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EMBREY KENNETH : Service Number - Q210251 : Date of birth - 30 Oct 1924 : Place of birth -
KINGAROY QLD : Place of enlistment - PROSTON QLD : Next of Kin - EMBREY DAVID



MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act.

Army No. Q20551
 Surname EMBREY (BLOCK CAPITALS) Christian Names Kenneth
 Unit _____
 Enlisted for war service at Proston (Place)
QLD (State) 11 2 43 (Date)

A

Questions to be put to persons called out or presenting themselves for enlistment.*

DISCHARGED

1. What is your name? 1. Surname EMBREY
 (BLOCK CAPITALS)
 Other names Kenneth
 2. Where were you born? 2. In or near the town of Kauigaroy
 In the state or country of QLD
 3. Are you a British Subject? 3. Yes
 4. What is your age and date of birth? 4. Age 18
 Date of Birth 30-10-24
 5. (a) What is your normal trade or occupation? Grade if any? 5. (a) _____
 (b) Present occupation? (b) Farming
 6. (a) Are you married, single or widower? 6. (a) Single
 (b) If married state date of marriage? (b) _____
 7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? 7. (a) No
 (b) What was the reason for your discharge? (b) _____
 8. Who is your actual next of kin? (Order of relationship—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) 8. Name David Embrey
 Address Moundai
 Relationship Father
 9. What is your permanent address? 9. Sunday Creek
Hewisville
Methodist
 10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) 10. _____
 11. Which, if any, of the following Educational Qualifications do you possess? 1. Certificate for entry to Secondary School
 2. Intermediate
 3. Leaving
 4. Leaving Honours
 5. Technical
 6. University Degree
 7. Other Diplomas State School
H. E.
 12. Have you ever been convicted by a Civil Court? 12. No
 If so—(a) What Court? (a) _____
 (b) For what offence? (b) _____

I, Kenneth Embrey do solemnly declare that the above answers made by me to the above questions are true.
 Witnessed by G. Hogan (Sgt) K Embrey
 (Signature of Attesting or Witnessing Officer.) (Signature)
 * The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

- 1. Fit for Class I. A.1.
 - 2. Temporarily unfit for Class I †
 - 3. Fit for Class II.
 - 4. Temporarily unfit for Class II †
 - 5. Unfit for military service †
- Place Proston Date 11 2 43

Signature of Examining Medical Officer

[Handwritten Signature]

* Classifications which are inapplicable to be struck out.

† Reason for unfitness to be stated.

C

OATH OF ENLISTMENT ‡

For persons enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I.....swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted.....

Subscribed at..... in the State of.....

this..... day of..... 19.....

Before me—

Signature of Attesting Officer.....

‡ Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

*R/L Rural Farq Hand
J.W. Jones B7PO for DDGAP
11/2/43*

DISCHARGED

DISCHARGED

SERVICE AND CASUALTY FORM

A.F. B.103-1 (Adapted)

Army No. 0210251

Unit 20. Bn: VDC(Q).

**PART TIME DUTY
V.D.C. (Q.LD.)**

Rank Pte (On Enlistment) Christian Names Kenneth Surname MURPHY (Block Capitals)

Date of Enlistment 2/3/43 7.6.42 ✓

Place PROSEOP.

Date and Place of Birth 30/10/24. Kingaroy, Q.Land.

Trade or Occupation Farming

Religion Methodist

Marital Condition Single.

Next of Kin David Embrey.

Address of Next of Kin WINDYBUSH Wondel

KINGAROOY Q.Land.

Relationship Father

Medical Classification Class AL.
(On Enlistment)

Identification—Colour of Hair Fair. Eyes Blue

Distinctive Marks.

REPORT		Date	From whom received	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
<p>Taken on Strength 20; Bn: VDC(Q).</p> <p>Placed on Reserve 2/44</p> <p>DISCHARGED</p> <p>AUTHORITY VDC SO 9(2)</p> <p>DISCHARGE CORPS DISBANDEMENT R.O 1/46</p>									29.6.44	"		23/3/43	MURPHY	RYMVA
<p>OLD ECH & REC</p>					21-10-45			
<p>7c No 8099</p>								

Hivesville R ✓

NOTHING TO BE WRITTEN IN THIS SPACE.

NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		From whom received	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W. 3011, B. 2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date							

DISCHARGED

COVER FOR PERSONAL DOCUMENTS.

DISCHARGED

Army No. Q210251

Surname EMBREY.
(BLOCK CAPITALS.)

Other names Kenneth

Rank _____ Unit VDC PTD

Army No. _____
Surname _____
(BLOCK CAPITALS.)
Other names _____
Rank _____
Unit _____

leaf
Horse
190 Feb 7th 1943 ✓

10.

PART TIME DUTY
V.D.C. (QLD.)
5553
A.A. Form D.I.
(Revised July, 1940.)

AUSTRALIAN MILITARY FORCES



Medical History Sheet of (Army No.) P210251

Surname (in capitals) EMBREY Christian Names Keunell
Age 18 years - months Date of birth 30-10-24 Birthplace Hungary 10
Occupation Farming Religious Denomination W.A. Protest
Complexion Fair Colour of hair Bain Colour of eyes Blue
Distinctive marks, and marks indicating congenital peculiarities or previous disease } Nil.

TABLE 1.

1. Are you now suffering from any disease or disability? No
2. Have you ever suffered from any of the following illnesses?
- | | |
|---|--|
| (a) Rheumatic Fever <u>No</u> | (i) Kidney Disease <u>No</u> |
| (b) Weak Heart or Heart Disease <u>No</u> | (j) Skin Disease <u>No</u> |
| (c) Tuberculosis or Consumption <u>No</u> | (k) Malaria <u>No</u> |
| (d) Spitting of blood <u>No</u> | (l) Dysentery <u>No</u> |
| (e) Pleurisy <u>No</u> | (m) Ulcer of the Stomach or Indigestion <u>No</u> |
| (f) Asthma or Shortness of breath <u>No</u> | (n) Piles <u>No</u> |
| (g) Venereal Disease or Stricture <u>No</u> | (o) Have you ever had any other serious illness? <u>No</u> |
| (h) Neurasthenia or Nervous Breakdown <u>No</u> | <u>Pneumonia 5 yrs. ago.</u> |
3. Have you had fits of any kind? No
4. Have you had discharge from either ear? No
5. Have you had a broken bone or been seriously injured? No
If so, state nature and date.
6. Have you been operated upon? No
If so, state nature and date.
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
If so, give particulars (relation and when) No
8. Have you been rejected or deferred for Life Insurance? No
9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces?
If so, give date and reason.
- *10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning?
If so, give particulars.

DISCHARGED

†I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station Bristol
Date 11 2 43 Signature of Recruit K. Embrey

Examined on 11 day of Feb 1943
at Bristol
Height 5 feet 7 inches.
Weight 127 lb.
Chest Measurement { Girth when full expanded 35 inches.
Range of expansion 2 inches.
Urine Clear Blood Pressure, Systolic 140 Diastolic 80.

VISION
Without Glasses { Right 6/6
Left 6/6
With glasses { Right _____
Left _____
Vaccination Marks { Right _____ Number _____
Left _____ Number _____
When vaccinated _____

Slight defects, but not sufficient to cause rejection (Details in Table VI.)

Examined by me and classified as follows:—
Classification † A-1. Signature [Signature] Date 11/2/43
Subsequent Medical Examinations:—
Classification † _____ Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____

*Only to be answered if the recruit has had active service.
†The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.
‡In accordance with S.O. A.A.M.S., reason for unfitness to be stated.

TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature
4/2/03	A. I.	<i>Querran</i>

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	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. _____

TABLE V.

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:— 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 				Dental Requirements:—			
Right | Left 							
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 No alteration or addition will be made to this chart after the dental condition has been recorded.							
Symbols to be used by Dental Officer.							
Dentally fit ..	Dentally fit	Gingivitis..	..	..	G
Missing ..	M	Scaling required ..	..	..	Sc.
Unerupted ..	U	Dentures—Full Upper	..	..	FU
Extraction required	X	.. Full Lower	..	..	FL
Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.				
Restored tooth	R	.. Part Lower PL (No. of teeth ..)					
NOTE.—Teeth replaced by a denture to be marked "D."							
				Place			
				Signature			
				Date	Rank	Dental Officer.	

TABLE VI.

Details of defects detected which are not such as to cause rejection.

DISCHARGED

TABLE VII.

Report of X-Ray Examination of Chest

AUSTRALIAN



MILITARY FORCES.

MOBILIZATION ATTESTATION FORM

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act.

Army No. Q 210 251
 Surname EMBREY (BLOCK CAPITALS) Christian Names Kenneth
 Unit _____
 Enlisted for war service at Proston (Place)
Queensland (State) _____ (Date)

A
Questions to be put to persons called out or presenting themselves for enlistment.*

1. What is your name? } 1. Surname EMBREY
 Other names KENNETH (BLOCK CAPITALS)
 2. Where were you born? } 2. In or near the town of Proston
 In the state or country of Queensland
 3. Are you a British Subject? } 3. yes
 4. What is your age and date of birth? } 4. Age 18 years 4/12
 Date of Birth 30th Oct 1924
 5. (a) What is your normal trade or occupation? Grade if any? .. 5. (a) Farming
 (b) Present occupation? } (b) Farming
 6. (a) Are you married, single or widower? } 6. (a) single
 (b) If married state date of marriage? } (b) _____
 7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? .. 7. (a) no
 (b) What was the reason for your discharge? } (b) _____
 8. Who is your actual next of kin? (Order of relationship.—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) } 8. Name EMBREY, David
 Address Wondai
Ged
 Relationship Father
 9. What is your permanent address? } 9. Wondai
Queensland
 10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) .. 10. Methodist
 11. Which, if any, of the following Educational Qualifications do you possess? } 1. Certificate for entry to Secondary School
 2. Intermediate
 3. Leaving
 4. Leaving Honours
 5. Technical
 6. University Degree
 7. Other Diplomas
 12. Have you ever been convicted by a Civil Court? } 12. no K.E. S.F.K.
 If so—(a) What Court? } (a) _____
 (b) For what offence? } (b) _____

DISCHARGED

I, Kenneth Embrey do solemnly declare that the above answers made by me to the above questions are true.
 Witnessed by Eric J. Keys J.P. H. Embrey
 (Signature of Attesting or Witnessing Officer.) (Signature)

* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—*

- 1. Fit for Class I.
- 2. Temporarily unfit for Class I †
- 3. Fit for Class II.
- 4. Temporarily unfit for Class II †
- 5. Unfit for military service †

Place _____ Date _____

Signature of Examining Medical Officer _____

* Classifications which are inapplicable to be struck out.

† Reason for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I Kenneth Embrey swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted K. Embrey

Subscribed at Perth in the State of Albany

this 2nd day of March 1943

Before me—

Signature of Attesting Officer Eric J. Keys J. P.

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

DISCHARGED

OLD. L OF C AREA RECORDS OFFICE.

TRANSIT SHEET

This Sheet must remain in the place appointed for the Basic Documents of the individual's number appearing hereon. It is just as much the duty of the person taking the file, as the N.C.O. in charge of Registry, to ensure that Transit Sheet does not leave Registry; and is duly completed both on taking away and returning the file.

The N.C.O. in charge of personal Records Registry is authorized to refuse delivery of Basic Documents unless signature for same is given hereunder.

F.D.JONES. Lt.-Col.
Officer-in-charge, Records.

This sheet is to remain in or to replace Basic Documents of ; -

ARMY No. Q. 210251 NAME Embrey

TRANSIT HISTORY

DATE	TAKEN BY	RETURNED TO	DATE