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**NAA: B884, S38562**

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DONNELL ARTHUR ROSS : Service Number - S38562 : Date of birth - 07 Mar 1897 : Place of birth -  
ADELAIDE SA : Place of enlistment - WAYVILLE SA : Next of Kin - DONNELL B



# MOBILIZATION ENROLMENT 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, or when voluntarily enlisted.

Army No. 538562

Name in full DONNELL, Arthur Ross

Unit A.A.P.C

Reported or enlisted for war service 6-10-41 (Date)

at Wayville (Place) South Australia (State).

## A

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

- |  |   |   |
|--|---|---|
| 1. What is your name? .. .. .  | { | 1. Surname <u>DONNELL</u><br>(BLOCK LETTERS.)   |
|  |   | Other names <u>ARTHUR ROSS</u>  |
| 2. Where were you born? .. .. .  | { | 2. In or near the town of <u>ADELAIDE</u><br>in the State or country of <u>SOUTH AUSTRALIA</u>            |
|  |   |   |
| 3. Are you a British Subject? .. .. .  |   | 3. <u>YES.</u>  |
| 4. What is your age and date of birth? .. .. .   | { | 4. Age <u>44 years</u><br>Date of birth <u>7.3.1897</u>   |
|  |   |   |
| 5. What is your trade or occupation? .. .. .   |   | 5. <u>ACCOUNTANT.</u>   |
| 6. Are you married, single, or widower? .. .. .  |   | 6. <u>MARRIED</u>   |
| 7. Have you previously served on active service? If so, where and in what arm? .. .. .   | { | 7. <u>YES.</u> <u>A.I.F.</u>  |
|  |   |   |
| 8. What 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 <u>MRS B. A. DONNELL</u><br>Address <u>35 Salway Avenue Broadview</u><br>Relationship <u>WIFE</u> |
|  |   |   |
|  |   |   |
| 9. Have you ever suffered from—<br>(i) Fits of any kind? .. .. .<br>(ii) Rheumatism? .. .. .   | { | 9. <u>No</u><br><u>No</u>   |
|  |   |   |
| 10. Have you ever been treated in an asylum for insane? .. .. .  |   | 10. <u>No</u>   |
| 11. What is your permanent address? .. .. .  |   | 11. <u>35 Salway Avenue Broadview</u>   |
| 12. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) .. .. .   | { | 12. <u>METHODIST.</u>   |
|  |   |   |

I, Arthur Ross Donnell .. .. . do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by Alfred Ross, Lieut.  
(Signature of Attesting or Witnessing Officer.)

Arthur Ross Donnell  
Signature.



B

## MEDICAL EXAMINATION.

Height \_\_\_\_\_ feet \_\_\_\_\_ inches. Weight \_\_\_\_\_ lb.  
 Chest measurement (full expansion) \_\_\_\_\_ inches, (range of expansion) \_\_\_\_\_ inches.  
 Vaccination Marks \_\_\_\_\_ Vision { R.E.—V \_\_\_\_\_  
 L.E.—V \_\_\_\_\_  
 Distinctive marks for identification \_\_\_\_\_

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 active service. ☒
2. Temporarily unfit for active service† \_\_\_\_\_
3. Unfit for active but fit for other service† II B.
4. Unfit for ~~military~~ service† \_\_\_\_\_

Place Adelaide Date 30/9/41  
 Signature of Examining Medical Officer G. H. Blomfield

\* Classifications which are inapplicable to be struck out. † Reasons for unfitness to be stated.

C

## OATH OF ENLISTMENT.†

For persons voluntarily enlisted or called upon under Part IV. of the Defence Act 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 mobilization enrolment.

I, Arthur Ross Donnell swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation 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 Donnell  
 Subscribed at Wagville in the State of South Australia  
 this sixth day of October 1941

Before me—

Signature of Attesting Officer A. H. Brigham, Lieut.

† 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 initialed by the Attesting Officer.



A.A.F. 250 COMPLETED  
DATE 8 AUG 1943

BM

Army Form B.103-1 (Adapted)  
(Reprinted February, 1941)

# SERVICE AND CASUALTY FORM

Army No. S 38562 ✓

Unit A.A.P.C.

Christian Names Arthur Rosa

Surname DONNELLY

(On Enlistment)

(Block Capitals)

Date of Enlistment 6th October, 1941

Place WAYVILLE S.A.

Date of Birth 7/3/1897

Place of Birth ADELAIDE S.A.

Trade or Occupation Accountant.

Religion Methodist.

Marital Condition Married.

Next of Kin Mrs. B. A. Donnell,

Address of Next of Kin 35 Galway Avenue,

Broadview, S.A.

Relationship Wife.

Medical Classification—Class *K*  
(On Enlistment) *Class II B.*

Identification—Colour of Hair Auburn Eyes Grey  
Distinctive Marks Appendix Operation.

## REPORT

Date From whom received

8-10-41 A.A.P.C.

8-10-41 A.A.P.C.

8-10-41 A.A.P.C.

29-11-41 A.A.P.C.

8-1-42 "

9-1-42 "

27-1-42 (A.A.P.C.)

18-1-42 (D.D.R.D.)

18-1-42 "

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.).

Commenced (F.T.D.)

Promoted to 1st Lt

Granted Subsistence

Promoted to 1st Lt

Report to C.H. Wayville

Transferred from C.H. Wayville to C.H. Woodside

Transferred from C.H. Woodside to C.H. Wayville 15-1-42. Then to Unit

Then from H.A.P.C. Wayville

Discharged H.M.R.O. 177(1)(XVI) Ref. 278(3) MED. UNIT 26-1-42

Date of Casualty 6-10-41 6-10-41 6-10-41 1-11-41 6-1-42 7-1-42 26-1-42 26-1-42

Place of Casualty 4 M.D. 4 M.D. 4 M.D. 4 M.D. - - - -

Authority W.3011, B.2069, or other Document M.O.B. 11 11 11 11 11 11 11 11

Signature of Officer Certifying Correctness of Entries 64 64 64 64 64 64 64 64

DISCHARGED

NOTHING TO BE WRITTEN IN THIS SPACE.



NOTHING TO BE WRITTEN IN THIS SPACE.

REPORT		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	Signature of Officer Certifying Correctness of Entries
Date	From whom received					



Date 21. 1. 42

• • • • •

- \_\_\_\_\_ Capt. Signature.  
 Staff Officer for Invalid and  
 Returned Soldiers, O.C.,  
 DISTRICT DISCHARGE & RECEPTION DEPOT.



RECEIVED FROM DISTRICT RECORDS OFFICE, 4 M.D.

A.A. FORM A.131 PURPORTING TO CONTAIN THE WILL OF

SX

538562

WHO

Samuel

DATE

28. 1. 42

SIGNATURE

Samuel