

NAA: B884, V383325

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Title: MUNRO GORDON MCKENZIE: Service Number - V383325: Date of birth - 17 Dec 1893: Place of birth - NEWMARKET VIC: Place of enlistment - HAMILTON VIC: Next of Kin - MUNRO ADELAIDE

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A.A. Form Mob. 1 (Revised December, 1941)

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.

Unit V. D. C.	
Enlisted for war service at Yulina	(State) (5/3/42 (Date
	A
Questions to be put to persons called out or p	
1. What is your name?	Other names Sordon hi Kengie
2. Where were you born?	2. In or near the town of her market In the state or country of Vidinia
3. Are you a British Subject?	3. yes
4. What is your age and date of birth?	4. Age 7/2 Date of Birth 17/12/1893
5. (a) What is your normal trade or occupation? Grade if any?	5. (a) Cegent
(b) Present occupation?	(b) Eget
(a) Are you married, single or widower?	6 (a) manie
(b) If married state date of marriage?	(b) 1920
(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) w
(b) What was the reason for your discharge?	8. Name adelaide Ina Jean hrun
 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) 	Address Macantin
	Relationship wye
. What is your permanent address?	} hacartin
. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so)	10. Rust:
	1. Certificate for entry to Secondary School
Which, if any. of the following Educational Qualifications do you possess?	2. Intermediate
	Leaving Leaving Honours
	5. Technical
	6. University Degree
	7. Other Diplomas
Have you ever been convicted by a Civil Court?	12. 12.
(b) for what offence?	(a) a
(b) for what offencer) (0)
1. Snam hi Kengie	hund do solemnly declare that the
ove answers made by me to the above questions are trul	All & Thumo

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В
MEDICAL EXAMINATION
I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Consti-
Orders for Australian Army Medical Services. In my opinion be is—*
2. Temporably unfit for Class I†
3. Fit for Class II. B well ale
4. Temporaril\unfit for Class II †
Place Hamilton Date 15, 3, 42
Signature of Examining Medical Officer. IC - Pop auch way
*Classifications which are inapplicable to be struck out, † Reasons for unfitness to be stated.
C 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, Godon McKenyi Munio . 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 Modelhams
Subscribed at Hamellin in the State of McLorici
his fifth day of func 1942.
Before me—
S. Dpn 4,
Signature of Attesting Officer So Sto. Lolly et Sieus
‡Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such ase the above form will be amended accordingly and initialled by the Attesting Officer.
Wilke & Co. Pty. Ltd., Printers, 19-47 Jeffcott Street, Melbourne.

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The last	Mich		A.A. Form D.L.		
ANSTRALIAN C	Carrier .	ALLITARY !	FORCES IN		
8 11	C.	0.	3833	2	
Medical Hi	story or	icel of c	Army No.) V. 30		
Jurname (la cartala) MUNRO	1-1 1 224	the state of the s	on ho Kengie		
age 48 years a mosther Down of hird	17/12/1893	Religious Denomina	Prest -		
1. S Calon of his		Colou	do hazel		
Manual marks and marks indicating components	0				
peculiarities or previous elesson	TABLE 1.				
1. Are you now suffering from any disease or disability	MATERIAL PROPERTY.				
2. Have you ever suffered from any of the tellowing ill	nesses f	Kidney Disease	NO		
(a) Rheumatic Fever.		Skin Disease	ho		
(c) Tuberculosis or Censumptien.	(A)	Malaria	ho		
(d) Spitting of blood) (l)	Dysentery	the Indigestion to	- C	
(e) Pleuriny	0 (n)	Pilea	no		
(a) Venereal Disease or Stricture h		Have you ever had a	ny other serious illness? A		
(h) Neurasthenia er Nervous Breakdown 12. 3. Have you had fits of any kind?					
4 Have you had discharge from either ear?	no no				
5. Have you had a broken bone or been seriously in	ured?				
If so, state nature and date 6. Have you been operated upon?	0				
111	TI I DIA	Seels Nervous	Breakdown or Mental Tro	uble?	
If so, state nature and date 7. Has any member of your family suffered from Pleuris If so, give particulars (relation and when)	y, Tuberculesis, Diabe	tes, Diroce, Interom			
	4 -				
Have you been rejected or deferred for Life Maure Have you been rejected or discharged as unfit for se	ance? hs	His Majesty's Force	12 10		
If the and resent					
*10. Have you been wounded, suffered from Shell Sifes	k, or Gas Poisoning?	, ho			
If so, give particulars	stions, and that to the	best of my knowled	ige they are true		
Section Stone		41	1. Muno		
Date 15/3/1942	Signature of Recru				
Examined on 15 day of Man 1942	Pub (Right	6/6 VISION	Right		
	Glasses Left		lanes Left		
Height 6 feet 3/2	nches Vaccination	Right O	Number	100	
Weight 2 17 lb. Chest Girth when full expanded 4 3in	Marks sches	Left	Number		
Chest Measurement Range of expansion 2 inches.	When vacc	inated	faminy		
Urine Urine N.A.D	Blood Prés	sure, Systolic	140 Diastolic 10	Extend 1	
Slight defects, but not sufficient to cause rejection.	(Datalle in Table VI.)	no-		7 68	
Examined by me and classified as follows	hust half	tit as all	10 Date 15. 3.4	2.	
Classification CI CI C	Signature	Julian Con			
Subsequent Wedical Landing	Signature Signature		Date Date		
Classification 1	DIEIMEDIA		Date		
Classification **Only to be answard if the recruit has had active service. **The recruit will be advanted that about it has give laips assure, so any of these it is accordance with \$5.0 A.A.M.S. resoon for confinem to be chetad.	Signature				

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(Not required to be filled in at time of Medical Examination on Mobilization.)		
Duniel condition on first consciousion :- Duniel Regularization-		
BBBCCCDD OCCOBES		
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RAMADADAR DADADAMAR		
No alteration or addition will be made to this chart after the denial condition has been reserved.		
Symbols to be used by Dental Officer. Dentally fit Dentally fit Gingivitia		
Unerupted U Dentures—Full Upper FU To Signature		
Filling required Y Part Upper PU (No. of teach) [J] Date Rent- Restored tooth R Part Lower PL (No. of teach) Dental Officer. Dental Officer.		
TABLE VL		
Details of defects detected which are not such as to cause rejection.		
TABLE VII. Report of X-Ray Examination of Chest		
REPORT OF A-Ray Examination of Cities		
1864 60 t Victorian Railways Printing Works North Malbourns		
tional Archives of Australia	NAA	B884, V38

COV	ER FOR PERS	ONAL DOC	UMENTS			
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			Rank	Other names	Surname	
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			Unit	CAPI		
				(BLOCK CAPITALS.)	Army No.	
					No.	

V383325

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Applicatio	a for Incoment.		
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and belief			
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PEACE SERVICE.

Units in which Served, State Year or years including any or years such the V.D.C. Service.

Highest Decorations Specialist and Courses attended or special awarded. Appointments held.

OTHER PARTICULARS.

I am a Member of the

Rifle Club.

Civilian ualifications which are considered by the Applicant to be of Value for Defence Furposes e.g. Foreign Languages, Scientific or Technical qualifications, Experience in Red Cross Work, Firs 4id or Air Raid Precautions.

Present Occupation or Employment Pock of States Agas

Physical Disability (if any)

I declars that I am a Natural Born British Subject, and am of the

age of 48 years.

(T hold a Commission as

Delete (R. of O.)

If not(Retired list) and I agree that whilst a member of the Volunteer applie (Defence Corps, such commission shall be dormant, and further, that cable (the holding of such commission will not entitle me, ipso facto, to (any appointment in the Corps.

I undertake to exercise all reasonable care in the custody of any arms, equipment, uniform or other articles issued to me from time to time, and not to part with them to any unauthorised person, to make good any loss or damage occasioned by my non-observance of this undertaking, and to deliver up any or all of these articles to the Company Commander or his representative on demand, or on tendering my resignation, or on any account ceasing to be a member of the Corps.

(SIGNATURE)

(Date)

(Completed forms should be retained at Company Headquarters).