B36804
FOSTER
CLARENCE WILLIA

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Jean Foster,
15 Gordon St.,
Brantford, Ont.

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

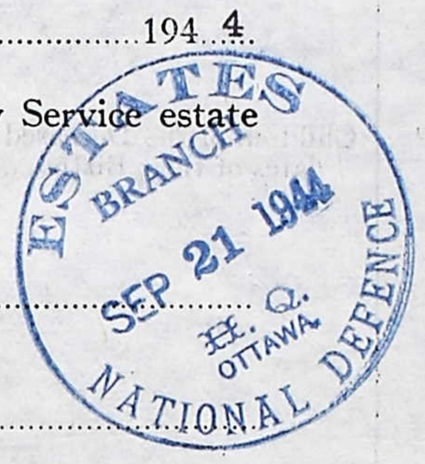
THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-F-5773 FD 19

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 6, 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

Foster, Clarince William A/Cpl No.B.36804

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.

H0

for Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Jean Foster	28.	15 Gordon St. Brantford.
2	Children of the Deceased and dates of their Births.....		Sheila J. Foster Oct. 19. 1934	10	15 Gordon St
			Donna Marie Foster Nov 23 1936	8.	15 Gordon St.
			Clarence W.A. Foster Sept. 26 1940	4.	15 Gordon St.
3	Father of the Deceased.....		Charles Frederick Foster	55	6 Ada Ave Brantford.
4	Mother of the Deceased.....		Beatrice Maud Foster	54	6 Ada Ave Brantford
5	Brothers of the Deceased	Full Blood	Howard George Foster	24.	183 ~~Hudson~~ Hughson St. Hamilton
			Stanly James Foster	22	R.C.A.F. St Johns Quebec
			Gordon Basil Foster	19.	6 Ada Ave
			~~Juanita Beatrice Foster~~	~~21~~	~~6 Ada Ave~~
			~~Ruth Eilleen Foster~~	~~17~~	~~6 Ada Ave~~
		Half Blood			
6	Sisters of the Deceased	Full Blood	Juanita Beatrice Foster	21.	6 Ada Ave.
			Ruth Eilleen Foster	17	6 Ada Ave
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clarence William Alfred Foster.
9	Date of his birth.	April 3rd 1914.
10	Place and date of his marriage.	Cainsville Brant County Aug 16 1934.
11	Place and date of his parents' marriage.	Echo Place Brant County Sept 18 1912

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Echo Place Brant County.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Echo Place 13 yrs (b) (c) Brantford about 13 yrs. (d)
14	Nature of employment before enlistment.	Proctors Packers
15	State whether he owned the premises in which he lived, and, if so, where situated.	rents.
16	Name place where deceased stated he intended to make his permanent home.	15 Jarvis St. Brantford Ontario Canada.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
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
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*...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 Jean Foster... {Signature of Informant}

...N. Gordon St. Brantford, Ont... Address

CERTIFICATE

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

See above ...Jean Foster... {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 ...Brantford, Ont... this ...19th... day of ...September... 19 ...44...

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

Address ...46 Cayuga St. Brantford, Ont...

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

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

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit R.H.L.I. (W.R.) Regimental Number B 36804

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname FOSTER CLARENCE.
2. Christian Names CLARENCE
3. Present address 15 Gordon St. Brantford.
4. Date of birth April 3rd. 1914
5. Place of birth CANADA (Country) ONTARIO (County or Province) BRANTFORD. (Town or Township)
6. Religion (state denomination) UNITED CHURCH
7. Trade or Calling CLERK(OFFICE)
8. Married, Widower or Single YES
9. Name of next of kin Mrs. Jean Foster
10. Relationship wife.
11. Address of next of kin 15 Gordon St. Brantford Ontario
12. Have you served in any Naval, Military or Air Force? Dufferin & Haldimand Rifles.
13. If previous war service, state arm, force and regimental particulars no
14. Do you now belong to or have you served in the Active Militia of Canada? no.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date SEPT. 11th. 1939 Clarence W. Foster
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Clarence W. Foster (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 Hamilton this 11th day of September 1939

John T. Bell — Signature of Magistrate, Justice or Attesting Officer.

Lieut R.H.L.I. — Office or Rank and Unit or appointment.

RECEIVED AUG 21 1940

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

Record of Service of FOSTER (Surname) CLARENCE WILLIAM (Christian Names) Regimental Number B 36804

Qualifications		Educational Qualifications	
Military	Nil	High School or Collegiate	4 yrs. (years completed)
Business or Professional	nil	Graduation or Matriculation	Jr. Matric. (specify)
Trade or Civil	Office Clerk	*College	nil
Technical	nil	*University	nil
Languages	English & French		

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
5403 11-9-39		Joined on appointment T.O.S.	PTE	11-9-39	R.H.L.I.(W.D.)	HAMILTON	No 5	13-9-39
23-7-40 38-20/8/2		S.O.S. CASF(Canada) on embarkation at Halifax N.S.	"	23-7-40	RHLI		DO 196	12 Aug 40
2-8-40		T.O.S. CASF(Overseas) on transfer on 24-7-40 and disembarked at GOurock, Scotland on 2-8-40.	"	2-8-40	RHLI		196	12 Aug 40
		Landing leave		21/26.8.40	"	Field	DO 5	6-9-40
		Birth of a Son name unknown in Brantford Ont (3rd child)		26.9.40	"	"	17	7.10.40
		Privilege leave		12/21 Dec 40	R H L I	"	40	13 Dec 40
		Apptd A/Lance/cpl with pay	A/L/cpl	8 Apr 41	RHLI	"	28	11 Apr 41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....CLARENCE W. FOSTER..... Date.....Sept. 11th.... 1939

Part 1. Information obtained from the recruit.

1. Age.....25..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism.....NIL.....
b. Tuberculosis.....NIL.....
c. Bronchitis or asthma.....NIL.....
d. Heart disease.....NIL.....
e. Kidney or bladder disease.....NIL.....
f. Gastro-intestinal.....NIL.....
g. Rupture.....NIL.....
h. Varicose veins.....NIL.....
i. Flat or deformed feet.....NIL.....
j. Nasal trouble.....NIL.....
k. Ear disease.....NIL.....
l. Eye disease.....NIL.....
m. Epilepsy.....NIL.....
n. Nervous or mental disease.....NIL.....
o. Syphilis.....NIL.....
p. Gonorrhoea.....NIL.....
q. Have you ever worn glasses?.....YES for reading.

Clarence W. Foster
(Signature of Recruit)

Examiner's remarks re above.....Nil.....

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.....8½.....inches. 3. Weight.....125½.....pounds.

4. Complexion.....medium..... Eyes.....blue.....
Hair.....brown.....

5. Development.....good..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion.....36½.....inches.
Range of expansion.....2½.....inches.

7. Vision, right.....20/20..... left.....20/20..... 8. Hearing, right.....normal..... left.....normal.....

9. Condition of mouth and teeth.....satisfactory.....

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

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

Special remarks when category lower than A.....

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
Oct. 9	1/4 cc. Typh. & Paratyph. Vacc.	23 Dec 40	A.T.T.I.
" 16	1/2 cc. Typh. & Paratyph. Vacc.	29 Oct. 41	TABT. ½. cc.
" 23	1 cc. Typh. & Paratyph. Vacc.		
Dec 23/41 " 23	1 Smallpox Vacc. W		
RE-EXAMINED. NORMAL URINE. EARS. REFLEXES. CATEGORY "A"			
	R.A.Day		
20.2.40	I.C.C ~~A.T.S~~ T.C.T T.A.B. R.A.Day		
X-RAY CHEST—NEGATIVE	J.K.R.		
15-4-40	T.C.T. TOXOID J.K.Redmond Maj		
20.10.40	T.A.B		

Regtl. No. B 36804 Rank Pte Surname Foster Christian Name Clarence

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer

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

Statement of the Service of No. B36804 Rank ..... Sheet No. 1

M.F.M.1 & 2A
40/P & S/119

Name Foster, Clarence William

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Leave 9 days Priv. 2 with Warrants	L/Cpl	5 June 41	R.H.L.I	Field	41	6 June 41
		Attd 2/5 Bn. Lancs. Fus. for rtns. & gratis	L/Cpl	16 Oct 41	R.H.L.I	U.K.	65	17 Oct. 41
		Ceases to be Attd. 2/5 Bn. Lancs. Fus.	L/Cpl	16 Oct. 41	R.H.L.I	U.K.	66.	24 Oct. 41
		Leave 7 days Priv. w.w.	L/Cpl	22 Oct. 41	R.H.L.I	U.K	68	7 Nov. 41
Cert Received 2nd "C"		To be Attd to Cape Breton Highl's for A.P.			Cape Brev. Highl.	U.K	12	28 Feb 42
		To attend Command P.T. Course no. 41.	L/Cpl	23 Feb 42	R.H.L.I	U.K	13	28 Feb 42
		To be L/Cpl	L/Cpl	8 July 41	R.H.L.I	U.K	16	11 Mar 42
		Ceases to be Attd to Cape Breton Highl's on completion of Course	L/Cpl	14 Mar 42	R.H.L.I	U.K	20	27 Mar 42
		5 + 6 days P/Leave 14 days F.T.W.	L/Cpl	30 Mar 13 Apr 42	R.H.L.I	U.K	22	3 Apr 42
		To be A/Cpl	A/Cpl	15 Apr 42	R.H.L.I	U.K	28	1 May 42
		Ceases to be Attd. F.A.P. ex. Duty from R.H.L.I.	L/Cpl	15 Mar 42	C.B.H	U.K	44	6 June 42
		7 days P/Leave	A/Cpl	21/28 July 42	R.H.L.I	U.K	48	30 July 42
		Embarked U.K. for France (SUB-OPER	A/Cpl	18 Aug 42	R.H.L.I	U.K.	54	3 Sept 42
		S.O.S to "X" Rest (MISSING)	A/Cpl	19 Aug 42	R.H.L.I	U.K.	53	21 Aug 42
		T.O.S from R.H.L.I	A/Cpl	20 Aug 42	X List R.H.L.I	U.K.	1	5 Oct. 42
Cancelled D.O. 11 12 March 44 (VSE)		~~S.O.S Presumed Killed~~	A/Cpl	19 Aug 42	R.H.L.I	U.K	6 C.L. 322 25 Aug 43	~~5 Feb 42~~
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP			X Rest R.H.L.I			
		Presumed Killed	A/Cpl	19 Aug 42	R.H.L.I	U.K	C.L.A. 472	23 July 44

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
23-7-40		RHLI	Embarked on E55	HALIFAX N.S.	23-7-40	Pte	M F M 33
2-8-40		RHLI	disembarked	Gourock Scot.	2-8-40	"	
			SOS CASF (CANADA) ON EMBARKATION AT HALIFAX	ON 23-7-40			
			24-7-40	GOUROCK	2-8-40		
		TOS CASF (OVERSEAS) ON TRANSFER ON		AND DISEMBARKED AT			
22-8-40	RHLI	RHLI	Landing Leave 21-8-40 to 26-8-40	Aldershot	21-8-40	Pte	P II No. 5
7-10-40	O.C.	RHLI	Birth, Son, Name Unknown. At Brantford Ontario, Canada. 26 Sep 40	"	26-9-40	"	" " 17
13 Dec 40	OC	RHLI	Privilege leave 12-12-40 To 21-12-40	Aldershot	12-12-40	"	P II No 40
10 Apr 41	OC	RHLI	To be A/L/Cpl. with pay	Field	8 Apr 41	A/L/Cpl	28 - 11 Apr 41
6 June 41	OC	RHLI	9 days leave (P2WFW) 5 June 41 To 14 June 41	Field	5 June 41	"	41 - 6 June 41
12 Oct 41	OC	RHLI	Attached 2/8 Lancs Fus for R + Q	Field	11 Oct 41	A/L/Cpl	65 - 17 Oct 41
18 Oct 41	"	"	Ceases attachment 2/8 L. Fus.	Field	16 Oct 41	"	66 - 24 Oct 41
22 Oct 41	"	"	P3 FW 22/28 Oct 41	"	22 Oct 41	"	68 - 7 Nov 41
2 Dec 41	"	"	P4 FW 2/9 Dec 41	"	2 Dec 41	"	73 - 5 Dec 41
23 Feb 42	"	"	Attached Cape Breton Highrs f.d.p. for Cond PT Course 41	"	23 Feb 42	"	13 - 28 Feb 42
8 Mar 42	"	"	To be L/Cpl	"	8 July 41	"	16 - 11 Mar 42
22 Mar 42	"	"	Ceases attachment C.B. Highrs on completion P.T. Course 41.	"	14 Mar 42	A/Cpl	20 - 27 Mar 42
30 Mar 42	"	"	P5 + P6 FW 30-3-42 to 13-4-42	"		"	22 - 3 Apr 42
7 May 42	"	"	Qualified "C" on PT Cse #41.	"	7 May 42	"	31 - 12 May 42
22 Apr 42	"	"	To be A/Sgt	"	15 Apr 42	"	28 - 1 May 42
21 Jul 42	"	"	P7FW 21/28 Jul 42	"	21 Jul 42	A/Cpl	48 - 30 Jul 42
			Embarked fpr France, Jubilee Oper	UK	18 Aug 42	"	54 Sep 42
	"	"	SOS TO "X" LIST	"	19 Aug 42	"	53 Aug 42
	X list	X list	TOS "X" LIST	"	20 Aug 42	"	1 Oct 42
	"	"		"	15 Jan 44	"	1 - 29 Jan 44

Awarded Canadian Volunteer Service Medal and Clasp

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit ROYAL HAMILTON LIGHT INFANTRY C.A.S.F. Regimental Number B-36804

1. Surname FOSTER	(17) Regiment or Corps R.H.L.I. C.A.S.F.	Unit (Battn., etc)
2. Christian Names CLARENCE		
3. *Substantive Rank and Appointment		
*Acting Temporary or Local Rank A/Cpl		
giving date 15 Apr 42		
*To be entered in pencil to facilitate alteration.		
4. Place of birth Brantford, Ont., Can.	(18) Medical	
5. Date of birth as declared on attestation Ap 3, 1914		
(A)	Category / Date / Authority	
6. Date of enlistment Sept. 11, 1939	"A" 11-9-39 Med Bd	
7. Place of enlistment Hamilton, Ont.	A 28-12-39 " "	
8. Residence at time of enlistment 15 Gordon St., Brantford		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion U C		
12. If married, state date 15-8-34	(19) Next of kin (entries to be ~~made~~ in pencil)	
13. Trade on enlistment Clerk a	(Wife) Jean Foster, 15 Gordon St. Brantford, Ont	
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.

(R)

L/Cpl. H.Q.

NAME FOSTER CLARENCE

REGIMENTAL NO. B 36804 RANK ~~xxxx~~ L/Corporal

ENLISTED AT Hamilton, Ont. PROMOTIONS, ETC. AND DATE L/Cpl. w.e. 8-4-41.

DATE Sept. 11, 1939 D.O.S.

IF SERVED PREVIOUSLY, STATE UNIT, ETC. Dufferin & Haldiman Rifles

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Jean Foster RELATIONSHIP Wife

ADDRESS OF 15 Gordon St. Brantford, Ont.

ASSIGNMENT OF PAY, $ 20 C. ~~1-10-39~~ 1-11-39

ADDRESS 15 Gordon St. Brantford, Ontario

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT YES.

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER Oct. 16, 1939

IN WHOSE FAVOUR Mrs. Jean Foster

M. F. M. 14

100M—9-39 (1873)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
T. O. S.	5		11/2/39
To be A/L/Cpl. with Pay	28	11-4-41	w.e. 8-4-41.
att. 2/4 L.F. rations & quarters.	65	17-10-41	w.e. 11-10-41
Ceases attachment	64	24-10-41	w.e. 16-10-41
Att. CPH for PT Crse.	13	28-2-42	Aldershot w.e. 23-2-42
To be L/Cpl.	16	11-3-42	w.e. 8-7-41
Ceases to be attched	20	27-3-42	w.e. 14-3-42
To be A/Cpl. wp	28	1-5-42	w.e.15-4-42
Qual. as "C" on PT Crs	31	12-5-42	w.e.
SOS RHLI-missing	CR D/	29-8-42	w.e. 20-8-42

19-8-42 V: 608 96-21710

AWARDS—CANADIAN ARMY (ACTIVE) M 1678

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-F-5773

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FOSTER, Clarence William	B-36804	Cpl.	Roy. High, Light Inf.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal War Medal CVSM & Clasp	

1988.

Dieppe Bar → DEC 11 1996

25.07.96
~~24.06.96~~

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: BUSTARD (re-married)
Mrs. Jean ~~FOSTER (WIDOW)~~

ADDRESS: ~~15 Gordon St.,~~ ~~BRANTFORD~~, Ont. Mt. PLEASANT

(1) 7-9-49

(2) MEMORIAL CROSS

WIDOW: Mrs. Jean FOSTER, (ENGLISH)

1678

ADDRESS: 15 Gordon St., BRANTFORD, Ont.

(2) DESP. OCT 21 1944 REGN No. 3768

(3) MEMORIAL CROSS

MOTHER: Mrs. Beatrice FOSTER, (MFM5) (ENGLISH)

1678

ADDRESS: 6 Ada Ave., BRANTFORD, Ont.

(3) DESP. OCT 21 1944 REGN No. 3769

MEMORIAL BAR

DATE DESP

REGN. NO 8241

File No 405-F-5773

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B36804 Name FOSTER CLARENCE WILLIAM

Rank on Discharge A/Cpl. Date of Discharge 19-8-42

Deceased

Authority for Discharge or Retirement _____

Served in:

			Non-qualifying service
Canada	from 11-9-39	to 23-7-40	
	from _____	to _____	_____
United Kingdom	from 24-7-40	to 18-8-42	
	from _____	to _____	_____
Italy	from _____	to _____	_____
Northwest Europe	from _____	to _____	_____
---------	from _____	to _____	_____
Dieppe	from 19-8-42	to Killed in action 19-8-42	

Eligible for award of:

1939 - 45 Star ok

---------- _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal ok

with clasp ok

M

Verified by Esther Fraser

Date 9-7-46

Carded JUL 10 19[illegible]

HA 165

NRD

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER B 36804 RANK Acting Corporal SERVICE UNIT Royal Highrs. Light Infantry

NAME FOSTER, Clarence William

DATE OF BIRTH 3rd April, 1914 DATE OF ENLISTMENT 11-9-39

MARITAL STATUS Married RELIGION United Church

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

ADDRESS 15 Gordon St., Brantford, Ont.

NAME ADDRESS D.A.B. Mrs. Jean Foster

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6285 H.Q. 405-F-5775

CASUALTY DETAILS DATE

Prev. reported missing now presumed killed in action. 15-8-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE

4-8-44

DIRECTOR OF RECORDS

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

6 GMC

COPY FOR DOCUMENT FILE

405-F-5773
(Records-C)

REGISTERED

March 3rd 1943.

Mrs. Jean Foster,
15 Gordon Street,
Brantford, Ontario.

Dear Madam,

It is with deep regret that in view of the lapse of time and the absence of any further official information regarding your husband, B-36804, Acting Corporal Clarence William FOSTER, since he was reported missing as a result of the action at Dieppe on the 19th day of August, 1942, it is now proposed to take action to presume his death for official purposes.

I am now directed to request that you be good enough to advise the Director of Records, National Defence Headquarters, Ottawa, Ontario, if you have received any further evidence or news concerning him which would indicate that he is still alive. The presumption of death will be completed by Canadian Military Headquarters, England, shortly after hearing from you provided there is no evidence why such action should not be taken. You will receive official notification by telegram when action has been completed.

May I extend to you my earnest sympathy in this time of your great anxiety.

An addressed envelope which will require no postage is enclosed herewith for the convenience of your reply.

Yours truly,

Colonel,
Director of Records,
for Adjutant-General.

GR/ARB.

6.

Ottawa, August 11th, 1944

Mrs. Jean Foster,
15 Gordon St.,
Brantford, Ont.

Dear Mrs. Foster:

I deeply regret to inform you that no further news having been received relative to your husband, B 36804 Acting Corporal Clarence William Foster, who has been officially listed as missing in action since the 19th day of August, 1942, the Army Council have been regretfully constrained to conclude that he gave his life in the Service of his Country at Dieppe, France, and he is now for official purposes presumed to have been killed in action on the 19th day of August, 1942.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 7 1944

17

GHG

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

Form No. 1

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

H.Q. File No. 405-F-5-773

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
B.36804	A/Cpl.	FOSTER	CLARENCE WILLIAM

Reason for Termination of Service:

1st Enlistment Killed in Action CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 11 Sep 39	T.O.S.	T.O.S.
S.O.S. 19 Aug 42 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 1074	Total Days	Total Days

TOTAL SERVICE 1074 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	317	—	317
OVERSEAS SERVICE	757	—	757
Totals	1074	—	1074
Add Non-qualifying Service			
TOTAL SERVICE			1074

EMBARKATION DETAILS:

1. TOS. 24 Jul 40
Date S.O.S. Overseas 19 Aug 42

2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 19 Aug 42

Computer's Signature [signature]

Checker's Signature [signature]

Date Computed 4 Apr 42

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

[signature] W/Cmdr.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
			TOTAL		

OVERSEAS

T.O.S. 24 Jul 40 T.O.S. ______ T.O.S. ______

S.O.S. 19 Aug-42 S.O.S. ______ S.O.S. ______

			TOTAL		

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: FOSTER (Surname) Clarence (Christian Names) No.: B.36804

A/Cpl. (Rank) C.A. O/S (Unit) 19-8-42 (Date of Death)

AMOUNT

L.P.C. ..... $ 39.51

Date: 24-4-45

Other Credits .....

Total 39.51

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Jean Foster, 15 Gordon Street, BRANTFORD, Ontario. (as next of kin entitled)	39.51

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS.

6-7-45

QIN

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$39.51

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

NOV 6 1946

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

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

3. PRINT FULL NAME OF DECEASED FOSTER, (Surname or last name) Clarence William. (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Brantford, Street 15 Gordon St.,
Township of County or District of Province of Ontario.

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

10. Date of Birth: April (Month by name) 3rd, (Day) 1914. (Year)

11. AGE: Years 28 | Months | Days | If less than one day ... hrs. or ... min.

OCCUPATION

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

13. Date deceased last worked at this occupation

14. Total years spent in this occupation

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

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

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

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

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, Ontario, this ... day of ... 19...
Signature of informant ... Relationship to deceased ...
Address Director of Records, Dept. of National Defence.

20. Burial, Cremation or Removal ... Date ... (Month by name) (Day) (Year) 19...
Place of Burial Body not recovered. (Municipality) Cemetery ...
Burial Permit was issued by ... Address ...

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

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August (Month by name) 19th, (Day) 42. (Year) 19...

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

	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
I — Immediate cause. Give disease, injury, or complication which caused death, NOT the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) For official purposes presumed			
	due to Killed in action.			
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? ... Duration ... weeks. Was there a delivery? ...

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

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? ... (State which) Date of injury ... 19...
Manner of injury ... (How sustained)
Nature of injury ...
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE ...

Signed by ... **Designation** ... M.D., Coroner, etc.
Address ... **Date** ... **19...**

Division Registrar's Record No. ...
Date of Registration ... 19... (*For use of Division Registrar only*) ... (*Signature of Division Registrar*)

OVERSEAS CANADIAN CASUALTY ARMY

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

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

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

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....B-36804 A/Cpl...Foster,...C.....(dec'd).....

RECEIVED FROM R.H.L.I.

CHECKED BY M-105819 Spr. Spartz, J.N.
H-37449 Sgt....Cathcart,..M.O..... DATE .....20..Sep..44.....

1	Fountain Pen		
1	Book, Games & Sports		
1	Belt		
	Photos		
1	Prayer Book		
	Writing Material		
1	Cdn Soldiers Manual		
1	Flashlight		
2	Pr. Eyeglasses		
1	Wallet		
1	P.O. Savings Book #83557 Aldershot to O.i/c Estates		

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

.....M.D. Cathcart Lgt.....
for OC 1 Cdn KSD

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. B.36804. Rank and Name Foster, C.W. A/Cpl.

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

(~~Transfer~~ or Discharge).....to.....on 19th August, 19 42.

Reason Death. Authority : C.C.L. "A"472. d/23 Jul 44.

The following is a statement of the account of the above-named from 1st Aug to 31st Aug 19 42. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	1	61
First Monthly Payment AR. 33 d/15 Aug 42	9	94	Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments			Technical Pay.....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars)..... .....days at.....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars).....days at.....$		
Public Stoppages (Give particulars) :					
To Balance Cr Free	25	37			
To Balance Cr Deferred			By Balance Dr		
Total	54	31	Total	54	31

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

Remarks :

Assigned Pay $20.00 (w) Stopped eff. September. 42.

Compiled by A.Bell

Checked by E.S.Bolard

Date 3 October, 1944.

Certified correct L. Lauenbrook
for Chief Treasury Officer, Overseas

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ..... CLARENCE WILLIAM FOSTER ..... Register No. D-3465
(Christian Names) (Surname)

PAYEE'S NAME ..... Mrs JEAN FOSTER ..... File No. 405-F-5773
(Christian Names) (Surname)

ADDRESS ..... 15 GORDON ST ..... Date 9 Jan 45
BRANTFORD ONT

..... Service No. B-36804

..... Final Rank Cpl

DATE OF TERMINATION OF OVERSEAS SERVICE ..... 19 Aug 42 ..... Date of Discharge ..... 19 Aug 42

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1074 / 30 = 35 (24) Periods @ $7.50	262	50
B. QUALIFYING OVERSEAS SERVICE No. of days 757 less 24 Ineligible days, equal 733 Days @ 25c per day	183	25
	445	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.70 ✓ Subsistence Allowance $ 1.00 Additional Pay $ — (25.37) Dependents' Allowance 1/30 $ 68.00 $ 2.27 TOTAL $ 4.97 × 7 = $ 34.79 No. of Days 757 / 183 × $ 34.79	143	91
D. WAR SERVICE GRATUITY Computed By JWG Jimmie	589	66
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 589.66 each)	589	66

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

$ ..... × 30 = $ 26

REMARKS

Total 25,34 to be pd by estate

100%

400M-11-44 (6087)
H.Q. 1764-81-3

No B.36804 Rank Corporal Name FOSTER, Clarence William,

Unit R. H. L. I. Date of death 19th August, 1942.

Died at WESTERN EUROPE.

Previously reported missing now presumed

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-F-5773

N/K Mrs. Jean Foster, Relationship Wife.

Address 15 Gordon Street, Brantford, Ontario.

Remains buried in Cemeter

BROOKWOOD MEMORIAL

Grave location

CWGC

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. NOV 6 1946

ROYAL MESSAGE DESP'D. AUG 4 1944

CAN. MESSAGE DESP'D. AUG 14 1944