

Father

## **WILLIAM 'BILL' WALLACE: 1917-1985**

**Bill** was born in Church, Accrington, Lancashire on 4 January 1917. The second son of Charles Wallace and Isabella Salt. He had 4 siblings: Albert, Florence, Louie and Jack.

Bill was married twice. His first marriage to Alice Bridge begun in 1940 and ended in divorce in the early 1950's. They had two children: William and Joan.

His second marriage to Alice Wood begun in 1963 and they remained married until his death in April 1985. They had two children: Barry and Michael.

Bill was cremated and his ashes interred in Coventry road cemetery, Bedworth, Warwickshire.



Photo: Lodge Street, Accrington 2016. Bill lived at No 70 during his first marriage to Alice Bridge.

## World War 2

### East Lancashire Regiment & Corps of Military Police

Photos & Papers

Britain, North Africa & Italy - 1940-1944



**Left:** After an incident where he was seriously injured in Italy, November 1944. Bill's war came to a premature end. After spending time in a military hospital in Southern Italy, he was transported by ship back to Calderstones military hospital near Clitheroe, Lancashire where he remained until 1946.

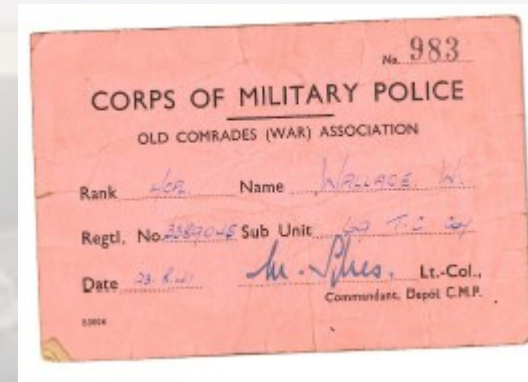




Left of the star (trust me!) - William Wallace — Corps of the Military Police. WW2—Location unknown



## ARMY DOCUMENTS AND PAPERS



ARMY FORM B 2089.

### SOLDIER'S WILL FORM

(Use either this Form or the Form overleaf, but not both.)

FORM OF WILL to be used by a soldier desirous of leaving the whole of his property and effects to one person.

(See overleaf for Form of Will leaving legacies to more than one person.)

(a) (Signature of soldier in full) I (a) *William Wallace*

(b) (Rank and Army Number) (b) *Lt/L 3387045*

(c) (Regiment) (c) *Corps of Military Police*

hereby revoke all Wills heretofore made by me at any time and declare this to be my last Will and Testament.

(d) (Name and address of Executor) I appoint (d) *Albert Wallace & Canal H. Church*  
*Mr. Livingston Lencasham*

to be the Executor of this my Will. After payment of my just debts and funeral expenses I give all my estate and effects and everything that I can give or dispose of to my

(e) *Wife*

(f) *Alice Wallace 70 Lodge H.*  
*Livingston Lencasham*

Signed this (g) *9<sup>th</sup>* day of *November* 1942

(h) *W. Wallace*

Signed and acknowledged by the said (i) *William Wallace*, the same having been previously read over to him as and for his last Will, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereunto subscribed our Names as Witnesses:—

(j) \_\_\_\_\_

(k) \_\_\_\_\_

(l) \_\_\_\_\_

(m) \_\_\_\_\_

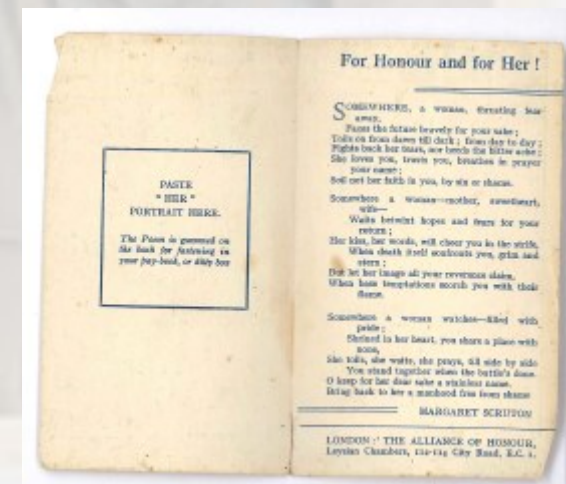
(n) \_\_\_\_\_

\*N.B.—The witnesses must NOT be persons intended to benefit under the Will, or husbands or wives of such persons.

NOTES.—If any alteration or amendment is necessary in the writing of a Will another form should be obtained and a fresh Will executed.

Under English law the provisions of the Inheritance (Family Provisions) Act, 1938, may be invoked to alter the dispositions of a Will by a wife or, in certain circumstances, by a son or daughter who have not been provided for under the dispositions of a Will.

For the Law of Scotland the "General Statute" and the "Act of 1868" should be consulted.







16  
 (a) Date. Signed this (j) 3<sup>rd</sup> day of December, 1944.

(b) Signature of soldier. William Wallace

(c) I have read the above and acknowledge by the said (i) William Wallace the same having been previously read over to him as and for his last will, in the presence of us, present at the same time, who, in his presence, at his request, and in the presence of each other, have hereto subscribed our names as Witnesses.

(d) Witnesses (i) Frederick Brown, Arthur  
 (ii) John  
 (iii) John

(e) I, William Wallace, do hereby revoke all Wills heretofore made by me at any time, and declare this to be my last Will and Testament.

I appoint (d) Frederick Brown, Arthur to be the Executor of this my Will.

After payment of my last Debts and Funeral Expenses I give to my (e) Frederick Brown, Arthur

**CLOTHING SIZES**

Jacket...42.....  
 Trousers...34.....  
 Head-dress...7.....  
 Boots...10.....

Army Form W 5150

### VEHICLE SHIPMENT CARD

#### Instructions

Each driver of a mechanical vehicle must be in possession of this card before leaving with his vehicle for the port of embarkation. Items 1, 2 and 3 will be completed at unit messon. Item 4 will be completed at the port by the Movement Control Officer concerned with the loading of the vehicle into the M.T. ship, and the card handed back to the driver of the vehicle. The card must be retained by the driver throughout the voyage, produced for information when required at the overseas port, and finally handed to the Movement Control Officer concerned with the discharge of the M.T. ship when the driver takes over his vehicle after unloading.

- No., Rank and Name of Driver :- 3389045 Sgt WALLACE W
- Unit (Serial No. only) :- 34148
- Identification No. of vehicle :- 4170863
- Make and Type (general description) :- BSA
- Loading particulars :-  
 (a) Name of Vessel.  
 (b) Hold (if known).

(HST) 625 63 21.10.44 The Gt N.W. Dep. CAG Ltd Form W 5150/4

ARMY BOOK X 801

Surname WALLACE  
 Initials W  
 Army No. 3389045

5 FEB 1946

### SOLDIER'S RELEASE BOOK

#### CLASS "A"

If you have any queries relating to your Civilian Clothing, address them to  
 O.C. No. 7 C.C.D. EARL HILL, OGDON

Any person finding this Book is requested to hand it in to any Barracks, Post Office, or Police Station, for transmission to the Under Secretary of State, The War Office, London, S.W.1.

This book must be presented at the Post Office whenever you cash a postal draft or one of the drafts in your payment book, to enable the Post Office official to record the date of payment on the inside page of the front cover.

81-5171



A.F. X 100  
(SOLDIER'S)

OF CHANGE OF ADDRESS

Rank .....

Date .....

Following change of address to which all  
sent.

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



PAGE TWELVE  
Army Form X 402

PART I

INSTRUCTIONS TO RELEASED PRISON

MEDICAL TREATMENT AFTER LEAVING MILITARY DISPENSAL UNIT

You are now entitled to medical benefit under the National Health Insurance Acts, and a medical card telling you how to get treatment will be sent to you as soon as possible.

Medical benefit includes free treatment from an insurance doctor at his surgery, or if your condition requires it, at your home, and free medicines.

If you go back to live in your old district and had an insurance doctor before you joined up you will be returned to his list if he is still in practice himself or his deputy.

If you fall ill before the medical card comes, fill in the application below and hand this book to your previous insurance doctor (or, if absent, his deputy). If you did not have an insurance doctor before you joined up or if you go to live in another part of the country, apply to any insurance doctor. You can see a list of insurance doctors at the local Post Office.

Do not detach the form from the book. The doctor will do this.

PART II—To be completed in Unit

Form Med. 500.

Military Dispensal  
Unit Stamp.

Rank L/CPL Number 3389045  
Initials W Surname (Block Letters) WALLACE  
Date of Birth 4-1-17 Sex MALE (If a married woman,  
state maiden name)

The above-named individual left this Military Dispensal Unit on the date in the stamp opposite.



PART III

Army No. 3389045 Present Rank L/CPL  
Unit 165 HQ Prov Coy  
Regiment or Corps C.M.P. (A)  
Surname (Block Letters) WALLACE  
Christian Name(s) (in full) WILLIAM  
The receipt of this man's grant is hereby acknowledged.  
Signature of O.C. Civilian Clothing Depot W. M. Blough  
Place 4000 1st St. N.W.  
Date 5/2/46

date of leaving Military Dispensal Unit.  
and I hereby apply for a medical card to be issued to me.  
before I was mobilized or called up for service.  
and I desire to be placed on the list of.....  
(Insert name of doctor or approved institution.)

date hereof? If so when? .....

Note.—In cases where a soldier is not in possession of a grant, the certificate on the reverse of this form should be completed.

(Signature of released individual)  
Date .....

Regd. No. A/5664

A.S. Form 103

**DUPLICATE****ARMY SAVINGS ASSOCIATION**

This form is to be completed in Duplicate for each soldier on active service and paid on Acquittance Rolls and Army Book 64, who desires that deductions be made from his regimental pay at a daily rate for deposit in the Post Office Savings Bank, or who wishes to stop or alter the present rate of such deductions.

(Rate to be in multiples of 1d. per diem.)

Unit 696 Coy C.M.P.(C) Army No. 3389045  
Rank Sgt Name Wallace W.

I wish to ~~commence~~/~~increase~~/~~reduce~~/~~stop~~ deductions from my pay ~~at~~/~~to~~ Two pence  
(amount in words)  
per diem from 15 SEP 1941  
(date)

for deposit in the Post Office Savings Bank.

Particulars of SAVINGS BANK account if already a depositor.

**A.S.**

Date of 15 SEP 1941 Signature of Soldier W. Wallace

†Strike out words inapplicable.

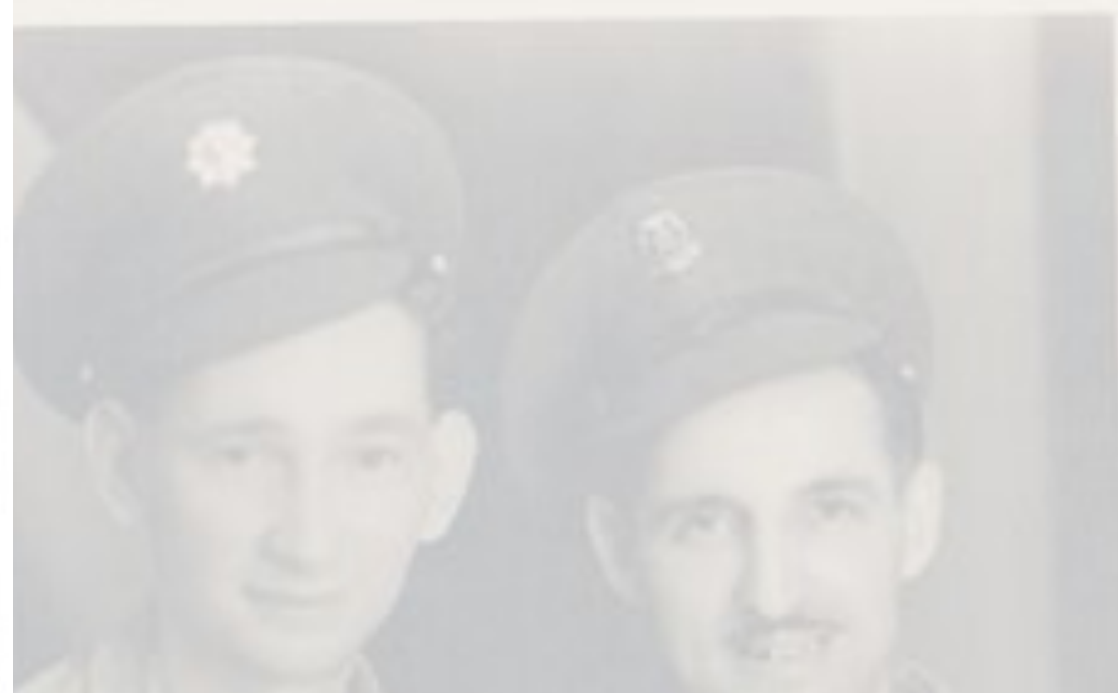
To be completed by the Paymaster.

The necessary action has been taken in respect of the ~~commencement~~/~~alteration~~/~~stoppage~~ of deductions from pay authorised above.

Station WarringtonDate 3 OCT 1941

†Strike out words inapplicable.

Issued by NATIONAL SAVINGS COMMITTEE, London.



prices that each treatment hospital authorities when

treatment required can be a reader can give you the day examination or other

as you should report to the civilian dental practitioners of supply of dentures will in which you live.

if of an emergency action the patient's liability, of the area in which the health Regulations.

TO THE  
ADDRESS

to-day as a temporary/

ed to see for treatment.

if doctor claims mileage he should enter mileage amount here

Army No. 3389045 Present Rank 4/cpl RELEASE LEAVE CERTIFICATE

Army Form X 20/4

Surname (Block Letters) WALLACEChristian Name WILLIAMUnit, Regt. or Corps 165. HQ PROVOST Coy C.M.P. (P)Date of ~~last enlistment~~\*Calling up for military service 18-1-40

\*Strike out whichever is inapplicable.

(a) Trade on enlistment LABOURER(b) Trade colours and trade badge issued NIL(c) Service Trade NIL(d) Any other qualification for civilian employment NILMilitary Control Very GoodTestimonial: Very GoodPlace MANCHESTERDate 5/2/46Officer's Signature [Signature]Signature of Soldier [Signature]

\* Army Education Record (including particulars under (a), (b), (c) and (d) below)

This Section will not be filled in with the except of further War Office Instructions.

(a) Type of course.

(b) Length.

(c) Total hours of instruction.

(d) Record of achievement.

\* Instructions will insert the letter "I" here to indicate that in their case the record refers to courses in which they have acted as instructors.

Signature of Unit Education Officer.

1. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

2. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

3. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

4. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

5. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

6. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

7. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

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15. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

16. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

17. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

18. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

19. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the

20. A reader with service service to complete will be transferred to the Armed Army Reserve, and will receive Reserve pay until the point of Reserve service has been completed. If on that date the



63563

Army Form X 202 (B).

**CERTIFICATE OF TRANSFER to the ARMY RESERVE**

Army No. 3389045 Rank PTE.  
 Surname (Block letters) WALLACE  
 Christian Name(s) WILLIAM  
 Regt. or Corps CORPS OF MILITARY POLICE

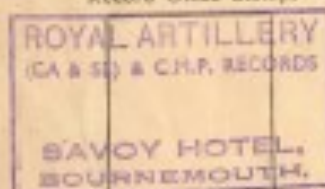
The transfer of the above-named to the appropriate Class of the Army Reserve (see note below) is confirmed with effect from 30.4.46.

\*The date to be inserted here will be that following the day on which Release Leave terminates, including any additional leave to which the soldier may be entitled by virtue of service overseas.

Note.—The appropriate Class of the Army Reserve is as follows:—

- (i) Royal Army Reserve—in the case of a regular soldier with reserve service to complete;
- (ii) Army Reserve, Class Z (T)—in the case of a man of the Territorial Army, including those called up for service under the National Service Act;
- (iii) Army Reserve, Class Z—in the case of all other soldiers not included in (i) or (ii) above.

Record Office Stamp.



*[Signature]*  
 Record Officer,  
 R.A. (CA. & S.L.) & C.M.P. Records

Officer's                      Records                     Date 13.2.46

Warning.—

Any alteration of the particulars given in this certificate may render the holder liable to prosecution under the Seamen's and Soldiers' False Characters Act, 1906.

If this certificate is lost or mislaid, no duplicate can be obtained.

Wt. 4505/4735 8/6/01 2/43 1/31, 7/29/10 Gp. 28.2.

TO MEMBER

Please keep this leaflet for future reference.

**NATIONAL HEALTH INSURANCE****CHANGES IN NATIONAL HEALTH INSURANCE ADMINISTRATION**

In preparation for the new scheme which will start on 5th JULY, 1948, the payment of certain claims to sickness, disablement, and maternity benefit is being undertaken by the Ministry of National Insurance. These claims will be transferred from Approved Societies to offices of the Ministry at various dates between April and July. Not everybody will be affected at the same time, even those who belong to the same Society. How the transfer affects you is shown below.

**HOW THIS AFFECTS YOU**

S 5

DATE AS POSTMARK

This notice is sent to you from the  
 National Amalgamated Approved Society,

Euston Square, London, N.W.1.

Name of  
 Society

from which you are now claiming sickness or disablement benefit and of which you remain a member until 5th July, 1948.

From the date of receipt of this notice you should send your medical certificates and any enquiry regarding this or any future claim to sickness, disablement, or maternity benefit to:

83/85 Blackburn Road  
Ackington Lane

Address of  
 N.I. Office\*

Payment of any of the above benefits due to you will now be made from that address.

Your National Insurance Number is:—

L L 4 3 2 4 8 6

Always enter this number on your medical certificates and quote it when applying for benefit or making any enquiry. Failure to do so may lead to delay in the payment of benefit.

**TREATMENT ADDITIONAL BENEFITS**

You should, however, continue to address to your Approved Society any claim for such treatment benefits (dental, optical, etc.) as it may provide.

**MEDICAL TREATMENT**

Enquiries about treatment by your Insurance Doctor should be addressed to your Insurance Committee, the address of which may be obtained from your Post Office.

**FRIENDLY SOCIETIES, TRADE UNIONS, ETC.**

Your Friendly Society, Trade Union, etc., memberships, or any private insurance business, is not affected, and will be dealt with at the same address as before.

**NOTE**

Any person who wishes to claim sickness benefit from his Friendly Society or Trade Union as well as National Health Insurance benefit may ask the National Insurance Office to which he submits his medical certificate for an extract copy of the certificate to be given to him or his Society.

\*Offices are now open in sufficient numbers to enable these transitional arrangements to be applied, but the full set-work of offices will not be completed until later.

A.S.F. 5

(17/47) W.L. 58/66-507 1,700 3/40 G.S.R.