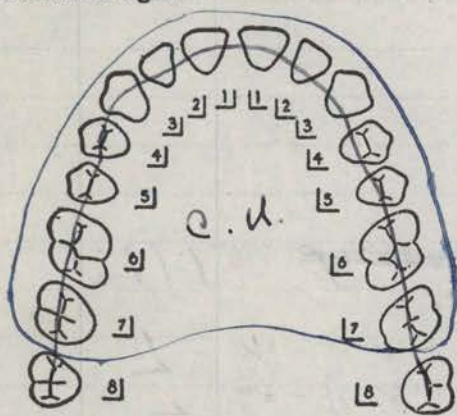
Yes  
 No

MUCOSA

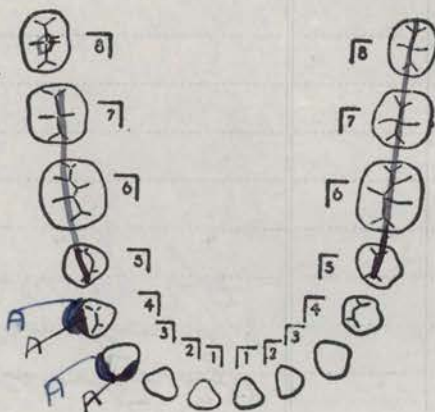
(Describe any pathological condition briefly)

*Reps. & filling*  
*Repair etc*

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 }  
 PC Porcelain } Crown  
 RC Richmond }  
 JC Jacket }

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

Describe with sketch  
 Br Bridge

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

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

Caries—Outline defective tissue. Do not fill in space.

Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

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

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

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

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

Signature and unit of examining officer

*L. M. Coelbeck Capt*  
*Rev 6 050*



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

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

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator
17/1/41			Exam.	L.M. Callhugh					
21/1/41		C.U.	Bite to Repair	L.M. Callhugh					
23/1/41		C.U.	Inserted Repair	L.M. Callhugh					
27/1/41		C.U.	Adjusted	L.M. Callhugh					
12-3-42		37	LA - A	A.N. Bernstein Capt.					
12-3-42		37	M. A.	A.N. Bernstein Capt.					
27-5-42			Fillings	J. Toplitsky Capt.					
4-6-42		C.U.D.	<del>Inserted</del> (Tr.)	" "					

# MEMORANDUM

M.F.B. 465B

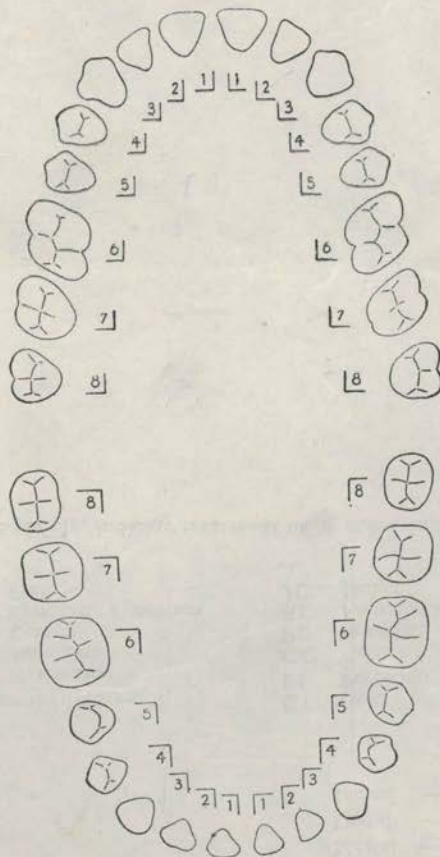
8M pads of 100-9-40 (7079-80)

H.Q. 1772-39-950

CANADIAN DENTAL CORPS CLINICAL #1 No 66 Date JAN 21/41  
Reg. No. F35453 Rank Fus. Name FISHER, J. C. Unit P.L.F.

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

C. U. D. Taken For  
Repair



Capt. Ferguson  
Signature of Operator



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

ABBREVIATIONS:—

X Extraction  
 A Amalgam  
 Ce Cement  
 S Synthetic Porcelain  
 F Foil

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

TREATMENT

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

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

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

MEMORANDUMDental Coy. No. 6Date 18-4-43Reg. No. F35453 Rank F45 Name Fisher J.C. Unit Pk. F45 Hqs. Coy. 

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

2) M - sil ce baseProphylaxisCompleted.

Shade

Mould

Shade

Mould

Robt Barrett  
Signature of Operator



Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — Bu  
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

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

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

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

NO. 1. R.A.F. GENERAL HOSPITAL, C.M.F.

To :- G.H.Q., NO. 2. ECHELON, B.N.A.F.

Nominal Roll of Patients admitted, discharged,  
died or transferred to or from the D.I. or S.I.  
List as at 23.59. hours on 12.8.44.

D.I. AND S.I. LIST.

Sub-Form 1754.

Serial No:- 181.

Date :- 12.8.44.

NUMBER.	RANK.	NAME.	UNIT.	DIAGNOSIS.	DATE OF ADMISSION.	DISPOSAL.
5 F5453.	CPL.	Fisher, J. C.	11.C.I.B. Supp. Co.	Carcinoma of Rectum.	3.8.44.	Remaining on D.I. List 12.8.44.





From :- No. 1. R.A.F. General Hospital, C.M.F.

To :- Officer i/c Cdn. Section G.H.Q., 2nd Echelon, AAI.  
Canadian Army, C.M.F.

Ref :- 1GH/1401/2/Med.

Date :- 2nd September, 1944.

<sup>5</sup>  
F.3/453. CPL. Fisher, J.C.

It is notified for your information that the above named N.C.O. is still a patient in this hospital. His condition is still unchanged being still very weak, and he remains on the Dangerously Ill List.

*W. W. H. S. H.*  
*h*  
Group Captain, Commanding,  
No. 1. R.A.F. General Hospital.



From:-No.1 R.A.F. General Hospital, C.M.F.

To: Officer i/c Cdn Section G.H.Q., 2nd Echelon AAI Canadian Army, CMF.

Ref:- lGH/1401/2/Med.

Date: 26th August, 1944.

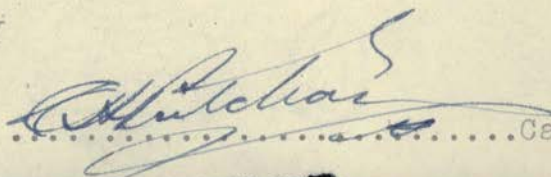
F35453 Cpl Fisher J.C.

With reference to your letter CECH/29/Rpts Gen/2(A6) dated 22nd August, 1944 it is notified for your information that the above named soldier is still in this installation. With reference to Progress Reports this soldier's condition remains unchanged, and he is still on the Dangerously Ill List.

2. The request contained in the last paragraph of your letter has been noted for future reference.

SIGNED: ??????????????????????  
Group Captain, Commanding,  
No 1 R.A.F. General Hospital.

CERTIFIED TRUE COPY

  
.....Captain.



Commanding Officer  
Canadian Army, CMF.

Letter of Condolence

1. A request for the m/n subject was sent to you on
2. To date no letter has been received this HQ.
3. May letter of Condolence be forwarded immediately with covering letter explaining reasons for delay.

(J.Guay) Lieut.  
for Officer i/c Cdn Section GHQ 2nd Echelon CMF

# EVACUATION CERTIFICATE

MEDICALLY UNFIT CDNS CMF TO UK

Transferred to  
#1 R.A.F. Hospital  
for evacuation by  
air 3 Aug 44.

A5e



Unit Evacuating

1 C. G. 21.

Regt 1 No

235453

Rank

Ppl.

Name

Fisher, J. P.

Unit

R.C.A.F.C.

1. Diagnosis & Code No.

Carcinoma of Rectum  
(multiple peritoneal secondaries) 0202.

BC/SICK/ACC SI/DI

Theatre of Operations

C.M.F.

Bed Lying/Sitting: Pp - Pn - TB - Infectious - Skin Disease

Surg Lying/Sitting: Orth - Amp - Neuro Surg - Facto. - Facio. Max.

2. Brief History:

Abdominal pain with increasing  
constipation - 3 mos.  
20 July 44 - laparotomy revealed  
multiple peritoneal secondaries  
w. inguinal Colostomy.

3. Under authority GHQ 1 Ech AAI Medical Admin Letter No. 11 d/10 Apr 44 it is hereby certified that the a/m will not be fit for duty in this theatre of war within seventy-five (75) days from date of wound or illness.

4. To be evacuated by Hospital Ship/Troop Ship.

5. Suggested PULHMS Profile

Y	O	B	P	U	L	H	E	M	S

6. Date

20 July 44  
APR 6, 1945  
105th  
X69/44

Signature of Medical Officer Certifying

Countersigned O i/c Hospital Division  
or President Standing Medical Board

EXIT/MED/1/AAF  
156/196.7ADS/9M-5/44



## HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding ..... X.9 List. (RCASC cook att PLF) ..... (Unit)It is notified for your information that the undermentioned was discharged from No. 14Cdn. General ..... Hospital, R.C.A.M.C., admitted on 17-June 1944Disch/Trans to X.9 List ..... on 26-June 1944

He shall attend the first Unit Sick Parade after reporting to his Unit. This document must be passed to the Medical Officer of the Unit immediately.

Name FISHER J.C. ..... No. EXY F-35453 ..... Rank CplDiagnosis N.A.D. ..... M.O. i/c Case Major G.C. Fairfield  
(code)

(code)

(code)

*Precis Case History:*

20-June-44 Was a patient in this hospital from 14-May-44 to 4-June-44. Had a thorough medical and surgical check. Ba.series, blood and urine negative. Psychiatrist states fit for duty. Orthopaedic specialist states there is NAD in right shoulder. Still complains of pain in abdomen, but further tests show NAD.

24-June-44 Refuses to get out of bed though abdomen is normal, and all functions normal. Due to age and general uselessness it is recommended he be placed on the X9 list for reboard.

*Recommendation:*

Reboard.

Major

For Officer Commanding

No. 14 Cdn General Hosp. RCAMC.

Unit or Battalion

## MORNING SICK REPORT

17 Jan 41

19

Reg't No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
F35453	FOS Fisher J. C.	40	C/E		M	Repair to Glasse Please	
JJ						OUT PATIENT ONLY	LMA

**Medical Officer**

**Orderly N.C.O.**











## MORNING SICK REPORT

22 May 42

19

Reg't No.	RANK AND NAMES (Christian Name in full)		Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
F35453	Fus	Fisher J. C.	42	Bap	Atty M		Quinis (Quinis) uninfectious Eye consultant please See att. 242	
OUTPATIENT ONLY								
MAY 28 1942 ADMITTING OFFICE								

Medical Officer

Orderly N.C.O.



## TO BE DISCHARGED FROM HOSPITAL TO-MORROW

[illegible]

14<sup>th</sup> Cdn S, Hood

B 894

Squadron  
Battery  
Company  
Detachment

B Div 1st Cdn Conv Depot

Unit or Battalion

## MORNING SICK REPORT

June 16<sup>th</sup>

1944

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
F35453	CPL Fisher	44	Bapt	Duty	M	NVD.	Please admit
<p>I'm sorry but this NCO is not getting any worse. He has been on sick parade several times - complaining of severe pain R.I. F. from - especially bad at night - whether his ailments are real or imaginary I am of the opinion that he is near enough to be worth a damn to any blood unit - rather a liability. Besides he overacts mentally &amp; physically.</p>							

Medical Officer

Orderly N.C.O.



## TO BE DISCHARGED FROM HOSPITAL TO-MORROW

[illegible]

Serial No :- 175.

Date :- 5.8.44.

NO. 1. R.A.F. GENERAL HOSPITAL, C.M.F.

To :- G.H.Q., No. 2. ECHILON, B.N.A.F.

Nominal Roll of Patients admitted, discharged,  
died or transferred to or from the D.I. or S.I.  
List as at 23.59. hours on 5.8.44.

ADMISSIONS.

NUMBER.	RANK.	NAME.	UNIT.	DIAGNOSIS.	DATE OF ADMISSION.	DISPOSAL.
---------	-------	-------	-------	------------	-----------------------	-----------

576656V.	CNR.	Floresta, G.	1/12. LAA. Reg.	Lac. Thénar Eminence Lt. O.A.	5.8.44.	
----------	------	--------------	-----------------	-------------------------------	---------	--

D.I. AND S.I. LIST.

F38453.	CPL.	Fisher.	11.C.I.P. Supp. Co.	Carcinoma of Rectum.	3.8.44.	Remaining on D.I. List 5.8.44.
---------	------	---------	---------------------	----------------------	---------	-----------------------------------

Casualties Section  
Cdn. Sec. G.H.Q. 2 Ech.

*Received this HQ  
21 Aug 44*

*R3*



*12 AUG Recd*





NO. 1. R.A.F. GENERAL HOSPITAL, C.M.F.

Sub-Form 1754.

To :- G.H.Q., NO. 2. ECHELON, B.N.A.F.

Serial No :- 174.

Date :- 4.8.44.

Nominal Roll of Patients admitted, discharged,  
died or transferred to or from the D.I. or S.I.  
List as at 23.59. hours on 4.8.44.

DISCHARGES.

NUMBER.	RANK.	NAME.	UNIT.	DIAGNOSIS.	DATE OF ADMISSION.	DISPOSAL.
<del>51.3334V.</del>	<del>CORP.</del>	<del>Clark, A.</del>	<del>1/12. LAA. Reg. B.M.F.</del>	<del>Hysteria.</del>	<del>21.7.44.</del>	<del>Duty. 4.8.44.</del>

D.I. AND S.I. LIST.

F.35453.	CORP.	Fisher,	11. C.I.B. Supp. Coy.	Carcinoma of Rectum.	3.8.44.	Remaining on D.I. List.
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*Not signed  
By 6/4*

NO. 1. R.A.F. GENERAL HOSPITAL, C.M.F.

Sub-Form 175.

To :- C.H.Q., NO. 2. ECHELON, B.N.A.F.

Serial No :- 179.

Date :- 9.8.44.

Nominal Roll of Patients admitted, discharged,  
died or transferred to or from the D.I. or S.I.  
List as at 23.59. hours on 9.8.44.

DISCHARGES.

NUMBER.	RANK.	NAME.	UNIT.	DIAGNOSIS.	DATE OF ADMISSION.	DISPOSAL.
7689535.	L/CPL.	Waller, H.	4. Sub-Sect. 51. Dog.Sect.C.M.F.	Bruises.	25.7.44.	Duty. 9.8.44.
1780434.	"	Thomas, A.	" "	Cut War Mild Concussion.	"	"
30.	PTE.	Stevens, B.	Indian Army Gallela Pioneer Coy.	1. Frac.Rt.upper third Rad. & ulnar. Lac.Rt.thigh bruised back.	16.7.44.	Trans.to 65th Gen.Hospital 9.8.44.

D.I. AND S.I. LIST.

732453.	CPL.	Fisher.	11.C.I.B.Supp Co.	Carcinoma of Rectum.	3.8.44.	Remained on D.I.List 9/8/44.
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OK  
APR 1945





NO. 1. R.A.F. GENERAL HOSPITAL, C.M.F.

Serial No :- 194.

To :- G.H.Q., NO. 2. ECHELON, B.N.A.F.

Date :- 24.8.44.

Nominal Roll of Patients admitted, discharged,  
died or transferred to or from the D.I. or S.I.  
List as at 23.59. hours on 24.8.44.

D.I. AND S.I. LIST.

NUMBER.	RANK.	NAME.	UNIT.	DIAGNOSIS.	DATE OF ADMISSION.	DISPOSAL.
F38453.	CPL.	Fisher.	110.I.B.Supp.Co.	Carcinoma of Rectum.	3.8.44.	Remaining on D.I. List 24/8.

*W. W. W. W. W.*  
*W. W. W.*



No. of enclosure in Form 48 \_\_\_\_\_  
Serial No. in Form 38 } 131  
or in A. & D. Book }

Hospital or Sick List—Record Card.

Surname FISHER Christian Names Clarence  
Rank Cpl Unit PLF 11 CIB S Op.  
R.A.F. or } F35453 Branch or Trade Cook  
Army No. }  
Age 44 yrs Total } 4 yrs Under instruc- }  
Service } tion as }  
Hospital or Station } No.1. RAF General Hospital CMF  
rendering this form }

Dates of:

Arrival as direct admission \_\_\_\_\_ from \_\_\_\_\_  
" " transfer 3/8/44 from No.3. Can Hosp.  
Discharge to duty \_\_\_\_\_  
" as an invalid or to unit for invaliding \_\_\_\_\_  
Transfer \_\_\_\_\_ to \_\_\_\_\_  
Death 7/9/44  
Number of days under treatment 37

CLINICAL NOTES.

Disease or injury Carcinoma of Rectum  
New disease supervening, and date \_\_\_\_\_  
Operation, nature and date \_\_\_\_\_  
Anæsthetic, and method of administration \_\_\_\_\_

Date 3/8/44 Previous history of case and family, if relevant  
16/7/44 C/o lower abdominal pain about  
4/12 duration Patient has never vomite  
-d but has felt nauseated No Appetite  
& states he has lost 20lbs. BaSeries  
Blood & Urine examination Neg at 14  
C.G.H. during admission of 14/5/44 to  
condition on admission 4/6/44. C.O.E.:- Age 44  
abdomen slightly disturbed No rigidity  
or abdominal masses palpable Deep tend  
erness along caecum & ascending colon  
Rectal examination shows some obstruc  
tion to lower of rectum about 5 to 6"  
up Sigmoidoscopic ram could not be

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.



Date

Progress of case

passed further than 5 inches due to narrowing of by solid fixed mass mucus membrane red & congested but not ulcerated To be typed for transfusion 2000cc 5% Glucose in saline given. 20/7/44 Spinal Anaesthesia Rt lower paramedian incision Peritonium found studded with secondary deposits Omentum hard & thickened with melostases. Retini filled with rough masses The actual site of the primary tumor could not be located L Inguinal calostomy performed About 3 pints of straw coloured fluid present in peritonea cavity Diagnosis bad. 2/8/44 Colostomy working For evacuation by air to U.K. & Canada (Home Nova Scotia)

3/8/44

3/8/44 Transferred to No.1. RAF Gen Ho C.O.E.- Admitted pending transfer to U.K. T.99.6 P.120 Patient fairly comfortable D & C Abdo uncomfortable calostomy has punctured today Fluid Chart I & O I.D. Morphia gr 1 sos.

4/8/44

Surgical Specialist's Report:- Emaciated Flushed but general condition reasonably good. Abdo well healed Rt lower paramedian incision. Lt Inguinal colostomy which appears to function normally. There is slight generalised abdominal distension with some audible peristalsis But no actual obstruction is evident.

Opinion:- He is Fit for evacuation to U.K. by air But everything should be done to avoid flying at more than 5.000ft Greater altitudes are likely to cause painful abdominal distension

5/8/44

BJ Bickford w/Car C/o abdominal colic again Colostomy do Condition on discharge -es

Signature of Medical Officer

Date

No. of enclosure in Form 48.....  
Serial No. in Form 38 }  
or in A. & D. Book } 151

**Hospital or Sick List—Record Card.**

Surname FISHER Christian Names Clarence  
Rank Cpl Unit PLF 11 CIB S Op.  
R.A.F. or } F35453 Branch or Trade Cook  
Army No. }  
Age 44yrs Total } 4yrs Under instruc- }  
Service } tion as }  
Hospital or Station } No.1. RAF General Hospital CMF  
rendering this form }  
Dates of:  
Arrival as direct admission 3/8/44 from No.3. Can Hosp.  
„ „ transfer „ from  
Discharge to duty.....  
„ as an invalid or to unit for invaliding.....  
Transfer..... to  
Death 7/9/44  
Number of days under treatment 37

**CLINICAL NOTES.**

Disease or injury Carcinoma of Rectum

New disease supervening, and date.....

Operation, nature and date.....

Anæsthetic, and method of administration.....

Date 3/8/44 Previous history of case and family, if relevant  
18/7/44 C/o lower abdominal pain about  
4/12 duration Patient has never vomite  
-d but has felt nauseated No Appetite  
& states he has lost 20lbs. Baseries  
Blood & Urine examination Neg at 14  
C.G.H. during admission of 14/5/44 to  
XXXXXXXXXX 4/6/44. C.O.E.:— Age 44  
Condition on admission. No rigidity  
or abdominal masses palpable Deep tend  
erness along caecum & ascending colon  
Rectal examination shows some obstruc  
tion to lower of rectum about 5 to 6"  
up Sigmoidoscopic ram could not be

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.



Date

Progress or case

passed further than 5 inches due to narrowing of by solid fixed mass mucus membrane red & congested but not ulcerated To be typed for transfusion 2000cc 5% Glucose in saline given. 20/7/44 Spinal Anaesthesia Rt lower paramedian incision Peritonium found stuffed with secondary deposits Omentum hard & thickened with melostases Retini filled with rough masses The actual site of the primary tumor could not be located L Inguinal colostomy performed About 3 pints of straw coloured fluid present in peritonea cavity Diagnosis bad. 2/8/44 Colostomy working For evacuation by air to U.K. & Canada (Home Nova Scotia)

3/8/44

3/8/44 Transferred to No.1. RAF Gen Ho C.O.E:- Admitted pending transfer to U.K. T.99.6 P.120 Patient fairly comfortable D & C Abdo uncomfortable colostomy has punctured today Fluid Chart I & O L.D. Morphia gr 4 sos.

4/8/44

Surgical Specialist's Report:- Emaciated Flushed but general condition reasonably good. Abdo well healed Rt lower paramedian incision. Lt Inguinal colostomy which appears to function normally. There is slight generalised abdominal distension with some audible peristalsis But no actual obstruction is evident.

Opinion:- He is Fit for evacuation to U.K. by air. But everthing should be done to avoid flying at more than 5.000ft Greater altitudes are likely to cause painful abdominal distension

5/8/44

BJ Bickford W/Car  
C/o abdominal colic again Colostomy does  
Condition on discharge -es

Signature of Medical Officer

Date

Surname.....	FISHER	Christian Names.....	Clarence
Rank.....	Cpl	Official No.....	F. 35453
Date.....	appear to be acting well as there has been only one motion since admission.		
7/8/44	Increase of pain with considerable distension. Oil & S & W enemas returned clear. Digital examination shows constriction of colostomy at level abdominal wall.		
	Operation W/Cdr Bickford. Pantothol. By probing of the original incision upwards for about 1" it was possible to divide the constricting band. This was thickened peritoneum & para-		
	about 2 pints of clear fluid was evacuated. BI Bickford W/Cdr		
8/8/44	Colostomy acted after further washout		
9/8/44	He is unfit in my opinion for transfer to U.K. by air.		
	CW Flemming G/Capt Consultant in Surgery.		
14/8/44	General condition is slowly deteriorating. Colostomy again working badly and he c/o considerable intermittent colic which has been relieved by morphia on several occasions.		
15/8/44	Considerable pain not relieved by Morphia gr 1/3rd. Morphia gr ss (half) prn.		
21/8/44	Morphia gr $\frac{3}{4}$ (three quarters) prn.		
28/8/44	Gradual deterioration in general condition.		
3/9/44	Marked regression in past 48hrs not suffering any pain.		
4/9/44	In considerable pain Morphia gr i (one grain) prn.		
6/9/44	Much weaker. Not conscious.		
7/9/44	Died quietly at 04.00hrs.		



Date.

7/9/44

Condition on discharge.....Died...04.00hrs

Signature of Medical Officer

Date 7/9/44

AJ Eberle F/Lt

Surname.....	FISHER	Christian Names.....	Clarence
Rank.....	Cpl	Official No.....	F. 35453
Date.....	appear to be acting well as there has been only one motion since admission.		
7/8/44	Increase of pain with considerable distension. Oil & S & W enemas returned clear. Digital examination shows constriction of colostomy at level abdominal wall.		
	Operation w/Cdr Bickford Pentothol. By probing of the original incision upwards for about 1" it was possible to divide the constricting band. This was thickened peritoneum & para-umbilic. about 2 pints of clear fluid was evacuated. B. Bickford w/Cdr		
8/8/44	Colostomy acted after further washout		
9/8/44	He is unfit in my Opinion for transfer to U.K. by air.		
	CW Fleming C/Capt Consultant in Surgery		
14/8/44	General condition is slowly deteriorating. Colostomy again working badly and he c/o considerable intermittent colic which has been relieved by morphia on several occasions.		
15/8/44	Considerable pain not relieved by Morphia gr 1/3rd Morphia gr ss (half) prn		
21/8/44	Morphia gr $\frac{3}{4}$ (threequarters) prn.		
28/8/44	Gradual deterioration in general condition.		
3/9/44	Marked regression in past 48hrs not suffering any pain.		
4/9/44	In considerable pain Morphia gr 1 (one grain) prn.		
6/9/44	Much weaker Not conscious.		
7/9/44	Died quietly at 04.00hrs.		



Date.

7/9/44

Condition on discharge.....Died 04.00hrs

Signature of Medical Officer

Date 7/9/44

AJ Eberle F/Lt  
(\*11415-235) Wt. 45345-2987 7,000 pads 2/43 I.S. 700

To H4

The m/r admitted for  
investigation of G.I. Tract  
for. 1) Neoplasm  
2) Chronic Appendicitis

Acute episode pain in R.L.Q  
5 wks ago - Chronically sore  
since then - Had previous  
diarrhea.

Suggestive of Diverticulum of G.I.  
but neg. for it).

W. H. H. H. H.

15 May 44



Tues 11/10

14 Can Gen

Army Form I 3172

R.A.F. Form 3172

(In lifts of 50.)

Wadung

WARD H-4 D-21

Official No.

Rank, Name and Grading.

F 35453

Cpl. Fisher.

Unit.

Age.

Part to be X-rayed

Princess Louise  
Fus.

44

Ba Enema

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

77 18

Pain R. I. Q.  
Small lumps  
Appendix  
normal.  
malformation  
to be ruled out

7426

W. J. H.

Signature of M.O.

Date


[P.I.O.]

REPORT ON RESULT OF X-RAY EXAMINATION

(To be completed by Radiologist.)

No. in X-Ray Register ..... 7715

Long steel large band in  
Sigmoid, descending & ascending  
sections. No pathology seen

Signature of Radiologist ..... 

Date.....



7726

14 Can Gen Hospital

Army Form I 3172  
R.A.F. Form 3172  
(In lifts of 50.)

Wadung

WARD... H. 4 D. 28

Official No.	Rank, Name and Grading.
F 35453	FISHER, Cpl

Unit.	Age.	Part to be X-Rayed.
Princess Louise Fus.	44	G. I. Series

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

cured you do  
this was  
recess

24 hrs plate

*[Signature]*

6867

*[Signature]*

Signature of M.O.....

Date .....

[P.T.O.]

REPORT ON RESULT OF X-RAY EXAMINATION

(To be completed by Radiologist.)

No. in X-Ray Register..... 7426 (4 films)

Gastric

Cephalopharynx & Duodenal  
Cap. normal.

Accumulation of gastric  
mucous.

The 24 hrs X-ray shows a  
normal progress of the meal;  
appendix visualized & small.

Gosselin

Maxwell

Signature of Radiologist.....

Date..... 31 May 44..... 14 C. G. H.



No 14 CG.H.

Hospital.

Army Form I 3172

R.A.F. Form 3172

(In lifts of 50.)

6867

WARD. H 4 D 21

Official No.

Rank, Name and Grading.

F 35453  
copied

Fisher (PLG.)

Unit.

Age.

Part to be X-rayed.

RCASL (Cook)

PRINCESS ID.

44

rt & hvedu  
Internal +  
EXT Rotation

## SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Requested by  
Major Petrie

pain rt

66 Hb: s hvedu.

Signature of M.O.

G.H.

Date

MAY 22/44

[P.I.O.]

Walking

REPORT ON RESULT OF X-RAY EXAMINATION

(To be completed by Radiologist.)

No. in X-Ray Register.....

6867

Negative

R. Cannon May

Signature of Radiologist.....

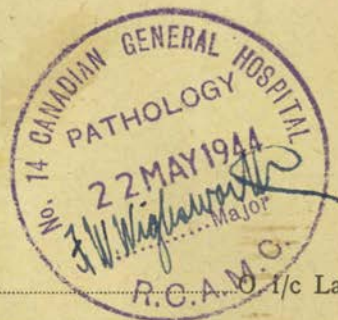
Date.....

---



# LABORATORY REPORT.

*Benzidine test for occult blood ++*



Date Specimen received.....

Date Report despatched.....

Station.....

i/c Laboratory.

**In R.A.F. cases a synopsis of results must be entered on Forms 41 and 39.**

2

Army Form 13212.  
R.N. Form M45.  
R.A.F. Form 3212.  
(Pads of 100.)

SENDER'S No. *copied*LABY REPORT No. *3805C*

## REQUEST FOR LABORATORY EXAMINATION.

Name and Initials *Fisher G.* Official No. & { Rank *Cpl. 735453* } Age *44*  
(in block capitals) { Rating }

Ship or Unit *P.L.A.* Hospital *14 Cde & H.* Ward *H-4.1)21*

To Officer i/c Laboratory at

Accompanying Specimen of *stool.*Examination required: — *Occult blood.*

Points requiring special investigation: —

**Diagnosis**—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

*? La lower RT gland.  
gastric II diet.*

Station

Date and hour of collection

*Yee Hapsee*  
M.O. i/c Case.



"B" DIVISION  
NO. I CDN CONV DEPOT

Date of Admission... *10-6-44* .....

Date of Discharge... *17/6/44* .....

Remarks:

*14th Cdn Hosp.*

Medical Officer

Date ...

Day of Disease

	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
106°																				
105°																				
104°																				
103°																				
102°																				
101°																				
100°																				
99°																				
98.4°																				
Pulse ...																				
Respirations...																				
Motions ...																				

(\*22089) Wt.24063/1612 150,000 8/42 A. & E.W.Ltd. Gp.698

(23456) Wt.45060/818 500,000 1/43

"

"

Forms/B.181A/11



No. F 35453 Rank Col Name Fisher Jr  
Age 44 Corps P. F. Div. 3rd 1st Lt. B.  
Diagnosis Myeloma of shoulder Date of Admission 4 May

Date Ym...

### Day of Disease

[illegible]

8

Urinalysis

D-21

Date June 7Ward H-4Reg't. No. F 35453Rank Cpl.Name Fisher.

p. Gr.

W.B.C. 0

React.

R.B.C. 0

Sug.

JUN 7 - 1944

Alb.

negative

Casts. 0

Special Exam.

Complete



# Medical Unit

No. F 35453 Rank. Cpl

Name Fisher

Age 44 Unit RCASC PLF Support

Diagnosis

Date of Admission

Date June 17

Day of Disease 8 18

	AM		AM		PM	AM		PM	AM		PM	AM		PM	AM		PM	AM		PM	AM		PM
106°																							
105°																							
104°																							
103°																							
102°																							
101°																							
100°																							
99°																							
98°																							
97°																							
96°																							
Pulse																							
Respirations																							
Motions																							





D-21

# MEDICAL UNIT

No. 14 Can. G. H.

A.F.B. 181A.

R.A.F. FORM 550.

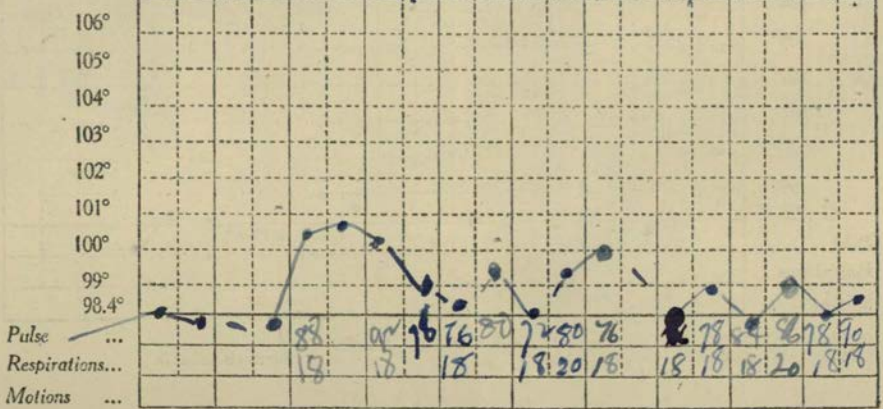
No. F-35453 Rank CPL Name FISHER C.

Age 44 Corps .....

Diagnosis..... Date of Admission 15 May

Date May 15 16 17 18 19 20 21 22 23 24

Day of Disease		15		16		17		18		19		20		21		22		23		24	
		3	3			8	3	8	10	3	8	10	5	5	3	10	3	8	10	3	
		A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

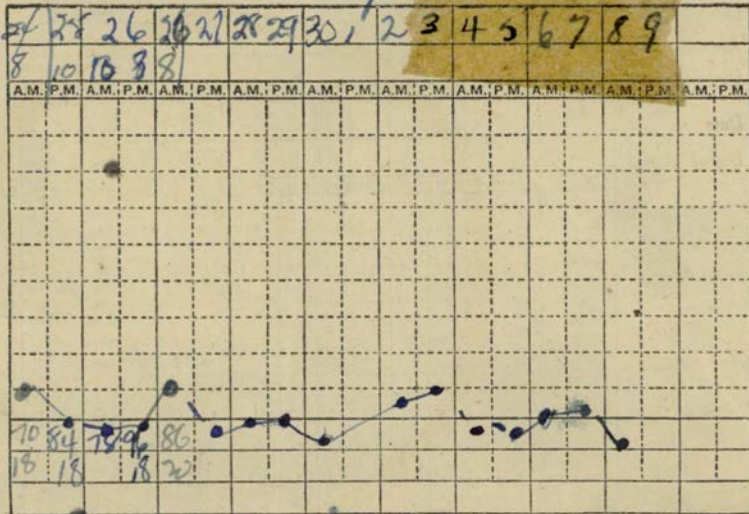


Fisher

June

Date May...

Day of Disease



(\*22089)  
(23450)

Wt.24063/1642  
Wt.45060/818

150,000 8/42  
500,000 1/43

A. & E. W. Ltd.

Gp.698

Forms/B.181A/11



# LABORATORY REPORT.

White blood count. = 4600.

Date Specimen received May 14/44 P. G. Sheppard O. i/c Laboratory.  
Date Report despatched..... Station.....

In R.A.F. cases a synopsis of results must be entered on Forms 41 and 39.

SENDER'S No.....

LABY REPORT No. 225-3

## REQUEST FOR LABORATORY EXAMINATION.

Name and Initials..... Fisher ..... Official No. & { Rank } ..... Age.....  
(in block capitals) { Rating }

Ship or Unit..... Hospital 13th T.D.S. Ward IV

To Officer i/c Laboratory at.....

Accompanying Specimen of..... White Blood Count .....

Examination required:— .....

Points requiring special investigation:— .....

**Diagnosis**—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

Station.....

Date and hour of collection..... M.O. i/c Case.



Date of Admission to F.D.S., C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

Pain has been present constantly since becoming more severe and states it incapacitates him. Both these areas are so painful at times he cannot even sleep.

For admission to 13 FDS  
for evacuation for  
investigation please

H.C. Percapt

13 FDS

Admit for Investigation  
(r) Hencocyte Count

15 May 44. - WBC. within normal limits  
P.E. note Page 44. History of distention  
of functions of hands. P.E. small  
Painful man in A.L.P. Should be  
normal in H.E. To be evacuated for  
investigation.

W. L. L. G.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Age 44 Service 3 1/2 yrs  
Additional Notes by Unit M.O. and Field Ambulance.

Army Form W3118.  
R.A.F. Form 3118.  
Naval Form M204.

Morphia—	A.T. Serum—
Dose: Time and date given—	Dose and date given—
Date of Wound or onset of illness { April 1/44	Religion— Bapt.
Sulphanilamide.	Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*				Malaria Treatment							
	B.T.	M.T.	Q.	Clin.	Days	1	2	3	4	5	6	7
Malaria					Ateb. grms							
Dysentery	B.Ex.	Ehyst.	Indef. Ex.		Quin. grs.							

# NOTES.

14 May 44  
About 5 weeks ago first developed severe pain in Right lower quadrant. Was seen at time and was thought to be muscular. Since then pain has been present almost constantly, severe in nature and soles he cannot carry. Has never been nauseated, never vomited, appetite good. Bowels regular. About 4 weeks ago developed pain in right shoulder and side of neck.

## FIELD MEDICAL CARD.

\*No. F35453 Rank Cpl  
Name FISHER J. C.  
Unit P. L. F. Support Group  
\* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

~~Battle Casualty.~~ Accidentally Wounded. Sick.  
(Strike out description which does not apply.)

Diagnosis of Unit M.O. Myalgia Right shoulder.  
Pain Right Lower Quadrant  
Date seen by him— 14 May 44 H. P. Reese  
No. of Field Ambulance— 13 Cdn F.A.S.  
Date of admission— 14 May 44.  
Field Ambulance diagnosis— W.D. (G.I.)

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—



but continued as a dull pain  
until two weeks ago when it  
seemed to get worse. Lately  
after meals has noticed a  
dull pain going across lower  
abd. Pain lasting only 10 minutes.

Had a little diarrhea  
in March 44 - really 3-4 x a  
day - not watery. Hebe since then.  
Stools normal. No melena,  
no epigastric pain, gas or  
vomiting.

Is a cook and unable  
to do his work recently.  
Feels tired & fatigued especially.  
No wt loss.

For a month has had  
a dull pain in shoulder which  
has persisted.

PRECIS OF CASE HISTORY & RECOMMENDATIONS

Bothers him all the time.  
When his arm is at rest, never an  
active movement.

P.H. No F.H. of stomach trouble.  
No ca, etc. Married - 3 children.  
No serious illnesses.

Farmer & barber & lately  
a cook. Has been a cook  
since enlistment. Likes  
the unit he is in & getting  
along well in army.

14 May - W. BC - 4,600

Signature of MO i/c Case

Date

Hosp. A & D No. C-5942-44

CFA 6 (Revised)  
In lieu of AFI 1220  
(Not to be used for British Wounded.)

## HOSPITAL OR SICK LIST RECORD

F-35453 FISHER James CLARENCE  
Regtl. No. Surname Christian Names  
Rank Cpl. Unit Princess Louise Fusiliers (Cook Regt) Age 44  
Hospital No. 14 Can. Gen. Hosp.  
DATES OF:—  
Admission from Discharge to Duty Unit  
Transfer 15 May '44 from 13 Can. Hosp. for Conv. June 10 to 1010  
Transfer to  
No. of days under treatment 27 Death  
CHF Medical } on admission A  
Theatre of Operations Category } on discharge

### CLINICAL NOTES:

Disease or Injury ① Tens synchitis - (RTS healed) Code No. 1332  
(final diagnosis) ② Dyspnoea unknown origin " " 0916

Operation, nature and date

Anaesthetic

MEDICAL NOTES:

Adm. IPR 98

Prev. Adm.

none

H. P. Z.

Perfectly well to about 1st April  
44 when he was awakened by a  
sharp R. L. Q. pain. This kept  
him awake that night and  
seemed to ease off a little

PTO



Rectal: Prostate ++  
no masses  
reflexes = +.

impression.

① ea to be ruled out.  
② might be appendicitis  
but very doubtful.

Ba Evening  
series

Blood studies.

Surgical consultation.

May 16/44. No voluntary splinting. Has some calf tenderness.  
Some change in urinary function. Would not  
feel this is appendicitis that needs surgical attention.

17 May. Ba Enema: - Distended colon of the sigmoid and the  
descending colon. C.G. III - Distal - distal

#### PRECIS OF CASE HISTORY & RECOMMENDATIONS

12 May. X-Ray Rt. Shoulder: Calcified shadow at right infra-  
clavicular region. seen by Major Betts

22 May 44 X-Ray Rt. Shoulder - Negative who advised operation.

22 May. Report on Stool - Benzedrine test for occult blood ++

2 June 44 Nothing very remarkable from a psychological point of  
view in childhood apart from shyness & timidity. Can hardly  
imagine things he had plenty of opportunity of learning. Children are not  
nearly so much evidence of inadequacy & mental instability.  
Has always taken good care of his health - mostly hypochondriacal.  
Was a barber / - 10 yrs. but quit because "health gave out."  
too much indoor work. "I couldn't stand it" when he  
developed pain in abdomen he thought he might have  
an attack of appendicitis but after discussing the case with  
men in the unit who had been operated for appendicitis he  
decided he didn't have that condition. Then became  
greatly concerned fearing he might have cancer, particularly  
since distant members of his family & other people in his  
community had died of cancer.

Signature of MO i/c Case

Date

Hosp. A & D No. C.5945.44CFA 6 (Revised)  
In lieu of AFI 1220  
(Not to be used for British Wounded.)HOSPITAL OR SICK LIST RECORD

F 35453 Fisher Clarence  
 Regtl. No. Surname Christian Names  
 Rank CPL. Unit Princess Louise Dragoon Fusiliers Age 44  
 Hospital 14 Cdn Gen Hosp.

DATES OF:—

Admission from Discharge to Duty Unit  
 Transfer from " for Conv. to  
 No. of days under treatment Death  
 Theatre of Operations Medical } on admission  
 Category } on discharge

CLINICAL NOTES:

Disease or Injury Code No.  
 (final diagnosis) " "  
 " "

Operation, nature and date

Anaesthetic

MEDICAL NOTES:

P.X. - mod du mole  
nails - long.  
throat - clear  
tongue - coated.  
gl's - neg.  
Heart - chest - neg.  
abd : small right mass  
robes under tip of  
finger in R.L.Q. quite  
tender a calculation.  
L+S = 0.



- 31 May '44 - X-Ray - Gastric:-  
 Oesophagus + Duodenal Cap - normal  
 Accentuation of gastric rugae  
 The 24 hr X-Ray shows a normal progress  
 of ba. meal. Appendix visualized & small
- 6 June - Re-check Ba Enema -  
 showed an elongated  
 large bowel as before.
- 7 June - Urine - complete - neg.
- 9 June - Seen by Major Moll  
 who feels there is no  
 functional background  
 for this man's complaints  
 His tenosynovitis of  
 Rt shoulder responded  
 fairly well to injection  
 of 2% Novocaine & pain  
 much less.

PRECIS OF CASE HISTORY & RECOMMENDATIONS

are investigation  
 of 9. 2. tract normal &  
 Lt. Col. M. Sutoru does  
 not feel that appendicitis  
 is a factor.  
 Although this man  
 still has his complaints  
 he has been re-assured  
 that nothing serious is  
 the matter.  
 He can depart for 3 wks.

Signature of MO i/c Case

Geoff Halpern

Date

9 June 44.

F 3 5 4 5 3

FISHER

Clarence

Regtl. No.

Surname

## Christian Names

Rank Cpl. Unit Princess Louise Fus

Age 44

Hospital 14 Can Gen. Hosp.

DATES OF :—

Admission	from	Discharge to Duty	Unit
-----------	------	-------------------	------

Transfer 15 May '44 from 13 Can. F.DS for Conv. to \_\_\_\_\_

Transfer to

No. of days under treatment	Death
1	
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Theatre of Operations	Medical	on admission
	Category	on discharge

## CLINICAL NOTES:

Disease or Injury ..... Code No. ....

(final diagnosis)	.....	..	..	.....
-------------------	-------	----	----	-------

” ..... ”

Operation, nature and date

Anaesthetic

**MEDICAL NOTES:**

I was unable to identify any precipitating psychological  
 factor to responsible for onset of complaints. In my opinion  
 his complaints started with an organic basis and  
 their persistence can to some extent be explained on  
 psychogenic factors - particularly the fear of cancer of  
 the breast. O/E tense - poor mental expression -  
 anxious - somewhat narcissistic.

Personal: fit - duty.

Rx ① Phenobarb. gr<sup>iii</sup> H.S. Tincture x gr<sup>ii</sup> H.S. for 2 days.

② Reassurance as to any possibility of serious organic  
 condition.

PTO

PTO



405-F-11,698

50M-7-44 (5061)  
H.Q. 1772-39-440  
K.P. 12702

M.I. H. 387  
H.M. 19-58 (1043)  
H.C. 1772-39-430

### CROSS REFERENCE

FISHER, JAMES, CLARENCE

F. 35453

A. F.

DVA

H.Q. 405-F-11,693

[illegible]

**DO NOT WRITE BELOW THIS LINE**



## CASUALTY SECTION

## FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY	DATE
1. Cable Abstract Attached						
2. Telegram Despatched to N/K						
3. Delivery of N/K Telegram Confirmed						
4. Confidential Notice (Miss, POW, Fataals)						
5. Dependents Allowance Board Notified						
6. D.P. & N.H. Notified (Blindness, Amps, Fataals)						
7. D. Nat. War Services Notified (POW. only)						
8. Red Cross Notified (POW. only)						
9. SAAG Notified (POW. only)						
10. Income Tax & Dept. of Labour Notified						
11. Chaplain Services Notified (P. or R.C.)						
12. Released to Press						
13. A.G's Letter to Next of Kin (Fataals)						
14. File Passed to "Q3" (Fataals)						
15. "Q3" Action Taken						
16. Filed Passed to "G"						
17. Minister's Condolence Card Despatched						
18. File Passed to Honours & Awards						
19. Memorial Cross Action Taken						
20.						
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30.						



# NOTICE

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



CANADIAN MILITARY HEADQUARTERS  
(CANADIAN ARMY OVERSEAS)

CROSS REFERENCE

FISHER J.C. F-35453

DECEASED  
COMPLETE

146  
10/FISHER J.C./3  
F-35453

CENTRAL REGISTRY	DATE	PA OR BF	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")							
AUG 16 1944				A4712	WITH CABLE C.R.		AUG 15 1944
AUG 18 1944	27 Sep 44	B.F.	H.	AM D2	do per AG 75		15 Aug 44
SEP 16 1944	15.9.44	P.A.	Q	AM D2	WITH PAPERS C.R.		SEP 14 1944
SEP 28 1944	28.9.44	PA	Q	AM D2	PER B.F. C.R.		SEP 27 1944
	7 May 45	B.F.	Est 6		WITH PAPERS EST. C.R.		JAN 1945
	7 May 45	B.F.	Est 6		PER B.F. EST. C.R. 7		MAR 1945
	7 May 45	B.F.	Est 6		WITH PAPERS EST. C.R.		23 MAR 1945
	30 May 45	PA	Est 6		WITH PAPERS EST. C.R.		3 APR 1945
	7 June 45	B.F.	Est 6		PER B.F. EST. C.R.		7 - MAY 1945
	12 May 45	PA	Est 6		WITH PAPERS EST. C.R.		9 MAY 1945



NAME

F-35453 Cpl. FISHER, James

Casualty	Date	Authority	Date entered	Clerk
DIED	7 Sep 44	"C" 1514	9 Oct 44	93m

CASUALTY REPORT checked by APh 0  
 EST 3( ) to \_\_\_\_\_ 0.  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and checked by \_\_\_\_\_ 0.  
 EST 3( ) to \_\_\_\_\_ 0.  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and checked by \_\_\_\_\_ 0.

WILL from \_\_\_\_\_ received on \_\_\_\_\_ and checked by \_\_\_\_\_ 0.  
 Date \_\_\_\_\_ Beneficiary \_\_\_\_\_  
 Photo indent dated \_\_\_\_\_ by \_\_\_\_\_ C Negative No. \_\_\_\_\_ filed by \_\_\_\_\_ C.  
 Forward to A. of E. \_\_\_\_\_ O. EST 10 No. \_\_\_\_\_ by \_\_\_\_\_ C.

EFFECTS at 1 CKSD ~~YES~~ (NO) EST 2 No. 146 Inventory checked by \_\_\_\_\_ 0.  
 EST 4 to \_\_\_\_\_ 0.  
 Sent on \_\_\_\_\_ by \_\_\_\_\_ C. \_\_\_\_\_  
 EST 4(a) \_\_\_\_\_ O. Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Inventory checked by \_\_\_\_\_ 0.  
 Inventory UNIT effects checked by APh O. / NO UNIT effects \_\_\_\_\_ 0.  
 Release from A. of E. to \_\_\_\_\_ 0.  
 RELEASE to WFE APh O. EST 11( ) No. 533 EST 5 on 23 Mar 45 by PRM C.  
 Shipped in Box EST 199 on APh EST 5(a) rec'd and filed by \_\_\_\_\_ C.

C. of A. REPORT rec'd and dup. ch. on 19-11-44 by gma C. Checked by APh 0.

DEBTS

Particulars	Name	Amount	Paid	Receipt

MEM I Part II	Checked	MEM I Part I
No. Ch bk chs	<u>APh</u>	<u>APh</u>
GPO bank book	o	Off Record of Service Bk
	o	
	o	
	o	

EST 6/Rec'd/Docs/Uplift  
 Cash to P.M. 12th AAJ 79-10-0 and 417 line  
HQ CRJ 70-0-3  
 Prepared by APh.C.

L.P.C. received and checked by \_\_\_\_\_ 0.  
 EST 7 \_\_\_\_\_ O. Prepared by APh C.  
 COMPLETE ( Rec'd ) APh O. Entered on MAY 15 1945 by X C.

NOTES

4th V.L. AP \$8.40

REMARKS to A. of E.



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CANADIAN MILITARY HEADQUARTERS  
(CANADIAN ARMY OVERSEAS)

### CROSS REFERENCE

[illegible]

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James Clarence FISHER

F-35453

Canadian Army (Active)

22 January 1900

Bangs Falls, N.S.

11 December 1940

Halifax, N.S.

Canada, Britain and Central Mediterranean Area

See Remarks

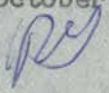
See remarks

Corporal

1939-45 Star, Italy Star, Defence Medal, Canadian  
Volunteer Service Medal with Clasp, War Medal  
1939-45 and Mentioned in Despatches

- 1) Died of illness in Italy 9 September 1944 while  
serving with the Royal Canadian Army Service Corps
- 2) Buried in Plot 1, Row G, Grave 15 of the Naples  
British Military Cemetery, Naples, Italy

31 October 1980



## CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street,

(Trafalgar Square)

London, S.W. 1.

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

12 May 45.

N-35453 Cpl FISHER, James Clarence (dec'd)

1. Herewith the following:-

Original C. of A. Report

M.B.M. I Part I

M.B.M. I Part II (2)

M.F.M. 14.

~~Officers Record of Service Book~~

L.P.C.

~~Amended L.P.C.~~

C.F.A. 187

Cnd. Sec CHQ 2 Ech AAI~~C.F.A. 187~~~~C.F.A. 187~~

Receipted accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~Nil effects~~

Personal effects released to you in Box EST

XXX 192~~Personal effects released to~~

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

4. Nil Will here

~~Will forwarded to you with EST 10 serial No~~

5. Remarks

1. Note A.P. \$8.40 & 4 V.L. Bond.

(G.M. Lampard) Lt-col  
Officer i/c Estates

Canadian Military Headquarters.

Copy to file



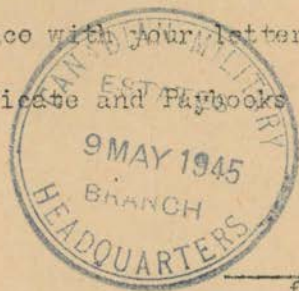
Officer i/c Estates,  
C.M.H.Q.,  
L O N D O N, S.W.1.

F.35453. Cpl. Fisher. J.C. (Deceased)

10/Fisher. J.C./3 (Est 6)

In accordance with your letter dated 23rd. Mar.45.

enclosed are Last Pay Certificate and Paybooks for the above noted.  
Also M.F.M. 14.



HR/495 7th, May, 45.

*D. Towley*  
for Chief Treasury Officer.

## CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street,  
(Trafalgar Square)

London, S.W. 1.

23 Mar 45

O.P.M. (Pay 2)

F-35453 Cpl. FISHER, James Clarence (Dec'd)  
7 Sep 44 "C" 1514

1. Herewith the following:-

- (i) H.B.M. I Part II
- (ii) ~~Discontinued in accordance with the provisions of the~~

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

Nil

3. Committee of Adjustment report shows the following:-

Cash to Paymaster	<u>2 Ech A A I</u>	<u>60-10-0 ; 417 lire</u>
	<u>H.Q. C R U</u>	<u>60-0-3</u>
	_____	_____
	_____	_____
	_____	_____

C.D.V. MIL

4. Please Forward:-

~~Discontinued in accordance with the provisions of the~~

L.P.C.

(G.H. Leppard) Lt-col.  
Officer i/c Estates  
Canadian Military Headquarters.

Copy to file



# Personal Effects Certificate.

Army Form W.3190.

(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or  
Army No. F33'453  
Rank, Name & Initials CPL FISHER J.C.  
Regiment or Corps GEN LIST X4 (8BN.)  
Nature of Casualty D/SICK  
Date of Casualty 7 SEPT 44

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature [Signature]  
Rank CAPT  
Unit CON SEC GHA 2ND ECHOLON  
Date 28 SEPT 44

Inventory No. :—

4214

Registered Post Particulars :—

## Special Instructions

Personal effects of :—

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

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

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

# INVENTORY OF EFFECTS.

74C50

## List of Articles of Intrinsic or Sentimental Value.

1 POCKET WATCH (WESTCLOX) ✓  
 1 CIGARETTE HOLDER ✓  
 1 FOUNTAIN PEN (WATERMAN'S) ✓  
 2 RINGS ✓  
 2 ENGLISH COINS (2 FARTHING) ✓  
 1 NAIL CLIPPERS ✓  
 3 COMBS ✓  
 1 PEN-KNIFE ✓  
 LETTERS & SNAPSHOTS ✓  
 1 BARBER'S BRUSH ✓  
 1 KNIFE IN SHEATH ✓  
 1 REGT'L LANYARD ✓  
 1 NEW TESTAMENT ✓  
 1 CHROME MIRROR ✓  
 2 PR SCISSORS ✓  
 1 CAP BADGE ✓  
 1 PHOTO IN FOLDER ✓

Notes

Postal Orders

Gold

Silver

Copper

TOTAL

## Special Notes.

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

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

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

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



# Personal Effects Certificate.

Personal or

Army No.

F35453

Rank, Name & Initials

CPL

FISHER J.C.

Regiment or Corps

GEN LIST X4 (88BN)

Nature of Casualty

D/SICK

Date of Casualty

7 SEPT 44

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature

Rank

CAPT

Unit

CON SEC GHQ 2ND ECHELON

Date

28 SEPT 44

Army Form W.3190.

(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No. :—

4214

Registered Post Particulars :—

## Special Instructions

Personal effects of :—

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

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

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

Personal or Army No. F35453 Rank CPL Name & Initials FISHER J.C. Regt. GEN LIST Army Form W.3190

# INVENTORY OF EFFECTS.

X488

## List of Articles of Intrinsic or Sentimental Value.

1-IDENTITY DISC ✓  
 1-SET FALSE TEETH (UPPER & LOWER) ✓  
 1 CIGARETTE LIGHTER ✓  
 2 PROPELLING PENCILS ✓  
 1 ROSHAY ✓  
 2 ENGLISH COINS (330) ✓  
 1 LEATHER WALLET ✓  
 3 BLACK NOTE BOOKS ✓  
 1 TOOTH BRUSH ✓  
 1 RAZOR (GILLETTE) ✓  
 1 HOLDALL W/ RAZOR ✓  
 1 COOKERY BOOK ✓  
 1 PHOTO-FRAME (HANDMADE) ✓  
 1 NAIL FILE ✓  
 1 PRAYER BOOK ✓  
 2 PRS SPECTACLES IN CASES ✓  
 1 PR BARBERS CLIPPERS ✓

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

## Special Notes.

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

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

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

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



CANADIAN ARMY (ACTIVE), OVERSEAS  
FINANCIAL RECEIPT

RECEIPT No. 10 1945  
RECEIVED FROM O.C. No. 1 CDN KIT STORAGE DEPOT  
THE SUM OF Three Pence  
being

CASH REMOVED FROM PERSONAL EFFECTS

F. 35453

Cpl. FISHER. J.C.

GEN-LIST. X 4. (8 Bt<sup>n</sup>) ded

Training corp.  
Command Paymaster or Field Cashier

H. G. C. B. U. Place

Personal No.	Rank	Name & Initials	Unit	Date of Death or <del>Date Missing</del>
<del>F 35435</del> F 35435	CPL	FISHER, JC	Gen List X4 8 Bn.	7 Sep 44

---

PROCEEDINGS OF A STANDING COMMITTEE  
OF ADJUSTMENT assembled at Canadian  
Section G.H.Q., 2nd Echelon on the

5 October 1944

by order of Colonel Michael S. Dunn  
OBE ED for the purpose of dealing with  
the local affairs of the above-mentioned.

PRESIDENT

**Major J. SANSON**  
CANADIAN SECTION GHQ. 2nd Echelon AAI

MEMBERS

**Major W.G.D. STANLEY**  
CANADIAN SECTION GHQ. 2nd Echelon AAI

**Captain G.F. CLYNICK**  
CANADIAN SECTION GHQ. 2nd Echelon AAI

The Committee having assembled  
pursuant to order, proceed to  
report their findings as shown  
on the back hereof



1. The effects of the ~~officer~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value, (See list of appendices below), which have now been forwarded by REGISTERED POST TO:--

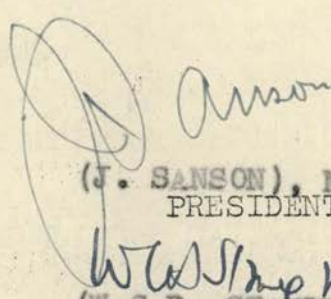
Casualty Section  
No 1 Cdn Kit Storage Depot.  
F.P.O., H.Q., C.R.U.  
Canadian Army, England.

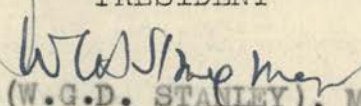
2. This ~~officer~~/other rank has left no preferential or local debts.

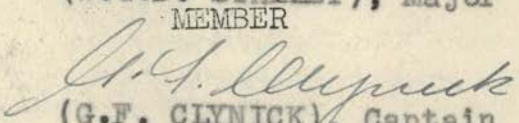
3. Cash found amongst effects, or realized from sale of effects has now been credited to the account of the ~~officer~~/other rank (See Appendix 5).

#### LIST OF APPENDICES

1. Unit Committee of Adj-  
ustment with appendices.
2. Unit's A.F.W. 3190
3. ~~Unit's A.F.W. 3190 covering effects~~  
~~received at Cdn Sec GHQ 2nd~~  
~~Echelon (No inventory being en-~~  
~~closed) and forwarded.~~
4. Echelons A.F.W. 3190
5. M.F.M. 503.
6. M.B.M. 1 Pt 1, 11 & 111  
forwarded with duplicate  
and triplicate copies of  
S.C. of A.

  
(J. SANSON), Major  
PRESIDENT

  
(W.G.D. STANLEY), Major  
MEMBER

  
(G.F. CLYNICK), Captain  
MEMBER



# UNIT COMMITTEE OF ADJUSTMENT REPORT

## INSTRUCTIONS

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

REPORT  
FISHER J.C.

No. **F35453** Rank **Cpl.** Name in full **FISHER J.C.**

\*Deceased, \*Missing, \*Prisoner of War, \*Interned. Date of Casualty **7 Sep 44**

Unit **Gen. List 8 Bn., 2 C.B.R.D.**

Medical installation in which death took place (if applicable) **1 RAF GH**

Reinforcement Unit to which posted at time of death (if applicable) **8 Bn., 2 C.B.R.D.**

Name of Officer furnishing report **Lieut. CROSBY J.W.**

(BLOCK CAPITALS)

### A. PERSONAL EFFECTS

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

### B. WILL

- (a)\*Original Will or testamentary document was forwarded on **10 Sep 44** (date) by registered post to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- (b)\*No Will or testamentary document was found on the person or among the effects of the deceased.

### C. CLOTHING AND EQUIPMENT (PUBLIC)

- (a)\*Was turned in to Q.M. Stores.
- (b)\*There were no deficiencies.
- (c)\*There were deficiencies amounting to £ **1.00** and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."



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

## D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

	Nature of Claim	Amount	Paid or Unpaid
†  NIL			

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

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

## E. ORDINARY DEBTS

(a) Name & Address of Creditor

	Nature of Claim	Amount	Paid or Unpaid
†  NIL			

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

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

## F. CREDITS

(a) Public Claims owing to the Casualty.

	Nature of Claim	Amount
†  NIL		

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

(ii)\*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

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

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

## G. CASH RECEIVED AND PAID

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

Paid	Received
	† NIL
	† NIL
	† NIL
† NIL	
† NIL	
† NIL	
† NIL	† NIL

## H. SERVICE AND PAY BOOK

Officers' Record of Service Book (\*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (\*forwarded with this report) (\*not forwarded by reason that with the man on entry to hospital)

Signature of Committee or President

8 Bn., 2 C.B.R.D.

Unit

22 Sep 44

Date

11A6  
EXHIBIT "A6"

F35453 Cpl. FISHER, J.C. (Deceased 7 Sep 44 )

Gen. List 8 Bn. 2 C.B.R.D.

Kit held at this Headquarters for the above  
named soldier was thoroughly checked and it was found  
that it contained no personal effects.

*W. Crosby*  
\_\_\_\_\_  
Lieut

8 Bn. 2 C.B.R.D.



LIST OF PERSONAL EFFECTS OF THE LATE

F 35453 CPL. FISHER, C.

P.L.F. 11 C.I.V. GROUP SUPPORT, R.C.A.S.C.

1 Identity Disc.  
1 Set False Teeth top & bottom.  
1 Cigarette Lighter.  
2 Propelling Pencils.  
1 Rosary  
1 Pay Book Parts 1 & 11  
1 Three-penny piece.  
1 Halpenny  
B.M.A. Moany 10/- to P.M.  
Leather Wallet.  
3 Black Note Books.  
1 Tooth Brush  
1 Razor Gillette.  
Holdall toilet case with razor.  
1 Cookery Book  
1 Photograme handmade.  
1 Nail file.  
2 Prayer Books.  
2 Prs of spectacles in cases.  
1 Pr Babbers Clippers.

1 Pocket Watch (Westlox)  
1 Cigarette Holder.  
1 Fountain Pen Watermans.  
2 Rings.  
1 Clothing Card Pt 111.  
2 Farthings.  
1 Nail Clippers.  
A.M. Lire 417 (Form)  
Identity Card 182.  
3 Combs.  
1 Penknife.  
1 Buhdl~~o~~ of letters & snapshots.  
1 Barbers Brush  
1 Knife in Sheath  
1 Regimental Lanyard.  
1 New Testament.  
1 Chrome mirror.  
2 prs Scissors.  
1 Cap Badge.  
1 Photo in folder.

Rec'd G.F. Clynick, Capt.

G.H.Q. 2 Ech A.A.I (Can)

Sept 28 44.

No 1 R.A.F. General Hospital C.M.F.

*G. F. Clynick Capt.*

(CERTIFIED TRUE COPY)

# Personal Effects Certificate.

Personal or  
Army No. F35453  
Rank, Name & Initials FISHER J.C.  
Regiment or Corps GEN LIST X4 (2ND)  
Nature of Casualty D/SICK  
Date of Casualty 2 SEPT 44

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature [Signature]

Rank CAPT

Unit COM SEC GHO 2ND ECHOLON

Date 28 SEPT 44

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No. :— 4

Registered Post Particulars :—

## Special Instructions

Personal effects of :—

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

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

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



# INVENTORY OF EFFECTS.

XY (88N)

## List of Articles of Intrinsic or Sentimental Value.

1-IDENTITY DISC  
 1-SET FALSE TEETH (UPPER & LOWER)  
 1-CIGARETTE LIGHTER  
 2-PHOPPELLING PENCILS  
 1-ROSHARY  
 2-ENGLISH COINS (33D)  
 1-LEATHER WALLET  
 3-BLACK NOTE BOOKS  
 1-TOOTH BRUSH  
 1-RAZOR (GILLETTE)  
 1-HOLDALL W/ RAZOR  
 1-COOKERY BOOK  
 1-PHOTO-FRAME (HANDMADE)  
 1-MAIL FILE  
 1-PRAYER BOOK  
 2-PRS SPECTACLES IN CASES  
 1-PR. BARBERS CLIPPERS

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

£	s.	d.	Frcs.	Ctns.

## Special Notes.

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

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

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

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

# INVENTORY OF EFFECTS.

74(88m)

## List of Articles of Intrinsic or Sentimental Value.

1 POCKET WATCH (WESTCLOX)  
 1 CIGARETTE HOLDER  
 1 FOUNTAIN PEN (WATERMAN'S)  
 2 RINGS  
 2 ENGLISH COINS (2 FARTHINGS)  
 1 NAIL CLIPPERS  
 3 COMBS  
 1 PEN-KNIFE  
LETTERS & SNAPSHOTS  
 1 BARBER'S BRUSH  
 1 KNIFE IN SHEATH.  
 1 REGT'L LANYARD  
 1 NEW TESTAMENT  
 1 CHROME MIRROR  
 2 PR SCISSORS  
 1 CAP BADGE  
 1 PHOTO IN FOLDER

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

## Special Notes.

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

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

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



# Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or  
Army No. F35453

Rank, Name & Initials CPL FISHER J.C.

Regiment or Corps GEN LIST 14 (88th)

Nature of Casualty D/SICK

Date of Casualty 7 SEPT 44

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature [Signature]

Rank CAPT

Unit COM SEC 6th DIV 2ND ECHOLON

Date 29 SEPT 44

Inventory No. :-

4214

Registered Post Particulars :-

## Special Instructions

Personal effects of :-

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

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

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

# CANADIAN ARMY OVERSEAS

## FINANCIAL RECEIPT

RECEIPT NO. 2 Oct 44 19

RECEIVED FROM Effects Section GHQ 2nd Echelon AAI

THE SUM OF Ten shillings (0/10/0) and Four hundred  
and seventeen lire (417) being

Cash found amongst the effects of:

F 35453 Cpl Fisher, JC

Gen List X-4 8 Bn

*H. J. Cunningham*  
Command Paymaster or Field Cashier

2 Oct 44

19

*Field*

Place



## RECORDS OFFICE

## CASUALTY REPORT

NAME (in full) FISHER James Clarence  
NO. F-35453 RANK Cpl UNIT 8 Btn. 2 C.B.R.D. (11 C.I.B. SUPP. GRP.)  
HOSPITAL (U.K. only) in which death took place, if applicable \_\_\_\_\_  
R.U. (U.K. only) to which posted on admission to Hospital \_\_\_\_\_  
CASUALTY DIED ILLNESS DATE 3 7 SEP 44 LIST # C" 1514 PLACE A.A.I.  
If P.O.W. or INTERNEED, NUMBER & ADDRESS \_\_\_\_\_  
PREVIOUSLY REPORTED \_\_\_\_\_ DATE 11/10/44  
(L.S. APPLEFORD) Major  
Officer i/c R.5.Wing CAS SECT.

## NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete # 2)
2. NAME (In full) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_
3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state \_\_\_\_\_

Date of Marriage, if known \_\_\_\_\_

## WILL. EFFECTS, ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_  
(Relationship) \_\_\_\_\_  
EXECUTOR \_\_\_\_\_  
(Name (Address)
2. BANK ACCOUNT - NAME OF BANK, etc. \_\_\_\_\_ A/C.No. \_\_\_\_\_  
ADDRESS \_\_\_\_\_
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN \_\_\_\_\_
4. Particulars of DEBTS, Remarks, etc. \_\_\_\_\_

Date NOV 7 - 1944

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

DUPLICATE - To File

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



Register No. *D 11184*Nominal Roll No. *D 247*

To: P.M.G.

H.Q. File No. *405-F-11698*

## CANADIAN ARMY (ACTIVE)

## Computation of Service

## WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<i>F 35'453</i>	<i>Cpl</i>	<i>FISHER</i>	<i>James Clarence</i>

## REASON FOR TERMINATION OF SERVICE:

1st Enlistment *Deceased* CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

## Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <i>11 Dec. 40</i>	T.O.S.	T.O.S.
S.O.S. <i>7 Sep 44</i> MD <i>0/5</i>	S.O.S. MD	S.O.S. MD
Total Days <i>1367</i>	Total Days	Total Days

Total Service *1367* DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	<i>685</i>	<i>nil</i>	<i>685</i>
Overseas Service	<i>682</i>		<i>682</i>
Totals	<i>1367</i>		<i>1367</i>
Add Non-qualifying Service			
Total Service			<i>1367</i>

## EMBARKATION DETAILS:

1. Date S.O.S. Overseas *7 Sep 44*

2. Date S.O.S. Overseas

## REMARKS:

Computer's Signature *J. H. H. H. H.*Checker's Signature *J. H. H. H. H.*Date Computed *11 May 45***DIED WHILST IN SERVICE**

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

C. L. LAURIN,

Colonel,

DIRECTOR OF RECORDS.



DIED: MAY 1951  
 25KALICE

.....

### Overseas:

10

.....

.....

Call	Srl No.	Priority	Transmission Instructions	
ABOVE THIS LINE FOR SIGNALS USE ONLY				
FROM (A) <b>CANMILITRY</b>		Date—Time of Origin <b>27 0504 SEP 44</b>		Office Date Stamp
For Action				
TO <b>DEFENSOR</b>		(W) For Information (INFO)		Msge Instrns
				GR

Originator's No. **A.7121**

RESTRICTED

YOUR AG.7247 PARA.I. CULLUM. THOROUGHLY EXAMINED  
 FULHEMS 1 THROUGHOUT. INTERVIEWED S.P.O. NO CHANGE  
 IN EMPLOYMENT RECOMMENDED.

YOUR AG.7271 PARA.III FISHER. DIED CARCINOMA 7 SEP  
 44. NEXT OF KIN NOTIFIED.

DISTRIBUTION

- 1 & 2 Sigs
- 3 DMS
- 4 A Tel File
- 5 AMD2/15
- 6 10/FISHER J.C./3
- 7 10/CULLUM C.H./1

THIS MESSAGE MAY BE SENT AS  
WRITTEN BY ANY MEANS  
EXCEPT

WIRELESS

SIGNED

THI

IF LIABLE TO BE INTERCEPTED OR TO FALL  
INTO ENEMY HANDS THIS MESSAGE MUST  
BE SENT IN CIPHER

SIGNED

TOR (Cipher)

ORIGINATOR'S INSTRUCTIONS  
DEGREE OF PRIORITY

TOR (Signals)

Time

Syst

Op

THI or TOR

Time Clrd



C  
O  
P  
Y

HQ 1 CDN BASE RFT GROUP  
CDN ARMY CMF

MED/UNFIT/OZE  
29 Aug 44

3

ADMS  
Cdn Sec GHQ  
1 Echelon AAI

F 35453 Pte FISHER, J C  
11 CIB Support Group

Ref CDN/56/11/Inquiries/1 (Med) d/27 Aug 44 concerning the m/n soldier.

1. 2 Echelon advise that the m/n has been SOS to the UK 3 Aug 44. As this office has no record of his evacuation by troopship, it presumed he was sent from hospital via hospital ship.

(Sgd) A.A. Overholt

( A A Overholt) Major  
DADMS  
1 Cdn Base Rft Group


17 Aug 44.

Officer-in-Charge,  
Cdn. Section,  
G.H.Q. First Echelon,  
A. A. I.

Attn: A.D.M.S.

F.35453. Pte.Fisher. J.C.  
#11 C.I.B. Support Group.

1. Representations have been received at N.D.H.Q.  
to the effect that the m/n soldier is dangerously ill.
2. May a full report on his present physical condition  
be forwarded, please, along with a statement as to the possibility  
of his return to Canada on medical grounds.

  
(R.M.LUTON) Major-General.  
Director of Medical Services.  
Canadian Military Headquarters.

RML/JB.



5/45B	ARMY FORM C 2136 (Large Modified)	MESSAGE FORM		Register No.
CFG 50	-40/P&S/2025			
Call	Srl No.	Priority	Transmission Instructions	
ABOVE THIS LINE FOR SIGNALS USE ONLY				
FROM (A)	Originator DEFENSOR OTTAWA	Date—Time of Origin 131145Q AUG 44	Office Date Stamp	
For Action			2323	
TO	(W) For Information (INFO)		Msgs Instrns	GR
SECRET CIPHER TELEGRAM				
This message will not be distributed outside British Government departments or Headquarters, or re-transmitted even in Cipher, without being paraphrased				

Originator's No.

AG 7153

RESTRICTED

*Check to see in cypher to UK.*

PARA 1

CABLE POSSIBILITY OF EARLY RETURN MEDICAL GROUNDS OF F35453

FISHER JC REPORTED IN UK DANGEROUSLY ILL.

PARA 11

A3319 ARCAND. ANY FURTHER REPORT.

PARA 111

10/GLASS A/1AG7A 5 AUG. 10/CAMPBELL P/5AG7B 5 AUG. 10/SIMPKIN WH/1AG7A  
3 AUG. 10/YATES SC/1(AG7B) 4 AUG. 10/STEWART R/5(AG7A)  
3 AUG. 10/FLANAGAN AF/1 (AG7B) 3 AUG. ACKNOWLEDGED.

DISTRIBUTION

1-7 to A  
8 to DEFENSOR FILE  
9 to DOCKET.

THIS MESSAGE MAY BE SENT AS WRITTEN BY ANY MEANS EXCEPT	IF LIABLE TO BE INTERCEPTED OR TO FALL INTO ENEMY HANDS THIS MESSAGE MUST BE SENT IN CIPHER	ORIGINATOR'S INSTRUCTIONS DEGREE OF PRIORITY			
} WIRELESS /nr	SIGNED		Time	Syst	Op
	THI	TOR (Cipher)	THI or TOR		
			Time Clrd		
	140729	140817			

DISTRIBUTION:

- 1- F-35453 FISHER, J.C./3 ✓
- 2- Arcand, C.G./1
- 3- Glass, A./1
- 4- Campbell, P./5
- 5- Simpkin, W.H./1
- 6- Yates, S.C./1
- 7- Stewart, R./5
- 8- Flanagan, A.F./1
- 9- "A" Tele File
- 10- Pers Tele File



AIR MAIL

OTTAWA, 19th March, 1948.

D.V.A. 405-F-11698  
R. 4 (B)


The Secretary,  
Imperial War Graves Commission,  
Wooburn House, Wooburn Green,  
High Wycombe, Bucks.,  
England.

F.35453, Corporal James C. FISHER

Dear Sir:

With reference to your SWD/7953 of February 26th, I am to state that at the time of his death the above named N.C.O. was a member of the Princess Louise Fusiliers, a unit of the Canadian Infantry Corps.

Yours truly,

  
A/Director,  
War Service Records.

KFH/EA.

TEL.: BOURNE END 594.

# IMPERIAL WAR GRAVES COMMISSION,

WOOBURN HOUSE, WOOBURN GREEN,

HIGH WYCOMBE, BUCKS.



SWD/7953.

405-F-11.698  
Sir,

F.35453 Cpl. James Clarence  
FISHER, Canadian Army,  
D.A.S. 7.9.44.

Buried: Naples Military Cemetery,  
Italy.

I am directed to ask you to be so good as to assist the Commission by stating with which unit, regiment, or Corps of the Canadian Army the above named N.C.O. was serving at the date of his death.

*Review Louise  
Truivers, C.I.C.*  
I am, Sir,

Your obedient Servant,

*K.F. Howell.*

Director of War Service Records,  
Department of Veterans Affairs,  
Ottawa, Canada.



# FALSE DOCKET

405. F. 11698.

WSG

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

### CROSS REFERENCE

J. C

F. 35453

(If purpose for which referred cannot be expressed on one line, add minute to file  
and enter here "With Minute")

DA &amp; AF

WITH PAPERS 16 MAY 1945

ASG.

.. 21 ..

Pa

24.7.45

Deu

TREAS-A WITH PAPERS JUL 11 1945

**DO NOT WRITE BELOW THIS LINE**



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

Register No. D.11184  
File No. \_\_\_\_\_

WAR SERVICE GRANTS ACT 1944i

Ottawa 9 May 194<sup>5</sup>

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

Service No. F-35453

Name J.C. FISHER  
Christian Name Surname

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

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

Names of persons in receipt of D.A. Name Amount  
and amount of monthly award

Mrs. Vera Fisher \$ 31.12

If no D.A. in issue, list  
names of persons in receipt  
of A.P., who may be classed  
as dependents under W.S.G.  
Act, 1944 and amount of  
monthly assignment.

nil \$

Names of persons whom assign-  
ed pay was continued by supple-  
mentary award after death.

nil \$

Amount of overpayment of  
dependents' allowance and/  
or assigned pay deductible  
from the War Service Gra-  
tuity and name of person to  
whom paid.

nil

May 17 194<sup>5</sup>  
C.T.O., D.A.&A.P.

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

Overpayments of D.A. and / or A.P. recovered from W.S.G. \$  
\_\_\_\_\_ 194\_\_\_\_\_



April 30th 1945

Mrs V.T. Fisher,  
Centre Burlington,  
Hants Co., N.S.

Dear Mrs Fisher,

Your application for payment of War Service Gratuity on behalf of the service of the late **F-35453 Cpl J.C. FISHER** is acknowledged.

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

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

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

Yours truly,

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



3/45A MFM 510  
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE  
OVERSEAS  
LAST PAY CERTIFICATE  
(All Ranks) 405-F-11,698

P.A. PLEASE  
District  
Dispersal Area

Regtl No. F.35453 Rank and Name Fisher J.C. Cpl.

of (Unit) on

Discharge) to on 7th. Sept. 19 44.

Reason Death Authority : C.C.L. "C" 1514 d/18th. Sept. 44

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44.

the inclusive date of transfer or discharge.

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	373 15
First Monthly Payment.....		Regimental Pay 30 days @ \$ 1.70	51 00
Casual Payments.....		Tradesmen's Pay 30 days at \$ .25/	7 50
Payments on Transfer or Discharge.....		Additional Pay (Give Particulars).....	
Assigned Pay.....	23 00	days at \$	
Regimental Charges.....		Allowances (give particulars).....days	
Public Stoppages (give particulars) :		at \$	
		Def. Pay Interest.....	1 44
		Cash effects SOCR 1207	06
		Cash effects SOCR 22498	2 24
		Cash effects SOCR 22498	4 66
To Balance Cr { Free.....	334 05	By Balance Dr	
Deferred.....	83 00		
Total.....	440 05	Total.....	440 05

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

Remarks

Asand. Pay of \$23.00 (W) stopped eff. Oct. 44.

The above statement has been compiled from Treasury records,  
the latest paybook not being available.

May it be noted that the last payment received by Treasury  
is dated 29th. June. 44.

Compiled by F. Gough.

Checked by [Signature]

Date 7th. May 19 45.

PH.

Certified correct [Signature]  
for Chief Treasury Officer, Overseas



—

Prior to compilation of statement below

### Explanation of Debit Balance :-

## STATEMENT OF ACCOUNT

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Place of Embarkation.....  
Date of Embarkation.....  
Place of Disembarkation.....  
Date of Disembarkation.....

HM Transport.







[illegible]



FALSE DOCKET  
ARMY

No. 211

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

Fisher, J.C.

F35453

J

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")							
✓	7-1-46	B.F.	J	J	wire papers "left"		
✓	30-9	B.F.	Q4	Q4	as instructed	effs	14/8/45
✓	7-10	B.F.	SA	SA	New Cases		27 Sept
				SA	PER. B. F. OCT 9 1945		
				3/11	By Request		9-10-45
				J	Memo	3/11	11-10-45
				SA	For Sig	J	13-10-45
				J	Dist	P	18/10
					WITH PAPERS OCT 27 1945		
				Off	to note.	J	30-10-45
	5-11-45	PA	J	Off	Memo.	Off	2-11-45
				J	WITH PAPERS NOV 8 1945		
				Off	minute pls	J	8-11-45
				5	Memo for P.A.	3/11	9-11-45
				Q4	minute pls	J	9-11-45
				SA	for sig.	Q	14/11
		P.A.	2	J	Dis + 4	A	18-11
	4-12-45	PA	J	J	PER. T		
				J	WITH PAPERS DEC 5 1945		
				P4	and P4 pls	J	6-12-45
				SA	for sig.	Q4	10/12
				J	Address on P.4 is wrong	P	13/12
				SA	for sig.	Q4	20/12
				J	Dist - O	P	28/12
	22-12-45	B.F.	J				

Fisher, J.C. F35453

FILE  
H.Q. No.



[illegible]



# ARMY

No. 411

# ESTATES

### CROSS REFERENCE

FISHER, J.C.

F. 35453

CENTRAL RECORDS	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")							
L-1	OCT 27 1944			Estate	Passed Pk	RW	27-10-44
U-1	30-10-44	J	J	P64 FOR SIGNATURE	With Papers NOV 29 1944	md	7-11-44
T-1	10-11-44	J	J	With Papers FEB 6 1945			
U-1	15-11-44	J	J	With Papers MAY 7 1945			
U-1	22-11-44	J	J	With Papers JUN 20 1945			
U-1	30-11-44	J	J	With Papers JUL 10 1945			
U-1	1-12-44	J	J	Per B. F. JUL 3 1945			
U-1	2-12-44	J	J	As per B.F.			
U-1	10-12-44	J	J	Bond sold			
U-1	22-12-44	J	J	WITH PAPERS SEP 11 1945			
U-1	1-1-45	J	J	Action 9 to Qy			
U-1	10-1-45	J	J	Epps shipped as instructed			
U-1	15-1-45	J	J	PER. B. F. SEP 22 1945			
U-1	20-1-45	J	J	for sig.			



Casualty Report—	Date Received <u>1-11-44</u>	Date Despatched			
Will { Service { Canada { O/Seas Civil None Probate (or L of A)			Beneficiary		
			Residing { Canada { Elsewhere		
			Single	Married	
			Parents	Children	(Minors)
Particulars of Family Form dated <u>12-12-40</u> None			Life Insurance	<u>NIL</u>	
Form P. 64 Dated	<u>27.11.</u>	<u>2/11/44</u>	By <u>Int. Dow.</u>	Single	M.
Domicile <u>N.S.</u>			Other N/K	Debts	<u>NIL</u>
			Will <u>NIL</u>	Civil Estate	<u>NIL</u>
		Action Required	Action Taken	Date	App'd
Bank a/c					
W.S.C.					
Bonds <u>21/8/45 1850 Brown</u>	<u>21-8-45</u>	<u>21-8-45</u>			
C. of A. Report	<u>27/10/45</u>	<u>27/10/45</u>	Service Debts		
L.P.C. \$ <u>417.05</u>			Service Will		
Amended			<b>VERIFIED 5/6</b>		
Bank Credits					
	<u>51.70</u>	<u>7-9-45</u>	<u>30/8/45 V.L.B 4th Bearer 1x 50.00 12046</u>		
	<u>3.00</u>	<u>31-5-45</u>	<u>30/8/45 Matured cpns thereon R 11923</u>		
DISTRIBUTION—			To		
Effects { Canada		<u>4380/1</u>	Bulk via	<u>16TH CNX A301</u>	
{ Overseas		<u>14/9/45</u>	Valuables via		
			Letter as to, dated		

Total Cash \$ 417.05  
Date of Despatch

192 42

51.70 7-9-45 30/8/45 V.L.B 4th Bearer 1x 50.00 12046  
3.00 31-5-45 30/8/45 Matured cpns thereon R 11923

4380/1  
14/9/45

To Intestate. w. Mrs Vera T Fisher  
Protestant Orphanage  
Halifax, N.S.  
in trust for  
18 R 183165 LAC V.C. Fisher  
45 CAPD  
RCAF, Torbay  
use for funeral  
for mother 8/18 in  
trust for Harold & Eleanor

Not new add.  
NR 522

29.9.45  
19/10/45  
use for funeral

ADVICE RECEIVED  
SEP 26 1945  
NO WILL IN REG. OFF.



# DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA



Date Jan. 22<sup>nd</sup> 1946

RECEIVED this date Treasury cheque for the sum of

ONE HUNDRED AND FOUR

83 Dollars (\$ 104.83 )  
100

in connection with the estate of the below-named deceased,

H.Q. 405-F-11,698 FD 211

FISHER, James, C. Cpl. (Dec'd)

F-35453, C.A.

Mrs Vera J. Fisher

Signature



ESTATES BRANCH

7 JAN 45

Mrs. Vera T. Fisher,  
East Walton,  
Hants Co., N.S.

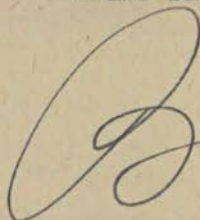
FISHER, James. C. Cpl. (Deceased)  
F-35453, C.A.

Dear Mrs. Fisher:

We are now in a position to forward your son Victor's share of your late husband's estate to you in trust for him.

The Treasury Department has been requested to forward you a cheque in the amount of \$104.83 (representing Victor's share) and when you have received it, please sign and return the enclosed acknowledgement forms.

Yours faithfully,



Capt.,  
DIRECTOR OF ESTATES.

GEB/JS  
Encl.

# DISTRIBUTION OF SERVICE ESTATES

AP Estates Form "P. 4"

ARMY

Name FISHER, James C. No. T. 35453  
Surname Christian Names  
Cpl. C.A. O/S Rank Unit Date of Death 7-9-44

## AMOUNT

Date 14 November 45  
L.P.C. \$ 417.05  
Other Credits 54.70  
Total 471.75  
Prev. Dist. 366.92  
This Dist. 104.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Son	<p>Victor C. Fisher, East Walton, Hants Co., N.S.</p> <p><i>Retype</i></p> <p><i>(As next-of-kin entitled)</i></p> <p><i>alter P<sup>4</sup></i></p> <p><i>#104.83 to mother in trust for minor Victor</i></p> <p><i>Please leave this widow copy on file.</i></p> <p><i>all widow Mrs Vera T Fisher</i></p> <p><i>Protestant Orphanage</i></p> <p><i>Halifax N.S.</i></p> <p><i>In trust for minor son Victor</i></p>	104.83

AUTHORITY					
H.O. F.E. No.	VOTE	PRI	H.O. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	104.83
CLASSIFIED BY			EXAMINED BY		
<i>J. Sutton</i>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*L. M. Firth*  
(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer



5  
30-11-5

open BF

Victor C. Fisher.  
East Walton,  
Hants Co.  
N. S.

Dept of National Defence.  
Army, Estates Branch.  
Ottawa, Canada

Nov. 27/45.

Dear Sir:

DEC - 1 1945



As you are now in a position to distribute my share of my father's Service Estate, I prefer the money be paid to my mother in trust for me.

Thanking you very kindly,  
I remain.

F-35453

Fisher QC

Victor C. Fisher.

ESTATES BRANCH

23 NOV 45

Mr. Victor C. Fisher,  
East Walton,  
Hants Co., Nova Scotia.

FISHER, James, C. Cpl. (Dec'd)  
F-35453, C.A.

Dear Mr. Fisher:

We are now in a position to distribute  
your share of your father's Service Estate.

As you are under the age of 21 years,  
we cannot pay it to you. We are now writing to  
ask if you wish to have this money paid to your  
mother in trust for you or would you prefer us  
to hold it here until March next when on your  
becoming 21, we can pay it directly to you.

Yours faithfully,

CSS/JS

Capt.,  
DIRECTOR OF ESTATES.



Q 4

Victor C Fisher  
(returned to civil life)  
East Walton  
Hunts Co.  
N.S.

P 4 for his share pls.  
19 11/15

# MESSAGE FORM

C-  
S

IN

OUT

(ABOVE THIS LINE IS FOR SIGNATURE)

THIS MESSAGE MAY BE SENT AS WRITTEN BY

(.....) WIRELESS

THIS MESSAGE MAY DELETE "EXCEPT" AND INSERT "ENDING."

THIS MESSAGE MUST BE SENT **IN CIPHER** IF LIABLE TO INTERCEPTION OR TO FALL INTO ENEMY HANDS.

SIGNATURE.....

ORIGINAL  
DEGREE

(BELOW THIS LINE IS FOR SIGNATURE)

READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER



MEMORANDUM

8th November

5

Canadian National Express Co.,  
Halifax, N.S.

On Hand Dept.


Your file # 65

Dear Sirs:-

Re effects addressed to:-  
Mrs. Vera Fisher

Further to our memorandum of Oct 26 1945, please forward  
carton to Mrs. Fisher at:-

East Walton,  
Hants County,  
Nova Scotia.  
and expense this Directorate.



Director of Estates.  
308 Sparks Street,  
Ottawa, Ontario.

Effs.  
Advise CNR to find  
effs to her new  
add one folio  
down & return file  
to I by hand  
pls. I 8<sup>11</sup>/<sub>4</sub> r



# MESSAGE FORM

IN

OUT

(ABOVE THIS LINE IS FOR SIGNATURE)

THIS MESSAGE MAY BE SENT AS WRITTEN BY

(T) ..... ) WIRELESS

..... MAY DELETE "EXCEPT" AND INSERT "ENDING."

THIS MESSAGE MUST BE SENT IN CIPHER IF LIABLE TO INTERCEPTION OR TO FALL INTO ENEMY HANDS.

SIGNATURE.....

ORIGINAL  
DEGREE

(BELOW THIS LINE IS FOR SIGNATURE)

READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER

C. H. Z. notified through  
Ottawa Office to hold  
Ctn at Halifax pending  
instructions from Mrs Fisher  
of Estates Branch.

3/10

B



OFFICE  
MEMORANDUM  
ESTATES BRANCH

Ottawa.....

: All Officers

Overseas effects disposition in week ending .....

	O/S No. of last case on hand	No. of dec'ds. eff's. checked	O/S and Canada No. of dec'ds. eff's. fwded.	Total No. of dec'ds. eff's. on hand
o.				
st				
d				

ESTATES BRANCH

30 OCT 45

VIA AIR MAIL

Mrs. Vera T. Fisher,  
Protestant Orphanage,  
Halifax, N.S.

FISHER, James, C. Cpl. (Deceased)  
F-35453, C.A.

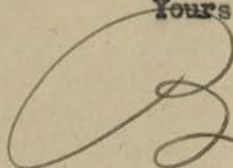
Dear Mrs. Fisher:

Further to our letter dated 12 SEP 45.

The Canadian National Railway Express Department at Halifax have advised us that they have been unable to deliver the express parcel containing your late husband's personal effects as they have not been able to locate you.

Would you please therefore provide us with your new address at once, and also get in touch with the Express Department of the Canadian National Railway at Halifax and advise them where to deliver the parcel.

Yours faithfully,



GMB/JS

Capt.,  
DIRECTOR OF ESTATES.



CANADIAN NATIONAL RAILWAYS

EXPRESS DEPARTMENT

Halifax. N.S. October 23rd, 1945.

OUR FILE No. 65



Director of Estates Branch,  
Dept. of National Defence,  
Ottawa, Ontario.

Gentlemen;

Ottawa, Ont-Halifax. NS. WB 7327, Sept. 14-45.  
add. Mrs. V. Fisher, ex Director of Estates,  
1 ctn. 6#, Pd. add. Protestant Orphanage.

With further reference to our letter of  
October 4th, and your foot-note on same stating  
that consignee had been notified of forwardance of  
subject shipment.

This shipment is still on hand here,  
and consignee has not responded to our postal  
notices.

Will you please let us have your disposal  
orders.

Yours truly,

*H. Coleman*

AGENT.

3.CM.

*Fisher J.C.F. 38463? Army*

*Air Mail  
to Windsor*

## ESTATES BRANCH

20th. Oct., 1945.

Mrs. Vera T. Fisher,  
Protestant Orphanage,  
Halifax, N.S.

FISHER, James, C., Cpl., (Deceased)  
F-35453 C.A.

Dear Mrs. Fisher:

We have now received a final statement of your late husband's Service Estate and we have on hand, available for distribution, the sum of \$471.75 made up as follows:

Balance of his pay and allowances- - - - -	\$410.09
Cash found in his personal effects - - - - -	6.96
Proceeds from sale of a \$50.-4th. Victory Loan Bond- -	54.70

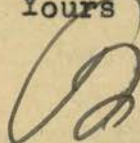
As he left no Will this amount is being distributed in accordance with the Intestacy Law for the Province of Nova Scotia. That is 1/3 is being paid to you and the other 2/3 are being divided equally among your three children.

The Treasury Department has been requested to forward you a cheque for \$366.92 (\$157.26 representing your share and the remainder representing the shares of your two children who are minors. Their shares are being paid to you in trust for them and amount to \$104.83 each). When you have received the cheque, would you please sign and return the enclosed acknowledgments.

The above amount does not include the War Service Gratuity and if you require any information concerning it, would you please write to the Paymaster General, War Service Gratuity Branch, No.8 Temporary Building, Ottawa, Ontario.

We are retaining your son Victor's share and would you please provide us with his present address in order that we may forward him a cheque.

Yours faithfully,



Director of Estates.

GEB/B  
2 Encs.



OFFICE  
MEMORANDUM  
ESTATES                      BRANCH

Ottawa.....

To: All Officers

Overseas effects disposition in week ending.....

O/S No. of last case opened	O/S No. of last case on hand	O/S and Canada No. of dec'ds. eff's. checked	No. of dec'ds. eff's. fwded	Total No. of dec'ds. eff's. on hand
--------------------------------------	---------------------------------------	--	--------------------------------	---

Army

Air

Navy

*File J.C.*  
*F35452*

Canadian National Express Co  
Halifax N.S.

On Hand Dept.

Re. above subject  
Consignee has been notified by mail that shipment  
has gone forward, if consignee requests forwarding  
please do so and expense this Directorate.

Director of Estates D.N.D.

Ottawa Ont.

*Memo in reply to notice of non-delivery*  
*2/17*



EFFECTS SECTION

O/S CASE No. 192 OUR CASE No. 982

DATE RECEIVED 4-9-45 FROM O/S

FISHER

J.C.

CPL.

F-35453

NAME INITIALS RANK No.

V-VALUABLES

M-MISSING

S-SURPLUSES

D-DESTROYED (reason why)

VALUABLE DOCUMENTS

R-RETAINED (reason why)

MONEY: W.S.C.'s, Etc.

DIARIES

LETTERS

CONTAINERS RECEIVED

CONTAINERS REPACKED

REMARKS

INVENTORIES (Dates; No. of Pages; first and last article on each inventory)

DATE CHECKED 10-9-45 BY L. A. Field

CHECKER

CHECKER

OFF. OR N.C.O. i/c

ESTATES BRANCH

12 Sept 45

Mrs. Vera Fisher,  
Protestant Orphanage,  
Halifax, N. S.

FISHER, James Clarence, Cpl. (Deceased)  
No. F-35453 C.A.

Dear Mrs. Fisher:

We are forwarding your late husband's personal effects to you within the next few days in one carton by express prepaid.

When they are received, please sign the enclosed inventory and return it to us.

It is advised that the article marked X (English 3d Coin) has been transferred to Canadian Funds and will be included in the service estate.

Due to the volume of work presently passing through this office, it will probably be six to eight weeks before we will be in a position to forward you a cheque for the balance of the service estate.

Yours faithfully,



Capt.,  
DIRECTOR OF ESTATES

GEB/JS  
Encl.



Last para

The letters pertained  
to military ~~business~~ <sup>affaires</sup>  
only and were  
received by  
military authorities.

R.V. - OUT NO. 11519

R.V. - IN NO. 12046

NAME: FISHER, J.C.

REG.NO.: F35453

BOND NO: L4-H1528093 - (1x50) 1957

ACCRUED INTEREST THEREON FROM

1/5/45  
DATE

TO

1/5/45  
DATE

SEE ARMY NO. .1C  
FOR MATURED COUPONS 4x75¢

TOTAL PROCEEDS:

102 <sup>3</sup>/<sub>8</sub> 5119

51

5170



R.V. - IN NO.

11923

31-8-13

to 4 inclusive @ 75¢ ) 1957

3 00

BOND.

~~WILL~~  
TOTAL PROCEEDS:

\$3 00



Ottawa, August 16, 1945.



Col. L.M. Firth,  
Director of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ont.

With reference to your letter of July 26, File No.  
H.Q. 405-F-11, 698 FD 211 we are enclosing herewith Dominion of  
Canada Fourth Victory Loan Prin. Reg. Bond purchased by the undernoted:-

FISHER, James Clarence, Cpl. (Deceased)  
F-35453, C.A.

L 4 H 1528093 - x \$50. - \$50.00

Will you please take the necessary action to have  
the enclosed bond credited to his estate.

Kindly acknowledge.

R. L. Casselman,  
Chief Clerk,  
Employees Instalment Purchase Plan.

Encl.

*Handwritten notes:*  
# 11519  
21-8-45  
[Signature]



ESTATES BRANCH

26 JUL

5.

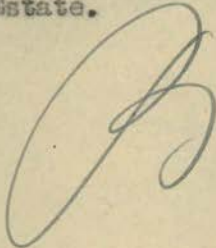
Mr. R.L. Casselman,  
Employees Instalment Purchase Plan,  
Dept. of Finance,  
East Block,  
Ottawa.

FISHER, James Clarence, Cpl. (Deceased)  
F-35453, C.A.

With reference to your letter dated 19 JUL 45 in which you advised us that you are holding a \$50.00 4th Victory Loan Bond No. L.4.H 1528092 registered in the name of the deceased.

Would you please forward this bond to us at once in order that it may be credited to his Service Estate.

GMB/JS



Capt.,  
DIRECTOR OF ESTATES.

DEPARTMENT OF FINANCE

Ottawa, July 19th, 1945.

Director of Estates,  
Estates Branch,  
Department of National Defence,  
Ottawa, Ontario.



Re: F35453 Cpl. James C. Fisher, (Deceased)

Your file: H.Q. 405-F-11,698 F.D. 211

Receipt is acknowledged of your letter of the 22nd ultimo, in connection with Victory Loan Bonds purchased by the above-mentioned.

We wish to advise that \$50.00

Fourth Victory Loan Bond No. 14H1528093 was registered in the name of the purchaser and is being held in safe-keeping in this office for him.

*Send for ↑*

*R. L. Casselman*

R. L. Casselman,  
Chief Clerk,  
Employees Instalment Purchase Plan.

LC/TS





CANADA

DEPARTMENT OF NATIONAL DEFENCE  
ARMY  
ESTATES BRANCH

OTTAWA, CANADA, 22 JUN 45

Mrs. Vera Fisher,  
Centre Burlington  
Hants County, N.S.

*change address to  
Protestant Orphanage,  
Halifax N.S.*

FISHER, James Clarence, Cpl. (Deceased)  
F-35453, C.A.

Dear Mrs. Fisher;

We acknowledge receipt of your letter dated 6  
JUN 45.

It is advised that your husband's service estate  
has just been received from overseas and we will soon be  
in a position to distribute it in accordance with the  
Intestacy Laws for the Province of Nova Scotia, as your  
husband left no will.

Would you please therefore advise us as to  
the regimental number, rank and present posting of your  
son Victor and also as to the present address of your son  
Harold.

ESTATES BRANCH

22 JUN 45

Mrs. Vera Fisher,  
Centre Burlington  
Hants County, N.S.

FISHER, James Clarence, Col. (Deceased)  
F-35453, C.A.

Dear Mrs. Fisher;

We acknowledge receipt of your letter dated 6  
JUN 45.

It is advised that your husband's service estate has just been received from overseas and we will soon be in a position to distribute it in accordance with the Intestacy Laws for the Province of Nova Scotia, as your husband left no will.

Would you please therefore advise us as to the regimental number, rank and present posting of your son Victor and also as to the present address of your son Harold.



Re- 735453.

Address of son Victor.

R183165 L.A.C. Fishes V.C.  
#5 C.A.P.O.

R.C.A.F. Station  
Torbay  
Newfoundland.

Address of son Harold.

Harold E. Fishes,  
#95. McRoberts Ave.,  
Toronto,  
Ontario.



Signed:  
(Mrs) V. J. Fishes

## ESTATES BRANCH

22 JUN

5.


Director of Records,  
No. 8 Temporary Building,  
Ottawa, Ontario.

FISHER, James Clarence, Cpl. (Deceased)  
P-35453, C.A.

Enclosed herewith is a copy of a letter received  
from Mrs. Vera Fisher, widow of the deceased.

<sup>2nd</sup> Would you please write to her direct concerning  
the ~~last~~ paragraph of her letter.

GMB/JS

  
Capt.,  
DIRECTOR OF ESTATES.

$$\begin{array}{r} 1139 \\ 497 \\ \hline 1/3 \end{array}$$

$$\begin{array}{r} 4139 \\ 139 \\ \hline 278 \\ 3 \end{array}$$

$$\begin{array}{r} 92 \\ \hline \end{array}$$

$$\frac{1}{3}$$

$$\frac{2}{3}$$

$$\frac{6}{18}$$

$$\frac{14}{18}$$

$$\frac{4}{18}$$

$$\frac{5}{18}$$

$$\frac{6}{18}$$

$$\frac{12}{18}$$

$$\frac{4}{18}$$



ESTATES BRANCH

22 JUN 45

Mrs. Vera Fisher,  
Centre Burlington,  
Hants County, N.S.

FISHER, James Clarence, Cpl. (Deceased)  
F-35453, C.A.

Dear Mrs. Fisher;

We acknowledge receipt of your letter dated 6  
JUN 45.

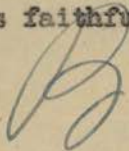
It is advised that your husband's service estate has just been received from overseas and we will soon be in a position to distribute it in accordance with the Intestacy Laws for the Province of Nova Scotia, as your husband left no will.

Would you please therefore advise us as to the regimental number, rank and present posting of your son Victor and also as to the present address of your son Harold.

Would you please write to the Officer in charge War Service Gratuities (Deceased Section), Arnprior Military Camp, Arnprior, Ontario, concerning your husband's War Service Gratuity.

I am forwarding a copy of your letter to the Director of Records in order that he may reply to you direct concerning the Maple Leaf decoration.

Yours faithfully,



GEB/JS

Capt.,  
DIRECTOR OF ESTATES.

ESTATES BRANCH

22 JUN 45

Mr. R.L. Casselman,  
Employees Instalment Purchase Plan,  
Dept. of Finance,  
East Block,  
Ottawa, Ontario.


FISHER, James Clarence, Cpl. (Deceased)  
F-35453, C.A.

Dear Mr. Casselman:

May advice be received please as to the  
disposal of the \$50.00 ~~452~~ Victory Loan Bond  
purchased by the deceased by means of assignment  
in pay.

Yours truly,

GEB/JS



Capt.,  
DIRECTOR OF ESTATES.



EST 7

Quote No 10/FISHER JC/3 (Est.6).....

CANADIAN MILITARY HEADQUARTERS

2 Cockspur Street,  
(Trafalgar Square)

London, S.W. 1.

12 May 45.

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

F-35453 Cpl FISHER, James Clarence (dec'd)

1. Herewith the following:-

Original C. of A. Report

M.B.M. I Part I

M.B.M. I Part II (2)

M.F.M. 14.

~~ORIGINALS OF RECORD OF SERVICE BOOK~~

L.P.C.

~~ORIGINALS OF RECORD OF SERVICE BOOK~~

C.F.A. 187

Gnd. Sec GHQ 2 Ech AAI

~~ORIGINALS OF RECORD OF SERVICE BOOK~~

~~ORIGINALS OF RECORD OF SERVICE BOOK~~

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL



2. ~~Nil effects~~  
Personal effects released to you in Box EST 192  
~~Personal effects released to you~~
3. Nil effects stored at #1 C.K.S.D.
4. Nil Will here  
~~Nil Will here~~
5. Remarks

1. Note A.P. \$8.40 + 4 V.L. Bond.

① Write for bond.

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

Copy to file

146

Personal No.	Rank	Name & Initials	Unit	Date of Death or <del>Date of Discharge</del>
<del>F 35453</del> F 35453	CPL	FISHER, JC	Gen List X4 8 Bn.	7 Sep 44

PROCEEDINGS OF A STANDING COMMITTEE  
OF ADJUSTMENT assembled at Canadian  
Section G.H.Q., 2nd Echelon on the

5 October 1944

by order of Colonel Michael S. Dunn  
OBE ED for the purpose of dealing with  
the local affairs of the above-mentioned.

PRESIDENT

Major J. SANSON  
CANADIAN SECTION GHQ. 2nd Echelon AAI

MEMBERS

Major W.G.D. STANLEY  
CANADIAN SECTION GHQ. 2nd Echelon AAI

Captain G.F. CLYNICK  
CANADIAN SECTION GHQ. 2nd Echelon AAI

The Committee having assembled  
pursuant to order, proceed to  
report their findings as shown  
on the back hereof



1. The effects of the ~~rank~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value,  
(See list of appendices below), which have now been for-  
warded by REGISTERED POST TO:--

Casualty Section  
No 1 Can Kit Storage Depot.  
F.P.O., H.Q., C.R.U.  
Canadian Army, England.

2. This ~~Officer~~/other rank has left no preferential or local debts.

3. Cash found amongst effects, or realized from sale of effects has now been credited to the account of the ~~rank~~/other rank (See Appendix 5).

## LIST OF APPENDICES

1. Unit Committee of Adj-  
ustment with appendices.
2. Unit's A.F.W. 3190
3. ~~Unit's A.F.W. 3190  
received from the  
Executive Council of the  
Federation of the  
United States of America  
and the United Kingdom  
of Great Britain and  
Ireland.~~
4. Echelons A.F.W. 3190
5. M.F.M. 503.
6. M.B.M. 1 Pt 1, 11 & 111  
forwarded with duplicate  
and triplicate copies of  
S.C. of A.

(J. SANSON), Major  
PRESIDENT

(W.G.D. STANLEY), Major  
MEMBER.

(G.F. CLYNICK), Captain  
MEMBER



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

#### D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
NIL			

\*Permitted accounts are attached as Exhibit D1, in those shown as paid being duly receipted, and those recommended for payment by the Officer in Charge Estates being so certified.

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

#### E. ORDINARY DEBTS

(a) Name & Address of Creditor

†	Nature of Claim	Amount	Paid or Unpaid
NIL			

\*Permitted accounts are attached as Exhibit E1, in those shown as paid being duly receipted, and those recommended for payment by the Officer in Charge Estates being so certified.

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

#### F. CREDITS

(a) Public Claims owing to the Casualty.

†	Nature of Claim	Amount
NIL		

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

(ii) Statement of valuation of and receipt for articles suitable for service requirements turned into Q.M. Stores (para. A.1 (a) above) attached as Exhibit F2.

(b) Private Claims Owing to the Casualty.

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

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

#### G. CASH RECEIVED AND PAID

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

Paid		Received	
†	NIL	†	NIL
†	NIL	†	NIL
†	NIL	†	NIL
†	NIL	†	NIL
†	NIL	†	NIL

#### H. SERVICE AND PAY BOOK

Officers' Record of Service Book (\*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (\*forwarded with this report) with the man on entry to Hospital.

(\*not forwarded by reason that

Signature of Committee or President

22 Sep 44

Date

8 Bn., 2 C.B.R.D.

Unit



# UNIT COMMITTEE OF ADJUSTMENT REPORT

## INSTRUCTIONS

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

**REPORT**

No. F35453 Rank Cpl Name in full FISHER J.C.

\*Deceased, \*Missing, \*Prisoner of War, \*Interned, Date of Casualty 7 Sep 44

Unit Gen. List 8 Bn., 2 C.B.R.D.

Medical installation in which death took place (if applicable) 1 RAF GH

Reinforcement Unit to which posted at time of death (if applicable) 8 Bn., 2 C.B.R.D.

Name of Officer furnishing report Lieut. CROSBY J.W.  
(BLOCK CAPITALS)

### A. PERSONAL EFFECTS

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

### B. WILL

- (a) \* Original Will or testamentary document was forwarded on 12/9/44 (date) by registered post to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1"
- (b) \* No Will or testamentary document was found on the person or among the effects of the deceased.

### C. CLOTHING AND EQUIPMENT (PUBLIC)

- (a) \* Was turned in to Q.M. Stores.
- (b) \* There were no deficiencies.
- (c) \* There were deficiencies amounting to £ 2.00 and cash debit voucher duly certified by the D.A.D.Q.S. or Senior Ordnance Representative of the formation is attached as Exhibit "C1"

1/A6

EXHIBIT "A6"

F35453 Cpl. FISHER, J.C. (Deceased 7 Sep 44 )

Gen. List 8 Bn. 2 C.B.R.D.

Kit held at this Headquarters for the above  
named soldier was thoroughly checked and it was found  
that it contained no personal effects.

*Subrosby*  
\_\_\_\_\_  
8 Bn. 2 C.B.R.D.



LIST OF PERSONAL EFFECTS OF THE LATE  
F.35453 CPL. FISHER. C.

P.L.F. 11 C.I.V. GROUP SUPPORT, R.C.A.S.C.

- |                                      |   |
|--------------------------------------|---|
| 1 Identity Disc ✓                    | 1 Pocket Watch ✓ (WESTCLOX)                 |
| 1 Set of False Teeth Top & Bottom ✓  | 1 Cigarette Holder ✓                        |
| 1 Cigarette Lighter ✓                | 1 Fountain Pen. (WATERMAN'S)                |
| 2 Propelling Pencils ✓               | 2 Rings ✓                                   |
| 1 Rosary ✓                           | 1 Clothing Card (PT III) ✓                  |
| 1 Pay Book Parts 1 & 2               | 2 Farthings ✓                               |
| 1 Threepenny Pieces ✓                | 1 Nail Clippers ✓                           |
| 1 Halfpenny ✓                        | A.M. Lire 417 ✓ (FORM)                      |
| B.M.A. Money 10/- 10 PM ✓            | Identity Card ✓ 182                         |
| Leather Wallet ✓                     | 3 Combs ✓                                   |
| 3 Black Note Books ✓                 | 1 Penknife ✓                                |
| 1 Tooth Brush ✓                      | 1 Bundle of Letters and Photos ✓ (envelope) |
| 1 Razor (GILLETTE)                   | 1 Barber's Brush ✓                          |
| HOLDALL 1 (Toilet Case) with Razor ✓ | 1 Knife in Sheath ✓                         |
| 1 Cookery Book ✓                     | 1 Regimental Lanyard ✓                      |
| 1 Photo Frame Handmade ✓             | 1 New Testament ✓                           |
| 1 Nail File ✓                        | 1 Chrome Mirror ✓                           |
| 2 1 Prayer Book ✓                    | 2 pr scissors ✓                             |
| 2 Pairs of Spectacles in Cases. ✓    | 1 CAP BADGE                                 |
| 1 pr Barber Clippers ✓               | 1 PHOTO IN FOLDER                           |

Received. *G.F. Weyrick Capt*  
Unit *G.H.Q. 2 ECH AAI (Can.)*  
Date *Sept 28/44*

No. 1 R.A.F. General Hospital, C.M.F.

# Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or  
Army F35453

Rank, Name & Initials CPL FISHER J.C.

Regiment or Corps GEN LIST X4 (88N)

Nature of Casualty D/SICK

Date of Casualty 7 SEPT 44

Inventory No. :-

4214

Registered Post Particulars :-

0086

SEP 29 1944

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature [Signature]

Rank CAPT

Unit CON SEC HQ 2ND ECHOLON

Date 28 SEPT 44

## Special Instructions

Personal effects of :-

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

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

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



# INVENTORY OF EFFECTS.

X4 (80N)

## List of Articles of Intrinsic or Sentimental Value.

1-IDENTITY DISC  
1-SET FALSE TEETH (UPPER LOWER)  
1 CIGARETTE LIGHTER  
2 PROPELLING PENCILS  
1 ROSARY  
2 ENGLISH COINS (350)  
1 LEATHER WALLET  
3 BLACK NOTE BOOKS  
1 TOOTH BRUSH  
1 RAZOR (GILLETTE)  
1 HOLDALL W/ RAZOR  
1 COOKERY BOOK  
1 PHOTO-FRAME (HANDMADE)  
1 NAIL FILE  
1 PRAYER BOOK  
2 PRS SPECTACLES IN CASES  
1 PR BARBERS CLIPPERS

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

## Special Notes.

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

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

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

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

# Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army F35453  
Rank, Name & Initials CPL FISHER J.C.  
Regiment or Corps GEN LIST X4 (8BN.)  
Nature of Casualty D/SICK  
Date of Casualty 7 SEPT 44

Inventory No. :—

4

4214

Registered Post Particulars :—

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

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

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

Signature [Signature]

Rank CAPT

Unit CON SEC G.H.Q. 2ND ECHELON

Date 28 SEPT 44

## Special Instructions

Personal effects of :—

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

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

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



# INVENTORY OF EFFECTS.

24(88A)

## List of Articles of Intrinsic or Sentimental Value.

1 POCKET WATCH (WESTCLOX)  
1 CIGARETTE HOLDER  
1 FOUNTAIN PEN (WATERMAN'S)  
2 RINGS  
2 ENGLISH COINS (2 FARTHING)  
1 NAIL CLIPPERS  
3 COMBS  
1 PEN-KNIFE  
LETTERS & SNAPSHOTS  
1 BARBER'S BRUSH  
1 KNIFE IN SHEATH  
1 REG'T'L LANYARD  
1-NEW TESTAMENT  
1 CHROME MIRROR  
2 PR SCISSORS  
1 CAP BADGE  
1 PHOTO IN FOLDER

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

## Special Notes.

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

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

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

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

5

# CANADIAN ARMY OVERSEAS

## FINANCIAL RECEIPT

RECEIPT No. 2 Oct 44 19

RECEIVED FROM Effects Section GHQ 2nd Echelon AAI

THE SUM OF Ten shillings (0/10/0) and Four hundred  
and seventeen lire (417) being

Cash found amongst the effects of:

F 35453 Cpl Fisher, JC

Gen L<sub>1</sub>st X-4 8 Bn

*[Signature]*  
Command Paymaster or Field Cashier

2 Oct 44

19

*Field*  
Place



CANADIAN ARMY

# Clothing and Equipment Statement

Regt. No. F3545<sup>3</sup>

Rank F05

Name Daher, JC

## INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person, but will be responsible for its safe custody.)
2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.
3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.
4. You will at once report the loss of this book to your Commanding Officer.

## GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.
2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.
3. On transfer of the individual, the certificate at end of statement will be completed and signed.
4. This statement replaces Form M.F.C. 800 and adaptations thereof.

ARTICLE	QUANTITY					
Anklets, web, prs.....	1					
Blouses, Battle-dress.....	2					
Bonnet, tam-o'shanter.....						
Boots, ankle, prs.....	2					
Boots, lumbermans, rubber, prs.....						
Boots, rubber, high, prs.....						
Bonnet, drab, Irish.....						
Cap, field service.....	1					
Cap, mechanic.....						
Cap, tank battalion.....						
Drawers, Cellular short, prs.....	2					
Drawers, Woollen, prs.....	2					
Gloves, knitted, drab, prs.....	1					
Greatcoat, drab.....	1					
Jackets, sweater.....	1					
Initials of Soldier.....						



ARTICLE	QUANTITY					
Jerkin, leather.....						
Jersey, pullover.....						
Overalls, combination.....	<del>1</del>					
Overalls, blouses, denim.....						
Overalls, trousers, denim.....						
Shirts, angola, drab.....	2					
Shoes, canvas, prs.....	1					
Socks, prs.....	4					
Trousers, battle-dress, prs.....	2					
Vests, woollen.....	<del>1</del> 2					
Badges, arm, drab, crowns.....						
Badges, arm, drab, crown in wreath.....						
Badge, cap.....	1					
Initials of Soldier.....	<del>1</del>					

ARTICLE	QUANTITY					
Badge, shoulder, "CANADA" prs.....	3					
Badges, arm Tank Bn.....						
Bag, kit, universal.....	2					
Braces.....	1					
Brass, cleaning.....	1					
Brush, button, brass.....	1					
Brush, clothes.....	1					
Brush, hair.....	1					
Brush, shaving.....	1					
Brush, shoe, blacking.....	1					
Brush, shoe, polishing.....	1					
Brush, tooth.....	1					
Cap, comforter.....	1					
Chevrons.....	1					
Comb, hair.....	1					
Initials of Soldier.....	<del>1</del>					

ARTICLE	QUANTITY				
Discs, identity, sets with cord.....	1				
Dressing, field.....	1				
Fork, N.S. Table.....	1				
Holdall.....	1				
Housewife, complete.....	1				
Knife, clasp.....	1				
Knife, table.....	1				
Lanyard,.....	1				
Razor, safety, with blade.....	1				
Patches, distinguishing, prs.....	3				
Shorts, gymnasium.....					
Sponge.....					
Spoon, N.S. Dessert.....	1				
Vests, cotton, gym.....	2				
Initials of Soldier.....	20				

ARTICLE	QUANTITY				
Towels, hand.....	2				
Unit titles, prs.....					
Attachments, brace.....					
Bag, ration.....	X				
Belt, waist.....	X				
Bottle, water.....	1				
Braces, W.E.....	2				
Carriers, cartridges.....					
Carrier, waterbottle.....	W				
Case, pistol.....					
Cover, breech, rifle.....	H				
Cover, Mess tin, rect.....	1				
Frog, bayonet.....	1				
Haversack.....	1				
Initials of Soldier.....	20				



ARTICLE	QUANTITY				
Helmet, steel.....	1				
Net, helmet camouflage.....	1				
Pack .....	1				
Pouches, Ammunition, pistol.....					
Pouches, Basic.....	2				
Pouches, utility.....					
Sling, rifle.....	1				
Straps, shoulder, haversack.....	2				
Straps, supporting, web.....	2				
Tins, mess rect.....	1				
Yoke.....	2				
Respirator, Anti-gas complete w/haversack.....	1				
Outfit, anti-dimming.....	1				
Initials of Soldier.....	107				

ARTICLE	QUANTITY				
Ointment, Anti-gas, tins.....	2				
Eyeshields, Anti-gas (Pk. of 6).....	1				
Detectors, individual prs.....	2				
Capes, Anti-gas.....	1				
Wallet, Anti-gas.....	1				
Bayonet # 274.....	1				
Bottle, oil.....	1				
Pistol, revolver (No.....)					
Pull-through, single.....	1				
Rods, cleaning, pistol.....					
Initials of Soldier.....	107				

ARTICLE

QUANTITY

Rifle (No. 046557) 1

Scabbard, bayonet 1

Sheet, ground 1

Mug, drinking 1

Blanket 1

Initials of Soldier 1007

Initials of Inspecting Officer 1007

Date 10/8/43

**CERTIFICATE TO BE SIGNED BY INSPECTING  
OFFICER AND SOLDIER ON TRANSFER OR  
ATTACHMENT OF SOLDIER**

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE

Inspecting Officer

Soldier

Date

E. H. Kraft

J. C. Fisher

27-5-43

J. C. Fisher

J. C. Fisher

9/8/43



# CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets.....	
Battle Dress, blouse.....	
Battle Dress, trousers.....	
Cap or bonnet.....	
Boots, ankle.....	
Socks.....	
Gloves.....	
Facepiece, respirator.....	
Greatcoat.....	
Overalls, combination.....	
Jersey, pullover.....	
Shirts, Angola, drab.....	
Vest, woollen.....	
Drawers, cellular.....	
Drawers, woollen.....	

# SOLDIER'S SERVICE BOOK

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

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

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

---

## INSTRUCTIONS TO SOLDIER

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



## 39

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No.

F35453

Surname (in capitals)

FISHER

Christian Names (in full)

JAMES CLARENCE

Date of Birth.

22 JAN 1900

Place of Birth

BANGS FALLS QUEENS CO., N.S.

### Trade on Enlistment.

BARBER & COOK

Nationality of Father at birth.

# CANADIAN

Nationality of Mother at birth.

CANADIAN

Religion.

BAPTIST

Enlisted at

HALIFAX, N.S. N.S.

Date \_\_\_\_\_

11 DEC 1940

Particulars of former  
service (if any) i.e.  
Regtl. No., Corps  
and period.

Signature of Soldier

J. C. Fisher

Signature of Officer \_\_\_\_\_

R. S. Blainey

Place

FIELD

Date \_\_\_\_\_

6-5-43

NOTE.—No entry in the

NOTE.—No entry in the

NOTE.—No entry in the

## 5

5

5



## (III) RANK and APPOINTMENT

[illegible]

9

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—*\*

Qualified in addition as under :—

COOK GR. "C"

Date 7 SEP 73

Quinn-David 10/11/11

\* If no further training required, strike out words in italics and initial.

2

## (V) PARTICULARS OF TRAINING

[illegible]

## (VI) SMALL ARMS RANGE COURSES

[illegible]



## 10

III

(For men in receipt of tradesmen's rates of pay only)

[illegible]

### (IX) EMPLOYMENT WHILST SERVING

[illegible]

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist,  
e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

[illegible]



**(XI) PRESCRIPTION FOR GLASSES**

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O. ....

14

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O. ....

**(XII) PARTICULARS OF DENTURES SUPPLIED**

Particulars	Date	Signature of Medical or Dental Officer

**(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED**

Particulars	Date	Signature of Medical Officer

15

## (XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT COMP	25-2-41	W.S. [Signature]
1/2 CC TABT.	26-6-42	[Signature]
1/2 cc TABT	20-10-43	[Signature]
1/2 cc Typhus	20-10-43	[Signature]
1 " "	25-10-43	[Signature]
1 " "	4-11-43	[Signature]
TYPHUS 1cc	31-3-44	[Signature]

## (XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
5-1-42	W.S. [Signature]

## (XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
FURLOUGH 15-10-41 To 25-10-41		
" Q" CARD COMPLETE	31-12-42	[Signature]
" M" TEST (REV) COMPLETE T. ORR LT.		
PRIV. LEAVE 11-12-42 To 18-12-42		
" " 1-3-43 To 8-3-43		
" " 31-5-43 To 7-6-43		R.S. [Signature]
FINGERPRINTED—CAIB		
PRIV. LEAVE 1-9-43 To 13-9-43		[Signature]
Blood Gp "A"	6 Jan 44	[Signature]
awarded C.V.D. + C	10-1-44	[Signature]



[illegible][illegible]

## (XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect, and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.**

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.



A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with at

Signature of Officer.  
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

### Certificate

M.F.M. received and forwarded to the Officer i/c Records at

Signature of Officer.  
Rank or Appointment.

Signature of Officer

Date Certificate or Will extracted

Dept

To whom sent

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

### SHORT FORM OF WILL

(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,  
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,  
Private No. 30000,

Date 5th August, 1936.

To whom sent

Dept

Date Certificate or Will extracted

Signature of Officer

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

## WILL

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

Signature.....

Rank, Regt & Number.....

Date.....



VERIFIED

21. 6. 43 *BY*  
DATE..... BY.....

MILITIA BOOK M. 1

Part II

60M—6-41 (775-8)

(H.Q. 1772—39-1672)

CANADIAN ARMY (A.F.)

# Soldier's Pay Book

(For use on Active Service)

Number..... *F 35'4 3<sup>5-3</sup>5*

Surname (Capitals)..... *F I S H E R*

Christian Names in full..... *J A M E S*

*C L A R E N C E*

Unit..... *P. L. F. O. S. (MOTOR) C. A.*

"If this book is found NOT in possession of the soldier and it cannot be returned immediately to the Paymaster of his unit, it is to be forwarded at once as indicated below:—

IN CANADA: To the  
Director of Pay Services,  
Department of National Defence,  
Ottawa.

ABROAD: To the  
Chief Paymaster,  
Canadian Army (Overseas),

IN THE FIELD: To the  
Paymaster,  
Canadian Troops."

7. All charges in the account of a soldier such as fines or forfeitures must be entered in the column of the Pay Book showing "Cash Payments and Other Charges."

8. All charges in the account of a soldier such as fines or forfeitures must be entered in the column of the Pay Book showing "Cash Payments and Other Charges."

# PAY

Enter amount required against date of next pay before handing in Pay Book. Where no entry is made, it will be presumed that no pay is required.

Dec.	Mid-month	\$	
Dec.	Month-end	\$	
Jan.	Mid-month	\$	
Jan.	Month-end	\$	
Feb.	Mid-month	\$	
Feb.	Month-end	\$	
Mar.	Mid-month	\$	
Mar.	Month-end	\$	



**SOLDIER'S PAY BOOK**

1. This book will be produced whenever an advance of pay is required.

2. The soldier will give a receipt on an Acquittance Roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.

3. This book is the property of the Canadian Government, and a soldier who loses it, by neglect or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.

4. If this Pay Book is lost, the soldier will report the loss immediately to his Paymaster. A new book will be issued by the Paymaster, after inquiry has been made and a statement of the account has been received from the Chief Paymaster.

5. On page 6 all Casualties, such as promotions and reversions, affecting daily rates of Pay and Allowances will be entered. Full particulars are to be given. On that page no entries such as Fines or Forfeitures are to be entered. (See also note (1) on page 20).

6. All charges in the account of a soldier receiving issues from the Quartermaster's Stores will be entered in the column of the Pay Book showing "Cash Payments and Other Charges," details of which will be shown in the "Particulars" column and to be attested by the signature of the Paymaster.

7. All charges in the account of a soldier such as Fines or Forfeitures must be entered in the column of the Pay Book showing "Cash Payments and Other Charges."

The Part II Order Number and Date will be shown in the "Particulars Column" and the entry attested by the signature of the Officer making the award.

8. All charges in the account of a soldier for Hospital Stoppages are to be made by a responsible Officer at the time of the discharge of the soldier from Hospital, and are to be shown in the column "Cash Payments and Other Charges," and attested by the signature of the Officer making such entry.

9. This book is not to be taken from the soldier if he is admitted to hospital.

## PARTICULARS OF FAMILY, ETC.

1. State whether married, widower or single:

MARRIED

2. If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier: (see also page 20.)

Mrs. Vera T. Fisher (Wife)  
Hantsport, Hants. Co. N.S.

3. If married after enlistment, state date of marriage:

4. Assignment of pay:

Date effective:

\$ 20.00

1/41

\$

\$

5. Name and address of assignee:

Mrs. Vera T. Fisher (Wife)  
Hantsport, Hants. Co. N.S.

6. Any change of assignee:

7. Dependents allowance, payable to:

Vera T. Fisher (Wife)  
(and three children)

(Relationship)

Original unit in which enlisted:

P.L. Fus. (M.B.)

Regimental Depot:

No. 6. D. D.

Unit in field:

Regimental Number:

F354 33-52

Name in full (surname first):

FISHER  
JAMES. CLARENCE.

Date of Attestation:

11-12-40









[illegible][illegible]

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward				
	Totals Carr'd Forward				

[illegible]









[illegible][illegible]

1. If a soldier desires any information, in connection with his pay or particulars of any entry shown in his Pay Book he should make reference in all cases to his Paymaster.

2. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 4 of this Book. In the same way any change of assignment should be noted thereon.



PERIOD

From FEB 1 1943 To 19



MILITIA BOOK M. 1

PART II

40/P&S/279 (11/42)

CANADIAN ARMY

# Soldier's Pay Book

(For use on Active Service)

Reg't'l Number

F 35'43'3

Surname (Capitals)

FISHER

Christian Names in full

JAMES

CLARENCE

10 CDN INF BDE V KSP.

If this book is found NOT in possession of the soldier it is to be forwarded at once as indicated below:—

IN CANADA: To the  
Paymaster-General,  
Department of National Defence,  
Ottawa

ABROAD: To the  
Chief Paymaster,  
Canadian Army Overseas.

IN THE FIELD: To the  
Paymaster,  
Canadian Troops.

UNDER NO CIRCUMSTANCES WILL REFERENCE BE  
MADE IN THIS PAY BOOK TO THE SOLDIER'S UNIT.

## SOLDIER'S PAY BOOK—INSTRUCTIONS

1. This book will be produced whenever an advance of pay is required.
2. The soldier will give a receipt on an Acquittance Roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.
3. This book is the property of the Canadian Government, and a soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.
4. If this Pay Book is lost, the soldier will report the loss immediately to his Paymaster who will issue a new Pay Book in accordance with the provisions of C.M.H.Q. Pay Instruction 114 (2).
5. If a soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book he should make reference in all cases to his Paymaster.
6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be notified on page 3 of this Book.
7. This Pay Book must be in possession of the soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.



## PARTICULARS OF SOLDIER

Regimental Number *F 35453*  
 Name in full (Surname first) *FISHER*  
*JAMES CLARENCE*  
 Date of Attestation *11-12-40*  
 State whether married, widower or single *MARRIED*

If married after enlistment, state date of marriage

If married, give full postal address of wife, or if widower,  
 name and address of guardian of children, if any, or if  
 single, name and address of next-of-kin, stating rela-  
 tionship to the soldier (see page 1—para. 6).

*Mrs. Vera T. Fisher (wife)*  
*Hantsport Hants. Co. N.S.*

## PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$ *23.00*  
*20.00*  
 (b) \$ *8.40*  
 (c) \$ .....  
 (d) \$ .....

*1-2-43*  
*11/44*  
*may to Oct 43*

Name, address and relationship of assignee:

(a) *Mrs. Vera Fisher (wife)*  
*Hantsport Hants. Co. N.S.*  
 (b) *4 Victory Loan*  
 (c) .....  
 (d) .....

Dependents allowance, payable to: (state relationship)

*wife 3 children*





Soldier's Signature

*J. C. Fisher*

Book opens on

FEB 1 1943

Balance Cr. or Dr. *as below*

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1943	Bals. Br't. Forward	56.06			
Feb Pay		43.40			20.00
" 27 A.P. 27			3 -	13.41	
Mar. Pay		48.05			20.00
14 AR 30			0-1-6	34	
" 7 <sup>th</sup> AR 30		4.69			
Apr. Pay		52.50			23.00
30 A.P. 7			2 -	8.94	
May Pay		54.25			23.00
10/may ad. A.P. May					8.40
12/may 12 M.F. 10.518/23				100.00	
Totals		276.95		122.69	100.40

Balances only will be carried forward

Paymaster's Signature

*J. H. Wood*

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		56.06	<i>J. H. Wood</i>
		79.46	<i>J. H. Wood</i>
		66.05	<i>J. H. Wood</i>
		94.10	<i>J. H. Wood</i>
		93.76	<i>J. H. Wood</i>
		98.45	<i>J. H. Wood</i>
		110.45	<i>J. H. Wood</i>
		139.95	<i>J. H. Wood</i>
		13	<i>J. H. Wood</i>
		131.01	<i>J. H. Wood</i>
		162.36	<i>C. Webb Capt</i>
		153.86	<i>C. Webb</i>
		53.86	<i>C. Webb</i>
		53.86	

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't. Forward	53 86			
29	BRIZ		9/10/0	40 23	
43	Pay	52 50			31 40
15	A.R. #15		2-0-0	8 94	
	A.R. #12 / Jun			11	
JUN	A.R. 2 5		5-1-0	22 57	
	July Pay	54 25			31 40
5 JUL	A.R. 2 8		2-0-0	8 94	
JUL	A.R. 3 1		3-0-0	13 41	
		160 61		94 20	62 80
	JP				
	Totals				

Balances only will be carried forward.

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		53 86	C. W. Webb
	*	13 43	C. W. Webb
		34 53	C. W. Webb
		25 59	C. W. Webb
		25 48	C. W. Webb
		2 91	C. W. Webb
		25 76	C. W. Webb
		16 82	C. W. Webb
		3 41	C. W. Webb
	*	3 61	
6 00 2 39			









[illegible]

Balances only will be carried forward.

[illegible]

If you do not wish to draw all pay due,  
PLACE THE AMOUNT DESIRED  
 opposite date of pay day.

Feb. 15 .....	Aug. 15 .....
Feb. 28 <i>3-0-0</i> .....	Aug. 31 .....
Mar. 15 <i>0-0-0</i> .....	Sep. 15 .....
Mar. 31 <i>0-0-0</i> .....	Sep. 30 .....
Apr. 15 <i>0-0-0</i> .....	Oct. 15 .....
Apr. 30 <i>2-0-0</i> .....	Oct. 31 .....
May 15 <i>NONE</i> .....	Nov. 15 .....
May 31 <i>9-0-0</i> .....	Nov. 30 .....
Jun. 15 <i>2-0-0</i> .....	Dec. 15 .....
Jun. 30 <i>5-0-0</i> .....	Dec. 31 .....
Jul. 15 <i>2-0-0</i> .....	Jan. 15 .....
Jul. 31 <i>3-0-0</i> .....	Jan. 31 .....



## OVERSEAS

## LAST PAY CERTIFICATE

(All Ranks)

Regtl No. F. 35453 Rank and Name Fisher, J.C. Cpl.

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

~~XXXXXX~~ Discharge).....to.....on 7th. Sept. 19 44.Reason Death. Authority : C.C.L. "C" 1514 d/18th. Sept. 44.The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44.  
the inclusive date of transfer or discharge.

Dr

Cr

Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	373 15
First Monthly Payment.....		Regimental Pay <u>30 days @ \$ 1.70</u>	51 00
Casual Payments.....		Tradesmen's Pay <u>30 days at \$ .25</u>	7 50
Payments on Transfer or Discharge.....		Additional Pay (Give Particulars).....	
Assigned Pay.....	23 00	..... days at \$.....	
Regimental Charges.....		Allowances (give particulars)..... days	
Public Stoppages (give particulars) :		at \$.....	
		Def. Pay Interest.....	1 44
		Cash effects SOCR 1207.....	06
		Cash effects SOCR 22498.....	2 24
		Cash effects SOCR 22498.....	4 66
To Balance Cr { Free.....	334 05	By Balance Dr.....	
{ Deferred.....	83 00		
Total.....	440 05	Total.....	440 05

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

## Remarks

Assnd. Pay of \$23.00 (W) stopped eff. Oct. 44.The above statement has been compiled from Treasury records,  
the latest paybook not being available.May it be noted that the last payment received by Treasury  
is dated 29th. June. 44.Compiled by F. Gough.Checked by RBellDate 7th. May 19 45.

PH.

Certified correct D. Hawley  
for Chief Treasury Officer, Overseas



## ENDORSEMENTS

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

[illegible]

Explanation of Debit Balance :-

## STATEMENT OF ACCOUNT

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

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

DATE	UNIT	PARTICULARS	Dr	Cr	SIGNATURE OF PAYING OFFICER

Place of Embarkation.....  
Date of Embarkation.....  
Place of Disembarkation.....  
Date of Disembarkation.....

HM Transport.



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME E-35453 Cpl Fisher J.C. (Deceased)

RECEIVED FROM 2nd Echelon AAI

CHECKED BY G-52743 Pte McDonald S.J.  
G-5591 Pte Patterson L.K. DATE 12 Dec 44

1	Pen & Pencil Case Empty	L	Knife In Sheath
1	Comb & Case	1	Regt'l. Landyard
1	Leather Holdall	1	New Testament
1	Religious Book	1	Chrome Mirror
1	Identity Disc Red	2	Pr. Scissors
1	Set False Teeth	1	Cap Badge
1	Cig. Lighter	1	Photo In Folder
2	Propelling Pencils	1	Eng. 3d Coin - - To C. P. M.
1	Rosary		
1	Eng. Penny		
1	Leather Wallet		
3	Black Note Books		
1	Tooth Brush		
2	Gillette Razors (1 In Case)		
1	Cookery Book		
1	Photo Frame (Handmade)		
1	Nail File		
1	Prayer Book		
2	Prs. Spectacles In Case		
1	Pr. Barbers Clippers		
1	Pocket Watch (Westclock)		
1	Cigarette Holder		
1	Fountain Pen (Watermans)		
2	Rings		
2	Eng. Farthings		
1	Nail Clippers		
3	Combs		
1	Pen Knife		
	Letters & Snapshots		
1	Barbers Brush		

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

J. Patterson Pte  
for OC 1 Cdn KSD

ESTATES BRANCH

10th. February, 1945.

Mrs. Vera Fisher,  
Centre Burlington,  
Hants Co.,  
N.S.

FISHER, James Clarence, Cpl., (Deceased)  
No. F-35453 C.A.

Dear Mrs. Fisher:

We were pleased to receive your  
letter dated the 2nd. of February, 1945.

It is regretted that your husband's  
service estate will probably not be forwarded to us from  
overseas until some time in May due to conditions entirely  
beyond our control. However, as soon as it is received,  
we will advise you.

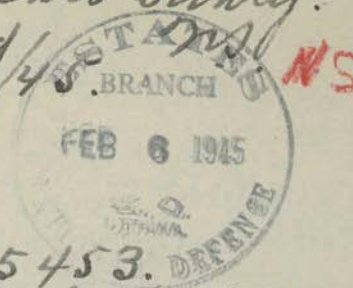
Yours faithfully,

Director of Estates.

GEB/B



Clt. Burlington  
Wants County.  
Feb. 2<sup>nd</sup> / 45



Administrators of Estates,  
Ottawa, Ont.,

Re - 735453.  
Cpl. J.B. Fisher  
deceased

Dear Sirs:

Can you please give me any information concerning my husband's personal effects, also can you tell me how I can obtain any money which he had accumulated during his period overseas. I have reasons to believe he had money saved, also a bond or bonds. Should I write his Commanding Officer or will it eventually be sent to me.

Thanking you kindly,  
I remain,  
Vera J. Fisher.

5th December, 1944.

Mrs. Vera Fisher,  
Centre Burlington,  
Hants Co.,  
N. S.

FISHER, James Clarence, Cpl. (Deceased)  
No. F-35453, C.A.

Dear Mrs. Fisher,-

GHF/s.



Director of Estates

Regimental No. F35453 Rank Corporal

FISHER  
Surname

James Clarence  
Christian Names

Unit Headquarters 2nd Base Reinforcement Det. (CA).

Date of Death 7-9-44 Place of Death Overseas (Mediterranean)

Next-of-kin Mrs. Vera Fisher Relationship WIFE

Address Hantsport, Hants Co., N.S.

M.F.M. 5 Copy of M.F.M. 5 herewith,

Will No Record of Will in Record Office to date.

Date 26-10-44

JEC/LH



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

REBURIAL

NO F35453

RANK Cpl

NAME FISHER - J.C.

NAME OF CEMETERY Naples Military Cemetery

LOCATION OF CEMETERY Naples, Italy

GRAVE LOCATION Plot 1. Row G. Grave 15

AUTHORITY 54-27-88-2 Vol. 15

Reburial list.

*70th  
210*  
**DIRECT BURIAL**



H.O. 405 - F - 11,698

Original on H.Q. File

405 - F - 11 714

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

DATE \_\_\_\_\_

C.A.S.F. A. 28

Director of Records  
A G B  
JUL 11 1945  
Nat. Defence Org.  
Ottawa, - Canada

60

DISCHARGE DOCUMENTATION  
CHECKERS' OBSERVATIONS

No. *F35-453* Rank *Cpl* Name *Fisher, James Clarence*

**DECEASED.**

Observations

M.F.M. 81 or 23.....  
M.F.M. 1 or 2 or 103 or 153.....  
M.F.M. 4.....  
M.F.M. 5.....  
M.F.M. 6.....  
M.F.M. 7 or 24 or M.F.B. 241.....  
M.F.M. 94 (for Officers).....  
M.F.M. 105.....  
M.F.M. 182.....  
M.F.M. 196.....  
M.F.B. 227 (in triplicate).....  
M.F.M. 30 (in triplicate).....  
Special Medical Reports (if any) 3.....  
M.F.B. 465 No. 2 Sheet.....  
M.F.D. 930A.....  
P. & N.H. Form (W.D.) 12.....  
R.C.A.F. Form M1 or M2 (Transferred to RCAF).....  
M.F.B. 375 (for Deserter).....  
M.B.M. 1 (Pay Book for Deserter).....  
Copy of Birth Certificate (if under age)..  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

BE SURE YOU ARE RIGHT THEN CHECK AGAIN

Note:- Has record of Blood Test been noted on Page 3 of M.F.M. 1 or 2?  
Does Date of Discharge as shown on all relevant documents agree, i.e.,  
M.F.M. 1 or 2 (Page 2), M.F.M. 23 or 81, M.F.D. 930A or Discharge Certificate.  
Has correct Routine Order Authority for Discharge been shown?

Remarks:-

.....  
Checker

Date.....

JUL 11 1945

59



# CASUALTY WING EXTRACTS

DATE 21 JULY 44

AUTH CECH/CAS/7304

"A" "B" "C" "POW"

TIME \_\_\_\_\_

NAME FISHER JAMES CLARENCE DATE \_\_\_\_\_

RANK CPL

REGT. NO. F-35453

FOR **AAI** LIST.

UNIT 8 BTN 2 C.B.R.D. (11 CIB Sp Gp)

## HOSPITAL PARTICULARS

ADMITTED 1 CDN GEN

DATE \_\_\_\_\_

TRANSFERRED \_\_\_\_\_

DATE \_\_\_\_\_

DISCHARGED \_\_\_\_\_

DATE \_\_\_\_\_

DIAGNOSIS SUFFERING CARCINOMA OF RECTUM

DANGEROUSLY ILL 20 JUL 44

FOR THE DAILY UNIT & CONSOLIDATED LIST "C" ADMISSION \_\_\_\_\_

FOR THE DAILY LIST ONLY \_\_\_\_\_ DISCHARGE \_\_\_\_\_

CASUALTY CARD MADE (YES OR NO) YES PROGRESS REPORT \_\_\_\_\_

CLERK'S NUMBER OR INITIALS 10 DEATH \_\_\_\_\_

## CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

## NEXT OF KIN PARTICULARS

RELATION SHIP Wife

NAME AND ADDRESS MRS VERA T FISHER

PARRS BOROV N.S.  
CAN

## ENTERED ON

CAS. CARD 23

CAS. LIST. 147

HOME TOWN

HANTS PORT. N.S.

CABLE NO. TO OTTAWA 8185

SERIAL NO. 8007

INLAND TELEGRAM NO. \_\_\_\_\_

(M39) (M44)  
57



# CASUALTY WING EXTRACTS

DATE 18 JUL 44

AUTH SER/291/14

TIME \_\_\_\_\_

DATE 22 JUN 44

FOR AAI LIST.

"A" "B" "C" "POW"  
 NAME FISHER James Clarence  
 RANK CPL  
 REGT. NO. F-35453  
 UNIT 11 CIB SUP GRP (PLF)

## HOSPITAL PARTICULARS

ADMITTED 14 CGH  
 TRANSFERRED \_\_\_\_\_  
 DISCHARGED \_\_\_\_\_  
 DIAGNOSIS NYD GI SUSPECT APPENDIX

DATE 17 JUN 44

DATE \_\_\_\_\_

DATE \_\_\_\_\_

FOR THE DAILY UNIT & CONSOLIDATED LIST ADMISSION

FOR THE DAILY LIST ONLY DISCHARGE

CASUALTY CARD MADE (YES OR NO) PROGRESS REPORT

CLERK'S NUMBER OR INITIALS 77 DEATH

## CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

## NEXT OF KIN PARTICULARS

RELATION SHIP \_\_\_\_\_

NAME AND ADDRESS \_\_\_\_\_

CABLE NO. TO OTTAWA \_\_\_\_\_

ENTERED ON

CAS. CARD

CAS. LIST.

HOME TOWN \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

INLAND TELEGRAM NO. \_\_\_\_\_

58





CASUALTY WING EXTRACT

DATE 31 MAY 44  
"A" "B" "C" "POW" AUTH 260-35  
TIME \_\_\_\_\_  
DATE 19 MAY 44  
NAME FISHER James Clarence  
RANK CPL FOR AAI LIST  
REGT NO. F35453  
UNIT 11 CIB SP GP (PLF)

HOSPITAL PARTICULARS

ADMITTED 14 CDN GEN DATE 15 MAY 44  
TRANSFERRED \_\_\_\_\_ DATE \_\_\_\_\_  
DISCHARGED \_\_\_\_\_ DATE \_\_\_\_\_  
DIAGNOSIS NYD GI SUSP CHR APPENDICITIS SLI

FOR THE DAILY UNIT & CONSOLIDATED LIST \_\_\_\_\_ ADMISSION \_\_\_\_\_  
FOR THE DAILY LIST ONLY \_\_\_\_\_ DISCHARGED \_\_\_\_\_  
CASUALTY CARD MADE YES OR NO \_\_\_\_\_ PROGRESS REPORT \_\_\_\_\_  
CLERKS NUMBER OR INITIALS 64 DEATH \_\_\_\_\_

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT OF KIN PARTICULARS

RELATIONSHIP

NAME AND ADDRESS \_\_\_\_\_ SERIAL NO. \_\_\_\_\_  
\_\_\_\_\_ INLAND NO. \_\_\_\_\_

HOME TOWN \_\_\_\_\_

CABLE TO OTTAWA \_\_\_\_\_  
(THIS IS IMPORTANT)

ENTERED ON

CAS. CARD

CAS. LIST



55



CANADA

IN REPLY PLEASE QUOTE

No. **H.Q. 405-F-11,698 FD 211**

# DEPARTMENT OF NATIONAL DEFENCE

ARMY

ESTATES BRANCH

22 JUN 1945.

Director of Records,  
No. 8 Temporary Building,  
Ottawa, Ontario.

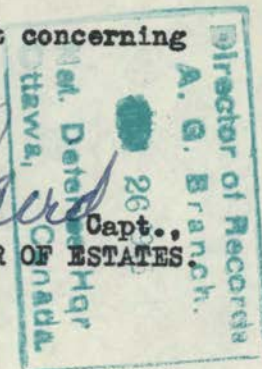
FISHER, James Clarence, Cpl. (Deceased)  
F-35453, O.A.

Enclosed herewith is a copy of a letter received  
from Mrs. Vera Fisher, widow of the deceased.

<sup>3rd</sup> Would you please write to her direct concerning  
the last paragraph of her letter.

GEB/JS

*[Signature]*  
Capt.,  
DIRECTOR OF ESTATES.





Re: F35453

Centre Burlington,  
Hants Co., N.S.  
June 6/45.

Director of Estates,  
Ottawa, Ont.

Dear Sir:

As I haven't received my husband's personal belongings or my Gratuity money I am wondering if my case has been overlooked in so many others.

I need the money greatly, and would appreciate if, if you will take immediate steps to procure if for me.

I was informed by Major P. Kennedy formerly of the P.L.F. Rgt. that I would receive the Maple Leaf decorations, as an award for distinguished service by my husband F-35453 Cpl. J.C. Fisher while serving with the P.L.F. in Italy as yet it has not arrived.

Kindly give this letter your consideration.

Yours truly,

Sgd. (Mrs. Vera Fisher)

50

405-F-11698. 2  
H.Q.

HONOURS AND AWARDS

Regt.No. .... F-35453 ..... Rank. .... cpl.  
(at time of award)  
Name .... James Clarence FISHER .....  
Unit .... Canadian Infantry Corp. ....  
(at time of award)  
Awarded .... Mention in Despatches .....  
Authority .... C.P. 1/6-1-45 .....

I/c Honours & Awards.

51



405-F-11, 698

A.G. (ACTION)

ARMY MESSAGE

27/1750/9/44

A.7121

RESTRICTED

YOUR AG 7271 PARA 3 FISHER. DIED CARCINOMA 7 SEPTEMBER 1944  
NEXT OF KIN NOTIFIED.

CANMILITRY.

46

405-7-11,698

ARMY MESSAGE

A.G. (ACTION)

( Incoming )

15/1631/SEP/44

A.6712

RESTRICTED

YOUR AG 7153

PARA ONE. FISHER. STILL D I RAF GENERAL HOSPITAL ITALY.

CANMILITRY.

45





# CANADIAN PACIFIC TELEGRAPHS

## World Wide Communications

W.D.NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

RAB137 17/9 COLLECT XCO 5

HANTSPORT NS 21 150P

DIRECTOR OF RECORDS

OTTAWA

479

6087 NINETEENTH F35453 CPL JAMES CLARENCE FISHER DELIVERED

C P TELEGRAPHS

944 SEP 21 PM 1 21

SEP 21 1944 BRANCH

16:14

405-F-1,698

44



# CANADIAN PACIFIC TELEGRAPHS

## World Wide Communications

C.D. 1R

W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

RAB303 18/9 COLLECT XC06

HANTSPORT NS 31 545P

DIRECTOR OF RECORDS

OTTAWA

1035

15270 THIRTIETH F35453 CORPORA/JAMES CLARENCE FISHER DELIVERED

CP TEL

1944 AUG 31 PM 5:31

405-F-11,698

RA

43

1944 AUG 31

19:44



DRAFT CABLE

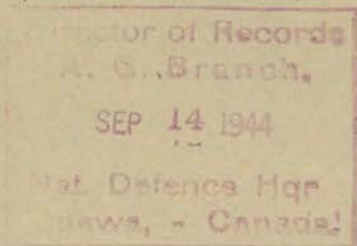
11th September, 1944.

A.G. 7153 PARA 1 REFERS F35453 FISHER JC stop  
EXPEDITE

WTH/SRH

405-4-11,698

O.K. for cable  
11.9.44  
W.F.H.



H.Q. 51-P-183 (Adm.2(a)4)	H.Q. 405-H-19,361 (Adm.2(a)4)
H.Q. 405-G-15,382 (Adm.2(a)4)	H.Q. 405-S-641 (Adm.2(a)4)
H.Q. 405-G-4166 (Adm.2(a)4)	H.Q. 405-F-7272 (Adm.2(a)4)
H.Q. 405-Y-1371 (Adm.2(a)4)	H.Q. 405-M-34,743 (Adm.2(a)4)
H.Q. 405-F-11,698 (Adm.2(a)4)	H.Q. 405-W-14,411 (Adm.2(a)4)
H.Q. 405-L-19,738 (Adm.2(a)4)	H.Q. 405-K-4855 (Adm.2(a)4)
H.Q. 405-H-15,650 (Adm.2(a)4)	H.Q. 405-G-14,322 (Adm.2(a)4)

OTTAWA, Canada,  
13 Sep 44

Cipher Office: Please despatch the following message in cipher.

FROM: DEFENSOR  
TO: CANMILITRY

A. G. 7271

R E S T R I C T E D

PARA 1 A4516 PARA 4 DATED 17 JUL stop EXPEDITE REPLY TO DEFENSOR  
LETTER 11 AUG 44

PARA 2 10/GOLDBERG H/1 AG7A 4 SEP stop ACKNOWLEDGED

PARA 3 AG7169 PARA 2 REFERS D10880 GORDON RP SERIAL 282E  
stop AG7157 PARA 2 REFERS k57246 CPL YARROW E SERIAL  
734 stop AG7153 PARA 1 REFERS F35453 FISHER JC stop  
EXPEDITE

PARA 4 AG7157 PARA 1 LAPOINTE stop ANY REPORT

PARA 5 A6432 HUNTER stop A6518 PARA 1 HUNTER stop A6465 PARA 1  
SMITH stop A6483 PARA 4 FORTIN stop A6432 MCMURRAY stop  
HASTENING

PARA 6 A5987 WILSON REPORT BOMBER 29 AUG stop A6435 PARA 2  
KOCHAR stop REPORT BOMBER 1 SEP

PARA 7 A6372 GUNN stop EXPEDITING

(ARMY)

DEFENSOR

*W. F. Harris Capt.*  
Major-General  
Adjutant-General

(Sgd. 0930.....hrs)

(Checked. *WJL*.....)

Copies to: A.S.G. (2)  
C.G.S. (1)  
A.G. (2)  
Office copies (3)

RH/



PA

405-F-11698

26-10-44

**DIED**  
\*\*\*\*\*

ROYAL CANADIAN ARTILLERY

77. HUTCHINS, GEORGE AYLMER, GNR., D13602, MRS. SARA HUTCHINS (WIFE),  
13 E. CLOSE SOUTHLANDS ESTATE,  
POLEGATE, SUSSEX, ENGLAND.  
  
MRS. ROSE HUTCHINS (MOTHER),  
306 ST. CHARLES ST., GRANBY, QUE.

CORPS OF ROYAL CANADIAN ENGINEERS

78. FITCH, JOHN WILLIAM, L/Sgt., U1731, MRS. MARGARET BERYL FITCH (WIFE),  
116 MERLIN CRESC., EDGEWARE, MIDDLESEX,  
ENGLAND.  
  
JOHN FITCH (FATHER),  
WELLINGTON, ONT.

NOVA SCOTIA AND P.E.I. REGIMENT

79. FISHER, JAMES CLARENCE, CPL., F35453, MRS. VERA FISHER (WIFE),  
HANTSPOOT, N.S.
- 

**DANGEROUSLY WOUNDED**  
\*\*\*\*\*

CANADIAN ARMoured CORPS

80. LAFLEUR, GUY ROBERT, TPR., K48153, ARTHUR LAFLEUR (FATHER),  
NEW WESTMINSTER, B.C.

MANITOBA REGIMENT

81. MICHELIN, WALTER JOSEPH, CPL., H6760, MRS. ADA M. MICHELIN (WIFE),  
Box 113, REDDITT, ONT.  
  
82. SLY, RAYMOND MORRISON, PTE., H102641, HERBERT ANDREW SLY (FATHER),  
1502, ALEXANDER AVE., WINNIPEG, MAN.
- 

**SERIOUSLY WOUNDED**  
\*\*\*\*\*

CANADIAN ARMoured CORPS

83. CHAPPELL, ALBAN ANTHONY, TPR., K37439, MRS. HANNAH B. CHAPPELL  
(MOTHER), 4314 W. 10TH AVE., VANCOUVER,  
B.C.  
  
84. NELSON, NELS THELMAR, TPR., H64011, MRS. HELGA NELSON (MOTHER),  
MOUNTAINSIDE, MAN.

ROYAL CANADIAN ARTILLERY

85. LEADBETTER, JOHN EDWARD, GNR., C10308, MRS. MARJORIE LEADBETTER (WIFE),  
47 WEST ST., BROMELY, KENT, ENGLAND.  
  
MRS. JESSIE MAY CAMPBELL (MOTHER),  
BELLEVILLE, ONT.

CORPS OF ROYAL CANADIAN ENGINEERS

86. BOLTON, STEWART SAMUEL, SPR., C35639, MRS. MABEL A. BOLTON (MOTHER),  
BURLEIGH FALLS, ONT.



Director of Estates

Regimental No. F35453 Rank Corporal

FISHER  
Surname

James Clarence  
Christian Names

Unit Headquarters 2nd Base Reinforcement Depot (CA).

Date of Death 7-2-44 Place of Death Overseas (Mediterranean)

Next-of-kin Mrs. Vera Fisher Relationship WIFE

Address Hantsport, Hants Co., N.S.

M.F.M. 5 Copy of M.F.M. 5 herewith.

Will No Record of Will in Record Office to date.

Date 26-10-44

JEC/LH

mem X- wife.  
mother deceased  
2-11-44.

*[Signature]*  
for (C.L. Laurin) Colonel,  
Director of Records,  
for Adjutant-General.

41



LSA/MD

Quote No. REC/F/35453



CANADA

CANADIAN MILITARY HEADQUARTERS

Director of Records

A. G. Branch.

OCT 4 1944

Nat. Defence Hqr  
Ottawa, - Canada.

RECORDS OFFICE,

GOVERNMENT BUILDING,

BROMYARD AVENUE,

ACTON, LONDON, W.3.

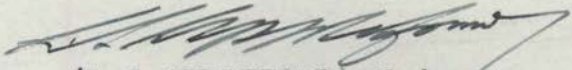
28 Sep 44.

Director of Records,  
Department of National Defence,  
OTTAWA,  
Canada.

ADDITION  
ENTERED

F-35453 Cpl. FISHER, James C. (Deceased)  
8 Bn 2 CBRD.

Further to this office Cable CAS/851A., attached  
copy of correspondence from the OIC., CDN Sec GHQ 2 Ech.,  
AAI., for your information.

  
(L.S. APPLEFORD) Major,  
for COLONEL,  
OIC Records,  
Canadian Military Headquarters.

Enc. *Noted 6/10/44*  
*J.H.*

40

Mrs. Vera Fisher,  
Hantsport,  
Hants Co., N.S.

2nd October

4

RE: F35453 Corporal James Clarence FISHER

Dear Mrs. Fisher;

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

Yours truly,

*[Signature]*  
(C.L. Laurin), Colonel,  
Director of Records,  
for Adjutant-General.

/MS

BSP

38



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **P35453**

RANK **Corporal**

SERVICE UNIT **Headquarters  
2nd Base Reinforcement  
Depot (CA)**

NAME **FISHER, James Clarence**

DATE OF BIRTH

DAY **22nd**

MONTH **January**

YEAR **1900**

Date enlisted: **11-12-40**

MARITAL STATUS **Married**

Religion: **Baptist**

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

**Wife**

NAME  
ADDRESS  
D.A.B.

**Mrs. Vera Fisher,**

ADDRESS

**Hantsport,  
Hants Co., N.S.**

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.

**851A**

**H.Q. 405-F-11698**

CASUALTY DETAILS

**Died of sickness (Carcinoma of rectum)**

DATE **7-9-44**

**MEDITERRANEAN**

**36**

LAST WILL ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.S. ATTACHED TO  
NOTIFICATION TO A. OF E.7

YES/NO

DATE **25-9-44**

**LF**

**O/S with P.L.F. Motor S/L 2119**

OFFICER I/C RECORDS

**5**

**COPY FOR C.R. FILE**

File Copy

## DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

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

22nd September 1944.

National Registration Division,  
Department of Labour,  
Ottawa, Ontario.

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

Regimental No. F35453 Rank Corporal  
Surname FISHER  
Christian Names James Clarence  
Nature of Casualty Died of Sickness(Carcinoma of rectum)  
Date of Casualty 7-9-44  
Address at time of enlistment Hantsport, N.S.  
Date of enlistment: 11-12-40  
Date of Birth 22-1-1900  
Marital Status (On enlistment) Married  
Marital Status (Present) Married  
Occupation Barber, Cook.  
Name and address of Next-of-Kin Mrs. Vera Fisher.  
Hantsport, Hants Co., N.S.

GR/LF

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



**CANADIAN NATIONAL  
TELEGRAPHS**

JPB

H.Q. 405-F-11698

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

19 SEPTEMBER 1944

TO:-

MRS VERA FISHER  
HANTSPOORT  
HANTS CO NS

6087          MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM  
YOU F34453 CORPORAL JAMES CLARENCE FISHER HAS BEEN OFFICIALLY  
REPORTED DIED SEVENTH SEPTEMBER 1944 CAUSE OF DEATH DIAGNOSED  
AS CARCINOMA OF RECTUM STOP IF ANY FURTHER INFORMATION BECOMES  
AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

 PREPAID

39  
DIRECTOR OF RECORDS

## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 851A PAGE 1 DATE 16-9-45  
REG'TL NUMBER F 35453 RANK \_\_\_\_\_  
NAME FISHER (SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT \_\_\_\_\_  
NATURE OF CASUALTY \_\_\_\_\_ DATE 7 Sept.

Am 8185- Died

Carcinoma of rectum.

DATE OF BIRTH \_\_\_\_\_  
DAY MONTH YEAR

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

ADDRESS

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENT'S NAMES

ADDRESS

(IF SOLDIER  
(MARRIED OVERSEAS)

RELIGION

TRADE OR  
CALLING

LANGUAGES

MARITAL STATUS  
ON  
ENLISTMENT

PRESENT  
MARITAL  
STATUS

SOLDIERS  
ADDRESS  
ON  
ENLISTMENT

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

1



COPY OF CABLES FROM CANRECORDS

RECEIVED 0513/17/SEPT/44

851A LON ON 161230/SEPT/44

XXXX ORDINARY CASUALTIES A AI

MAJOR MCMURCHY CLIVE LIPTON RIZON 288E(289E) DANGEROUS SEP 12 PERATOMA OF  
TESTIS WITH METASTASES BOTH LUNGS  
PROGRESS REPORT 15 CDN GEN WEEK  
ENDING SEPT 9

OUR 260A F30590 MACPERSON

CONDITION UNCHANGED

OUR 8275 K52797 SMOLOCK

" "

YOUR 2013 C4868 BRYANT

OZE ADVISE "PRESENTLY WITH  
2397 IN GOOD HEALTH AND SPIRITS  
IS AWAITING PERQARD FOR MINOR  
PHYSICAL DISABILITY HAS  
WRITTEN FATHER SEVERAL TIMES  
IN PAST FEW MONTHS WILL WRITE  
IMMEDIATELY"

OUR 26A B110523 LAMBE

OFF ALL LISTS SEPT 11

OUR 8185 F35453 FISHER

DIED SEPT. 7 CARCINOMA OF PECTUM

OUR 7227 U1878 NEWHALL

OZE ADVISE ORDINARY CAS AND  
ACCIDENTALLY EXPLOSION GRENADE  
JUNE 19 AMENDING REFERENCES

C1771 COLES

OZE ADVISE ORDINARY CAS AND  
ACCIDENTALLY EXPLOSION GRENADE  
JUNE 19 AMENDING REFERENCES

YOUR 1972 AND FURTHER OUR 9929 D71370  
WHITE

OZE STATE "ADVISE THIS SOLDIER  
INJURED BY SHRAPNEL FROM A  
BURSTING SHELL 25 POUNDER  
DURING AN EXERCISE

9 NAMES

32718/EA/1623502/SEPT/44

CANMILITRY

NOTE: THIS MESSAGE IS BEING SENT OUT SUBJECT TO CORRECTION OR  
CONFIRMATION OF THE "QUERIED" PORTIONS ABOVE. YOU WILL BE NOTIFIED BY  
MEMO UPON RECEIPT OF SAME IN THIS OFFICE.

*32*

**CANADIAN NATIONAL**  
**DOMINION TELEGRAPHS**  
H.Q. 405-F-11,698

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

12 SEPTEMBER 1944

TO:- MRS VERA FISHER  
HANTSPOORT HANTS COUNTY  
NOVA SCOTIA

1998 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT  
PROGRESS REPORT FOR WEEK ENDING SECOND SEPTEMBER 1944 SHOWS  
P35453 CORPORAL JAMES CLARENCE FISHER AS STILL DANGEROUSLY ILL  
CONDITION UNCHANGED STOP WHEN ANY FURTHER INFORMATION BECOMES  
AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

31  
DIRECTOR OF RECORDS



# OVERSEAS CASUALTY REPORT

CABLE NUMBER

PAGE

DATE

REG'T'L. NUMBER

RANK

NAME

(SURNAME)

(CHRISTIAN NAMES)

SERVICE UNIT

Cable Abstract

Progress Report one Raf Gen. week ending  
2 Sept. Still Dangerous unchanged  
Cwr 9935

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

COPY FOR RESEARCH SECTION

COPY OF CABLES FROM CANRECORDS

459A LONDON 081700/SEPT/44

OUR 9430 A.35317 WILKINSON

OUR 9536 A.35224 WARE

OUR 9914 B.11273 WATERMAN

OUR 9492 L.100645 WICKWEE

OUR 9556 A.107286 WILLIS

OUR 9489 M.31382 ZEYHA

OUR 9613 M.67194 WILLIS

OUR 8271 F.60207 WILLIAMS

OUR 8617 A.116424 WARD

OUR 9597 L.27425 WEST

OUR 9320 B.17656 WHITE

11 NAMES

31306/EM/081803Q/SEPT/44

COPY OF CABLES FROM CANRECORDS

375A LONDON 080545/SEPT/44

OUR 9181 A.59482 GALLAGHER

F.58395 PTE MCLELLAND W J R

42

OUR 9035 K.33635 BUTT

OUR 258A B.85070 ERCOLINI

OUR 9935 F.35453 FISHER

OUR 9792 M.61656 MCCLAIN

6 NAMES

31263/OL/081530Q/SEP/44

RECEIVED: 1952/8/9/44

BATTLE CASUALTIES A A I

MULT WNDG HE BACK FOOTLOCK AND  
LEGS

ABW HEAD INJURIES FRAG SEVERE

ADD DIAG ABW PARTIAL AMP LEFT  
FOOT

ABW LAC CORONAL REGION

SUCKING WND HE OF CHEST

GSW RIFLE RIGHT CHEST AND RIGHT  
SHOULDER

SW HE LEFT SHOULDER

NOW CONFIRMED WOUNDED 18 JULY

CONFIRMED WOUNDED 15 AUGUST

GSW MG RIGHT LEG AND RIGHT ARM

NOW CONFIRMED WOUNDED 10 AUGUST

CANMILITARY

RECEIVED: 1739/8/9/44  
ORDINARY

CASUALTIES A A I

02E NOW ADVISE CORRECT CAUSE  
DEATH TO BE (ONE) ENCEPHALITIS  
(TWO) MENINGO/ENCEPHALITIS OF  
BRAIN STEM

INJURED ACCIDENTALLY AND DIED  
INJURIES 5 SEPTEMBER GSW RIFLE  
LUMBAR REGION PEN ABDOMEN

PROGRESS REPORT 72 BRITISH  
GENERAL WEEK ENDING 26 AUGUST

CONDITION UNCHANGED

OFF SERIOUS

PROGRESS REPORT ONE RAF GENERAL  
WEEK ENDING 2 SEPTEMBER

STILL DANGEROUS UNCHANGED

OFF SERIOUS

CANMILITARY

29

17th

Adm. 6-9



# OVERSEAS CASUALTY REPORT

CABLE NUMBER 9935- PAGE 1 DATE 29-8-44.  
REG'T'L. NUMBER F35453 RANK \_\_\_\_\_  
NAME FISHER. J C.  
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT \_\_\_\_\_  
Cable Abstract

Progress report. 1 RAF Gen Hosp. for week  
ending 26 August -

Am 9792

Still dangerous condition  
unchanged. ✓

Ord Cas -  
A A I.

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

no action.  
tel sent 29-8-44  
on am. 97-92

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

ms

28

1

COPY FOR RESEARCH SECTION

COPY OF CABLE FROM CANRECORDSRECEIVED 1814/29/AUG/44#9935 LONDON 291600/AUG 44ORDINARY CASUALTIES A A I

PROGRESS REPORT 5 CDN GEN HOSP FOR WEEK ENDING 26 AUGUST

OUR 9626 L.13206 JONES TL

STILL SERIOUS CONDITION SATISFACTORY

K.100042 GRAHAM WE

STILL SERIOUS CONDITION SATISFACTORY

PROGRESS REPORT 1 RAF GEN HOSP FOR WEEK ENDING 26 AUGUSTOUR 9792 F.35453 FISHER JCSTILL DANGEROUS CONDITION UNCHANGED

PROGRESS REPORT 15 CDN GEN HOSP WEEK ENDING 26 AUGUST

OUR 9671 K.52797 SMOLOCK A

STILL DANGEROUS CONDITION UNCHANGED

OUR 9895 B.135519 JOHNSON ETB

STILL SERIOUS CONDITION POOR

OUR 9833 M.106651 KLATCHUK LJ

STILL SERIOUS CONDITION GOOD

OUR 9626 H.16147 MATHEWSON SEA

STILL SERIOUS CONDITION IMPROVING

7 NAMES

CANMILITRY

34950/DF/291645Q/AUG 44

COPY OF CABLE FROM CANRECORDSRECEIVED 1814/29/AUG/44#9946 LONDON 291700/8/44ORDINARY CASUALTIES UK

OUR 9924 2/LIEUT MCLAREN MARY SUSANNAH

WAS RIDING A BICYCLE HEAD ON COLLISION  
WITH ARMY VEHICLE NOT ON DUTY

C.43037 SPR SWENSON NA

262

SERIOUS FRACTURED SKULL

FOLLOWING ORDINARY CASUALTY A E F

H.101563 PTE HOLGATE RL

231

SERIOUS MENINGITIS

THREE NAMES

CANMILITRY

34966/JF/291657Q/AUG/44

400-30-8-14

27



# CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

H.Q. 405-F-11698

CASUALTY (REPORT DELIVERY)

OTTAWA

29 AUGUST 1944

TO:- MRS VERA FISHER  
HANSPORT HANTS CO  
NOVA SCOTIA

15270 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT  
PROGRESS REPORT STATES F35453 CORPORAL JAMES CLARENCE FISHER  
AS STILL DANGEROUSLY ILL CONDITION UNCHANGED STOP WHEN FURTHER  
INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS  
RECEIVED

PREPAID

DIRECTOR OF RECORDS

26

# OVERSEAS CASUALTY REPORT

CABLE NUMBER 9792 PAGE 1 DATE 25-8-44

REG'T'L. NUMBER F-35453 RANK \_\_\_\_\_

NAME FISHER  
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT \_\_\_\_\_

Cable Abstract A.A.I.-

*Still dangerous -  
condition unchanged -*

*our 9792*

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

*[Signature]*

COPY FOR RESEARCH SECTION

*25*



EFH

COPY OF CABLES FROM CANRECORDS

#9807 LONDON 251645/8/44

OUR 9317 AND 9674 G.7019 RICHARDS

OUR 6201 AND 6544 M.106788 DUMAS

OUR 9791 B.133669 WATSON

OUR 7770 K.73496 HAWKINS

OUR 9430 K.53712 LEE

5 NAMES

34281/HMD/2518100/AUG/44

#9792 LONDON 251600/8/44

ORDINARY CASUALTIES AAI

OUR 9439 B.21420 BURNS

OUR 9128 D.81175 PETERSON

OUR 9724 F.35453 FISHER

OUR 9672 B.22135 RIDLER

M.61656 CPL MCCLAIN CG

5 NAMES

34296/HMD/2518502/AUG/44

BATTLE CASUALTIES AAI

RECEIVED 1950/25/8/44

O2E ADVISE NOW ORDINARY CASUALTY

O2E ADVISE NOW ORDINARY CASUALTY

OFF ALL LISTS

ADD DIAGNOSIS SW HE MULE LEFT THIGH PENT  
LEFT LEG PENT WITH ABSCESS FORMATION AND  
INVOLVEMENT CUTANEOUS NERVE RIGHT LEG  
PENT SEVERE

STILL DANGEROUS CONDITION UNCHANGED ✓

CANMILITRY

RECEIVED 1950/25/8/44

OFF SERIOUS

OFF SERIOUS

STILL DANGEROUS CONDITION UNCHANGED

STILL SERIOUS CONDITION UNCHANGED

SERIOUS FRACTURED RIGHT FEMUR RESULT OF  
ROAD ACCIDENT

CANMILITRY

24

# OVERSEAS CASUALTY REPORT

CABLE NUMBER

9724

PAGE

1

DATE

24/8/44

REG'T'L. NUMBER

F35453

RANK

NAME

FISHER

(SURNAME)

(CHRISTIAN NAMES)

SERVICE UNIT

Cable Abstract

our 8831 026 advise "Report received  
ord cas AA1 from 1 RAF Gen Hospital dated  
6 august shows Cpl Fisher admitted 3  
august and remaining on dangerously ill  
list treating this HQ as transferred from  
3 Rdn Gen Hosp to 1 RAF Gen Hosp

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

to 1 RAF Gen Hosp 3 august and  
remaining on dangerously ill list  
according reference "

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

1  
COPY FOR RESEARCH SECTION

23



JC

COPIES OF CABLES FROM CANRECORDS

# 9717 LONDON 240700/AUG/44

YOUR 1961 CDN 36 LIEUT PEARCE

K 65738 DODDS

L 102941 SALMOND

D 27007 ROMNEY

A 117231 ROUSSEL

OUR 9653 D 166007 ELVIDGE

OUR 9549 B 136947 ADAMS

OUR 9593 MAJOR DICKIN

OUR 9197 B 118227 GREXTIN

OUR 9549 H 64989 SHAND

10 NAMES

34009/OL/240925Q/AUG/44

# 9724 LONDON 240700/AUG/44

OUR 8831 F 35453 FISHER

ONE NAME

34008/RR/240930Q/AUG/44

BATTLE CASUALTIES AEF

RECEIVED: 11:00/24/8/44

OUR 9621 REFERS

TREATING AS INJURED

WOUNDED 11 AUGUST

NOT IN HOSPITAL IN UK

OFF ALL LISTS

OFF SERIOUS

OFF ALL LISTS

AMP RIGHT LEG BELOW KNEE

OFF SERIOUS

DIED OF WOUNDS 23 AUGUST

CANMILITRY

ORDINARY CASUALTIES AAI

RECEIVED: 11:00/24/8/44

OZE ADVISE "REPORT RECEIVED  
FROM 1 RAF GEN HOSPITAL  
DATED 6 AUGUST SHOWS CPL  
FISHER ADMITTED 3 AUGUST AND  
REMAINING ON DANGEROUSLY ILL  
LIST TREATING THIS HQ AS  
TRANSFERRED FROM 3 CDN GEN  
HOSP TO 1 RAF GEN HOSP TO 1  
RAF GEN HOSP 3 AUGUST AND  
REMAINING ON DANGEROUSLY ILL  
LIST AMENDING REFERENCE"

CANMILITRY

22

H.Q. 405-F-11,698 (Adm.2(a)4) H.Q. 405-S-22,242 (Adm.2(a)4)  
H.Q. 405-A-2252 (Adm.2(a)4) H.Q. 405-Y-778 (Adm.2(a)4)  
H.Q. 405-G-926 (Adm.2(a)4) H.Q. 405-S-14,223 (Adm.2(a)4)  
H.Q. 405-C-22,490 (Adm.2(a)4) H.Q. 405-F-11,233 (Adm.2(a)4)

OTTAWA, Canada,  
13 August, 1944.

Cipher Office: Please despatch the following message in cipher.

FROM: DEFENSOR

TO: CANNELITRY

A. G. 7153

R E S T R I C T E D

PARA 1 CABLE POSSIBILITY OF EARLY RETURN MEDICAL GROUNDS  
OF F35453 FISHER JC REPORTED IN U K DANGEROUSLY ILL  
PARA 2 A3319 ARGAND stop ANY FURTHER REPORT  
PARA 3 10/GLASS A/1 AG7A 5 AUG stop 10/CAMPBELL P/5 AG7B  
5 AUG stop 10/SIMPSON WH/1 AG7A 3 AUG stop 10/YATES  
SC/1 AG7B 4 AUG stop 10/STEWART R/5 AG7A 3 AUG stop  
10/FLANAGAN AF/1 AG7B 3 AUG stop ACKNOWLEDGED

DEFENSOR

(ARMY)

Major General  
Adjutant General

(Sgd.....hrs)

(Checked.....)

Copies to: A.S.O. (2)  
C.G.S. (1)  
A.G. (2)  
Office cop. (3)

RH/

21



DRAFT CABLE

7153

TO: C.M.H.Q.

Augsut, 12, 1944.

CABLE POSSIBILITY OF EARLY RETURN  
MEDICAL GROUNDS OF F35453 FISHER J C  
REPORTED IN U K DANGEROUSLY ILL

WTH:MH

ols

20

12th August, 1944.

S.E. SECTION:

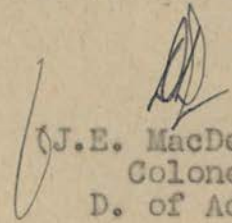
F.35453 - Cpl. FISHER, J.C.

Reference your memorandum dated August  
5th, 1944.

2. Attached hereto is copy of a reply sent  
to Mrs. Fisher in reply to her request in respect of  
the return to Canada of Cpl. Fisher.

3. A cable has been despatched to C.M.H.Q.  
requesting information be cabled as to the possibility  
of this soldier's early return to Canada on medical  
grounds.

WHG/SPH

  
(J.E. MacDermid)  
Colonel,  
D. of Admin.

WH 2

19



## SPECIAL ENQUIRY

Date AUG 5 1944No. 2529To: D. Admin.

~~Copy Draft~~ reply addressed to Mrs. Fisher.  
will be forwarded in ~~duplicate~~ to Special  
Enquiry Section, A.C. Branch, BY HAND, at the  
earliest possible moment. If any part of the  
information is not available, or will involve  
a great deal of time to prepare, an interim  
reply or other advice will be forwarded to the  
Special Enquiry Section (Room 507 Bate Bldg)  
immediately. Replies will be signed in the  
Directorate concerned, for the A.C.

*W. D. Major*  
for Adjutant-General.

OFFICE OF THE MINISTER OF NATIONAL DEFENCE

MEMORANDUM

August 4th, 1944.

MIN. FILE 852-99 Gen.

H. Q. FILE

A.G.

F.35453, Corporal J. C. FISHER

405-7-11698

Cos 21-7.

1. Attached is a letter from Mrs. Vera Fisher asking if there is any likelihood of the m/n being returned to Canada in the immediate future. This information is needed in order that Mrs. Fisher may make plans in connection with two sons.

2. Will you please reply to this letter which has not been acknowledged.

*Harvey*

Colonel,  
Military Secretary.

hp



Rec 1200  
6-8-44  
Ab

17



# CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☒

NIGHT LETTER ☐

EMC

CASUALTY (REPORT DELIVERY)

OTTAWA

9TH AUGUST 1944

TO:-

MRS VERA FISHER  
HANTSPOOT  
HANTS CO N S

3769 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT  
F35453 CORPORAL JAMES CLARENCE FISHER HAS NOW BEEN OFFICIALLY  
REPORTED EVACUATED BY AIR TO UNITED KINGDOM THIRD AUGUST 1944  
STOP STILL DANGEROUSLY ILL STOP WHEN ADDRESSING MAIL ADD  
WORDS IN HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR QUICK  
DELIVERY STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT  
WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS / 4

# OVERSEAS CASUALTY REPORT

CABLE NUMBER 8831 PAGE 1 DATE 5-8-44  
REG'T'L. F 35453 RANK \_\_\_\_\_  
NAME FISHER  
(SURNAME) (CHRISTIAN NAMES)  
SERVICE UNIT \_\_\_\_\_

## Cable Abstract

*our 8671 being evac. to U.K. by air on  
dangerously ill list 3 August*

*Ord. Cas. A.A.I.*

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

*AM*

*13*

COPY FOR RESEARCH SECTION



JC

COPY OF CABLES FROM CANRECORDS

# 8831 LONDON 050530B/AUG/44

B 138552 PTE DILLON JWM

33

OUR 8671 F 34807 THOMPSON

OUR 8784 K 53168 MASON

A 3426 PTE BARKER O

30

B 132476 TPR MCLEOD JC

8008

B 112136 SGMN DEANE SF

573

OUR 8711 A 11224 BENNER

OUR 8671 F 35453 FISHER

OUR 8784 H 8385 EINARSON

PROGRESS REPORT 2 BR GEN HOSP FOR WEEK ENDING 29 JULY:

OUR 8348 E 4210 LEPAGE

OUR 8671 D 91737 KERSHAW

11 NAMES

30841/MCS/051555Q/AUG/44

ORDINARY CASUALTIES AAF

RECEIVED: 17:49/5/8/44

DANGEROUS 2 AUG SUFFERING  
GSW T AND T HEAD

BEING EVACUATED TO UK ON  
SERIOUSLY ILL LIST 1 AUGUST

~~OUR 8784 K 53168 MASON~~ NOW SERIOUS

SERIOUS FRAC PELVIS FRAC  
RT TIB AND FIB DOLLAPSED  
LOBE LT LUNG

DIED OF SICKNESS 3 AUG  
LIGATION FEMORAL VEIN AND  
ARTERY SECONDARY SHOCK

DIED ACCIDENTALLY 2 AUGUST  
RESULT OF ROAD ACCIDENT

DIED OF INJURIES 2 AUGUST

BEING EVAC TO UK BY AIR ON  
DANGEROUSLY ILL LIST 3 AUGUST

BEING EVAC TO UK ON SERIOUSLY  
ILL LIST 1 AUGUST TUBERCULOUS  
PLEURISY WITH EFFUSION RT

STILL DANGEROUS CONDITION  
UNCHANGED

STILL SERIOUS CONDITION  
UNCHANGED

CANMILITRY

12

DONM

# CANADIAN PACIFIC TELEGRAPHS

DAY LETTER



NIGHT LETTER



CASUALTY (REPORT DELIVERY)

OTTAWA

6 AUGUST 1944

TO:- MRS VERA FISHER  
HANTSPOORT HANTS CO  
NOVA SCOTIA

1030 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT PROGRESS REPORT  
FOR F35453 CORPORAL JAMES CLARENCE FISHER STATES AS STILL DANGEROUSLY ILL  
CONDITION UNCHANGED STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE  
FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

A



# OVERSEAS CASUALTY REPORT

CABLE NUMBER 8671 PAGE 1 DATE 1 8 44

REG'T'L. NO. F. 35453 RANK \_\_\_\_\_

NAME FISHER  
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT \_\_\_\_\_

Cable Abstract Our 8455 Still dangerous Condition  
unchanged

O.C. A.A.I.

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

mw

14

COPY OF CABLE FROM CANRECORDS

RECEIVED 1730/1/8/44

866410/0001 011345/JUL 44

BATTLE CASUALTIES A E F

THE FOLLOWING ARE CONFIRMED DATES OF CASUALTIES

OUR 8551 LIEUT CHOPP STANLEY ANTHONY	24 JULY
OUR 8495 MAJOR DICKSON HENRY EWEN	25 JULY
OUR 8550 LIEUT MCGILL HUGH RODDICK	24 JULY
OUR 8561 LIEUT RODGERS DAVID MUNCE	24 JULY
OUR 8525 CAPT SMITH ARTHUR BRITTON	25 JULY
OUR 8525 LIEUT BURNARD HARVEY SIMION	CAUSE OF DEATH COMP FRAC LEFT FEMUR AND TIBIA MULT PEN LAC LEFT THIGH (BW AMRIAN)
OUR 8557 LIEUT CLARK JOHN THORNTON	GSW NOSE SHRAPNEL WND LEFT KNEE
OUR 8494 LIEUT HOWARD JOHN HENRY	SW (M) RIGHT ARM CHEST THIGH GALT SCALP AND NECK
OUR 8524 CAPT RYALL ERIC JOHN HUMPHREYS	SW (86MM) LEFT SHOULDER AND HEAD
OUR 8557 LIEUT REED GEORGE WILLIAM THEOBALD	SW HE POST RIGHT CHEST BACK OF RIGHT LEG
OUR 8505 LIEUT YARDLEY DONALD HOMER	MULT WINDS PEN ABDOMEN
OUR 7709 LIEUT RAE JAMES ROBERT	NOW REJOINED UNIT DNE
3 NAMES	CANMILITRY
0087/OL/011635/AUG 44	

COPY OF CABLE FROM CANRECORDS

RECEIVED 1513/1/8/44

8671 LONDON 011115/8/44

ORDINARY CASUALTIES AAT

OUR 1847 A.4008 PTE MCGRATH JA		02E ADVISE "IN GOOD HEALTH AND STATES HE HAS BEEN WRITING REGULARLY SOLDIER IS WIRING HIS MOTHER IMMEDIATELY TO RELIEVE HER ANXIETY PRESENT SERVING WITH 144"
OUR 8348 M.106651 KLATCHUK		STILL DANGEROUS CONDITION UNCHANGED
OUR 8455 F.35453 FISHER		STILL DANGEROUS CONDITION UNCHANGED
F.34807 THOMPSON		STILL SERIOUS CONDIT ION IMPROVED
91737 PTE KERSHAW SAV	110	SERIOUS COMD FRAC TIBIA AND FIBULA FRAC PELVIS ROAD ACCIDENT
43054 A/CPL FISHER GA	1563	DANGEROUS PETROL BURNS CHEST AND ARMS
11610 L/BDR HOYLE TD	507	SERIOUS KNIFE WOUND RIGHT FOREHEAD CONTUSION RIGHT EYE CONTUSION SCALP PROBABLE FRAC SKU
147095 PTE HARDY C	943	SERIOUS INJURY RIGHT EYE
8385 GNR EINARSON HE		SERIOUS PULMONARY TB
INE NAMES		CANMILITRY
0058/MD/011335Q/AUG 44		



**CANADIAN PACIFIC  
TELEGRAPHS**

CC

DAY LETTER ☒

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

31 JULY 1944

TO:-

MRS VERA FISHER  
HANTSPORT  
HANTS CO N S

19647 MINISTER OF NATIONAL DEFENCE WISHES TO INFORM YOU THAT  
PROGRESS REPORT SHOWS F35453 CORPORAL JAMES CLARENCE FISHER  
AS STILL DANGEROUSLY ILL CONDITION UNCHANGED STOP WHEN ANY FURTHER  
INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS  
RECEIVED

DIRECTOR OF RECORDS

PREPAID

2889  
OFFICER I/C RECORDS 8

# OVERSEAS CASUALTY REPORT

CABLE NUMBER 8455 PAGE 1 DATE 27/7/44  
REG'T'L. NUMBER F35-453 RANK \_\_\_\_\_  
NAME FISHER  
(SURNAME) (CHRISTIAN NAMES)  
SERVICE UNIT \_\_\_\_\_

## Cable Abstract

*ows 8185-*

*Still dangerous conditions  
unchanged*

*ordinary cas A41*

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

1

COPY FOR RESEARCH SECTION

7

75030



LTH

COPY OF CABLES FROM CANRECORDS

#8455 LONDON 27/1745/JUL/44

OUR 4243 D.66076 COTE

L.9202 L/CPL WARD CH 1877

OUR 8286 H.103914 SCHNEIL

OUR 8185 F.35453 FISHER

OUR 8087 F.34807 THOMPSON

OUR 8125 C.41990 CUTTING

6 NAMES

34238/FCG/27/1610Q/JUL/44

#8450 LONDON 271800/7/44

D.46152 TPR DREW 1044

G.48932 GNR CONNORS 708

2 NAMES

34230/OL/271610Q/JUL/44

ORDINARY CASUALTIES AAI

RECEIVED 1823/27/7/44

MISSING DNK 02E ADVISE APPREHENDED  
21 JULY CANCEL ALL REFERENCE MISSING  
RECORDS ADJUSTED ACCORDINGLY

DANGEROUS ACUTE POLIOMYELITIS

STILL DANGEROUS CONDITION UNCHANGED

STILL DANGEROUS CONDITION UNCHANGED

STILL SERIOUS CONDITION IMPROVING

STILL SERIOUS CONDITION UNCHANGED

CANMILITRY

RECEIVED 1823/27/7/44

ORDINARY CASUALTIES AEF

DANGEROUS STATUS EPILEPTICUS

SERIOUS LYMPHATIC LUKEMIA

CANMILITRY

6



# CANADIAN PACIFIC TELEGRAPHS

*World Wide Communications*

C.D. 1R

W.D.NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

RAA537 12 COLLECT XCO 1

KENNETCOOK, NS 24 6P

1944 JUL 24 PM 5 35

DIRECTOR OF RECORDS 314

OTTAWA

MESSAGE ONE FIVE FIVE TWO NINE CORPORAL JAMES CLARENCE FISHER

DELIVERED

AGT CPR TEL

5



**CANADIAN PACIFIC  
TELEGRAPHS**

DAY LETTER ☒

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA 22 JULY 44

TO:- MRS VERA FISHER  
HANTSPOOT  
HANTS CO H S

15529 MINISTER OF NATIONAL DEFENCE SINCERELY REGRETS TO INFORM  
YOU F35453 CORPORAL JAMES CLARENCE FISHER HAS BEEN OFFICIALLY  
REPORTED DANGEROUSLY ILL TWENTIETH JULY 1944 DIAGNOSIS  
CARCINOMA OF RECTUM STOP WHEN ADDRESSING MAIL ADD WORDS IN  
HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR QUICK DELIVERY  
STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE  
FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

OFFICER I/C RECORDS

*Visiting Telegrams  
via Hantsport  
Message section*

4

E-35-45-3 cpl. Fisher James Clarence  
REGTL NO (OTHER RANKS) RANK (OFFICERS) SURNAME CHRISTIAN NAMES

Mrs. Vera Fisher  
NEXT-OF-KIN  
(AUTH. M.F.M. 1 or 2) or PART II ORDERS

wife  
RELATIONSHIP

Hantsport, Hant co. N.S.  
ADDRESS

Det B. 6-10-42.  
AUTHORITY

ALTERNATIVE INFORMATION

AMOUNT OF D.A.	AMOUNT OF A.P.	TOTAL
<u>Mrs. Vera Fisher, wife</u>		
NAME OF ASSIGNEE		RELATIONSHIP

Parrsboro N.S. can.  
ADDRESS

Det. 14/125-3-44/11 cdn Inf Bde Support  
AUTHORITY FOR ABOVE INFORMATION  
Group, P.L.F.

EXPLANATION:



## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 2175- PAGE 1 DATE 21/7/44  
 REG'T'L NUMBER F 35-453 RANK Cpl.  
 NAME FISHER (SURNAME) JAMES (CHRISTIAN NAMES) CLARENCE  
 SERVICE UNIT 8007 HQ 2 Base Rpt. Dep.  
 NATURE OF CASUALTY \_\_\_\_\_ DATE \_\_\_\_\_

*Dangerous 20 July Carcinoma of rectum*

*Battle CAS 441*  
 DATE OF BIRTH 22 DAY Jan MONTH 1900 YEAR N.S.  
 NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 3 & RELATIONSHIP MRS. VERA FISHER (WIFE) (Sp. List 9)  
 ADDRESS HANTSPOORT, HANTS CO., N.S.  
(D.A.B 6-10-42)

ADDITIONAL PERSON TO BE NOTIFIED \_\_\_\_\_ ADDRESS \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 (IF SOLDIER MARRIED OVERSEAS)

RELIGION Baptist TRADE OR CALLING Barber, cook LANGUAGES English  
 MARITAL STATUS ON ENLISTMENT married PRESENT MARITAL STATUS married

SOLDIERS ADDRESS ON ENLISTMENT Hantsport N.S. Halifax N.S.  
11-12-40.  
20.1. (Slip attached)

RR J m  
 CABLE CHECK \_\_\_\_\_ N. OF K. CHECK \_\_\_\_\_ TELEGRAM CHECK \_\_\_\_\_



CMS

COPY OF CABLES FROM CANRECORDS

# 8185 LONDON 1445/21/7/44

C 883 L/BDR HANCOCK K E 506

F 35453 CPL FISHER J C 8007

K 45376 CFMN HAMILTON M F 677

YOUR 1828 F 45681 MACDONALD

OUR 7869 L 65304 KNOX

OUR 8070 B 133239 CRAWFORD

OUR 8125 B 15227 IDE

OUR 8063 H 35363 MURRAY

OUR 7869 F 30590 MACPHERSON

9 NAMES

33249/EM/1540/21/7/44

# 8191 LONDON 1450/21/7/44

BATTLE CASUALTIES LIF

OUR 7039 D 140465 FLEURY

OUR 7865 B 149519 FEE

OUR 7996 B 67120 EVERIST

OUR 7985 C 18502 DUNCAN

OUR 7234 B 52043 DUNBAR

OUR 7872 F 56162 DUBRUSKI

OUR 7744 H 1647 DRIEDGER

OUR 7985 A 17103 DENNIS

OUR 7986 B 52937 DAWKINS

OUR 8019 H 17603 JOHNSON

10 NAMES

33248/EM/1525/21/7/44

ORDINARY CASUALTIES AMI

RECEIVED 16:09/21/7/44

SERIOUS 20 JULY PETROL BURNS  
FACE ARMS AND TRUNK

DANGEROUS 20 JULY CARCINOMA OF  
RECTUM

ATT 229 MISSING BELIEVED AWL  
29 JUNE

HIT BY MOTOR VEHICLE 20 MAY  
CONCUSSION FRACTURE WITH  
WEDGING OF THORACIC SPINE POTTS  
FRACTURE LT ANKLE SCAPHOID RT  
HAND NOT DANGEROUSLY ILL OR  
SERIOUSLY ILL

PROGRESS REPORT 15 CDN GEN WEEK  
ENDING 15 JULY

CONDITION UNCHANGED

SLIGHT IMPROVEMENT

CONDITION FAIR

IMPROVING

CONDITION UNCHANGED

CANMILITARY

RECEIVED 16:09/21/7/44

MINOR WOUNDS SHRAPNEL RIGHT LEG

SW HE OF CHEST

GSW RIGHT THIGH

CUT SCALP JAGGED WOUND LEFT LOWER  
QUAD ABDOMEN

SW MEDIAL WALL AXILLA (OBLIQUE)  
FRAC UPPER THIRD HUMERUS MUSCLE  
CUTANEOUS N INJ

SHRAPNEL WOUND RIGHT FOREARM

GSW (M) LEFT HIP HE TRAUMATIC  
RUPTURE LEFT TYMPANIC MEMBRANE

GSW RIGHT FOOT  
MORTAR WOUND LEFT BUTTOCK  
SHELL WOUND MORTAR LEFT SHOULDER

CANMILITARY



## CASUALTY SECTION

## FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY
1. Cable Abstract Attached	<i>W</i>	<i>23/7/44</i>	<i>W</i>	<i>30-7-44</i>	<i>W</i>
2. Telegram Despatched to N/K	<i>W</i>	<i>31/7/44</i>	<i>W</i>	<i>31-8-44</i>	<i>W</i>
3. Delivery of N/K Telegram Confirmed					
4. Confidential Notice (Miss. POW. Fatals)					
5. Dependents Allowance Board Notified					
6. P. & M.H. Notified (Blindless Amps. Fatals)					
7. Nat. War Services Notified (POW's Only)					
8. Red Cross Notified (POW's Only)					
9. SAAG Notified (POW's Only)					
10. Income Tax & Dept. of Labour Notified					
11. Chaplain Services Notified					
12. Released to Press					
13. G's Letter to Next of Kin (Fatals)					
14. File Passed to Q3 (Fatals)					
15. Q3 Action Taken					
16. File Passed to "G"					
17. Minister's Condolence Card Despt.	<i>C.M.C.</i>	<i>7-10-44</i>			
18. File Passed to Honours & Awards					
19. Memorial Cross Action Taken	<i>C.B.</i>	<i>2-11-44</i>			
20. <i>C.H.A.</i>	<i>W</i>	<i>8-8-44</i>	<i>W</i>	<i>29/8/44</i>	<i>W</i>
22. <i>T.L.T. 7-10</i>	<i>R</i>		<i>W</i>	<i>21/8/44</i>	
23. <i>C.A.A.</i>	<i>W</i>	<i>19-9-44</i>			
24. <i>T.L.T. 7-10</i>	<i>W</i>	<i>19-9-44</i>			
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
FILE EXAMINED AND ACTION COMPLETED					



## DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

## CROSS REFERENCE

FISHER, JAMES CLARENCE

F. 35453

A.F.

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")							
				C	WITH PAPERS JUL 21 1944		
				Admin	Passed Phase Return	B.F.	10-8-44
AUG 15 1944				D.M.	For Signature	J.P.	14/8/44
AUG 1-6 1944	1-9/44	B.F.	Q.C.	Admin		J.P.	16/8/44
	29/44	P.A.	B	C	PER REQUISITION -		AUG 29 1944
	10-9/44	B.F.	T.D.	C	PER REQUISITION -		AUG 30 1944
	26-9-44	P.A.	W.F.H.	Admin	ST 11/9/44	BP	6/8/44
SEP 12 1944	14/9/44	P.A.	J.P.	C	per request	W.F.H.	12-9-44
	29/44	B.F.	B	C			
SEP 15 1944	15-9-44	P.A.	H.	Admin	Returned. Thank you	J.P.	14/9/44
				C	PER REQUISITION -		SEP 19 1944
				A.G.	For signature & return to Cas. Sec. please.	BP	28/9/44
				W.F.H.	Returned.	W	28/9/44
				B	Passed please	B.F.	30-9-44
				Cas	Please return	J.C.C.	6/10/44
				Q3	returned, thanks	J.P.H.	6/10/44
				J	Passed Pls.	J.P.	27-10-44
	2-11/44	P.A.	J.P.H.	Ha		J.M.B.	30-10-44
NOV 18 1944	9.11.44	P.A.	H.	Admin	ST 26/9/44	J.P.	7/11/44
NOV 19 1944	14.11.44	P.A.	H.	Admin			
					PER REQUISITION -		NOV 13 1944
JAN 18 1945	16-1-45	P.A.	H.	B.	WITH PAPERS		NOV 28 1944
FEB 18 1945	5-2-45	P.A.	M.S.	3	WITH PAPERS		FEB 14 1945
MAY 19 1945	17-5-45	P.A.	S.H.	Admin			
					PER REQUISITION -		16 MAY 1945
JUN 29 1945	27-6-45	P.A.	cl	3	WITH PAPERS		JUN 23 1945
	11/7/45	P.A.	S.H.	7(a)	PER REQUISITION -		JUL 5 1945





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RG <sup>24</sup> \_\_\_\_\_ MG \_\_\_\_\_ R- \_\_\_\_\_ SERIES/SÉRIE \_\_\_\_\_  
ACCESSION \_\_\_\_\_ VOL <sup>25867</sup> \_\_\_\_\_ PAGE(S) <sup>326</sup> \_\_\_\_\_  
BOX/BOÎTE \_\_\_\_\_ REEL/BOBINE \_\_\_\_\_  
FILE/DOSSIER <sup>Fisher, James Clarence # f35453</sup> \_\_\_\_\_  
DATE <sup>September, 2014</sup> \_\_\_\_\_