

ORIGINAL
DUPLICATE
TRIPLICATE

23rd Field Ambulance RCAMC

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

Unit..... District Depot M.D.3 Regimental Number..... C.51550

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

*O/A
PTE*

1. Surname..... WISSEL
2. Christian Names..... WILLIAM
3. Present address..... 211D St. Patrick St., Ottawa, Ontario, Canada
4. Date of birth..... 12th July 1901
5. Place of birth..... Canada Ontario Ottawa
6. Religion (state denomination)..... Roman Catholic
7. Trade or Calling..... Miner
8. Married, Widower or Single..... Married
9. Name of next of kin..... Mrs. Delisca Wissel
10. Relationship..... Wife
11. Address of next of kin..... ~~212D St. Patrick St., Ottawa, Ontario, Canada~~ *See change*
12. Have you served in any Naval, Military or Air Force?..... No
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, William Wissel 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..... 31st May 1940 William Wissel
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, William Wissel do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
William Wissel (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 Ottawa, Ontario this 31st day of May 1940

[Signature] {Signature of Magistrate, Justice or Attesting Officer.
for A/O.C. District Depot M.D.3 {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

Record of Service of

WISSEL
(Surname)

WILLIAM
(Christian Names)

Regimental Number **C.51550**

QUALIFICATIONS

Military..... **NONE**
 Business or Professional..... **NONE**
 Trade or Civil..... **MINER**
 Technical..... **NONE**
 Languages..... **ENGLISH & FRENCH**

EDUCATIONAL QUALIFICATIONS

High School } **NONE** } Graduation } **NONE**
 or } (years completed) } or } (specify)
 Collegiate }
 *College..... **NONE**
 *University..... **NONE**

*(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.

Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
	4015-	Joined on appointment 208 DDMD 3 on enhanced	Pte	31/5/40	DDMD 3	Ottawa	Sup 153	# 1-6-40
	-	S.O.S. 23rd Fld Amb	"	15/6/40	"	"	167	15-6-40
	-	TOS 23rd Fld. Amb., from DDMD 3	ditto	16.6.40	23rd Fld	ditto	# 1	16.6.40
	-	Awarded- 7 days CB and forfeits 2 days pay FR&I 149a.						
	-	AWL from 0100 hrs 6-4-41 to 0650 hrs 7-4-41	"	7-4-41	"	Debert, N.S.	# 74	7-4-41
	1	Attached Guard Room DDMD 3.	"	16-7-41	"	"	# 156	24-7-41
		Awarded 12 hrs Sita. Forfeits 7 days pay 149 (3a) FR&I	"	24/7/41	"	"	# 156	24-7-41
		Stoppage of Pay \$38.75 Cost of Return	"	"	"	"		"
		T.O.S. N.S. District Depot C.A. on transfer	Pte.	22-8-41	6 Depot	Halifax	Depot Pt II #204	25-8-41
		from 23rd. Field Ambulance, R.C.A.M.C.						
		S.O.S. No. 6 District Depor on proceeding overseas	"	12-11-41	6 Depot	Halifax	Depot Pt. II 275	13-11-41.
		S.O.S., C.A. Canada at Deligan on 12.11.41						
		T.O.S., C.A. Overseas 13.11.41						
	✓	Disembarked at Bonaventure on 22.11.41						
	✓	T.O.S. arrival from Canada.	Pte	23.11.41	6 Depot	Halifax	275	24 Nov 41

C51550 Name *Wissel, W*

M.F.M. 1 & 2 (a)
700 M-3-36 (1037)
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
		✓ Land leave war	Pte	14 Dec 41	USA	UK	292	16/12/41
SOS		✓ SOS to 15 Gen Hosp	Pte	19 Dec 41	USA	UK	296	20 Dec 41
		✓ Go & from Gen	Pte	20 Dec 41	15 Gen Hosp	UK	156	22 Dec 41
		✓ Change of address New York Ken (wife) to: 18 Aberdeen Ave. West, Ottawa, Ont.	Pte	21 Mar 42	15 Gen Hosp	UK	30	21 Mar 42
<i>Am 20.72 - 8 July 42</i>		✓ Pri. leave v.o. ¹³ July 42	Pte	29 Jun 42	15 Gen Hosp	UK	68	29 June 42
		✓ P. leave to 11 Nov 42	PTE	4 Nov 42	15 Gen Hosp	UK	121	4 Nov 42
		✓ admitted to 15 Gen hosp:	PTE	13 Nov 42	15 Gen Hosp	UK	126	18 Nov 42
		✓ Discharged from 15 Gen hospital	PTE	16 Nov 42	15 Gen Hosp	UK	127	16 Nov 42
		✓ AA 15 (1) forf. 8 days pay	Pte	16 Feb 43	15 G. H.	U.K.	22	17 Feb 43
		✓ 6 month Prof. serv. pay \$1.50 per diem:	PTE	1 Jan 43	15 G. H.	U.K.	40	30 Mar 43
		✓ 1st Cdn Army (UK)	Pte	29 Jun 43	15 GN	NA	6	24 Jul 43
		✓ 1st Cdn Army (M)	Pte	28 Jun 43	15 GN	NA	6	24 Jul 43
		✓ Disembarked	Pte	11 Jul 43	15 GN	NA	6	24 Jul 43
		✓ Add forf. of 12 days pay AA 15 (1)	Pte	26 Jul 43	15 GN	NA	8	31 Jul 43
		✓ AA 15 (1) Forfeits 29 days pay	Pte	2 Sept 43	15 G. H.	N.A.	12	4 Sept 43
		✓ Adm to 15 Gen Hosp	Pte	17 Oct 43	15 Gen Hosp	NA	20	30 Oct 43
		✓ Disch. from 15 Gen Hosp	Pte	19 Oct 43	15 Gen Hosp	NA	20	30 Oct 43
<i>Ship on 6-3-44</i>		✓ Disch	Pte	23 Jan 44	USA	UK	CAC 1267	31 Jan 44

AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP

No. C51550 Name **WISSELL, William**

Sqn., Battery, } 15 Gen. Corps RCAMC
 or Company: } HOSP

Date of enlistment } 31 May 40

G.C. }
 Badges }

Service or }
 Proficiency Pay }

M.F.M. 6
 (A.F.B. 122)
 175M-7-41 (1219-20)
 H.Q. 1772-39-1652

Date of last entry in }
 Company Conduct Sheet }

No. and date }
 of last drunk }

Period not reckoning towards }
 freedom from extra fine }

Sheet No. 1

Signature O.C. }
 Company, etc. }

Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Canada	6 Apr 41	Pte.	✓	Sect.15(1) AA - WOAS, AWL, from 0100 hrs. 6 Apr 41 to 0650 hrs. 7 Apr 41. (Absent 1 day, 5 hrs. 50 mins.)	?	7 days C.B.	7 Apr 41		Automatic forf. one two days pay
Debert	24 Jul 41	Pte.	✓	Sect.15(1) AA - WOAS, AWL,	?	72 hrs. detn. 72 days pay Cost of apprehension \$38.75	24 Jul 41		Automatic for. 21 days pay
				CERTIFIED COPY MADE UP FROM M.F.M.2.					
				.....Colonel					
				(R.M. Harvie, E.D.) Officer Commanding					

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	15 Feb. 43	Pte.	✓	Sect. 15 (1) AA WOAS AWL failed to return at expiration of pass at 0730 hrs. 15 Feb. 43 returning at 1730 hrs. 15 Feb. 43 (absent 10 hrs.)	Cpl. Healy	7 days Forf. pay	16 Feb. 43	Colonel R. M. Harvie	Forf. one days pay Aut. F.R. & I. art. 149 (1) (A)
Field	23 Jul 43	Pte.	✓	Sect. 15 (1) aa WOAS AWL in that he did absent himself without leave from 1930 hrs. 23 July 43 until surrendering himself to Corps Military Police at Constantine (absent 1 day 3 hrs.)	Documentary RSM Surrage	10 days forf. of pay	26 Jul 43	Col. G. R. D. Farmer	aut. fo 2 days pay total 12 days forf. of pay <i>gm</i>
Field	30 Aug 43	Pte.		Sect. 15 (1) AA WOAS AWL in that he did absent himself without leave from 0330 hrs. 30 Aug. 43 until apprehension in constantine at 16 30 hrs 1 Sep 43 (absent 2 days 13 hrs.)	Cpl Leeson QMS Langfield	21 days forf. of pay	2 Sep 43	Col. GRD Farmer	3 days aut. forf. of pay Total 24 days pay <i>gm</i>

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. *C 51550* Rank *Pfc* Surname *Wissel* Christian Name *William*

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE or INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
<i>15 cdn Gen Hosp. ^{cmh.}</i>	<i>15 cdn Gen</i>	<i>17</i>	<i>10</i>	<i>43</i>	<i>19</i>	<i>10</i>	<i>43</i>	<i>2</i>	<i>Observation</i>	<i>Duplicate adm.</i>	<i>C-1241, C1218</i>
<i>"</i>	<i>"</i>				<i>19</i>	<i>10</i>	<i>43</i>	<i>2</i>	<i>V. W. S. Recheck</i>		<i>C1252</i>
<i>15 Gen Hosp ^(C.M.H.)</i>	<i>15 Can. Gen</i>	<i>23</i>	<i>1</i>	<i>44</i>					<i>acc. death due to ac inj. suffered ^{Shell} fract.</i>	<i>Wed 23-1-44</i>	<i>C-1267.</i>

Wissel, W.

NAME Brunette, Albert

REGIMENTAL NO. C 51585 C-51550 RANK Pte

ENLISTED AT Ottawa, Ont. PROMOTIONS, ETC. AND DATE

DATE 2-6-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Elzar, Brunette RELATIONSHIP Father

ADDRESS OF 418 Gloucester St., Ottawa, Ont.

ASSIGNMENT OF PAY, \$ 20.00 1/2/41

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14
50M-5-40 (5137)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	NO.	DATE	
A. W. L. from apprehensions Awarded 72 hr detention for fits 21 days pay and allowance and stoppage of pay - 38.75 Attached to Guard room ADM 03	153	20-7-41	essorted back from Ottawa effective → 23-7-41
Ceases A. W. L. Adm. to Debut Mil Hosp S.O.S. on Transfer to L.D. #6	154	24-7-41	eff. 0900 hrs 16-7-41 to 1600 hrs 22-7-41
	155	23/7/41	eff. 2100 hrs on 22/7/41
	175	19/8/41	eff 19/8/41
	177	21/8/41	" 21/8/41
	204	25/8-41	" 22-8-41
	231	24-9-41	" 20-9-41
	275	13-11-41	& 12-11-41 <i>Arrested.</i>

T.O.S. No. 6 D.D.

Disse. From Hosp

D.O.S. No 6 D.D.

O A W

med,

RC

NAME **WISSELL, William**

REGIMENTAL NO. **C51550** RANK **Pte.**

ENLISTED AT **Ottawa, Ontario** PROMOTIONS, ETC. AND DATE

DATE **31st May 1940**

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE **Married**

NEXT OF KIN **Mrs. Delisca Wissell** RELATIONSHIP **Wife**

ADDRESS OF **211-D St. Patrick St., Ottawa, Ontario**

ASSIGNMENT OF PAY, \$ ~~20.00~~ **Eff. July 1940** ~~26.00 Eff. 1-3-41~~
June **23⁰⁰ w/y 1-3-43**

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT ***59⁰⁰**

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER **5.6.40**

IN WHOSE FAVOUR **Wife**

20-30/24/3/42

18 Aberdeen Ave West

M. F. M. 14
50M-3-40 (4478)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
D. D., M. D. # 3 ON ENLISTMENT.			
D. D., M. D. # 3 ON TRANSFER TO			
SOS on transfer to 23 rd Field	167	15/6/40	eff 15/6/40
T.O.S. 23 rd Field AMB. RCAMC.	1	16/6/40	eff 16/6/40
ATT. P D M D # 3 FOR RATIONS	1	16/6/40	eff 16/6/40
CEASES TO BE ATT.	4	19/6/40	eff 18/6/40
GRANTED 14 DAYS FURLOUGH + 6 DAYS CHRISTMAS NEW YEARS LEAVE.	1119	31-12-40	EFF. 29-12-40 to 19-1-41
A.W.L. 01:00 HRS 6/4/41 TO 06:50 HRS			
7/4/41 - FORFEITS (2) DAYS PAY	74	7/4/41	" 7/4/41
A.W.R. from 0700 hrs. 3-7-41	139	5-7-41	" 3/7/41
Returned from a.w.r.	144	12/7/41	"
A.W.R. from 0700 hrs	144	12/7/41	" 3/7/41

CONTINUATION CARD M.F.M. 14

Regimental No. C5I550 Name WISSELL. William.

Part II D.O.

PARTICULARS OF CASUALTY

No.	Date	
7	3I-7-43	On 26-7-43 forf. of 12 days pay. AA. 15(1).
12	4-9-43	On 2-9-43 awarded forf. of 24 days pay; Offense under AA 15(1)
20	30-10-43	Adm to 15 CGH wef 17 Oct. 43
20	30-10-43	Disch from 15 CGH wef 19 Oct. 43
6	5-2-44	S.O.S. 15 CGH. <u>deceased</u> . accidental death wef 23 Jan 44
5	1-2-44	Qualified for and entitled to wear. C.V.S.M and clasp wef 10 Jan 44

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D.O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	NO.	DATE	
SOS. Can Army Can-12-11-41	273	24-11-41	Eff. 1/5 HV. 23-11-41
TOS. Can Army o/s. 13-11-41			
Land Leave W.No. 653639	292	16-12-41	Eff 10-12-to 15-12-41
SOS.#1 @ SRU, to #15 Genl Hosp	296	20-12-41	Eff 19-12-41
T.O.S 15 Genl Hosp	156	22-12-41	" 20-12-41
Granted leave in lieu of returns	102	21-9-42	period 1-7-42 to 13-7-42
See Adm's 15 Genl Hosp	126	16-11-42	wef 13-11-42 to 16-11-42
Awarded 8 Day pay	22	17-2-43	Det 15(1) A. F. - A.W.O.F.
Granted salary & pay off 1/50	40	30-3-43	wef 1-1-43
P. leave 7 1/2 days. A.A.L.R.	68	28-5-43	" 19-5-43 to 26-5-43
Emb.&SOS.CA.(UK)	6	24-7-43	wef .29-6-43
TOS.CA.(M) 30-6-43			Dis emb.II-7-43.

NAME WISSEL W

REGIMENTAL NO. C 51550

RANK PL

ENLISTED AT

PROMOTIONS,
ETC. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, \$ C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

M. F. M. 14

IN WHOSE FAVOUR

50M-1-40 (3878)

H.Q. 1772-39-1662

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

OCT 5 1946

ROYAL MESSAGE DESP'D.

FEB 2 1947

CAN. MESSAGE DESP'D. 10-2-44

REBURIAL

Bone Military Cemetery,
Bone, Algeria.

Grave 14, Row G, Plot 5.

AUTH. IWGC HI & CR FORM.

HI & CR Form Despd. **FEB 7 1947**

Photographs

Despatched

JUN 20 1947

No C.51550 Rank Private Name WISSEL, William.

Unit R.C.A.M.C. Date of death 23rd January, 1944.

Died at Italy

Cause Accidental fractured skull.

Death occurred on strength of Forces. HQ 405-W-12669 d7-2-44

N/K Mrs. Delisca Wissel, Relationship Widow

Address 18 Patricia Street, Westboro, Ontario.

Remains buried in Phillipeville Mil. Cem. Cdn. Plot Cemetery

Grave No. 4 Row "B"

Grave location CHH ✓

OVER

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS

PERSON

ENTITLED TO Mrs. Delisca Wissel

Widow

ADDRESS: ~~18 Patricia St., Westboro, Ont.~~
168 Tabor, Eastview Ont
28-11-51

(2) MEMORIAL CROSS

WIDOW

Mrs. Delisca Wissel,

(1554)

ADDRESS: 18 Patricia St., Westboro, Ont.

(3) MEMORIAL CROSS

MOTHER

Mrs. Julia Wissel, (Auth. MFM 5)

(1554)

ADDRESS: 147 Laurier Ave., Hull, P.Q.

MEMORIAL BAR

REGISTRATION NO. DATE OF DESPATCH

4333
DATE DESP. 10-12-51

REGN. NO. 1193
CANCELLED

DESP. MAR 22 1944

REGN No. 6251

(2)

DESP. MAR 22 1944

REGN No. 6252

(3)

23-1-44
(O.C.L.-430)

AWARDS—CANADIAN ARMY (ACTIVE)

(1554) **M**

M.J.A.
100M-10-41 (2195)
H.Q. 1772-45-8

WISSEL, William		C.51550	Pte.	FILE NO. 405-W-12669
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED	
1939-45 Star	2145	24-10-49
Italy Star		
Defence Medal		
War Medal, 1939-45		
CVSM & Clasp		

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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 William ~~Wissel~~ Wissel (b) Reg'l. No. CS1550
2. (a) Arm of service ARMY (b) Unit 3RD FIELD AMB BATT (c) Rank PTE
3. (a) Date of birth JULY 19/1911 (b) Have you any dependents? YES (c) Place of residence at time of enlistment OTTAWA ONT
4. (a) Place of enlistment OTTAWA ONT (b) Date of enlistment 2/27/40

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 24 yrs (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.) 20th Grade Public School
7. If you attended a university, give name of university and standing or degree secured None
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? MINER (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? FRENCH & ENGLISH (b) What languages do you read well? FRENCH

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) No (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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked MINER (b) State how long you had worked at this trade or occupation 11 yrs
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified DRILLER
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment COBALT MINES
15. Give details of last employer, if any: Name COBALT MINES Co. Address COBALT ONT.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) COAL MINE
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 — Address —
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) —
20. (a) Your specific occupation — (b) Number of years' experience at this occupation with any employer —
21. (a) Did your employer promise definitely to give you employment on discharge? — (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? —

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 FARMING
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 3 yrs (c) In what provinces did you have experience? ONTARIO

Section G—MISCELLANEOUS

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

DATE 9/4/41 194 — SIGNATURE W. Wissel

CERTIFICATE OF MEDICAL EXAMINATION

MAY 30 1940

Name in full William Wissel Date.....

Part 1. Information obtained from the recruit.

1. Age..... 38 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|-------------------------------------|-----------|
| a. Rheumatism..... | <u>NO</u> | j. Nasal trouble..... | <u>NO</u> |
| b. Tuberculosis..... | <u>NO</u> | k. Ear disease..... | <u>NO</u> |
| c. Bronchitis or asthma..... | <u>NO</u> | l. Eye disease..... | <u>NO</u> |
| d. Heart disease..... | <u>NO</u> | m. Epilepsy..... | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u> | n. Nervous or mental disease..... | <u>NO</u> |
| f. Gastro-intestinal..... | <u>NO</u> | o. Syphilis..... | <u>NO</u> |
| g. Rupture..... | <u>NO</u> | p. Gonorrhoea..... | <u>NO</u> |
| h. Varicose veins..... | <u>NO</u> | q. Have you ever worn glasses?..... | <u>NO</u> |
| i. Flat or deformed feet..... | <u>NO</u> | | |

(Signature of Recruit)

PENSION: NONE
 Examiner's remarks re above..... No hernia Heart and Lungs appear normal
Pulse rate 72

Pupils equal and react to L & A

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

1. Identification marks or scars. (If operative obtain history.)
Scar amputation last metacarpal left thumb index medius
2. Height..... 5 feet..... 6 inches. 3. Weight..... 121 pounds.
4. Complexion..... Dark Eyes..... Blue 5. Development..... Fair Good Fair Poor
- Hair..... Brown Urine normal
6. Chest measurement—Girth on full expansion..... 36 inches. RB flexe n
- Range of expansion..... 3 inches. ears n
7. Vision, right..... 20/20 left..... 20/20 8. Hearing, right..... WV20 left..... WV20 eyes n
9. Condition of mouth and teeth..... D. rating 40 Throat normal
10. The abnormalities (congenital and pathological) found on examination are as follows.....
BP 128
- 72

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.....

R. Mann President Geo. Zupancic Member R. Bagni Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAY 30 1940	X-ray of Chest - Neg. RUM	30-1-40	TABT 1.0CC
13 JUN '40	25/7/40 TAB	17-5-40	TABT .05CC
13 JUN '40	18/40 3 VACC.		
13 JULY '40	TETANUS TOXOID 1cc		
25/7/40	TETANUS TOXOID 1cc		
11/11/41	Reexamined, Cat. A. Pass.		
25/11/41	T.A.B.T. Pass.		
6/11/41	Cat A. Referred to Board		

MILITIA BOOK M. 1.

40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

DEAD

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.

Protected under the provisions of
the Geneva Convention 1929
(Arts. 9 (para 1) and 21 (para 2))

J Brunson Major

3

(1) SOLDIER'S NAME AND DESCRIPTION ON
ATTESTATION

Regtl. No. C 51550

Surname (in capitals) WISSEL

Christian Names (in full) WILLIAM

Date of Birth 12 JULY 1901

Place of Birth OTTAWA ONT

Trade on Enlistment MINER

Nationality of Father at birth BRITISH

Nationality of Mother at birth "

Religion R.C.

Enlisted at OTTAWA ONT

Date 31 MAY 40

Particulars of former service (if any) i.e. Regtl. No., Corps and period. NIL.

Signature of Soldier W. Wisell

Signature of Officer J Brunson Major

Place FIELD Date 5 JUNE 43

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
31-5-46	TOS		153	<i>Phelan</i>

(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:—

Date.....

* If no further training required, strike out words in italics and initial.

(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.....

	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

14

15

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB / 3	27-5-40	J. Nelson map
	1-8-40	
	15-8-40	
ATI 1cc	13-6-40	J. Nelson map
1cc	25-7-40	
TABT 1/2 cc	25-7-41	J. Nelson map
TABT 1 cc	30-7-42	
TABT 0.5 cc	5-5-43	D. Magner
1 Typhus 1cc	7-9-43	
2 TYPHUS 1cc	27-9-43	
3 TYPHUS 1cc	7-10-43	
TAB 0.5cc	22.11.43	D. Magner

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
13-6-40 Oct 11/43	J. Nelson map Dm

(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
INTEST (REV) COMPLETE	20-7-42	J. Nelson map
3" CARD, COMPLETE		
1 PRIV LEAVE 1 FTW	29-6-42	
2 " " 2 FTW	4-11-42	J. Nelson map
3 " " 3 FTW	19-5-43	
S.O.S. CDN. ARMY (U.K.)	29.6.43	J. Nelson
T.O.S. CDN. ARMY (M)	30.6.43	map

FINGERPRINTED - CARD

(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).

Date 25th August, 1938.

The following is a specimen of a Will leaving all my property and effects to my wife, Mrs. Mary Hall, 309 High Street, Toronto.

In the event of my death I give the whole of my property and effects to my wife, Mrs. Mary Hall, 309 High Street, Toronto, and I give the residue of my property and effects to my daughter, Miss Mary Hall, 309 High Street, Toronto, and I give the residue of my property and effects to my daughter, Miss Mary Hall, 309 High Street, Toronto.

Signature.....

Rank, Reg't Number.....

Date.....

Rue Constanter
No. 5-

Mrs. Delisca Wissel,
 18 Patricia St.,
 Westboro, Ont.

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

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

and the following number quoted:—

H.Q. 405-W-12,669-FD.472

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

Feb. 23, 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

WISSEL, William, Pte.

C.51550 C.A.



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.

RGP/CF

R. G. Phelan *com.*
 (R. G. Phelan) Capt.
 for (L. M. Firth) Lt. Col.

Administrator 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.....	Mrs Delisa Wissel	34	18 Patricia Ottawa West.
2	Children of the Deceased and dates of their Births.....	Thiuse Roger Gisèle Jean-Louis Monique	17 th January. 20 th May. 14 th December 12 th May. 23 rd April.	14 18 Patricia Ottawa West 12 18 Patricia " 10 " " 9 " " 6 " "
3	Father of the Deceased.....	Daniel Wissel	74	74 Cumberland Ottawa Ont.
4	Mother of the Deceased.....	Mrs Julie Wissel	71	74 Cumberland Ottawa Ont
5	Brothers of the Deceased	Francis Wissel.	45	211 St. Patrick Ottawa
		Lucien Wissel.	40	Overses.
	Full Blood	Pierre Wissel.	37	74 Cumberland Ottawa
	Half Blood			
6	Sisters of the Deceased	Mrs Eva Prault	35.	Cote Hill, P. I.
		Mrs Simone Dauray	32	287 Rideau Ottawa
	Full Blood	Mrs Blanche Ri che	29	107 St Andrew. Ottawa Ont.
	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	

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

NO. C51550 Name Weissel, William

Rank on Discharge Pte Date of Discharge 23-1-44

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 31-5-40 to 12-11-41
from _____ to _____

United Kingdom from 13-11-41 to 29-6-43
from _____ to _____

Italy from 30-6-43 to 23-1-44 (deceased) (acc.)

Northwest Europe from _____ to _____

-----from _____ to _____

-----from _____ to _____

Eligible for award of:

1939 - 45 Star OK ✓

Italy Star OK ✓

~~France-Germany~~ Star _____

Defence Medal OK ✓

War Medal 1939-45 OK ✓

Canadian Volunteer Service Medal OK ✓

with clasp OK ✓



WA

Verified by Annette Routhier

Date SEP 24 1946

Carded SEP 26 1946

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **051550** RANK **Private**

SERVICE UNIT **15th General
Hospital R.C.A.M.C.
(CA) (CM Force Ordina-
ry)**

NAME **WISSEL, William**

DATE OF BIRTH
DAY **12th** MONTH **January** YEAR **1901**

MARITAL STATUS **Married** RELIGION **Roman Catholic**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP **Wife**
ADDRESS **18 Patricia St.,
Westboro, Ontario.**

NAME **Mrs. Belisca Wissel,**
ADDRESS
D.A.B.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords 4564 H.Q.405-W-12,669

CASUALTY DETAILS

**Died as result of an accidental
fractured skull.**

DATE **23-1-44**

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

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.7

YES/NO

DATE **7-2-44**

MEB

[Signature]
OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

10th February, 1944.

Mrs. Delisca Wissel,
18 Patricia Street,
Westboro, Ontario.

Dear Mrs. Wissel:

It is with deep regret that I learned of the passing of your husband, C51550 Private William Wissel, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 23rd day of January, 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.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

FEB 8 1944

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

ACB/MEB

**PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH**

Registration Number
For use of Registrar General only.

OCT 5 1946

1. PLACE OF DEATH
City, Town or Village of IN THE FIELD (ITALY) 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 Municipality where death occurred _____ In Province _____ In Canada (if immigrant) _____
(in years, months and days)

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

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of Ottawa, Street 211 D., St-Patrick St.,
Township of _____ County or District of _____ Province of Ontario.

5. SEX M. **6. CITIZENSHIP** _____ **7. RACIAL ORIGIN** _____ **8. Single, Married, Widowed or Divorced** Married. **9. BIRTHPLACE (Province or Country)** Ontario.

10. Date of Birth January 12th, 1901. **11. AGE** 43 Years Months Days If less than one day
(Month by name) (Day) (Year) hrs. or min.

OCCUPATION
12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc. (b) Kind of industry or business, as paper mill, lumber, bank, etc. Miner.
(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 _____ (Surname or last name) (Given or Christian names)

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

18. Birthplace: Father _____ Mother _____
(Province or Country) (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 [Signature] Relationship to deceased _____
Address Director of Records, Dept. of National Defence.

20. Burial, Cremation or Removal _____ Date _____ 19____
(Month by name) (Day) (Year)
Place of Burial Italy. Cemetery _____
(Municipality)
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 January 23rd, 1944.
(Month by name) (Day) (Year)

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

I Immediate cause Give disease, injury, or complication which caused death, nor the mode of dying, such as heart failure, asphyxia, asthenia, etc.	CAUSE OF DEATH	DURATION		
		Yrs.	Mos.	Dys.
Morbid conditions, if any, giving rise to immediate cause. (stated in order proceeding backwards from immediate cause).	(a) <u>Multiple head injuries.</u> due to			
	(b) _____ due to			
	(c) _____ due to			
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? Accident. Date of injury _____ 19____
Manner of injury Vehicle in which he was a passenger overturned.
(State which) (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____

**OVERSEAS CASUALTY
CANADIAN ARMY**

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

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).

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

INSTRUCTIONS

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.

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

STILLBIRTH

"A dead-birth (stillbirth) is the birth of a (viable) foetus, after at least twenty-eight weeks pregnancy, in which pulmonary respiration does not occur: such a foetus may die either: (a) before, (b) during or (c) after birth, but before it has breathed."

The special stillbirth registration form (buff coloured) must be used in registering a stillbirth.

405-W-12669

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME... WISSEL, William PLACE & DATE OF BIRTH... 12 Jul. 1901. Ottawa, Ont.

RANK... Pte. REGIMENTAL NO... C-5155⁰

UNIT... 15 GEN HOSP. NEXT OF KIN... Wife, Mrs. Delisca Wissel

ADDRESS... 18 Aberdeen Avenue W.

..... Ottawa, ONTARIO.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH... 23 JAN. 44. PLACE OF DEATH... Italy

HRS.....

CAUSE OF DEATH... ACCIDENTAL DEATH DUE TO ACCIDENTAL INJURY

..... SUFFERED FRACTURED SKULL.

PARTICULARS OF BURIAL.

DATE OF BURIAL... 25 Jan44 CEMETERY... PHILLIPVILLE MilCem

DEATH CERTIFICATE NO. DATE OF REGN OF DEATH CERTIFICATE.....

LOCATION OF CEMETERY.....

..... PLOT NO. Cdn. ROW. B GRAVE 4

RELIGION... R.C.

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

DATE... 20 Oct 44

(Signature)
(M. Bluteau) Captain,
For (R.T.E. HICKS-LYNE) Lt. Colonel,
Officer i/c Records,
Canadian Military Headquarters.

H.Q. 405-W-12669
R. 4 (B).

20th June, 1947.

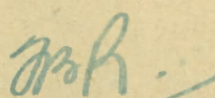
Mrs. Julia Wissel,
74 Cumberland Street,
Ottawa, Ontario.

Dear Mrs. Wissel:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, C51550 Private William Wissel, the location of which is grave 14, row G, plot 5, Bone Military Cemetery, Bone, Algeria.

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

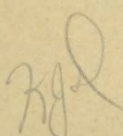
Yours faithfully,



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

Encl.

/EMA



*N.B. — The Form being applicable to any Board, or Committee, or Court of Inquiry, this blank to be filled in accordingly

The proceedings should be signed by the President and by each Member of the Board, etc.

Attention is particularly drawn to the Rules for Courts of Inquiry contained in Rules of Procedure 124-125A, and especially to Rule 125A(B); also to paragraph 764, et seq., King's Regulations, 1940.

PROCEEDINGS of a* Court of Inquiry.....
assembled at No.15 Cdn.General Hospital R.C.A.M.C.....
on the..... 24th day of January 1944.....
by order of Colonel G.R.D. Farmer, E.D.....
Officer Commanding No.15 Cdn.Gen.Hosp. RCAMC.....
for the purpose of.....inquiring into and reporting on the
circumstances surrounding the death of C.51550
Pte. Wissell, W. No.15 Cdn.General Hospital RCAMC
at El Arrouch, Algeria on 23 Jan 44.....

PRESIDENT.

Major G.T. Adams No.15 Cdn.General Hospital RCAMC

MEMBERS.

Capt. G.C. Kelly No.15 Cdn.General Hospital RCAMC

Capt. R.L. Norris No.15 Cdn.General Hospital RCAMC

IN ATTENDANCE.

The Convening Officer directs that the evidence be taken under oath.

The.....Court.....having assembled pursuant to order, proceed to
examine the witnesses

The second witness having been duly sworn states: I am Major G.F. Smith No. 15 Cdn. General Hospital RCAMC on 23 Jan 1944 I was hiking in the mountains about 1500 hrs. I heard a crash on the opposite side of the valley about a mile away. I looked over and saw what appeared to be a car off the road, and saw several people moving around about it. I crossed the valley to the scene of the accident and immediately saw a soldier lying at the rear of the vehicle on the ground. On examination I found that he was dead. I scouted around the area for other possible casualties. Finding none, I climbed to the road and started down the road. I had gone only a short distance when I met St. Laurent and the driver, who were conducting a jeep to the scene of the accident. I arranged for 2 ambulances to be sent to the scene of the accident.

- Q. When you met St. Laurent and the driver was there any evidence of them being under the influence of liquor?
- A. When I was close to them I could smell liquor but they both seemed to be in complete control of their faculties.
- Q. What do you think was the cause of death?
- A. Severe laceration and compound fracture of the right side of the cranium. Brain tissue was oozing out of the right side of the head.

.....
G.F. Smith Major

AUTOPSY REPORT

On Jan 24, 1944 at 0930 hrs. I examined the body of C.51550 Pte. Wissell, W.

(It was not possible to do an autopsy as instruments were not available).

There was a large laceration of the right side of the face and head approx. 3 1/2" long extending diagonally from below the right eye to above the right ear.

The edges of the laceration gaped widely and the underlying bones of skull were fractured. A quantity of brain tissue had been extruded and lay in the wound.

External examination of the body revealed no other injury of note.

In my opinion death was caused by fracture of skull with extensive laceration of brain and must have been almost instantaneous.

.....*D Wagner*.....Major
(D. Wagner) Pathologist.

REPORT ON INJURIES

(Other than wounds received in action)

To be rendered in accordance with instructions on the back of this Form.

1. STATEMENT TO BE SIGNED BY THE OFFICER OR SOLDIER.

I C 51550 Pte. Wissell, W. #15 General Hospital R.C.A.M.C. hereby declare that
(Number) (Rank) (Name) (Unit)

I sustained an injury on the 23 Jan. 44. in the following circumstances:-
(Date of Casualty)

(Soldier fatally injured with instantaneous death- no statement obtained)

Date 29 Jan 44. Signature of Officer or Soldier.

2. Nature, site and severity of injury, stating whether it is likely to interfere with his future efficiency as an officer or soldier.

Compound fracture of skull with laceration of brain and instantaneous death.

N.B.- Hospital to be notified at once if would be believed to be self-inflicted.

J. McLean Major R.A.M.C.
Medical Officer

3. Short statement of the circumstances by an officer who has knowledge of the case. The evidence of witnesses must be attached to this form--see Note 5 overleaf. (For injuries during sports or games--see Note 7 overleaf. Injury was sustained when

the military vehicle in which the soldier was a passenger overturned. Statements of witnesses are contained in Court of Inquiry proceedings dealing with the circumstances of the death of the soldier. J. McLean Major

4. Commanding Officer's opinion:

(a) Was the individual in the performance of military duty? ... he was off duty at the time

(b) Was it due to his negligence? ... no.
How far was this blameworthy? ...

(c) Was it due to his misconduct? ... no.
If so, in what way? ...

(d) Was anyone else to blame? ... Not yet determined. Driver of truck may have been to blame.

(e) Did the injury occur on military premises and if so in what part of such premises? ... no.

(f) Court of Enquiry--

(i) Has any been held? ... Yes.

(ii) Will any be held? ... -

(iii) Date and place ... 24 Jan 44. El Amouich.

Date 30 Jan 44 G. J. J. J. J. Commanding No. 15 Cdn. General Hospital.

FOR USE ON ACTIVE SERVICE ONLY

5. To _____ Division _____

- (a) Opinion of Brigade Commander.
- (b) Disciplinary action taken or proposed, whether against injured individual or another.

Date _____
_____ Commanding _____ Brigade _____

6. To _____ Army "A" _____

Forwarded with reference to my casualty wire No _____ dated _____

Date _____
_____ Commanding _____ Division _____

7. DECISION OF G.O.C. ARMY

To _____

This casualty should be reported as _____

Date _____
_____ Commanding _____ Army _____

NOTE:- If the G.O.C. Army decides that the casualty is to be reported as self-inflicted, he should add the words to show how far he concurs with the opinion expressed above.

INSTRUCTIONS

1. Parts 1-4 to be completed in all cases.
2. Parts 5-7 to be completed on active service only.
3. These forms are to be completed in all cases of injury (other than wounds received in action) involving the absence from duty of an officer or soldier, whether due to the individual's own act, or that of a comrade, or to other extraneous circumstances.
4. Where several casualties occur as the result of one accident, one form is to be completed for each officer or soldier injured. A copy of the set of statements from the witnesses of the accident will be attached to each form (vide para 3 on reverse and para 5 of these instructions).
5. All statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable, will be signed by the persons making them, and by the officer who takes them and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.
6. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.
7. Where the injury was incurred during sports or games the statement at (3) overleaf should show clearly, (a) who organized the game, match, tournament or sports in which the injury was incurred; (b) whether the officer or soldier concerned had been selected or detailed to play in a representative military team or to compete as an individual. In the case of injuries at practice, it should be stated whether the individual was a selected representative of some military formation practising under authority.
8. After final action this form will be disposed of as directed in para. 773 King's Regulations, 1940.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

9. In these cases the statements mentioned in paragraphs 5 and 6 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc. if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.)
10. An officer or a soldier is specially trained in the safe use of his rifle and revolver and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore be laid under

The first witness having been duly sworn states: I am E.15302 Pte. St. Laurent, R. I am on general duties in this unit, No.15 Cdn.Gen.Hosp. On Sunday morning 23rd. of January 1944 about 10 o'clock the deceased and I left the camp, going to El Arrouch. We first went to the Cafe where we had one drink of Mango wine. Then we went to the barber, where we had to wait for other customers, so I went down to M. Bergers home, and after 5 minutes, we returned to the barbershop. Wissell had remained in the barbershop. While I was having a shave. Wissell and M. Berger went out. When I left, I met Wissell, M. Berger and the driver of the truck in the Cafe about 1100 a.m. His name is Jimmy. We met friends P. Miller a Gendarme and others. We had a few drinks of Mango. About 1210 we all went to M. Bergers for dinner. About 2 p.m. we went back to the village to try to find transport up to the mountain. We all went 47th. REME. While I was talking to M. Berger, Jimmy backed out a truck. I stopped him and asked him to pick us up at the first Cafe. Berger and Wissell and I were there. He met us at the Cafe in about 5 minutes. We all got in and drove to M. Bergers home to pick up the rest of his family. Mrs. Berger, Miss. Berger, Claude and twin girls. Then we drove south along the road toward the mountains. We turned up the road towards the Rangers Camp. I was sitting on a bench, and talking to the ladies, when the truck ran off the right hand side of the road and we fell off the bench. I tried to reassure Mrs. Berger with a few words, and the next thing I remember I was picking myself up. I looked around and noticed most of the people who had been thrown out of the truck, seemed all right. I looked down the hill and saw the truck standing on its four wheels. Then the driver who was down by the truck, called to me to come down and look at Wissell. Wissell was sitting on the ground with his back against the right rear wheel of the truck. There was a big gash the right side of his head. I felt for his pulse and heart beat but could not feel them. I then saw Mrs. Berger walking towards us and I told her to go back on the road. I walked back to the road myself to Mr. Berger, his son and daughters. I brought the driver up with me and started walking down the road and stopped a jeep that came along, containing 2 Officers and 2 Nursing Sisters. I took them to the scene of the accident. One of them was Major Miller of this Unit. When we reached the scene of the accident we met Major Smith, who said that Wissell was dead. The jeep turned around and the Officers went to get an ambulance. An ambulance arrived and brought me, Mr. Berger, his wife, daughter, son and twins back towards town. I got off at No.15 Cdn.Gen.Hosp.

Q. Was Jimmy the driver drunk?

A. Not as far as I know.

Q. Did he drive carelessly?

A. Not that I noticed.

Q. Did you know if Jimmy the driver had permission to take out the truck.

A. I thought he had.

Q. Was Pte. Wissell under the influence of liquor?

A. No.

Q. Where was Wissell sitting in the truck?

A. In the right front seat next to the driver.

Q. How many people were in the car?

A. Eleven.

Q. How many were in the front seat?

A. Two, ~~the~~ the driver and Wissell.

Q. What kind of vehicle were you in?

A. A German truck, I think, the top was open over Wissell's head ~~the~~, and I remember him standing up and looking out a few minutes before the accident.

Autopsy report by Major D.E.O'C. Magner, Pathologist No.15 Cdn. General Hospital RCAMC is attached as appendix 'A'.

The court, having convened and having heard evidence as herewith recorded finds that: *finding*

It is the opinion of the Court that Pte. Wissell met his death on 23 Jan 44 near El Arrouch, Algeria, by misadventure when involved in an automobile accident. The driver of the vehicle is known to this court only by the name 'Jimmy' but is probably, from evidence, a member of #47 R.E.M.E.

G.T. Adams
.....President
G.T. Adams Major

Signed at
No.15 Cdn.General Hospital
in the Field, this 28th.
day of January 1944.

G.C. Kelly *Capt.*
.....Member
G.C. Kelly Captain

R.L. Norris
.....Member
R.L. Norris Captain.

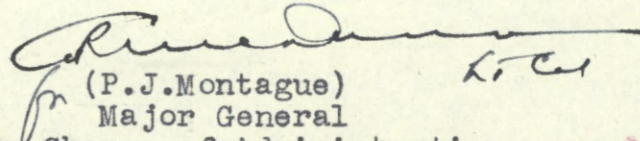
*I agree with the finding of the court.
I am informed that the driver
of the truck is to be tried
by Court Martial in 6 Army Div.*

30 Jan 44

*Errol Farmer
OC 15-Cdn Gen Hosp.*

THE PROCEEDINGS ARE APPROVED.

THERE IS NO EVIDENCE OF IMPROPER CONDUCT WITHIN THE MEANING OF OVERSEAS R.O. 2022 ON THE PART OF C 51550 PTE WISELL, W.


(P.J. Montague)
Major General

In Charge of Administration
CANADIAN MILITARY HEADQUARTERS

(L. R. McDonald) Lieut.-Col.
A.A.G.(Dis)
Canadian Military Headquarters

31 MAR 1944

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

INSTRUCTIONS.

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

(1) Name of Officer or Other Rank..... WISSEL William
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... C. 51550

(3) Unit..... District Depot M.D. 3

(4) Are you married?..... Yes

(5) If married, state,

(a) Full name of your wife..... Mrs. Delisca Wissel.

(b) Present postal address of wife..... 211D St. Patrick St., Ottawa, Can.

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

(7) Are you a widower?.....

(8) Have you any children?..... Yes..... Number of boys..... 2..... Girls..... 3.....

Names and ages..... Therese 10 yrs. Gisele 7 yrs.

..... Jean Gui 6 yrs. Monique 3yrs.

(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.....

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

If so, state her full name and Postal Address

(11) Is your father alive?..... Yes

If so, state name and address, occupation Daniel Wissel

147 Laurier Ave., Hull, Que. (Retired)

(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?..... Yes

If so, state name and address Mrs. Julia Wissel,

147 Laurier Ave. Hull, Que.

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

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

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

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

If so, state the following particulars:—

Relationship

Full Name

Postal Address

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

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

If so, in what Company?.....

(Give number of policy)

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

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

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

(Sgd) William Wissel..

(Signature of officer or man)

Date 4-6-40

(Sgd) S. M. Maury?i? Major.

Officer Commanding D.D. M.D. #3.

Date 4-6-40

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

**CANADIAN ACTIVE SERVICE FORCE
OVERSEAS**

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl. No. **G 51550** Rank and Name **WISSELL, W. Pte.**

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

~~XXXX~~ (Transfer or Discharge)..... on **23rd Jan.** 19 **44.**

Reason **Death** Authority: **C.C.L. "C" 1267 d/21 Jan. 44.**

The following is a statement of the account of the above-named from **1st Jan.** to **31st Jan.** 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.....	14 82
First Monthly Payment AR 153 15.1.44	6 71	Regimental Pay 31 days at \$ 1.50	46 50
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
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 \$.....	
.....		
.....		
.....		
.....		
.....		
To Balance Cr. { Free.....	31 61	By Balance Dr.	
{ Deferred.....		.....
Total.....	61 32	Total.....	61 32

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

Remarks:

Assnd Pay \$23.00 (W) stopped off Feb. 44.

Compiled by **A. Bell.**

Checked by *A.M. Woodworth*

Date **5th Aug.** 19 **44.**

Certified correct *G. G. Munro*
for Chief Treasury Officer, Overseas.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME

William WISSEL
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. **D-2507**
FILE NO. **405-W-12669**
DATE **10-4-45**
SERVICE NO. **C-51550**
FINAL RANK OR RATING **Pte.**
DATE OF DISCHARGE **23-1-44**

PAYEE ADDRESS

Mrs. Delisca Wissel
18 Patricia St.,
Ottawa West, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE **23-1-44**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **1263** EQUAL TO **42** COMPLETE PERIODS AT \$7.50 \$ **315.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **758** LESS **3** INELIGIBLE DAYS, EQUAL TO **755** DAYS @ 25c. PER DAY 188.75
SEE PAR. 2 OVERLEAF FOR EXPLANATION

C. SUPPLEMENT FOR OVERSEAS SERVICE

RECEIVED

APR 19 1945

WAR SERVICE
GRATUITY DIVISION
ARMY TREASURY

DAILY RATES AT DISCHARGE

PAY	\$	1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$	89.12	2.97
TOTAL	\$	5.72	X7 = \$ 40.04
NO. OF DAYS		758	X \$ 40.04

503.75
165.85

D. WAR SERVICE GRATUITY

669.60

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

669.60

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 **JB** CHECKED BY *[Signature]*

TREASURY
CHECKED BY *[Signature]* DATE *[Signature]*

[Signature]
SERVICE REPRESENTATIVE

2222 ✓

FORM No. 1

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
051550 ✓	PTE ✓	WISSEL ✓	WILLIAM ✓

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... *DIED ACCT* CARO..... ()

2nd Enlistment..... CARO..... ()

3rd Enlistment..... CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <i>31 May 40 ✓</i>	T.O.S.	T.O.S.
S.O.S. <i>23 JAN 44 ✓ MD 15 ✓</i>	S.O.S. MD	S.O.S. MD
Total Days..... <i>1333</i>	Total Days.....	Total Days.....

Total Service *1333* DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<i>531</i>	<i>26 ✓</i>	<i>505 ✓</i>
Overseas Service.....	<i>802</i>	<i>44 ✓</i>	<i>758 ✓</i>
Totals.....	<i>1333</i>	<i>70 ✓</i>	<i>1263 ✓</i>
Add Non-qualifying Service.....			<i>70 ✓</i>
Total Service			<i>1333 ✓</i>

EMBARKATION DETAILS

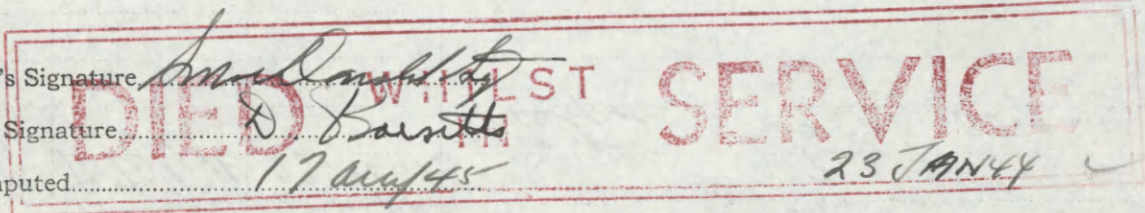
1. Date S.O.S. Overseas..... *23 JAN 44 ✓* 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... *[Signature]*

Checker's Signature..... *[Signature]*

Date Computed..... *17 Aug 45*



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

[Signature]
C. L. LAURIN,
 Colonel,
 DIRECTOR OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
Ausb	6 Apr 41	7 Apr 41		2	2
Ausb	3 July 41	16 July 41		14	
CA	16 July 41	23 Feb 41		7	
Det			23 July 41	3	24

Total 26

Overseas: T.O.S. 13 Nov 41 T.O.S. T.O.S.
 S.O.S. 23 JAN 44 S.O.S. S.O.S.

Ausb	15 Feb 43	15 Feb 43		1	
Prof			16 Feb 43	7	8
Ausb	23 July 43	24 July 43		2	
Prof			26 July 43	10	12
Ausb	30 Aug 43	1 Sep 43		3	
Prof			2 Sep 43	21	24

Total 44

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: WISSOL, William No.: 0-51950
 Surname Christian Names
 Rank Pte. Unit C.A. O/S Date of Death 23-1-44

AMOUNT

Date: 20-11-44
 L.P.C.....\$ 31.61
 Other Credits.....
 Total..... 31.61

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	<p align="center"> <i>R</i> Mrs. Delisea Wissol, 15 Patricia St., WESTBORO, Ontario. (As next of kin entitled) </p>	31.61

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 15/1/45 *Q4*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$31.61
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

CASE 961 12/8/44

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME C-51550 Pte. Wissell H. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon C.M.F.

C-96325 Pte. Desormeaux J.S.

CHECKED BY K-74155 Pte. O'Donaghey M.H. DATE 14. Apr. 44

- 1 Wallet
- 1 Piece Chamois
- 1 Note Book
- 1 5 Frank Note (Souveneir)
- 1 10 Lire Note (Souveneir)
- 2 Souveneir Coins
- 2 Religious Medals
- Greeting Cards
- 1 Leather Bandelier
- Seashells
- 1 Red Identity Disc.

1 parcel reg. MAIL.
 No Lets.
 28/9/44
 Mac Lean A.D.

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

H.E. [Signature]
 for OC 1 Cdn KSD

November 21. 1944

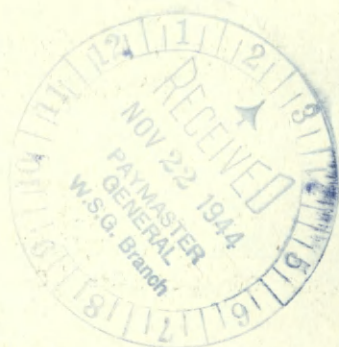
To who. it may concern.

Dear Sir.

D-2507

I wish to make a claim for my husband. war gratuties being his wife. I understood. that I am. entitle to it. his reg. number was C. 51550 Pte. William Wissel.

Your truly
Mrs ~~W~~ William Wissel
18 Patricia
Ottawa West
Ont.



ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph William Wissel
9	Date of his birth.	12 th July,
10	Place and date of his marriage.	Hull. P. I. St. Joseph church Winghamville
11	Place and date of his parents' marriage.	Notre Dame church Hull. P. I.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hull. P. I.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Hull. P. I. 2. Years. (b) (c) Ottawa. Ont. 12 Years. (d)
14	Nature of employment before enlistment.	Laborer.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Ottawa Ont.

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?	He has't any here in Ottawa that I know.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	He has't any here in Ottawa that I know.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	He has't any here in Ottawa that I know.
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.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

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. Delisca Wissel

Signature of Informant

18 Patricia Ottawa West

Address

CERTIFICATE

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

*See above.

Mrs. Delisca Wissel Name of informant } is the*.....widow.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at.....Ottawa.....this 29.....day of Feb.....1944

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

J. J. Nolan Qualification J. J.

Address.....24 Ross Ave.....

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

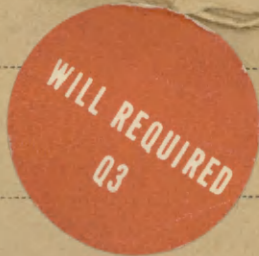
Table with multiple rows and columns for additional remarks, including sections for 'OTHER PARTICULARS' and numbered rows for specific details.

WISSEL, WILLIAM

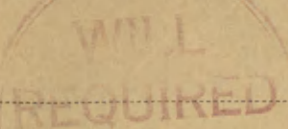
REGIMENTAL DOCUMENTS

405-W-13,669

H.Q. FILE No.



NAME



REGIMENTAL No.

0 51550

UNIT OF ENLISTMENT

D.D., M.D. 3 / REINF. R.C.A.M.C.

RANK

PTE.

CONTENTS

07047

NON-EFFECTIVE BY

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) CR (M.F.M.2 & 2A)

DECEASED DEATH DECEASED.

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B.103)

DATE 23 Jan 64

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 HISTORY SHEET

DISCHARGE

MEDICAL REPORT OR CASE HISTORY SHEET

DATE

MEDICAL EXAMINATION ON LEAVING THE SERVICE

REASON

TRANSFER CLOTHING STATEMENT

AUTHORITY

LAST PAY CERTIFICATE (M.F.D.930A)

PROCEEDINGS ON DISCHARGE

PROCEEDINGS COURT OF ENQUIRY

DESERTION

DECLARATIONS COURT OF ENQUIRY

DATE

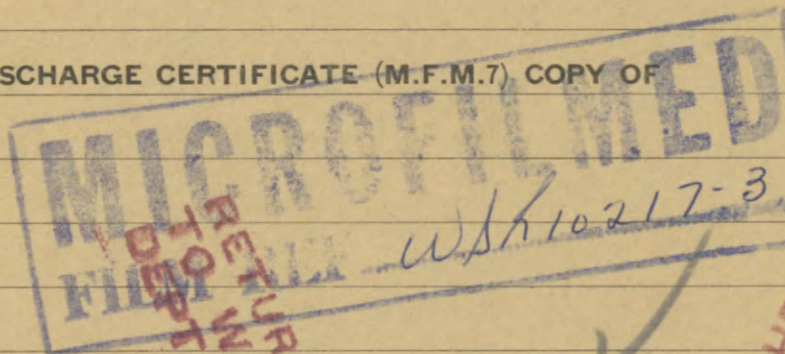
PAY SHEETS

AUTHORITY

CARDS

SUNDRY

X



W 10217-3

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

53

10/Wissell, W./1
60/Wissell, W./1
AG4a 30 Mar 44

H

O. i/c. Records,
C.M.H.Q.

DIS

Court of Inquiry - Death
C 51550 Pte Wissell, W.
15 Cdn Gen Hosp.

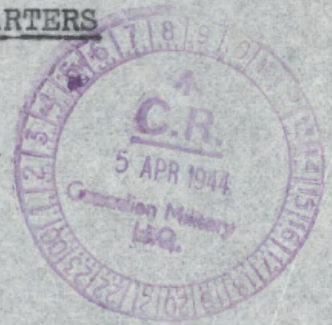
1. Herewith please find proceedings of the m/n Court of Inquiry. These are required by NDHQ and a copy of their letter is enclosed herewith.
2. Will you please forward these documents to NDHQ in reply to their letter.
3. Please acknowledge these proceedings on duplicate letter enclosed herewith.

J. Mulcahy
(C.S. Booth) Brigadier
Deputy Adjutant General
CANADIAN MILITARY HEADQUARTERS

Encls (2)

Recd *J. Mulcahy* APR - 7 1944

W. McLean Capt
(FOR) OFFICER I.C.
CANADIAN MILITARY HEADQUARTERS



10/Wissell, W./1
60/Wissell, W./1
AG4a

3

The Secretary,
Department of National Defence,
Ottawa,
CANADA.

Mar 44.

C 51550 Pte Wissell, W.

1. Reference your H.Q. 405-W-12,669 (Admin 3(b)3) dated 9 Mar 44.
2. Proceedings of the Court of Inquiry in connection with the death of the m/n soldier are being forwarded this date to you through O. i/c Records here.
3. For your information, please.

pub
(P.J. Montague)
Major General
In Charge of Administration
CANADIAN MILITARY HEADQUARTERS

10/Wissell, W./1
60/Wissell, W./1
AG4a 30 Mar 44.

2

MEMORANDUM

To:
A.G.4.

Court of Inquiry - Death
C 51550 Pte Wissell, W.
15 Gen Hosp, RCAMC

(1)

1. The m/n proceedings dated 24 Jan 44 bearing an endorsement by the Convening Officer, namely C.O. 15 Cdn Gen Hosp, have been reviewed. It is considered that an endorsement on behalf of M.G.A. should be placed on these proceedings, as the unit concerned is under command CMHQ. An endorsement has been placed on the proceedings for signature by AAG(Dis).

2. From the evidence it appears that the m/n soldier together with another Cdn soldier, was on 23 Jan 44 in North Africa travelling in a ~~civilian~~ truck which ran off the road, and over turned. Wissell was killed. There is no evidence of any negligence or improper conduct on the part of the deceased soldier. The driver of the truck was a British soldier, and is being disciplined by his own authorities, according to the endorsement placed on the proceedings by the Convening Officer. *No evidence as to whether soldier was on pass or AWOL at time of accident but this is immaterial in case of death of*

(F.M. Cass) Captain
A.G.4a.

CANADIAN MILITARY HEADQUARTERS

F. M. Cass

(R. F. Sheppard) Major,
D.A.A.G., A.G.A.,
Canadian Military Headquarters

(L. R. McDonald) Lieut.-Col.,
A.A.G.(Dis)
Canadian Military Headquarters

31 MAR 1944

(2)
AAG(Dis)
Recommended
M. Sheppard

30 Mar 44

29 Mar 44.

Summary of Court of Inquiry assembled at No. 15 Cdn General Hospital R.C.A.M.C. 24 Jan 44 by order of Colonel G.R.D. Farmer E.D. Officer Commanding No. 15 Cdn Gen Hosp. RCAMC for the purpose of inquiring into and reporting on the circumstances surrounding the death of C.51550 Pte Wessell, W. No. 15 Cdn General Hospital RCAMC at El Arrouch, Algeria on 23 Jan 44.

President - Major G.T. Adams.

Members - Capt G.C. Kelly
Capt R.L. Norris

Death.

Findings of the Court:

It is the opinion of the Court that Pte Wissell met his death on 23 Jan 44 near El Arrouch, Algeria, by misadventure when involved in an automobile accident. The driver of the vehicle is known to this court only by the name 'Jimmy' but is probable, from evidence, a member of #47 R.E.M.E.

Remarks of O.C. 15 Cdn Gen Hosp:

I Agree with the finding of the Court. I am informed that the driver of the truck is to be tried by Court Martial in 6 Armd Div. (30 Jan 44)

Original to Officer i/c Records, CMHQ

Refer to fo ~~18/Pers/1~~

Date 31 Mar 44 *gub*

SUBJECT **DEATH** **60/WISSEL, W/I**

DATE OF COURT OR BOARD **24 JAN 44**
Covering letter on 60/Patterson 9a/1

1. A.A.G.(Dis)

Sufficiency of proceedings:
Sufficiency of Evidence:
Disciplinary action: **N.R.**
Authority for final disposition: **MQA**

N. Africa

Date **24 Mar 44**
gubbas
.....
for A.A.G.(Dis)

2. "Q"(AE)

Sufficiency of proceedings:
Recovery:
Charges to public:
Authority:

Date
.....
for ADQMG(AE)

3. D."Q" S

Sufficiency of proceedings:
Recovery:
Charges to public:
Authority:

Date
.....
for D.Q.S.

4. "G" (Trg).
"G" (S.D.W.)

Date
.....

5. DPM
CPM
DMS
RFB
CLAIMS
JAG(REV)

Date
.....

6. A.A.G.(Dis)

Final disposition:

Date
.....
for A.A.G.(Dis)

24 Mar 44

DECLARATION

KNOW ALL MEN BY THESE PRESENTS THAT I,.....

C51550 - Pte. Wissel, Wm.

the undersigned, do hereby declare that I fully understand that upon my being appointed to, or enlisted in, or continuing to serve in the Canadian Active Service Force, Dependents Allowance will be paid under the Financial Regulations and Instructions for the Canadian Active Service Force for a total of not more than three dependents, including my wife, if any.

W Wissel

.....
Signature of Officer or Soldier.

W Lewis

WITNESS.....

DATE..... **AUG 29 1940** 19.....

NOTE.—This Declaration will be made out in triplicate and one copy will be attached to the original, duplicate and triplicate copies of M.F.M. 1 or M.F.M. 2, as the case may be.

CASUALTY WING EXTRACT

FOR THE ZC LIST M DATE 5 Jan. 1943
AUTH SER/91/23
TIME DATED 23 Oct./43
FILE _____

NAME WISSELL, William
RANK Pte
REGT. NO C-51550
UNIT R.C.A.M.C. #15. Cdn General Hospital

HOSPITAL PARTICULARS

ADMITTED 15 Gen. Hospital DATE 17 Oct. 1943
TRANSFERRED _____ DATE _____
DISCHARGED _____ DATE _____
DIAGNOSIS V.D.S. Recheck

FOR DAILY UNIT & CONSOLIDATED LIST
FOR DAILY LIST ONLY
CASUALTY CARD MADE NO
CLERK'S NO OR INITIALS PF

ADMISSION
DISCHARGE
PROGRESS REPORT
DEATH

ENTERED ON
CAS. CARD. 39
CAS. LIST. 1241

DANGEROUS - SERIOUS - OFF SERIOUS - OFF ALL LISTS

NEXT - OF - KIN

NAME & ADDRESS _____ RELATIONSHIP _____
SERIAL NO. _____
CABLE NO. _____
HOME TOWN _____ INLAND NO. _____

HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding Records.(Unit)

It is notified for your information that the undermentioned was discharged from #15
General Hospital R.C.A.M.C., Stationed 13 Nov 42 on 16 Nov 42

194 . He has been instructed to go on the first Unit Sick Parade after reporting to your Unit and to hand this form to the Medical Officer. #15 General Hospital RCAMC (staff)

Name Wissel, W. No. C51550 Rank Pte

Diagnosis Scabies M.O. i/c Case Capt Hair.

Precis Case History

Admitted with scabies. Treated with benzyl benzoate.

Recommendation

Duty.

3

J. Berleson Capt
for Colonel,
Officer Commanding Capt.

Distribution:

- One Copy to Unit of patient
- " " to Officer i/c Records, Acton.
- " " to A.M.D.2., C.M.H.Q.
- " " for File

ENTERED ON

CAS. CARD.

CAS. LIST.

26
886

This form is also to be used when a patient is transferred from a hospital to No. 1 Convalescent Depot R.C.A.M.C.

CASE HISTORY SHEET

Debert Military Hospital Debert Camp N.S. Station

No. C 2550 Rank Pfc Name W. Seal W Age 40

Unit REAME Completed years of service ^{Where and how long} }

Date of admission 19 Aug 1941 Date of discharge 20 Sept 41

Diagnosis Syphilis Place of origin

Complaint sore on penis.

Examination and Progress Notes

Yesterday he noticed a small sore on the side surface of the penis. Does not know how long it has been there. Feels well, no other complaints.

Well developed white male. Penis shows a small indurated ulcer typical of a primary syphilitic lesion on the side surface of the foreskin. The inguinal glands are enlarged, firm, discrete and not tender. The ulcer is not tender or painful.

20 Aug 41. Maphorsin & his rod test - stored

21 Aug 41. Rober test - negative

22 Aug 41. No change in chancre.

25 Aug 41. Chancre healing

27 Aug 41. Noted improvement in chancre.

29 Aug 41. Chancre about healed.

1 Sept 41. Maphorsin & his rod test. Chancre is healed

3 Sept 41 Do

5 Sept 41 Do

8 Sept 41 Do

10 Sept 41 Do

12 Sept 41 Do

15 Sept 41 Do Blood taken neg

17 Sept 41 Do

19 Sept 41 Do For y chancre is still readily visible

TREATMENT Penicillin rod test. 0.06 number 12.

(Especially any specific or special form) Maphorsin 0.06 number 14

CONDITION ON DISCHARGE improved

(and disposal made of case) to clinic

Date [Signature]

Medical Officer i/c case

ADMITTING FORM

Hospital Adapt Military Date and Hour Admitted 19th Aug 41
Reg'tl. No. C-51550 Rank Pte. Name Wissel, W.
Unit No. 23rd Flo. Ambulance, R.C.A.M.C. Age 40
Next of Kin Mrs. W. Wissel, W. Religion R.C.
Admitted from Unit Lines
Previous Military Hospital Admissions No.

Previous attendance at a Consultation Clinic No.
Previous X-Ray Examinations { yes _____ Where done? _____
no _____
Diagnosis on M.F.B. 292 Penal Sore, N.Y.D. Temp. _____
Signature of Admitting Clerk R. J. McVeigh, Pte.

THE ABOVE TO BE FILLED IN BY ADMITTING CLERK

History, including any information on M.F.B. 292 States exposure to
U.D. on 2 recent occasions viz 3 months ago
and 5 days ago. Patient's sore on penis
last night

Physical Findings There are 2 small nodules
lesions, dorsal of penis, under foreskin,

Diagnosis of Admitting Officer U.D.S.
Admit to Ward 15
Admission Orders _____

Should M.O. be immediately informed of admission? _____

[Signature]
Admitting M.O.'s Signature.

LABORATORY

Hospital Subert Military Ward 12 Medical V.D.X
 Regimental No. P-51550 Rank Pte Name Wesley W.
 Unit 23rd fld Amb. BCAMG Date Admitted 19 August 1941 Age 24.0

	DATE	11/9 10/41					
URINE EXAMINATION	Type of sample	<u>180</u>					
	Amount	<u>180</u>					
	Reaction	<u>A.C.</u>					
	Specific gravity	<u>1.0</u>					
	Albumin	<u>0</u>					
	Sugar	<u>0</u>					
	Ketones: S.N.P.	<u>0</u>					
	FeCl3	<u>0</u>					
	Bile	<u>0</u>					
	Urobilin	<u>0</u>					
	Blood	<u>0</u>					
	Casts: Hyaline	<u>0</u>					
	Granular	<u>0</u>					
	Cellular	<u>0</u>					
	R.B.C.	<u>0</u>					
	W.B.C.	<u>0</u>					
	Epithelium	<u>0</u>					
	Centrifuged	<u>1</u>					

	DATE					
HAEMATOLOGICAL EXAMINATION	Haemoglobin					
	R.B.C.					
	Colour Index					
	Volume Index					
	W.B.C.					
	Eosinophiles					
	Eosinophiles Myelocytes					
	Neutrophiles					
	Neutrophiles Myelocytes					
	Myleblasts					
	Basophiles					
	Bas. Myelocytes					
	Endothelial					
	Lymphocytes					
	Platelets					
	Anisocytosis					
	Macrocytosis					
	Microcytosis					
	Poikilocytosis					
	HB. Content					
Polychromasia						
Reticulation						
Normoblasts						
Megaloblasts						
Bleed. Time						
Coag. Time						

	DATE	07 Aug			
BLOOD CHEMISTRY	N.P.N.				
	Urea N.				
	Creatinin				
	Chlorides				
	Cholesterol				
	Sugar (fasting)				
	Sulphonamide		<u>Sulphathiazole U.F.Z.</u>		
V.D.B.					

Bacteriology and Serology			
	DATE	Aug 21/41	Sept 10 15
Blood			
Faeces			
Serous fl.			
Urine			
Sputum			
Wasserman Bl.		<u>W. neg.</u>	<u>repeat Neg.</u>
Wasserman C.S.F.			
Widal			

	DATE			
<u>Miscellaneous</u>				

PATHOLOGICAL REPORT

[Handwritten signature]

TREATMENT

Hospital Inhered Military Ward 15 Medical U.S.
 Reg't No. C 51250 Rank Pvt. Name Wessel W.
 Unit 12th fld Amb. RC AMC. Age 40

ORDER GIVEN		ORDERS	ORDER DISCONTINUED	
Date	By Whom		Date	By Whom
19 August	J. M. Hay	To have smear		
20 " 41	" "	To attend V.P.S. Clinic.		
22 "	" "	Clinic.		
22 " 41	" "	Clinic		
24 " 41	" "	Clinic		
25 " 41	" "	Clinic (Smear)		
26 " 41	" "	To Clinic		
27 " 41	" "	To Clinic		
28 " 41	" "	To Clinic Bicloride wash		
29 " 41	" "	" "		
30 " 41	" "	To clinic		
1 Sept - 41	" "	" "		
3 " 41	" "	" "		
4 " 41	" "	" "		
5 " 41	" "	" "		
8 " 41	" "	" "		
10 " 41	" "	" "		
12 " 41	" "	" "		
18 " 41	" "	" "		
27 " 41	" "	" "		

VENEREAL DISEASE CASE-SHEET

M.F.W. 100
35M-840 (6090-1)
H.Q. 1172-39-1052

(SYPHILIS AND LOCAL SORES)

Reg. No. C 51550 Rank Pte Name Ward W Unit 23rd Inf. Platoon
 Diagnosis Syphilis Admitted 19 Aug 41 Discharged 20 Sept 41
 Medical Officer i/c R. M. ...

HISTORY

When and where contracted? unknown
 Date and character of first symptoms 18 Aug 41; sore on penis
 Subsequent symptoms sore on penis
 Present symptoms sore on penis - not painful
 Family history of Syphilis no
 Source of infection including all available particulars, address and name of town or location, etc. unknown
 Can the patient identify the source of infection? no
 Does the patient know of other cases infected from the same source? no
 Had either the patient or source of infection indulged in alcohol at the time of infection? unknown
 What venereal prophylaxis was used, when, exactly, was it used and by whom was it administered? unknown

NOTE.—IT IS IMPORTANT TO INCLUDE ALL AVAILABLE INFORMATION

Date	Dark Field	Kahn Wass., etc.	C. S. F.	Treatment	Dose	Reaction	Remarks
20 Aug 41		<u>neg</u>		Mapharsen	0.06		<u>ans</u>
21 Aug 41				Bis. Sod. tart.	0.06		<u>ans</u>
25 Aug 41				Mapharsen	0.06		<u>ans</u>
27 Aug 41				Bis. Sod. tart.	0.06		<u>ans</u>
29 Aug 41				Mapharsen	0.06		<u>ans</u>
1 Sept 41				Bis. Sod. tart.	0.06		<u>ans</u>
3 Sept 41				Mapharsen	0.06		<u>ans</u>
5 Sept 41				Bis. Sod. tart.	0.06		<u>ans</u>
8 Sept 41				Mapharsen	0.06		<u>ans</u>
10 Sept 41				Bis. Sod. tart.	0.06		<u>ans</u>
12 Sept 41				Mapharsen	0.06		<u>ans</u>
15 Sept 41		<u>neg</u>		Bis. Sod. tart.	0.06		<u>ans</u>
17 Sept				Mapharsen	0.06		<u>ans</u>
19 Sept 41				Mapharsen	0.06		<u>ans</u>

CLINICAL CHART

Corps 23rd Id. Amb. R.C.A.M.C.

Hospital Station D. Hurt Camp M.R.

No. C 51550 Rank and Name Pte Wisel W.

Age 40 Service Medical V.D.L.

Disease Syphilis

Date of Admission 19 Aug 41 Date of Discharge 20 Aug 41

Result Improved Serial No. A. & D. Book

Dates of Observation	19	20	21	22	23	24	25	26	27	28	29	30	31	Sept 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19			
Days of Disease	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			
Temperature Fahrenheit	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME		
	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.	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.	
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Pulse per Minute	76	74	78	76	78	74	72	76	74	70	72	68/72	72/76	72	72/68	72/68	76	78	72	72	74	74	74	72	68	72	72	70	68	78	78	72	68		
Respirations per Minute	20	20	18	20	20	20	20	20	20	20	20	14/20	16/16	18	20/16	20	20	20	20	20	20	20	20	20	18	20	20	20	20	20	20	20			
Motions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		

Adm. 0950

Signature [Signature] In charge of case

NAME WISSEK W. RANK pte AGE 39 REG. No. 6-51550

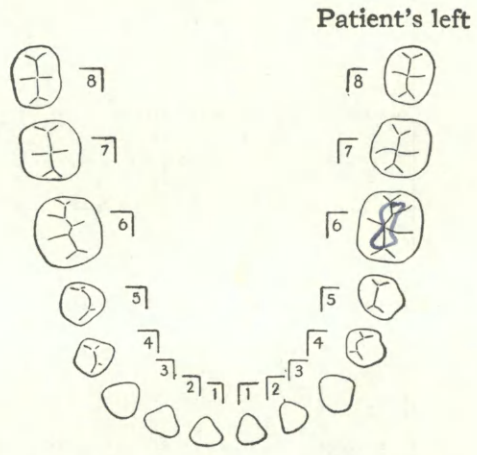
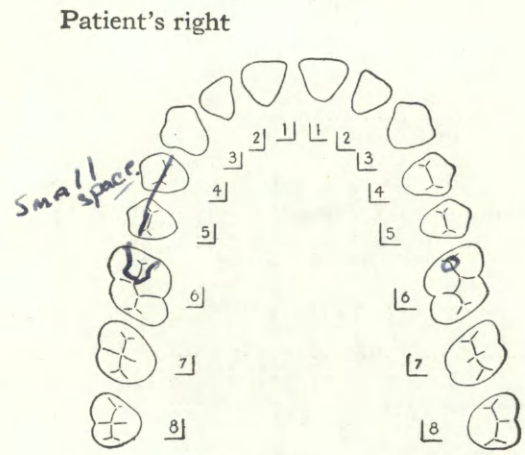
UNIT 23rd Field Ambulance. R.C.A.M.C. DATE 23-7-40 19.....

Strike out inapplicable number and words.

ORAL HYGIENE Good
 Fair
 Neglected

PROPHYLAXIS required Yes
 No

MUCOSA
(Describe any pathological condition briefly)
P.E.



ABBREVIATIONS:—

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

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

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

- Describe with sketch
- Br Bridge
- PD Partial } Denture
- CU Complete upper } Denture
- CL Complete lower } Denture
- DA Adjustment } Denture

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

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

J.C. Sawland Capt.
Signature and unit of examining officer
#3004 C.D.C.

NAME WISSELL W. RANK pte AGE 39 REG. No. 851550

UNIT 23rd. Field Ambulance. R.C.A.M.C. DATE 23-7-40 1940

Strike out inapplicable number and words.

ORAL HYGIENE

Good
Fair
Neglected

PROPHYLAXIS required

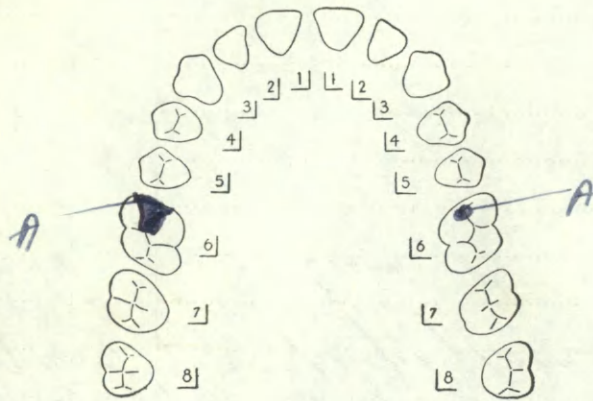
Yes
No

MUCOSA

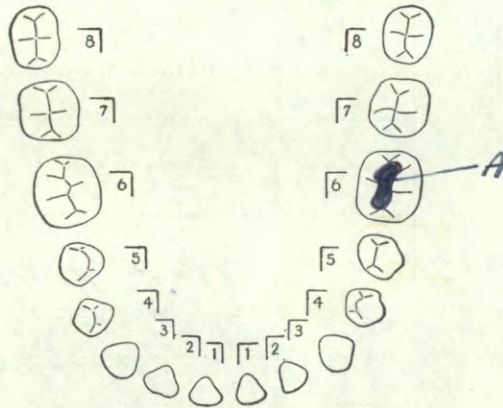
(Describe any pathological condition briefly)

P.E.

Patient's right



Patient's left



ABBREVIATIONS:—

- X Irreparable teeth—extraction
- A Amalgam
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 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
2,500 pads of 100—140 (3667-8)
H.Q. 1772-39-950

J. C. Swindell Capt.
Signature and unit of examining officer
#3049 R.C.A.M.C.

Indicate surfaces of teeth as follows:

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

Indicate tooth by the notation below.

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

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator
23-7-40	1	51	MO Amalgam	J. C. Howland					
23-7-40	2	16	M. i. t. Amalgam	J. C. Howland					
23-7-40	3		P.E. Treat	J. C. Howland					
26-7-40	4	16	O Amalgam	J. C. Howland					
20-7-40	5		prophylaxis	J. C. Howland					
19/3/41	6		Pe	John M. Clarke					
21 JAN 43			Exam. P.K.	S. K. Oldfield Capt.					

CONFIDENTIAL.

No. of enclosure in Form 48
Serial No. in A. & D. Book
or in Form 58

CAN

Army Form I 1220.
R.A.F. Form 39.

HOSPITAL OR SICK LIST RECORD CARD.

Surname Wissell Christian Names William
Rank PL Unit 15-c. 41. Hosp
Army or R.A.F. No. 051550 Branch or Trade

Age 43 Total Service } Under instruction as

Hospital or Station rendering this form 715 Can Gen Hosp.

Dates of:—
Arrival as direct admission 27/10/43 from unit

„ transfer from unit

Discharge to duty 19 Oct. 43 from unit

„ as an invalid or to unit for invaliding

Transfer to

Death 3

Number of days under treatment

CLINICAL NOTES:

Disease or injury Observation for ~~1894~~ 1894

New disease supervening, and date 1894

Operation, nature and date

Anaesthetic, and method of administration

Date. Previous history of case and family, if relevant

This man started on treatment for P.D.S. in Aug 1941 Canada
Condition on admission apparently
several times had
a period of
no discomfort or pain

ENTERED ON

CAS. CARD

20
1218
1218

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.

MEDICALS

Date.

Progress of case

was done
a chemical diagnosis
only was made
It was given 10
recets of arsenic & Bis
& no more

Order for microscope
of I 1247

C. S. F. clove
Report to I 1247
of blood & such done
report to I 1247

Order to duty
reports to
Gordon

Condition on discharge

Improved

Signature of Medical Officer

Date

1/7/10 43

R. H. H. H.

CASUALTY WING EXTRACT

FOR THE 6 LIST

CMF

DATE 15 JAN 44

AUTH SER.91/23

TIME DATED

FILE

NAME WISSEL William

RANK PTE

REGT.NO. C 51550

UNIT 15 CDN.GENERAL HOSP.

HOSPITAL PARTICULARS

ADMITTED DATE

TRANSFERRED DATE

DISCHARGED 15 CDN.GENERAL DATE 19 OCT 43

DIAGNOSIS

V.D.S. RECHECK.

HOSP.DAYS.2. ✓

FOR DAILY UNIT & CONSOLIDATED LIST

FOR DAILY LIST ONLY

CASUALTY CARD MADE YES.

CLERK'S NO. OR INITIALS 53

ADMISSION

DISCHARGE

PROGRESS REPORT

DEATH

ENTERED ON

CAS. CARD.

CAS. LIST.

28
✓
1282

DA^{NGER}OUS - SERIOUS - OFF SERIOUS - OFF ALL LISTS

NEXT - OF - KIN

NAME & ADDRESS RELATIONSHIP

SERIAL NO.

HOME TOWN CABLE NO.

INLAND NO.

MINOR SURGERY REPORT

No. C 51550 Rank Pte Name Weisall Unit 15 G.H.

REPORT:—

DATE 7 March 42

Foreign body in left palm - duration
10 years. - became sore 3 days ago.
Palpable swelling flexor tendon under
finger.

Op 2 Transverse crease incision - Small
ball removed from fibrous sheath.
Dorsal surface flexor sublimis tendon.
2 Silk sutures - dressing bandage

Return 9 March for change of
dressing.

Phu Thompson
Surgeon, R.C.A.M.C.

Squadron
Battery
Company
Detachment

No. 23 Fld Amb

Unit or Battalion

MORNING SICK REPORT

Aug. 19 1941

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
C 51550	Pfc Wissel W	40	R.C.	D	M	Renal stone N.Y.D.	To D.M.H. for admission & treatment please
Debert Military Hospital, R. C. A. M. C. AUG 19 1941 Debert Military Camp, N.S.		Admit to Debert Military Hospital, R.C.A.M.C. Debert Military Camp, N.S.		<i>Jantof</i>		Registrar	

J. W. S. Pan Lieut

Medical Officer

Orderly N.C.O.


M. F. B. 292
2000M-10-40 (7393-4)
H.Q. 1772-39-248

1-3915

(OVER)

..... District Depot #6 UNIT

MFB 292 MORNING SICK REPORT 26-9 1941

NUMBER	RANK AND Name	AGE	REL	DUTY PRIS. OR DEFAULTER	M S	DISEASE	M.O.'s REMARKS
C51550	Cpl. W. H. H.	40	RC	Duty	17	Treatment	To H.M.H.
	Wissel, William						
OUT PATIENT ONLY							
							

..... C. W. Howes Lt. MEDICAL OFFICER A. H. Blackford ORDERLY N.C.

gy

ADMITTING SLIP

14
Regtl. Number C51550 Rank Pte. Name WISSEL, W. William

Unit 15 Gen. Hosp. (Coy., Bty., Sqdn., Det.) Age _____ (Completed years of Service)

Religion _____ M or S _____

Date admitted 13 Nov. 42. Time admitted _____

ENTERED ON

Admitted from (If a transfer, state from where) _____ Unit _____

CAS. CARD. 22

Diagnosis NYD. Skin.

CAS. LIST. 884

Admitted to: Ward No. #15 Gen. Hosp.

Medical Officer admitting: _____

Number in A & D Book 8638.



(Signature of Admitting Clerk)

Amo 5/2/64

VENEREAL CASE CARD.

(Syphilis only)

Confidential.

Serial No. in Records.....

Hospital **MADE UP AT D.A.D.H. OFFICE. C.R.U.**

Place

Surname..... **WISSEL,**
W.

Christian Names

(a) Official No., and (b) Rank or Rating..... (a) **C-51550** (b) **Pte.**

(a) Age; (b) Service..... (a) (b)

Ship or Unit ~~1502 HOSP~~ **V.D.S.**

Disease **Dead**

1st, 2nd, 3rd attack, or relapse.....

Date of examination or admission..... **19 Aug 41**

Date of discharge..... to duty **20 Sept 41**

to attend **(and in hospital)**

Transferred, date and destination..... **2 July 43 from**

Date of invaliding..... **(M.F. 300)**

Final disposal and date.....

Main points on: (1) Date and place of last three exposures to infection
(2) History; (3) Condition on admission.

*Noticed small sore under penis
yesterday
Small indurated ulcer on under
surface of penis. Regional glands
enlarged.
Diagnosis apparently incob on
clinical evidence.*

Dr. McCread Capt.
for D.A.D.H. - Edn. Reinf. Units.

Date.	*Treatment.		†Progress including pathological findings.	Complications and their Treatment.
	Local.	General.		
8/1/43	30 cc C.C.N.		D. H. Stead Capt. for - D.A.D.H., Cdn. Reinf. Units.	
15/10/43	30 cc A.V.O.S.		D. H. Stead Capt. for - D.A.D.H., Cdn. Reinf. Units.	
17.10.43	C. S. F. Kahn neg. Cell count no increase in cells Bandy neg. Globulin no excess Protein 30 mgms% W.P.T. neg.			
17/10/43	Blood / each neg			
	no chemical or serology - incl surveillance of V.D.S. to have blood / each in 6 mos			

[Signature] PAGE 3

[Signature] 15 mls in water
can be used Dec 4 34.
[Signature]

* Details of arsenical and heavy metal injections should be entered on pages 4 to 7.
† Under this heading the results of the Wassermann reaction, with dates, should be entered.

Date.	Method.	Dose, batch, and variety of Arseno-Benzol compounds.	Bismuth or Hg. Preparation and Dose.	Temperature.	Vaso-Motor Disturbance.	Urticaria.	Rigor.	Headache.	Diarrhoea.	Vomiting.	Albuminuria.	Jaundice.	Dermatitis.		Weight in lbs.	
													Erythema.	Exfoliative.		
20 Aug 41	①	0.125	Bi 2g													
21 Sept																
1 Sept 42	②	.05	2 "													
3 "	③	.05	2 "													
5 "	④	.05	2 "													
8 "	⑤	.05	2 "													
10 "	⑥	.05	2 "													
12 "	⑦	.05	2 "													
15 "	⑧	.05	2 "													
17 "	⑨	.05	2 "													
19 "	⑩	.05	2 "													

skin negative

To be investigated as to necessity of any further treatment. This work was made up from M.F.W. 100 received from N.S.H.Q. - no further details are available.

19 Jul 43

[Signature]

(M. H. Brown) Lt.-Col., R.C.A.M.C.
A.M.D.S.
for Director of Medical Services,
Canadian Military Headquarters.

Particulars of Infection and Precautions Taken.

Contracted at... ..	.....
Infected by Prostitute or Amateur .....	.....
Period stated to have elapsed between exposure and use of Prophylaxis ... ..	.....
Nature of Prophylaxis if any .....	.....
Drunk at the time ... ..	.....
Under the Influence of Drink .....	.....
<i>Signature of M.O.</i> ... ..	.....

SUMMARY.

CONFIDENTIAL.

No. of enclosure in Form 48
 Serial No. in A. & D. Book } 8638
 or in Form 38 }

Army Form I 1220
 R.A.F. Form 39.

HOSPITAL OR SICK LIST—RECORD CARD.

Surname WISSEL Christian Names William
 Rank Pte Unit 15 General Hosp.
 Army or R.A.F. No. } C.51550 Branch or Trade
 Age 41 Total Service } 29/12 Under instruction as
 Hospital or Station rendering this form } 15th General, R.C.A.M.C., Branshott
 Dates of:
 Arrival as direct admission Nov. 13/42 from Unit
 " transfer from
 Discharge to duty 6 Nov. 42
 " as an invalid or to unit for invaliding
 Transfer to
 Death
 Number of days under treatment 4

CLINICAL NOTES:

Disease or injury Scabies ENTERED ON
 New disease supervening, and date 18
 Operation, nature and date 280
 Anæsthetic, and method of administration 286
 Date. Previous history of case and family, if relevant

Condition on admission Scabies treated with benzyl benzoate

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.

Religion R.C.

Name Wissel, W.

M.F.M.1 & 2A
40/P & 8/119

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
		R. leave 9 T/W to 15 Dec 41	Pte	10 Dec 41	Gen	Love	292	16-12-41
		S.O.S. to 15 th General Hosp.	Pte	19 Dec 41	Gen	Love	296	20-12-41
22 Dec 41	Gen. Hos.	S.O.S. of 15 th Gen. Hos.	"	20 Dec 41	Gen. Hos.	W. K.	156	22-12-41
29 June 42	"	17 leave, 7 days	"	29 June 42	"	"	69 54	29 June 42
4 Nov 42	"	2 P/leave 7 days. no P/W.	"	4 Nov 42	"	"	121	4 Nov 42
16 Nov 42	"	Sick admitted to #15 Gen Hosp.	"	13 Nov 42	"	"	126	16 Nov 42
18 Nov 42	"	Discharged from 15 th Gen Hosp.	"	16 Nov 42	"	"	127	18 Nov 42
17 Feb 43	"	AWL 10 days awarded 7 days pay out 149(2) under 150(1) out 149(1) pay total 8 days pay 149(1) 149(1)	"	16 Feb 43	"	"	22	17 Feb 43
30 Apr 43	"	Granted basic rate of pay of \$1.50 per day	"	1 Jan 43	"	"	140	30 Mar 43
<u>CHANGE of ADDRESS of W. K. (Wife) to 18 Aberdeen Avenue West Ottawa Ontario Canada</u>							30	24 Mar 42
	SOS	SOS CA (UK) on embarkation	-	29 June 43	-	-	-	-
	TOS	TOS CA (M) Disembarked	Pte	30 June 43	15 Gen	NA	6	24 July 43
		Award fuf of 12 days Pay AA 15(1)	Pte	11 July 43	14 Hosp	-	-	-
		AA 15(1) fuf. 24 days Pay	Pte	26 July 43	15 Gen Hosp	NA	9	31 July 43
		Adm to 15 Gen Hosp	Pte	2 Sept 43	15 Gen Hosp	NA	12	4 Sept 43
		Disch from 15 Gen Hosp	Pte	19 Oct 43	15 Gen Hosp	NA	20	30 Oct 43
			Pte	19 Oct 43	15 Gen Hosp	NA	20	30 Oct 43
		Sub completed Died 23 Jan 44					CLC 1267	31 Jan 44

AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND

C16
6-3-44

C16
6-3-44

H.Q.

405-W-12,669

51550

M.F.B. 387

1,500M-4-43 (9433)

H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE (ARMY)

CROSS REFERENCE

WISSEL, WM.

WSR FILE COMBINED

C-51550

R.C.A.M.C.

A.F.

H.Q. 405-W-12,669
51550

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")		
MAY 24 1944	23/5/44	P.A.	W.H.				
				WDG	PER REQUISITION - DEC 13 1944		
				D.R.	With papers		DEC 20 1944
				PAY	WITH PAPERS JAN 3 1945		
MAY 2-1945	24-4-45	P.A.	mm		TREAS-A WITH PAPERS JAN 19 1945		
DEC 15 1945	14 12/45	Pa	4	Ta	PER REQUISITION DEC 11 1945		
JAN 23 1946	22/46	PA	3	Meds.	PER REQUISITION JAN 21 1946		
OCT 4 - 1946	4 10/46	Pa.	le.Sg	2C	PER REQUISITION SEP 5 1946		
JUN 20 1947	19 6/47	Pa	WSR	4B	PER REQUISITION JUN 17 1947		
MAY 14 1953	13-5-53	PA	RL	WSR 12.	PER REQUISITION MAY 12 1953		

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. TELEGRAMS DESP. TO N/K						
3. DELIVERY OF N/K TELEGRAM CONFIRMED						
4. CONFIDENTIAL NOTICE (MISS. POW. F.T.LS)						
5. DEPENDENTS LICENCE BOARD NOTIFIED						
6. P & N H NOTIFIED (BLINDNESS AMPS. F.T.LS)						
7. N/T W/R SERVICES NOTIFIED (POWS ONLY)						
8. RED. CROSS NOTIFIED (POWS ONLY)						
9. SAAG NOTIFIED (POWS ONLY)						
10. INCOME TAX & DEPT OF LABOUR NOTIFIED						
11. CH. PL. IN SERVICES NOTIFIED (SIW. F.T.LS)						
12. RELEASED TO PRESS						
13. G's LETTER TO NEXT OF KIN (F.T.LS)						
14. FILE PASSED TO Q3 (F.T.LS)						
15. Q3 ACTION TAKEN						
16. FILE PASSED TO "G"						
17. MINISTER'S CONDOLENCE CARD DESP'T						
18. FILE PASSED TO HONOURS & AWARDS						
19. MEMORIAL CROSS ACTION TAKEN						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						

FILE EXAMINED AND ACTION COMPLETED

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity of using it.
2. Central Registry should be notified whenever a file is passed direct to another branch.
3. All outgoing letters should bear the official file number.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **051550** RANK **Private**

SERVICE UNIT **15th General
Hospital R.C.A.M.C.
(CA) 'CM Force Ordina-
ry)**

NAME **WISSEL, William**

DATE OF BIRTH
DAY **12th** MONTH **January** YEAR **1901**

MARITAL STATUS **Married** RELIGION **Roman Catholic**

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

**Wife
18 Patricia St.,
Westboro, Ontario.**

NAME
ADDRESS
D.A.B.

Mrs. Delisca Wissel,

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

**Canrecords 4564 H.Q.405-W-12,669
Died as result of an accidental
fractured skull.**

DATE **23-1-44**

2

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

YES/NO

M.F.M.S. ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE **7-2-44**

MEB

OFFICER I/C RECORDS *PR*

6

COPY FOR DOCUMENT FILE

EST 1.

NAME C-51550 Pte WISSEL, William

CASUALTY and DATE DIED ACCIDENTALLY, 23 Jan 44

CASUALTY REPORT

1. Recorded and carded on FEB 22 1944 by SO C. Checked by APB O.

2. EST 3 _____ to _____ O.

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

3. Checked by _____ O. Cable to A of E. WILL No O. cable no. _____ checked by _____ O.

4. Forwarded for photostat on _____ by _____ C. Returned and filed by _____ C.

EFFECTS

5. With 1 C.K.S.D. YES/NO Auth. no. 33 Inventory rec'd on _____ and checked by _____ O.

6. Form letter EST 4 to _____ O.

Sent on _____ by _____ C. Inventory rec'd on _____ and checked by _____ O.

7. Inventory of effects from Unit rec'd on _____ and checked by (or) No effects sent O.

8. Release effects to Canada sent O. 1 CKSD notfd (& EST 5 sent) 28 May 44 by sent C.

9. Effects shipped in Box 3T on June 44 (or) Receipt rec'd. Entered by _____ C.

C. of A. REPORT

10. Rec'd and duplicate checked on 27 May 44 by OK C. checked by sent O.

DEBITS

P. or O.	Particulars	Name	Amount	Paid	Receipt

DOCUMENTS, BANK BOOKS, ETC.

	Checked	To Pay	Retn'd		Date Rec'd	Checked
M.B.M. I Pt I	<u>sent</u> O			L.P.C.	<u>11 Aug 44</u>	<u>APB</u> O
" " II	<u>sent</u> O	✓		1st Amended L.P.C.		O
Off Record of Service Bk	C			2nd Amended L.P.C.		O
	C					O

11. EST 6 to Pay with ~~Requisition~~/Docs.ticked/Request L.P.C./Uplift following bank acct _____ Cash to P.M. sent CDV - sent O Sent on 30 May 44 by apb C

12. EST 7 to A. of E. with all documents 11 Aug 44 APB O.

13. REMARKS.

Compend (deceased)
AUG 16 1944

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,
(Trafalgar Square)
London, S.W.1.

14 Aug 44.

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

C 51550 Pte WISSEL, William (dec'd)

1. Herewith the following:-

- Original C. of A. Report
- M.B.M. I Part I
- M.B.M. I Part II (3)
- M.F.M. 14
- Officers Record of Service Book
- L.P.C.
- Amended L.P.C.
- (C.F.A. 187
- (C.F.A. 187
- (C.F.A. 187

Cdn Sec. G.H.Q. 2nd Echelon C.M.F.

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 38.
Personal effects released to _____
- 3. Nil Will here.
Will forwarded to you with EST 10 serial no _____
- 4. Remarks
NIL


(G.M. Lampard) Major 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.

C 51550 Pte. Wissell. W. (Deceased)
10/ Wissell W/1 (Est.1.).

In accordance with your letter dated 30th May.44.

enclosed are Last Pay Certificate and Paybooks for the above-noted.

PR/495 5th Aug.44.

Le. Leunbrook
for Chief Treasury Officer.

EST 6

Quote No...10/Wissel..W/l.(Est.1).....

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,
(Trafalgar Square)
London, S.W.1.

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

30 May 44.

C 51550 Pte WISSEL W (dec'd)

1. Herewith the following:-

- (i) M.B.M. I Part II
- (ii) ~~XX~~

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

NIL

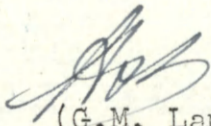
3. Committee of Adjustment Report shows the following:-

Cash to Paymaster	<u> NIL </u>	_____

C.D.V. Nil

4. Please forward:-

~~XX~~
L.P.C.


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

Copy to file

Personal No. Rank Name & Initials Unit Date of Death or
~~xxxxxxx~~
~~xxxxxxx~~

c51550 Pte. Wissell, W. 15 Cdn Gen Hosp. 23 Jan 44.

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

2 Apr 44.

by order of Lt.-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

E.G. RADLEY, Major
CANADIAN SECTION GHQ 2nd Echelon CMF.

MEMBERS

W.G.D. STANLEY, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

A.M. STEPHENSON, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

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

1. The effects of the ~~confidential~~/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., CRU.,
Canadian Army, England.

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

~~3. This ~~confidential~~/other rank has left no preferential or local debts.~~

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices.

2. Unit's A.F.W. 3190

~~3. This ~~confidential~~/other rank has left no preferential or local debts.~~

4. Echelons A.F.W. 3190.

~~5. This ~~confidential~~/other rank has left no preferential or local debts.~~

~~6. This ~~confidential~~/other rank has left no preferential or local debts.~~

E. G. Radley
(E.G. RADLEY) Major
PRESIDENT.

W. C. D. Stanley
(W.C.D. STANLEY) CAPT
MEMBER.

A. M. Stephenson
(A.M. STEPHENSON) CAPT
MEMBER.

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked * which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- 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.
- 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.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - preferential charges owing within the unit and the unit area, and
 - 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.
- 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.
 - 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.
 - 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.
 - 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. C. 51550 Rank Pte. Name in full Wissell, William

*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 23 Jan. 44

Unit #15 Canadian General Hospital, R.C.A.M.C.

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

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

Name of Officer furnishing report Major J.B. NEILSON
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1.* Separate inventories are attached, as applicable, showing:—

- ~~* Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1".~~
- ~~* Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".~~
- ~~* 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".~~
- ~~* 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".~~
- ~~* 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

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

C. CLOTHING AND EQUIPMENT (PUBLIC)

- ~~* Was turned in to Q.M. Stores.~~
- ~~* There were no deficiencies.~~
- ~~* There were deficiencies amounting to £ ----- 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
† None known			

*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
† None known			

*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
† None known	

(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
† None known			

*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

II
See AAW 3190
w

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.	† Nil
		Paid re ordinary debts as per para. E.	† Nil
		Paid (*balance) to unit Paymaster	† Nil

Paid	Received
	† 5 Franc Note
	10 Lira Note
	1 Copper Coin
	† 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) and III

~~(*not forwarded by reason that~~

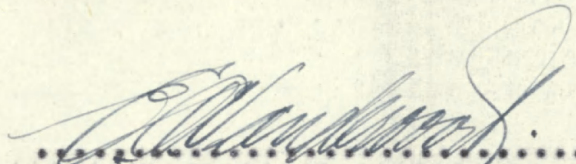
J. Melson Majr R.R.A.M.C.
(Signature of Committee or President)

7 Feb. 44.
Date

#15 Cdn General Hospital, R.C.A.M.C.
Unit

VCI

Certified that all articles shown as on issue to C51550 Pte. Wissell, W. No.15 Cdn. General Hospital RCAMC (Deceased) in Part III of MBM 1 have been received by the undersigned and that there are no deficiencies of kit or equipment.



.....Capt.
E.C. Vandervoort, Quartermaster
No.15 Cdn.General Hospital, R.C.A.M.C.

PERSONAL EFFECTS

VAS+2

1550 Pte. Wissell, W. (Deceased)
No. 15 Cdn. General Hospital, RCAMC.

- 1 Leather Wallet
- 1 Chamois Skin
- 26 Photographs
- 1 Notebook
- 1 5 franc note
- 1 10 Lire note
- 1 Coin
- 2 Rosaries
- 30 Greeting cards
- 1 Leather Bandolier containing sea shells

Checked and listed this
29th day of January 1944.

J. Sheilken Major RCAMC.
#15 Cdn. General Hospital.

Copy AFW 3190

C 1550 Pte. Wisell W.

15 Cdr. Gen. Hosp.

died (Acc.) 23 Jan. 44.

Inventory No. 248

Reg'd Post Particulars

40/3 Mar 44

Signature "W. Strong" Capt.

Cdr. Sec. G. H. Q. 2nd Ech.

30 Mar 44

C 51550 Pte. Wissell W. 15 Gen. Hosp.

- 1 W allet
- 1 Piece Chamois
- 1 snapshots
- 1 Note Book
- 5 Franc Note (souvenir)
- 10 Lire Note (souvenir)
- 2 Souvenir Coins
- 2 Religious Medal
- Greeting Cards.
- Leather Bandolier
- Sea Shells
- 1 Red Identity Disc.

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. 51550 PTE.

Rank, Name & Initials. Wissell W.

Regiment or Corps. 15th Coy. Gren. Hqs.

Nature of Casualty. Dead (I/C)

Date of Casualty. 23 Jan 44

Inventory No. :-

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 Wissell W.

Rank

Unit

Date

40 / MAR 31 1944

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. 251550 Rank PTE Name & Initials WISSELLIN Army Form W.3190. Regt. 156th Gen Hosp

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

1 WALLET
1 PIECE CHAMOIS
SNAPSHOTS
1 NOTE BOOK
5 FRANC NOTE (SOUVENEIR)
10 LIRE NOTE (SOUVENEIR)
2 SOUVENEIR COINS
2 RELIGIOUS MEDALS
GREETING CARDS
LEATHER BANDOLIER
SEASHHELLS
1 RED IDENTITY DISC

	£	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 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 MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME C-51550 Pte. Wissell W. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon C.M.F.

C-96325 Pte. Desormeaux J.M.

CHECKED BY K-74155 Pte. O'Donaghey M.R. DATE 14, Apr. 44

- | | |
|---|--------------------------|
| 1 | Wallet |
| 1 | Piece Chamois |
| 1 | Note Book |
| 1 | 5 Frank Note (Souveneir) |
| 1 | 10 Lire Note (Souveneir) |
| 2 | Souveneir Coins |
| 2 | Religious Medals |
| | Greeting Cards |
| 1 | Leather Bandelier |
| | Seashells |
| 1 | Red Identity Disc. |

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

H.E. [Signature]
.....
for OC 1 Cdn KSD

Personal Effects Certificate.

Army Form W.3190.
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. C51550 PTE.
Rank, Name & Initials WISSELL W.
Regiment or Corps 15th CN. GEN. HOSP.
Nature of Casualty DIED (ACC.)
Date of Casualty 23 JAN 44

Inventory No. :-

2481

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 W. J. [unclear]
Rank Capt.
Unit Gen. Sec. 8400 Ech.
Date 30 Mar 44

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.

List of Articles of Intrinsic or Sentimental Value.

1 WALLET ✓
1 PIECE CHAMOIS ✓
SNAPSHOTS ✓
1 NOTE BOOK ✓
5 FRANC NOTE (SOUVENIR) ✓
10 LIRA NOTE (SOUVENIR) ✓
2 SOUVENIR COINS ✓
2 RELIGIOUS MEDALS ✓
GREETING CARDS ✓
LEATHER BANDOLIER ✓
SEASHELLS ✓
1 RED IDENTITY DISC ✓
Complete
11 Aug 44
J. J. Derrmann
M. R. Donaghy

	£	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 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.

Personal Effects Certificate.

Army Form W.3190.
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. C51550 PTE.
Rank, Name & Initials WISSELL W.
Regiment or Corps 15th CON. GEN. HOSP.
Nature of Casualty DIED (ACC.)
Date of Casualty 23 JAN 44

Inventory No. :-

2481

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 W. H. Cap...

Rank capt.

Unit Gen. Sec. G.H.Q. Ech.

Date 30 Mar 44

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. 051550

Rank PTE

Name & Initials WISSA W

Army Form W.3190.

Regt 150 H

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

1 WALLET ✓
1 PIECE CIGARETTES ✓
SNAPSHOTS ✓
1 NOTE BOOK ✓
5 FRANK NOTE (50 FRANKS) ✓
10 LIRE NOTE (50 FRANKS) ✓
3 SOUVENIR COINS ✓
2 RELIGIOUS MEDALS ✓
GREETING CARDS ✓
LEATHER BANDOLIER ✓
IDENTITY DISC ✓
14 APR 44
5 IN MEMORIAM
MR DUNN

	£	s.	d.	Prcs.	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 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.

10/Wissell, W./1
60/Wissell, W./1
AG4a

The Secretary,
Department of National Defence,
Ottawa,
CANADA.

30 Mar 44.

C 51550 Pte Wissell, W.

1. Reference your H.Q. 405-W-12,669 (Admin 3(b)3) dated 9 Mar 44.
2. Proceedings of the Court of Inquiry in connection with the death of the m/n soldier are being forwarded this date to you through O. 1/c Records here.
3. For your information, please.

sub
(P.J. Montague)
Major General
In Charge of Administration
CANADIAN MILITARY HEADQUARTERS

10/Wissell, W./1
60/Wissell, W./1
AG4a 30 Mar 44

4

O. i/c Records,
C.M.H.Q.

Court of Inquiry - Death
C 51550 Pte Wissell, W.
15 Cdn Gen Hosp.

1. Herewith please find proceedings of the m/n Court of Inquiry. These are required by NDHQ and a copy of their letter is enclosed herewith.
2. Will you please forward these documents to NDHQ in reply to their letter.
3. Please acknowledge these proceedings on duplicate letter enclosed herewith.

pub
(C.S.Booth) Brigadier
Deputy Adjutant General
CANADIAN MILITARY HEADQUARTERS

Encls (2)

REPORT ON INJURIES

(Other than wounds received in action)

To be rendered in accordance with instructions on the back of this Form.

1. STATEMENT TO BE SIGNED BY THE OFFICER OR SOLDIER.

I C.51550 Pte. Wissell, W. No.15 Cdn.General Hospital hereby declare that
(Number) (Rank) (Name) (Unit)

I sustained an injury on the 23 Jan 44 in the following circumstances:-
(Date of Casualty)

(Soldier fatally injured with instantaneous death - no statement obtained)

Date 29 Jan 44 Signature of Officer or Soldier.

2. Nature, site and severity of injury, stating whether it is likely to interfere with his future efficiency as an officer or soldier.

Compound fracture of skull with laceration of brain and instantaneous death.

N.B.- Hospital to be notified at once if would is believed to be self-inflicted.

J. Sheels on map RCAMC
Medical Officer

3. Short statement of the circumstances by an officer who has knowledge of the case. The evidence of witnesses must be attached to this form--see Note 5 overleaf. (For injuries during sports or games--see Note 7 overleaf. Injury was sustained when the military vehicle in which the soldier was a passenger overturned. Statements of witnesses are contained in Court of Inquiry proceedings dealing with the circumstances of the death of the soldier.

J. Sheels on map

4. Commanding Officer's opinion:

- (a) Was the individual in the performance of military duty? ... *He was off duty at the time.*
- (b) Was it due to his negligence? ... *No.*
How far was this blameworthy? ...
- (c) Was it due to his misconduct? ... *No.*
If so, in what way? ...
- (d) Was anyone else to blame? ... *Not yet determined. Driver of truck may have been to blame.*
- (e) Did the injury occur on military premises and if so in what part of such premises? ... *No*
- (f) Court of Enquiry--
 - (i) Has any been held? ... *Yes.*
 - (ii) Will any be held? ...
 - (iii) Date and place ... *24 Jan 44 El Arrouch*

Date 30 Jan 44

G. R. Farmer R.C.
Commanding
No.15 Cdn.General Hospital, RCAMC

FOR USE ON ACTIVE SERVICE ONLY

5. To _____ Division

- (a) Opinion of Brigade Commander.
- (b) Disciplinary action taken or proposed, whether against injured individual or another.

Date _____ Commanding _____ Brigade

6. To _____ Army "A"

Forwarded with reference to my casualty wire No _____ dated _____

Date _____ Commanding _____ Division

7. DECISION OF G.O.C. ARMY

To _____
This casualty should be reported as _____

Date _____ Commanding _____ Army

NOTE:- If the G.O.C. Army decides that the casualty is to be reported as self-inflicted, he should add the words to show how far he concurs with the opinion expressed above.

INSTRUCTIONS

1. Parts 1-4 to be completed in all cases.
2. Parts 5-7 to be completed on active service only.
3. These forms are to be completed in all cases of injury (other than wounds received in action) involving the absence from duty of an officer or soldier, whether due to the individual's own act, or that of a comrade, or to other extraneous circumstances.
4. Where several casualties occur as the result of one accident, one form is to be completed for each officer or soldier injured. A copy of the set of statements from the witnesses of the accident will be attached to each form (vide para 3 on reverse and para 5 of these instructions).
5. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable, will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.
6. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.
7. Where the injury was incurred during sports or games the statement at (3) overleaf should show clearly, (a) who organized the game, match, tournament or sports in which the injury was incurred; (b) whether the officer or soldier concerned had been selected or detailed to play in a representative military team or to compete as an individual. In the case of injuries at practice, it should be stated whether the individual was a selected representative of some military formation practising under authority.
8. After final action this form will be disposed of as directed in para. 773 King's Regulations, 1940.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

9. In these cases the statements mentioned in paragraphs 5 and 6 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc. if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.)
10. An officer or a soldier is specially trained in the safe use of his rifle and revolver and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore be laid under _____



DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA.

March 9th, 1944.

9202

Canadian Military Headquarters,
2 Cocksbur Street,
Trafalgar Square,
LONDON S.W.1, England.

Dis

C-51550 Pte. WISSEL, William

Information on this soldier's file indicates that he died on the 23rd of January, 1944 as the result of a fractured skull due to an accident.

2. His Unit is : 15th General Hospital, R.C.A.M.C., C.A., 1 CM Force Ordinary.

3. The Department of Pensions and National Health has requested to be furnished with the proceedings of the Court of Inquiry. A search of Pte. Wissel's file has failed to reveal any trace of any Court of Inquiry or form M.F.B. 371 completed on this occasion.

4. May a report be forwarded to this Headquarters as to the circumstances of this injury.

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

CENTRAL REGISTRY
C.S.W. 111-119.
Last Name: *[Signature]*
Date: 21-247

TO CONTACT PERSONS

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) WISSEL William
 (Surname) (Christian Names)
 RANK Pte No. C 51550 UNIT 15 GDN. GENERAL HOSP. R.C.A.M.C.
 HOSPITAL (U.K. only) In which death took place, if applicable 15 Gdn. Gen. Hosp
C.M.F.
 R.U. (U.K. only) to which posted on admission to Hospital _____
C 1267
 CASUALTY DIED ACCIDENTAL DATE 23 Jan 44 PLACE G.M. FORGE
 (If ex U.K. specify theatre)
 If P.O.W. or INTERNEED, number and address _____
 PREVIOUSLY REPORTED _____ DATE _____
L. S. APPLEFORD (Major)
Officer i/c R.5. Wing Casualty Sect.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, complete No.2.)
2. NAME, in full _____
 RELATIONSHIP _____ ADDRESS _____
3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE, so state _____
4. Date of MARRIAGE, if known _____

WILL, EFFECTS ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ _____ BENEFICIARY _____
 (NAME) (ADDRESS) EXECUTOR (RELATIONSHIP) _____
2. BANK ACCOUNT - Name of Bank etc. _____ A/c No. _____
 address _____
3. KIT PRIVATELY STORED - Name of custodian _____
 address _____
4. Particulars of DEBTS; REMARKS, etc. _____

Date FEB 15 1944

B. E. WILLIAN
 B. E. WILLIAN (A/Capt)
 Officer i/c R.3. Wing Non-Effectives.
 for Officer i/c Records.
 Canadian Military Headquarters.

Original - with Will, if any, to
 O.i/c Estates, C.M.H.Q.
 Duplicate - to file.

H.Q. 405-W-12669
R. 4 (B).

20th June, 1947.

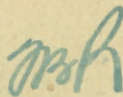
Mrs. Delisca Wissel,
18 Patricia Street,
Westboro, Ontario.

Dear Mrs. Wissel:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, C51550 Private William Wissel, the location of which is grave 14, row G, plot 5, Bone Military Cemetery, Bone, Algeria.

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

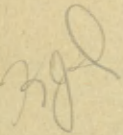
Yours faithfully,



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

Encl.

/EMA



FIELD SERVICE

405-W-12669
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 } 15 GEN HOSPITAL Squadron, Troop, }
OR CORPS } Battery or Company }

Officer's Personal No. (if known) } C/51550 Rank Pte.
Soldier's Army No. }

Surname WISSELL Christian Names W.

Died { Date 23 Jan 44 Place Italy
Cause of Death* accidental death

Nature and Date of Report Teleprint Cdn 02E/NS178

By whom made 02E/NA

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

Burial { Place Phillipeville Mil Cem. Cdn Plot Date
Grave No. 4. Row "B".
By whom reported

State whether he leaves { (a) in Army Book 64 NK
a Will or not { (b) as a separate document NK

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 } 28 Jun 44 Signature of Officer in charge of Section }
Adjutant-General's Office at the Base }

Georges Guay
for Officer i/c.,
Cdn Sec GHQ., 2nd Echelon AAI

405 - W - 12,669

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

Original on H.Q. File
405 - W - 15,161

DATE _____

C.A.S.F. A.28

Director of Records
A. G. Branch.
DEC 14 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

DEATH.

CASUALTY WING EXTRACT

FOR THE "C" LIST

DATE 31 JAN 44

AUTH ~~XXXXXX~~ CECH/CAS/2613

TIME DATED

FILE

NAME WISSEL
WISSELL WILLIAM

RANK PTE

REGT. NO. C-51550

UNIT 15 Gen. Hosp - (C.M. FORCE)

HOSPITAL PARTICULARS

ADMITTED 15 GWN DATE 23 JAN 44

TRANSFERRED _____ DATE _____

DISCHARGED _____ DATE _____

DIAGNOSIS ACCIDENTAL DEATH - DEATH DUE TO ACCIDENTAL INJURY

SUFFERED FRACTURED SKULL. ~~DIED~~ 23 JAN. 44

FOR DAILY UNIT & CONSOLIDATED LIST yes.

ADMISSION

FOR DAILY LIST ONLY

DISCHARGE

CASUALTY CARD MADE NO. yes

PROGRESS REPORT

CLERK'S NO. OR INITIALS 11

DEATH

DANGEROUS - SERIOUS - OFF SERIOUS - OFF ALL LISTS

NEXT - OF - KIN

NAME & ADDRESS Mrs Delisca Wissel RELATIONSHIP Wife

18 Aberdeen Ave. W, Ottawa Ont SERIAL NO. 144/1

HOME TOWN Ottawa Ont. Can. CABLE NO. 4564

INLAND NO. _____

ENTERED ON

CAS. CARD. 20

CAS. LIST. 1267

M66

M-12

203



1910

1910

Faint, illegible text in the upper section of the page, possibly a header or introductory paragraph.

1910

Faint, illegible text in the middle section of the page, possibly a list or table of contents.

Faint, illegible text in the lower middle section of the page, possibly a list or table of contents.

Faint, illegible text in the bottom section of the page, possibly a list or table of contents.

H.Q.

405-11-12,669

FALSE DOCKET
ARMY

No. 472

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

WISSEL, W.

C. 51550

K

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")		
					PER REQUISITION FEB 11 1944		
	FEB 19 1944				Estates Passed please	KB	18-2-44
					A approval	J	27-9
					Effects entered	Ken	27-9
					K Effects entered	Eff	28-9-44
	15-9-44	B.F.	K	S	"for approval"	K	30-9
					Effects "to go"	K	10-10-44
					K Effects shipped	Eff	18/10/44
					S. for approval	E	20-10-44
					P4	S	9-11
	15-11	B.F.	N	F	P4 for Sig	Q	25-11
					Per B. F. DEC 15 1944		
	2-1	B.F.	N	N	last will	K	15-11
					N Per Request	Reg.	27-12
					F P4 for Sig	9.	27-12
	21	Cancel	K	K	debit 2 1/2 us and B.C.	7	28-12
		PA	QC	Qc	closed	K	8/1/45
					K With Papers FEB 1 1945		
	10 1945	1/2/45	P.A.	CWP			
	9-2-45	PA	DM		2c PER REQUISITION FEB 8 1945		

WISSEL W
405-11-12,669

BLUETOOTH

FILE No.
H.Q. No.

DIED Jan. 23 1944 CANADA.....
 OVERSEAS ✓ Med.

Casualty Report—
 Date Received 21-2-44 Date Despatched

Will { Service { Canada.....
 { O/Seas.....
 Civil.....
 None ✓
 Probate (or L of A).....

Beneficiary.....
 Residing { Canada.....
 { Elsewhere.....

Particulars of Family
 Form dated 4-6-40
 None.....

Single..... Married ✓
 Parents both Children 5 (Minors ✓)
 Life Insurance na

A.P. to other than Dependents

Form P.64
 Dated 2.3 ^W 23-2

By Widow Single.....
 Other N/K.....
 Will no Other Estate no
 Debts no

Form to Unit

C. of A. Report 23.8 Approved 28.8

Service debts no
nil will

L.P.C. \$ 31.61 24/8/44 18-9-44 **VERIFIED**

Amended.....

Bank Credits.....

Other Credits.....

Domicile ONT.

DISTRIBUTION—
 Canada..... 16-10-44
 Effects 0-28-9-44
 Overseas 15/2/44 17/10/44

To to Widow
 Bulk via 1 parcel reg. Mail. 26650
 Valuables via.....
 Letter as to, dated 10/10/44

Total Cash \$ 31.61 C.O.P. To Widow - Mrs Delissa Wessel - ^{n/k-intestacy} per

Date of Despatch 5/1/45
508 9/1/44 NR 181

ADVICE RECEIVED
 DEC 27 1944
 NO WILL IN REC. OFF.

Department of National Defence

Ottawa, Canada



Date.....*27 Janv.* 1945.

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

.....*Thirty-one*-----/-----*61* Dollars (\$.....*31.61*.....)
100

being in connection with the Service estate of my husband.

.....
WISSEL, William, Pte. (Deceased)
No. C.51550 - Canadian Army

.....
Mrs. Helisca Wissel
Signature

ESTATES BRANCH

January 5, 1945.

Mrs. Delisca Wissel,
18 Patricia Street,
Westboro, Ontario.

WISSEL, William, Pte. (Deceased)
No. C.51550 - Canadian Army

Dear Mrs. Wissel:

We are pleased to advise you that the final statement concerning your husband's Service estate has now been received.

The total amount available to this Branch for distribution is \$31.61, and is made up entirely of the balance of pay and allowances at credit.

Your husband did not leave a Will and his estate is, therefore, distributable in accordance with the intestacy laws of his province of domicile. Accordingly, the whole amount devolves upon you as the next of kin entitled.

The Treasury Branch has been requested to forward to you a cheque payable to your order in the amount of \$31.61. When this cheque has been received, will you kindly sign and return to us the enclosed acknowledgment form.

Yours faithfully,

CWP/RD
Encl.

Director of Estates.

Department of National Defence

Estates Branch

Ottawa,

Canada



Date.....194.....

Received this date from the Director of Estates.....

.....
1 Parcel by Registered Mail.....

containing personal effects of my deceased.....husband.....

H.Q.....

WISSEL, William, Pte. (Deceased)

No. C.51550 C. A.

Mrs. Helisca Wissel

Signature

ESTATES BRANCH

October 10, 1944.

Mrs. Delisca Wissel,
18 Patricia St.,
Westboro, Ont.

WISSEL, William, Pte. (Deceased)
No. C.51550 C. A.

Dear Mrs. Wissel:

Your husband's personal effects have now arrived here from Overseas. They will be sent to you in a parcel by Registered Mail within a few days. When received, would you please sign and return the enclosed receipt form.

A further letter will be written to you in the very near future concerning the pay account.

Yours faithfully,

2665.

CWP/MK

Director of Estates.

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,
(Trafalgar Square)
London, S.W.1.

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

14 Aug 44.



C 51550 Pte WISSEL, William (dec'd)

1. Herewith the following:-

Original C. of A. Report
M.B.M. I Part I
M.B.M. I Part II (3)
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
Officers Record of Service Book
L.P.C.
~~XXXXXXXXXXXXXXXXXXXX~~
(C.F.A. 187 Cdn Sec. G.H.Q. 2nd Echelon C.M.F.)
~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~XXXXXXXXXXXXXXXXXXXX~~ Personal effects released to you in Box 38.
~~XXXXXXXXXXXXXXXXXXXX~~
3. NIL Will here, ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~
4. Remarks
NIL

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

Copy to file

AG49

Personal No..	Rank	Name & Initials	Unit	Date of Death or xxxxxx Date taken from
C51550	Pte.	Wissell, W.	15 Cdn Gen Hosp.	23 Jan 44.

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

2 Apr 44.

by order of Lt.-Col M.S. Dunn, O.B.E.
for the purpose of dealing with the
local affairs of the above-mentioned.

PRESIDENT

E.G. RADLEY, Major
CANADIAN SECTION GHQ 2nd Echelon CMF.

MEMBERS

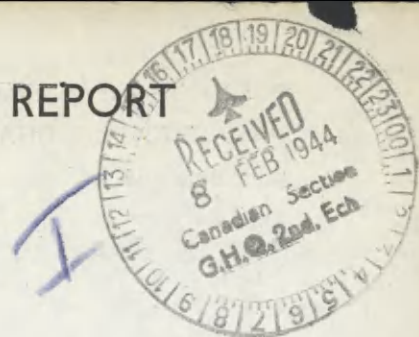
W.G.D. STANLEY, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

A.M. STEPHENSON, CAPT
CANADIAN SECTION GHQ 2nd Echelon CMF.

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

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS



- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked * which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- 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.
- 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.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
 - preferential charges owing within the unit and the unit area, and
 - 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.
- 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.
 - 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.
 - 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.
 - 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. G. 51550 Rank Pte. Name in full Wissell, William
*Deceased, *Missing, *Prisoner of War, *Interned. Date of Casualty 23 Jan. 44
Unit #15 Canadian General Hospital, R.C.A.M.C.
Medical installation in which death took place (if applicable) N.A.
Reinforcement Unit to which posted at time of death (if applicable) N.A.
Name of Officer furnishing report Major J.B. NEILSON
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1.* Separate inventories are attached, as applicable, showing:—

- ~~Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1".~~
- ~~Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".~~
- ~~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".~~
- ~~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".~~
- ~~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

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

C. CLOTHING AND EQUIPMENT (PUBLIC)

- ~~Was turned in to Q.M. Stores.~~
- ~~There were no deficiencies.~~
- ~~There were deficiencies amounting to £ ----- 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
† None known			

*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
† None known			

*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
† None known	

(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
† None known			

*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

I

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

See FFJ3190

Paid	Received
	† 5 Franc Note 10 Lire Note 1 Copper Coin
	† 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

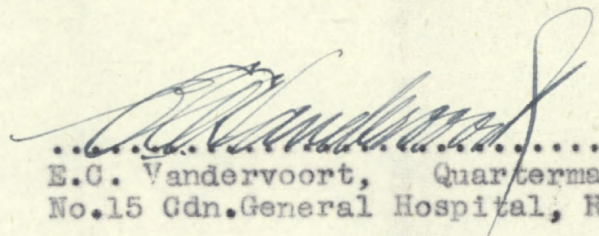
J. Muelson Majr RCAMC
Signature of Committee or President.

#15 Can General Hospital, R.C.A.M.C.
Unit

7 Feb. 44
Date

Certified that all articles shown as on issue to C51550 Pte. Wissell, W. No.15 Cdn. General Hospital RCAMO (Deceased) in Part III of MBM 1 have been received by the undersigned and that there are no deficiencies of kit or equipment.

1/01



.....Capt.
E.C. Vandervoort, Quartermaster
No.15 Cdn.General Hospital, R.C.A.M.C.

PERSONAL EFFECTS

1/AS+2

1550 Pte. Wissell, W. (Deceased)
No. 15 Cdn. General Hospital, RCAMC.

- 1 Leather Wallet
- 1 Chamois Skin
- 26 Photographs
- 1 Notebook
- 1 5 franc note
- 1 10 Lire note
- 1 Coin
- 2 Rosaries
- 30 Greeting cards
- 1 Leather Bandolier containing sea shells

*Checked and listed this
29th day of January 1944
J. H. Nelson, Major R.C.M.C.
No 15 Cdn General Hospital.*

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Arm No. C51550 PFE.

Rank, Name & Initials WISSELL W.

Regiment or Corps 15th CON. GEN. HQS. A.

Nature of Casualty DIED (ACC.)

Date of Casualty 23 JAN 44

Inventory No. :-

4
2481

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

Registered Post Particulars :-

40/ MAR 3 1 1944

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

Special Instructions.

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

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.

Signature W. J. [unclear]

Rank [unclear]

Unit Gen. Sec. [unclear]

Date 30 MAR 44

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. 651550 Rank PTE Name & Initials WISSELL Army Form W.3190. Regt. 156th Hqs

INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

1 WALLET
1 PIECE CHAMOIS
SNAPSHOTS
1 NOTE BOOK
5 FRANC NOTE (SOUVENEIR)
10 LIRE NOTE (SOUVENEIR)
2 SOUVENEIR COINS
2 RELIGIOUS MEDALS
GREETING CARDS
LEATHER BANDOLIER
SEASHELLS
1 RED IDENTITY DISC

	£	s.	d.	Frs.	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.

CANADIAN ARMY

Clothing and Equipment
Statement

Regt. No. ... C 51550

Rank ... PTE

Name ... WISSELL W

INSTRUCTIONS TO SOLDIER

1. You will always carry *this book* on your person and are responsible for its safe custody.
2. You will initial the end of the list of your kit 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 adoptions thereof.

CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse.....	4
Battle dress, trousers.....	3
Cap or bonnet.....	7
Boots, ankle.....	7F
Socks.....	11
Gloves.....	med
Facepiece, respirator.....	normal
Greatcoat.....	3
Coveralls, combination.....	
Jersey, pullover.....	med
Shirts, Angola, drab.....	16
Vest, woollen.....	med
Drawers, cellular.....	"
Drawers, woollen.....	"

ARTICLE	QUANTITY	
Anklets, web, prs.....	1	
Blouses, Battle-dress.....	1	14
Bonnet, tam-o'-shanter.....	1	
Boots, ankle, prs.....	2	
Boots, lumbermans, rubber, prs.....	1	
Boots, rubber, high, prs.....	1	
Bonnet, drab, Irish.....	1	
Cap, field service.....	1	
Cap, mechanic.....	1	
Cap, tank battalion.....	1	
Drawers, Cellular short, prs.....	2	
Drawers, Woollen, prs.....	2	
Gloves, knitted, drab, prs.....	1	
Greatcoat, drab.....	1	
Jerkin, leather.....	1	
Jersey, pullover.....	1	

ARTICLE	QUANTITY	
Overalls, combination.....	1	
Shirts, angola, drab.....	2	
Shoes, canvas, prs.....	1	
Trousers, battledress, prs.....	1	14
Vests, woollen.....	2	
S.A.S. M.B.S.T.C. prs.....	3	
Badge, cap.....	1	
Badge, shoulder, "CANADA" prs.....	2	
Badges, arm Tank Bn.....	1	
Bag, kit, universal.....	1	
Braces.....	1	
Brass, cleaning.....	1	
Brush, button, brass.....	1	
Brush, clothes.....	1	
Brush, hair.....	1	
Brush, shaving.....	1	

ARTICLE	QUANTITY	
Brush, shoe, blacking.....	1	
Brush, shoe, polishing.....	1	
Brush, tooth.....	1	
Cap, comforter.....	1	
Comb, hair.....	1	
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.....	1	

ARTICLE	QUANTITY	
Shorts, gymnasium.....	29-5-43 7.22.6.	1
Sponge.....	1	
Spoon, N.S. Dessert.....	1	
Vests, cotton, gym.....	2	
Towels, hand.....	2	
Unit titles, prs.....	1	
Attachments, brace.....	2	
Bag, ration.....	1	
Belt, waist.....	1	
Bottle, water.....	1	
Braces, W.E.....	2	
Carriers, cartridges.....	1	
Carrier, waterbottle.....	1	
Case, pistol.....	1	
Cover, breech, ride.....	1	

ARTICLE	QUANTITY		
Cover, Mess tin, rect.....	1		
Frog, bayonet.....			
Haversack.....	1		
Helmet, steel.....	1		
Net, helmet camouflage.....			
Pack.....	1		
Pouches, Ammunition, pistol.....			
Pouches, Basic.....			
Pouches, utility.....			
Sling, rifle.....			
Straps, shoulder, haversack.....	2		
Straps, supporting, web.....	2		
Tins, mess rect.....	1		
Yoke.....			

ARTICLE	QUANTITY		
Haversack, respirator.....	1		
Respirator, Anti-gas complete.....	1		
Outfit, anti-dimming.....	1		
Ointment, Anti-gas, tins.....	2		
Eyeshields, Anti-gas (Pk. of 6).....	1		
Detectors, individual prs.....	1		
Capes, anti-gas.....	1		
PROTECTORS EAR PR.....	1		
WALLETS A.G.....	1		
Bayonet.....			
Bottle, oil.....			
Pistol, revolver. (NO.....)			
Pull-through, single.....			

PERIOD

From FEB 1 1948 19 To 19

MILITIA BOOK M. 1

PART II

40/P&S/279 (11/42)

CANADIAN ARMY

H.

Soldier's Pay Book

(For use on Active Service)

Reg'tl Number C 51550

Surname (Capitals) WILSON

Christian Names in full WILLIAM

.....
.....
.....

111 1111

If th's 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.

1
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 ... C 51550Name in full (Surname first) WISSELLWILLIAMDate of Attestation 31 MAY 40State whether married, widower or single... M

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. DELISCA WISSELL18 ABERDEEN AVE., W.OTTAWA ONT. CAN.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$ ~~26⁰⁰~~ 10 28-2-43
1-3-41(b) \$ 23⁰⁰ 1-3-43

(c) \$

(d) \$

Name, address and relationship of assignee:

(a) MRS. DELISCA WISSELL18 ABERDEEN OTTAWA W. ONT.

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)

(wife) as above

Soldier's Signature

W. Russell W.

Book opens on

1 Feb 43

Balance Cr. or Dr.

as below

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay
			Local Currency	Canad'n Currency	
<i>1943</i>					
	<i>Balfour</i>				
	<i>Bals, Br't. Forward</i>	<i>(30)</i>			
	<i>Feb Pay</i>	<i>36 40</i>			<i>26 -</i>
<i>9-2-43</i>	<i>AR 220</i>		<i>1-10-0</i>	<i>6 71</i>	<i>1</i>
<i>00. 22-</i>					
<i>18-2-43</i>	<i>8 day pay</i>			<i>10 40</i>	<i>1</i>
<i>27/26</i>	<i>AR 235</i>		<i>10/-</i>	<i>2 24</i>	<i>1</i>
	<i>March Pay</i>	<i>40 30</i>			<i>20 -</i>
<i>15-3-43</i>	<i>AR 249</i>		<i>1-0-0</i>	<i>4 47</i>	<i>1</i>
<i>26/31</i>	<i>AR 251</i>		<i>1-10-0</i>	<i>6 71</i>	<i>1</i>
	<i>Pay Adj. 18 00</i>				
	<i>City Fund ad</i>				<i>3 -</i>
	<i>April Pay</i>	<i>45 -</i>			<i>23 -</i>
<i>15/26</i>	<i>AR 13</i>		<i>10/-</i>	<i>2 24</i>	<i>1</i>
	Totals	<i>139 40</i>		<i>32 77</i>	<i>72 -</i>

Balances only will be carried forward

Paymaster's Signature

W. Russell W. Capt

Deferred pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		<i>30</i>	<i>W. Russell W.</i>
		<i>10 10</i>	<i>W. Russell W.</i>
		<i>3 39</i>	<i>W. Russell W.</i>
	<i>7 01</i>		<i>W. Russell W.</i>
	<i>9 25</i>		<i>W. Russell W.</i>
		<i>11 05</i>	<i>W. Russell W.</i>
		<i>6 58</i>	<i>W. Russell W.</i>
		<i>13</i>	<i>W. Russell W.</i>
		<i>17 84</i>	<i>W. Russell W.</i>
		<i>14 87</i>	<i>W. Russell W.</i>
		<i>36 87</i>	<i>W. Russell W.</i>
		<i>34 63</i>	<i>W. Russell W.</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1943	Bals. Br't. Forward	3463			
30/4	AR 24		1-0-0	447	
	May Pay	4650			23-
14/5	AR 34		11/-	246	
18/5	AR 36		12-0-0	5364	
31/5	AR 45		10/-	224	
20.66					
28-5-43	M.A.L.R.	469			
	June Pay	45-			23-
15/6	AR 52		1-0-0	447	
30/6	AR 54		2-0-0	894	
	July Pay	4650			23-
16/7	AR 55		200 frs	447	
20.22					
17/24	Adjust			160	
30/7	AR 56		400 frs	894	
	Totals	17732		9123	6900

Balances only will be carried forward.

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		3463	<i>L. Gaudy</i>
		3016	<i>L. Gaudy</i>
		5366	<i>L. Gaudy</i>
		5120	<i>L. Gaudy</i>
	244		<i>L. Gaudy</i>
	468		<i>L. Gaudy</i>
		01	<i>L. Gaudy</i>
		2201	<i>L. Gaudy</i>
		1754	<i>L. Gaudy</i>
		860	<i>L. Gaudy</i>
		3210	<i>L. Gaudy</i>
		2763	<i>L. Gaudy</i>
		2603	<i>L. Gaudy</i>
		1709	<i>L. Gaudy</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1943	Bals. Br't. Forward	17 09			
DO.	FORFEIT 12 DA/3			18 -	
Aug	Pay	46 50			23 00
28	AR 74		5 00/ps	11 18	
Sept	Pay	45 -			23 -
25	Forfeite				
9/43	25 Days Pay			36 -	
Aug 43	MEM 513			34	
13/9/43	AR 81		100/ps	2 24	
Oct	Pay	46 50			23 -
15/10/43	AR 102		300/ps	6 71	
29/10/43	AR 111		300/ps	6 71	
Nov	Pay	45 -			23 -
15/11/43	AR 116		300/ps	6 71	
Nov 43	MEM 513			2 05	
Totals		200 09		89 94	92 -

Balances only will be carried forward.

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		17 09	Luffaen
	91		Luffaen
		22 59	Luffaen
		11 41	Luffaen
		33 41	Luffaen
	2 59		Luffaen
	2 93		Luffaen
	5 17		Luffaen
		18 33	Luffaen
	* 11 52		Luffaen
		4 81	Luffaen
		26 81	Luffaen
		20 10	Luffaen
		18 05	Luffaen

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1943	Bals. Br't. Forward	18 05			
	De Pay	46 50			23 -
30/11/43	AR 133		310/7	6 71	
13/12/43	AR 140		500/0	11 18	
22/12/43	AR 147		200/0	4 47	
	Jan Pay	46 50			33 00
27/1/44	AR 149		200/0	4 47	
15/1/44	AR 153		1/10/-	6 71	
	Adj. cur. amounts G.L. page 4-11 p. 6-1.	10 ✓			
	Adj. inv. p. 13 p. 6-4.			10 ✓	
	Adj. cur. page 11 p. 6-5.	10 ✓			
	Totals				

Balances only will be carried forward.

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		18 05	<i>[Signature]</i>
		41 55	<i>[Signature]</i>
		34 84	<i>[Signature]</i>
		23 66	<i>[Signature]</i>
		19 19	<i>[Signature]</i>
		42 69	<i>[Signature]</i>
		38 22	<i>[Signature]</i>
		31 51	<i>[Signature]</i>
		31 61	Adjusted after
		31 51	Adjusted after
		31 61	Treasury Audit
		31 61	Adjusted after
		31 61	Treasury Audit
			<i>[Signature]</i>

If you do not wish to draw all pay due,

PLACE THE AMOUNT DESIRED

opposite date of pay day.

Feb. 15	¹⁰ - 1-10-0	Aug. 15	500
Feb. 28	10/-	Aug. 31	400 F
Mar. 15	21-0-0	Sep. 15	all
Mar. 31	1-10-0	Sep. 30	
Apr. 15	14	Oct. 15	300 F
Apr. 30	1-0-0	Oct. 31	300 F
May 15	10/	Nov. 15	300 F
May 31	12-00	Nov. 30	300 F
Jun. 15	210-20/2	Dec. 15	500 F
Jun. 30	2-0-0	Dec. 31	210 F
Jul. 15		Jan. 15	300 F
Jul. 31	400 F	Jan. 31	

1 July 42

VERIFIED
DATE 14/7/42 BY Ref

MILITIA BOOK M. 1

Part II
40/P & S/279

74

CANADIAN MILITIA

Soldier's Pay Book

(For use on Active Service)

Number..... C. 51550

Surname (Capitals)..... WISSELL

Christian Names in full..... William

.....

Unit..... No 15 General Hospital

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

"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."

J

C^u

15.5

Militia Book M. 1. (Part II)

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 SOLDIER

Regimental Number..... C. 51550

Name in full (surname first)..... WISSELL

William

Date of Attestation..... 31 May 40

Original unit in which enlisted :

District Depot M.D. 3

Regimental Depot : D.D. M.D. # 3

Unit in field : No. 15 General Hospital
R.C.A.M.C.

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 relationship to the soldier (see page 20)

Mrs. Delisca Wissell

18 Aberdeen Ave. W. Ottawa, Ont.
Canada

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay :

Effective date :

(a) \$ 26.⁰⁰ 1-3-41

(b) \$

(c) \$

(d) \$

Name and address of assignee :

(a) Mrs. Delisca Wissell

18 Aberdeen Ave. Ottawa, West,
Ont.

(b)

(c)

(d)

Dependents allowance, payable to : (state relationship)

Mrs. Delisca Wissell

(wife)

Soldier's Signature... Wissell WillBook opens on... 1 Jul 42 Balance ~~Cr~~ or Dr. \$W Curran ^{so below}
Paymaster.

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bal. Ind	(5.90)			
	July Pay	40.30			26 -
15-7-42	72		10	2.24	✓
	M.F.M. 514			.99	✓
31-7	84		10	2.24	✓
	August Pay	40.30			26 -
14-8-42	C.P. 127		10.00	4.47	✓
	M.F.M. 514			.89	✓
31-8	96		10.00	4.47	✓
	Totals Carr'd Forward	74.70		15.30	52 -

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
	5.90		W Curran
		8.40	W Curran
		6.16	W Curran
	* .02	5.15	W Curran
		2.91	W Curran
		17.21	Hurling
		12.74	Hurling
		11.80	W Curran
		7.38	W Curran
	*	7.38	+ .02 : 7.40

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward	740			
	Sept Pay	39 00			26 -
15-9-42	106		10/-	224	✓
	Cash allowance D.O.#64	9 30			
29-9	115		1 -	4 47	✓
	Sept 5th			95	✓
	Oct Pay	40 30			26 -
15-10-42	AR 126		3-0-0	13 41	✓
24-10	M.F.M. 513			30	✓
3/11	AR 50		8-1-0	35 98	✓
DO. 126	Glyrk	482			
	Nov Pay	39 -			26 -
	Totals Carr'd Forward	139 72		57 35	78 -

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
		7 40	
		20 40	W. Curran
		18 16	W. Curran
		27 36	W. Curran
		22 89	W. Curran
		21 94	W. Curran
		36 24	W. Curran
		22 83	W. Curran
		22 53	W. Curran
	13 45		Blivieard
	8 63		R. L. Caldwell
		4 37	R. L. Caldwell

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
1942	Totals Br't Forward	437			
20-11	MFM 513			46	✓
30-11-42	MFM 514			48	✓
	See Pay	40.30			26-
30/12	AR 180		40-0	17.88	✓
	See MFM 514			19	✓
	Jan Pay.	40.30			26-
15-1-43	AR 187		1-10-0	6.71	✓
16-1-43	MFM 513		2/1	47	
23-1-43	MFM 513		2/1	47	
29-1-43	AR 204		1-10-0	6.71	
	Totals Carr'd Forward				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
		437	R.H.D.
	*	401	J. Caldwell
		3.53	McMason
		17.83	McMason
	05		McMason
	24		McMason
		14.06	McMason
		7.35	McMason
		6.88	McMason
		6.71	McMason
	30		McMason

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				

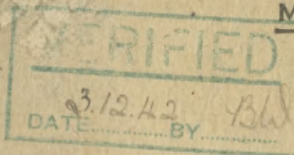
Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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.

NOV 13 1941

MILITIA BOOK M. 1



Part II

70M-1-40 (3583-4-5-6)

(H.Q. 1772-39-1672)

3

CANADIAN MILITIA

Soldier's Pay Book

(For use on Active Service)

Number..... C 51550

Surname (Capitals)..... WISSELL

Christian Names in full..... William

Unit..... 23rd Field Amb.
RCAMC

"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 Pay Services,
Department of National Defence,
Ottawa.

UNITED KINGDOM: To the
Senior Officer Pay Services,
Canadian Military Headquarters,
London, Eng.

(Location)

IN THE FIELD: To the
Paymaster, Canadian Troops,
Canadian Overseas Base."

PAY REQUIREMENTS

April	30	0-10-0
May	15	0-10-0
May	31	Nil
June	15	Nil
June	30	Nil

Militia Book M. 1. (Part II)

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 Base.

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 40).

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 Quartermaster making such issue.

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 40.)

Mrs Delisca Wissell
~~8 Aberdeen Ave West.~~
~~2117 St Patrick St.~~ OTTAWA Ont.
 CANADA

3. If married after enlistment, state date of marriage:

4. Assignment of pay:

Date effective:

\$ 20~~00~~JUNE ~~JULY~~ 1940\$ 26^{xx}

1-3-41

\$

5. Name and address of assignee:

Mrs Delisca Wissell
~~8 Aberdeen Ave~~ Ottawa, West. Ont.
~~2117 St Patrick St.~~ OTTAWA, ONTARIO

6. Any change of assignee:

7. Dependents allowance, payable to:

Mrs. Delisca Wissell

WIFE

(Relationship)

Original unit in which enlisted:

District Depot MD 3

Regimental Depot:

D.O.M.D.#3

Unit in field:

23rd Fld. Ambulance

Regimental Number:

C 51550

Name in full (surname first):

WISSELLWilliam

Date of Attestation:

31st May 1940

Soldier's Signature W. Wissell
 Book opens on 13/11/41 Balance Cr. or Dr. \$ 3846
W. Saunders Paymaster

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
		936.50			26.00
12-11-41	TR Bal.	(3846)			
	Bal. Nov. Pay.	23 40	DR. 18 Days		16 00
27-11-41	AR 106		\$1 -	4 47	
	Dec Pay	40 30			26 00
10-12-41	AR 108		\$1 -	4 47	
18-12-41	M.F.M. 513 410		2 10 2 00	2 20	
	Jan pay.	40 30			26 00
1-15	450		10	2 24	
	chq 17m (Pay 21)	390 1			
28-1-42	approved			2 00	
	Totals Carr'd Forward	6354		1538	68 00

63.54

\$ 34.56. Adjustments in P/B
 Cr. 3.90 DR 2.00
 1.90
 = \$ 3.80 Cr.
 Should be \$3.90.

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
	3456		
	3846		W. Saunders
	3106		W. Saunders
	3553		W. Saunders
	2123		W. Saunders
	2570		W. Saunders
	2790		W. Saunders
	1360		W. Saunders
	1584		W. Saunders
	1194		W. Saunders
	1274		W. Saunders

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward	1394			
30-1	468		10	224	
	Feb. pay	3640			26.00
13-2-42	476		11	246	
27-2-42	489		10	224	
	M.F.M 514			49	
	March Pay	4030			26.00
13-3-42	504		6-10-3	229	
31-3	516		0-10-0	224	
1-4-42	513			21	
	April Pay	39.00			26.00
15-4-42	98		1-	447	
	Totals Carr'd Forward	10176	16	1278	00

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
	1394		
	1618		W. Curran
	578		W. Curran
	824		W. Curran
	1048		W. Curran
	1095		W. Curran
		335	W. Curran
		106	W. Curran
	118		W. Curran
	139		W. Curran
		1161	W. Curran
		714	W. Curran

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Totals Br't Forward	7 14			
30-4	20		10	224	
6-5-42	M F M S 13			86	
	May Day	40-30			26-
15-5	34		10	224	
29-5	43		3-10-0	1565	
	act to 1-42 5-42				
	opening Bal 36.56	190			
	CV M F M				
June 3	513			91	
	June Day	39-			26-
15-6	54		0-1-0	22	
27-6	60		4-10	2012	
	Totals Carr'd Forward	8 834		4224	52 -

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
		7 14	
		4 90	V Curran
		4 04	V Curran
		18 34	V Curran
		16 10	V Curran
		45	V Curran
		235	V Curran
		144	V Curran
		14 44	V Curran
		14 22	V Curran
		5 90	V Curran
	5 90		

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Totals Br't Forward				
	Totals Carr'd Forward				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	
			Totals Br't Forward
			Totals Carr'd Forward

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
	Totals Br't Forward				
	Totals Carr'd Forward				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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				

Deferred Pay	BALANCE		Signature of Paymaster or Officer making Award
	Debit	Credit	

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.

$$\begin{array}{r} 3456 \\ 740 \\ \hline 2716 \end{array}$$

$$\begin{array}{r} 3846 \\ 3656 \\ \hline 1190 \end{array}$$

$$\begin{array}{r} 3316 \\ 33 \\ \hline 6616 \\ 39 \\ \hline 2716 \end{array}$$

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

District.....
Dispersal Area.....

Regtl. No. C. 51550 Rank and Name WISSELL, W. Pte.
of (Unit)..... on.....
(Transfer or Discharge)..... on 23rd Jan. 19 44.
Reason Death Authority: C.C.I. "C" 1267 d/21 Jan. 44.

The following is a statement of the account of the above-named from 1st Jan. to 31st Jan. 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.....	14 82
First Monthly Payment <u>AR 153 15.1.44</u>	6 71	Regimental Pay <u>31</u> days at \$ <u>1.50</u>	46 50
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
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 \$.....	
.....		
.....		
.....		
To Balance Cr. { Free..... <i>jsl</i> ✓ 31 61		By Balance Dr.	
{ Deferred.....		.....
Total <u>102 1</u>	61 32	Total.....	61 32

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

Remarks:

Assnd Pay \$23.00 (W) stopped eff Feb. 44.



Compiled by A. Bell.
Checked by A.M. Blackworth
Date 5th Aug. 19 44.

Certified correct to the underbook
for Chief Treasury Officer, Overseas.

ENDORSEMENTS

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

DATE	UNIT	PAYMENTS	AMOUNT		PAYMASTER'S SIGNATURE
			DR.	CR.	
		Balance from L.P.C.			

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

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

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

DATE	UNIT	PARTICULARS	DR.	CR.	SIGNATURE OF PAYING OFFICER

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

H.M. Transport.....

R0053

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME C-51550 Pte. Wissell W. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon C.M.F.

C-96325 Pte. Desormeaux J.M.

CHECKED BY K-74155 Pte. O'Donaghey M.R. DATE 14 Apr. 44

1	Wallet	
1	Piece Chamois	
1	Note Book	
1	5 Frank Note (Souveneir)	
1	10 Lire Note (Souveneir)	
2	Souveneir Coins	
2	Religious Medals	
	Greeting Cards	
1	Leather Bandelier	
	Seashells	
1	Red Identity Disc.	

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

N.E. Selmer Cpl
for OC 1 Cdn KSD

ESTATES BRANCH

July 26th 1944.

Mrs. Delisca Wissel,
18 Patricia St.
Westboro, Ont.

WISSEL, William, Pte. (Deceased)
No.C.51550 C.A.

Dear Mrs. Wissel:

In February last you very kindly completed for us a declaration form in connection with your husband's Service estate.

As a result of the recent invasion, there may be some considerable delay in having the personal effects and the Overseas report sent to us because of the shortage of ships available for this purpose. You will, of course, appreciate that this is due to circumstances beyond our control, and you may be assured that you will be notified as soon as we are in a position to proceed with the distribution of the estate.

Yours faithfully,

Director of Estates.

SHF/CF

The Administrator of Estates.

Regimental No. C. 51550 Rank. Private.

..... WISSEL William
Surname Christian Names

Unit 15th General Hospital R.C.A.M.C. (CA) 'CM Force Ordinary.

Date of Death. ... 23-1-44 Place of Death. Overseas (Mediterranean)

Next-of-kin. Mrs. Delisca Wissel. Relationship. Wife.

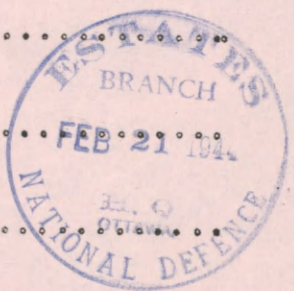
Address. ... 18 Patricia St., Westboro, Ontario.

.....
.....

M.F.I. 5. Copy herewith.

Will. No Record of Will in Record Office to date.

Date. Feb. 18th. 1944.



KVB/JEC

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

DUPLICATE

To be made out in duplicate

M.F.M. 5
90M-3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

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. (Special Reserve.)
- (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 of Other Rank WISSEL, WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank C.51550

(3) Unit District Depot M.D. 3

(4) Are you married? Yes

(5) If married, state,

(a) Full name of your wife Mrs. Delisca Wissel

(b) Present postal address of wife 211D St. Patrick St., Ottawa, Ontario.

(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? Yes

If so, give number of boys and girls 2 boys; 3 girls

Also their names and ages Therese-10; Roger-9; Gisele-7;

Jean Gui-6; Monique-3.

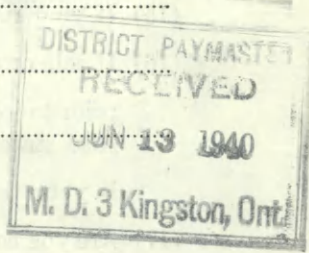
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

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

Name N/A

Postal Address

[SEE OTHER SIDE]



(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? **No**

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

(11) Is your father alive? **Yes**

If so, state name and address, occupation **Daniel Wissel**

147 Laurier Ave., Hull, Quebec, Retired

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) **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? **Yes**

If so, state name and address **Mrs. Julia Wissel**

147 Laurier Ave., Hull, Quebec.

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) **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**
If so, state the following particulars:—

Relationship

Full Name.....

Postal Address.....

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

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? **No**

(19) 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 **4-6-40**

William Wissel
(Signature of officer or man)

J. P. Murray
Officer Commanding, District Depot M.D. 3

Date **4-6-40**

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

B 66804 183 2

B 66919 183 2

B 68131 183 2

B 67589 183 2

B 68274 183 2

B 67032 183 2

B 66818 183 2

B 67869 183 2

B 67855 183 2

B 66591 183 2

B 67136 183 2

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME WILLIAM WISSEL (Christian Names) (Surname) Register No. D-2507
 PAYEE'S NAME MRS DELISCA WISSEL (Christian Names) (Surname) File No. 405-W-12669
 ADDRESS 18 PATRICIA ST. OTTAWA WEST-ONT. Service No. C51550 Final Rank PTE
 DATE OF TERMINATION OF OVERSEAS SERVICE 23-1-44 Date of Discharge 23-1-44

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of day <u>1263</u> = <u>42</u> ⁽³⁾ Periods @ \$7.50 30		315	00
B. QUALIFYING OVERSEAS SERVICE No. of days <u>758</u> less <u>3</u> Ineligible days, equal <u>755</u> Days @ 25c per day		188	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>1.50</u> Subsistence Allowance \$ <u>1.25</u> Additional Pay \$ <u>✓</u> Dependents' Allowance 1/30 \$ <u>89¹²</u> \$ <u>2.97</u> TOTAL \$ <u>5.72</u> × 7 = \$ <u>40.04</u> ✓ No. of Days <u>758</u> × \$ <u>40.04</u> 183		503	75
D. WAR SERVICE GRATUITY Computed By <u>[Signature]</u>		669	60
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$ (2) D.A. & A.P. \$ Other Deductions \$ Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>669.60</u> each)		669	60
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$..... × 30 = \$.....			

REMARKS

Register No. _____

Nominal Roll No. _____

H.Q. File No. 405-W-12,669 ✓

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When S.O.S.	Surname	Christian Name in Full
<u>C 51550</u> ✓ <u>PTE</u> ✓	<u>WISSEL</u> ✓	<u>WILLIAM</u> ✓

Reason for Termination of Service:

1st Enlistment	<u>DECEASED</u> ✓	CARO	()
2nd Enlistment		CARO	()
3rd Enlistment		CARO	()

TOTAL SERVICE

<u>1st Enlistment</u>	<u>2nd Enlistment</u>	<u>3rd Enlistment</u>
T.O.S. <u>31 MAY 40</u> ✓	T.O.S. _____	T.O.S. _____
S.O.S. <u>23 JAN 44</u> MD <u>0/5</u> ✓	S.O.S. _____ MD _____	S.O.S. _____ MD _____
Total Days <u>1333</u> ✓	Total Days _____	Total Days _____
<u>TOTAL SERVICE</u>		<u>1333</u> DAYS ✓

	Total Service	Less Non-qualifying Service	Net Service
<u>WESTERN HEMISPHERE</u>	<u>531</u> ✓	<u>26</u> ✓	<u>505</u> ✓
<u>OVERSEAS SERVICE</u>	<u>802</u> ✓	<u>44</u> ✓	<u>758</u> ✓
Totals	<u>1333</u> ✓	<u>70</u> ✓	<u>1263</u> ✓
Add Non-qualifying Service		<u>70</u> ✓	
<u>TOTAL SERVICE</u>			<u>1333</u> ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas <u>T.O.S. 13 NOV 41</u> ✓	2. Date S.O.S. Overseas <u>23 JAN 44</u> ✓
---	--

REMARKS:

DIED WHILST IN SERVICE
23 JAN 44

Computer's Signature Peter North (all)
 Checker's Signature H. E. Davis, Sgt.
 Date Computed 5 April 45

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

W. Leng, Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING
SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff. Date	Days	Total
AWL	6 APR 41	7 APR 41		2 ✓	2 ✓
AWL	3 JUL 41	16 JUL 41		14 ✓	
CA	16 JUL 41	27 JUL 41		7 ✓	
DET			24 JUL 41	3 ✓	24 ✓
				TOTAL	26 ✓

OVERSEAS T.O.S. 13 NOV 41 ✓ T.O.S. T.O.S.
S.O.S. 23 JAN 44 ✓ S.O.S. S.O.S.

AA 15(1)			16 FEB 43	8 ✓	8 ✓
AA 15(1)			26 JUL 43	12 ✓	12 ✓
AWL	30 AUG 43	19 SEP 43		3 ✓	
AWD			27 SEP 43	21 ✓	24 ✓
				TOTAL	44 ✓

#1008

CASUALTIES ONLY

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

Register No. D-2507

File No. 405-W-12,669

WAR SERVICE GRANTS ACT 1944

OTTAWA, Dec. 19 1944

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

Service No. C-51550
Name W.M. Wissel
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. Delucia Wissel</u>	<u>\$ 89.12</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.	_____	_____
	_____	_____
	_____	_____

Names of persons to whom assigned pay was continued by supplementary award after death.	_____	_____
	_____	_____

Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid	_____	_____
	_____	_____

DEC 30 1944 1944

S. Lees
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. \$ _____

_____ 1944

_____ for C.T.O.

CASUALTIES ONLY

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

Register No. D-2507

File No. 405-W-12,669

WAR SERVICE GRANTS ACT 1944

OTTAWA, Dec. 19 1944

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

Service No. C-515550

Name W.M. Wissel
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
	<i>Mrs. Delicia Wissel</i>	\$ <u>89.12</u>
	_____	_____
	_____	_____

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

Names of persons to whom assigned pay was continued by supplementary award after death.	_____	_____
	_____	_____

Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid	_____	_____
	_____	_____

DEC 30 1944 194

S. Lees
For Chief Treasury Officer,
D.A. & A.P. Branch

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

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

_____ 194

_____ for C.T.O.

D. R. 9

From Section Mo 1

Date 27 DEC 44

Computer Beloguin Sgt

Auxiliary Nominal Roll No. D49

TO: SPECIAL SECTION

<u>Regt'l No.</u>	<u>Rank</u>	<u>Name</u>	<u>Reason</u>
C-51550	PTE	WISSELI	WILLIAM

T.O.S/S

13 Nov 41

Beloguin



DEPARTMENT OF NATIONAL DEFENCE
ARMY

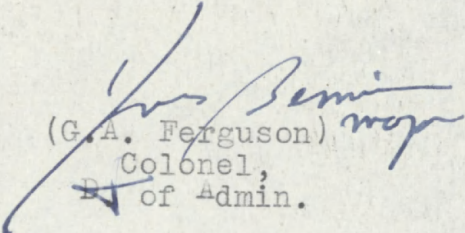
In reply quote No. H.Q. 405-W-12,669 Admin. 3(b)3
Ottawa May 1, 1944.

TO: PENSIONS

C.51550 Pte. Wissell, W. Dec'd

File is passed to note Court of Inquiry
proceedings therein with copy of precis for your retention.

HOH/JR


(G.A. Ferguson)
Colonel,
of Admin.

DEPARTMENT OF NATIONAL DEFENCE
- Army -

A.D. Register No. 23-512.....

COURT OF INQUIRY-

C.51550 Pte. Wissell, W. Dec'd

H.Q. 405-W-12,669..Admin..3(b)3.

OTTAWA, Ont....May.1..1944.....

SOURCE.....CMHQ.....

DATE OF ACCIDENT....23..Jan..1944 COURT CONVENED.....19..

COURT SAT.....24..Jan.....19..4 PROCEEDINGS SIGNED.....28 Jan.....1944

PROCEEDINGS APPROVED.. ..1.. PROCEEDINGS
BY D.O.C.....19.. FORWARDED.....15..April.....1944

PROCEEDINGS RETURNED FOR FURTHER PROCEEDINGS
INFORMATION OR DIRECTION RETURNED
.....19.. TO N.D.H.Q.....19..

OTHER DELAYS:

PRECIS OF EVIDENCE: On the morning of the 23 Jan 44 C.51550 Pte. Wissell got into a truck with a Mr. Berger, Mrs Berger, Miss Berger, Claude and twin girls, and the driver by the name of Jimmy, and proceeded for a ride towards the Rangers Camp. Pte. Wissell was sitting in the front seat with the driver. The truck ran off the side of the road and turned over. Pte. Wissell was found dead, with a large gash on the right side of his head.

MEDICAL EVIDENCE:

FINDING OF THE COURT: It is the opinion of the Court that Pte. Wissell met his death on 23 Jan 44 near El Arrouch, Algeria, by misadventure when involved in an automobile accident. The driver of the vehicle is known to this court only by the name "Jimmy" but is probably, from evidence, a member of #47 R.E.M.E.

OPINION OF THE OFFICER COMMANDING:

REMARKS:

HOH/JR

H. H. Wissell
LIEUTENANT COLONEL
MAY 1 1944

BEW/JH

REC/C.51550

CANADIAN MILITARY HEADQUARTERS,

RECORDS OFFICE,
Government Building,
Bromyard Avenue,
Acton, W.3.

15th April 44.

Adjutant General,
Department of National Defence,
OTTAWA.

C.51550 - Pte. WISSELL, W. Dec'd.

Reference your H.Q. 405-W-12,669
Admin. 3(b)3 dated 9th March 44, addressed
to the Senior Officer, Canadian Military
Headquarters, this has been forwarded to our
Office for attention.

2. Enclosed herewith please find
Proceedings of Court of Inquiry in respect
to the marginally named in accordance with your
request.

D.E. Turpis, Col

for B.E. WILLAN (CAPT),
for Officer i/c Records,
Canadian Military Headquarters.

ENC.
BOMBER MAIL.

FALSE DOCKET

FALSE DOCKET

H.Q.

405-W-12,669

No. 168

M.F.B. 387a
500M-6-41 (712)
H. Q. 1772-39-485

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

WISSELL, W.

MAIN FILE

C-51550

B-2 6-4-44

*Main file
pls for*

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")		
					<i>Adm</i> WITH PAPERS APR 11 1944		

H.Q.

B2 6-4-44 Dis 33



The Secretary,
Department of National Defence,
Ottawa,
CANADA.

10/Wissell, W./1
60/Wissell, W./1
AG4a
CANADIAN MILITARY HEADQUARTERS,

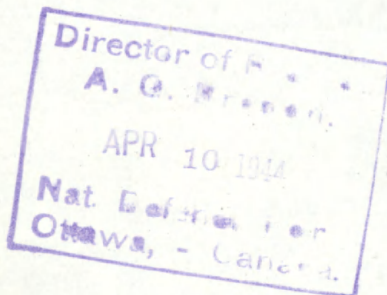
002881

2, COCKSPUR STREET,
TRAFALGAR SQUARE,
LONDON, S.W.1.

30 Mar 44.

C 51550 Pte Wissell, W.

1. Reference your H.Q. 405-W-12,669 (Admin 3(b)3) dated 9 Mar 44.
2. Proceedings of the Court of Inquiry in connection with the death of the m/n soldier are being forwarded this date to you through O. i/c Records here.
3. For your information, please.



P. J. Montague
Ambras capt
P. J. Montague
Major General
In Charge of Administration
CANADIAN MILITARY HEADQUARTERS

FALSE DOCKET

FALSE DOCKET

H.Q.

No.

M.F.B. 387a
500M-6-41 (712)
H. Q. 1772-39-48b

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

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")							
.....							
.....							
.....							
.....							

H.Q.

M E M O R A N D U M .

TO: CANADIAN PENSION COMMISSION,
DALY BUILDING,
OTTAWA.
ATTENTION.

Dr. E. Clewes

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -
DIRECTORATE OF RECORDS,
#8 TEMPORARY BUILDING,
OTTAWA, CANADA.

DATE. 11 App 44

RE: C-51550 Pte. WISSEL, William

Reference Our memorandum Dated 4-3-44

Please refer to communication noted above, which has reference to Court of Inquiry Proceedings concerning the marginally named and be advised that action to secure information desired is progressing as follows,-

On the 9th March 1944 the Senior Officer, Overseas, was asked to obtain a copy of the Court of Inquiry proceedings.

Immediately the same are received you will be advised, please.

CASF.A.10.

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

March 9th, 1944.

Canadian Military Headquarters,
2 Cockspur Street,
Trafalgar Square,
LONDON S.W.1, England.

C-51550 Pte. WISSEL, William

Information on this soldier's file indicates that he died on the 23rd of January, 1944 as the result of a fractured skull due to an accident.

2. His Unit is : 15th General Hospital,
R.C.A.M.C., C.A., 1 CM Force Ordinary.

3. The Department of Pensions and National Health has requested to be furnished with the proceedings of the Court of Inquiry. A search of Pte. Wissel's file has failed to reveal any trace of any Court of Inquiry or form M.F.B. 371 completed on this occasion.

4. May a report be forwarded to this Headquarters as to the circumstances of this injury.

HOH/EMP

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

M E M O R A N D U M.

TO: CANADIAN PENSION COMMISSION,
DALY BUILDING,
OTTAWA.
ATTENTION.

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -
DIRECTORATE OF RECORDS,
#8 TEMPORARY BUILDING,
OTTAWA, CANADA.

Dr. E. Clewes

DATE. 4 Mar 44

RE: C-51550 Pte. WISSEL, William .

Reference P.&.N.H. 1957-W Dated 15-2-44

Please refer to communication noted above, which has reference to Court of Inquiry Proceedings concerning the marginally named and be advised that action to secure information desired is progressing as follows,-

Your memorandum has been passed to Admin. Branch in order that routine action may be taken re: Court of Inquiry.

Immediately a reply is received you will be advised, please.

CASF.A.10.

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

THE CANADIAN PENSION COMMISSION

MEMORANDUM

TO Director of Administration, Dept. of
National Defence, Ottawa, Ontario.
FROM Head Office. C.P.C.

OTTAWA, February 15, 1944.

Director of Rec
A. G. Branch
FEB 16 1944
Nat. Defence
Ottawa, Canada

C-51550 Pte. WISSEL, William.

P.&.N.H. 1957-W

405-211-12669
C. 31-1-44
Q3 11-2-44

Reference your casualty notification of the 7th instant, advising that the marginally noted soldier died - January 23rd, 1944 - as result of an accidental fractured skull, will you please forward a copy of the Court of Inquiry proceedings at your early convenience.

Admin.

For your usual action re:

Court of Inquiry, please.

E. Clewes
E. Clewes,

for

4-3-44

L. Hale, J. S. ...
Canadian Pension Commission.
Records.

J

MAIN FILE
CHARGED TO <i>C</i>
SINCE <i>3/1-44</i>
E. P. PASSED
FEB 17 1944
TO <i>B</i>
BY REGISTRY <i>[Signature]</i>

PA
 --- DIED (Continued) ---

405-W-12669
Royal Canadian Army Service Corps

51. DOHERTY, Gerald Patrick, Pte., D106616, Mrs. Catherine Doherty (Mother), 5156 Coolbrook, N.D.G., Montreal, Que.

Royal Canadian Army Medical Corps

52. JOHNSON, Harry Leslie, Pte., K69641, Mrs. Ethel Kate Johnson (Mother), 2857 E. 2nd Ave., Vancouver, B.C.
53. MILLER, Harry Gordon, Sgt., H57952, Mrs. Doris L. Miller (Wife), 21B Fort Garry Court, Winnipeg, Man.
54. WISSEL, William, Pte., C51550, Mrs. Delisca Wissel (Wife), 18 Patricia St., Westboro, Ont.

Royal Canadian Ordnance Corps

55. MORIARITY, Edward Thomas, Pte., B87250, Mrs. Caroline Moriarity (Wife), 503 Kenilworth Ave. N., Hamilton, Ont.
56. RENFREW, Robert Stewart, Pte., K50376, Mrs. Gladys M. Renfrew (Wife), 2238 Forbes St., Victoria, B.C.

--- DANGEROUSLY WOUNDED ---

Nova Scotia and Prince Edward Island Regiment

57. MCKINNON, James Angus, Pte., F88621, Mrs. Mary McKinnon (Mother), 56 3rd St., New Aberdeen, Glace Bay, N.S.

--- SERIOUSLY WOUNDED ---

Reconnaissance Units

58. GAGNON, Jean Louis, Tpr., E23860, Mrs. Blanche Lemieux (Sister), 37 St. Gilbert St., Lauzon, Que.

--- WOUNDED ---

Canadian Armoured Corps

59. CARETTE, Jean Marc, Tpr., D46049, Rene Carette (Father), 6428 Monk Blvd., Ville Emard, Montreal, Que.
60. DAVIDSON, Mark, Tpr., B61393, Mrs. Clarabelle Davidson (Mother), 416 Sackville St., Toronto 5, Ont.
61. DUPUIS, Joseph, Tpr., D71158, Arthur Dupuis (Father), 222 Concord Ave., Toronto 4, Ont.
62. FRENCH, Earl Clifford, L/Cpl., C6252, Mrs. Jessie French (Mother), Frankford, Ont.
63. MCCALLUM, Archibald Fulton McArthur, Tpr., M17389, Mrs. Elizabeth McCallum (Mother), Vilna, Alta.
64. MCDONALD, John Alexander, Tpr., B61060, Donald McDonald (Father), R.R. #1, Argyle, Ont.
65. MARCHAND, John, Sgt., D71131, Mrs. Margaret Marchand (Wife), 354 Rielle Ave., Verdun, Que.

The Administrator of Estates.

Regimental No. *C. 51550* Rank *Private.*

WISSEL *William*
Surname Christian Names

Unit *15th General Hospital R.C.A.M.C. (CA) 'OM Force Ordinary.*

Date of Death *23-1-44* Place of Death *Overseas (Mediterranean)*

Next-of-kin *Mrs. Delisca Wissel.* Relationship *Wife.*

Address *18 Patricia St., Westboro, Ontario.*

M.F.M.5 *Copy herewith.*

Will *No Record of Will in Record Office to date.*

Date *Feb. 18th. 1944.*

KVB/JEC

*Mem. x card,
Mother + Widow,
22-2-44. J.A.?*

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

Mrs. Delisca Wissel,
18 Patricia St.,
Westboro, Ontario.

Ottawa, 10th February


4

Re: C.51550 Private William WISSEL.
15th General Hospital R.C.A.M.C. (C.A.)

Dear Madam:

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,


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

AB/CC

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

7th February, 1944.

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

National Registration Division,
Department of Labour,
Ottawa, Ontario.

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

Regimental No.....G51550..Rank Bte.....

Surname.....WISSEL.....

Christian Names.....William.....

Nature of Casualty.....Died Accidentally.....

Date of Casualty.....23-1-44.....

Address at time of enlistment.....211 D. St. Patrick St.,
.....Ottawa, Ont.....

Date of Birth.....12-1-01.....

Marital Status (On enlistment).....Married.....

Marital Status (Present).....Married.....

Occupation.....Winer.....

Name and address of Next-of-Kin.....Mrs. Deliaqa Wissel..
.....18 Patricia St. Westboro, Ont.

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

February 1, 1944.

Mrs. Delisca Wissel,
18 Patricia Street,
Westboro, Ontario.

Dear Madam:

I deeply regret to inform you that official information has been received from Canadian Military Headquarters, Overseas, advising that your husband, C.51550 Private William Wissel, died on the 23rd day of January, 1944, as a result of an accidental fractured skull.

You may rest assured that any further information received will be immediately communicated to you.

May I express sincere sympathy in your bereavement.

Yours truly,

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

ND/DGL

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER 4564 PAGE 1 DATE 31-1-44REG'T L NUMBER C 51550 RANK PTE.NAME JH WisSEL William
(SURNAME) (CHRISTIAN NAMES)SERVICE UNIT 144 15 Gen Hosp.
NATURE OF CASUALTY Died (in Force Ordnance) DATE 23-1-44Accidental - suffered fractured skullDATE OF BIRTH 12 1 Ottawa, Ont
DAY MONTH YEAR 1901NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP (Wife) Mrs. Delisca WisSEL
ADDRESS 18 Patricia St. Westboro, Ont.
D.A.B. 13.7.43

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES ADDRESS (IF SOLDIER (MARRIED OVERSEAS))

RELIGION R.C. TRADE OR CALLING Miner LANGUAGES Eng. & French.MARITAL STATUS ON ENLISTMENT Married PRESENT MARITAL STATUS MarriedSOLDIERS ADDRESS ON ENLISTMENT 211 St. Patrick St Ottawa Ont
or Ottawa, Ont 31-5-40Or. CABLE CHECK F.B. 1 N. OF K. CHECK P 141066 TELEGRAM CHECK 23 Jdamb

1

COPY FOR RESEARCH SECTION

ABSTRACT OF CABLES FROM CANRECORDS ORDINARY CASUALTIES#4564 LONDON 0530/31/1/44RECEIVED 0629/31/1/44

C.51550 PTE WISSEL W

144/1

DIED 23 JANUARY ACCIDENTAL
SUFFERED FRACTURED SKULL#4561 LONDON 2245/30/1/44RECEIVED 2209/30/1/44

A.50566 PTE BURK CS

181/1

DANGEROUS AND DIED 30
JANUARY GSW ABDOMEN ACCIDENTAL#4558 LONDON 1845/30/01/44RECEIVED 1930/30/1/44

L.131970 TPR TAYLOR AM

932/1

SERIOUS HEMOTYTIC
STREPTOCOCCUS EMPYEMA FRACTURED
RIGHT FEMUR COMPOUND FRACTURE
RIGHT TIBIA AND FIBULA#4559 LONDON 1815/30/01/44RECEIVED 1929/30/1/44YOUR REC 88 AND FURTHER OUR 4462
L.27838 BAXTERO2E ADVISE ADMITTED 3 GEN HOSP
18 OCT SUFFERING CEREBRAL
FRACTURE SKULL ORDINARY CASUALTY
NO FURTHER INFORMATION
INVESTIGATING AND WILL ADVISE

DEPARTMENT OF NATIONAL DEFENCE—CANADA

CROSS REFERENCE

WISSEL, WM.

C. 5 1550

R. C. A. M. C .

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	JAN 31 1944		
				A. F.	For signature & return to Cas. Sec please.	PL	8-2-44
				L.P.	"	Emil	8 Feb 44
				P. 3	Pass please	PL	10 2/44
				J	Passed, please	KB	18-2-44
				Hc.	" "	Yud	21 2/44
FEB 23 1944	23/2/44	Pa.	J.H.	C	" "	J.H.	23 2/44
	6-4-44	Pa.	J.H.	B2	PER REQUISITION - FEB 25 1944		
MAR 7 1944	12-5-44	Pa.	J.H.	Admin.	Memo please	L.H.	6-3-44
MAR 13 1944					PER B.F. APR 6 1944		
APR 12 1944	11-5-44	Pa.	J.H.	B2			
APR 19 1944	8-4-44	PA	HON	Admin	PER REQUISITION -		APR 17 1944
					ADMIN. WITH PAPERS APR 24 1944		
MAY 5 1944	MAY - 9 1944	Pa.	P. 72	DPTNH	memo	HON	4-5-44
	11-5-44	Pa.	L.R.	B2	PER B.F. MAY 11 1944		
				Admin	B 7/12/5/44	KB	14/5/44
MAY 17 1944	MAY 18 1944	Pa.	P. 72	DPTNH	memo	HON	17-5-44

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY
1 CABLE ABSTRACT ATTACHED	<i>Hele</i>	31-1-44			
2 TELEGRAM ^{letter} DESPATCHED TO N/K	✓	✓			
3 DELIVERY OF N/K TELEGRAM CONFIRMED	✓	✓			
4 CONFIDENTIAL NOTICE "WOUNDED"					
5 DEPENDENTS ALLOWANCE BOARD NOTIFIED	<i>PH</i>	8/2/44			
6 P & N H NOTIFIED	<i>PH</i>	"			
7 NAT WAR SERVICES NOTIFIED					
8 RED CROSS NOTIFIED					
9 SAAG NOTIFIED					
10 INCOME T/X & DEPT LABOUR NOTIFIED	<i>PH</i>	8/2/			
11 CHAPLAIN SERVICES NOTIFIED	<i>PH</i>	"			
12 RELEASED TO PRESS					

NOTICE

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

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

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

13 AG's LETTER TO NEXT OF KIN	<i>PH</i>	8/2/			
14 FILE PASSED TO Q 3					
15 Q 3 ACTION TAKEN					
16 FILE PASSED TO "G"					
17 MINISTER'S CONDOLENCE CARD DESP'T	<i>PH</i>	10-2-44			
18 FILE PASSED TO HONOURS & AWARDS	<i>PH</i>	21-2-44			
19 MEMORIAL CROSS ACTION TAKEN	<i>PH</i>	22-2-44			
20					
21					
22					
23					
24					
25					



Library and Archives
Canada

395 Wellington Street
Ottawa, ON K1A 0N4

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Canada

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TITLE/TITRE _____
RG 24 MG _____ R- _____ SERIES/SÉRIE _____
ACCESSION _____ VOL 27367 PAGE(S) 236
BOX/BOÎTE _____ REEL/BOBINE _____
FILE/DOSSIER WISSEL, WILLIAM C51550
DATE JANUARY 2014