B21159
DESCOEURS
ROSARIO

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM Rosario (PRÉNOMS) DESCOEURS (NOM)

No DU REGISTRE 84551
No DU DOSSIER 405-D-193
DATE 14 fev. 45
No MATRICULE B21159
GRADE DÉFINITIF Gnr.
DATE DE LIBÉRATION 16.3.40

ADRESSE 3987 rue Ethel, VERDUN, P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS 184 / 30 ÉQUIVALANT À 6 PÉRIODES COMPLÈTES @ $7.50 — $ 45.00 ¢

B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS MOINS JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À JOURS @ 25 CENTS PAR JOUR

VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION

TOTAL 45.00

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

SOLDE $
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $
SOLDE SUPPLÉMENTAIRE $
$
$
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ $
TOTAL $ X7 = $
NOMBRE DE JOURS / 183 X$

RECEIVED
FEB 26 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE 45.00

E. DÉDUCTIONS

PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $
AUTRES DÉDUCTIONS $

F. MONTANT PAYABLE

(CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE $ 45.00 CHACUN) 45.00

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES, LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU **MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.**

VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS $ 2.32 X30 $ 69.60

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR
JCE	

TRÉSOR	
VÉRIFIÉ PAR	DATE
[illegible]	26-2-45

REPRÉSENTANT MILITAIRE

△ TU

Form No. 1

Register No 84851

~~Nominal Roll No~~

H.Q. File No 405-D-193.

TO: P.M.G. BL 1083

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
B21159	GNR.	DESCOEURS	ROSARIO

Reason for Termination of Service:

1st Enlistment Med Unfit CARO 37 (10)

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 15 Sep 39	T.O.S.	T.O.S.
S.O.S. 16 Mar 40 MD 4	S.O.S. MD	S.O.S. MD
Total Days 184	Total Days	Total Days

TOTAL SERVICE 184 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	184	Nil	184
OVERSEAS SERVICE	Nil	Nil	Nil
Totals	184	Nil	184
Add Non-qualifying Service			Nil
TOTAL SERVICE			184

EMBARKATION DETAILS:

1. Date S.O.S. Overseas

2. Date S.O.S. Overseas

REMARKS:

Computer's Signature C W Mee

Checker's Signature J McClure

Date Computed 15 Nov 44

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

D C Laurin

(C.L. Laurin) Colonel,
Director of Records.

1366

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ROSARIO DESCOEURS (b) Reg'l. No. B-21159
2. (a) Arm of service Artillery (b) Unit 23rd. Medium Battery (c) Rank Gunner
3. (a) Date of birth June, 14th 1911 (b) Have you any dependents? Yes (parents) (c) Place of residence at time of enlistment 81 Queen St East Toronto, Ont.
4. (a) Place of enlistment Toronto, Ont. (b) Date of enlistment Sept. 15th 1939.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 Years old (Ontario Grade Schools) (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.) Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? Salesmanship (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French + English (b) What languages do you read well? French - English also a little Italian & Spanish

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?

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 Address
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 specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your 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, or professional practice Manufacturers Agent (b) Where was it located? Quebec + Ontario
23. (a) Number of years engaged in this business 2 Years (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No - lack of funds.

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?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

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.) (I have 9 years experience in the Building trade)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form I can do any kind of office work — shipping, purchasing, specially translation, travelling or contact work

DATE January 26th 1941 SIGNATURE Rosario Descoeurs

29 IF DISCHARGED, ARE YOU NOW WORKING No IF SO AT WHAT OCCUPATION —

My present address: 3987 ETHEL ST. - VERDUN, P.Q.

(DEATH IN CANADA)

1-2-45

AWARDS—CANADIAN ARMY (ACTIVE) M 1976

CB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-193

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DESCOEURS	Rosario	B-21159	Can.	R.C.A.

WAR SERVICE BADGE (CLASS) ELIGIBLE GSC No 014046(24-6-42)

DATE DESPATCHED: RM.13349

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 1939-45	
CVSM ?	25-85- 10/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Marie DESCOEURS (MOTHER)

ADDRESS: 3987 Ethel St.,
Verdun, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Marie Descoeurs, (MFM5) (FRENCH)

1976

ADDRESS: 3987 Ethel St., VERDUN, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO. 1846

(2)

(3)

DESP. AUG 2 1945

REGN No. 20 951

B-21159

DESCOEURS ROSARIO

W.W. II

Ref. 40

M.F.M. 23
10M—11-39 (3024)
H.Q. 1772-39-1677

B

CANADIAN ACTIVE SERVICE FORCE
PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. B-21159 | Rank Gnr.

Surname DESCOEURS

Christian name ROSARIO
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 23 Med.Bty. R.C.A.

Date of discharge 16 March 1940

Place of discharge Montreal, Que. Mil. Dist. No. 4.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 18 years 9 months

Height 5 feet 8 inches

Complexion Medium

Eyes Hazel

Hair Brown

Trade Manufacturer's Agent

Descriptive marks
Scar-Angle left jaw 2"long.

Intended place of residence } 81 Queen St,East,Apt 7 (Street and Number) Toronto,Ont. (P.O., City or Town, etc.)
(To be given as fully as practicable; *i.e.*, mailing address)
Province

2. The above-named man is discharged in consequence of Physically unfit for Military Service under existing standards.

Authority for discharge R.O.37 para 10.

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

Very good during his 183 days service

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide 384, K.R. Can.)

Received 1 H.D. 35 D-19

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Montreal, Que. (Major)

(Date) 16 March 1940 *Commanding* District Depot M.D.4CASF

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. *(Signature of Soldier)*

(Date) 16 Ma rch 1940 *(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—C.A.S.F.) 15 Sept-39.

(Date of discharge—C.A.S.F.) 16 March 1940

(Total Service—C.A.S.F.) years 183 days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, Que. *(Signature)*

(Date) 16 March 1940 *Commanding* District Depot N.D.4 CASF

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None

(Date) 16 Mars 1940 ..... R. Desroches .....

(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4)

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

W. E. Dunbar Major
for S. F. H. Lane Major
Officer Commanding

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 23rd. Med. Bty. R. C. A. Regimental Number B21159

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname DESCOEURS
2. Christian Names ROSARIO
3. Present address 81 Queen St., East, Apt, 7, Toronto, Ont.
4. Date of birth June 14, L911
5. Place of birth Canada, (Country) Quebec, (County or Province) Monteral (Town or Township)
6. Religion (state denomination) R. C.
7. Trade or Calling Manufacturer's Agent
8. Married, Widower or Single Single
9. Name of next of kin Marie Descoeurs
10. Relationship Mother
11. Address of next of kin 3987 Ethel St., Verdun, Quebec
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Rosario Descoeurs do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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.

Witness A. Jonhan

Date September 15th, 1939 Rosario Descoeurs (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Rosario Descoeurs (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit 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 recruit 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, and the said recruit has made and signed the declaration and taken the oath before me,

at Toronto this fifteenth day of September 19 39

A. R. Bartram Lieut R. C. A. {Signature of Magistrate, Justice or Attesting Officer.

{Office or Rank and Unit or appointment.

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

DESCOEURS Rosario B21159

Record of Service of DESCOEURS (Surname) ROSARIO (Christian Names) Regimental Number 21159

QUALIFICATIONS

Military NIL

Business or Professional Nil

Trade or Civil Salesman

Technical NIL

Languages Speaks French, Understands Spanish and Italian

EDUCATIONAL QUALIFICATIONS

High School or Collegiate (years completed) Graduation or Matriculation Jr. Matric (specify)

*College NIL

*University NIL

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment			23rd. Med.			
15-9-39	DO	Attested, taken on strength	Gnr.	15-9-39	Bty.R.C.A	Toronto	Bty.Ord.No. 7	15-9-39
20-1-40	DO	Trans. No 2 Dest Depot	"	20-1-40	"	"	DO no 20	20-1-40
		S.S. on transfer to No 4 Dist Depot. Cas. R.O. 37 Para 10	-	21-2-40	L.2.00	"	Pt II no 49	21-2-40
16 Mar 40		Discharged - Phy unfit for Mil Service	Gnr	16 Mar 40	DD4	Montreal	Pt II 76	16 Mar 40

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full X Descoeurs, Rosario Date Sept. 14th, 1939

Part 1. Information obtained from the recruit.

1. Age 28 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Gastro-intestinal no
g. Rupture no
h. Varicose veins no
i. Flat or deformed feet no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Epilepsy no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no

Rosario Descoeurs
(Signature of Recruit)

Examiner's remarks re above

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)

Scqr at angle of right jaw 2" long from brow

2. Height 5 feet 8 inches. 3. Weight 125 pounds.

4. Complexion Medium Eyes Hazel Hair Brown 5. Development Fair (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36½ inches.

Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right Normal left Noemal

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
10-11-39	Vacc. 1 T.A.B.		
16-11-39	2 T.A.B.		
23-11-39	3 T.A.B.		
27-11-39	RE-EXAMINED, NORMAL EARS, REFLEXES, CATEGORY "A"		
4.12.39	Tet. Tox - accepted		

Regtl. No. B21159 Rank GNR Surname DESCOEURS Christian Name ROSARIO

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Toronto Ont.		16	12	39	21	2	40	Suspected T.B.		Transferred to road aid depot 6653. for further treatment.	L.G.B.

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

T[illegible] made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier DESCOEURS ROSARIO

(Surname first—Christian names in full—Block capitals)

(2) Regimental Number B 21159

(3) Unit 23rd. Med. Battery R. C. A.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

(6) If married, have you been regularly supporting your wife? If not—state reasons

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name

Postal Address

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address DELPHE DESCOEURS

3987 Ethel St., Verdun, Quebec

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F.

Also state reason he has no other means of support

(14) Is your mother alive? Yes

If so, state name and address MARIE DESCOEURS

3987 Ethel St., Verdun, Quebec

(15) If your mother is a widow, are you her sole support?

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F.

Also state reason why she has no other means of support

(17) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance Premium?

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.

Rosario Descoeurs
(Signature of officer or man)

Date September, 16, 1939

Officer Commanding

Date September 16, 19439

M.F.M. 7
12 M—11-36 (9361)
H.Q. 1777-45-18

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. B-21159 (Rank) Gnr.

Name (in full) ROSARIO DESCOEURS enlisted in

the 23 Med. Bty. R.C.A.

CANADIAN FIELD FORCE at Toronto, Ontario. on the 15

day of Sept 1939.

He served in 23 Med.Bty. R.C.A.

and is now discharged from the service by reason of Physically unfit for Military Service under existing standards.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 28 Years 9 Months.

Height 5 feet 8 inches.

Complexion Medium

Eyes Hazel

Hair Brown

Marks or Scars Scar-Angle left jaw 2" long.

R. Descoeurs
Signature of Soldier

Issuing Officer

Mayor
Rank

Date of Discharge

16 March 1940

Montreal P. Que.

Date 16 March 1940

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

No. B.21159 Rank Gunner Name DESCOEURS, Rosario

Unit R.C.A. Date of death 1st Feb., 1945.

Died at Ste. Anne de Bellevue, P.Q.

Cause Tuberculous laryngitis, pulmonary T.B. & lues.

Death WAS Due. CPC. d 5-6-45. HQ 405-D-193 d

N/K Miss Marianne Descoeurs Relationship Sister

Address 3987 Ethel Avenue, Verdun, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

CHK.

Grave location Lot 3410-M3.

10M-2-45 (M-4640)

CONTRACTOR'S ROLL FOR THIS SOLDIER
GRAVE DESPATCHED DEC 3 1945