C33556
GAGNON
JOSEPH ROGER

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22-7-44

AWARDS—CANADIAN ARMY (ACTIVE) (1682) M

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-G-6795

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GAGNON	Joseph Roger	C-33556	Pte.	Fus.Mont.Royal

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star	Replaced by hand 9/5/91. to brother
Defence Medal War Medal CVSM & Clasp	1226 27.1.50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Joseph GAGNON (FATHER)

ADDRESS: 250 St. Laurent St., HULL, P.Q.

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Regina Gagnon, (FRENCH)

(1682)

ADDRESS: 250 St. Laurent St., Hull, Que.

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO. 9370

(2)

(3)

DESP. OCT 23 1944

REGN No. 3871

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. C 33556

Surname (Capitals) GAGNON

Christian Names in full Joseph Roger

B

I. 1 (Part I) Revised 1-10-42
(5040-2 & 5232)
672

VICE BOOK

Book M. 1 (Part II)
tive service.)

er than those on page 24
I. 1, connected with the
n of Will) is to be made
the Officer Commanding
pany to which the man

ries will be initialled by

O SOLDIER

y responsible for the safe

is book on your person
rvice.

k whenever called upon to
authority, viz.: Officer,
tary Policeman.

ke any entry in this book
of Will on page 24; see
and disobedience of this
offence.

any entry is lacking or
book, you will report the
ry superior.

etain this book after dis-
ices, but should you lose
ot be replaced.

New Pay Book issued according R.O. 2845 J.S.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C-33556

Surname (in capitals) GAGNON

Christian Names (in full) Joseph Roger

Date of Birth Sept 22 1922

Place of Birth Hull. Que. Can.

Citizenship Canadian

Trade on Enlistment Driver

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion R. C.

Enlisted at Ottawa. Ont. Can

Date 3-2-42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. Nil

Signature of Soldier J. R. Gagnon

Signature of Officer [illegible] Capt.

Place Ottawa. Can. Date 20-2-42

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife	S	
	Children		
2nd	Father	Joseph Gagnon	3-2-42
	Mother	Regina "	
3rd	*Brothers and Sisters	Armand "	
		Aurelle "	
		Grace "	
		Pauline "	
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

250 St Laurent St Hull Que Can

" " " "

" " " "

St. Redemptorist St Hull Que Can

250 St Laurent St Hull Que Can

(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
5-2-4[illegible]	Pte		36	J. G. [illegible] Capt.

(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:—**

Basic Training
Cornwall, Ont, Can.
13/3/42 – 17/5/42 [initials]

Qualified in addition as under:—

Date......................... ....

Commanding..

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

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Typersip School	Hull	1937	J. A. [signature] Capt.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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
2-2-42	B1	Med Board		[illegible] Capt
3-7-42	A1	M.F.B. 227		

(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	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
28-12-43		✓		

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T.A.B.T.	1-[illegible]-44	G. Soucie Capt
TYPHUS-1CC	1-[illegible]-44	G. Soucie Capt

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T. A. B. T. 1	9-3-42	[illegible]
T. A. B. T. 2	31-3-42	
T. A. B. T. 3	21-4-42	
TABT ½ cc	19 June 43	[illegible] Conway
TYPHUS ¼ ½ cc	29-12-43	
	4-1-44	G. Soucie Capt
"3" 1 cc	12-1-44	G. Soucie Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
9-3-42	
12-1-44	[illegible] G. Soucie Capt

(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
X-Ray Chest Neg	3-2-42	[illegible] Hartig
"M" TEST (REV.) COMP		
"Q" CARD COMPLETE	22 June 43	[illegible] Capt.
D. M. EXP.	23-6-43	[illegible]
CAP. RESP. CHK.		
FINGERPRINTED—CAIB		
1st privilege leave	14-9-43	J. P. [illegible]
with travel	21-9-43	Capt
Volunteer Service U.O.4		[illegible]
Medical & Class.	Dated 23 [illegible] 44	Maj
PRIV. LEAVE	9-2-44	[illegible]
Awarded 2 Red.	17-2-44	Maj
Chevrons R.O. 4613	17/5/44	[illegible] Capt

ds" XI. JUN 1 1942 Observed Bureau ~~de Recrutement~~ de Hull. Checked ~~n, Hull, Que~~ Card .... Observations .... **DUPLICATE**

~~ORIGINAL~~
DUPLICATA
~~TRIPLICATA~~

Regt. De Hull. OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité ~~Le Regiment de Hull~~ DD.MD.#3. N° Matricule [redacted] C-33556

ARMÉE CANADIENNE

01/PT E

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom .... GAGNON,
2. Prénoms .... Joseph Roger,
3. Adresse actuelle .... 250 Rue St-Laurent, Hull, Que . Canada
4. Date de naissance .... 22 Sept. 1922
5. Lieu de naissance Canada (Pays) .... Que. (Comté ou province) .... Hull. (Ville ou canton)
6. Religion (indiquez la confession) .... C.R.C Roman Catholic
7. Métier ou profession .... Chhauffeur,
8. Marié, veuf ou célibataire .... Celibataire
9. Nom du plus proche parent .... Mr. Joseph GAGNON.
10. Degré de parenté .... Pere
11. Adresse du plus proche parent .... 250 Rue St-Laurent, Hull, Que. Canada
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi?
 .... non
 (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? .... (Oui ou non)
 .... non
 (Si oui, spécifiez le numéro matricule et l'unité)
 (*b*) Quelque autre armée de mer, de terre ou de l'air? .... (Oui ou non)
 .... non
 (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? ....
 .... non
 (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

C.A.A.

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DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Joseph Roger GAGNON. ...., déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date .... 3-2-42 Sgt H. Deeby .... J. Roger Gagnon
(Signature de la recrue)

Witness Sgt H. Deeby

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Joseph Roger GAGNON. ...., promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

J. Roger Gagnon
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté le serment devant moi,

à Ottawa, Ontario, Can. ce 3rd. jour de February 1942

Charles Roux Capt.
(Signature du magistrat, du juge de paix ou de l'officier certificateur)

DD.MD.#3.
(Titre, grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

FINGERPRINTED—CAIB

P

État de service de GAGNON, (Nom) Joseph Roger. (Prénoms) N° matricule C-33556

APTITUDES

Militaires: nil.

Professionnelles ou commerciales: nil.

Civiles ou de métier: Driver.

Techniques: nil.

Langues: French and English Spoken

DEGRÉ D'INSTRUCTION

École supérieure ou Académie (années achevées): nil.

Graduation ou Immatriculation (Spécifier): nil.

*Collège: nil.

*Université: nil.

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
		TOS. DD.MD.#3. on enlistment.	Pte.	3-2-42	DD.MD.#3.	Ottawa	36	5-2-42
		SOS D. D. M. D. 3. on transfer to # 31 C. A. (B) T. C., Cornwall (Le Regt. de Hull Reinf)	"	13-3-42	"	"	73-42	14-3-42
		TOS ~~Attached~~ to CA(B)TC 31 from DDMD 3 for all purposes. RCOC Reinf.	do	14-3-42	CA(B)TC	31 Cornwall	D.O. 62	17-3-42
		SOS ~~Ceases to be attached to~~ C.A.(B)T.C.#31 on transfer to Le Regt. De Hull. Nanaimo. B.C.	do	12-5-42	do	do	D.O. 107	13-5-42
20-5-42	R de Hull	T.O.S. Le Regt de Hull on transfer from C.A.(B)T.C. NO. 31 Cornwall Ont.	Pte	13-5-42	R de H.	Nanaimo	Part II No.78	20-5-42

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

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CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier GAGNON, Joseph Roger. Lieu 139 Main, Hull,

Lieu 250 Rue St-Laurent, Hull, Que Date 2 Fev. 1942

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 19   2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds no
j. Affection nasale no

k. Maladie des oreilles no
l. Maladie des yeux no
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez--vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

never ill.

J Roger Gagnon
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE. Pupils equal and react to L & A

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails)
Vacc. left arm, scar front R wrist.
urine normal   reflexes normal

2. Taille 5 pieds 3½ pouces.   3. Poids 152 livres

4. Teint Dark   Yeux Blue   5. Développement Good {Bon / ~~Passable~~ / ~~Médiocre~~}

H&L normal   Cheveux Brown

15/75

6. Tour de poitrine—Circonférence, pleine expansion 37½ pouces   Degré d'expansion 3½ pouces

7. Vue, droite 20/25 gauche 20/25   8. Ouie, droite W.V. 20 gauche W.V. 20 ft.

Avec lunettes, droite ...... gauche ......

9. État de la bouche et des dents Tonsils enlarged, Healthy D.R. 42

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
Tonsils enlarged. operation required for removal.
Not active at present;

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie B1

Observations spéciales lorsque la catégorie est inférieure à A. Enlarged ~~f~~ tonsils for re exam when removed.

(Président) T. Shillington, Col. RCAMC   (Membre) W.T.M. MacKinnon, Lt.Col. RCAMC   (Membre) G.S. MacCarthy Lt.Col. RCAMC

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
1942	X-ray of Chest – Neg.	MAR 9 '42	RE EXAMINED CATEGORY B1 CONFIRM
MAR 9 '42	TAB. & T. 1 cc		[illegible]
	3	12-9-42	M.F.B. 227 cat. "A" reaffirmed [illegible]
		6-11-42	M.F.B. 227 cat "A1" [illegible]
MAR 9 '42	VACC.	31-3-42	1cc
		21-4-42	1cc

7-9-42 M.F.B. 227. Cat A [illegible]   3, 5, 43 Rexam Cat A1 [illegible]

6 K

N° matricule C-33556[illegible] Grade Pte. Nom GAGNON, Prénoms Joseph Roger.

Garnison	Date d'arrivée à la garnison	Date de — Admission à l'hôpital — Jour	Mois	Année	Date de — Sortie de l'hôpital — Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
Nanaimo B.C.	19-4-42	16	9	42	26	9	42	Tonsillectomy	10	Well - sick furlough	[illegible]

Statement of the Service of No. C-33556 Rank Pte Sheet No. 1

Name Gagnon J.R.

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M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

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
	Regd Hull	Medically examined and reclassified category "A" 1	Pte	24-6-42	Regd de Hull	Nanaimo	D. O. No. 114	29-7-42
		Awarded 14 days CB (A.A. SEC) 15) (2) for A.W.L. from 1330 hrs. 9 Aug till tattoo 2300 hrs 9 Aug 42 Cert. forfeits 1 day pay under F.R. & I. Cert 149. (I) (A)	Pte	Aug 42	Regt de Hull	Nanaimo	" " " 122	13-8-42
	"	ADMITTED TO NANAIMO HOSPITAL	"	16-9-42	"	"	" " " 145	17-9-42
	"	DISCHARGED FROM NANAIMO MIL HOSP	"	26-9-42	"	OTTER POINT	" " " 153	28-9-42
	"	GRANTED SICK LEAVE OF ABSENCE FOR 1 WEEK	"	28-9-42	"	"	" " " 154	30-9-42
	"	MEDICALLY REBOARDED AND RECLASSIFIED CAT "A"-1	"	21-10-42	"	COLWOOD	" " " 184	11-11-42
	"	Attd FAP Except pay to Combine Operations School of Instructions Courtenay BC	"	9-12-42	"	"	" " " 206	9-12-42
		Att. fap ep to Combined Operations Centre	"	10-12-42	"	Courtenay BC	6	10-12-42

Ceases to be attached Combined Operations Centre for a/p. ex[illegible] pay.

5600
2

Statement of the Service of No. C-33556 Rank Pte Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name Gagnon J.R.

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Dated
	RdeHull	Ceases to be att'd FAP E/P to Combined Operations Courtenay B.C.	Pte	20-12-42	RdeHull	Colwood	" " " 216	22-12-42
	"	Granted furlough 14 days (25 Jan to 7 Feb 43) issued A352541 with TW Travelling time 7 days (18 to 24 Jan 43) Auth to draw 50 per diem	"	25-1-43	"	"	" " " 13	19-1-43
	"	AWL from 2200 hrs 7-2-43 and is still AWL at 2200 hrs 8-2-43 (1st day)	"	7-2-43	"	"	" " " 29	9-2-43
	"	Awarded a forfeiture of 14 days' pay for AWL from 2200 hrs 7 Feb 43 to 2359 hrs 13 Feb 43. Total absence 6 days 1 hrs 59 min. Aut forfeits 7 days' pay. Total forfeiture 21 days' pay.	"	16-2-43	"	"	" " " 36	17-2-43
	"	Auth to receive increased rate of pay 1.40 per diem	"	1-2-43	"	"	" " " 38	20-2-43
	"	Awarded 72 hrs detention for: having fight with another soldier of his platoon. Aut forfeits 3 days' pay. Total forfeiture 3 days' pay	"	17-3-43	"	"	" " " 53	18-3-43
		D.O. 53 of 18/3/43 add: Admitted to Detention at 1730 h 17/3/43	"	26-3-43	"	"	" " " 59	26-3-43

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Regimental No. C-33556 Rank Pte. Sheet No. ~~1~~ 3

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

Name GAGNON J.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority: D.O. Number	Authority: Dated
S.O.S. Le Regiment de Hull C?A. on trans. to D.D. No.3 Ottawa. Ont.	Pte	15-5-43	R de Hull	Colwood B.C.	95	15-5-43
T.O.S. # 3 D.D. on transfer from Ist. Bn. Regt. de Hull Colwood B¢C. & posted to "C" Coy	"	16-5-43	#3 D.D.	Ottawa	139-43	19-5-43
Granted special leave from 0800 hrs. 19 May 43 to 0800 hrs., 25 May 43	"	19-5-43	"	"	#139	19-5-43
Returned from specia leave	"	25-5-43	"	"	#145	25-5-43
S.O.S. No. 3 District Depot, (CA) on posting for all purposes to No. 1 Transit Camp, Windsor, N.S.	"	2-6-43	"	"	153	2-6-43.
ATT. NO 1 TRANSIT CAMP		3. 6.43	#1 TRANSIT	WINDSOR, N.S.	142	4 6. 43
SOS. NO 1 TRANSIT CAMP		10. 6.43	#1 TRANSIT	WINDSOR, N.S.	148	10. 6.43
S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 10 Jun 43						
T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 11 Jun 43						
AND DISEMBARKED ON 18 Jun 43.						
T.O.S. — 5 C.I.R.U.	Pte	19 Jun 43	5 CIRU	UK	98	21 Jun 43
SOS' S.O.S' to 6 CIRU	Pte	3 July 43	5 CIRU	UK	109	5 July 43
TOS' T.O.S from 5 CIRU	Pte	4 Jul 43	6 CIRU	UK	131	5 Jul 43
SOS SOS to F.M.R.	Pte	8 July 43	6 CIRU	UK	134	8 July 43
TOS' TOS from 6 CIRU	Pte	9 July 43	FMR.	UK	39	16 July 43
Am'd DO. 10/26 Feb 44. Granted regt'l rate of pay $1.50	Pte	~~1 Jan 43~~ 1 Feb 43	FMR	UK	41	28 July 43
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CY. AA 15(1): 14 days C.B. Forfs 1 days pay	Pte	13 Mar 44	FMR	UK	14	23 Mar 44
CY Embarked at UK on 6 Jul 44 / Disembarked at France on 8 Jul 44	Pte	—	FMR	21 A. Gp	48	13 Jul 44

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

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

Name..............................

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—			Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS								
~~error~~	~~error~~	~~SOS~~	~~TOS from 6C/RU~~	~~Pte~~	~~9 July 43~~	~~7 M.R.~~	~~U K~~	~~39~~	~~16 July 43~~
	error		~~Granted regt rate of pay 150~~	~~Pte~~	~~1 Jan 43~~	~~7 M R~~		

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 GAGNON Joseph Roger (b) Reg'l. No. G-33556
2. (a) Arm of service ARMY (b) Unit DDMD/3 (AF) (c) Rank Pte.
3. (a) Date of birth 22.9.1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 250 St. Laurent St. Hull Que. Can.
4. (a) Place of enlistment Ottawa Ont. Can. (b) Date of enlistment 3.2.42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (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.) Entrance
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? YES (b) If so, for what occupation? Mechanic (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 4 yrs.
9. (a) What languages do you speak fluently? FRENCH & ENGLISH (b) What languages do you read well? FRENCH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NO (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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Truck Driver (b) State how long you had worked at this trade or occupation 4 yrs.
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 2 Months before Enlisting
15. Give details of last employer, if any: Name J. Heneye & Son Address Ottawa Ont. Can.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Coal Dealer
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

COPIED Archives CORP

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

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

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

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

22. (a) State nature of business, or professional practice (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? NA (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? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NA
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Driver Mechanic

DATE 3.2.42 194 SIGNATURE Roger Gagnon

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

Hull Reg't

*MARRIED
*WIDOWER
*SINGLE

NO. C-33556 RANK Pte. 17 NAME Gagnon, Joseph Roger

PLACE OF ENLISTMENT Ottawa, Ont., Can. DATE 3-2-42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
36	5-2-42.			A.S.	1.30		
39	20-2-43				1.40		eff. 1-2-43

JOS. GAGNON 250 ST. LAURENT, ST. HULL QUE.

Vol. ASSIGNMENTS Mother

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Regina Gagnon	Mar 42	~~20~~	~~60~~
~~War Sav. Cert.~~	~~1-9-42~~	~~1 00~~	~~21.00~~
~~4th V.L.B.~~	~~1-5-~~	~~20 00~~	~~17.80~~
WAR SAV. CERT.	1-9-42	1 00	
5th Vic LOAN (100) Nov-Apr 44 inc		16 80	

250 St. Laurent Hull

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
MFM 18 Eff. 1-4-43			
6th Vic Loan (100)		16.80	
6th Vic Loan (50)		8.40	

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON
REHABILITATION GRANT $ PAID
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $ P.A.
OCCUPATIONAL FORM COMPLETED

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		Joseph Gagnon(Father)250 St.Laurent St.,Hull, Que., Can.	
36	5-2-42	Attached to #31 T. C., Cornwall, for all purposes, including pay.	FEB 13 1942
73	14.3.42	Attached to #31 T. C., Cornwall, for Hull all purposes, including pay.	MAR 13 1942
62	17-3-42	Att. TC#31 fr. MD#3 eff. 14-3-42,	
100	4-5-42	3 Days 'cb AWL Tatoo call 2245 hrs. 30-4-42, Eff.1-5-42 ,	
107	13-5-42	Cease to be att. TC#31 transf.LeRegiment deHull Nanaimo,B.C.	
78	20-5-42	T.O.S. Le Regiment de Hull C.A. w.e.f. 13-5-42	
114	29-7-42	Medically Examined & reclassified "A" 1 24-6-42	
122	13-8-42	Awardéd 14 days'Cb AWL from 1330hrs. 9-8-42 until 2200 9-8-42. Forfeiture :1 dayspay	
145	17-9-42	Adm. to Nanaimo Military Hosp. Eff. 16-9-42	
153	28-9-42	Disch. from Nanaimo Military Hosp. Eff. 26-9-42	
154	30-9-42	Granted sick leave of abs. for 1 week Eff. 28-9-42	
184	11-11-42	on 21-10-42 medically reboarded and reclas. "A-1."	

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS Page 2	IF IN HOSPITAL NOTE NAME
206	9-12-42	Att'd for a.p. except pay to Combined Oper. Sch. Courtenay B.C. Eff.9-12-42	
216	22-12-42	Cease to be att'd to Courtenay Eff. 20-12-42	
13	19-1-43	Granted (14 days) Furl. from 25-1-43 to 7-2-43(.50¢ p.d. Granted (7 days) Tr. T.from 18-1-43 to24-1-43(.50¢ p.d.	
29	9-2-43	AWL from 2200 hrs 7-2-43 & still AWL 8-2-43 (1st day)	
36	17-2-43	Awarded forf. 14 days'pay for AWL from 2200 hrs 7-2-43 to 2359 hrs 13-2-43 total of abs:6 days 1 hr, 59 mins. total forf. 21 days'pay	
39	20-2-43	increase rate of pay $1.40 eff. 1-2-43	
53	18-3-43	Awarded 72 hours Det. for misconduct (fought with another soldier) Total forf. 3 days pay	
95	15-5-43	SOS Le Regiment de Hull C.A. on transfer to D.D.M.D. No.3 Ottawa, Ont. Eff. 15-5-43	
139	19-5-43	TOS # 3 DD CA on tfr from 1st Btln Regt de Hull Colwood BC eff 16-5-43	
139	19-5-43	Gr Spl. Lv from 19 to 25-5-43	
153	2-6-43	SOS # 3 DD CA on posting, for all purposes to No 1 Transit Camp, Windsor N.S. eff. 2-6-43	
142	4/6/43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 3/6/43	
148	10.6.43	PROCEEDED OVERSEAS 10.6.43	

CONTINUATION CARD M.F.M. 14

Regimental No. C-33556 Name Gagnon Jos Roger

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
98	21.6.43	TOS 6 C.O. wef 11.6.43 + 5 CIRU wef 19.6.43
109	5-7-43	SOS to 6. C.I.R.U. w.e.f. 3-7-43
131	8.7.43	Tos 6CIRU fr 5CIRU wef. 4.7.43.
134	8.7.43	Sos 6CIRU to FMR " 8.7.43
39	16-7-43	T.O.S. FMR fr 6CIRU wef 9-7-43
41	28-7-43	Inc. rate of pay $1.50 wef 1-1-43.
55	23.10.43	7 days P.L. & R.A. (4.69) 14 Sep-21 Sep 43
4	22/1/44	Awarded C.V.S.M. & Clasp eff 15/1/44
10	26/2/44	D.O. 41 para 4(A) of 29 Jul 43 is amended to read wef "1 apr 43"
11	29.2.44	7 days P.L. & RA 4.69 (8-15 feb 44
17	23-3-44	On 13 Mar 44 awarded forf 1 day pay awl.
48	13-7-44	Embarked U.K. 6 Jul 44 Disembarked France 8 Jul 44

M.F.M.—14A

Part II D.O.		PARTICULARS OF CASUALTY
No.	Date	
C.R.	22-7-44	S.O.S. FMRTO X6 list (PMR) w.e.f. 22 Jul 44. Missing, believed killed

63
Killed 22.7.44

No. C-33556 Name Gagnon J. R. Sqn., Battery, or Company Corps Fus. M. R. Date of enlistment 3-2-42 G.C. Badges N/A Service or Proficiency Pay N/A

M.F.M. 6
(A.F.B.122)
500M—8-39 (1703)
H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet N/A No. and date of last drunk N/A Period not reckoning towards freedom from extra fine N/A Sheet No. 1 Signature O.C. Company, etc. J.P. Gauthier Capt. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Hull	9/	#1 sheet destroyed on completion of 6 months service Auth: #2084 date: 17/8/43 (NO ENTRIES)							
Hull	9/8/42	Pte	-	A.A.40 Conduct to the prejudice ed: Fighted with soldier	(No Records)	72 hrs Detention	No Records	No Records.	
Hull	No Records	Pte	-	A.A. 15(1) A.W.L from 1330 hrs 4/8/42 till 2200 hrs 9/8/42	No Records	5 days' Pay 14 days C.B.	No Record	No Records	Forf. 1 days Pay F.R. 1.149(1)a
Hull	7/2/43	Pte	—	A.A. 15(1) A.W.L from 2200 hrs 7/2/43 till 2359 hrs 13/2/43 (6 day 59 Min	No Records	14 days Pay	No Records	No Records	Forf. 7 days Pay F.R. 1.149(1)a

Certified True Copy
J.P. Gauthier Capt.

(P.T.O.)

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used *for all ranks*, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Nanaimo B.C. DATE 24 June 1942

1. (*a*) Unit Le Regiment de Hull (*b*) Regimental No. C-33556 (*c*) Rank Pte.

(*d*) Surname Gagnon (Use block letters) (*e*) Christian names Joseph Roger

(*f*) Home address 250 rue St-Laurent, Hull, Quebec

(*g*) Next of Kin Gagnon Joseph (*h*) Relationship Father.

(*i*) Address of Next of Kin 250 rue St-Laurent, Hull Que.

2. Age last birthday 19 Date of birth 22nd Sept. 1922

3. Enlistment, or Appointment: (*a*) Place Ottawa (*b*) Date 2 Febuary 1942

(*c*) Category on enlistment B1 (*d*) If lower than A on enlistment, give reason Enlarged tonsils

4. Personal description: (*a*) Height 5'3¾" (*b*) Weight 159

(*c*) Complexion Medium (*d*) Colour of hair Brown (*e*) Colour of eyes Brown

(*f*) Identification marks, scars, etc. Linear scar 1½" right wrist.

5. Former civilian trade, profession or occupation Truck Driver

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.

(*a*) Length of service. Years Days 142

(*b*) Periods of service:

(*c*) Trade on enlistment

	From	To
Former Wars		
War 1939—Canada C.A.	2-2-42	To Date
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. Tonsilitis 0902
(To be filled in when examination has been completed)

(*a*) Dates of origin Unknown

(*b*) Places of origin Hull, Que.

(*c*) Causes Infection.

M.F.B. 227
[illegible]—2-41 (9512-3)
H.Q. 1772-39-117

8. Present Condition—(*a*) Subjective
(In the individual's own words)

I cough all the time, my nose is striffed,
and my throat aches at times.
I am willing to have an operation if needed.

(*b*) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Tonsils enlarged & crypte.
Physical exam: otherwise negative.

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

Has always had a bad throat.

could not eat or swallow for 4 days

a year ago

Sorethroat off and on.

Phlegm brought up in the morning.

10. Were the diseases or injuries caused or aggravated:

(*a*) By intemperance or improper conduct: or (*b*) by unreasonable refusal to accept treatment?

No

11. What is the probable duration of the diseases or injuries?

Definite with treatment

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

Yes

13. Can the former civilian trade, profession or occupation be resumed?
(If not, briefly state why)

Yes

14. Recommendations To S.M.B.
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

Medical Officer by whom the case is brought forward.

R. Valles' Capt. RCAMC

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Gagnon J.R. having heard the contents of Sections 8 (a) and 9 read, am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nil

CERTIFIED TRUE COPY
OF ORIGINAL DOCUMENT

R.C.A.M.C., M.D. No. 11

Rank

R. Gagnon Pte.

Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons

WE CONC UR

16. It is certified that the invalid,—
(a) Does require treatment (give nature of treatment required and probable duration.)

Tonsillectomy recommended

(b) ~~Does not require treatment.~~

Categories hereunder are defined for information only.

(1) *NAVY*—
A. General service.
D. Temporarily unfit.
E. Unfit for Category A.

(2) *ARMY*—
A. General service.
B1, B2 } Service abroad (not general service).
C1, C2 } Home service (Canada only).
D. Temporarily unfit.
E. Unfit for A, B, C.

(3) *R.C.A.F.*—

A1B	Fit for full flying and ground duties anywhere and under any conditions.
A1HBH	Fit for full flying and ground duties in Canada.
A2B	Fit for limited flying duties and all ground duties anywhere and under any conditions.
A2HBH	Fit for limited flying duties and all ground duties in Canada.
A3B	Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
A3HBH	Ditto but Canada only.
A4B	Fit for passenger flying and full ground duties anywhere and under any conditions.
A4HBH	Ditto but Canada only.
ATB	Unfit for flying temporarily but fit for full ground duties anywhere.
ATBH	Unfit for flying temporarily but fit for full ground duties in Canada.
ATBT	Temporarily unfit for any form of duty.
APB	Permanently unfit for flying, fit for ground duties anywhere.
APBH	Ditto but only in Canada.
APBT	(Permanently unfit for flying, temporarily unfit for any form of duty).
APBP	Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category A1.

Place NANAIMO B.C.

Date July 3-42

S.A. Wallace, Major RCAMC *President.*

M. Carnat Capt. RCAMC
R, Vallee' Capt. RCAMC } *Members.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Roger G agnon understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons

P arcique J'ol pour et mes parents veut Pas

Witness W. J. Mitchell Cpl. RCAMC Signed R. Gagnon G-33556

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

CERTIFIED TRUE COPY
OF ORIGINAL DOCUMENT
J. D. Hunter
R.C.A.M.C., M.D. No. 11

Place

Date

President.

} *Members.*

APPROVED
APPROVED BY
JUL 12 1942
J. D. Hunter Major
R.C.A.M.C.
FOR D.M.O. MIL., DIST., No. 11

D.M.O. or P.M.O.

Date

APPROVED BY [signature]

D.G.M.S. or D.M.S. (Air)

Date (7-) 42

File No 405-G-6795

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C 33556 Name Gagnon, Joseph Roger

Rank on Discharge Pte Date of Discharge

Authority for Discharge or Retirement Deceased.

Served in: Non-qualifying service

Canada	from	3-2-42	to	10-6-43	
	from		to		
United Kingdom	from	11-6-43	to	6-7-44	
	from		to		
Italy	from		to		
Northwest Europe	from	7-7-44	to	22-7-44	K/A.
---------	from		to		
---------	from		to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal O.K

War Medal OK

Canadian Volunteer Service Medal with clasp } OK

M

NO RIBBON DESPATCH

Verified by Edna Lauve

Date JUL 18 1946

Carded

WD

HA 165

F.T.

Mr. Joseph Gagnon,
250 St. Laurent Street,
Hull, Quebec.

Dear Mr. Gagnon:

It was with deep regret that I learned of the death of your son, C33556 Private Joseph Roger Gagnon, who gave his life in the Service of his Country in the Western European Theatre of War on the 22nd day of July, 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,

H. F. G. LETSON
Major - General
Adjutant - General

SEP 8 - 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

/EMA

23

A.H81

405-G-6795

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: Fus M R

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: C33556

Rank: Pte

Surname: Gagnon

Christian Names: J.R.

Died — Date: 22 Jul 44 Place: France

Cause of Death*: Killed

Nature and Date of Report: 3011c/82 18 Aug 44

By whom made: Fus M R

* 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: Cdn Mil temp cem MONDEVILLE, 7F/1 087675 P'7' R'A' Gr'4' Date: DNK

By whom reported: Infm from 3314B Serial 15

State whether he leaves a Will or not

(a) in Army Book 64: No.

(b) as a separate document: Not Rec'd

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 10 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Robert Cpt for Officer i/c

Cdn Sec 2nd Ech HQ21 A Gp.

36

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

Director of Estates

Regimental No. C.33556 Rank Private

GAGNON Joseph Roger
Surname Christian Names

Unit Les Fusilier Mont Royal (CA)

Date of Death 22-7-44 Place of Death Overseas (France F.T.)

Next-of-kin Mr. Joseph Gagnon Relationship Father

Address 250 St. Laurent Street, Hull, Quebec.

M.F.M. 5 Copy M.F.M. 5 herewith

Will Will d/1-6-43 herewith

Date 21-9-44

ESTATES BRANCH
SEP 26 1944
H.Q. OTTAWA
NATIONAL DEFENCE

JEC:DM

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

QUOTE NO. H.Q. 405-G-6795 D.R. 2(C)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

F.T. Please

OTTAWA, CANADA,

16th March, 1946.

Mr. Joseph Gagnon,
250 St. Laurent Street,
Hull, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, C33556 Private Joseph Roger Gagnon, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row H, plot 11, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

KJD

/EFH

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

C. 33556
R. 4 (B)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.33556, Private Joseph Roger GAGNON, of Les Fusiliers Mont-Royal, Canadian Army, was killed in action on the 22nd of July, 1944.

(H.M. Jackson) Lt.-Col.,
for Adjutant-General.

Officer authorized to sign certificate of death and/or presumption of death for the Canadian Army.

Department of National Defence,
OTTAWA, Canada.
22nd June, 1948.

CANADIAN MILITARY HEADQUARTERS No. 7685

9

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) GAGNON, Joseph Roger

NO. C-33556 RANK PTE UNIT FUS MONT ROYAL

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

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

CASUALTY MISSING DATE 22 JUL 44 LIST # A-473 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 No. 2)
2. NAME, (In Full) Mr. Joseph GAGNON

   RELATIONSHIP FATHER ADDRESS 250 Rue St.Laurent, HULL P.Q.

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)

   (Name) (Address) EXECUTOR

2. BANK ACCOUNT - NAME OF BANK, etc. A/c No.

   ADDRESS

3. KIT PRIVATELY STORED - NAME of Custodian

   Address

4. Particulars of DEBTS, Remarks, etc.

Date SEP - 1 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.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, Ottawa.

From.....Head Office.

.....Ottawa, September 22nd, 1944.

RE: C-33556 - PTE. GAGNON, Joseph R.

P. & N. H. 657-J.

The Department of National Defence, Army,

officially reports that the marginally named was reported -

"Killed in action,

on the 22-7-44 on service Overseas."

His next of kin is reported as - Father -
Mr. Joseph Gagnon,
250 St. Laurent Street,
Hull, Que.

The Addressograph Stencil shows payment of Assigned Pay of

$ 30.00 a month to - Mrs. Regina Gagnon,
Canc. 1-4-43. 250 St. Laurent St.,
Hull, Que.
Relationship not stated.

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

E. Clewes,

for
Canadian Pension Commission.

/TP

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C.33556 RANK Private SERVICE UNIT Les Fusilier Mont Royal (C.A.).

NAME GAGNON, Joseph Roger

DATE OF BIRTH 22-9-22 DATE OF ENLISTMENT 3-2-42

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME ADDRESS D.A.B. Mr. Joseph Gegnon,

ADDRESS 250 St. Laurent Street, Hull, Quebec

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9479 H.Q. 405-G-6795

CASUALTY DETAILS Killed in action DATE 22-7-44

COPIED Archives COPIE

FRANCE. F.T.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 28-8-44

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

BTC

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

No C.33556 Rank Private Name GAGNON, Joseph Roger

Unit Fusiliers Mont-Royal Date of death 22nd July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-G-6795

N/K Mr. Joseph Gagnon, Relationship Father

Address 250 St. Laurent Street, Hull, Quebec.

Remains buried in Cdn Mil Temp Cem Mondeville 7F/1 Cemetery
087675 Pl.7 Row A Grave 4
France

Grave location

COPIED ARCHIVES COPY

CYK

OVER

REBURIAL

Bretteville-sur-Laize Cdn.Mil.Cem.
Bretteville-sur-Laize, France.

Grave 4, row H, plot 11

HI & CR Form Despd. OCT 30 1946

Photographs
Despatched
SEP 3 1947

MAR 19 1946

BURIAL REPORT TO N.K.

JUN 12 1945

RETURN TO BUR. OF STAT.

SEP 16 1944

ROYAL MESSAGE DESP'D.

SEP 26 1944

CAN. MESSAGE DESP'D.

Temp B R sent to N K

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) — 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: GAGNON (Block letters) — Given names: Joseph Roger

4. RESIDENCE — Street: Rue St. Laurent No. 250 — Official name of civil municipality or township: Hull — Municipal county .... Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: September (Month) 22nd (Day) 1922 (Year)

12. AGE OF DECEASED — Years: 21 — 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.: Chauffeur
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	GAGNON, Joseph	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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 .... (Month) .... (Day) 19...... (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 22nd (Day) 1944 (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) 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.**

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 .... (State which) Date ....19......
Manner of injury .... (How sustained)
Nature of injury ....
Specify whether injury occurred in industry, in home, or in public place ....

OVERSEAS CASUALTY CANADIAN ARMY

JUN 12 1945

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 francais)

Director of Records, Dept. of National Defence.

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Joseph Roger GAGNON (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Hull, in the County ~~District~~ of Hull

Province of Quebec, Driver (Civil Occupation)

Regimental No. C-33556, Unit #3 D.D.(CA), 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 father, Joseph GAGNON, now residing at 250 St-Laurent St., Hull, Que. Can., all my estate, real and personal.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Joseph Gagnon (Name) 250 St-Laurent St., Hull, Que. Can. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 1 day of June 1943

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.

Joseph Roger Gagnon (Signature of soldier)

First witness sign here.

(5) Signature [illegible]
Civil Address 205 Parker St. Ottawa Can.
Civil Occupation Clerk Accountant

Second witness sign here.

Signature [illegible]
Civil Address 331 MacLaren St. Ottawa Can
Civil Occupation [illegible]

(Witnesses are not to be beneficiaries.)

[OVER]

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 GAGNON
(Surname first—Christian names in full—Block capitals)
JOSEPH ROGER

(2) Regimental or Official Number and Rank C-33556 Pte.

(3) Unit DDMD 3 (AF)

(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 MA

(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 Joseph Gagnon Labourer

250 St. Laurent St. 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 Regina Gagnon

250 St Laurent St. Hull Que. Can.

COPIES COPIE

(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? NA
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? NO

If so, in what Company? NA
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NA
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.

Raymond Gagnon
(Signature of officer or man)

Date 3.2.42

Charles Lewis
Officer Commanding

Date 3.2.42

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.

JM-12-4
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Roger (CHRISTIAN NAMES) GAGNON (SURNAME)

REGISTER NO. D-5781
FILE NO. 405-G-6795
DATE 5-9-45
SERVICE NO. C-33556
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 22-7-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 22-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 870. NO. OF DAYS 876/30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 408 LESS 6 INELIGIBLE DAYS, EQUAL TO 402 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	100.50
	318.00
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 408/183 X$ 19.25	42.92
D. WAR SERVICE GRATUITY	360.92
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	360.92

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
KRM	[illegible]

TREASURY	
CHECKED BY	DATE
P.A. Thomas	12-9-45

[illegible]
SERVICE REPRESENTATIVE

ΔT

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name GAGNON, Joseph R. No. C-33556
Surname Christian Names

Pte. C.A. C/S 22-7-44
Rank Unit Date of Death

AMOUNT

W.S.G. 360.92
L.P.C. $ 115.55

Date 1-10-45

Other Credits 3.00

Total 479.47

Prev.dist. 118.55
This dist. 360.92

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Joseph Gagnon, 250 St. Laurent St., Hull, Que. (Sole beneficiary per will)	360.92

P4. TO TREAS.

OCT 25 1945

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$360;92

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. 9K9

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. C33556 Rank and Name GAGNON. J.R. Pte.

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

(~~Transfer~~ or Discharge) ~~to~~ ..... on 22nd July. 19 44.

Reason Death Authority: C.C.L."A" 481 d/24th.August.44.

The following is a statement of the account of the above-named from 1st July. to 31st.July. 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	69	23
First Monthly Payment ARd/5.7.44.	4	47	Regimental Pay 31 days at $ 1.50	46	50
Casual Payments AR23.d/17.7.44	4	47	Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	1	00			
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars):					
			Cash Effects SOCR 14712	9	05
			Def. Pay Interest		71
To Balance Cr Free	38	55			
Deferred	77	00	By Balance Dr		
Total	125	49	Total	125	49

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

Remarks

✓ Assnd Pay $1.00 (WSC) Stopped eff Aug.1944.

✓ Assnd Pay $25.20 (6th.V.L.) Cancelled eff May.1944.

DESTATHS BRANCH MAY 9 1945 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by F.Trenouth.

Checked by [signature]

Date 26th.April.1945. 19

Certified correct [signature]
for Chief Treasury Officer, Overseas

MW.

Form No. 1 2300

Register No. D5781

Nominal Roll No. D120

H.Q. File No. 405-C-6795

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
33556 (33556)	PTE	GAGNON	JOSEPH ROGER

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 3 FEB.42	T.O.S.	T.O.S.
S.O.S. 22 July 44 MD O/S	S.O.S. Nil MD	S.O.S. MD
Total Days 901	Total Days	Total Days

TOTAL SERVICE 901 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	493	25	468
OVERSEAS SERVICE	408	nil	408
Totals	901	25	876
Add Non-qualifying Service			25
TOTAL SERVICE			901

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 22 July 44

2. Date S.O.S. Overseas

REMARKS: DIED WHILST IN SERVICE 22 July 44

all Doc's show above dates, T.O.S & S.O.S. Sgt

Computer's Signature G.G. Wilson

Checker's Signature H. Kearney Sgt

Date Computed 24 Feb. 45

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.

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