C100457
CHARRON
JOSEPH LIONEL

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

NO C.100457 Rank Private Name CHARRON, Joseph Lionel

Unit Regt. de Maisonneuve Date of death 26th Feb., 1945.

Died at WESTERN EUROPE.

Cause For official purposes presumed died of wounds.

Death occurred on strength of Forces H.Q. 405-C-16826

N/K Mr. Wilfrid Charron Relationship Father

Address Apt. 6, 88½ Bridge St., Hull, P.Q. OK

Remains buried in Cemetery

GROESBEEK MEMORIAL

CWK

Grave location

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. OCT 25 1946

ROYAL MESSAGE DESP'D. NOV 30 1945

CAN. MESSAGE DESP'D. NOV 15 1944

10M-1-45 (M-4608)

26/2/45

AWARDS—CANADIAN ARMY (ACTIVE) IM 1991

KD

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHARRON, Joseph, Lionel	C-100457	Sol.	Le Regt. De Maisonneuve

FILE NO 405-C-16826

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal C.V.S.M. & Clasp	1139- 18-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Wilfrid CHARRON (Father)

ADDRESS: 88½ Bridge St. Apt.6, Hull, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Dorilda CHARRON (FRENCH)

1991

ADDRESS: 88½ rue Dupont,Apt.6,HULL,P.Q.(MFM-5)

(1)

MEMORIAL BAR

DATE DESP.....

REGN. NO. 1702

(2)

(3)

DESP. NOV 28 1945

REGN No. 21635

M. D. XI. JUN 18 1943 Observed

Received ..... Checked ..... Regal Bldg. Recruiting Office ..... Observations .....

1-6-42

DUPLICATE

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
75M—4-42 (4278)
H.Q. 1772-39-1645

OCCUPATIONAL HISTORY FORM COMPLETED

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

Unit ..... Le Regt de Hull Reinf ..... Regimental Number C-100457

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname ..... CHARRON
2. Christian Names ..... Joseph Lionel
3. Present address ..... 88½ Bridge Street, Apt. 6., Hull, Quebec, Canada
4. Date of birth ..... Dec. 30th., 1914
5. Place of birth ..... Canada (Country) ..... Quebec (County or Province) ..... East Aldfield (Town or Township)
6. Religion (state denomination) ..... Roman Catholic
7. Trade or Calling ..... Truck Driver
8. Married, Widower or Single ..... Single
9. Name of next of kin ..... Mr. Wilfrid Charron
10. Relationship ..... Father
11. Address of next of kin ..... 88½ Bridge Street, Hull, Quebec, Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ..... no

..... (If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? ..... (Yes or No) no

..... (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? ..... (Yes or No) (If Yes, specify Unit and Period of Service) no

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

Witness Ralph Hammond

Date 7-6-42 J. L. Charron (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J. L. Charron (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 dèclaration and taken the oath before me,

at Ottawa, Ont. Can. this 7th day of June 19 42

Capt. (Signature of Magistrate, Justice or Attesting Officer.)

DMO&P(AF) (Officer 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

PHOTOGRAPHED & FINGERPRINTED.

14.7.43 Pucker Tsan "C"

5108
10
31 JUL 44
1111121

Record of Service of CHARRON Joseph Lionel Regimental Number C-100457
(Surname) (Christian Names)

QUALIFICATIONS

Military NIL
Business or Professional NIL
Trade or Civil TRUCK DRIVER
Technical NIL
Languages FRENCH & ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate NIL (years completed) Graduation or Matriculation NIL (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 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						
		TOS DDMD#3(AF) on enlistment	Pte.	7-6-42	DDMD#3	Ottawa	160	9-6-42
		SOS D. D. M. D. 3. on transfer to # 31 C. A. (B) T. C., Cornwall.	"	21-6-42	"	"	178	27-6-42
		Attached to C.A.(B)T.C. # 31 from DDMD 3 Ottawa, Ont. for all purposes (Gen. List)	"	27-6-42	CA(B)TC31	Cornwall	D.O. 147	1-7-42
		Transferred from Gen. List. to Le Regt. de Hull Reinf.	do	6-8-42	do	do	D.O. 173	6-8-42.
		Forfeits 1 day's Pay for (AWOL)	do	26-9-42	do	do	D.O. 206	29-9-42
		Ceases to be att: to CA(B)TC #31 on transfer to Regt. de Hull (AF) Nanaimo, B.C.	do	23-9-42	do	do	D.O. 208	23-9-42
		TOS. LE REGT HULL C/A ON TRANS. FROM CABTC-31 CORNWALL ONT.	"	24-9-42	R-DE HULL	OTTER POINT	D. O. No 154	30-9-42

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

B.T. reg

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CHARRON Joseph Lionel Place Ottawa Ontario

Trade Date June 1-42

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis or pleurisy yes no
c. Bronchitis or asthma
d. Heart disease no
e. Kidney or bladder disease no
f. Stomach or bowel trouble Appendectomy 1941
g. Rupture no
h. Varicose veins no
i. Foot trouble no
j. Nasal trouble no
k. Ear disease yes
l. Eye disease no
m. Fits no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no
r. Are you now or have you in the past received disability pension or compensation? If so, give details no

J. L. Charron
Signature of Applicant.

Mumps C. Pox Pupils equal and react to L&Acc

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED

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

Appendix scar 1941 well healed

2. Height 5 feet 6 inches. 3. Weight 125 pounds.

4. Complexion Dark Eyes Brown Hair Black

5. Development Good ~~Fair~~ ~~Poor~~

BP 130/78 Urine and reflexes normal Ears and eyes normal

6. Chest measurement—Girth on full expansion 36 inches.

H&L normal Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/20

With Glasses— right left 8. Hearing, right W.V. 20 left W.V. 20

9. Condition of mouth and teeth D.Rating 40 Throat normal

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

Had pleurisy 1938 right side in bed about 1½ months. Still gives some troubl truck driver — Loads & unloads his own truck with hard wood. No Hernia No Piles Physicals OK

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 B2

Special remarks when category lower than A OLD PLEURISY

CERTIFIED TRUE COPY

N. MacLeod
President

N. MacLeod Maj. RCAMC Jas. Seager Maj. RCAMC Member Geo. Laframboise Capt. RCAMC Member

for S.M.O., O.A.C.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature
JUN 1 1942	X-ray of Chest - Neg.
JUN 23 '42	TAB. & T.I cc. 3
JUN 28 '42	VACC.
18-7-42	TABT 2
7-8-42	TABT 3
19-11-43	TABT annual
20-5-44	Ice typhus
30/5/44	Cat Reaff.

Date	Brief details and signature
JUN 23 '42	RE EXAMINED CATEGORY B2 CONFIRMED
11-6-43	Recommended Cat B2
17-6-43	Blood Group B
14-7-43	bar "C" (Pulex) 1st Page 1
28-7-43	Y.O.B. P U L H E M S: 14 1 1 1 1 1 4 1 Cat C1
24-2-44	0623 mental Retardation Typhus vacc Tcc
19-2-44	Y.O.B. P U L H E M S: 14 1 1 1 1 1 2 1
MFB-1478	
13-5-44	Tcc Typhus

FSL

S.T. Reg

approved

Regtl. No. C-100457 Rank Pte. Surname CHARRON Christian Name Joseph Lionel

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				

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

Regimental No. C-100457 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
250M—5 42 (4722)
H.Q. 1772-39-1646

Name CHARRZON JOSEPH LIONEL

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Passed a drivind test and is granted a Class III Driver, and is qualified to operate a self-propelled vehicle of the DND	Pte.	17-12-42	Hull Regt	Colwood	2	4-1-43
Granted furlough. 14 days. (30 Jan to 12 Feb 43) T.W.V. No 364783 Travelling time 2 days 23 to 29 Jan 43) Auth to draw $5 per diem	"	30-1-43	"	"	17	23-1-43
Returned from furlough at 2200 hrs	"	12-2-43	"	"	33	12-2-43
Auth to receive increased rate of pay 140 per diem	"	1-2-43	"	"	38	20-2-43
SOS on transfer to D.D. XI	"	21-6-43	"	Nanaimo BC	124	21-6-43
T.O.S. No. XI District Depot	"	22.6.43	No.XI DD	Vancr.	#146	23.6.43
SOS #XI D.D. on posting to #4 District Depot	"	26-7-43	"	"	#174	27-7-43
31 Jul 43 4 DD. T.O.S. from No.11 D.D. CA Vancouver B.C.	Pte	27 Jul 43	4 DD	Mtl Sth	181	30 Jul 43
16 Aug.43 4DD S.O.S. to No. 3 D.D. C . Otawa, Ont.	"	16 Aug.43	"	" "	195	16 Ag.4
T.O.S. # 3 D.D. on transfer from # 4 D.D. Montreal Que & is posted to "D" Coy	"	17-8-43	# 3 D.D.	Ottawa	230-43	18-8-43
Having conformed to the provisions of Art. 144 F. R. & I., and C.A.R.O. 3461 is entitled to draw $1.50 per diem and is authorized to wear the "MARS BADGE" under the provisions of C.A.R.O. 2754	"	1-4-43	"	"	239-43	27-8-43
Granted furlough from Reveille 10 Sep 43 to Tattoo 23 Sep 43.	"	10-9-43	"	"	253	10-9-43
Returned from furlough	"	23-9-43	"	"	267	24-9-43
Is posted for duty with Colonel G.A. Merguson and Lt. Col. MeGillivray assistant to the Principal Chaplain (RC) 128 Wellingston St. Ottawa Ont.	"	27 Jan. 44	# 3 D.D.	Ottawa, Ont	28-44	28 Jan. 4
Ceases to be posted for duty with Col. G.A. Gerguson and Lt.Col MeGillivray assistant to the Principal Chaplain (RC) 128 Wellingston St. Ottawa, Ont.	"	2 Feb. 44	# 3 D.D.	Ottawa, Ont	35-44	4 Feb. 44
SOS NO. 3 D.D., on transfer to A.13 C.I.T.C. Val Cartier, Que.,	"	24-3-44	"	"	84-44	28-3-44
TC A-13 from No.3 District Depot Ottawa Ont.	"	25 Mar.44	A-13	VALCARTIER	/74	27 Mar.4

Regimental No. C-100457 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name Charron, J.L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S. To A.I.T.C. A-13, on transfer from No.3. Dist. Depot Ottawa, Ont.	Pte	25Mar44.	A-13	Valcartier	74	27Mar 44.
Was admonished for AWL. from 1750hrs 24 Mar 44 to 1515hrs 26Mar 44. Total Abs: 1 day 21 hrs 25 mins. Forf: 2 days pay F.R.& 1.	"	28Mar44.	"	"	76	28Mar44.
Is A.W.L. from 0600hrs. 1 May 44.	"	1 may 44.	"	"	107	5 may 44.
Ret. from A.W.L. at 1530hrs. 3 May 44.	"	3 may 44.	"	"	107	5 May 44.
Awarded 7 days C.B. for AWL. from 0600hrs 1 May 44. to 3 may 44. Forf: 3 days pay F.R. & 1.	"	3 may 44.	"	"	107	5 may 44.
Granted 4 days Emb Leave.	"	6 may 44.	"	"	110	9 may 44.
XXXXXXXXXXXXXXXXXXXXX.	"	XXXXXXXX	XXXXXXXXX	XXXXXXXXXX	XXXXX	XXXXXXX
Awarded 3 days, C.B. for AWL from 0700hrs, 11 Jun 44, XXX to 0630hrs, 14 Jun 44. Abs: 2 days, 23hrs, 30 mins. Forfeits 3 days, pay.	"	16 Jun44.	"	"	143	16Jun44
S.O.S. to No.1 Trng Camp XXXXXXXXXXXXXXXX R.de Montmagny.	"	16 ~~17~~ Jun 44.	"	"	143	16 Jun44
T.O.S. on transfer from A-13.	"	17 Jun 44	R.de.Monty	Debert	77	20 Jun 44
S.O.S., C.A. Canada 18 July 44	Pte		R.de.Monty	UK	91	3 Aug 44
T.O.S., C.A. Overseas 19 July 44	Pte		R.de.Monty	UK	91	3 Aug 44
Disembarked 30 July 44	Pte		R.de.Monty	UK	91	3 Aug 44
CN SOS to Regt de Hull	Pte.	15 Sep 44	R de Monty	UK.	102.	15 Sep 44
CN. TOS from Regt de Monty	Pte.	16 Sep 44	Regt de Hull	UK.	53.	16 Sep 44
CY S.O.S. S.O.S to 4 CITR.	Pte	12 Nov44	Regt de Hull.	UK	92	12 Nov44
CY T.O.S. T.O.S from 1 Bn R. de Hull	Pte	13 Nov44	4 CITR	UK	10	13 Nov44
CY S.O.S to X-4 List CIC	Pte	30 Nov44	4 CITR	UK	25	30 Nov44
TOS from 4 CITR	Pte	1 Dec44				
CN. Embarked at UK on 1 Dec 44 Disembarked at N.W. Europe on 2 Dec 44.	Pte.		XL Inf Gen [illegible]	21 a G	92.	13 Dec 44
CSJ. TOS from XL List. Inf. Gen - Unall.	PTE.	8 Dec 44	R. de Hull	21 A/G.	70.	23 Dec 44.
CSJ. Wounded. 26 Feb 45.		26 Feb 45.		175 S 4.	13 Mar 45	

Regimental No. ..... Rank ..... Sheet No. .....

3/13B MFM 1 & 2a 40/P & S/119 (7377)

Name CHARRON J.L. C100457.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
Mon	SOS to X 3 List R de Mais DO 21 d 4 apr 45	Pte.	26 Feb 45	R de Mais	21 Apr.	15	14 Mar 45
345	FOS Missing 26 Feb 45 Pw reptd wounded	Pte		R de Mais		A5 60	1 Apr 45
	SOS to X 6 List R de Mais	Pte	26 Feb 45	R de Mais	21 A G	21	21 Apr 45

(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
	R Monty	$1.50 per day		1 Apr 43	PC	D.O.
			S.O.S., C.A. Canada 18 July 44	U.K.		Pte	91 3 aug 44
			T.O.S., C.A. Overseas 19 July 44	U.K.		Pte	91 3 aug 44
			Disembarked 30 July 44	U.K.		Pte	91 3 aug 44
	" "		SOS to R de Hull	"	15-9-44	"	102-15-9-44
	R Hull		TOS fr R de Monty	"	16-9-44	"	55-18-9-44
	"		SOS to M[e] 4 C I TR	"	12-11-44	"	92-12-11-44
		4 CITR	TOS FROM 1st Bn LE REGT DE HULL	U.K.	13 Nov 44	"	10/44
		4 CITR	SOS TO X-4 LIST CIC (UKAG/18/17 Ser. C6392/4C)	U.K.	30 Nov 44	"	25/44
			Embarked 1 Dec 44	NWE	2 Dec 44	"	
			C I C	"	1 Dec 44	"	92 DEC 1944
	X4CIC	13 Bn	Sos to R de Mais (11 Bn) wef	"	8 Dec 44	Pte	97 Dec 44
18 Dec 44	OC	R de Mais	TOS from X-4 List Inf Gen Unall	Fld	9 Dec 44	"	Do 70/44
12 Mar 45	"	"	SOS to X-3 List R de Mais	"	26 Feb 45	"	Do 15/45 Cancelled by Do 81/45.
	X-3		TOS from Mais		27 Feb		35 Bn Regt Do 47/Apr 45
24 Apr 45	OC	R de Mais	SOS to X-6 List R de Mais	"	26 Feb 45	Pte	Do 21/45
25 Apr 45	X-6 List	R de Mais	TOS X-6 list	"	27 Feb 45	Pte	5.2/Apr 45.
3014/374 dtd 20/45	X-6 List	R de Mais	SOS X-6 List (Presumed died of Wounds) 26 Feb 45	Fld	27 Feb 45	Pte	110/2 Dec 45

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit ~~DISTRICT DEPOT, M. D. 3~~ C.I.C. Regimental Number C-100457

1. Surname	CHARRON	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names	Joseph Lionel	C1C(FS)	~~B.D.M.D. # 3~~
3. *Substantive Rank and Appointment	Private	~~Can. Army~~	~~Regt de Hull~~
*Acting Temporary or Local Rank giving date	7 June 42.	~~C.I.C.~~	~~X 1 DIST DEPOT~~
*To be entered in pencil to facilitate alteration.		R de Hull	~~General List~~
4. Place of birth	East Aldfield, Que. Can.	(18) Medical	Le ~~Regiment de Montmagny~~ C.A.
5. Date of birth as declared on attestation (A)	30-12-14		
6. Date of enlistment	7-6-42	Category	Date / Authority
7. Place of enlistment	Ottawa, Ont. Can.	B-2	1-6-42 / MFM 2 Page 3 ~~Med. Board~~
8. Residence at time of enlistment	88½ Bridge St., Apt. 6, Hull, Que. Can.		
9. (B) Special conditions (if any) of enlistment or rate of pay		B-2	11.6.43 / MFM 2 P3
		C1	14/7/43 / Quebec Page 1 MFM 2
10. (C) Any subsequent variations of conditions of service			
11. Religion	R.C.		
12. If married, state date	NIL		
13. Trade on enlistment	Truck Driver		
14. Corps, trade and grade			
15. (D) Qualifications	Dur. 1/c		
16. (E) Miscellaneous entries			

Y	O	B	P	U	L	H	E	M	S
14		1	1	1	1	1	2	1	

14-1111121 30 May 44 MFM 2

(19) Next of kin (entries to be made in pencil)

Mildred Charron Father
88 1/2 Bridge St Hull Quebec
Canada

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

Dr 1/c

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.

DEPARTMENT OF NATIONAL DEFENCE

(ARMY)

SUPPLEMENT TO PERSONNEL SELECTION RECORD

(M.F.M. 196A)

To be attached to M.F.M. 196, and to be initiated **only** when M.F.M. 196 is completely filled.

C-100457	Pte.	CHARRON, J.L.	A	28	
Regtl. No.	Rank	Surname First Name	A or R	Age	Cat.

"M" Test:	77		French	13	4	6	19	12	4	7	12	23	31	23
	Total	Form	Eng. or Fr.	1	2	3	4	5	6	7	8	1-3	4-5	6-8

ADDITIONAL FOLLOW-UP:

Charron is a fully-trained Infantry soldier and qualified Driver i/c. His Pulhems (M-4--mental retardation) prevents o/s service with that arm. It also prevents service on H.W.E. as Driver (R.O. 3666 para 3(a)). Charron has very limited comprehension of English. He is unable to perform heavy work owing to effects of old pleurisy.

He is, therefore, of very limited usefulness to the army. His discharge would appear advisable.

Recommendation: Discharge: under R.O. 1029 (12)
Ref: K-36-9 D (A) - K.S. 240 / K.S. 284 d/ 22 Oct 43
Ref: H.Q.C. 9208 (V.A.G.) Org 549 d/ 17 Oct 43.

3 D.D.
Lansdowne Park
12 Jan 44.

D.A. Davidson .....Lieut.
D.A. Davidson, Army Examiner.

Military Background (Additional Information)

Enlisted 7 June 42 and has served about 19 months. Completed full training, Infantry, and qualified as Driver. Has made good adjustment to army life in all respects.

Interviewed and M.F.M. 238 prepared for use of D.P. & N.H.

D.A. Davidson .....Capt.
D.A. Davidson, Army Examiner.

#3 D.D.
Lansdowne park
31 Jan 44.

This man has completed Basic Training and is a qualified Driver i/c. Pulhems are now suitable for operational Duties in Infantry see M.F.B. 1478 d/31-1-44.

Recommendation: Proceed to Advanced Training in Infantry.

R.T. Payton .....Capt.
R.T. Payton, Army Examiner.

#3 D.D.
Lansdowne Park
2 Mar 44.

-.-.-.-.-.-.-.-.- -.-...

C-100457 Pte CHARRON J. L. (4th Inf) A.(I).T.C. A-13 Valcartier Camp.
Interviewed by A.E. as a routine check after 5 weeks training in Advance training. his Pulhems profile is 14 1 11 11 21 - makes him suitable for operational unit . he is qualified Driver I.C. Class III- So far no complaints.
APRIL 24-1944

(O. LAMERE) Capt.
Army Examiner, A-13.

-.-.-.-.-.-.-.-.-.-.-.-.-.-.-.

C.(I).T.C. A-13 Valcartier Camp.

Qualified Driver i/c Class III. Suitable for overseas service.

(O. LAMERE) CAPT
Army Examiner, A-13

June 8th, 1944

-.-.-.-.-.-.-.-.-.-.-.-.-.-.-.-

Camp Debert, N.S.
27 Jun 44.

Personnel Selection examination of documents completed.

J.A. Gagnon Capt.
(J.A. Gagnon) A.E.

Regt de Hull:
T.C.S. to 4 C.I.T.R. wef 12 Nov 44

M.F.M. 196A
50M—3-43 (8887)
H.Q. 1772-39-1916

(SEE REVERSE SIDE FOR FURTHER INFORMATION AND FOLLOW-UP)

Presumed died of wounds

#22 29th

I. Regt. No. C-100457 Rank Pte Unit Date 11-6-42

Name CHARRON, J.L. Age 27 Place of Birth Quebec

Date of Enlistment 11-6-42 Place of Enlistment Ottawa Depot #3

Languages spoken French R. Recruit A A Med. Cat. Place Ottawa

II. M. Test Date 11-6-42 Other Tests Name or Type

Test	Score	S.M.	
1	13		SUB-TOTAL
2	4		
3	6		S.M. 23
4	19		SUB-TOTAL
5	12		31
6	4		SUB-TOTAL
7	7		
8	12		S.M. 23
Total	77	S.M.	GRADE V
9			

Date	Place	Score	Grade

Y.O.B.	P	U	L	H	E	M	S
14	1	1	1	1	1	2	1

III. Military Background 14 111121

Nil.

IV. Educational Background

Grade V at 14 years of age.

Left school to go to work.

V. Occupational Background

Helper on truck - 2 years.
Truck driver - 6 years.

Can also drive car or tractor and do minor repairs.
States he could pass trade test as driver mechanic.

VI. ~~Arm Desired~~ Work in Army Desired

Single. Likes fishing, plays ball, hockey, skating, shows and cards.

VII.

Prefers R.C.A.S.C. as truck driver.
or
French Infantry Unit as driver.

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

Man of low mentality and poor education. Definite language handicap. Not likely to profit by instruction.

Took M test in English.

IX. Suggestions

Suggest - French Infantyy Unit ... Infantry R.

X. Signature of Interviewer	N.C.O.	Officer
R. W. Humphrey	S/Sgt	

XI. Action Taken — **Date of Action**

T.O.S. Transfer to Regt. de Hull, 23-9-42

Follow-up

Colwood, B.C. 15 Feb. 43

Not available for overseas draft, at present time.

J. H. Classey, Lt.
(J. H. Classey, Lt.A.E.)

7 May, 1943. Esquimalt, B.C.

Suitable for overseas service, Infantry Rifle, if passed by Medical Board.

J. Drago Lt
(L.J.Drago) Lieut.
Army Examiner.

C-100457 Pte. CHARRON, J.L. First Interview: Ottawa DD.3 11/6/42 Cat:C1

Military: T.O.S. No.3 D.D. and S.O.S. to No.31 CA(B)TC, Cornwall, Ont and T.O.S. 1e Reg't de Hull 24 Sept '42. Qualified Driver I.C. (Class III Driver) 17 Dec '42. Drove a truck for 6 months without accidents. Was medically categorized C-1 and T.O.S. No.4 D.D. on 27 Aug '43 for disposal.

Personal: Single and living with parents. Large family of 11 living and healthy children. Normal childhood in a good home of modestly comfortable circumstances.

Medium size well built young man of neat and healthy appearance, (5'6", 125 lbs), good military comportment. Medical category is C-1 on account of old pleurisy and mental retardation. Says he feels pains in right side of chest since he had pleurisy 5 years ago but otherwise feels well.

This man was given the "M" test in English and as at that time his knowledge of that language was not very good, it is felt the score of 77 does not give a true picture of his learning ability. His educational and occupational records are good and he gives the impression of average Army intelligence. He does not drink and seems to have normal habits. His record is clear of any crime in over one year of Army life. He is qualified Driver I.C. He has driven several years without accidents. He also has some experience in carpentry work. He could be employed either as driver I.C. or carpenter's helper and be despatched to his home District Depot for disposal.

Suggestion: (1) Suitable for H.W.E. as qualified Driver I.C. Class III (W) Could also he employed as carpenter's helper.
(2) Suggest transfer to District Depot, M.D.3.

3 Aug '43. D.D.4 Montreal South, Que. (R.E.LeBrun) Lieut. A.E.

MFM 238 initiated 3 Aug 43 recommending transfer back to home depot - D.D.3

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Report

(CONFIDENTIAL)

To Officer Commanding # 3 D.D TYPE OF REFERRAL Discharge D.P. & N.H.

Regtl. No.	Rank	Name (Surname first)	Y.O.B.	P U L H E M S
C-100457	Pte.	CHARRON, J.L.	14	1 11 1 1 2 1

Months of Service	Present Unit	A or R	Age
18 months.	D.D.M.D. # 3.	A	27

REVISED EXAMINATION "M" Form: 11-6-42 Date tested English or French

Total	Group		Sub-tests 1	2	3	4	5	6	7	8	Sub-totals 1-3	4-5	6-8
~~77~~ 78			13	4	6	19	12	4	7	12	23	31	23

EDUCATION Grade V at 14 years of age.
Left school to go to work.

OCCUPATIONS Helper on truck - 2 years.
Truck driver - 6 years.
Can also drive car or tractor and do minor repairs.
States he could pass trade test as driver mechanic.

MILITARY BACKGROUND Enlisted 7 Jun 42 and has served about 19 months. Completed full training, Infantry, and qualified as Driver. Has made good adjustment to army life in all respects.

OTHER RELEVANT INFORMATION A tall, well-built young French-Canadian of neat appearance and pleasant, friendly manner.

Is an experienced driver and intends returning to that work with his father in wood business. Is not very trainable, but is probably entirely reliable.

RECOMMENDATIONS Best-suited to driving or light general labour.

D.D.M.D. # 3. (Place) | 31 Jan 44 (Date) | D Davidson Lieut. (Army Examiner)

D.A. Davidson, ARMY EXAMINER

M.F.M. 238
200M—8-43 (1342)
H.Q. 1772-39-1956

ac

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 CHARRON Joseph Lionel (b) Reg'l. No. C-100457
2. (a) Arm of service ARMY (b) Unit DND 13 (AF) Gen. List. (c) Rank Pte.
3. (a) Date of birth 30.12.1914 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 58 Bridge St. Apt.6 Hull Que. Can.
4. (a) Place of enlistment Ottawa Ont. Can. (b) Date of enlistment 6.6.42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (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.) Sr. 3rd. Separate School
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? FRENCH & ENGLISH

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) YES (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer INTERNATIONAL Fire Board Co. Address Gatineau Mill Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Paper Mill
20. (a) Your specific occupation Finisher (b) Number of years' experience at this occupation with any employer 2 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
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.) Going back to the same job.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Dvr. Mechanic

DATE 6.6.42 194.... SIGNATURE J. L. Charron

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank CHARRON
(Surname first—Christian names in full—Block capitals)
JOSEPH LIONEL

(2) Regimental or Official Number and Rank C-100457 Pte.

(3) Unit DDMD #3 (AF) Gen.List.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NA Girls NA

Names and ages NA

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

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NA

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address, occupation Wilfrid Charron Labourer

88½ Bridge St. Apt.6 Hull Que. Can.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.

NA

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? NA

(14) Is your mother alive? YES

If so, state name and address Dorilda Charron

88½ Bridge St. Apt6. Hull Que. Can.

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

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? NA

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NA

Full Name

Postal Address

Amount contributed monthly during the past six months NA

(18) Are you insured? YES

If so, in what Company? La Societe Des Artisans Canadiens Francais
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
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.

J. L. Charron
(Signature of officer or man)

Date 6.6.42

Edwin Lee Capt.

For Officer Commanding DDMD #3 (AF)

Date 6.6.42

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

M.F.M. 105
180M—1-42 (3184)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. C-100457 Name CHARRON, Joseph Lionel

Unit ~~Gen. List~~ Hull Reg Rank Pte.

No. of weeks' training completed. 8

General standard attained.

(a) Military efficiency. Fair (b) Conduct Good

(c) Leadership Fair (d) Rifle Range Course (A, Q or C) A

(e) Other remarks

Rank J. M. Lefebvre Major
Comd'g Officer

Basic Training Centre No. 31, Cornwall, Ont.

No. of weeks' training completed.

General standard attained.

(a) Military efficiency (b) Conduct

(c) Leadership

(d) Other remarks

Rank.....

Advanced Training Centre No.....

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill	28-7-42	Q	GR	S.A.T., L.M.G.	7-8-42	Q	GR
Physical Training	29-7-42	Q	GR	P.A.G., T.O.E.T.	10-8-42	Q	GR
First Aid	3-8-42	Q	GR	P.A.G. Gas Chbr. Test	18-8-42	Q	GR
Marching	4-8-42	Q	GR	Fieldcraft	11-8-42	Q	GR
Rifle, T.O.E.T.	30-7-42	Q	GR	Map Reading	12-8-42	Q	GR
S.A.T. A.Tk. Rifle (Boys)				Fundamental Trng.	13-8-42	Q	GR
S.A.T. A.A. (Rifle & L.M.G.)	5-8-42	Q	GR	P.A.D.	14-8-42	Q	GR
S.A.T. Pistol				Army Wrestling	17-8-42	Q	GR
Bayonet Fighting	6-8-42	Q	GR				

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill							
Physical Training							
Marching				Field Craft			
Map Reading				Field Training			
Fundamental Training				Field Engineering			
Protection against Gas				Digging and Wiring			
P.A.D.				Cooking in the Field			
Bayonet Fighting				Driver M/C			
Rifle, T.O.E.T.				Driver I/C			
" " Classification				Driver Tractor			
L.M.G. T.O.E.T.				Driver Tank			
" " Classification				Driver Bren Carrier			
S.A.T. Anti-Aircraft				Signals V.T.			
A.Tk. Rifle T.O.E.T.				Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.				Clerk-Typing			
" " Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices							
V.T.J.D. & F.O.				Courses Taken			
J.D. Test				Other Qualification			
Range Finding T.O.E.T.							
Range Takers Test							
Grenade, Rifle							
Grenade, Hand							

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

COMMON TRAINING

Subject	Standard (a)	Remarks	Initials
Drill			—
Physical Training			
Marching			
Map Reading	Good.		
Fundamental Training			
Appl. of Fire			
Bayonet			
P.I.A.T.	Good.		
Sten M.C.	Good.		
Cooking in the Field			
Field Works			
Field Training			
V. D.	Good		
Gas	Good		
Grenades	Good.		

SPECIALIST TRAINING (where applicable)

Nature	Standard (a)	Remarks	Initials
Drvg & Mtce (Wheeled)			
Drvg & Mtce (Carrier)			
Drvg & Mtce (M.C.)			
3-in Mortar			
6-pdr. A.Tk. Gun			
Range-taker			

GENERAL REMARKS ON COMPLETION OF TRAINING (a)

Military Efficiency Good Conduct Good Leadership A. V.

Other Remarks Serious & adaptable to army life

Place Debert Camp N.S. Signature Rank and Appointment

Date 1st Juillet 1942 Training Centre or Unit Le Régt. de Montmagny C.A.

TRAINING RECORD—INFANTRY (RIFLE)

No. C/100437 Rank Pte Name J. L. Charron.
(in full, surname last)

Medical Category ..... Date of Birth .....

English Speaking ☐
French Speaking ☐
Bilingual ☒

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4	Remarks as to General Skill
Date	21/8/44	21/8/44	21/8/44	21/8/44	has a poor theorical knowledge of it.
Initials					

Bren	1	2	3	4	Remarks as to General Skill
Date	21/8/44	21/8/44	21/8/44	21/8/44	has a good theorical knowledge of it.
Initials					

2-in. Mortar	1	2	Remarks as to General Skill
Date	21/8/44	21/8/44	has a good theorical knowledge of it
Initials			

3-in. Mortar	1	2	3	4	Detachment Drill 1	Detachment Drill 2	Detachment Drill 3
Date							
Initials							

Gas Trg.	Oral	Insp.	Std.	Through Chamber		
Date				Date	D. M. 15/7/44	
Initials				Initials		

RANGE COURSES

	Qualification Standard	Date	Initials
Rifle			
L.M.G.			

	No.of rds.	Standard (a)	Initials
2-in. Mortar			
3-in. Mortar			
P.I.A.T.			
Sten M.C.			
6-pdr. A.Tk. Gun			

	No. of Rds.	Standard (a)	Initials
A.A.			
Grenade No. 36			
Grenade No. 69			
Grenade St. No. 74			
Grenade No. 77			

(a) Where no regulation standard is prescribed in manuals, use: Very Good (V.G.)—85% or better: Good (G)—70% to 84%: Average (AV)—50% to 69%: Failed (F) under 50%.

M.F.M. 105E
75M—6-43 (487)
H.Q. 1772-39-2053

577B CFA 187
40/P & S/2180 (7060)

234

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....C-100457 Pte Charron J L.... Missing.

RECEIVED FROM ....Cdn 2nd Ech 21 Army Group

CHECKED BY ....B-81759 Sgt Graves H G.... DATE ....27 Apr 45....

AND ....L-102119 Pte Carlisle D.....

1	Sweater.		
1	Pr Shoes (Wooden).		
5	Handkerchiefs.		
2	Hat Badges.		
1	Magnifying Glass.		
1	Rosary in Case.		
1	Wooden Box.		
1	CVSM & C.		
1	Relig Emblem.		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: CHARRON Joseph L. No.: C.100457
Surname Christian Names

Pte. C.A.O/S 26-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 40.42

Date: 2-2-46

Other Credits.....

Total..... 40.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
7/20	Father	Wilfred Charron, 88½ Bridge St., Apt 6, HULL, Que. (1/4 asnext of kin entitled) (1/10 for benefit of 2 minors)	$14.16 R
1/4	Mother	Mrs. Dorilda Charron, (as above)	10.10 R
1/20	Brother	Philippe Charron, (as above)	2.02 R
1/20	Brother	Paul Emile Charron, MACHAM, Que.	2.02 R
1/20	Sister	Mrs. Simonne St.Louis, 66 Sherbrook, Apt.6, MONTREAL, Que.	2.02
1/20	Sister	Mrs. Jacqueline Monette (as above)	2.02 R
1/20	Sister	Miss Giselaine Charron, (as above)	2.02 R
1/20	Sister	Mrs. Gabrielle Jurry, 274 Giles Blvd., Apt.214, WINDSOR, Ont.	2.02 R
1/20	Sister	Mrs. Pauline Hebert, 224½ St. Redempteur, HULL, Que. (as next of kin entitled)	2.02

B

DISTRIBUTION OF SERVICE ESTATES MLH

Estates Form "P. 4"

ARMY

Name CHARRON Joseph, L. No. C-100457
Surname Christian Names

Pte. C.A.C.S. 26-2-45
Rank Unit Date of Death

AMOUNT W.S.G. 289.46
L.P.C. $ 40.42

Date 14-5-46

Other Credits.....

Total..... 329.88
Prev. Dist. 40.42
This Dist. 289.46

SHARE	RELATIONSHIP		NAME AND ADDRESS	AMOUNT
7/20	Father	Cheque # 43539	Mr. Wilfred Charron 88½ Bridge St. Apt. 6, Hull, Que. (1/4 as next of kin entitled) (1/10 for benefit of 2 minors)	101.32 R
1/4	Mother	43540	Mrs. Dorilda Charron (as Above)	72.36 R
1/20	Brother	43541	Philippe Charron (As above)	14.48 R
1/20	Brother	43542	Paul Emile Charron Macham, Que.	14.48 R
1/20	Sister	43543	Mrs. Simonne St. Louis 66 Sherbrooke, Apt. 6, Montreal, P.Q.	14.47
1/20	Sister	43544	Ghislaine Charron (as last address above)	14.47 R
1/20	Sister	43545	Mrs. Jacqueline Monette (as last address above)	14.47 R
1/20	Sister	43546	Mrs. Gabrielle Jurry 274 Giles Blvd. Apt. 214, Windsor, Ont.	14.47
1/20	Sister	43547	Mrs. Pauline Hebert 2244½ St. Redempteur, Hull, Que.	14.47 R
1/20	Sister	43548	Mrs. Marie Wilfred Spirit River, Alberta (as next of kin entitled)	P4. TO TREAS. MAY 18 1946 14.47 R WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$289.46

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: CHARRON Joseph L. No.: C.100457
Surname Christian Names

Pte. C.A.O/S 26-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 40.42

Date: 2-2-46 Other Credits.....

Total..... 40.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
		(cont'd)	
1/20	Sister	Mrs. Marie Wilfred, SPIRIT RIVER, Alta.	$2.02 R
		(as next of kin entitled)	

P4. TO TREAS. 25-2-46, QM

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$40.42

CLASSIFIED BY D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

N.R. 244

75M—2-45 (6771)
H.Q. 1772-80-2

5M-1-46 (8548)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

WSG 51-238

2 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Lionel (CHRISTIAN NAMES) CHARRON (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-19609
FILE NO. 405-C-16826
DATE 16-4-46
SERVICE NO. C-100457
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 26-2-45

DATE OF TERMINATION OF OVERSEAS SERVICE 26-2-45

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 987 (30) EQUAL TO 32 COMPLETE PERIODS AT $7.50	240.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 223 LESS 27 INELIGIBLE DAYS, EQUAL TO 196 DAYS @ 25c. PER DAY	49.00
	289.00
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 223 (183) X$ 19.25	23.46
D. WAR SERVICE GRATUITY	312.46
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 23.00 OTHER DEDUCTIONS $	23.00
F. TOTAL AMOUNT PAYABLE	289.46

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

ESTATES BRANCH NOV 16 1946 NATIONAL DEFENCE

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	TREASURY CHECKED BY	TREASURY DATE
KRM	[signature]	Birmingham	26/4/46

G. R. McCauley Capt.
SERVICE REPRESENTATIVE

Register No. D 19609

FORM No. 1

Nominal Roll No. CD 591

H.Q. File No. 405-C-16826

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
C 100457	Pte	Charron	Joseph Lionel

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. 7 June 42	T.O.S.	T.O.S.
S.O.S. 26 Feb 45 MD O/D	S.O.S. MD	S.O.S. MD
Total Days 996	Total Days	Total Days

Total Service 996 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	773	9	764
Overseas Service	223	-	223
Totals	996	9	987
Add Non-qualifying Service			9
Total Service			996

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 26 Feb 45 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 26 Feb 45

Computer's Signature

Checker's Signature

Date Computed 12 Feb 46

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
a.w.l.			21 Sept 42		1
a.w.l.	24 Mch 44	26 Mch 44	27 Mch 44.		2
a.w.l.	1 May 44	3 May 44	3 May 44		3
a.w.l.	11 June 44	14 June 44	14 June 44		3
				Total	9

Overseas: T.O.S. 19 July 44 T.O.S. T.O.S.

S.O.S. 26 Feb 45 S.O.S. S.O.S.

				Total	=

3/45A MFM 510
&S/254 (8550)

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

District .....

Dispersal Area .....

Regtl No. C100457 Rank and Name CHARRON. J.L. Pte.

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

(Transfer or Discharge) ..... to ..... on 26th Feb.45. 19 .....

Reason Death Authority : CCL."A" 600/11th Nov.45.

The following is a statement of the account of the above-named from 1st Feb: to 28th Feb.45. 19 ..... the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	21	42
First Monthly Payment			Regimental Pay 28 days at $1.50	42	00
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at .....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
To Balance Cr — Free	40	42			
To Balance Cr — Deferred			By Balance Dr		
Total	63	42	Total	63	42

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

Remarks

A.P. $23.00 (M) Stopped eff March.45.

Compiled by M. Durham.

Checked by L Broughton

Date 18th Dec.1945. 19 .....

Certified correct W Blackstone
for Chief Treasury Officer, Overseas

MW

le 15 novembre 1945.

Cher monsieur,

Je suis désolé de vous informer que nous n'avons point reçu d'autres nouvelles au sujet de votre fils, le soldat Joseph Lionel CHARRON, matricule C-100457, qui a été officiellement porté disparu depuis le 26 février 1945.

Le Conseil de l'armée s'est vu avec regret obligé de conclure que votre fils avait donné sa vie en combattant l'ennemi dans le théâtre de guerre de l'Europe occidentale et, par conséquent, mention est consignée dans nos archives que le soldat Joseph Lionel Charron, matricule C-100457, est désormais pour fins officielles, présumé avoir été tué au combat le 26 février 1945.

Le ministre de la Défense nationale et les membres du Conseil de l'armée m'ont prié de vous transmettre, à vous et à votre famille, leurs sincères condoléances dans votre deuil.

Nous lui rendons hommage pour le sacrifice qu'il a si vaillament accompli.

Votre bien dévoué,

l'adjudant général,

M. Wilfrid Charron,
Appartement 6,
88½, rue Dupont,
Hull, Qué.

(A.E.Walford),
major général.

Mem. à Mme Walker
17/11/45
H.A.2
48

IL/G

Q.G. 405-C-16,826 DR 2 (b)

le 2 juin 5.

Monsieur,

Pour faire suite à notre télégramme du 2 avril 1945 ainsi qu'à notre lettre du 20 avril 1945, signalant que votre fils, le soldat Joseph-Lionel Charron, matricule C-100457, était porté disparu et blessé au combat, je vous informe que nous avons reçu récemment les renseignements suivants de son unité en campagne.

Le soldat Charron a été vu pour la dernière fois vers 6.00 heures du matin, le 26 février 1945, par le soldat N. Charlebois, matricule C-102304, un brancardier de la compagnie "D", Régiment de Maisonneuve, Armée canadienne outre-mer. Le soldat Charron agissait alors comme estafette du capitaine R. Guenet au cours d'une manoeuvre déclenchée dans le but de chasser l'ennemi d'une maison. Vers 6.00 heures du matin, le soldat Charlebois entendit une voix dans la maison qui appelait un brancardier. Il s'y rendit immédiatement et trouva le soldat Charron gisant par terre avec deux blessures de balles au dos. Il prodigua immédiatement les premiers soins au blessé et, comme celui-ci demandait à boire, il lui présenta de l'eau. Il installa ensuite le soldat Charron sur un lit et quitta la maison pour se porter au secours des autres blessés. Vers 9.00 heures de la matinée, le brancardier revint à la maison pour évacuer le soldat Charron, mais il fut reçu par quatre Allemands qui lui ordonnèrent de demeurer là et il obéit. Deux heures plus tard, une de nos compagnies se porta à l'attaque avec des chars d'assaut pour nettoyer ce secteur. Les Allemands sortirent de la maison pour se mettre sur la défensive et le soldat Charlebois profita de leur sortie pour s'échapper, laissant le soldat Charron dans la maison. C'est la dernière fois qu'on vit le soldat Charron car, lorsque nos hommes s'emparèrent de la maison, son corps avait disparu.

Wilfrid Carron,
. 6, 88½, rue DuPont,
1, P.Q.

(verso) 33

D'après ce qui précède, il appert que votre fils a été grièvement blessé et a pu mourir de ses blessures alors qu'il était aux mains des Allemands, car on n'a pas entendu parler de lui depuis ce jour, soit par des sources officielles ou non officielles. Toutefois, étant donné que sa dépouille n'a été ni trouvée ni identifiée, nous avons dû continuer de le considérer comme disparu.

Lorsqu'une période de six mois sans nouvelles des militaires s'est écoulée, le quartier général de l'Armée canadienne outre-mer a l'habitude de prendre les dispositions pour présumer le décès des membres de l'armée canadienne qui sont manquants ou, cette mesure est prise comme dans le cas présent, lorsque des témoins oculaires établissent de façon indéniable le décès d'un militaire.

Dès que nous recevrons d'autres renseignements, vous pouvez être assuré que nous vous les transmettrons.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

Le directeur des Archives,

(C.L. Laurin), colonel.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (WESTERN EUROPE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.

Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: CHARRON, (Block letters)

Given names: Joseph Lionel.

Do not write in this space

4. RESIDENCE

Street: Bridge St., No. 88½

Official name of civil municipality or township: Hull,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M.			Single.

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: December (Month) 30th, (Day) 1914. (Year)

12. AGE OF DECEASED: Years 30 | Months | Days | If less than one day old ....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.: Truck driver.

14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	CHARRON, Wilfried.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Body not recovered.

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 26th, (Day) 19 45. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. 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) For official purposes

due to presumed Killed in action.

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.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?

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

State findings....Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....M.D.

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

[signature] C.S.

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

OCT 25 1946

FORM CAS. 8—25M-8-44 (5381) H.Q. 54-27-70-2 VOL. 18

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

DEATH

NUMBER	C100457	RANK Private	SERVICE UNIT
NAME	CHARRON, Joseph Lionel		Le Regt De Maisonneuve
DATE OF BIRTH	30-12-14		OCCUPATION Truck Driver
MARITAL STATUS PRESENT	Single		MARITAL STATUS ON ENLISTMENT Single
DATE OF ENLISTMENT	7-6-42		
NEXT OF KIN	Mr. Wilfrid Charron, (Father)		ADDRESS ON ENLISTMENT
ADDRESS	88½ Bridge St., Apt., 6, Hull, Quebec.		Hull, Que.

AUTHORITY CAS. SIG. NO. 7652A and 474B H.Q. 405-C-16,826

CASUALTY DETAILS Previously reported Wounded and Missing now Presumed to have DIED OF WOUNDS.

DATE 26-2-45

DIRECTOR OF RECORDS
N.D.H.Q.

JMD

DISTRIBUTION

COPY 3 C.R. FILE COPY (1 TO COMMISSIONER OF INCOME TAX, 2 TO DEPT. OF LABOUR)

46 Δ-T

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Wilfrid Charron,
88 1/2 rue Bridge
Apt. 6
Hull 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-C-16,826

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

27-11- 194 5

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

Charron Joseph Lionel Soldat

No. C.100457 Armee Canadienne

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le 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.

/LL

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.....		célibataire		
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Wilfrid Lebanon	59	88 1/2 rue du Pont Hull
4	Mère du défunt.....		Dorilda Lebanon	54	"
5	Frères du défunt	Frères germains	Paul Emile Lebanon	32	Machan P.Q.
			Alcide "	25	88 1/2 rue du Pont Hull
			Jean Gaston "	20	" "
			Gérard "	18	" "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Jeanne Doeur mariée Wilfrid	34	Spirit River Alberta
			Simonne et Louis	33	Farrelton P.Q.
			Jacqueline Morel	30	Montréal P.Q.
			Ghislaine Lebanon	24	"
			Gabrielle Jérry	22	Windsor Ont.
			Pauline Hébert	28	20 1/2 rue Pelletier Hull
		Demi-sœurs	66 Sherbrooke apt. 6 Montreal	274	Giles Blvd. apt 4 Windsor
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 LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Joseph Lionel Tobin
9	Date de sa naissance.	30 Décembre 1914
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	Eastlakefield P.Q. 7 Janvier 1909

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Eastlakefield Qué.
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) toujours Québec (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	Employé de la Cie Gatineau Power à Yamaska Mills.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	P.Q.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	—
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?	nil
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	nil
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.	nil
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.	nil
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.	nil

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.	nil
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.

Wilfrid Charron ..... Signature du déclarant

..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache.....

Wilfrid Charron ..... Nom du déclarant

*Voir plus haut

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

Daté à Ottawa ce 7ème jour de décembre 1943

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

..... Titre Major

Adresse 7 Blvd Prince

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.