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M.F.M. 82 480M—8-40 (6652) H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

| 15 | 5 | REGIMENTAL No. A-450882 |
|------|--------|--|
| | Mil | itia Unit taken On Strength ESSEX SCOTTISH NPAM |
| | | |
| | 1. | Surname (Block Letters) CHATIER Should be CHARTIER |
| | 2. | Christian Names (In Full) Joseph |
| | | Present Address 429 Glengary St. Windsor, Ont. |
| 03 | 4. | Place of Birth Aylmer, Que. Date of Birth 20 July/18 |
| 718 | 5. | Religion R.C. 6. Occupation Lab. |
| 1 | 7. | Next-of-Kin Mrs.E.Chatier |
| 190 |) | 429 Glengary St. Windsor, Ont, |
| | 8. | Physical Description: Height 5-IO2 Weight I48 |
| | | Color of Eyes Br. Color of Hair Br. |
| 2 | 9. | Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.) |
| | | Army |
| | | Nil |
| | | |
| | 7 | Dated this 9th, day of Oct, 19 40 |
| 07.1 | 7.1 | Training Centre No. 12 |
| U | 1 | months de la |
| 30. | Ø | (SIGNATURE OF MAN) |
| | \sim | (SIGNATURE AND RANK OF OFFICER EFFECTING |
| 4 | | TRAINING CERTIFICATE ENROLMENT) |
| 10 | | STAMP |
| aa | | |
| 1 | 1 | |
| | | (SIGNATURE OF OFFICER AFFIXING THE STAMP) |

Discharged 30-10 Cat D Q.O.# 5 Dated - 0/11/40.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION (XIV) PARTICULARS OF DENTAL TREATMENT SPECIFICATION Signature of Dental Officer Complet-Re-quired Use authorized Abbrevi-ations and Symbols Surname (in capitals). Christian Names (in full). Trade on Enlistment. Nationality of Father at birth. Particulars of former service (if any) i.e. Regtl. No., Corps Signature of Soldier Signature of Officer.

The second secon

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

| Neare | est degree of ationship | Names | Date |
|-------|---|----------------------------|-----------------|
| | Wife | | |
| 1st | Children | | |
| | Father | | -cyklantoli vii |
| 2nd | Mother | B Charlen | |
| 3rd | *Brothers and Sisters | Art Charles All Borther | |
| 4th | Other Relations (stating) relationship |) | |

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a Will (see pages 20 to 23)

| Latest known Address in full |
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| 429 Ellengan St Window |
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Chartier J. a.

DEEFERSED

(III) RANK and APPOINTMENT

| Date | Rank and Appoint- ment | Substantive, Tem- porary, Acting or Local (with or without pay) | Authority of Part II Orders | Signature of Officer |
|--------|---------------------------|--|--------------------------------|----------------------|
| 11/4/2 | PHE | | 22/1/42 | -Asulais |
| #42 | A/h/cpl. | wp. | # 714 4 1. | 2 m/26 // |
| ex 42 | PE | US P. | 3.1.00 4/ | |
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no fu initial.

further

training

required,

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words

in italics

and

Qualified in addition as under

(IV) Certificate Applicable to all Arms, to be completed signed by the C.O. Bn., etc., before a Soldier proceeds

TRAINED (passed Recruit's Course as laid down for his arm of Service) except that he requires further training in:—*

and

(V) PARTICULARS OF TRAINING

| Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result | Date | Signature of Officer |
|---|--------|----------------------|
| Pass C.A.P. #27. | 7-0-43 | Is Bylenian |
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(VI) SMALL ARMS RANGE COURSES

| 19.43 Rifle 201 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Year | Classification . | If Table not completed, state parts fired | Signature of Officer |
|--|--------|---|---|----------------------|
| M. S./e.n. D. J. | 19.4.3 | Buen 1st | C 2 3 5 | Dongon |
| | 11 | 7.e.m. II | 1:5 | 18 m Emel 2 |
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Charlier of

DIECEASED

(VII) EDUCATIONAL QUALIFICATIONS

| Certificate, Specialist Qualifications, etc. | Place | Date | Signature of Officer |
|---|------------|------|----------------------|
| yrs Seperate School | Wwelso Out | 1932 | 1.8. marten Lieux |
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(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

| Trade | Group | Class | Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc. | Date | Signature of Officer |
|---|-------|-------|---|------|---|
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Chartier J. a.

DEEFASED

(IX) EMPLOYMENT WHILST SERVING

| Peri | iod | Noture of Employment | Remarks and Signature of O.C. Coy., etc. | |
|-------|-------|---------------------------------------|--|--|
| From | То | Nature of Employment | 0.0. 00y., cto. | |
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To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

| Date | Category or Grade | Medical Examiner of Recruits, or other Medical Authority | Signature of Medi- cal Officer |
|------|---------------------------------------|---|-----------------------------------|
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Charlier J. a.

DEEFERSED

(XI) PRESCRIPTION FOR GLASSES Vision Axis Vision without SPH Standard CYL with Ophth, Centre: Date of Exam.: Glasses Notation Glasses Frame No. (or measurements): R Date of Issue: L Signature of M.O.... Vision Axis Standard Notation Vision without SPH CYL with Glasses Ophth, Centre: Date of Exam.: . Glasses Frame No. (or measurements): \mathbf{R} Date of Issue: L Signature of M.O.

(XII) PARTICULARS OF DENTURES SUPPLIED

| Particulars | Date | Signature of Medical ' or Dental Officer |
|----------------------------|--------------|---|
| P. 4. O. mulet | 25/10/4 | |
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| (XIII) PARTICULARS OF SURG | ICAL APPLIAN | ICES ISSUED |
| (XIII) PARTICULARS OF SURG | Date | Signature of Medical Officer |
| | | |
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| | | |

(XIV) PROTECTIVE INOCULATIONS

| Nature of Vaccine, "T.A.B." Cholera, Plague, etc. | Date | Signature of Medical Officer |
|--|-----------|---------------------------------|
| 7/987 | 10/1/42 | |
| 3 -10R+ | 5/4/42 | 0.01/100 |
| Typhues-1/4 CC | 19-1-44 | Rollange |
| " 1. C.C. | 1-2-44 | RAJ |
| | 73 Jun 44 | the self |
| | | |
| | | |
| | | |
| (XV) VAC | CINATION | |
| Date Vaccinated | Signature | of Medical Officer |
| 1-2-44 /mm | R.Dllow | Kank |
| | | |
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(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 |
|--|------------|----------------------|
| X Ray Neg | 14/1/40 | 2 |
| Reflece Eigh | | |
| 0 | 27/10/4 | * |
| M Test | 1. 17/ | |
| Q Carol Com | 0 142 | |
| 12 Watta | 27/1/4 | 3 |
| 10/1001 | 1020 | |
| TIMEDE | INTE | n AID |
| FINGERPF | HINIC | D-CAIB |
| Af Clamber | 29-7-4 | 3 JUPatterson Fl |
| | 7 110 | 3 m/2/11 cap |
| B. A. P. CHAMBER TE | ST 15-12-4 | 3 3146 |
| E S M M M. M WAA ALL WAA AT THE COLUMN TO THE COLUMN | | y who ages |
| G. A. P. CHAMBER-T | EST. | |
| C. A. P. CHAMBER TO Wed CUSAL Micheles 204167: NTI Lo. S Identity Cara Issues | CANUA | 1 Exuartu X8 |
| Solder F. C. July | 29. 4. 4 | CRBurne Lint. |
| Cara Sistes | ~ | |

| Particulars | Date | Signature of Officer |
|---|----------|---|
| Ruw Gearing | Aug 43 | TEMeaters KY. |
| Booly Trage | Jep 43 | 7.8.m. 1.8.m |
| MBMI PARTA ISSUED | 13 langs | 18 Martin 18 |
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No entry is made on this page without special instructions being issued

| Particulars | Date | Signature of Officer | | | |
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And the second of the second o

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.

GEORGE BULL, (Signature) 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.

GEORGE BULL, (Signature) Private No. 30000,

Date 5th August, 1936.

THE PERSON OF TH

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

> 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.

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

| N. | R.M.A. Serial Number of Notice of Call |
|-----|---|
| 1. | Taken on Strength of No |
| | Surname (Block Letters) |
| | Christian Names (in full) |
| 4. | Present Address 429 GLEEGARRY STREET, WINDSOR, ONTO GARADA |
| 5. | Place of Birth (Country) (Country or Province) (Town or Township) |
| 6. | Date of Birth July 20 1918 7. Religion—Denomination Roman Catholic |
| | Physical Description: Height Weight Lya Eyes Brown Hair Mack |
| | Complexion Medium Identification marks Scar dorsum rt. hand. |
| 9. | Married, Single, Widower? |
| | Next-of-Kin Relationship Relationship |
| | (Name) 429 GLENGARRY STREET, MINDSOR, ONTAGIO, CANADA |
| 11. | Trade or Occupation (Address) |
| | |
| | Previous Naval, Military or Air Service. No. 12 B.T.C. (AF) CHATHAM, OMNABIO, CANADA (State Units and Dates of Service) 30 Day's Training (October Class 1940) |
| 13 | |
| | (Arm of Service) |
| 14. | Employment in War Industry, if any |
| X | (Signature of Man) (Signature and Rank of Enrolment Officer) |
| | (Date of Signature) |
| | TRAINING CENTRE PARTICULARS |
| A. | Attached to Basic T.C. Nø. 12 at CHATHAM, ONTARIO, CANADA Date 8 January 194 |
| | Completed Days Basic Training. |
| | 4-2-42 Mmenutt Cps |
| В. | (Date, Signature, and Rank of Recording Officer) Attached to Advanced T.C. No |
| | Completed |
| | Qualities of Leadership, PositiveBecoming Evident? |
| | Transferred to |
| | (Date, Signature and Rank of Recording Officer) |
| C. | Medical Category on acceptance at Basic Training Centre. |

| | RVICE of CHARTIER JOSI (Surname) | (Christ | ian Names) | ••••••••••• | ••••••••••••••••••••••••••••••••••••••• | Regimental Number | |
|---------------------------------|--|------------|-----------------|------------------|---|---|---|
| | QUALIFICATIONS | | | EDUC | ATIONAL QUA | LIFICATIONS | |
| 1. Naval, Military, or Air. | | 6. High | School | | | raduation) | |
| 2. Business or Professional. | NIL | Coll | egiate] | (years completed | | atriculation (sp | ecify) |
| 3. Trade or Civil | LABOURER | 7. *Coll | ege | | | NIL | ••••••••••••••••••••••••••••••••••••••• |
| 4. Technical | NIL. | 8. *Univ | versity | | | NIL | |
| D. Languages, etc(mot | Can speak? | ENGLISHCa | n drive a car?. | Repair | a motor? | Cooking experience? | Hobby? |
| Report Date 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 | Part II D.O. No. Cas. List, etc. | Dated |
| 0-1-42 Est. (17) Sc. | Joined on TRANSFER from N.R.M.A. Clearing Depot No SOS # 1 NRMA Clearing Depot and ceases to be | | 0-2-02 | | Chathen | 21 2 2 p.2 | 20-2-2 |
| -1-42 12 BTC | attached to No. 12 BTC(AF) having enlisted in the Canadian Armu, Active (ESSEX SCOTTISH) | Pte. | 15-1-42 | 12 BTC | Chatham | Pt. II # 5 p.1 | 22-1-42 |
| 42 OC UNIT | FOP (3 days' Pay) (3 days' C.B.) FOR: AWL 2200 hrs. 11-1-42 to 1425 hrs. 14-1-42 | 11 | 15-1-42 | ** | | PT. II # 4, P-1 | 19-1-42 |
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M.F.M. 2 A.F.B. 271 200M-3-41 (9720) H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

UnitNo. 1. District Depot (AF) Essx Scot)

Regimental Number.....A-58748.....

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

| 1. Surname | CHARTIER | | |
|--|--|--|--|
| 2. Christian Names | Joseph Alex. | | |
| 2 Present address429 | Glengarry Street, Wi | Indsor Ontario. Ga | aada |
| 1 Date of birth | 20th July 19 | 918 | |
| 5. Place of birthCan | ada. WMKKKK | (Town or | Township) |
| 6 Religion (state denomination) | ination)Roman | Catholic. | |
| 7 Trade or Calling | Labou | rer. | |
| o Married Widower or | SingleSingle | • | |
| o. Married, wildower of kin | -Mrs B. Charti | er. | |
| | Mother | | |
| | | - A William of man Ovaltages & | o Canada. |
| 11. Address of next of kin. | nave you served in a Reserve For | mation or Unit of The Canad | lian Army?Yes |
| 12. Do you belong to, or h | lave you served in a live of the | | |
| | | 60.00 | |
| 13. Have you served in (| (If Yes, Give Unit and I (a) an Active Formation of Unit | (b) Any other | (Yes or No) Naval, Military, or Air |
| | | (0) Any ounci | |
| Force? | | t and Period of Service) | |
| 14. Did you serve during | the Great War 1914-1918? | | |
| | (If Yes, specify Regimental No., | Unit and Dates of Service) | |
| DE | TO DE MADE I | RY MAN ON ATTESTAT | ION |
| above particulars are true. Army so long as an emer | charter. Ie, and I hereby engage to serve regency, i.e., war, invasion, riot of after said emergency ceases to lajesty should so require my serve wary, 1942 OATH TO BE TAKEN BY | in any Active Formation of insurrection, real or apprehensity, and in any event for | or Unit of The Canadian ended, exists, and for the a period of not less than |
| WITNESS: | OATH TO BE TAKEN BY | MAN ON ATTESTATION | |
| | | do sincerely promi | se and swear (or solemnly |
| declare) that I will be fa | aithful and bear true allegiance t | o His Majesty. | (Signature of Recruit) |
| | March Ille | d (manue | ESTING OFFICER |
| CERTIFICATE O | F MAGISTRATE, JUSTICE | OF THE PEACE ON AT | swers to any of the above |
| The above question I have taken care | -named was cautioned by me the liable to be punished as provided as and answers were then read to that he understands each question and the said recruit has made and | the recruit in my presence. on, and that his answer to each of signed the declaration and | ach question has been duly taken the oath before me, |
| | Toth | dorr of Terrana 7255 | |
| For | Officer Commanding | Office (AF) | or Attesting Officer. or Rank and Unit or appointment. |
| N. D. ATTENTION IS D | RAWN TO THE FACT THAT AND | Y PERSON MAKING A FALS | E ANSWER TO ANY OF THE PRISONMENT |

ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS'



For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

| | Joseph Alex CHARTI | | | tham, Ontario. |
|-------------|---------------------------------------|--------------------|---|--|
| | Chatham, Ontario. | | Date 14th. | January 1942. |
| | Part 1. Information obtained from | | | |
| | 2. Have you ever suffere | | e following diseases | s? |
| | tism <u>No</u> | | disease | NO |
| b. Tubercu | losis or pleurisyNO | l. Eye | disease | NO |
| c. Bronchit | tis or asthma <u>No</u> | | | NO |
| d. Heart d | isease <u>NO</u> | | | easeNo |
| e. Kidney | or bladder disease <u>NO</u> | | | NO |
| f. Stomach | or bowel troubleNO | | | rlogges? NO |
| g. Rupture | NO | | | glasses?NO |
| ı. Varicose | veins | | you now or have y received disability compensation? | pension or |
| i. Foot tro | uble | | details | so, give No |
| j. Nasal tı | ouble <u>NO</u> | | Esech all | Signature of Applicant |
| | | | | |
| | Part 2. Information obtained by | | nation. IHE KE | CRUIT MUST BE STRIPPED |
| | cation marks or scars. (If operative | | T | 2040 |
| | dorsum right hand. Scar | | | |
| 2. Height | dorsum right hand. Scar feet. 9 in | ches. 3. Weigh | t138 | pounds. |
| 4. Comple | xionDarkEyes Brown | 1 5. Develo | pmentFair. | Good Fair |
| | HairDkB | COMUS | | Poor |
| 6. Chest n | neasurement—Girth on full expansion | | inches. | |
| | Range of expansion | | | |
| 7. Vision, | | | | .V15left.CV15 |
| | dasses— rightleft | | 6) | |
| | on of mouth and teeth | | | |
| 10. The ab | normalities (congenital and pathologi | cal) found on exa | mination are as fo | ollows |
| •••••• | N11. | | | |
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| | | | | |
| Part 3 | 3. We, the examiners, find no evide | nce of the disease | s mentioned in Qu | estion 2, Part 1, except as |
| | the remarks. We have examined the | | | ** |
| | ctions for the medical examination of | | | |
| Special ren | narks when category lower than A | | | ······································ |
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| | 119 92 - Ott. | DAN. | ml hat | 25 5 100 |
| / | President | Menn | ber | Member 7 |
| | VACCINATIONS, INOCULATIONS, B | OARDS, RECLASSIFIC | ATION OF MEDICAL | CATEGORY |
| Date | Brief details and signature | Date | Brief | details and signature |
| 4-1-42 | Minuflexes rears mo | l | | |
| | france Cit A! N/9 | 4 | | |
| 10-1-4 | TART WAR | | | |
| 13.11 | 2 100 | | | |
| 28.4.x2 | RE-EXAMINED CAT /2 CONFIRMEN ALONS | lows Call | | |
| 30 (011) | LART LE | 1-200. | | |
| | /.1./1./2 | | | |
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N. F. M. 14. 300M-5-41 (32-4) H. Q. 1772-39-1662 NO. A 58748

. Joseph Alex



*SINGLE

RANK Pte. NAME

| PLACE O | F ENLIST | MENTCH | IATH | AM. | DNT. | | DATE 16-1 | -42. | |
|-----------|----------|---------|-----------|-------------------|----------|----------------------------|--------------|----------|-----------|
| | | | | | TE OF PA | Y | | | |
| D. O. NO. | DATE | RANK | GROUP | P. F. OR A. S. | DAILY | PEN. DED. | RE | MARKS | |
| 7 | 22-1-4 | Pte. | 1 | | 1.30 | | Next of k | in: (mot | ther') |
| | | | | | | | Mrs. Biri | ngire Ch | nartier |
| | | | | | | | 429 Gleng | | |
| Called | up une | der NRM | ACT : | 940. | 8-1-42. | | Windsor, | Ontario, | |
| | | | | | 1 | | | | |
| | | ASSIGN | MENTS | | | DEPEND | ENTS' ALLOW | ANCES | No. |
| JOSEPH AS | SIGNEE | | EFFECTIVE | AMOUNT | TOTAL | DATE APPLICATION FORWARDED | RELATIONSHIP | AMOUNT | EFFECTIVE |
| Biringin | | | | |) | | N/A | | |
| 429 Glei | ngarry | Ave., | Canes | lled - | 11-2-4 | | | | , |
| Windsor, | , Ontar | i 0 . | 1.9.42 | 20 00 | | | | | |
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OUTFIT OR L ALLOWANCE \$ PAID ON REHABILITATION GRANT \$ PAID *DELETE WORD'S WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) \$ P.A.

OCCUPATIONAL FORM COMPLETED 23-1-42

| 2 2 | Cricorie i leo, el c. |
|-------------------------|--|
| PART II D. O. NO. DATE | NATURE AND PARTICULARS "IF IN HOSPITAL NOTE NAME |
| | TOS #12 BTC(AF) Chtm Ont for all purps. Eff. 16-1-42. SOS # 12 BTC(AF) on transfer to ATC A-10 Cam Borden, |
| 15 16-2-42 | Ont. Eff. 3-2-42 (Essex Scottish) Awarded 168 hrs. detention 13-2-42: 12 dyas FOP, & pays |
| | cost of apprehension \$3.00 for AWL 12 days, 14 hrs. Held in close arrest fm 1400 hrs. 12-2-42 to 0930 hrs., 13-2-42. Total FoP of 19 days. |
| | Awarded 2dys. FOP and 96 hrs. detention at 0930 hrs. 240 2-42 for: AWL from 2300 hrs. 21-2-42 to 1430 hrs 23-2-42 |
| | (Abs. 1 day, 15 hrs, 30 mins.) To pay cost of apprehension (Windsor to Chatham) \$3.00. |
| 23 9-3-42 | Reported AWL 2359 hrs., 8-3-42. |
| 27 17-3-42 34 6-4-42 | l days FO, 7 days C for WL 22 hrs., 15 min. l days FOP, awarded l days Pay (A.A.46-2-d), awarded 96 hrs. detention at 1415 hrs. 6-4-42 |
| | for AWL 22 hrs., 35 min. |
| | DO.# 34 amended in part to read, 1 days FOP, awarded 5 days pay (A.A.46-2-d) awarded 96 hrs., detention at 1415 |
| | hrs., 6-4-42. for AWL 22 hrs., 35 min (Total FOP - 6 days |

| - | - 4.00 | CASUALTIES, ETC. | |
|-------------|-----------|--|--------------------------------|
| PART No. | DATE | NATURE AND PARTICULARS | IF IN HOSPITAL NOTE NAME |
| 57. | 28-8-42 | T.O.S. from ta c.O.1.R.U. wef. 23-8- app. A/h/eps. wef. 1-10-42 | 42 |
| 27 | 27/1/43 | Figs Educ boy + set de los ? Signted 9 days P.L. with R. S.O.S. TO 3 CIRU W.E. f. 6/2/43 | 10161816 gagerenany |
| 3 | 82643 | 105 3CIRU from Color Educ Coy w 505 To E.S. F. U. my. 25.3.43 | 772643 |
| | 3-4-43 | Tos & SR from 3 CIRU wef 26-3-43 Prin leave wef 3-9-5-43 | |
| 37 | 16.8.43 | Franted 7 days PL plus 48 hrs | weg griff |
| | | admy No 1 Spec Hosp well 16 | 10.43 W Geor Hosp 17-11-43. |
| 258. | 2-12-43 | TOS from ESR while in 9 yen i | mf 18 nove43 |
| 267. | 13-12-43. | Discharged from 9 Gen met 11 De | e 43. |
| 51. | 28-15-4 | 3. 9 days P/C mith RA possible | |
| 10 | 13 Jan 44 | Hranted Unify Regt-water of baying a Chilled | 1 1 21 - 1 2 26 660 |
| 5 | 30.1144 | warded to Us My Chilly | 5/144 |

CARD SEQUENCE No.____

No. A58748 RANK Tte. NAME

CHARTIER Joseph Alex

CASUALTIES, ETC.

| | - 2 | CASUALTE, S, ETC. | |
|-------------|------------|--|--------------------------|
| PART No. | DATE | NATURE AND PARTICULARS | IF IN HOSPITAL NOTE NAME |
| | | 2 days FOP, 7 days CB for AWL 1 | |
| 47 | 12-5-42 | SOS # 12 BTC CA(A) on transfer | to ATC A-10 Camp orden, |
| 114 | 14:5:41 | Ont. (Essex Scottish Reg.) es 1.0.5. A.10. I. A. T.C. 2/1. 13.5.4 | ff. 12-5-42. |
| 139 | 12.6.42 | Sos 810 1/9). T. e. eff12.6.42 | |
| 2 | 10-1-42 | SoSA10 1(9). T. e. effis. 6. 42 T. D. S. # 12 BTC (AF) chtm Ont. | for all p. El. 8-1-42 |
| 4 | 19-1-42 | 3 days FOP. 7 days CB for AWL | 2 days 16 hrs 25 mints |
| 5 | 72-1-42 | 305 12 BTC (AF) to Join ach. Fo | ree eff. 15-1.42 |
| 151 | 26-6.42 | TUSTEZEDIRU unelici | |
| 199 | 22.8-42 | 505 0 1 13 | |
| -10 | ALL TOURS | CARLOS ACA BOOK I DONA I A BOOK A COLO | 22/1/43 |
| 2 | 15:144 | J.O. S. Essen Seattlik Regtween | 14.1.44. |
| X | 16-2.44 | 10. 16 x 1. 18. que f 2801. to 61. | 2.4/4- |
| 13 | 18 aps. 41 | TOSX3 lest week | 12.4.4. |
| d'2 | 20 Jun 4 | J.O.S. Esser Seattlish Regliwer Sir. P. h. & R. A. we 128 11. 45 61. S.O. Sto X hist Elect Leat we Tos X3 luit. wet 3 gfr. 4 5 0 5 X3 lust. wet 3 gfr. | re 44 |

| (a) |) | (b) | (c) | (d) | (e) | | (g) |
|-----------|---|------------------|--|----------------------|---------------------|--|--|
| Repo | ort | | 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.) in accordance | Place of Casualty | Date of Casualty | Army rank | Army Form or other authority for entry to be |
| D | Fom whom | Unit | embarkation from a theatre of war (including furlough, &c.) in accordance | Casuarty | Casuarty | as at (e) | shown |
| Date | received | | with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | | | | |
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| | | | Not qualified in a trade | | 12-6-42 | | |
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| | | | J. J | | 7 5 42 | | 1 |
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| 29-43 | | | 9 days P.L. wich mo. | | 22 m 43 | | 0 27 |
| Del 43 | | | 109 G 3 C. L. R. U. Ceases | | 6 Del 43 | | 11 8 2-6.43. |
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| | | BOIRV | Jos from Coln Coluc Coy | !/ | 7 Feb 43 | Pa | 3 - 8 Feb 43 |
| | | DBCIRUP | SOS to Fd Unit (Es Scot) Semand No 6378 | UK | 25/man 43 | Pt | 41-25/11004) |
| | 1 | see Scal | T.O.S. from 3 CIRU. | Field | 26/3/43 | HE | 20 3 apr 43. |
| | | | Seven days: P.L. with the Mance. | ~ | 3 may 43 | ~ | 27 May 43. |
| | D.C. | | Granted Daily Rates of Pay of \$ /. Soper dies | | 1 Jan 43 | Ole | 50,2100143 |
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| 22/11/43 | 505 | ~ | SOSt 3CIRII on alm to 9 Edn Gen Hosp | - / | 2 nov-43 | Ott | 56 3 Dec 43 |
| | 105 | BCIRU | 105 from Esses Cealled R. Fd Unitwhile in 9 gen Hoy | UK | 18 nov 40 | | 259 2 Decus |
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| | | The state of the | Awarded Canadian Volunteer Service Medal and Clasn | S. Lety. | 45 TAN 44 | | 5 ION AA |
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| A | vas rues. | | | | 3 | , | 12-18 - 11 |
| 1000144 0 | con x3ce | SEX. 2. R.J. | Tos from Esser SRon adm to hospe | | - Jun 44 | | 33-3 A G |
| Jul 44 | | | 50,3x3 (ESA) to 20184 an | | 3.4.4. | | |
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| S.O. S | | 1.2.C.I.R.J | 1.08.40 X-4 Fist 1110n 2 CKSK (KWK) | | 13-6-44 | | 1.70 - 13 -6-49 |
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| | | | SOS to RWR | · · · · · | 4 Jul | 2 | 2.6V. Sud. |
| | | Ruk | Los hour x 4 Ruk | ed : | Jaul 44 | Afra | 28-44 |
| | | | | | | | |

14.5

SERVICE AND CASUALTY FORM

Part I (For all ranks)

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 1507 1—5-41 (512) H.Q. .72-39-1649

Unit No. 1 district Depot (AF) Essex Scottish

Regimental Number A.58748

| 1 | Surname CHARTIER | (17) Regiment or Con No. 1 DD (AF) | rps | Essex Scottish |
|-----|--|---|------------|--|
| 2. | Christian Names Joseph Alex | Can In Corps | | •••••••••••••• |
| 3. | *Substantive Rank and Appointment/ | / /. | | |
| | *Acting Temporary or Local Rank) | | | |
| | giving date / 6 / | | | |
| | *To be entered in pencil to facilitate alteration. | | | |
| | Place of birthQuebec, Quebec, Canada | (18) Medical | | |
| 5. | Date of birth as declared on attestation20July.,19.18 | ••••• | | |
| | (A) | Category | Date | Authority |
| 6. | Date of enlistment. 16 January, 1942 | "A-1" | 14-1- | 42 M.B. |
| 7. | Place of enlistmentChatham. Ontario. Canada | | | |
| | Residence at time of enlistment. 429 Glengary St. Winds | | | |
| 9. | (B) Special conditions (if any) of enlistment or rate of pay | | | |
| 10 | (~) | • | | |
| 10. | (C) Any subsequent variations of conditions of service | • | | |
| 11. | Religion Roman Catholic | · · · · · · · · · · · · · · · · · · · | | CM. L |
| 12. | If married, state dateSingle | (19) Next of kin (enti | ries to be | made in pencil) |
| | Trade on enlistment. Labourer | MA. | | A |
| 14. | Corps, trade and grade | PP WAR BUN | enge | re anaries |
| | (D) Qualifications | | Jeff. | |
| | (E) Miscellaneous entries | | 1000 | egang, and |
| | | | , | The state of the s |
| | •••••• | (20) E | Reco | 009,00000 |
| | | (21) E | | |
| | | (22) E | 100000 | |
| | | | | |
| | | | - | |

Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

Pte

Statement of the Service of No. Chartier, Joseph Alex

the product of the little of

Sheet No.....

M.F.M. 1 & 2 (a) .700 M-8-39 (1697) H.Q. 1772-45-18

| REPORT | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. | Rank Shown | Effective Date | Unit | Place | Authority | |
|--|---|------------|----------------|--------------|-------------|---------------------------------|-------------|
| 2-15t-42 From 2 who Bree ived | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. SOS 12 BTC (Continuation of Folia 2, M.F.M. 1 or M.F.M. 2) Camp Borde | en Pte. | 12-5-42 | 12 BTC | Chatham | Part II Dro. Mb. Cas List, etc. | 12-5ate42 |
| | TOS as rienf to the ESR from No. 12 BTC | 11 | 13-5-42 | A.10ITC. | Bor den | " " 114 | 15-5-42 |
| | Chatham, Ont. | | | | | | |
| | SOS on proceeding oversees as ESR reinf | ** | 70-6-10 | | ** | 11 11 7 7 7 1 | 10 6 40 |
| | | | | | 0/1/ | 1 —) | |
| | mharket J.S.O.S. (Q. () | | 1.4645 | 4 | t. s.a.lyay | | 2.6 |
| | 7.0.S. (2.12.(0) | | 1.5-6-4-2 | 2.C.D.1.R.U | !.! | | |
| | Disembourb De | !! | 25-6-42 | J./ | 4.2 | | |
| | Les houte B. Son Seety | !/ | 2-6-6-42 | | 2.1 | | 26-6-45 |
| 808 | 848 6.8. | St | 20/11/12 | 16/RU | 111 | 199 | 22 lug 42 |
| The state of the s | 10.5. from Elcorece | Ple | 2/ aug 42 | Est. | 0.14. | 57 | 28 aug 4 |
| | to be a/L/cpl | a/S/cpl | 100842 | & Seat | UK. | 7/ | 2400492 |
| 505 | Los to Educat. Coy | a/L/epl | 1 sex 42 | & Seats | U.K | 23 | 3/00/12 |
| 705 | TOS FROM ESSEX Scottish ATT dt. 1CBSC/FAP/ExPut | PIE | 11/00.42 | 1 Educe Coy! | 21K | 2.7 | 4/101/42 |
| | clases to bald app of affection 605. | Pto | 3/00/42 | 6 Seats | UK. | | 3100412 |
| | Phio Leave to 5 Feb H3 | | | | | 5 | 27 Jan4 |
| 505 | SOS TO 3 CIRU C/ATTO [FAR] TOICESC Ex. Pri | TY PIE | 6 FE 643 | C. E.C. | 21K | | 8 FE 6.43. |
| | Tos from Com E. Com | Rto | 7 7 eb 43 | 3.C.1.R.21 | uK | 3 | 87eb43 |
| 608 | 308 To Essesc Saats | Rto | 25 mark | 3.3ciru | cet | | 25 hacus |
| 108 | 108 from #3CIRU | Ple | 26 Man 43 | & Seals | cett | 20 | 30/6243. |
| The state of the s | AA 24(4). 707/15 clays pay. | Ple | 20 June 43 | & Sco15 | UN | 37 | 17 Tulyers. |

Sheet No.....

M.F.M. 1 & 2 (a) 700 M—8-39 (1697) H.O. 1772-45-18

| | REPORT | Name | The state of the s | | | | H.Q. 1772–45–1 | 8 |
|------|--------------------|---|--|----------------|------|-------|----------------------------------|---------|
| Date | From whom received | 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 | Part II D.O. No. Cas. List, etc. | Dated |
| | | Great St.50 | Pt | 150443 | FS.R | UK | 50 | 2100/20 |
| | | adin 1810 | | Backe | } |) | | |
| | | Mesen 18pec | | Morse | 3 | | C2. C. | |
| 5.05 | | 8438 / 3018,1501 / 100 M | 24 | Maria | ESP | 1/4 | | |

1.09, 1.09 from ESR white in 9 grattop Pte 20 Nov43 85120 UK

Disembarked at France on 3 July 44 Pfn XLet Pwp 2) Py

| | | | | | | | 1 | | DOE 194. (F. DUDDE TO A PORT Soldiers Qualification Card |
|-------------------------------------|--------------------------------|--------------|----------------------------|--------------------------|--------------|-------------------|---------------|---------------------|---|
| A-5874 | 48 | CHA | RTIER | JOSEPH | A | LE | X | | Unit 2 C.D. IRU ESSEX SCOTESTICONFIDENTIAL |
| Regt'l. Number | | Last Name | | First Name | CARL |)S PIII Middle | Names | | 1 Corps Page Southed to |
| 2 Mationality | 08 m | y Birth | By Naturalization | Country of Birth | 50"M Test | 17 | ITER | PATE. | 25 Second Most Important Occupation: Description: Estimate |
| 3 Racial 7 | en ch Co | made an | 4 Language spoken in Other | home: French | | 10- | | S. Tot. | of skill |
| 1-JULY 18V 93 | | | 11 | 8 Silhouette 1 2 3 4 | | 17 | | SM | Duration (from—to) |
| 5 Age | -1 | | | | 9 | 13 | | 41 | |
| Eyes: 9 | Colour of | Olon. 10 Act | ity 2 3 10 Glasses | 11 Colour 1 2 3 4 | 4 | | | S. Tot. | 26 Third Most Important Occupation: |
| 12 Hearing: Act | aity 1 2 | 3 13 | Speech Defects | | 5 | | | SM | Estimate of skill |
| 14 Handedness | B | L A 1 | 5 Med Category . A | | . 6 | | | S. Tot. | Duration (from—to) Wage Wage |
| | | | 4 4 | | 7 | | | SM | Employer's Name and Address |
| Attitude to | own health | Jeason a | To Medical atter | ble when 7 yrs - Bothers | 8 | | | Control of the last | Trade Union or |
| Health Hist | ory V.D. | ·. 9 | 40 Pronus 5 um | ce when your - polices | Tot. | 41 | SM | Grade | Professional Society |
| 16 Education L | | | | (Grade completed | 9 | | | | Vehicles: 27 Heavy Truck 28 Light Truck 29 Auto 30 Motorcycle 31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane |
| | | | | | 51 | OTHER | MENTAL | | 35 Accident Prone |
| 17 University of 18 Professional | | Course T | aken Comple | | Test | | | | Farming Experience: Wide Limited |
| | | | | | | | | | District Flas Lings Unt. Type Totacco |
| 19 Post Gradua | ate | Cou | rse From- | –To Degree | Date | | | | Job promised after discharge By whom? Name |
| 19 1050 01444 | | | | | | MECHA | ANICAL | | Address |
| | | | | | 52 | | | | Other provision for post-discharge occupation Type of work desired Same Work. Clark." |
| Specialized | Training: | | | | | | | | Occupational history: Ambitious Accidental |
| | | | | (Course | *) | | | | Stable Erratic |
| At | | | From—To | Completed | Date | | • • • • • • • | • • • • • • • | 36 Material Status: M S W D Sep |
| | | | | (Course | | CLERIC | AL APT | | 2 Marital Problems (Remarks) |
| | | | | Completed | rest | | | | Age of wife Wife's attitude to Service Health |
| | | | | (Course | Score | | Grade | | 37 No. of Children |
| | | | | | Date | | | | Position in family |
| | s papers. Dipl or Qualifica | | | | . 53 | TRADE | E TEST | | Relationship of Dependents |
| | | | 0 | | . 1. S | core C | 3 I | Date | Status of home in childhood |
| | | | tak to Trench | | 2. S | core C | 3 1 | Date | 39 Hobbies: Photography M S |
| | | Iclelli | 1 4 4 | | | core C | 3 I | Date | Mechanics Other Mechanics Other Sports: (1) Swimming (2) Skating (3) Billiando |
| 24 Main occup | ation: Descri | ption | ik Pool room | a felling agants | e, 4. S | core C | i I | Date | Put Team Games and Position (1) Ascher Coal " |
| 7386 pop. 40 | hocolate i | assite.) | | Estimate of skill | . 54 | OTI | HER | | Z (2) Basefull (start styp) (3) |
| Duration (| from—to) | 135-42 | | Weekly 35.00 Wage 35.00 | Test | | | | Ability to Entertain: Music: String Brass Brass |
| | Name and Ac | dress | enry Brothy | | Score | | Grade | | Woodwind t Percussion Piano Vocal |
| | | | Mundon. | ant | . Date | | | | Theatrical Other |

| 3 JAN 1 | UTEU | | 2 1944 | | | | | | | | |
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| 42 Previous E | | | | t Donk | Locit Discharge (Val) | Consider Mariner Des | | 47 Classification: Military Specialties and Tra | des | | |
| ARM OF CORPS | - | | | 11 | Last Discharge (Yr.) | Special Training Rec | eived | Designation | Degree of Proficiency | Date | Authority |
| J.M. | WITM | AL | M15 1940 | 12 | 1940 | | 1 | | | | |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| 42 CURRENT | SERVICE: | Date Er | nlisted /6-/- | +9 | Place Enlisted | at ham Oni | | | | | |
| | | | Unit and Sub-unit | | | 1/ 10000 | Performance | | | | |
| 11-42-15 5 | Canal | PIR | BTC =12 | 44 4/to | Basic Fran | | | | | | |
| | | | AITC A 10A | 11- | Mauch | •• | - | | | | |
| 14 42- | G.B. | ** | E20.D.180 | /. | advanad Tranning | (R) | | | | | |
| 1.11.12 | e. | | 1-FDUC. COY. | | | | | | | | |
| | | | | Phe | | | | 16 | Find old | | |
| | | | | - | | | | 55 Type of Service Desired (1) | | | |
| | | | | - | | | | Remarks re Outstanding or Limiting Facto | | | 10 |
| | | | | | | | | APP (lega T | PHY Momac | DIS Cru | your. |
| | 1 | | | | | | | MIL JOHN ZI. | apparently Ros o | MEC / | 1. 11. |
| | | | | | | | | but has nightly the litt | | | la he man |
| | | | | A | | | | aged to study. | | | |
| 45 COURSES | | | TOT A CITE | | | | | 152/allre/oct/1/ 21/10 | 142 Rue El St. | | |
| ATTENDEL | | | PLACE | | Date: From—to | Qualified as | Rating | alegong lello | | | |
| BAS | SIC EDUC | 3: | | Nov4 | 2/Jan4-3(58dys) | "Temperamental: Showed much impr | impulsive. | | | | |
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| | | | | | | | | Attitude to Interview: Antagonistic | | erative Indi | fferent |
| 46 Crime: Nu | mber Court | ts Martia | l Convictions | | Hospitalization | | | Reason for Joining Cdn. Army (if ascertai | nable) | | |
| | | | | | | | onal Offender | | | | |
| Chron | ic Major Of | fender . | - H/3/ Chronic M | inor off | epter Oc | casional Offender | | 48 Suggested Possibilities for Employment (1) | | | |
| 49 Psychiatric | | | | 0 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | Tests Indicated: 2nd Mental | Mech. Apt | Clerical Apt | |
| | | | | | | | | | Pers | | |
| | | | | | | | | 100 | the solution of the |) -7 | - 41 |
| | | | | | | | | Interviewed by | - agr. | Date | |
| C.M.H.Q. 1000:1 | 15 | | | | | | | Reviewed by | | Date | |

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 COM-MITTEE 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 58748 | PLEASE LEAVE BLANK |
|-------|--|--------------------------|
| | (a) Print name in full. Chartish Joseph Alex (b) Reg'l. No. A55745 | |
| 2. | (a) Arm of service (b) Unit (c) Place of residence | |
| | (a) Date of birth 20 1018 (b) Have you (c) Place of residence at time of enlistment. | |
| 4. | (a) Place of enlistment | |
| 5. | Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school | |
| 6. | (a) State age on (b) Were you attending school finally leaving school or college up to the time of enlistment? 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.) | |
| 7. | If you attended a university, give name of university and standing or degree secured. | |
| 8. | (a) Did you ever (b) If so, | |
| 0 | enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it? (a) What languages (b) What languages | |
| | do you speak fluently? do you read well? | |
| | Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT | |
| 10. | (a) State whether you were WORKING or NOT WORK- (b) At time of en- | |
| | ING at time of enlistment. (Enter here only "Work- ing" or "Not Working" Instruction of what trade union or | |
| | ing or not working, | |
| | as case may be; particu- lars are asked for below) | |
| | 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? | |
| 12. | (a) If answer to 11 be "Yes", (b) State how long you | |
| | state exact trade or occupation had worked at this at which you actually worked | |
| 13. | If answer to 11 be "No", state exact trade or occupation for which you feel qualified | |
| 14. | If you had been employed after leaving school, state when you last worked fairly regularly before enlistment | |
| 15. | Give details of last | |
| 16. | employer, if any: Name | |
| 17. | contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of dis- | |
| | in a business of your own, state nature and address of business | |
| | Section E-PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME | |
| 0 | OF ENLISTMENT | |
| Ť | DUESTIONS 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 employerAddressAddress | - |
| 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 (b) Number of years' experience at specific occupation | |
| 21. | (a) Did vour employer promise (b) Did your employer (c) Do you wish | |
| | definitely to give you refuse to promise you to return to your employment on discharge? 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, (b) Where was | |
| | or professional practice | |
| | | |
| 6. | Section F—PARTICULARS OF FARMING EXPERIENCE (b) De vou feel competent (c) If so, in what | |
| 24. | (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming? (c) In what provinces born on a farm? farming experience have you had? did you have experience? | |
| 25. | (a) Were you (b) How many years' actual (c) In what provinces born on a farm? | |
| | Section G—MISCELLANEOUS | |
| 26. | Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? | |
| 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 | |
| | may mayo, ound, than maidated disconnicted in the formation of the first manner. | |
| ***** | | |

Canadian Provost Corps, A.F. No.11 Provost Company, M.D.No.1, London, Ontario.

THE SOLDIER TO HIS UNIT

| CHRITICATE OF ARREST OR S | SULCHENDER. | | | | | | |
|--|--|--|--|--|--|--|--|
| | Whose description is given below was arrested A 55562 L/cpl Pheby A 57785 Rank L/cpl Name . Ryckman | | | | | | |
| | rps | | | | | | |
| | | | | | | | |
| 194, at. 430hours, as | a deserter or absentee without leave. He was | | | | | | |
| and. | dressed in. Battle dress | | | | | | |
| Regimental particulars of officer or soldier | No.458748 Rank Pte Name Chartier J A | | | | | | |
| referred to above. | UnitEssex Scottish Station Chatam | | | | | | |
| Description: | Age.23Height.5.11Complexion.Dark | | | | | | |
| | Hair Brown Eyes Dark Harks Scar right thumb (base) | | | | | | |
| | •••••••••••• | | | | | | |
| | N.C.O. in charge, Hilitary Police Detachment | | | | | | |
| | at Windsor Ont. (In accordance A.A. 163 (m)) | | | | | | |
| (The following certificate is also to be signed by a competent officer if the deserter or absentee surrenders himself) | | | | | | | |
| Certified as to the above | particulars verified by me. | | | | | | |
| | •••••••• | | | | | | |
| who signs as D.A.P.H. or a the surrender is made. (In | s C.O. of that portion of H.H. Forces to whom accordance A.A. 163 (j)) | | | | | | |
| (The following is to be significant and Evidence after the return of | gned only by the officer taking the Surmary of of the soldier to his unit.) | | | | | | |
| The above Certificate has been read to the accused. | | | | | | | |
| Certificate can not in my | exigencies of the Service and the expense the attendence of the witness signing the opinion be readily procured and the accused account of this witness for cross examination. | | | | | | |

(In accordance R.P. 4(G))
(On completion this form may be attached to the Surrary of Evidence

Rank and Unit.............

VERIFICATION FORM WAR SERVICE MEDALS 1939-45



| | oischarge Romange or Reti | | Deceased |
|-----------|---------------------------|-----------------|-----------------|
| served in | 1: | | Non-qualitying |
| Canada | a from 16-1-42 | to 14-6-4 | 2 |
| | from | to | |
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| Unite | d from 15-6-42 | to 2-7-4 | / |
| IL-11gu | from | to | |
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| Italy | from :- | to | |
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| North | west rope from 3-7-44 | to 15-8- | 44. Male |
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| | | Verifi | od by 1.6. Pale |
| | | Date. | 24-6-46 |
| | | Carded | 211 2 1946 |

mes.

2nd October, 1944 Mrs. Biringire Chartier, 429 Glengarry Avenue, Windsor, Ontario. Dear Mrs. Chartier: It was with deep regret that I learned of the death of your son, A58748 Rifleman Joseph Alex Chartier, who gave his life in the Service of his Country in the Western European Theatre of War on the 15th day of August, 1944. From official information we have received, your son was killed in action against the enemy. 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, Major - General Adjutant - General SEP 28 1944 (H.F.G. Letson), Major-General, Adjutant-General. /EMA

FIELD SERVICE

9/3 | B Army Form B. 2090A. 9/3 | B 40/P & S/2551 (5504)

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. 1.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION DARD.

| NAME CHARTIER, Joseph Alex. | PLACE & DATE OF BIRTH 20 Jul 1918 |
|-----------------------------|---|
| RANK Rfmn | REGTL NO. A-58748 |
| UNIT Royal Winnipeg Rifles. | NEXT OF KIN & ADDRESS MOTHER. |
| | Mrs B. CHARTIER. |
| | 429 Glengarry St., Windsor, Ontario |
| PARTICULARS | OF HOSPITALISATION |
| DATE OF ADMISSION | NAME & LOCATION OF HOSPITAL |
| DIAGNOSIS | |
| PARTICULARS | S OF DEATH. |
| DATE OF DEATH 15 Aug. 44. | PLACE OF DEATH FRANCE |
| HRS_ | |
| CAUSE OF DEATH KILLED. | |
| PARTICULARS | 5 OF BURIAL |
| | CEMETERY Soulagny in small orchard at rear |
| PLOT NO ROW GRAVE | of farm house 200 yds N of X Road on each side of S Grave 14 M/R/12954130 Sheet 8 F4/4 50,000 |
| DEATH CERT.NO | Sheet 8 F4/4 50,000 |
| DATE OF REGN OF DEATH CERT. | |
| RELIGION Roman Catholic. | |
| | OATE 1 Oct 45 (M. BLUTEAU) Capt. For COLONEL, |
| | CANADIAN MILITARY HEADOUARTERS |

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

H.Q. 405-C-25032 (D.R. 2(C)) 15th March, 1946. Mrs. Biringire Chartier, 429 Glengarry Avenue, Windsor, Ontario. Dear Madam: Information has just been received from overseas that the remains of your son, A58748 Rifleman Joseph Alex Chartier, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row F, plot 16, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity. The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned. Yours faithfully, for C.L. Laurin, Colonel, Director of Records, for Adjutant-General.

OFFICIAL CANADIAN ARMY. OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER 58748

RANK ITIMORE

SERVICE UNIT lat Royal Winnipeg

Rifles (CA)

DATE OF LIRTH

DATE OF ENLISTMENT

MARITAL STATUS

single

RELIGION

Roman Catholic

M.F.M. 1, 2 & 5 RELATIONSHIP

NAME ADDRESS

Mrs. Biringire Chartier

ADDRESS 429 (Languarry Ave.,

indsor, ont. ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER MARRIED OVERSEAS

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

N'IE CHATTER, Joseph Alex

H.Q. 405-0-25032

DATE 15-8-44

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

YES/NO

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

YES/NO

FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990

MCL

DIRECTOR OF RECORE

No A.58748 Rank Rifleman Name CHARTIER, Joseph Alex Unit Royal Winnipeg Rifles Date of death 15th August, 1944. Died at France. cause Killed in action. Death occurred on strength of Forces.H.Q. 405-C-25032 N/K Mrs. Berengere Chartier, Relationship Mother Address 429 Glengarry Avenue, Windsor, Ontario. Remains buried in Cemetery MR 3014/93 France. Grave location

tteville-sur-Laize Cdn. Military tteville-sur-Laize, France.

BURIAL REPORT TO N.MAR 15 1946 RETURN TO BUR. OF STAINOV 101944 ROYAL MESSAGE DESP'D. OCT 9 1944 CAN. MESSAGE DESP'D. 17 3 1911

& CR Form Daspd. OCT 191

ve 16, row F, plot 16.

HI & CR Form
Photographs
Photographs
Despatched hotographs

FORM 6

| | | PRO | VINCE | OF ON | TARIO-CERTI | IFICATE OF REGISTI | RATION OF | DEATH | | |
|--------|-----------|--|------------|------------------|--------------------------------------|--|--------------------------|------------------------------|--|---------------|
| 1. PL/ | ACE JO | county or District | of | n The F | INI.D (FRANCE | Township of | | | | |
| DE | ATH (I | f in City, Town o | r Village | (N | Street | t(If death occurred in a hospital or | | House No | | |
| 2. LE | VGTH C | F STAY (in yes | ars, month | s and days) | ame) | (b) In Province | institution, give the i | name instead of street and n | umber) | |
| 3. PR | INT FU | LL NAME OF | DECEASE | D | CHARTIER | Townice | (c) In C | anada (ii immigrant) | ••••••• | |
| | | | | | (Family name) | To Trille and the triangle of triangle of the triangle of triangle | (Given name or names | in usual order) | # | |
| - EVE | LSIMEIN | CE 110 | street | Residence mea | as usual place of abode. | n, Village or Township | al parts not sufficient) | Province | 10 | |
| 4. Se | 5. | Nationality (Citizenship) | 6. Racial | Origin | 7. Single, Married, | MEDICA | L CERTIFICATE | OF DEATH | | |
| 25 | | (Ottizendintp) | | | Widowed or Divorced (Write the word) | 24. DATE OF DEATH | August (Month) | 15th (Day) | 19 | 4 |
| 0 DID | | OT: | 10 bec | | | 25. I HEREBY CERTIFY that | | | (1 car) | |
| o. BIR | THPLAC | | | rovince or Count | | | 19. to | LUIII. | 19 | |
| 9. DA | TE OF E | BIRTH. | (Month) | 20 | (Day) (Year) | and last saw h | alive on | | 10 | |
| 10. AG | E in | 41. 345 | Months | Days | If less than one day old | | CAUSE OF DE | ATH | 13 | PHYSICIAN |
| | | 26 | 1 | l | hrs. ormin. | Immediate cause | (a) X11 | led in action | | |
| 011 | Trade, | profession or kind er, teamster, office | or work as | Labo | urer | Give disease, injury or complica- tion which caused death, not the mode of dying, such as heart | | | | Underline |
| TV 12 | | industry or busin | | | | failure, asphyxia, asthenia, etc. Morbid conditions, if any, giving rise to | due to | | | to which |
| 000 | | ceased last worke | | | otal years spent in | immediate cause (stated in order proceeding backwards from im- | due to | | | death |
| 0 | | is occupation | | | this occupation | | (c) | | | should be |
| | | ive name of wife | | | | Other morbid conditions (if important) contributing to death but not | [| ••••• | | charged |
| 2 | | | | | | causally related to immediate cause. | | | | statistically |
| HH 16 | NAME | | ••••• | ••••••• | | 26. If a communicable disease is mentioned on this cer- | ate of appearance | | 19 | |
| H 17 | BIRTHP | LACE | | (Province or Cou | ntry) | tificate, give (b) I | Ouration of disease | | days | |
| 2 | | | | | | 27. If a woman, was the death a | ssociated with pregna | ncy? | | |
| 18. | MAIDEN | NAME | | | | 28. Was there a surgical operation | ?Date of | operation | 19 | |
| OH 19 | BIRTHP | LACE | | Province or Coun | | State findings | | Was there an autops | у? | |
| | | ng information | C | 2 | C-S | 29. If death was due to external of | causes (violence) fill i | n also the following:— | | |
| | | | 4 | A de | lecords, | Accident, suicide or homicide?. | (State which) | ate of injury | 19 | > |
| | | | | | lonel Defence | Manner of injury | | w sustained) | | |
| | | | | | | Nature of injury | | | | |
| | | | | | | | d in industry, in home | e, or in public place | | |
| | | | | | | Signed by | | | M.D. | |
| 22. Bt | rial Perr | | | | | | Dat | :e | 19 | |
| A | ldress | | | | | The state of the s | | | | |
| 23. UN | DERTAKE | R | | (Name and addr | ess) | 31. Filed | 19 | (Division Reg | A CONTRACTOR OF THE CONTRACTOR | |

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE",

| Mrs.Biringire | Chartie | r., |
|---------------|---------|-----|
| 429 Glengarr | y Ave., | |
| Windsor, | | |

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

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

and the following number quoted:-

H.Q. 405-C-25, 032 FD 194

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

November 21

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

CHARTIER, Joseph Alex Rflmn.

A58748 C.A. O/S

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.



Director of Estates.

GHF/IDS

M.F.W. 77 16M-10-44 (5854) H.Q. 1772-39-972



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 | | A COTTATEO | INFORMANT'S STATEMENT | | | | | | | |
|------------------------------|--------------------------------|---|--|-----|--|---------|--|--|--|--|
| of Rela- tion- ship | | ATIVES be accounted for | NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite is or her name, and date of death of each deceased relative | his | | | | |
| 1 | Widow of the | Deceased | not married | | | | | | | |
| 2 | Children of the dates of their | e Deceased and ar Births | | | | | | | | |
| 3 | Father of the I | Deceased | Emmanuel Chartie | 55 | 429-Glenge | ento | | | | |
| 4 | Mother of the | Deceased | Béringére Martel Arthur E. Chartier | 55 | Hind son | ny | | | | |
| 5 | Brothers of the Deceased | Full Blood | Arthur E. Chartier Wilfred D. Chartier François Chartier Leopold Chartier | 24 | | Jours n | | | | |
| | | Half Blood | Done | | | | | | | |
| 6 | Sisters of the Deceased | Full Blood | Mrs. Gwetle Wogan Mrs. Lauretle Reneaud Mrs. Anita Fauhert Mrs. Alice Cameron Miss Pauline Chartier Jacqueline Chartier | 23 | | -drus | | | | |
| | | Half Blood | Done | | | | | | | |
| 7 | of the full or th | rs or sisters (whether the half blood) of the are dead, and date of | Names and ages of their children | | Address of their children | | | | | |
| | Lean fair | tier 29rd age of 29rd | | | | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

| 8 | Full names of the deceased. | fosephaley andre |
|----|--|---|
| 9 | Date of his birth. | July 20 - 1918 |
| 10 | Place and date of his marriage. | not married |
| 11 | Place and date of his parents' marriage. | aylmer Duchec |
| | PARTICULARS OF D | OMICILE |
| 12 | Place where deceased was born. | Aylmer & Que |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (1) 1 |
| 14 | Nature of employment before enlistment. | Standard Laundry |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | 20 |
| 16 | Name place where deceased stated he intended to make his permanent home. | Hindsor, anto |
| | 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? | not married |
| 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? | Di |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | none |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | Done |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Rone |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | Done |
| | OTHER PARTICU | JLARS |
| 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. | |
| 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. | 20 |
| | (Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estated | in excess of those authorized in the Regulations is not payable |

DECLARATION

| Insert degree of relationship for example, "Widow", "Father", etc. I hereby decl decl of all to the statement of the statement of all to the statement of the statement | are that all the particulars he relatives that the decease | shown on this form are sed ever had in the degree | correct, and a true a | and complete hat I am the |
|--|--|---|---|-------------------------------|
| * Mad | her | 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 Berang 429-Ille | er Charla ngarry a | is ue | Signature of InformantAddress |
| | | ERTIFICATE | | |
| I hereby cert | ify that to the best of my k | | Mrs. Ber | angère |
| 20-7 | | | | |
| See above. above described. | Mame of informant is | as made by the Inform | ant and signed in | my presence. |
| | | | | · |
| | Los Cutithis | | - | 19.74 |
| Priest, Magistrate, Commissioner or Notary Public or Com- | Afrabers | Qualification. | R.C. Pr | iest |
| missioned Officer of any of His Majesty's Forces. | · Col | f. 6 | It. | 2 |
| Add | iress | | | |
| NOTE.—Before granting the about elative stated by him or her to ha | ve Certificate, care should be taken ave died, and that the full name | to see that the informant givened address and age of each a | es particulars concerning urviving Relative specifie | the death of any |
| roper place in the Statement opposition (If the deceased has n | o living relatives of the de | egrees shown on page | 2, the names and a | ddresses and |
| relationship of othe | er relatives should be set ou | t below.) | | |
| | V FOR ANY ADDITION | | | |
| I there u | rere any | delits | that 1 | my si |
| I there used thats | beerond | my kn | owledge | 20 |
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| | 40 | 1 | | 10,0 |
| all en a | elion in | drance | e in | ang. |
| 40 | | | | |
| | | | | |

WILL

M.F.M. 10 200M-6-41 (693) H.Q. 1772-39-1656

| deconstitution of the District of Labourer (Cord Computation) Regimental No. A. 58748 Unit No.1 DDCAFF ESSEX/SEGATIVENDER all former Wills by me made and declare this to be my LAST WILL. (2) I Give, Devise and Beggerant unto my mother, Mrs. Berengere Chartier, declaration, this to be my LAST WILL. 429 Glengary Street, Windsor, Ontario. Canada. ALL MY ESTATE. (3) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | (1) | I, Joseph Alex Chartier, of the City (Name in Full) (City, Town, Village, Township) |
|--|---------------------------------------|----------------|---|
| Regimental No. A. 58748. Unit No. 1. DD. (AP) Essexio Sacattistic all former Wills by me made and declare this to be my LAST WILL. (2) I Gree, Devise and Bequant unto my mother, Mrs. Berengere Chartier, defines of mediators, and the to be serve. ALL MY ESTATE. (3) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| Regimental No. A 58748 Unit No. 1 DD(AF) Essexio-Scatty is take all former Wills by me made and declare this to be my LAST WILL. (2) I Grue, Devise and Bequeart unto my mother, Mrs. Berengere Chartier, diverse of the state of | | | |
| destination to his to be here the same time who in his presence of each other have hereunt of the same time who in his presence at here same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time who in his presence of each other have hereunt of the same time. (5) Signature Civil Address Civil Occupation Witnesses are not to be beneficiaries.) | | | |
| destinantly. (3) XKIONEX MENASCACE RESOURCE OF THE CHARGE SHOW SOLVEN SAME SHOW SOLVEN SHOW SOLVEN SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW | ames and | (2) | I Give, Devise and Bequeath unto my mother, Mrs. Berengere Chartier, |
| (3) XXXXXXXIIXXXGOON HENDEXBEAUXIVE DECLARATED DECLARAT | eneficiaries, nd what ach is to | | 429 Glengary Street, Windsor, Ontario. Canada. |
| (4) I appoint Mrs. Berengere Chartier 429 Glengary St. Windsor, (Child Company) HOUSEWIFE (Child Companion) IN WITNESS WHEREOF I have hereunto set my hand this 2, day of fam. 1 is request, and in the presence at his request, and in the presence of each other have hereunto subscribed our names as witnesses. (5) Signature Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | | ALL MY ESTATE. |
| (4) I appoint Mrs. Berengere Chartier 429 Glengary St. Windsor, (Name) HOUSewife (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 2,3 day of fam. 1 is request, and in the presence of each other have hereunto subscribed our names as witnesses. (5) Signature Civil Address Civil Occupation (Witnesses are not to be bentificiaries.) | | | |
| (3) XXICHEXIMICATE CAN THE DESCRIPTION OF THE CONTROL OF THE STATE OF THE CONTROL | | | |
| (3) X K K X X X M X X X X X X X X X X X X X | | | |
| (3) X K K X X M K X X X X X X X X X X X X X | | | |
| (4) I appoint Mrs. Berengere Chartier 429 Glengary St. Windsor, (Address) Housewife (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 3. day of Jam 1. 1942. Signed and acknowledged by the Testator, in the presence of each other have hereunto subscribed our names as witnesses. The witness are not to be beneficiaries.) (3) XKKWXXINXAGOXINXAGOXINXAGOXINXAGOXINXAGOXIX MOCKAY MICKAY M | | | |
| (4) I appoint Mrs. Berengers Chartier 429 Glengary St. Windsor, (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 3 day of Jan 1 is request, and in the presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses. (5) Signature Civil Occupation Signature Civil Occupation Signature Civil Occupation Civil Occupation Witnesses are not to be beneficiaries. | | | |
| (4) I appoint Mrs. Berengere Chartier 429 Glengary St. Windsor, (Address) Housewife (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 23 day of fam 1 1942. Signed and acknowledged by the Testator, 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. (5) Signature Civil Occupation Signature Civil Address Civil Occupation Witnesses are not to be beneficiaries.) | | | |
| (4) I appoint Mrs. Berengers Chartier 429 Glengary St. Windsor, (address) Housewife (Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 3 day of Jan 1. 1942. Signed and acknowledged by the Testator, 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. (5) Signature Civil Occupation Signature Civil Address Civil Occupation Witnesses are not to be beneficiaries. | | | |
| Housewife (Civil Occupation) to be the XDXXXXXX of this my Last Will. IN WITNESS WHEREOF I have hereunto set my hand this 2, 3 day of fam. 194/2. Signed and acknowledged by the Testator, 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. (5) Signature Civil Address Civil Occupation Signature Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | mes and ldress of siduary | (3) | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Housewife (Civil Occupation) to be the XDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| Housewife (Civil Occupation) to be the XDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | |
| IN WITNESS WHEREOF I have hereunto set my hand this 2.3 day of Jan 2. Signed and acknowledged by the Testator, 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. Signature Civil Address Civil Occupation Signature Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | (4) | |
| Signed and acknowledged by the Testator, 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. (5) Signature Civil Address Civil Occupation Signature Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | | (Civil Occupation) |
| tator, 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. (5) Signature Civil Address Civil Occupation Civil Address Civil Occupation Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | | |
| Civil Address Civil Occupation Signature Civil Address Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | ta th hi | ator, in the presence of us present at he same time who in his presence, at is request, and in the presence of ach other have hereunto subscribed Cosesh alex Chartes |
| Civil Address Civil Occupation Signature Civil Address Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | (5) | Signature John Well . |
| Ond witness A here. Signature Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | | Civil Address Vacel foh Vulace |
| Civil Address Civil Occupation (Witnesses are not to be beneficiaries.) | | | Civil Occupation |
| Civil Occupation (Witnesses are not to be beneficiaries.) | | | Signature Checker Starling Charlan (|
| (Witnesses are not to be beneficiaries.) | | | |
| | | | Class |
| OVER | | | [OVER] |

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

With the line to the line of the

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.

1974 Turning to be made of the state of the

(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 individual's new unit.

| (1) | Name of Officer or Other Rank CHARTIER Joseph Alex (Surname first—Christian names in full—Block capitals) |
|-----|--|
| (2) | Regimental or Official Number and Rank A.58748 Pte. Unit No. 1 District Depot (AF) Essex Scottish |
| (4) | Are you married? No |
| (5) | If married, state, (a) Full name of your wife N.A. |
| | (b) Present postal address of wife N.A. |
| (6) | If married, have you been regularly supporting your wife? If not—state reasons |
| (8) | Are you a widower? No Number of boys N.A. Girls N.A. Names and ages N.A. |
| (9) | If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them |
| | Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized. N.A. N.A. Postal Address. |
| | [SEE OTHER SIDE] |

| (10) | Have you a common-law wife—whom you have been regularly supporting and publicly repre- |
|------|--|
| | senting as your wife for at least 2 years immediately prior to appointment or enlistment?No |
| | If so, state her full name and Postal Address |
| | ••••••••••••••••••••••••••••••••••••••• |
| | ······································ |
| (11) | Is your father alive? Manuel Chartier |
| | If so, state name and address, occupation |
| | Address Unknown. |
| (12) | If your father is a widower and is totally incapacitated from earning a living—are you his sole |
| | or partial support? No |
| (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. Berengere Chartier |
| 4 | 29 Glengarry St. Windsor, Ontario. Canada |
| (15) | If your mother is a widow, are you her sole or partial support?Sole Support |
| (16) | If sole or partial support of widowed mother—state what amount per month you have given her |
| | prior to appointment or enlistment. Approx \$60.00 |
| | 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? Father not at home. |
| (17) | Are you contributing to the support of any dependents, other than those shown above?Xes 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 Sister |
| | Full Name Jacqueline Chartier |
| | Postal Address 429 GlengarySt. Windsor, Ontario. |
| | Amount contributed monthly during the past six months. Lived with mother & him |
| | ••••••••••••••••••••••••••••••••••••••• |
| (18) | 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. abs hortun |
| | Date 23 January, 1942. (Signature of officer or man) |
| | DateL.J |
| | for Allawyey A |
| | Date 23 anuary, 1942 Officer Commanding No. 12 B.T.C. (AF) |
| | Date |

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.

5M-1-46 (8548) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY ARMY AIR FORCE STATEMENT WAR SERVICE GRATUITY DECEASED MEMPER'S Joseph Alex REGISTER NO. (CHRISTIAN NAMES) (SURNAME) FILE NO. DATE 429 Glengarry Ave., ADDRESS SERVICE NO. Windsor, FINAL RANK OR RATING DATE OF TERMINATION OF OVERSEAS SERVICE DATE OF DISCHARGE A. TOTAL QUALIFYING SERVICE NO. OF DAYS SILE EQUAL TO 29 217.50 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 188.50 No. of Days The LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY 406.00 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 1.50 PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ 2.75 TOTAL 81.84 NO. OF DAYS 778 D. WAR SERVICE GRATUITY 487.84 E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE 20,00 \$ 20.00 AND ASSIGNED PAY OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE 467.84 G. YOUR PORTION OF GRATUITY IS-100% DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 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. TREASURY

SERVICE REPRESENTATIVE

PREPARED BY

| Name: | CHARTIER. | Christian Names | | No.: | A. 58748 |
|-------|-----------|-----------------|---------------------------------------|---------------|------------|
| | Surname | Christian Names | | | |
| | L'enn. | C.A. 0/S | | | 75-g-hh |
| Rank | | Unit | · · · · · · · · · · · · · · · · · · · | Dat | e of Death |
| | | | AMOUNT | | |
| | | | | L.P.C\$ | 115.75 |
| | Da | te: | | Other Credits | |
| | | | | Total | 115.75 |

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|--|--------|
| | | | |
| | | | |
| All | Mother | Mrs. Béréngèré Chartier. | 115.75 |
| | | Windsor, Ontario. | |
| | | | |
| | | | |
| | | | |
| | | (Sole beneficiary under Will) | |
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| | a,mc.w | TO BE EXPERIED BY REG. MAIL DIRECT. | |
| | 4 | TO BE FORWARDED BY REG. MAIL DIRECT. 24. TO TREAS. 4-6-45 Out | |

AUTHORITY H.Q. SUB. H.Q. F.E. No. OBJ. AMOUNT PRI VOTE 9999 115.75 001 731 00 00 EXAMINED BY CLASSIFIED BY Original Signed by K. L. McCUAIG For Chief Treasury Officer

Original signed by

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.

Dispersal

LAST PAY CERTIFICATE

(All Ranks)

| | | | | on 15th. Aug. | | |
|-----------------|--|-------|---------|--|-----------|----|
| eason | Death. | | | Authority: C.C.L. "A" 483 d/27th. | Aug. | 44 |
| | g is a statement of the account to the of transfer or discharge. | | e-named | from lst. Aug. to31st. Aug. | 194 Cr | 4. |
| | Particulars | Amou | nt | Particulars | Amou | nt |
| alance Dr from | n last account | | | Balance Cr from last account | 65 | 24 |
| irst Monthly Pa | ayment | | | Regimental Pay.3.1day.s\$\$\$ | 46 | 50 |
| asual Payments | 3 | | | Tradesmen's Paydays at\$ | | |
| | | | | Additional Pay (Give particulars)\$ | | |
| ssigned Pay | | 20 | 00 | Allowances (Give particulars)days | •••••• | |
| egimental Char | ges | | | at\$ | | |
| ublic Stoppages | (Give particulars): | | | Cash Credit OR 141050 * | 1 | 92 |
| | | | | Cash effects S.O.C.R. 74733 | 16 | 54 |
| | | | | Def. Pay Interest. | 2 | 55 |
| | | | | | | |
| | (Free | 7.5 | 7.5 | | | |
| o Balance Cr | Deferred | 40 | 00 | By Balance Dr | | |
| | | 115 | 73 | | | |
| | Total | 135 | 75 | Total | 135 | 75 |
| * C.d | ln. Pacific Express | Chequ | eNo | ed eff. Sept. 44. L.448924. (£1.2.0) BRANCH 1945 | | |
| | | | | THE OF TAWA. THE STATE OF TAWA. | | |

Nominal Roll No. 2 - 5 - 3 9

H.Q. File No. 405 - C - 25032

To: P.M.G.

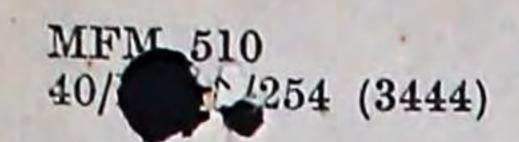
CANADIAN ARMY (ACTIVE) Computation of Service

| | | WAR SEF | RVICE GR | ANT | | | | | | | | |
|--|---|------------------|----------|--------------|---------------------------------|-----------------|--|--|--|--|--|--|
| Regt. No. | Rank when S.O.S. | Surna | ame | | Christian Nam | e in Full | | | | | | |
| A58748 | R.Emn. | Chartie | 2.7 | | Joseph | Alex | | | | | | |
| REASON FOR To | ERMINATION OF SERV | ICE: Elled in | 200 | Zuon | CARO | | | | | | | |
| 2nd Enlistn | nent | | | | CARO | | | | | | | |
| 3rd Enlistn | nent | | | | CARO | (| | | | | | |
| | Total Service | | | | | | | | | | | |
| 1st : | ENLISTMENT | 2ND | ENLISTMI | ENT | 3RD ENLIS | TMENT | | | | | | |
| T.O.S. 16.9 | an 42 | T.O.S | | | T.O.S. | | | | | | | |
| // | 9.44 MD 0/S | S.O.S | | .MD | S.O.S | MD | | | | | | |
| Total Days | 943V | Total Days | | | Total Days | | | | | | | |
| | | | | | | | | | | | | |
| Total Service | | | | | 7 | 4.3. DAY | | | | | | |
| | | | | Total Serv | Less ice Non-qualifying Service | Net Service | | | | | | |
| Western H | lemisphere | | | 151 | 34- | 116 | | | | | | |
| Overseas S | ervice | | | 793 | 3 15- | 778 | | | | | | |
| To | otals | | | 94: | 3 4 9 5 | 894 | | | | | | |
| Ad | ld Non-qualifying Ser | vice | | | | 4 9 | | | | | | |
| To | tal Service | •••••• | | | | 943 | | | | | | |
| EMBARKATION I | DETAILS: 7.0.5. | 15 gune 4 | 2 | | | | | | | | | |
| 1. Date S.C | O.S. Overseas | 5 aug. 4 | 4 2. I | Date S.O.S. | Overseas | | | | | | | |
| REMARKS: | | | | | | | | | | | | |
| Computer's | Signature 1 | 798/10/ | rka | | | | | | | | | |
| Checker's S | ignature | January | | | | | | | | | | |
| | uted /5 | | | All I | 15 | 14 | | | | | | |
| RMA Sen | nices | | | | tlement to benefits | under the Wa | | | | | | |
| The state of the s | .40 To 300 | et. 40 | | vice shown h | t, 1944 has been es | tablished, base | | | | | | |
| d from 8 gan. 42 to 15 gan. 42 | | | | 1 | Hond. | | | | | | | |
| egt U. H. A 500M-11-44 (6012 | 450882 | | 9 | Me. L. LA | URIN, Colonel, | Cary | | | | | | |
| H.O. 1772-45-8 | AND DESCRIPTION OF THE PERSON | Tina | - | | | of Records. | | | | | | |
| | nte alu | | | | | | | | | | | |
| lande or | -0/5. | | | | | | | | | | | |

Details of Non-Qualifying Service

Western Hemisphere-

| a.21. L. | From | То | Effective Date | Days | Total |
|---|----------------|-------------|--|------------------|-------|
| | 126-42 | 12 Pob 42 | | 120 | |
| 204/m | | | 13 Reb. 42 | Z | 190 |
| 721.4 | 21201-42 | 23 peb. 42 | | 2 - | |
| Dotto | | | 24 Doff 42 | 40 | 6 |
| 721 | 11190-119 | | ay fee u. 4 d | | |
| 1210 | | 15 mar. 42 | ······································ | | |
| N 41 | 4 ayr. 42 | 30y1.42 | | | |
| vel'm | (5 days, come. | -#P 10 +1 3 | 6 Cyn. 4 2 | | |
| | | , | 6 apr. 42 | | 6 |
| 1.21.2 | 2 may 42 | 4 may 42 | | a. | 2 |
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| Tolk- | | | , | | |
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| | 15 aun | | | | |
| S.O.S | 15 aug. | | | s.o.s | |
| 4 A A 4 (4) | 15 aug. | 4.4s.o | | | 15 |
| 4 A 2 4 (4) | | 4.4s.o | S | | 1.5 |
| 4 A & 4 (4) | | 4.4s.o | S. 20 June 43 | s.o.s | 1.5 |
| S.O.S | | 4.4. s.o. | S. 20 June 43 | s.o.s | 1.5 |
| S.O.S | | 4.4.s.o | S. 20 June 43 | / 5 ⁻ | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | s.o.s. | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | s.o.s. | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | s.o.s. | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 1.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | s.o.s. | 1.5 |
| s.o.s | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | 5.O.S. | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |
| S.O.S | | 4.4. s.o | S. 20 June 43 | / 5 | 7.5 |



CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

| | | | on 15th. Aug. Authority: C.C.L. "A" 483 d/27th. | | |
|---|--------|---------|---|-----------|----|
| The following is a statement of the account of the inclusive date of transfer or discharge. | | e-named | from lst. Aug. tollst. Aug. | 194 Cr | 4. |
| Particulars | Amour | nt | Particulars | Amou | nt |
| asual Payments | | ••••• | | | |
| Payments on Transfer or Discharge | 20 | 00 | Additional Pay (Give particulars) | | |
| | | | Cash Credit OR 141050 * Cash effects S.O.C.R. 4733 Def. Pay Interest. | 16 | 92 |
| o Balance Cr { Free | 75 | 75 | By Balance Dr Total. | | |
| | | | BJECT TO ANY CHARGES ON THE REVERSE HEREOF | | |
| don. Pacific Express | aChequ | e.No | ed eff. Sept. 44. | | |
| | | | | | |
| | | | | | |
| | | | | | |

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

| | No., RANK and NAME | A-58748 Rfn Char | tier J A | ••••••••••••••••••••••••••••••••••••••• | Dec'd |
|---|--|--|----------|---|-----------|
| | RECEIVED FROM | Cdn Sec GHQ 2nd | Echelon | AEX | |
| | | M-I058I9 Spr Spa B-8I759 Sgt. Grate | | | I6.Jan.45 |
| I | Cap Badge. Keys on Ring Red "I" Disc | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ORIGINAL To Officer i/c Estates with DUPLICATE original inventory, if any.

TRIPLICATE — with effects.

for OC 1 Cdn KSD