B22753
BEAUDIN
ALBERT

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

16 mar 44

referd to Lefrançois Albert

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

C. Inf. C.
~~R.C.A.~~
Arm or Corps

Trade (if Tradesman or Trade Trainee)

~~Gnr.~~
Work in Arm (if Non-Tradesman)

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I. B22753 (Regt. No.) Pte ~~Gnr.~~ (Rank) BEAUDIN, Albert (Name (surname first)) A (A or R) 23 (Age) -"A1"- (Med. Cat.)

English (Main Language) French (Other Language(s)) 6th Coast Bty., R.C.A. Sydney, N.S. (Place (Unit) Interviewed) 5 May, 1943. (Date Interviewed)

II. Revised Examination "M"

Sydney, N.S. (Place Tested) 30 Apr. 1943 (Date Tested) A.C.O. G. Lieut. (By Whom)

82 (Total) V (Group) Subtests 13 (1) 9 (2) 9 (3) 15 (4) 14 (5) 7 (6) 7 (7) 8 (8) Subtotals 31 (1-3) 29 (4-5) 22 (6-8) French (English or French)

Other Tests 4/8/43

Y.O.B.	P	U	L	H	E	M	S
19	/	/	/	/	/	2	/

21 Jun 44

III. Educational Background Completed Grade VI (Que.) at age of 13. Mother died, family broken up, had to go to work.

IV. Occupational Background

General labour jobs in bush and town.
3 or 4 years truck driver.
6 Months - Gold mines as Cook's helper.

V. Military Background Called up 17 Apr. 1941. B.T. at No.22 North Bay and A-2 Petawawa. T.O.S. C.D.&A.A.Arty.T.C. Halifax - 29 Aug. 1941. Posted to 16th Coast Regt., R.C.A. - 13 Nov. 1941. (Petrie) Turned Active 27 July, 1942. Now on guns. M.F.M. t clear.

VI. Other Personal History and Appraisal

Limited sports. Enjoys dances and shows. Bilingual. Fluent English. Height 5' 5½" - Weight 135 Lbs. Health good. Good appearance and physique. Bright, engaging disposition. Poor posture. Brisk manner. Broad interests. Wishes to return to mines after the War. Single.

Probably stable. Reveals good adaptability but lack of s serious interest and cock-sure attitude may account for poor adjustment. Inferior learning ability. Practical and alert spirit of industry and thoroughness. If he worked at it, he could be a dependable efficient gunner.

B 22753

VII. Recommendations

~~Appears capable of duties of gunner.~~
C. INFANTRY C.

(Signed) (A.C.O. GRADY) Lieut. S.A.S.
Army Examiner

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Re-interviewed 30-Nov-43, Sydney, N.S.

REC: Considered suitable for overseas service (RCA).

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M. MacKenzie, Lieut.
M.MacKenzie, Lieut.
Army Examiner.

Re-interviewed at No1 Transit Camp, Windsor, N.S. 10 Feb 44.

Re-allocated to C. Infantry Corps for training, under authority HQS 2066-22 FD 90 Org. A3A1 dated 12 Jan 44.

V.A. Fisher
(V.A. Fisher) Lt.
Army Examiner.

Interviewed in 7th Week of B.T.

He has proven he can be a first class soldier. He appears well adjusted, shows good interest and has no physical handicaps. A clean-cut, pleasant French Canadian whose home is now in Montreal, P.Q. but who wants to stay in an English Unit.

Allocation to C. Inf. C. confirmed.

No. 25 CIBTC. Simcoe, Ont. 27 Apr. 44. A.G. Lawrason Lt.
A.G.Lawrason. A.E.

Routine follow-up at end of 8th week Advanced Infantry Training. Quiet, co-operative, efficient. Gets along well with other men. An ideal soldier.

A.29 C.I.C.T.C.,Camp Ipperwash 22 June 44. M.L. Entwistle Capt.
(M.L. Entwistle) A.E.

B.22753 Pte. BEAUDIN A.

Examination of the foregoing and interview indicate suitability for o/s in C.I.C. (Operatio nal) as non tradesman.

A.29 C.I.C.T.C., Camp Ipperwash. 4 July 44. M.L. Entwistle Capt.
(M.L. Entwistle) A.E.

Enlisted at Q.C.I.R.U. 29.7.42 19-11-11-21 Conf. 21.6.44

Birth. 22.12.19 Single

Enlist 21.7.42 O/S. Employ training only.

Inft G.D. Cleared for CBRC 2-8-44
SOS to 13 Bn & CBRC 10.8.44.

Duplicate
(To be completed in triplicate)

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

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

COPIED Archives COPIÉ

N.R.M.A. PERSONNEL

ENROLMENT FORM

B 22753

N.R.M.A. Serial Number of Notice of Call B-28829 Regimental Number B-605560

1. Taken on Strength of No 2 N.R.M.A. Clearing Depot
2. Surname (Block Letters) ~~Beaudin~~ L.E. FRANCOIS
3. Christian Names (in full) Albert (Auth: 90/704/1 (Apr 41) Royal Winnipeg Rifles)
4. Present Address Matachewan Ont.
5. Place of Birth Montreal (Country) (County or Province) (Town or Township)
6. Date of Birth 22-12-19 7. Religion—Denomination R.C.
8. Physical Description: Height 5'-8½" Weight 135 Eyes Blue Hair Brown
   Complexion Fair Identification marks None
9. Married, Single, Widower? Celibataire
10. Next-of-Kin Albert Beaudin (Name) Relationship Pere
    Matachewan (Address)
11. Trade or Occupation Journalier
12. Previous Naval, Military or Air Service Non (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? Army? Truck Driver (Arm of Service) R.C.A.F.?
14. Employment in War Industry, if any Non

A Beaudin.
(Signature of Man)

R H Champion 2/Lieut
(Signature and Rank of Enrolment Officer)

Aug 12 1941
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No 2 at North-Bay Date 17-4-41
   Completed Days Basic Training.
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No at C.A.T.C. (A2) PETAWAWA Date 26-6-41
   Completed 42 Days Advanced Training.
   Qualities of Leadership, Positive Becoming Evident? yes Dormant?
   Transferred to A23 T.C. Halifax (R.C.N., formation or unit of the C.A., R.C.A.F.) Date 28/8/41
   W Gillespie Capt
   (Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre A

RECORD OF SERVICE of ~~Beaudin~~ LEFRANCOIS (Surname) Albert (Christian Names) Regimental Number B-605360

Qualifications

1. Naval, Military, or Air: None
2. Business or Professional:
3. Trade or Civil: Journalier
4. Technical:
5. Languages, etc.: Francais (Mother tongue) Can speak? Eng. Can read and write? Engl. Can drive a car? Oui Repair a motor? Non Cooking experience? Oui Hobby?

Educational Qualifications

6. High School or Collegiate: Non (years completed) Graduation or Matriculation: Non (specify)
7. *College: Non
8. *University: Non (Name of institution, courses or years completed, and degrees obtained to be shown)

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.

Report: 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.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. 2						
		~~T.O.S. No22 B.T.C.~~	~~Pte.~~	~~17-4-41~~		~~North Bay~~		
		~~S.O.S. No22 B.T.C.~~	~~"~~	~~25-8-41~~		~~"~~	~~D.O.~~ ~~56~~	
		~~T.O.S. C.A.T.C.(A2) All purposes.~~	~~Gnr.~~	~~28-6-41~~	~~C.A.T.C.(A2)~~	~~Petawawa~~	~~D.O.~~ ~~R 16~~	~~27-6-41~~
		S.O.S. C.A.T.C. (A2) to be transd. to A23 TC	"	28.	"	"	" R51	27-8-41
		T.O.S. C&AA Artillery Training Centre	"	29-8-41	C&AAATC	Halifax	11 (R)	30-8-41
		~~Att. to 6th A.A. S/L Battery for all purposes~~	"	~~14-10-41~~	~~C&AAATC~~	~~Halifax~~	~~Pt. (II) 41(R)~~	~~14-10-41~~
		ATT FOR ALL PURPOSES 1ST HFX (C.R.)	"	20-10-41	"	"	PT 2. 46 (R)	20-10-41
		Attached ~~XXXXXXX~~ Posted to 53rd Hvy Battery	Gnr	21.10.41	1st(H)CB	"	BDO 198	23.10.41
		Ceases to be Att. to 53rd. Hy. Bty	"	12-11-41	"	"	B.D.O. #212	10-11-41
		Ceases to be attached to 1st (H) Coast Brigade for all purposes	Gnr	12-11-41	C&AAATC	Halifax	Ptll # 63 (R)	10-11-41
		Posted to "H.D." Canadian Army	Gnr	13-11-41	C&AAATC	Halifax	Pt 11 # 63 (R)	10/11/41
		Posted to 16th Coast Brigade R.C.A.	Gnr	13/11/41	"	"	Pt. 11 # 63 (R)	10/11/41
14-11-41	Bde HQ	T.O.S. 16th Coast Bde., RCA. and posted to 6th Heavy Battery, RCA., (AF)	Gnr.	13-11-41	A-23TC	Petrie	Pt II 286	14-11-41.
5-1-42	Bde. H.Q.	Granted furlough from 0800 hrs 4-1-42 to 0800 hrs 18-1-42. (Granted special fx furlough rate as authorized by R.O. 1118 and issued with special travel warrants as shown)	Gnr.	4-1-42	6th H.B.	Petrie	Part II D.O. #3	5-1-42.
22-1-42	Bde. H.Q.	Granted extension of furlough from 0800 hours 18-1-42 to 0800 hrs 24-1-42. (New Years Leave)	Gnr.	18-1-42	6th H.B.	Petrie	Part II D.O. #16	22-1-42.
27-1-42	Bde. H.Q.	Returned from furlough at 0800 hrs 24-1-42.	Gnr.	24-1-42	6th H.B.	Petrie	Part II D.O. #20	27-1-42.
8-9-42	Regt. HQ.	SOS of 6th C.Bty., RCA as Member H.D. of the Can. Army on becoming Active.	"	21-7-42	"	"	Pt.II DO #142	23-7-42

CANADA Archives COPY

		Att. to 6th A.A. S/L Battery for all purposes "		14-10-41	C&AAATC	Halifax	Pt. (II)#41(R)	14-10-41
		ATT FOR ALL PURPOSES 1ST HFX (C.B.)	"	20-10-41	"	"	PT 2. 46 (R)	20-10-41
		Attached Posted to 53rd Hvy Battery	Gnr	21-10-41	1st(H)CB	"	BDO 198	23-10-41
		Ceases to be Ttt. to 53rd. Hy. Bty	"	12-11-41	"	"	B.D.O. #212	10-11-41
		Ceases to be attached to 1st (H) Coast Brigade for all purposes	Gnr	12-11-41	C&AAATC	Halifax	Ptll # 63 (R)	10-11-41
		Posted to "H.D." Canadian Army	Gnr	13-11-41	C&AAATC	Halifax	Pt 11 # 63 (R)	10/11/41
		Posted to 16th Coast Brigade R.C.A.	Gnr	13/11/41	"	"	Pt. 11 # 63 (R)	10/11/41
14-11-41	Bde HQ	T.O.S. 16th Coast Bde.,RCA. and posted to 6th Heavy Battery,RCA.,(AF)	Gnr.	13-11-41	A-23TC	Petrie	Pt II 286	14-11-41.
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8-9-42	Regt. HQ.	SOS of 6th C.Bty.,RCA as Member H.D. of the Can. Army on becoming Active.	"	21-7-42	"	"	Pt.II DO#142	23-7-42

Regtl. No.....Rank.....Surname.....Christian Names.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
	Vacc.				
10-4-41	T.A.B.T. 1				
12-5-41	T.A.B.T. 2				
8-6-41	T.A.B.T. 3 Evans.				

STATION	Date of Arrival at 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. 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				

4

135 lbs

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.

(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:— B 29829

IMPORTANT—EXAMINING PHYSICIAN. Please see man's "Notice-Medical Examination" and insert serial number here

B 6005 - 360

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

PART I

Name in full Beaudin, (Surname) Albert (Given Names)
(Print in block letters)

Born: Place Montreal, (City, town or village) Canadian Province (or other country) Quebec Date 22/12/19.

Permanent Postal Address (Street and Number) (Rural Route and Post Office) Matachewan, (Town or City) Ontario. (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthma no Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble Yes Ear Trouble no Eye Disease no Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? no

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Matachewan (City, town or village) Province Ont. Date 24/3/41.

(Signed): Albert Beaudin

Man examined must sign here in presence of examining physician: → **Signature of man.**

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Epistaxis 3 to 4 times a month.

Physical examination (the man must be stripped)

1. Height 5 feet 5½ inches. 2. Weight 134 pounds
3. Complexion fair Colour of eyes blue Colour of hair brown 4. Development good (good / fair / poor) Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 37 inches
   Range of expansion 2 inches
6. (*a*) Vision without glasses—Right eye 15-15 left eye 15-15
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear C.V. 20 left ear C.V. 20
8. Mouth and teeth several cavities in teeth.
   Describe dentures, if any none.
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

O.K. L.C.W.

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A" "A"—C.O.F.
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature F.F. Fitch, (Examining Physician)

Address Matachewan, Ontario.

Date March 24 1941.

(Important: See other side)

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

.....

.....

.....

.....

Dept. of National War Services
ADMINISTRATIVE DIVISION "B"
TORONTO, ONT.
MAR 1941
I HEREBY CERTIFY THIS TO
BE A TRUE AND CORRECT COPY
DIVISIONAL REGISTRAR

Signature .....
Training Centre Medical Officer.

Training Centre No. or Name .....

N.P.A.M. No. .....

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Albert Beaudin dit Lefrançois,
6558, Boulevard Monk,
Ville-Emard,
Montréal 20, P.Q.

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.G. 405-B-32,787 6D 120

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

26 mars 1945

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

BEAUDIN (dit LEFRANCOIS), Albert, Fus.,

No. B-22753, Armée Canadienne,

ESTATES BRANCH APR 6 H.Q. OTTAWA ONT. DEFENCE

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 mémorandum 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.

/TD

Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

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.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Albert Lefrançois		6379 Hunteau
4	Mère du défunt.....		Ida Lefrançois		Décédé
5	Frères du défunt	Frères germains	Paul Emile Lefrançois	29	6510 Daragon.
			Andre Lefrançois	20	Ontario.
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Georgette Lefrançois (Mad. Trottier)	22	6558 Blvd Monk.
			Violette Lefrançois	19	6379 Hunteau.
		Demi-sœurs			
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

RÉPONDRE AU

8	Nom et prénoms du défunt.
9	Date de sa naissance.
10	Lieu et date de son mariage.
11	Lieu et date du mariage de ses pa
12	Lieu où le défunt est né.
13	Indiquer, par ordre, la province défunt a résidé avant son en chaque cas.
14	Nature de son emploi avant son e
15	Indiquer s'il était propriétaire de cas échéant, à quel endroit?
16	Indiquer le lieu où le défunt ent manente.
17	A-t-il laissé un testament? Si v nous le transmettre.
18	Si le défunt était marié et domici ou dans un état des États-Unis d il existe communauté de biens contrat se rapportant à la prop
19	Avait-il un compte d'épargne da poste ou autre institution? Le l'adresse de la banque, etc., et vous qu'il soit administré avec
20	Montant des certificats d'épargn défunt. Indiquer l'endroit où
21	Montant des bons de la victoire diquer s'ils sont enregistrés q que l'endroit où ils se trouvent.
22	Si le défunt possédait des polic noms des compagnies et la somm des polices, ainsi que le nom de bénéficiaire.
23	Décrire les autres valeurs, le montant approximatif. Se ser besoin.
24	Après son engagement, le défun (a) pour ses propres logement et p les forces armées. (b) pour habits et équipement m Un état détaillé de chacun de ces formule et, s'ils sont exacts, ve signer votre nom. Si vous le détails.
25	Est-ce que les frais funéraires on partie, par vous-même ou un annexez des états détaillés inc par qui.

(REMARQUE:—Le gouverne lorsque le militaire est décédé et du Nord; si un parent a déjà p du montant fixé par les règlemen ment ni ne sera à la charge de la

S APPLICABLES

léfunt, à chacun des degrés spécifiés

DÉCLARANT

	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
s		6379 Hunteau
		Décédé
29		6510 Daragon.
20		Ontario.
22		6658 Bend Monk
19		6379 Hunteau.
		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Albert Lespanyols
9	Date de sa naissance.	1920
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	23 septembre 1913 à Notre Dame du Perpetuel Secours Montreal.

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Montreal
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) Montreal 13 ans (b) (c) Ontario 11 ans (d)
14	Nature de son emploi avant son enrôlement.	Bucheron
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	—
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Montreal

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	—
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?	—
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?	—
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	—
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.	—
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.	—
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.	—
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.	—

(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)

DÉCLARATION

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

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~~* père 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.

Albert Lefrançois — Signature du déclarant

6379 rue Hurteau Ville Emard Montreal — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Albert Lefrançois — Nom du déclarant

*Voir plus haut

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

Daté à Montréal ce troisième jour de avril 19 45

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

Adolphe Lesieur — Titre Greffier

Adresse 5949 Boulevard Monk Montréal

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.

FINGERPRINTED NOMINAL ROLL JUN 15 1944 OCC. HISTORY COMPLETED

Received ..... No. 1772 Checked ..... Card ..... Observations

Fingerprinted & Photographed

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

OCC. HISTORY COMPLETED

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

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

C
01
ME

Unit 6th Coast Battery, R.C.A. Regimental Number B227553

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

COPIED Archives COPIED

1. Surname ~~BEAUDIN~~ LEFRANCOIS (Auth: A.G. 170 dated 1/Apr/38 Royal Winnipeg Rifles)
2. Christian Names ALBERT
3. Present address Matachewan, Ont. Canada
4. Date of birth December, 22nd, 1919
5. Place of birth Montreal Que.
   (Country) (County or Province) (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Labourer
8. Married, Widower or Single Single
9. Name of next of kin Albert, Beaudin.
10. Relationship Father
11. Address of next of kin ~~Matchewan, Ont.~~ Canada. (SEE CHANGE)
12. Do you belong to, or have you served in the Active Militia of Canada? No
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? No
    (Yes or No)
    (b) Any other Naval, Military, or Air Force?
    (If Yes, Give Regimental No. and Unit)
    (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ALBERT BEAUDIN 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.

Date July 21st. 1942 ✓ A. Beaudin
(Signature of recruit)

Witness:- Robert E. Hart (Lt.)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

✓ A. Beaudin (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 FORT PETRIE this 21st day of JULY 19 42

B. P. Moore. Major — Signature of Magistrate, Justice or Attesting Officer.

O.C. 6th (SYDNEY) HVY BTY C.A. C.A.S.F. — Office or Rank and Unit or Appointment.

SYDNEY, N.S.

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

OCC. HISTORY COMPLETED

OCC. HISTORY COMPLETED

5202
10
28 Jul 44
11M1121

Record of Service of ~~BEAUDIN,~~ LEFRANCOIS ALBERT. Regimental Number B22753
(Surname) (Christian Names)

Qualifications

Military: NIL
Business or Professional: NIL
Trade or Civil: LABOURER
Technical: NIL
Languages: ENGLISH, FRENCH.

Educational Qualifications

High School or Collegiate: Grade 6 (years completed)
Graduation or Matriculation: (specify)
*College: NIL
*University: NIL
*(Name of institution, courses or years completed, and degrees obtained to be shown)

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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 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.	Authority Dated
		Joined on appointment on Transfer from N.R.M.A. clearing Depot No.2						
		T.O.S. No.22 B.T.C.	Pte.	17-4-41		North Bay		
		S.O.S. No.22 B.T.C.	"	25-6-41		"	DO.56	
		T.O.S. C.A.T.C.(A2) All purposes	Gnr.	28-6-41	CATC(A2)	Petawawa	DO R16	27-6-41
		S.O.S. CATC(A2) on transfer to A23TC	"	28	"	"	DO. R51	27-8-41
		T.O.S. C&AA Artillery Training Centre	"	29-8-41	C&AAATC	Halifax	DO.11 (R)	30-8-41
		Attached for all purposes 1st Hfx(CB)	"	20-10-41	"	"	Pt.2 46(R)	20-10-41
		Attached to 53rd Hvy.Bty.	"	21-10-41	1st(H)CB	"	BDO 198	23-10-41
		Ceases to be attached to 53 Hvy.Bty.	"	12-11-41	C&AAATC	"	Pt.II #63(R)	10-11-41
		Ceases to be attached to 1st (H)C.B. for all purposes	"	12-11-41	"	"	Pt.II #63(R)	10-11-41
		Posted to "H.D." Canadian Army	"	13-11-41	"	"	Pt.II #63(R)	10-11-41
		Posted to 16th Coast Brigade, R.C.A.	"	13-11-41	"	"	Pt.II #63(R)	10-11-41
14-11-41	Bde. H.Q.	T.O.S. 16th Coast Bde., RCA and posted to 6th Heavy Battery, RCA.,(AF)	"	13-11-41	A-23TC	Petrie	Pt.II 286	14-11-41

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B22753 RANK Rifleman Lefrancois SERVICE UNIT Royal Winnipeg Rifles (CA)

NAME BEAUDIN, Albert

DATE OF BIRTH DAY 22nd MONTH December YEAR 1919 Date enlisted: 21-7-42

MARITAL STATUS Single Religion: R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father

ADDRESS 6558 Boulevard Monk, Ville Emard, Montreal 20, Quebec.

NAME ADDRESS D.A.B. Mr. Albert Beaudin,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1789A H.Q. 405-B-32,787

CASUALTY DETAILS Killed in action DATE 25-9-44

FRANCE
FF

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO LF

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with #2 C.I.R.U. S/L 4272

DATE 16-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Albert LE FRANCOIS Beaudin

Place Sydney N.S. Date 22-6-42

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	k. Ear disease	No
b. Tuberculosis	No	l. Eye disease	No
c. Bronchitis or asthma	No	m. Epilepsy	No
d. Heart disease	No	n. Nervous or mental disease	No
e. Kidney or bladder disease	No	o. Syphilis	No
f. Gastro-intestinal	No	p. Gonorrhoea	No
g. Rupture	No	q. Have you ever worn glasses?	No
h. Varicose veins	No	r Are you now or have you in the past received disability pension or compensation? If so, give details	No.
i. Flat or deformed feet	No		
j. Nasal trouble	No	A Beaudin	

Signature of Applicant

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

1. Identification marks or scars. (If operative obtain history).
Brown Mole on Small of Back.

2. Height 5' feet 5" inches. 3. Weight 142 pounds.

4. Complexion Fair Eyes Grey Hair Brown

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37" inches.
Range of expansion 2" inches.

Urinalysis – nvg
Autiscope – nvg
Reflexis – normal
X-Ray of Chest – # 9587 nvg.

7. Vision, right 20/20 left 20/20 8. Hearing, right C 0 20 left C 0 20

9. Condition of mouth and teeth Poor

10. The abnormalities (congenital and pathological) found on examination are as follows
Lax st. Old sing

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 A1

Special remarks when category lower than A

A McGregor Maj. President — A W McBeth Lieut. Member — M Smith D.D. Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
19-4-41	T.A.B.T. 1 c.c. & Vacc. } N.B.P.	2-12-43	cat phys A1 confirmed CAF
12-5-41	T.A.B.T. 1 c.c. } per WM	27-1-44	Pulhems confirmed CAF
9-6-41	T.A.B.T. 1 c.c.	24 Mar 44	TYPHUS (1)
5-8-42	Re-Inoc. ½ c.c. N.B.P. per WM	20-4-44	Pulhems confirmed CAF
27-5-43	Schick Neg. WM	2 May 44	PULHEMS CONF. AM Bell maj
4-8-43	Y.O.B. P U L H E M S: 19 1 1 1 1 1 2 1 AC 95.	MAY 1/1 1944	TYPHUS 1cc AMB
26/10/43	TAB T 1/2 cc Re Inoc N B P	JUN 21 1944	PULHEMS CONF. S.H.Q. Beaudin Maj
		8-6-44	Typhus (2) AMB

20 May 44 Schick test negative AM Bell Maj

MILITIA BOOK No. 1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

V

Militia Book M. 1 (Part I) Revised 1-10-42
100M—3-43 (9189-90)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. B 22753

Surname (in capitals) BEAUDIN

Christian Names (in full) Albert

Date of Birth 22-12-1919

Place of Birth Montreal, Que.

Citizenship Canadian

Trade on Enlistment Labourer.

Nationality of Father at Birth Canadian.

Nationality of Mother at Birth

Religion Roman Catholic

Enlisted at Fort Petrie, N.S.

Date 21-7-42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. NONE

Signature of Soldier A. Beaudin

Signature of Officer [illegible]

Place Sydney, N.S. Date 30.6.43

(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
	Wife		
1st	Children		
2nd	* Father	Albert Beaudin	24 Apr 14
	Mother		
3rd	*Brothers and Sisters	Mr. Paul Beaudin Mrs J. M. Trottier - 6558 Bde Mond Ville Emard Montreal Mrs Georgette Trottier	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

Latest known Address in full

~~Matchewan, Ont.~~ 6224 Jacques Street Ville Emard, Montreal, Quebec, Canada

6510 Darong St Montreal Que.

6558 Blvd. Mont. Ville Emard Montreal, Que.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
17/4/44	Pte		22 Jan 44	J. Spence - Lt
16 Mar 44	Pte		D.O. #46 16 Mar 44	Curtiss Lt.

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:*—*

Completed Basic Trng according to Standard Syllabus. Fusilier Pte.

Completed advance trng according to Standard Syllabus. Pte.

Qualified in addition as under:—

Completed Part I C.I.C. Draining #25 C.I.B.T.C 6 May 44 Lt. Col. Commanding

COMPLETED PART II (ADVANCED) INF. TRAINING

Date 16 May 44 Curtiss Lt. N.O.C. 3 Coy.

Commanding A20 C.I.C.T.C.

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

Refired Rifle and LMG but cannot qualify. Allowed to proceed under authority of DMT Circular Letter #1345 d/28 Apr 44

Lt.

Year
1943
1944
1944
1944

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of

Year	Classification	Type of Weapon	If Course not completed, state parts fired	Signature of Officer
1943	~~1st~~ Passed	Rifle	1-C	F.R. Brownlow
1943	Passed	Rifle	Miniature	F.R. Brownlow Lieut RAF
1944	1st Class	.22 Rifle	Miniature	
1944	54/60	.303 Rifle		
1944				

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade VI	Montreal	1931	[illegible]

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

11

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
21-7-42	1-2-44	Gen. Duties	[signature] Lt.

12

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
22.6.42	A.	R.W. Begg		
4-8-43	1111121	L.L. Powell	2-12-43	
20.4.44	1111121	Confirmed		
2 May 44		PULHEMS CONF.		O/C Bill Coy.
21 June 44		Pulhems Conf.		O/C

13

(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.....

	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.

Date	Re-quired	Com-pleted	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
30/10/44				
23/11/44		✓	Ex [illegible] filling	W.J. Hogan
			D.O. [illegible]	

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT I	19.4.41	
" II	12.5.41	
" III	3.6.41	
Re Inno ½ cc	5.8.42	
Schick Negative	5.5.43	
TABT-annual	22.10.43	
TYPHUS 1	24.3.44	
TYPHUS 1cc. MAY 11 1944		
TYPHUS 1cc. JUN 8 1944		
Schick Neg.	20 May 43	
Typhus 1cc	14 Aug 44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
19.4.41	
25-7-42	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
chest x-Ray		
Nig 9587	22/Jun 42	
C. V. S. Medal	26 Jan 44	
GAS CHAMBER RM	30 May 44	
gas compound complete	12 June 44	
IN POSSESSION OF MFM 182		
EMBARKATION LEAVE GRANTED		
M TEST (REV.) COMPLETE		
CPA-251-COMP.	28-7-44	
MBM. P4 III Issued	28.7.44	
Typhus 1cc	17-8-44	

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Rank or Appointment.

Date

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at

Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. B 22753

Surname (Capitals) BEAUDIN

Christian Names in full ALBERT

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. B.22753. Rank and Name Beaudin. A. Pte.

of (Unit)..... on.....

(Transfer or Discharge) to..... on 25th. Sept. 19 44.

Reason Death. Authority: C.C.L. "A" 497 d/7th. Oct. 44.

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	30	10
First Monthly Payment			Regimental Pay 30 days @ $1.50	45	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at ..... $		
Assigned Pay	20	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars):					
To Balance Cr — Free	55	10			
To Balance Cr — Deferred			By Balance Dr		
Total	75	10	Total	75	10

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd. Pay of $20.00 (S) stopped eff. Oct. 44.

ESTATES BRANCH MAY 4 1945 D.S.C. OTTAWA NATIONAL DEFENCE

Compiled by W. Blackburn.

Checked by [signature]

Date 19th. April, 19 45.

Certified correct [signature] for Chief Treasury Officer, Overseas

P.H.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

157

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-22753 Rfmn Beaudin A Dec'd

RECEIVED FROM Cdn Sec GHQ 2ndEchelon 2I Army Group

CHECKED BY A-II7006 Gnr Schwartz M
B-81759 Sgt Graves J.G. DATE 9 Jan 45

I	Red "I" Disc.		
	Snapshots.		
I	Pen (No Name).		
I	Rosary.		
I	Crucifix.		
I	Handkerchief.		
5	Souvenier Coins.		
I	Wallet.		

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

for OC 1 Cdn KSD

Director of Estates

Regimental No. B-22753 Rank. Rifleman

BEAUDIN
~~BEAUDOIN~~ Albert
Surname Christian Names

Unit. Royal Winnipeg Rifles (CA)

Date of Death. 25 Sep 44 Place of Death. Overseas (France)

Next-of-Kin. Mr. Albert BEAUDIN ~~Beaudoin~~ Relationship. Father

Address. 6558 Boulevard Monk, Ville Emard, Montreal 20, Que.

M.F.M. 5. Copy herewith

Will. Will d/21 Jun 44 herewith.

ESTATES BRANCH
NOV 17 1944
H. Q.
OTTAWA
NATIONAL DEFENCE

Date. 15 Nov 44

JEC/EML

Amend P&Y

for (J.E.C. Laurin) Colonel,
Director of Records,
for Adjutant-General.

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, Albert Beaudin (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Unknown

Province of Quebec, Labourer (Civil Occupation)

Regimental No B.22753, Unit A29 C.I.C.T.C., 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 sister, Mrs Georgette Trottier, 6558 Bolvmonk Street, Montreal, Quebec, all my real and personal estate, whatsoever and wherever situate, for her own sole use and benefit.

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~~ xx

(4) I appoint Mrs Georgette Trottier (Name), 6558 Bolvmonk Street Montreal, Quebec (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 21 day of June 1944.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

A. Beaudin (Signature of soldier)

First witness sign here.

(5) Signature J H Kershaw

Civil Address 80 Lewis Ave S. Hamilton Ont.

Civil Occupation Clerk

Second witness sign here.

Signature W.R. Thompson

Civil Address 929 Richmond St. London. Ont.

Civil Occupation Salesman.

(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

DOCUMENTS SECTION
IN DISCHARGE SECT...
JUN 28 1944
DIRECTORATE OF
RECORDS, N.D.H.Q.

1882

FORM NO. 1

Register No. CD 1156 Nominal Roll No. D 556

H.Q. File No. 405-B-32787

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
B-22753	Rfn	BEAUDIN	ALBERT

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 22 Jul 42	T.O.S.	T.O.S.
S.O.S. 25 Sep 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 797	Total Days	Total Days

Total Service ..... 797 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	728	5	723
Overseas Service	69	—	69
Totals	797	5	792
Add Non-qualifying Service			5
Total Service			797

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 25 Sep 44 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 25 Sep 44

Computer's Signature ..... D. Beaudin

Checker's Signature .....

Date Computed ..... 14 May 45

N.R.M.A. service 12 Apr 41 to 21 Jul 42

Regt'l No: B-605360

No Aleutian or O/S service

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	1 Feb 44	2 Feb 44		1 —	
Forf. AH 46			3 Feb 44	4 —	5 —
				Total	5 —

Overseas: T.O.S. 19 Jul 44 — T.O.S. ____ T.O.S. ____

S.O.S. 25 Sep 44 — S.O.S. ____ S.O.S. ____

				Total	Nil

File No 405-B-32787

REBURIAL

NO B/A. 22753

RANK Rfn.

NAME BEAUDIN A.

NAME OF CEMETERY Calais Canadian Military Cemetery,

LOCATION OF CEMETERY St. Inglevert, France.

GRAVE LOCATION Plot 7, Row B, Grave 12.

AUTHORITY 54-27-88-2 Vol. 18.

Reburial list.

33

405. B-32781

FIELD SERVICE

MBR

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.

A497

REGIMENT OR CORPS: R.W.R. — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: B-22753 — Rank: Rfn

Surname: Beaudin — Christian Names: A.

Died — Date: 25 Sep 44 — Place: Erance

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/130 d.6 Oct 44

By whom made: Cdn sec GHQ 2 Ech 21 A Gp

* 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: Calais Sheet 38/1:50000 83027400 Along hedge behind house at corner. — Date: 28 Sep 44

By whom reported: C.F.

State whether he leaves a Will or not — (a) in Army Book 64: NO

(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 Date: Belgium 12 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Kubal Capt. for Officer i/c

Cdn Sec GHQ 2 Ech 21 Gp

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

29

FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH {County or District of IN THE FIELD (FRANCE) Township of ..... / If in City, Town or Village ..... (Name) Street ..... House No. ..... (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days) (a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. PRINT FULL NAME OF DECEASED BEAUDIN (Family name) Albert (Given name or names in usual order)

RESIDENCE No. ..... Street ..... City, Town, Village or Township Matachewan Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M			Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH December (Month) 22nd (Day) 1919 (Year)

10. AGE in

Years	Months	Days	If less than one day old
24			hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Labourer

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME BEAUDIN Albert

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Person giving information sign here .....

Address Director of Records, G.S.

Relationship to deceased Dept. of National Defence.

21. Place of Burial, Cremation or Removal France

Date of burial or removal .....

22. Burial Permit was issued by .....

Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH September (Month) 25th (Day) 44 (Year)

25. I HEREBY CERTIFY that I attended deceased from:

..... 19.... to ..... 19.....

and last saw h..... alive on ..... 19.....

CAUSE OF DEATH

I.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Killed in Action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) .....

due to

(c) .....

II.
Other morbid conditions (if important) contributing to death but **not** causally related to immediate cause. .....

.....

PHYSICIAN — Underline the cause to which death should be charged statistically

26. If a communicable disease is mentioned on this certificate, give (a) Date of appearance ..... 19..... (b) Duration of disease ..... days

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? ..... Date of operation ..... 19.....

State findings ..... Was there an autopsy? .....

29. 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 ..... **M.D.**

Address ..... **Date** ..... 19.....

30. Division Registrar's Record No. .....

31. Filed ..... 19..... ..... (Division Registrar)

CASUALTY OVERSEAS CANADIAN A.F.

APR 16 1945

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

1 Novembre, 1944

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le fusilier Albert BEAUDIN, matricule B-22753, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 25 septembre 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au fusilier Beaudin pour son vaillant sacrifice.

Votre bien dévoué,

mem X - single -
mother deceased
8-11-44.

l'adjudant-général,

A. E. WALFORD
Major - General
Adjutant - General

OCT 26 1944

(A.E. Walford),
major-général.

M. Albert Beaudin,
6558, boulevard Monk,
Ville Emard, Montréal 20, Qué.

F.T.

Mr. Albert Beaudin,
6558 Boulevard Monk,
Ville Emard, Montreal 20, Quebec.

Dear Mr. Beaudin:

It was with deep regret that I learned of the death of your son, B22753 Rifleman Albert Beaudin, who gave his life in the Service of his Country in the Western European Theatre of War on the 25th day of September, 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.

/EMA

7

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. B.22753. Rank and Name Beaudin. A. Pte.

of (Unit).....on.....

[redacted] or Discharge).....to.....on 25th. Sept. 19 44.

Reason Death. Authority: C.C.L. "A" 497 d/7th. Oct. 44.

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
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Assigned Pay	20	00	Allowances (give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (give particulars):					
To Balance Cr Free	55	10			
To Balance Cr Deferred			By Balance Dr		
Total	75	10	Total	75	10

BALANCE GIVEN IS SUBJECT TO ANY CHARGES
AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd. Pay of $20.00 (S) stopped eff. Oct. 44.

Compiled by W. Blackburn.

Checked by J.M.Burns

Date 19th. April, 19 45.

P.H.

Certified correct D. Crowley
for Chief Treasury Officer, Overseas

CANADIAN MILITARY HEADQUARTERS No. 15617

RECORDS OFFICE

C A S U A L T Y R E P O R T

NAME (in full) BEAUDIN, Albert

NO. B-22753 RANK RFN UNIT ROYAL WINNIPEG RIFLES

HOSPITAL (U.K.only) In which death took place, if applicable

R.U. (U.K.only) to which posted on admission to Hospital

CASUALTY KILLED DATE 25 SEP 44 LIST # A497 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

(L.S. APPLEFORD) Major
Officer i/c R.5 Wing CAS.SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete # 2)
2. NAME, (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state

Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED BENEFICIARY
   (Relationship)

   EXECUTOR
   (Name) (Address)
2. BANK ACCOUNT - NAME OF BANK, etc. A/c.No.

   ADDRESS
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN
4. Particulars of DEBTS, Remarks, etc.

Date NOV 7 - 1944

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

LT. R.J. LECKEY
B2275
RFN. BEAUDIN, A.
R.W/PG.R.
K/A
25944

"This is a temporary wooden Cross, which the Imperial War Graves Commission will replace with a permanent Headstone

Bapaume Cdn Cem
B. pl 7
G. 12

405-B-32787

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BEAUDIN, Albert. PLACE & DATE OF BIRTH Montreal. Quebec. 22 Dec. 1919

RANK Rfmn REGIMENTAL NO B-22753

UNIT Royal Winnipeg Rifles. NEXT OF KIN & ADDRESS FATHER.

Mr Albert BEAUDIN,

6224 Jacques St., Ville Emard, Montreal

CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PLEASE PLACE ON FILE AND P.R.

PARTICULAHS OF DEATH

DATE OF DEATH 25 Sep. 44. PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 28 Sep 44. CEMETERY Calais Sh. 38 1/50000 MR. 83027400. Along hedge behind house at corner.

PLOT NO ROW GRAVE

DEATH CERT.NO

RELIGION Roman Catholic.

DATE 15 Oct 45

(M. BIUTEAU) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Albert (CHRISTIAN NAMES) BEAUDIN (SURNAME)

REGISTER NO. D-20440
FILE NO. 405-B-32787
DATE 8-3-46
SERVICE NO. B-22753
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 25-9-44

PAYEE Mde. Georgette TROTTIER,
ADDRESS 6558 Monk Blvd., Ville Emard, Montreal (20) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-9-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 792/30 EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 69 LESS 12 INELIGIBLE DAYS, EQUAL TO 57 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	14.25	
		209.25	
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 X7 = $ 19.25		
	NO. OF DAYS 69/183 X$ 19.25	7.26	
D. WAR SERVICE GRATUITY		216.51	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		216.51	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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	CHECKED BY
[illegible]	

TREASURY	
CHECKED BY	DATE
[illegible]	13-3-46

SERVICE REPRESENTATIVE

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Georgette Trottier (sister)

ADDRESS: 6558 Boulevard Monk,
Ville Emard, Montreal 20, P.Q.

(2) MEMORIAL CROSS
WIDOW: Single

Some address 29-1-45

ADDRESS:

(3) MEMORIAL CROSS
MOTHER: Deceased (MFM 5)

ADDRESS:

MEMORIAL BAR
(1)
DATE DESP
REGN. No CANCELLED 1/106

(2)

(3)

DEPARTMENT OF VETERANS AFFAIRS

AWARDS

ARMY

WAR SERVICE RECORDS

DECEASED 25-9-44 K.I.A.

39-91166. C.B.

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
LEFRANCOIS, Albert Index (Alias - BEAUDIN) D.S. 114-A.	B22753	Rfmn	FILE No. B-22753

Eob

WAR SERVICE BADGE CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star CVSM & Clasp War Medal, 1939-45	6336. 17/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 056

Statement of the Service of No. F.22753 Rank Private Sheet No. 3

LEFRANCOIS

Name ~~BEAUDIN~~, Albert

COPIED Archives COPIE

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Entitled to wear the Volunteer Service Medal Ribbon	Gnr	22-1-44	6th Cst Bat	Sydney	23	28-1-44
		Forfeits 4 days Pay A.A. Sec. 46 2 (d) for AWL from 2200 hrs 1 Feb 44 to 0600 hrs 2 Feb 44	"	3 Feb 44	"	"	D.O. 27	3 Feb 44
		S.O.S. 16th Coast Regt., R.C.A. on transfer to No. 1 Transit Camp, Windsor, N.S.	"	2 Feb 44	"	"	D.O. 29	4 Feb 44
		TOS NO 1 TRANSIT CAMP		3-2'44	#1 TRANSIT	WINDSOR, N.S.	33	7 2'44
		SOS NO.1 TRANSIT CAMP		1.53'44	#1 TRANSIT	WINDSOR, N.S.	65	1.53 '44
		T.O.S. No. 25 B.T.C. SIMCOE, ONT. ON TRANSFER FROM #1 Transit Camp.	PTE	16 MAR 1944	#25(B)TC.	SIMCOE	D.O. NO. 66	MAR 17 1944
		Change Of Address of Next of Kin to: 6224 Jacques Street, Ville Emard, Montreal, Quebec	"	18 APR 44	"	"	D.O	
		S.O.S ON TRANSFER TO A. 29 C.I.C.T.C.	PTE	30 APR 1944	#25(B)TC.	SIMCOE	D.O. NO. 101	30 APR 1944
		T.O.S. from #25 B.T.C. Simcoe, Ontario	"	1 May 44	A29	Ipperwash	D O 134	3 May 44
		Granted 14 days combined furlough and embarkation leave to 7 Jul 44 Issued with S.T.W. A.726164	"	24 Jun 44	"	"	D.O.189	26 Jun 44
		SOS to 294A	"	18 Jul 44	"	"	D.O. 211	18 Jul 44
		Embarked & SOS Cdn Army (CAN)	PTE	18-7-44			179	29-7-44
	T.O.S. 2 CIRU	TOS Cdn Army O/S U.K.	"	19-7-44	2C IRU	U.K.	"	" " "
		Disembarked U.K. U.K.	"	27-7-44	"	"	"	" " "
		Reported for duty U.K.	PTE	27-7-44	2C IRU	U.K.	179	29-7-44
M-137	SOS	SOS to x-4 List 13 Bn. 2C BRD	Pte.	10 Aug 44	2 C I R U.	U.K.	189	10 Aug 44

Statement of the Service of No. F22753 Rank Gunner Sheet No. 1

LEFRANCOIS
Name ~~BEAUDIN~~, Albert

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
5-1-42	Bde., H.Q.	Granted furlough from 0800 hrs 4-1-42 to 0800 hrs 18-1-42. (Granted special furlough rate as authorized by R.O.1118 and issued with special travel warrant	Gnr.	4-1-42	6th HB	Petrie	Pt.II DO# 16	22-1-42
22-1-42	Bde. HQ	Granted extension of furlough from 0800 hr. 18-1-42 to 0800 hrs 21-1-42. (New Years Leave)	"	18-1-42	"	"	Pt.II DO#20	27-1-42
8-9-42	Regt. HQ	SOS of 6th Coast Battery, RCA as Member H.D. of the Can. Army on becoming Active	"	21-7-42	6th CB	"	Pt.II DO# 142	23-7-42
8-9-42	Regt. HQ.	TOS of 6th Coast Bty., RCA as Active Personnel on ceasing to be Member H.D. of the Canadian Army	"	22-7-42	"	"	Pt.II DO# 142	23-7-42
		Granted Furlough 1800 hrs 16 Jan 43 to 1800 hrs 30 Jan 43 Drawn 20¢ per diem in lieu of rations (14 days) Issued with Special Warrant #A202577	Gnr.	16 Jan 43	16th C Regt	"	" " " #12	19 Jan 43
		Returned from furlough 1800 hrs	"	30 Jan 43	" "	"	" " " #36	9 Feb 43.
		Authorized to receive Regimental Rate of pay of $1.50 in lieu of $1.30 per diem. Auth. Art. 144 F.R. and I. as amended by G.O. 486, 1942	"	19 Jan 43	" "	"	" " " " 34	7 Feb 43
		Granted furlough & 4 day pass Warrant #A289664	"	30 Sept 43	"	"	D.O. 234	1 Oct 43
		Returned from furlough	"	18 Oct 43	"	"	D.O. 249	22 Oct 43
		Admitted to S.M.H.I.	"	17 Dec 43	"	"	D.O. 295	17 Dec 43
		Discharged from S.M.H.I.	"	1 Jan 44	"	"	D.O. 3	5 Jan 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

Unit ~~Winnipeg Rifles R.C.A.~~ C.I.C. Regimental Number B. 22753

1. Surname ~~BEAUDIN~~ LEFRANCOIS
2. Christian Names Albert
3. *Substantive Rank and Appointment ~~Gunner~~ Pte.
   *Acting Temporary or Local Rank " " giving date 1 Jul 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Que.
5. Date of birth as declared on attestation 22 Dec 19
   (A)
6. Date of enlistment 21 Jul 42
7. Place of enlistment Fort Petrie, Sydney, N.S.
8. Residence at time of enlistment Matachewan, Ont.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Labourer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps (Auth: 20/170 d/ (Apr 43 Royal Winnipeg Rifles) Unit (Battn., etc)

(18) Medical 111121

Category	Date	Authority
"A1"	4-8-43	Medical Board
Pul Grade M2	2 May 44	Med Board
Pul Confirmed	21 Jun 44	" "

(19) Next of kin (entries to be made in pencil) Father
Albert Beaudin
6224 Jacques Street, Ville Emard
Montreal, Quebec

(20) E
(21) E
(22) E

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.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) 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	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Prov. Pay 1.5.0 per diem	Sydney	1-1-43	Gnr.	34 7-2-43
			AA 46 Aud 23 hrs 1-2-44 to 0 600 hrs				
			2-2-44 forf. 4 days Pay.	Sydney	3-2-44	Gnr	28 7-2-44
			Embarked & SOS Cdn Army (CAN)		18-7-44	Pte	179 29-7-44
	T.O.S. 2 CIRU		TOS Cdn Army O/S	U.K.	19-7-44	—	— — —
			Disembarked U.K.	U.K.	27-7-44	—	— — —
			Reported for duty	U.K.	27-7-44	Pte	179 29-7-44
		2CIRU	SOS to X-4 13 Bn 2CBRG (RWR)	U.K.	10Aug44		189 10 Aug 44
			Embarked U.K. 13 Aug 44. Disembarked France	13 Aug 44			32 1944
X/	RWR	10 Bn	T.O.S. "X" V.I.S.T.		14 AUG		32 1944
			SOS to RWR				32 1944
16 Aug 44	CO	RWR	Ltd from 4 RWR	Ltd 15 Aug 44		Rfn	32-44
6 Oct 44 (3014 Sq 13)			SOS Killed in action	15 Sep 44		Rfn	41-44