

B155379
GAGNE
SAMUEL

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17-12-44

AWARDS—CANADIAN ARMY (ACTIVE)

1865

C.B.

500M-1-44 (3467)
H.Q. 1772-45-8

M

GAGNE Samuel Joseph		B-155379	Rfmn.	FILE NO. 405-G-16,276
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
Q.O.R. of C.				

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6723
France & Germany Star	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Clara GRAVELLE (MOTHER)

MALARTIC, Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER ~~Mrs.~~ Mme. Clara Gravelle, (FRENCH)

1865

ADDRESS: MALARTIC, Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

1308

(2)

(3)

DESP. MAR 16 1945

REGN No.

16431

MILITIA ACT

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

National Resources Mobilization Act, 1940

ENROLMENT
NON-PERMANENT ACTIVE MILITIA OF CANADA

REGIMENTAL No. ^B 528397

Militia Unit taken On Strength ALGONQUINS

1. Surname (Block Letters) GAGNE

2. Christian Names (In Full) SAMUEL

3. Present Address LARDER LAKE

4. Place of Birth BONFIELD Date of Birth 21/8/18

5. Religion R.C. 6. Occupation DIAMOND DRILLER

7. Next-of-Kin CLARA GRAVELLE

(NAME AND ADDRESS)
MALARTIC QUEBEC

8. Physical Description: Height 5' 8" Weight 136

Color of Eyes DARK BROWN Color of Hair D. BROWN

9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

AIR FORCE SERVICE MACHINE GUNNER

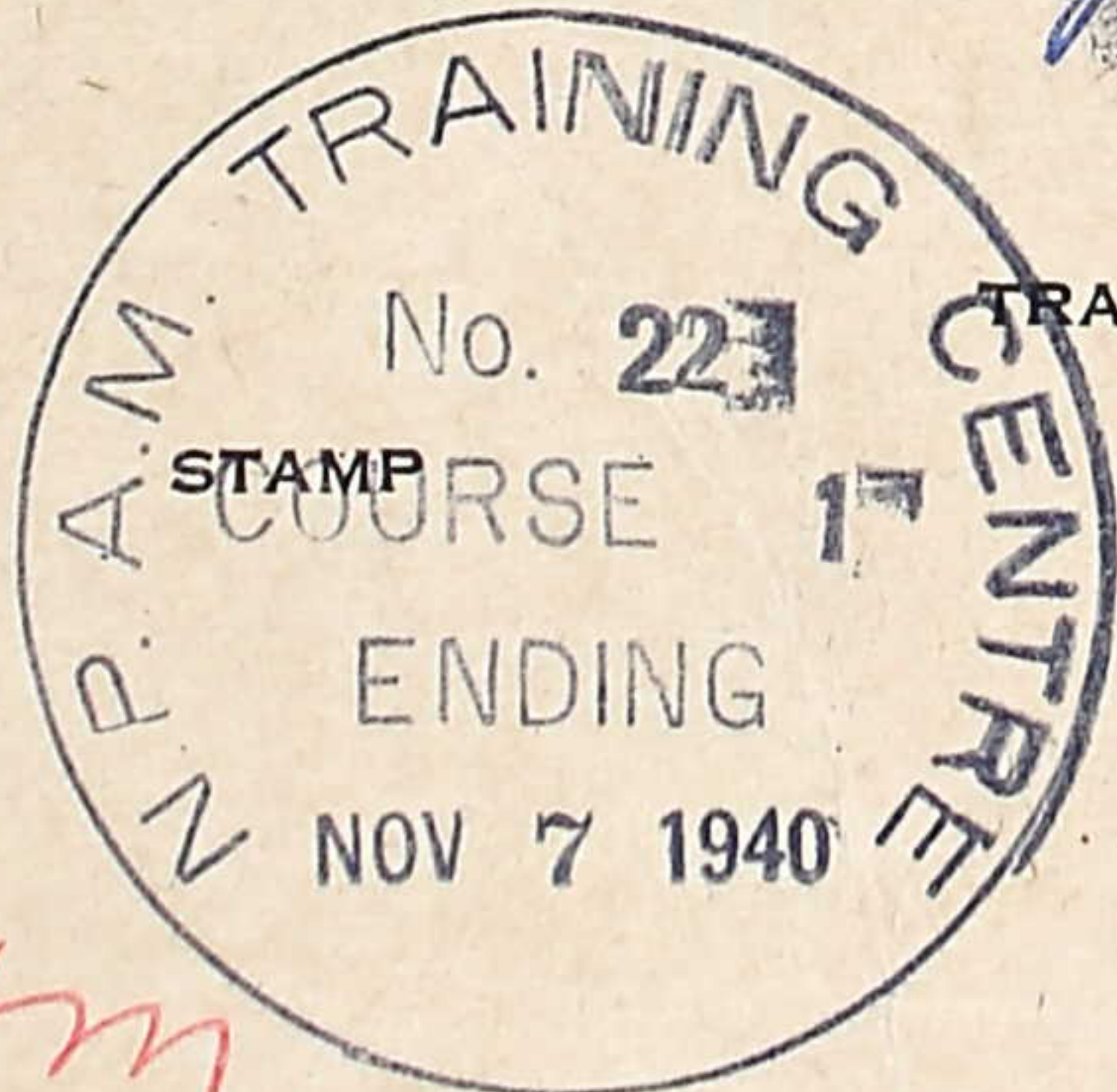
SENIOR THIRD CLASS ENGLISH & FRENCH

Dated this 9 day of OCTOBER 19 40

Training Centre No. 22

Sam. Gagne
(SIGNATURE OF MAN)

W. G. Chadwick
(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)



TRAINING CERTIFICATE STAMP



H. J. W. [Signature]
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

Im

5

266

6949

04

8.18

06

3

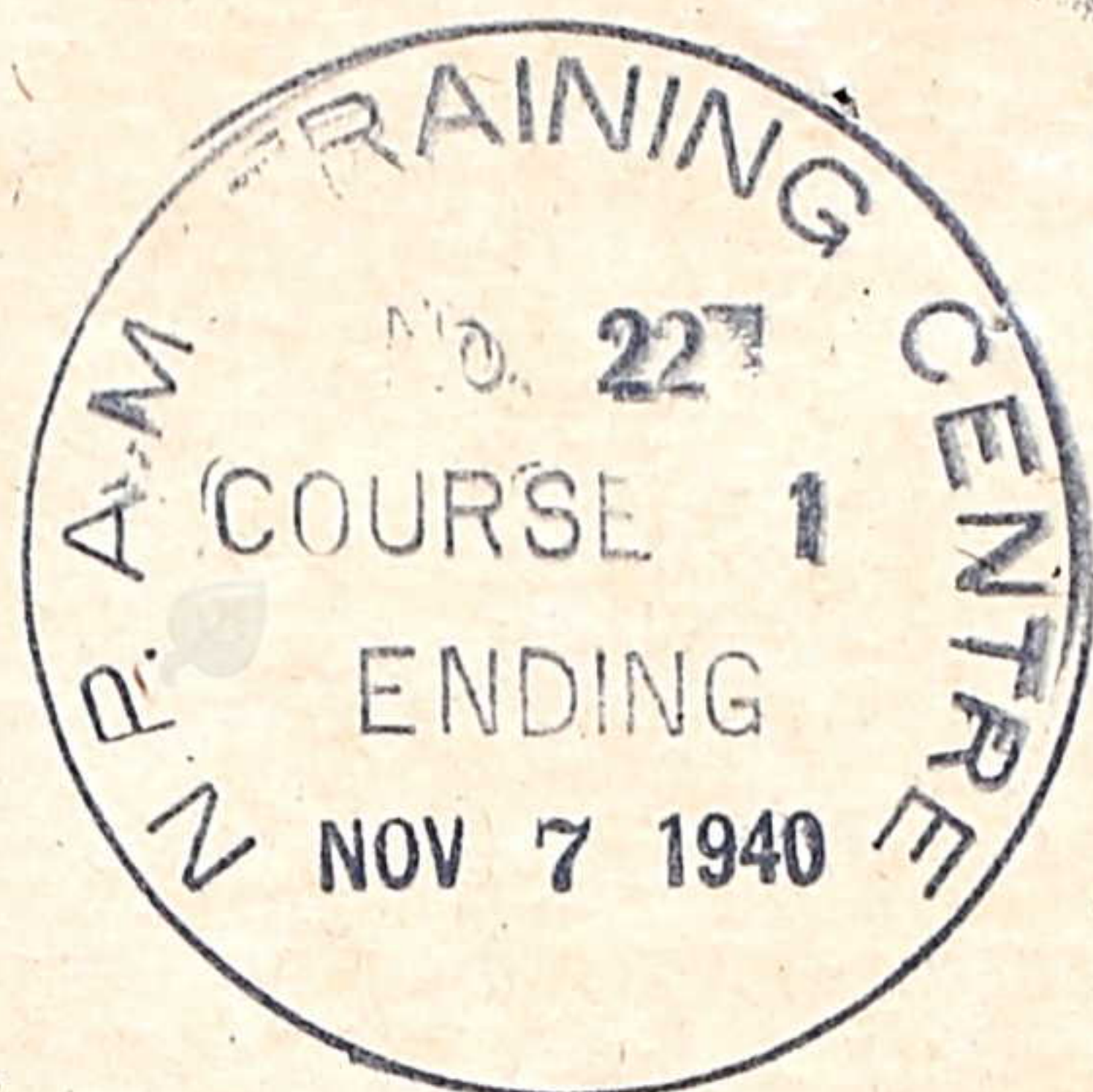
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21



Is a volunteer for active service
AIR FORCE



(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. ~~B-528397~~ B155379
 Surname (in capitals) GAGNE
 Christian Names (in full) Samuel Joseph
 Date of Birth Sept 21 - 1918
 Place of Birth Nipissing District Canada
 Citizenship Can
 Trade on Enlistment ^{Enrolment} Miner

Nationality of Father at Birth French Canadian
 Nationality of Mother at Birth French Canadian
 Religion Roman Catholic
 Enlisted at ^{Enrolled} # 2 St. R No 7 Toronto Can
 Date Dec 4 - 1941 7-4-44 ACTIVE

Particulars of former service (if any) i.e. 30 days NRMA - 9-10-40 to 9-11-40
 Regtl. No., Corps or Regiment and period. No 22 C.A (R) I.C North Bay Ont
 Gage Regt

Signature of Soldier [Signature]
 Signature of Officer [Signature] Capt
 Place Harrison BC Date June 15 - 1945

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	<i>Deceased</i> <i>Thomas Joseph Cagne</i>	<i>18/6/43</i>
	Mother	<i>Clara Gravelle Cagne</i>	<i>18/6/43</i>
3rd	*Brothers and Sisters	<i>Thomas Cagne (older)</i>	<i>18/6/43</i>
		<i>Dollard Cagne (older)</i>	<i>18/6/43</i>
		<i>Patrick Cagne (older)</i>	<i>18/6/43</i>
		<i>Laurence Cagne (older)</i>	<i>18/6/43</i>
		<i>Alexandre Cagne (younger)</i>	<i>18/6/43</i>
4th	Other Relations (stating relationship)	<i>John Gossy</i> <i>Uncle</i>	<i>18/6/43</i>

*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

Bonfield, Ontario, Can.

Malartic, Quebec,

Larder Lake Ontario

Larder Lake Ontario

Larder Lake Ontario

Montreal, Can.

Malartic, Quebec

Bonfield, Ontario

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.

14

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.

(XIV) PARTICULARS OF DENTAL TREATMENT

15

Date	Re-quired	Com-pleted	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
6/7/43	✓	✓	1 F.	<i>[Signature]</i>
19/4/44	✓	✓	1 F.	<i>[Signature]</i>
28 Jul 44	✓	✓	1 F.	<i>[Signature]</i>
31 Jul 44	✓	✓	2 F.	<i>[Signature]</i>
20 Nov 44	✓	✓	2 F.	<i>[Signature]</i>
26 Nov 44	✓	✓	2 F.	<i>[Signature]</i>

(To be completed in triplicate)

FINGERPRINTED

NOMINAL ROLL

No. NOV 20 1942

M.F.M. 103
200M-5-41 (442) (971)
H.Q. 1772-39-1828

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 B-2750 Regimental Number B-528397

1. Taken on Strength of No. 2 N.R.M.A. Clearing Depot.....

2. Surname (Block Letters) GAGNE.....

3. Christian Names (in full) Samuel Joseph......

4. Present Address Larder Lake, Ontario......

5. Place of Birth Canada. (County or Province) King District (Town or Township) Denfield.

6. Date of Birth September 21, 1918 7. Religion—Roman Catholic
Denomination.....

8. Physical Description: Height 5' 9" Weight 159 Eyes Brown Hair Brown

Complexion Fair. Identification marks None.

9. Married, Single, Widower? single.....

10. Next-of-Kin Clara Gagne. (Name) Relationship Mother

Malartic, P.Q. (Address)

11. Trade or Occupation Miner..... *See Page 2*

12. Previous Naval, Military or Air Service 30 days N.R.M.A. 9-11-40 (State Units and Dates of Service)

No. 22 C.A. (R) T.C., North Bay, Ontario. Alg. Regt.

13. Preference, if any, for, R.C.N.? No. Army? No. R.C.A.F.? Yes,
(Arm of Service)

14. Employment in War Industry, if any None.

S. J. Gagne
(Signature of Man)

Geo. Tomlinson 2/lt
(Signature and Rank of Enrolment Officer)

4th December, 1941.
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 22 at North Bay, Ontario. Date December 4th 1941

Completed 35 Days Basic Training.
12-2-42 (Date, Signature, and Rank of Recording Officer) *S. J. Gagne*

B. Attached to Advanced T.C. No. at Date

Completed..... Days Advanced Training.

Qualities of Leadership, Positive..... Becoming Evident?..... Dormant?.....

Transferred to Canadian Fusiliers. G.A. Listowel, Ont. Date 19-2-42
(R.C.N., formation or unit of the C.A., R.C.A.F.)

Geo. Tomlinson
(Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre 1

OCCUPATIONAL HISTORY FORM COMPLETED

RECORD OF SERVICE of GAGNE Samuel Joseph. Regimental Number B-528397
 (Surname) (Christian Names)

QUALIFICATIONS

- 1. Naval, Military, or Air None.
- 2. Business or Professional None.
- 3. Trade or Civil None.
- 4. Technical None.
- 5. Languages, etc. French Can speak? Fr.-Eng Can read and write? Fr.-Eng.

EDUCATIONAL QUALIFICATIONS

- 6. High School } Public. Graduation } None.
 or } (years completed) } or } (specify)
 Collegiate }
- 7. *College None.
- 8. *University None.
 *(Name of institution, courses or years completed, and degrees obtained to be shown)
- 9. Can drive a car? Yes Repair a motor? No. Cooking experience? No. Hobby? Sports.

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Date	Report 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	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
4-12-41	<i>sub</i>	Joined on TRANSFER from N.R.M.A. Clearing Depot No. <u>2</u>						
		T.O.S. No. 22 (B) T.C. North Bay, Ont. on Attachment From <u>Canada to be attached to A.T.C. and #2 NRMA</u>		4-12-41	<u>22</u>	<u>North Bay</u>	<u>D.O. 174</u>	<u>4-12-41</u>
FEB 17 1942	B. T. C. No. 22	<u>Canadian Fusiliers M.G. S.O.S. ON Posting to No. <u>A.T.C.</u> Listowel Ont.</u>	"	18-2-42	"	"	D.O. 39A	17-2-42
19-2-42	CAN FUS	T.O.S. CANADIAN FUSILIERS CA (A) on posting from #2 NRMA CLEARING DEPOT	FUS	19-2-42	CAN FUS	LISTOWEL	D.O. #5	
22-7-42	Can. Fus.	Granted 14 days Furlough with pay from 22-7-42 until 4-8-42. Granted Furlough Transport Warrant No. A 79190.	Fus.	22-7-42	Can. Fus.	Vernon	D.O. 106	22-7-42.
9-9-42	Can. Fus.	Attached for all purposes to 5th (Vanc.) Coast Regt. R.C.A., C.A., York Island, B.C.	Fus.	8-9-42	Can. Fus.	Otter PT.	D.O. 138	9-9-42
13-10-42	Can. Fus.	Ceases to be att'd f.a.p. to 15th (Van) Coast Regt. R.C.A., C.A., York Island, B.C.	Fus.	7-10-42	Can. Fus.	Vancouver	D.O. 153	13-10-42
21-10-42	Can. Fus.	To draw money allowance (50¢ per diem) in lieu of rations while on Furlough from 22-7-42 until 4-8-42 inclusive.	Fus.	22-7-42	Can. Fus.	Vancouver	D.O. 156	21-10-42 *
14-12-42	Can. Fus.	Gas Chamber D.M.	Fus.	14-12-42	Can. Fus.	Vancouver	<u>725</u>	
9-2-43	Can. Fus.	To draw pay of \$1.50 per diem in accord with C.A.R.O. 2772 Paras. 2 & 3	Fus.	1-1-43	Can. Fus.	Seaforth Camp	D.O. 16	28-1-43
21-4-43	Can. Fus.	Gas Chamber Chlorine and Mustard	Fus.	23-3-43	Can. Fus.	Vanc.	<u>525</u>	
		Ceases to be att'd f.a.p. and is SOS No. 2 NRMA Cl. Dpt. on posting as H.D.	Fus.	5 Mar 42	Can Fus	Nanaimo	D.O. 101	25 Jun 43
		TOS 1st Can Fus as member H.D. from No. 2 NRMA Cl. Dpt.	Fus	6 Mar 42	Can Fus	Nanaimo	D.O. 101	25 Jun 43
		Change of address of next of kin Mrs Clara Gange. (Mother) To Mrs Clara Gravelle. (Mother)	"	22 Oct 43	"	"	D.O. #26	22 Oct 43

Ceases to be att'd f.a.p. and is SOS No. 2 NRMA Cl. Dpt.
on posting as H.D.

TOS 1st Can Fus as member H.D. from No. 2 NRMA Cl. Dpt.

Change of address of next of kin Mrs Clara Gange. (Mother)
To Mrs Clara Gravelle. (Mother)

Ceases to be "Member HD" on becoming "NRMA Soldier"

On duty to Kiska 12-7-43 to 4-1-44

Granted Spec. Leave with R.A. 8-1-44 to 6-2-44.

SOS NRMA on being Attended Gen Service (B155379)

Fus.	5 Mar 42	Can Fus	Nanaimo	D.O. 101	25 Jun 43
Fus	6 Mar 42	Can Fus	Nanaimo	D.O. 101	25 Jun 43
"	22 Oct 43	"	"	D.O. #28	22 Oct 43
"	1 Dec 43	Cdn Fus	Field	40Bi16a	10 Dec 43
"	12-7-43	"	"	1	7-1-44
"	8-1-44	"	"	3	18-1-44
"	16 Apr 44	"	"	37	29 Apr 44

OCCUPATIONAL HISTORY FORM COMPLETED.

M.F.M. 2
(Combining M.F.M. 103)
1,000,000-12-43 (3115)
H.Q. 1772-39-1645
K.P. 96

FINGERPRINTED.

FOR USE OF N.D.H.Q. ONLY

Date Received _____
Checked _____
Carded _____
Hollerith _____

ORIGINAL DUPLICATE TRIPLICATE { Copy designation to be shown by striking out terms not applicable.

WSG COMPLETED

Corps 1st Bn. Canadian Fusiliers **CANADIAN ARMY** Regimental Number 155379

ENROLMENT AND ATTESTATION PAPER

- 1. Surname: GAGNE, Christian Names: SAMUEL JOSEPH
2. Present Address: Larder Lake, Ontario
3. (a) Date of birth: 21 September 1918, (b) Place of birth: Canada, Ontario, Infield
4. (a) Place of birth of Father: Canada, Quebec, Infield, (b) Mother: Canada, Ontario, Infield
5. Nationality: French Canadian
6. Religion: Roman Catholic
7. Trade or calling: Miner
8. (a) Name and address of last employer: Chesterville Mine, Larder Lake, Ontario, (b) How long employed: 4 1/2 months
9. Married, Widower or Single: Single, If married, how many children: Nil
10. Name of Next-of-Kin: Clara Gravelle, 11. Relationship: Mother
12. Address of Next-of-Kin: Malartic, Quebec.
13. Previous Service: NRMA from 4-12-41 to 16-4-44
14. (a) Former war service: nil, (b) In the armed forces of what country: nil, (c) Dates of such Service: nil
15. Decorations and medals, if any: nil
16. I do solemnly declare that the above particulars are true

Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the above named in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to,

at Vernon, B.C. this 17th day of April 1944

Signature of Magistrate, Justice Attesting or Enrolling Officer: Major J. Sweet, C.O. Coy, 1st Bn. Canadian Fusiliers, C.A.

Signature of Magistrate, Justice Attesting or Enrolling Officer. Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Samuel Joseph Gagne, hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date: 17th April 44

Signature of Recruit: S. J. Gagne

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Samuel Joseph Gagne, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness: P. P. Kowalski, Ed (Name), (Rank)

Signature of Recruit: S. J. Gagne

19. The above named recruit has made and signed the declaration and taken the oath before me.

at Vernon, B.C. this 17th day of April 1944

Signature of Magistrate, Justice or Attesting Officer: Major J. Sweet, C.O. Coy, 1st Bn. Can Fus. C.A. (Office or Rank and Unit or appointment)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON WILFULLY MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

TO BE FILLED IN BY DISTRICT DEPOT

Fingerprinted _____
Photographed _____
Occupational History Form Completed _____

APR 30 1944
RECORDS Pacific Command Observed

C.A.A.

01 Feb

[Handwritten mark]

5107
10
28 July 44
1111121

B528297
~~B-155379~~
B-155379

Record of Service of GAGNE (Surname) SAMUEL JOSEPH (Christian Name) Regimental Number B-155379

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military NIL High School } Public } none }
 Business or Professional NIL or } (years completed) } (specify)
 Trade or Civil NIL Collegiate }
 Technical NIL *College none }
 Languages FRENCH & ENGLISH *University none }
 * (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

This column for checking purposes only	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY	
						Part II D.O. No. Cas. List, etc.	Dated
	Granted Furlough T/W no. A79190 To draw pay of \$1.50 per diem.	Fus	22-7-42	Can. Fus.	Vernon	106	22-7-42
		"	1-1-43	" "	Vancouver	16	28-1-43
	TOS General Service from N.R.M.A.	Fus	17 Apr 44	" "	Field	37	29 Apr 44
	Granted embarkation leave eff 5 May 44 and is att #5DD f.a.p. except pay	"	17 May 44	" "	Vernon B.C.	#3	4 May 44
	leaves to be attached #5DD f.a.p. except pay	"	19 May 44	" "	Debert N.S.	#5	22 May 44
	S.O.S. to #5DD. (A.W.L.)	"	19 May 44	" "	"	#5	22 May 44
	TOS from Can. Fus. N.	Fus.	20 May 44	5DD	Lauzon	DO 131	2 Jun 44.
	S.O.S. to No. 2 Transit Camp AUTH: 5DD-SC-57 d-29 May 44 Pte	"	12 Jun 44	5DD	Lauzon	DO 140	13 Jun 44
	T.O.S. from 5 D.D.	"	13 Jun 44	2 TTC	Debert	121	21 Jun 44
	S.O.S. to 1 Trg Bde Gp	"	28 Jun 44	"	"	126	28 Jun 44
	T.O.S. Trg Bde Gp.	"	29 Jun 44	Trg Bde Gp	"	199	30 Jun 44
	S.O.S. TRG BDE GP TO SER 1048	"	20.7.44	"	DEBERT	219 2017	20 Jul 44
	T.O.S. ban Fus from 1 Trg Bde Gp	"	21 Jul 44	ban Fus	UK	#23	31 Jul 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname GAGNE Christian Names SAMUEL JOSEPH
 Reception Centre Vernon, B.C. Military District XI Date 20-4-44

The medical examination is divided into three parts. The history in Part I, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 25 Eyes (Colour) Brown Hair brown Height 5' 7" Weight 147
 Identification marks and scars NONE

22. Urinalysis (a) Albumen (b) Microscopic (if albumen positive) (c) Sugar
 " recheck (a) " (b) " (c) Blood sugar

23. X-Ray No. 723 Laboratory St. Josephs, N. Bay Report NEG

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble NO

(b) Nose, throat, sinus or ear trouble

Tonsillitis on 3 diff. occasions.

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/ 20 Lt. 20/ 20

(with glasses) Rt. 20/ Lt. 20/

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. neg Lt. neg

Nose neg Throat neg

Sinuses neg.

Remarks and Diagnosis

Pulhems grading H I E I

R.C.A.M.C.

(Signature E.E.N.T. Specialist)

24. (Cont'd)
 (c) Any broken bones or other injuries

no

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations no

(g) Ruptures no

(h) Kidney or bladder trouble

Passed blood for two days in 1942

(i) Gonorrhoea no

(j) Varicose veins no

(k) Haemorrhoids no

(l) Rheumatism or joint trouble

no

26. Cranium neg

Spine neg

Extremities neg

Hernia neg

Genito-Urinary neg

Rectum neg

Varicose Veins neg

Feet neg

Abdominal neg

Remarks and Diagnosis

Pulhems grading P I U I L I

R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
- (m) Tuberculosis **no**
 - (n) Bronchitis or other lung trouble **no**
 - (o) Asthma or Hay Fever **no**
 - (p) Heart Disease **Complains of sharp pains over heart short duration**
 - (q) Rheumatic Fever **NO** 2-3-times
 - (r) Kidney Disease **NO** a mon.
 - (s) Stomach, Bowel or Rectal trouble **no**
 - (t) Diabetes **no**
 - (u) Goitre **no**
 - (v) Syphilis **no**
 - (w) Fits or fainting **no**
 - (x) Nervous disorders **no**
 - (y) Have you been in the Active Army in this war? **no**
 - (z) Are you now or have you in the past received disability pension or compensation? **no**

27. Physique :
 Good Fair Poor
 Chest :
 Full expansion **37** Range of Expansion **3"**
 Lungs : **NEG**
 Heart : B.P. Systolic **140** Diastolic **85**
 Abdomen **NEG**
 Skin **Scabies (under treatment)**
 Glandular Systems **Neg.**

Remarks and Diagnosis :

PULHEMS Grading P **I**

S. J. Gagny
 (Signature of Recruit)

H. S. Randall Lt.
 (Witnessed by) R.C.A.M.C.

..... R.C.A.M.C.
 (Signature of Physician)

28. Psychiatrist's Report Remarks and Diagnosis :

Pulhems grading **M I S I**

..... R.C.A.M.C.
 (Signature of Psychiatrist)

Part III

29. Profile to be assigned.

Year of Birth	P	U	L	H	E	M	S
18	1	1	1	1	1	2	1

This profile is not to be changed.
 See note (c).

H. S. Randall Lt.
 (President of the Board) R.C.A.M.C.
M. C. Canfield

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present profile to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
24-3-44	1/2 cc TABT	3-3-44	1	1	1	1	1	2	1	H. S. Randall (Lt.)
24-5-44	1 cc TABT (H. S. Randall) Lt.									
5-4-44	1 cc TABT RCAMC									
11-4-44	1 cc TABT									
11-12-41	1 Vacc & ATBT (1)									
30-12-41	TABT (2)									
15-1-42	TABT (3)									
24-9-42	Blood Group "O"									
6-3-43	1/2 cc TABT									
10-6-43	Cat. "A" Confirmed.									
3-7-43	Blood Group "O"									

- NOTE: (a) Any corrections to entries must be initialled by the officers making them.
 (b) (i) Profile in Part III (29) is not to be changed after once assigned.
 (ii) Subsequent changes in profile to be entered in Part III (30) (b).
 (c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

NRMA SOLDIER ATTESTED FOR GENERAL SERVICE.

CASUALTIES, ETC.

PART II D. O.		
No.	DATE	
		S. O. S. No. 22 (B) T. B. NORTH BAY, ONT. ON TRANSFER TO
<i>39</i>	FEB 17 1942	<i>MB</i> No. <i>19-2425</i> A. T. C. <i>Con Fus Listowel ont.</i> EFF. FEB 18 1942
<i>5</i>	19-2425	TOS Can. Fusiliers CA(A) Eff. 19-2-42 To D C ^o y.
106	22-7-42	Granted 14 days Furl. with pay from 22-7-42 to 4-8-42.
215	23-9-42	att for a/p 15th (Vanc) Coast Regt RCA w-e 8-9-42
<i>231</i>	<i>12-10-42</i>	Ceases to be attached for A/P w-e 6-10-42
153	13-10-42	Ceases to be Attach. F.A.P. to 15th Coast Regt. eff. 7-10-42.
156	21-10-42	Granted Ration Allce. from 22-7-42 to 4-3-42.
16	28-1-43	Auth. to draw 1.50 per diem eff. 1-1-43
<i>3</i>	<i>18-1-44</i>	<i>Granted 30 days leave with R.A. 8 Jan 44 to 6 Feb. 44.</i>
<i>1</i>	<i>7-1-44</i>	<i>Proceeded on special duty to Kiska Alaska 12 July 43. Ret 4 Jan 44.</i>
<i>37</i>	<i>29-4-44</i>	<i>T.O.S. ban New AF from ban New. NRMA eff. 17 Apr. 44.</i>
<i>3</i>	<i>7-5-44</i>	<i>Granted Embarkation leave from 4 May to 17 May with 10 days R.A.</i>
<i>5</i>	<i>22-5-44</i>	<i>B.O.S. on AWH from 19 May 44.</i>

CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
131-2-6-44		TOS fr Can Fus Debert N S Posted to App Wing. w.e.f. 20-5-44	
140	13-6-44	SOS on trans to No 2 Transit Camp eff 12-6-44	
121	21-6-44	SOS TOS No 2 TTC, Debert N.S. eff 13-6-44	
126	28-6-44	SOS No 1 Tng Bde Gp. eff 28-6-44	
219	20-7-44	Sos of S Serial 1048 7/20-7-44	
23	31-7-44	Tos. can fus from # 1 Tng. Bde eff 21 Jul 44	
27	15-8-44	Sos C.A (can) 20 Jul 44 - Tos C.A (ofs) 21 Jul. 44	
		Sos can fus to the list. (c.i.c.) eff 15 Aug 44	
		OR SOSIOBN TO QOR OFC. EFF 21 AUG	
39-7-9-44		T.O.S. QOR ofc. EFF 22 AUG. 44. KILLED IN ACTION 17 DEC. 44.	

SERVICE AND CASUALTY FORM

PART I (For all ranks)

B-155379 M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M-5-41 (512)
H.Q. 1772-39-1649

Unit #2 NRMA CLEARING DEPOT TORONTO ONTARIO

Regimental Number 538397

~~B-155379~~
~~538397~~ B-155379

<p>1. Surname.....GAGNE</p> <p>2. Christian Names.....SAMUEL JOSEPH</p> <p>3. *Substantive Rank and Appointment..... *Acting Temporary or Local Rank..... giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth.....Nipissing District, Ontario.</p> <p>5. Date of birth as declared on attestation.....21st Sept. 1918</p> <p>(A).....</p> <p>6. Date of enlistment.....Enrol. 4th Dec 1941</p> <p>7. Place of enlistment.....Enrol. #2 NRMA CL. Dpt. Toronto Ont.</p> <p>8. Residence at time of enlistment.....Enrol. Larder Lake Ont Canada.</p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion.....R.C.</p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment.....Miner</p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries..... <i>Reg Pay \$1.50 (1-1-43)</i></p>	<p>(17) Regiment or Corps..... #22 BTC. North Bay Ontario Canadian Fusiliers.</p> <p>Unit (Battn., etc).....</p> <p>(18) Medical.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td>"A"</td> <td>4th Dec 41</td> <td>MFM 103</td> </tr> <tr> <td><i>P. HEMS</i></td> <td><i>10.6.43</i></td> <td><i>" 103</i></td> </tr> <tr> <td><i>1 1 1 1 2 1</i></td> <td><i>3/3/44</i></td> <td><i>In 7 p. 2</i></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)..... <i>Clara Gravelle (mother)</i> <i>Malartic, PQ Quebec</i> <i>Canada</i></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	4th Dec 41	MFM 103	<i>P. HEMS</i>	<i>10.6.43</i>	<i>" 103</i>	<i>1 1 1 1 2 1</i>	<i>3/3/44</i>	<i>In 7 p. 2</i>
Category	Date	Authority											
"A"	4th Dec 41	MFM 103											
<i>P. HEMS</i>	<i>10.6.43</i>	<i>" 103</i>											
<i>1 1 1 1 2 1</i>	<i>3/3/44</i>	<i>In 7 p. 2</i>											

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.

M .94.
108

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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 with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank (as at (e))	Army Form or other authority for entry to be shown
			<i>T.O.S. Can Ins.</i>	<i>List 1</i>	<i>19-2-42</i>	<i>Bus</i>	<i>D.O. 5 d/19-2-42</i>
			Member H.D. on becoming NRMA Soldier	<i>Fs.</i>	<i>1 Dec 43</i>	<i>Fus.</i>	<i>D.O. 40 d/10 Dec 43</i>
			Proceeded on Special Duty to Kiska Alaska		<i>12 Jul 43</i>		
			Returned to Canada.		<i>4 Jan 44</i>	<i>"</i>	<i>D.O. 1 d/7 Jan 44;</i>
			Granted 30 days Spec Leave with R.A. 8Jan44 to 6Feb44		<i>8Jan44</i>	<i>"</i>	<i>D.O. 3 d/18 Jan 44.</i>
			S.O.S. as N.R.M.A. soldier on enlistment in the Canadian Army (A) and allotted Regt. No. B-155399	<i>Field</i>	<i>16-4-44</i>	<i>Fus.</i>	
			T.O.S. on attestation	<i>Field</i>	<i>17-4-44</i>	<i>Fus.</i>	<i>D.O. No. 37 d/29 Apr 44</i>
			<i>Granted Embarkation leave effective 5 May 44 and is attached to 5 District Depot F.A.P. except pay effective 17 May 44</i>	<i>Field</i>	<i>3-5-44</i>	<i>Fus.</i>	<i>D.O. No. 3</i> <i>4 May 44</i>
			<i>ceases with #5 DD for except pay & SOS to 5 DD</i>	<i>Vernon</i>	<i>17 May 44</i>	<i>✓</i>	<i>Do #5 d/22 May 44</i>
			<i>T.O.S. #5 DD (ANL)</i>	<i>Robert</i>	<i>19 May 44</i>	<i>✓</i>	<i>Do #131 d/2 Jun 44</i>
			<i>S.O.S. #5 DD to No. 2 Transit. Camp</i>	<i>Lanyon</i>	<i>20 May 44</i>	<i>✓</i>	<i>Do #142 d/13 Jun 44</i>
			<i>T.O.S. No. 2 Transit. Camp (Tighty)</i>	<i>Robert</i>	<i>12 Jun 44</i>	<i>✓</i>	<i>Do #121 d/21 Jun 44</i>
			<i>S.O.S. No. 1 Trg. Bde. Lp.</i>	<i>UK</i>	<i>20 Jul 44</i>	<i>✓</i>	<i>Do #219 20 Jul 44</i>
		<i>Can Ins</i>	<i>T.O.S. Can Ins from 1 Trg Bde Lp</i>	<i>✓</i>	<i>21 Jul 44</i>	<i>✓</i>	<i>Do #23 d/31 Jul 44</i>
			<i>S.O.S. C.A. (Canada)</i>	<i>✓</i>	<i>20 Jul 44</i>	<i>✓</i>	
			<i>T.O.S. C.A. (Overseas)</i>	<i>✓</i>	<i>21 Jul 44</i>	<i>✓</i>	<i>Do #27 d/15 Aug 44</i>
			<i>Disembarked</i>	<i>✓</i>	<i>27 Jul 44</i>	<i>✓</i>	
			<i>SOS to X-4 list C.I.C.</i>	<i>✓</i>	<i>15 Aug 44</i>	<i>✓</i>	<i>32 1944</i>
			<i>Embarked U.K. 16 AUG Disembarked France</i>	<i>✓</i>	<i>17 AUG</i>	<i>✓</i>	<i>32 1944</i>
			<i>T.O.S. "X" LIST -</i>	<i>✓</i>	<i>17 AUG</i>	<i>✓</i>	<i>32 1944</i>
			<i>SOS to 20R of C</i>		<i>21 Aug</i>		<i>32 1944</i>
			<i>TOS from X-4 BOR</i>		<i>22 Aug 44</i>	<i>Rp</i>	<i>39 - Sep 44</i>
			<i>SOS killed in action</i>		<i>17 Dec 44</i>	<i>Rp</i>	<i>1 - Jan 45</i>
<i>24 Aug 44</i>	<i>OC</i>	<i>BOR</i>					
<i>19 Dec 44</i>							

8

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 COMMITTEE 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

1. (a) Print name in full..... SAMUEL JOSEPH GAONE..... (b) Reg'l. No. B-153379
2. (a) Arm of service..... Infantry..... (b) Unit..... 1st Can. Canadian Fusiliers..... (c) Rank..... Fusilier
3. (a) Date of birth..... 21 Sept 18..... (b) Have you any dependents?..... No..... (c) Place of residence at time of enlistment..... Larder Lake, Ont.
4. (a) Place of enlistment..... Vernon, B.C...... (b) Date of enlistment..... 17th April 44

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 15..... (b) Were you attending school or college up to the time of enlistment?..... No
6. 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.)..... 8 years Public School
7. If you attended a university, give name of university and standing or degree secured..... No
8. (a) Did you ever enter upon a trade apprenticeship?..... No..... (b) If so, for what occupation?..... Nil..... (c) Did you finish it?..... Nil..... (d) If you did not finish it, how long did you serve at it?..... Nil
9. (a) What languages do you speak fluently?..... English French..... (b) What languages do you read well?..... English French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... Working..... (b) At time of enlistment of what trade union or professional society were you a member?..... No

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", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
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 employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 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 employer..... Chesterville Mine..... Address..... Larder Lake, Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Mining
20. (a) Your specific occupation..... Miner..... (b) Number of years' experience at this occupation with any employer..... 4 months
21. (a) Did your employer promise definitely to give you employment on discharge?..... No..... (b) Did your employer refuse to promise you employment on discharge?..... No..... (c) Do you wish to return to your former employment?..... Yes

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, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... No..... (b) Do you feel competent to operate a farm?..... No..... (c) If so, in what kind of farming?..... Nil
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... No..... (c) In what provinces did you have experience?..... Nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... No
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.)..... Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... Mining

DATE..... 17th April..... 1944..... SIGNATURE..... S. J. Gaone

File No 405-4-16276

VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

No. B155379 Name MAGNE SAMUEL JOSEPH
Rank on Discharge Rpmn Date of Discharge 17-12-44
Authority for Discharge or Retirement Deceased

<u>Served in:</u>		<u>Non-qualifying service</u>
Canada	from <u>17-4-44</u> to <u>20-7-44</u>	
	from _____ to _____	
United Kingdom	from <u>21-7-44</u> to <u>16-8-44</u>	
	from _____ to _____	
Italy	from _____ to _____	
Northwest Europe	from <u>17-8-44</u> to <u>17-12-44</u> <u>K/A</u>	
-----	from _____ to _____	
-----	from _____ to _____	

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal NE

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓
with clasp OK ✓



Verified by [Signature]
Date 12-7-46
Carded JUL 22 1946

10th January, 1945.

Mrs. Clara Gravelle,
Malartic, Quebec.

Dear Mrs. Gravelle:

It was with deep regret that I learned of the death of your son, B155379 Rifleman Samuel Joseph Gagne, who gave his life in the Service of his Country in the Western European Theatre of War on the 17th day of December, 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,

(A.E. Walford),
Major-General,
Adjutant-General.

/WMA



11

405-4-16276

FIELD SERVICE

Army Form B. 2090A.

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. I.

MBR

REGIMENT } Q.O.R. of Canada Squadron, Troop, }
OR CORPS } Battery or Company }

Officer's Personal No. (if known) } B 155379 Rank Rfn. }
Soldier's Army No. }

Surname Gagne. Christian Names S.J.

Died { Date 17 Dec 44 Place Holland.
Cause of Death* Killed

Nature and Date of Report 3011c/129 19 Feb 44

By whom made QOR of C

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Holland Cdn Temp Mil Cem Yonkersbosch E680595 sh 5 Date 17 Feb 45
By whom reported H/Capt. E.J. Gleason. 5 CCS RCAMC

State whether he leaves { (a) in Army Book 64 No.
a Will or not { (b) as a separate document Not received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and } Belgium
Date } 22 Feb 45

Signature of Officer in charge of Section }
Adjutant-General's Office at the Base }

Eric Robert Capt.
for Officer i/c

405. G-16276 CEG

RECORDS OFFICE OVERSEAS.
CANADIAN MILITARY HEADQUARTERS.
GRAVES REGISTRATION CARD.

P.A.

NAME GAGNE, Samuel Joseph PLACE & DATE OF BIRTH BONFIELD, ONTARIO, CANADA.
21 SEP 1918
RANK RFN REGTL NO B.155379
UNIT QUEENS OWN RIFLES (AEF) NEXT OF KIN & ADDRESS MOTHER:
Mrs Clare GRAVELLE - MALARSIE,
QUEBEC, CANADA.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
DIAGNOSIS _____

PARTICULARS OF DEATH

DATE OF DEATH 17 DEC 44 PLACE OF DEATH HOLLAND
HRS _____
CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 17 February 45 CEMETERY HOLLAND CDN TEMP MIL CEM
PLOT NO 1 ROW NO 6 GRAVE NO 7 YONKERS BOSCH NIJMEGEN SH 5
E690595
DEATH CERTIFICATE NO _____
DATE OF REGN OF DEATH CERT _____
RELIGION R.C.

DATE 20 October 1945
M. Bluteau
M. BLUTEAU (CAPT)
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

Director of Estates

Regimental No. B. 155379.....Rank... Rifleman.....

.....GAGNE..... Samuel Joseph.....
Surname Christian Names

Unit..... Queen's Own Rifles of Canada.....

Date of Death... 17 Dec 44..... Place of Death Overseas (France).....

Casualty Details... Killed in Action.....



Next-of-kin... Mrs. Clara Gravelle Relationship... Mother.....

Address... Malartic, Quebec..... *In 864*

M.F.M. 5..... Excerpt of M.F.M. 5 herewith.....

WILL..... Invalid will d/17 Apr. 44 herewith.....

Date..... 22 Jan. 45.....

[Signature]
G.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

JEC/MB



CANADA

QUOTE NO. H.Q. 405-G-16276
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA.

F.T.

19th July, 1946.

Mrs. Clara Gravelle,
Malartic, Quebec.

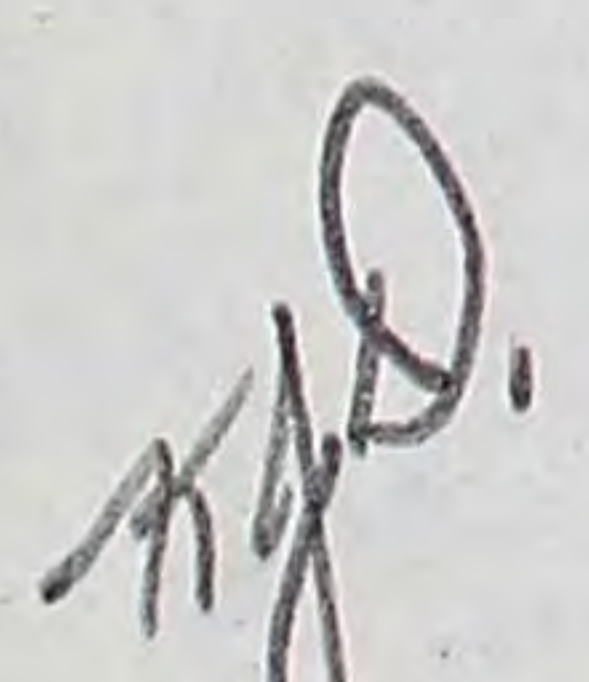
Dear Madam:

Information has just been received from overseas that the remains of your son, B155379 Rifleman Samuel Joseph Gagne, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row E, plot 4, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. 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.

 /EMA

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **B.155379** RANK **Rifleman** SERVICE UNIT **Queen's Own Rifles of Canada (C.A.).**
 NAME **GAGNE, Samuel Joseph**

DATE OF BIRTH DAY **21st** MONTH **September** YEAR **1918** Enlisted: **17-4-44**
 MARITAL STATUS **Single** RELIGION **--Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Clara Gravelle,**
 ADDRESS **Malartic, Quebec.** ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
 ADDRESS
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **4780A** H.Q. **405-8-16,276** DATE
 CASUALTY DETAILS **Killed in action** **17-12-44**

FRANCE.

**O/S with Cdn. Fus.
 S/L 4256**

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE **7-1-45**

6

BEG
[Signature]

[Signature]
 OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, OTTAWA

.....Ottawa, January 23rd, 1945

From.....Head Office.....

B-155379 Rfmn. GAGNE, Samuel Joseph

P. & N. H. 657-S

The Department of National Defence, Army
officially reports that the marginally named was reported -
Killed in Action
on the 17th Dec., 1944 on service Overseas.

His next of kin is reported as - Mother -
Mrs. Clara Gravelle,
Malartic, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of
\$ Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/FD

E. Clewes,
for
Canadian Pension Commission.

ca

No. B.155379 Rank Rifleman Name GAGNE, Samuel Joseph

Unit Q. O. R. of C. Date of death 17th December, 1944

Died at France. Holland

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-G-16276

N/K Mrs. Clara Gravelle, Relationship Mother

Address Malartic, Quebec.

Remains buried in Holland Cdn Temp Mil Cem Yonkers- Cemetery
bosch E690595 sh 5

CHK

Grave location

OVER

BURIAL REPORT TO N.K. **JUL 20 1946**

RETURN TO BUR. OF STAT. **JUL 3 1945**

ROYAL MESSAGE DESP'D. **JAN 31 1945**

CAN. MESSAGE DESP'D. **FEB 13 1945**

Temp B R sent to N K

HI & CR Form Despd. OCT 30 1946

**Photographs
Despatched**

DEC 13 1947

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 1, row E, plot 4.

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

JUL 3 1945

1. PLACE OF DEATH
City, Town or Village of... Street...
IN THE CITY OF TORONTO (If death occurred in a hospital or institution, give the name instead of street and number)
Township of... County or District of...

2. LENGTH OF STAY
In Municipality where death occurred In Province In Canada (if immigrant)
(in years, months and days)

3. PRINT FULL NAME OF DECEASED
(Surname or last name) *Samuel Troop* (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of... Street...
Larder Lake County or District of... Province of...
Township of... District of...

5. SEX 6. CITIZENSHIP (See marginal note) 7. RACIAL ORIGIN (See marginal note) 8. Single, Married, Widowed or Divorced (Write the word) 9. BIRTHPLACE (Province or Country)

10. Date of Birth (Month by name) *September* (Day) *21* (Year) *1918* 11. AGE } Years Months Days If less than one day
26 hrs. or min.

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. (b) Kind of industry or business, as paper mill, lumber, bank, etc. *Miner*
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation 14. Total years spent in this occupation

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased

16. Name of father (Surname or last name) (Given or Christian names)

17. Maiden name of mother (Surname or last name) (Given or Christian names)

18. Birthplace: Father (Province or Country) Mother (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at *Director of Records, Dept. of National Defence.* this *27* day of *June* 19 *45*
Signature of informant *[Signature]* Relationship to deceased
Address *Director of Records, Dept. of National Defence.*

20. Burial, Cremation or Removal *Holland* Date (Month by name) (Day) (Year)

Place of Burial (Municipality) Cemetery

Burial Permit was issued by Address

21. Funeral Director: Name Address

22. Marginal notations (Once use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (Month by name) *June* (Day) *13* (Year) *1944*

24. I HEREBY CERTIFY that I attended deceased from 19... to 19..., and last saw h... alive on 19...

CAUSE OF DEATH and DURATION table with fields for Immediate cause, Morbid conditions, and Duration (Yrs., Mos., Dys.). Includes handwritten text: *Killed in action*, *OVERSEAS CASUALTY CANADIAN ARMY*, and *24*.

25. If a woman, was the death associated with pregnancy? Duration... weeks. Was there a delivery?

26. Was there a surgical operation? Date of operation 19... State findings... Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following: -

Accident, suicide or homicide? (State which) Date of injury 19...

Manner of injury (How sustained)

Nature of injury

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Signed by Designation M.D., Coroner, etc.

Address Date 19...

Division Registrar's Record No.

Date of Registration 19... (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

Madame Clara Gravelle.
Malartic, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.C. 405-G-16-276 ED.1

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO



26 janvier

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

GAGNE, Samuel Joseph, Rfmn.

B.155379, Armée Canadienne.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le memorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC

John Le directeur des successions,

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler	TÉMOIGNAGE DU DÉCLARANT		
		NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt... <i>Pas mariée</i>			
2	Enfants du défunt et dates de naissance... <i>pas au pas</i>			
3	Père du défunt... <i>Décédé</i>	<i>Thomas Gagné</i>		<i>Décédé le 3 juillet 1927</i>
4	Mère du défunt... <i>nom fille</i>	<i>Clara Foisy</i> ^{1^{er} mariage} <i>mde. Clara Gagné</i> 53 <i>2^{em} Mme Jules Gravelle</i>		<i>Malartic sur</i>
5	Frères du défunt	Frères germains	<i>Il y en a pas</i>	
			<i>Thomas Gagné 31</i> <i>Ballard Gagné 29</i> <i>Patrick Gagné, P.A. 27</i> <i>Josée Gagné 24</i> <i>Romuald Gagné R.A. 23</i>	<i>Larder Lake ont.</i> <i>Camp Borden ont. Buldat</i> <i>R.C.A.F. Overseas</i> <i>Larder Lake ont.</i> <i>B-139 224 L/epo Overseas</i>
		Demi-frères	<i>Il y en a pas.</i>	
6	Sœurs du défunt	Sœurs germaines	<i>Il y en a pas.</i>	
			<i>Laurence Gagné mariée 30</i> <i>Alexandrine Gagné mariée 20</i>	<i>mde. Albert Masson</i> <i>185 2^{em} ave</i> <i>Verdun</i> <i>Mde. Léonel Poulin</i> <i>Malartic sur.</i>
		Demi-sœurs	<i>Il y en a pas.</i>	
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux	Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants
		<i>Il y en a pas.</i>		<i>/</i>

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE
DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Samuel Joseph Gagné
9	Date de sa naissance.	21 Septembre 1919
10	Lieu et date de son mariage.	pas marié
11	Lieu et date du mariage de ses parents.	Bonfield 23 Août 1912

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Bonfield
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Larder Lake Ontario (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	mineur
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Je ne sais pas Cela ne m'a jamais été question.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	non <i>Returned they were Monopoly payment stamp</i>
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	non <i>see note 19/14</i>
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	<i>3. Je les inclus</i>
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	<i>deux de 50, chacun } Je les payables au porteur } possédés</i>
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	<i>The Mutual Life Assurance Co. of Can. 4000 mme. Clara Gravelle.</i>
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	non non non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	non <i>Le défunt est mort sur le champ bataille.</i>

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Mère du défunt du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mme. Jules Gravelle.

Signature du déclarant

Malartic P. Québec.

Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Mme Jules Gravelle

Nom du déclarant

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Malartic (Abitibi) ce 7^e jour de février 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

T. Lemond

Titre

avocat, Commissaire de la Cour Supérieure (Abitibi)

Adresse Malartic, C. Postal 97, Rue - -

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

AUTRES DÉTAILS

Table with 2 columns: Question number and Answer. Contains questions 24 and 25 regarding property and debts.

Read this whole Form and Instructions
on other side before commencing to
complete.

WILL

M.F.M. 10
150M-10-43 (2314)
H.Q. 1772-39-1656

(1) I, SAMUEL JOSEPH GAGNE, of the TOWN
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Larder Lake, in the County of Temiskaming
District

Province of Ontario, Miner
(Civil Occupation)

Regimental No. B-155379, Unit 1 Bn. Can. Fus. C.A., do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

Relationship,
names and
address of
beneficiaries,
and what
each is to
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

my mother, Clara Gravelle,
Malartic, Quebec.

my entire estate.

Relationship,
names and
address of
residuary
beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
of whatsoever kind and wheresoever situate unto

(4) I appoint Thomas Gagne Larder Lake, Ontario
(Name) (Address)

Miner, to be the Executor of this my Last Will.
(Civil Occupation) ~~Executor~~

IN WITNESS WHEREOF I have hereunto set my hand this 17th day of April
1944

Signed and acknowledged by the Tes-
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.

S. J. Gagne
(Signature of soldier)

First witness
sign here.

(5) Signature R. B. Kousser
Civil Address Ottawa, Ont.
Civil Occupation Clerk

Second witness
sign here.

Signature J. H. Helmer
Civil Address RR# Langton
Civil Occupation General Labour

(Witnesses are not to be beneficiaries.)

[OVER]

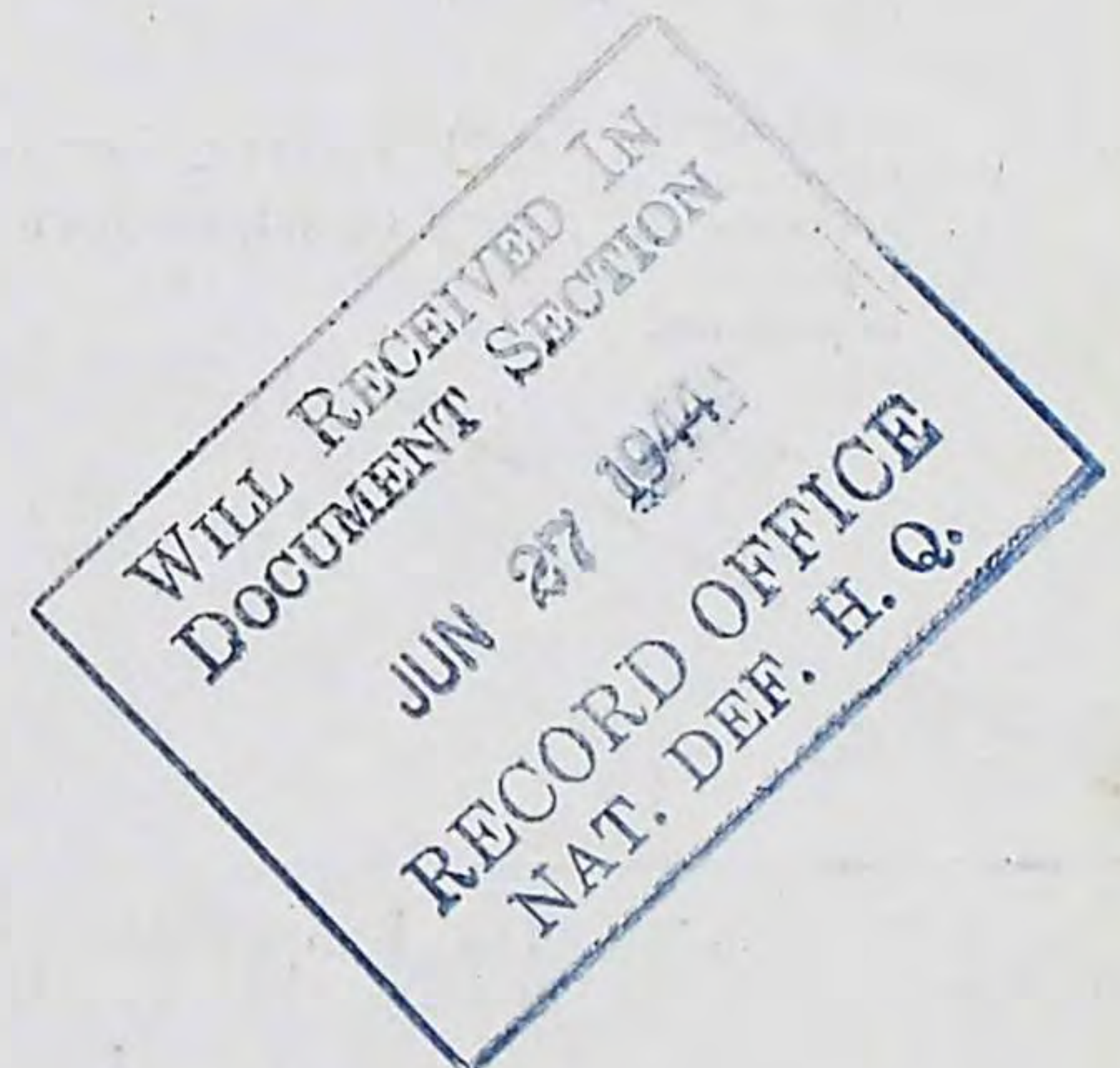
NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.



JUN 26 1944

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

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.
(c) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

- (1) Name of Officer or Other Rank..... GAGNE, SAMUEL JOSEPH
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Official Number and Rank..... B-155379
- (3) Unit..... 1st Bn. Canadian Fusiliers, C.A.
- (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:.....
..... N/A
- (7) Are you a widower?..... No
- (8) Have you any children?..... 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..... N/A
- Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.....
Name..... N/A
Postal Address..... N/A
- (10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?..... No
If so, state her full name and postal address..... N/A

(11) Is your father alive? No If so state name and address, occupation Nil

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A

(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 N/A

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 Clara Gravelle
Malartic, Quebec.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N/A

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? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No If so, in what company? Nil
(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.

Date 17th April 44

[Signature]
(Signature of officer or man)

Date 17th April 44

[Signature]
(C.M. Macmillan) Lt.-Col. q
Officer Commanding

1st Bn. Canadian Fusiliers, C.A.

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.)

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Samuel Joseph
(CHRISTIAN NAMES)

GAGNE
(SURNAME)

REGISTER NO.

D-17398

FILE NO.

405-G-16276

DATE

5-2-46

PAYEE

Director of Estates

SERVICE NO.

B-155379

ADDRESS

FINAL RANK OR RATING

Rfn.

DATE OF TERMINATION OF OVERSEAS SERVICE

17-12-44

DATE OF DISCHARGE

17-12-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 422 EQUAL TO 14 COMPLETE PERIODS AT \$7.50

\$ 105.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 327 LESS 2 INELIGIBLE DAYS, EQUAL TO 325 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

81.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75 X 7 = \$ 19.25
NO. OF DAYS 327 X \$ 19.25
183

186.25

34.40

D. WAR SERVICE GRATUITY

220.65

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

220.65

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ _____ OF \$ _____ = \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE 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.

PREPARED BY
KERA

CHECKED BY

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

2013

Register No. D-1739F

Nominal Roll No. D-459

H.Q. File No. 405-G-16276

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When
Regt. No. S.O.S. Surname Christian Name in Full
B155379, RFN. GAGNE ✓ SAMUEL JOSEPH
B-528397, FUS.

Reason for Termination of Service:

1st Enlistment TO ENLIST IN CACA CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

KISKA. 128.
~~1st Enlistment~~ 2nd Enlistment 3rd Enlistment
T.O.S. 12 JULY 43 T.O.S. 17 APR 44 T.O.S.
S.O.S. 4 JAN 44 MD O/S. S.O.S. 17 DEC 44 MD O/S. S.O.S. MD
Total Days 177 Total Days 245 Total Days

TOTAL SERVICE 422 DAYS

177
245
422

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>95</u>	✓	<u>95</u>
OVERSEAS SERVICE	<u>327</u>	✓	<u>327</u>
Totals	<u>422</u>	✓	
Add Non-qualifying Service			✓
TOTAL SERVICE			<u>422</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 4 JAN 44 2. Date S.O.S. Overseas 17 DEC 44

REMARKS:

KILLED IN ACTION
17 DEC 44

Computer's Signature [Signature]
Checker's Signature [Signature]
Date Computed 12 MAR 45

MA. m. s. provided from 4 Dec 41 to

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein. B-528397

[Signature]
(C.L. Laurin) Colonel,
Director of Records.

N. R. M. A.

Register No. *A-17398*

Nominal Roll No. *A-459*

H.Q. File No. *405-G-16276*

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<i>B-528397</i>	<i>FUS</i>	<i>GAGNE</i>	<i>Samuel Joseph</i>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... *30 day try* CARO..... ()

2nd Enlistment..... *Genl Return* CARO..... ()

3rd Enlistment..... CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <i>9 Oct 40</i>	T.O.S. <i>4 Dec 41</i>	T.O.S.
S.O.S. <i>7 Nov 40</i> MD <i>2</i>	S.O.S. <i>16 April</i> MD <i>11</i>	S.O.S. MD
Total Days..... <i>30</i>	Total Days..... <i>865</i>	Total Days.....

Total Service

895 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	<i>718</i>	<i>N</i>	<i>718</i>
Overseas Service	<i>177</i>	<i>1</i>	<i>177</i>
Totals.....	<i>895</i>	<i>L</i>	<i>895</i>
Add Non-qualifying Service.....			<i>N.L</i>
Total Service			<i>895</i>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... *12 Jul 43*

2. Date S.O.S. Overseas..... *4 Jan 44 (KISKA)*

REMARKS:

Computer's Signature..... *R. Filham*

Checker's Signature.....

Date Computed..... *16 Feb 46*

N. R. M. A.
OVERSEAS SERVICE

ACTIVE SERVICE

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

UNDER REGT. No. *B-155379*

FROM *17 April* TO *17 Dec 44*

SEE ATTACHED FORM No 1

FOR ACTIVE SERVICE

C. L. Laurin
C. L. LAURIN,

Colonel,
DIRECTOR OF RECORDS.

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

200

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

No., RANK and NAME ... **B-155379** Rfn **Gagne** **S.J.** **(Deceased)**

RECEIVED FROM **2nd Echelon 21 Army Group**

CHECKED BY **C-5591 Pte. Patterson L.K.** DATE **12 March 45**

AND .. **M-16018 Pte. Murdoch W.J.**

- | | |
|---|-------------------------|
| 1 | Red "I" Disc |
| 2 | Pen Knives |
| 1 | Rosary |
| 1 | Chain |
| 1 | Brooch (General Motors) |
| 1 | Cig Lighter |
| 1 | Cig Holder |
| 1 | Crucifix |
| 2 | Crosses |
| 3 | Coins Souvenir |

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

QUADRUPPLICATE—with effects.

J. K. Patterson P 8

.....
for OC 1 Cdn KSD