DESROCHERS
JEAN ROGER
C43560

(*Doit être remplie en triplicata*)

DUPLICATE

M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

C 435603

N° de série de l'avis d'appel L.M.R.N. E-9089 Matricule C-422073

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° Clearing Depot No. 4

2. Nom (Majuscules d'imprimerie) DESROCHERS

3. Prénoms en entier JEAN P.

4. Adresse actuelle 83 St-Hyacinthe Hull

5. Lieu de naissance Canada (Pays) Quebec. (Comté ou province) Hull rue St-Hyacinthe (Ville ou canton)

6. Date de naissance 3 juin 1919 7. Confession religieuse C.R.

8. Signalement: Taille 5'8" Poids 125 Yeux bleu Cheveux noir

Teint Marques particulières

9. Marié, célibataire, veuf? célibataire

10. Plus proche parent Marcel Desrochhes (Nom) Degré de parenté père

83 rue St-Hyacinthe Hull (Adresse)

11. Profession ou emploi electricien

12. Service naval, militaire ou aérien antérieur nil (Indiquer les unités et les dates de service)

13. Préférence pour la Marine? nil Pour l'armée de terre? nil (Arme)

Pour l'Aviation? oui

14. Emploi dans une industrie de guerre, le cas échéant nil

J. B. Des Rochers.
(Signature de la recrue)

H. Laudette Lieut
(Signature et grade de l'officier enrôleur)

28 aout 1941 194
(Date de la signature)

for E.J. Nantel Lieut.Col.
O.C. C.A.(B)T.C. No. 44

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 44 à St-Jerome P.Q. Date 28-8-41

A accompli 26 jours d'instruction élémentaire.

Oct 1-1941 H. Laudette Lieut
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° à Date

A accompli jours d'instruction supérieure.

Qualités de chef, positives Deviennent manifestes? Latentes?

Est passé dans Date
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A"

ÉTAT DE SERVICE de DESROCHES. (Nom) JEAN. R. (Prénoms) N° matricule C-422073

APTITUDES

1. Navales, militaires ou aériennes 1 mois Militaire.
2. Commerciales ou professionnelles Nil
3. Civiles ou de métier Electricien.
4. Techniques 2 ans expérience.
5. Langue maternelle Française Quelles autres langues parlez-vous? Anglaise Lisez-vous et écrivez-vous? Oui Savez-vous conduire une automobile? Oui.

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: oui (Années achevées) — Graduation ou immatriculation: nil (Spécifier)
7. *Collège Academie La Salle.
8. *Université nil

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

Savez-vous réparer un moteur? non Expérience culinaire? nil Passe-temps favori? Tennis-Balle-Molle-Baseball.

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport: Date	Rapport: Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation: Daté le
		PASSE du dépôt central de la L.M.R.N. N° 4						
28-8-41	T.C.44.	ATTACHED FOR ALL PURPOSES:	PTE.	28-8-41	T.C.44.	St-Jerome.	PT II NO 84	28-8-41
30-9-41	"	A.W.L. from 2359 hours 24-9-41 to 1330 hours 29-9-41. Forfeits 10 days pay under Art. 149 F.R.-L.	"	30-9-41	"	"	PT II NO. 101	30-9-41.
10-10-41	"	ENLISTED IN THE CANADIAN ARMY AF ON THE 9-10-41 AND IS DISCHARGED FROM NO. 4 CLEARING DEPOT AND CEASES TO BE ATTACHED AT TC NO. 44 ON TRANSFER TO D. D. NO.5.	"	8-10-41	"	"	PT II NO. 105	10-10-41.

N° matricule C-422073 Grade PTE. Nom DESROCHERS Prénoms JEAN . R.

VACCINATIONS, INOCULATIONS. COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
X Ray No 91398					

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	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. Dans 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

ORIGINAL

MFM 82A
192M-8-40 (6653)
H.Q. 1772-39-1774

96

LOI DE LA MILICE

Loi de Mobilisation de Ressources Nationales, 1940

A

ENROLEMENT

MILICE ACTIVE NON PERMANENTE DU CANADA

NO. MATRICULE C-422 073

Pris à l'effectif de Reg de Hull.
(Unité de la Milice)

1. Nom (Caractère d'imprimerie) DESROCHERS
2. Prénoms (au long) JEAN ROGER
3. Adresse actuelle 83 St. Hyacinthe Hull
4. Lieu de naissance Hull Date de naissance 3 juin 1919
5. Religion C.R. 6. Profession electricien
7. Plus proche parent Marcel Desrochers
(Nom et adresse)
83 St Hyacinthe Hull
8. Signalement : Taille 5' 10" Poids 128
Yeux Grey Cheveux Black
9. Préférence, le cas échéant, pour le service de la Marine, de l'Armée, ou de l'Aviation (Donnez des détails, aptitudes, etc.)

aviation

Daté ce 9 jour de octobre 1940

Centre d'instruction No. 44

J. R. Desrochers
(Signature de l'homme)

N.P.A.M. TRAINING CENTRE
Sceau No. 44
COURSE 1
ENDING
NOV 7 1940

G. Roegne 2/Lt
(Signature et grade de l'officier effectuant l'enrôlement).

Sceau du certificat d'instruction

56 1189

Signature de l'officier apposant le sceau

S.O.S. /26-9-41- /OT II 54/229

26-9-41

Received.....Hull Regt Checked HAS BEEN PHOTOGRAPHED & Observations.....

FINGERPRINTED.

DUPLICATE

Records JUN 1 1942

M. D. XI. JUN 18 1943 Observed

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

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

OCCUPATIONAL HISTORY FORM COMPLETED

Unité Unit ~~Le Regiment de Hull~~ (AF) Matricule Regimental Number O-43560

DDMD#3 (AF)

~~Original~~ Duplicata ~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original Duplicate Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

27 CA NIS

WSG COMPLETED

1. Nom Surname DESROCHERS
2. Prénoms Christian Names Jean Roger
3. Adresse actuelle Present Address 83 rue St-Hyacinthe, Hull P.Q., Canada
4. Date de naissance Date of birth 3 juin 1919
5. Lieu de naissance Place of birth Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Hull (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholique Romain
7. Métier ou profession Trade or Calling Chauffeur
8. Marié, veuf ou célibataire Married, Widower or Single ~~Marié~~ Marié
9. Nom du plus proche parent Name of next of kin Mad. Carmen Des Rochers
10. Parenté de celui-ci Relationship épouse
11. Adresse du plus proche parent Address of next of kin 19 Blvd. Sacre-Coeur, Hull P.Q., Canada
12. Avez-vous servi dans les forces navales, militaires ou aériennes? Have you served in any Naval, Military or Air Force? Non
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires If previous war service, state arm, force and regimental particulars Non
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? Do you now belong to or have you served in the Active Militia of Canada? Oui

No. C-422073 (MTC 44 Camp de St-Jerome P.Q.) RF. du 28 aout 1941 a date.
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, JEAN ROGER DESROCHERS, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, 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 la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 7th October 1941 J R Des Rochers
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, JEAN ROGER DESROCHERS, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

J R Des Rochers.
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par 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 serment devant moi,

à St. Jerome P.Q. ce 7 jour de octobre 1941
C.A.(B) T.C. 44

Roger Vincent Capt
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Capitaine, Le Regiment de Hull
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

5-HQS
10
3JUN 44
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C-43560

État de service de / Record of Service of: DESROCHERS (Nom—Surname) Jean Roger (Prénoms—Christian Names) Matricule / Regimental Number

APTITUDES
Qualifications

Militaires / Military: ~~M.T.C. St.Jerome (RF) 2 mos.~~ Nul

Professionnelles ou commerciales / Business or Professional: Nil

Civiles ou de métier / Trade or Civil: Driver

Techniques / Technical: Nil

Langues / Languages: Speaks French & English

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate: 3 yrs H.S. (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: Nil (Spécifier—Specify)

*Collège: Nil

*Université / University: Nil

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
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.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment TOS DDMD#3 (AF) on enlistment	Pte.	7/10/41	DDMD#3	Ottawa	283	~~X~~ 10/10/41
		Attached to # 31 T. C., Cornwall, for all purposes, including pa(Hull Regt. Reinf.)	"	15.10.41	"	"	291.41	13.10.41
		Attached to CA(B)TC # 31, from "~~Le Re-giment de Hull~~" # 30 D. for all purposes.	do	16-10-41.	CA(B)TC	CORNWALL	B.O. 213.	21-10-41.
		Ceases to be attached to CA(B)TC # 31, on ~~transfer~~ return to "~~Le Regiment de Hull~~" # 30 D.	do	29-10-41	do	do	D.O. 220.	29-10-41.
		Deserted on leaving to be attached to No31 CA(B)TC Cornwall and attached to Le Regt de Hull for all purposes except pay Subject to guardroom	Pte	30/10/41	1/HQ3	Ottawa	302-41	29-10-41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

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CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) DESROCHERS JEAN ROGER Date 18-9-41., Montreal.

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 22 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism) no
b. Tuberculose (Tuberculosis) no
c. Bronchite ou asthme (Bronchitis or asthma) no
d. Affection cardiaque (Heart disease) no
e. Maladie du rein ou de la vessie (Kidney or bladder disease) no
f. Gastrite intestinale (Gastro-intestinal) no
g. Hernie (Rupture) no
h. Varices (Varicose veins) no
i. Pieds plats ou déformés (Flat or deformed feet) no
j. Affection nasale (Nasal trouble) no
k. Maladies des oreilles (Ear disease) no
l. Maladie des yeux (Eye disease) no
m. Epilepsie (Epilepsy) no
n. Maladie nerveuse ou mentale (Nervous or mental disease) no
o. Syphilis no
p. Gonorrhée (Gonorrhœa) no
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) no

J. R. Desrochers
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above)

Ears, nose and reflexes normal.
Color vision CDU.Dr.E.Michaud.MD.

URINE 50367 N
SEP 18 1941
X-RAY 93557 N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).)
1 vacc. left arm.

2. Taille (Height) 5 pieds (feet) 9 pouces (inches).
3. Poids (Weight) 130 livres (pounds)
4. Teint (Complexion) Medium Yeux (Eyes) Hazel Cheveux (Hair) Dk. Brown
5. Développement (Development) Fair. (Bon—Good; Passable—Fair; Médiocre—Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 33½ pouces (inches) Degré d'expansion (Range of expansion) 2 pouces (inches)
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) cv 20 gauche (left) cv 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Two false upper teeth.
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)
Stiffness of left arm (explained by recent vaccination)

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A)

H. AUBRY. MAJOR. SAINT JEAN DES ROSIERS.M.D. Y.CHAPUT.CAPT.

H. Aubry major St. Jean Marin Y. Chaput Capt.
(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
OCT 15 '41	TAB. & T.1 cc.	OCT 15 '41	RE EXAMINED CATEGORY A CONFIRMED
16-9-42	T.T.	11-6-43	Cat A confirmed.
16-11-42	III	17-6-43	Blood Group
	3	17-6-43	T.A.B.T. 1 cc.
OCT 15 '41	VACC.		

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

Matricule C-43560 Grade Pte. Nom Desrochers Prénoms Jean Roger
Regtl. No. Rank Surname Christian Name

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	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. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première 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. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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 du médecin — Signature of Medical Officer

Statement of the Service of No. C-43560 Rank Pte. Sheet No. 1

Name Desrochers, J.R.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S. D.D.M.D.3 on transfer to Le Regt. de Hull Hull, Quebec.	Pte.	15-11-41	D.D.M.D.3	Ottawa	322-41	13-11-41
		T.O.S. Le R de Hull AF on transfer from D.D.M.D.3	"	16-11-41	R de Hull	Hull	No2	20-11-41
		To draw Subsistence Allowance.	"	"	"	"	No. 9	28-11-41
		Cease to draw Subsistence Allowance.	"	20-12-41	"	"	No. 23	30-12-41
		Married with permission ~~Garner~~ Mclock	"	22-11-41	"	"	No. 7	25-11-41
		NEW ADDRESS: Mrs. ~~Jean Roger~~ Des Rochers Lorretteville Que.						
4-3-42	R de Hull	Promoted to the rank of Cpl. with pay to complete establishment	Cpl.	15-2-42	"	"	Part II No.32	3-3-42
	"	To be a/C.Q.M.S with pay to cmplt. establisment	C.Q.M.S	9-7-42	"	Nanaimo	" " " 106	10-7-42
	"	Granted furlough 14 days (3 to 16 Jan 43						
		" travelling time 2 days (27-12-42 to 2-1-43						
		Authy to draw 50 per diem	"	3-1-43	"	Colwood B.C.	" " " 219	28-12-42
		Returned from furlough at 2 P.M.	"	16-1-43	"	"	" " " 13	19-1-43
		FOR RECORD PURPOSES ONLY						
		FROM: Marcel Desrochers (Father)						
		83 St. Hyacinthe St. Hull Que						
		to: Carmen Desrochers (Comfe)						
		19 Blvd. Jean Crouse Hull Que	"	22-11-41	"	"	" " " 11	15-1-43

Statement of the Service of No. C-43560 Rank ~~R~~ C.Q.M.S. Sheet No. 2

Name Desrochers J.R.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	R de Hull	Att'd to D.D. XI Vancouver B.C. for R.Q. whilst attending Q.M. Duty Tour for an period of 2 days (15 to 21 March 43	CQMS	15-3-43	R de Hull	Edmonton	" " " 50	15-3-43
	"	Granted furlough of 14 days (from 14 to 27 Apr 43) Issued with T.W.A-378399						
		Granted travelling time of 7 days (from 7 to 13 Apr 43) and entitled to draw 50 per diem.	"	14-4-43	"	"	" " " 68	7-4-43
		Having passed a Driving Test and is graded a class III Driver (Wheeled Vehicle only) and is qualified to operate self-propelled vehicles of the D.N.D.	"	5-4-43	"	"	" " " 75	19-4-43
	R de Hull	Returned from Furlough at 2200 hrs.	CQMS	27-4-43	"	"	" " " 84	3-5-43
	"	Born a Son: Desrochers Hoseph Andre Raymond. At Hull Que. on 5 April 43 Mother: Meloche Carmen. Address: 19 Blvd. ~~Sere~~ Sacre-Coeur Hull, Que.	"	5-4-43	"	"	" " " 84	3-5-43
	2	Confirmed in his rank of C.Q.M.S.	C.Q.M.S.	~~1-5-43~~ 9 Jul 42	Amend #49/43 "	" "	" " 113	7-6-43

Regimental No. [redacted]43560 Rank COMS Sheet No.

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name DESROCHERS, J.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Severely reprimanded for an offence under Sec. 40 A.A.	COMS	27 Sep43	R de Hull	Field	26	12 Oct
Proceeded to Kiska Alaska 12 July 43 to 18 Jan 44	"	12 July 43	"	"	3	21.1.44
Granted 30 days Spec. Leave with R. of P. 24 Jan 44 to 22 Feb 44	"	24 Jan 44	"	"	10	2.2.44
Awarded the Canadian Volunteer Service Medal	"	7-4-43	"	"	27	13-3-44
Awarded the Clasp to the Canadian Vol. Service Medal 12-9-43 to 18-1-44	"	12-9-43	"	"	27	13-3-44
Granted Embarkation Leave from 9-5-44 to 18-5-44 w.R.A.	"	9-5-44	"	"	2	4-5-44
Att f.a.p. except pay to No. 4DD.	"	5/~~8~~-5-44	"	"	2	4-5-44
Cease att. f.a.p. except pay to No. 4DD	"	19-5-44	"	Debert N.S.	3	21-5-44
SOS CA (c) on Emb.	"	26-5-44	"	Field	7	25-5-44
TOS CA (O) Disemb. 2 June 44	"	27-5-44	"	"	7	25-6-44
C&T SOS. SOS. to 4 CITR.	COMS.	12Nov44.	1 Bn R de Hull	UK.	92.	12Nov44.
TOS. TOS. from. 1st Bn. to Regt. de Hull	COMS.	13Nov44.	4 CITR	UK.	10.	13Nov44.
C&T SOS. to 4 Unit. List. CIC.	COMS.	23Nov44.	4 CITR	UK.	19	23Nov44
C&T. Embarked at UK. on 24Nov44. Disembarked at N.W. Europe on 25 Nov44.	COMS.	—	4 Unit List.	Continental	86.	5 Dec 44
C&T SOS. SOS. 4 Unit List to R de Chaud.	COMS.	11 Dec44.	4 Unit List	Continental	4.	6 Jan 45
C&T. TOS. TOS. from. 4 Unit List CIC. Unit.	COMS.	12 Dec44.	R de Chaud.	21 A/S.	2.	13 Jan 45
Deceased 27 May 45						
Died						
SOS. SOS. Deceased (accidental death)	C&M. COMS.	27 May45.	R de Ch.	21 a Gp.	Can. L. 1916. 32	30 May45. 9 June 45

Regimental No. C.43560 Rank CQMS Sheet No. 3

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name DESROCHERS, J.R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Severely reprimanded for an offence under Sec. 40 A.A.	CQMS	27 Sep43	R de Hull	Field	26	12 Oct 43
Proceeded to Kiska - Alaska 12 Jul 43 to 18 Jan 44	"	12 June 43	"	"	5	21.1.44
Granted 30 days Spec. leave with R.P. 24 Jan 44 to 27 Feb 44	"	24 Jan 44	"	"	10	2.2.44
Awarded the Canadian Volunteer Service Medal	"	7-4-43	"	"	27	13-3-44
Awarded the Clasp to the Canadian Vol. Service Medal 12-9-43 to 18-1-44	"	12-9-43	"	"	27	13-3-44
Granted Embarkation Leave from 9-5-44 to 18-5-44 W.R.A.	"	9-5-44	"	"	2	4-5-44
Ctt. f.a.p. except pay to No. 4 DP.	"	5/8-5-44	"	"	2	4-5-44
Ceases att. f.a.p. except pay to No. 4 DD.	"	19-5-44	"	"	3	21-5-44
SOS CA (C) on Emb.	"	26-5-44	"	"	7	25-5-44
TOS CA (O) Disemb. 2 June 44	"	27-5-44	"	"	7	25-5-44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. C-45360 Rank C.Q.M.S. Surname Desrochers Christian Name Jean R.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Regt de Chaud									Cause of death: Ch. fx. lt femur, conc. perf. nerve inj. lt arm		C-1928
"	"								Died 27-5-45 Accd (Hit + run driver)		C-1916

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

(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
		Hull Regt	TOS DDMD#3 (AF) on enlistment	Ottawa	8-10-41	Pte.	283 10/10/41
		R de H.	T.O.S. on trans fr. D.D. M.D.3.	Ottawa	16-11-41	Pte	2 20-11-41
			Attached to # 31 T. C., Cornwall, for all purposes, including pay.				
			Reported for duty to be attached to No. 31 C.A.(B.)C. Cornwall and attached to Le Regiment de Hull for all purposes except pay, and is authorised to draw subsistence allowance $1.00 per diem. (Hull Regt. Reinf.) ¾ "		15.10.41	"	291. d. 18.10.41
				Ottawa	30.10.41	Pte.	Pte.II 302-41, d/29.10.
			Confirmed C.Q.M.S. Eff.	Aylwood 15-5-43	9-7-42 15-5-43		D.O.113 d/7-6-43
12-10-43	O.C.	Hull	Severely reprimanded for an offence under Sec. 40 A.A.	27-9-43	Field	CQMS	D.O.26 d/12-10-43.
3-1-44	"	"	D.O.113 d/7-6-43 is am'd to read:	Field	9-7-42	"	D.O.49 d/31-12-43
	"	"	Proc. Special Duty to Kiska, Alaska	"	12-7-43	"	D.O.5 d/21-1-44
	"	"	Ret. to Canada.	"	18-1-44	"	ditto
	"	"	Granted 30 days leave with R.A. 24-1-44 to 22-2-44	"		"	D.O.10 d/2-2-44
	"	"	Awarded Cdn Vol. Service Medal	"	9-4-43	"	D.O.27 d/13-3-44
	"	"	" the Clasp to the above 12-7-43 to 18-1-44	"		"	ditto
	"	"	Granted Embarkation Leave from 9-5-44 to 18-5-44	W.R.A.C.	9-5-44	"	D.O.2 4-5-44
	"	"	A.T.A.P. except pay to No. 4 DD.	"	5 8-5-44	"	D.O.2 4-5-44
	"	"	Cease att. A.T.A.P. except pay to No. 4 DD.	"	19-5-44	"	D.O.3 4-5-44
10-6-44	"	"	T.O.S. CH (C) on Embk	Field	26-5-44	"	#7 d/25-5-44
"	"	"	T.O.S. CH (C) Disembk 2 June 44	"	27-5-44	"	#7 d/25-5-44
	"	"	9 days P.L. 8-6 to 17 Sept 44	"	8-9-44	"	44-8-9.44
	"	"	S.O.S. to M.C. 4 C.I.T.R.	"	12-11-44	"	92-12-11-44
Name is an 'A' boy DO 13/4/44		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/17/17 SER C-6386/40)	U.K.	23 Nov 44	"	19/44
			Embarked..... Disembarked.....	N.W.E.	25 Nov 44	C.Q.M.S.	
			and TOS X4. (11 Bn) wef	N.W.E.	23 Nov 44	C.Q.M.S.	85 DEC 1944
	X4CIC	13 Bn	SOS to R de Chaud	Fld	11 Dec 44	C.Q.M.S.	4 Jan 45
		Chaud	TOS fr X4 C.I.C	"	12 Dec 44	"	2/45
		Chaud	SOS accidental Death	"	7 May 45	"	32/45

CQMS.

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 1st [illegible]CT DEPOT, M. D 3 Regimental Number C-43560

1. Surname DESROCHERS
2. Christian Names Jean Roger
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank CQMS
   giving date 9-7-42

*To be entered in pencil to facilitate alteration.

4. Place of birth ~~3/6/19~~xx Hull, Que., Can.
5. Date of birth as declared on attestation 3/6/19
   (A)
6. Date of enlistment 7/10/41
7. Place of enlistment Ottawa, Ont., Can.
8. Residence at time of enlistment 83 St-Hyacinthe St., Hull, P.Q. Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date ~~NIL~~ 22-11-42
13. Trade on enlistment Driver
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

SD

(17) Regiment or Corps Unit (Battn., etc)
Pencil Page No 3
LE RÉGIMENT DE HULL
C1C

(18) Medical

Category	Date	Authority
A18	9/7/41	MFM2 Page 3 Med. Board.
A	15-10-41	MFM2 Page 2

(19) Next of kin (entries to be made in pencil) (WIFE)
MRS CARMEN DESROCHERS
19 SACRE-COEUR BLVD.
HULL QUE.

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

CFEF	1st	2nd	Mar S	Score
NO	R	C	M	114
MD	MD	MD	YOB	Disp
	3		19	

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.

C

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C45560 RANK Company Quartermaster Sergeant SERVICE UNIT Le Regiment de la Chaudiere (CA)

NAME DESROCHERS, Jean Roger

DATE OF BIRTH 3-[illegible]-19 DATE OF ENLISTMENT 7-10-41

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME ADDRESS D.A.B. Mrs. Carmen des Rochers

ADDRESS 67 Ste. Marie, Wrightville, Hull Que.

ADDITIONAL PERSON TO BE NOTIFIED Mr. Marcel des Rochers ADDRESS 67 Delanaudiere, Val Tetreault, P.Q.

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 9553A HQ 405-D-5174

CASUALTY DETAILS Officially reported to have died result of road accident. (Ordinary Casualty) DATE 27-5-45

FT

AMENDMENT AS TO ALSO NOTIFY

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? KAR YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 9-6-45

Hull Regt.

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

FILE WITH DOCUMENTS PLEASE. Dual. Driver. QL 14 CQMS.

I. Regt. No. C-43560 Rank CQMS. Unit Reg. de Hull Date 24 Aug. 1942.

Name DESROCHERS, ~~Roger~~ J.P. Age 23 Place of Birth Hull, Que.

Date of Enlistment 7-10-42. Place of Enlistment St. Jerome, Que. Depot M.D. 4

Languages spoken French, English R. Recruit A A Med. Cat. A-1. Place Nanaimo, B.C.

II. M. Test Date 24-8-42.

Test	Score	S.M.	
1	18		SUB-TOTAL
2	16		44
3	10		S.M.
4	18		SUB-TOTAL
5	18		36
6	14		S.M.
7	14		SUB-TOTAL
8	17		45
Total	125	S.M.	S.M.
9			GRADE IV.

Other Tests Name or Type

Date	Place	Score	Grade
Jean Roger			
Y.O.B. P U L H E M S 19 1 1 1 1 1 1 1		10-3-44	

III. Military Background

2 mos. - "R" Recruit - St. Jerome, Que. - Pte.
12 mos. - Activer Service, Reg. de Hull - C.Q.M.S.
(8 mos. orderly room clerk, (Cpl); 3 mos. CQMS).

IV. Educational Background

4 yrs. High School, incomplete. - Age 18.
(Junior matric & partial Sen. Matric.)

V. Occupational Background

10 mos. - Electrician's helper, (motors).
6 mos. - Truck driver.

VI. ~~Additional Experience~~ ~~Work in Army Desired~~

VII. Married, no children; wife totally dependent; parents living;
Reading - newspapers, magazines;
Hobbies - photography;
Sports - sprinting, bicycle racing, skating;
Mech. exp. - just ordinary maintenance with automobiles;

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

VIII. Summary

Average learning ability;
Applied for commission; very little cultural background;
"M" test below the requirements for commissioned rank;
Neat appearance;
Bilingual but speaks English with a little difficulty.

IX. Suggestions

Seems to be good senior NCO material but very doubtful for commissioned rank.

X. Signature of Interviewer	N.C.O.	Officer
		W. D. West (W.D.West) Lieut.

XI. Action Taken — Date of Action

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.)

Nanaimo, B.C. — 12 Jun 43

(1) Suitable for special advanced ~~xxxxxxxxxxx~~ training in amphibious operations.

C. B. Watson Capt.
19
(W.A. Wilander)
Army Examiner
H.Q. 6th Cdn. Div.

Vernon, B. C. 17-Apr-44

Enlisted active 7-Nov-42. One month at St. Jerome in Orderly Room before going active. TOS Regt. d e Hull, Nov-41. Employed as clerk in Orderly Room till 7-July-42. Promotions: Cpl., Feb-42, CQMS July-42. No courses. On combined operations at Courtenay, B. C. prior to Kiska expedition. Qualified Driver Class III MT. MFM 6 - clear. No hospitalization.

Recommendation: (1) Suitable for overseas service, CIC operational, as non-tradesman (NCO - CQMS).

Y.O.B.	P	U	L	H	E	M	S
19	1	1	1	1	1	1	

10/5/44 ----

for [illegible]
(J. R. Wilkinson) Lieut.,
AE, HQ 13 CIB.

28/6/44 - Sgt to CQMS.

Reg't de Hull
SOS to No.4 C.I.T.R. wef 11 Nov '44

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 DESROCHERS Jean Roger (b) Reg'l. No. C-43560
2. (a) Arm of service Army (b) Unit RCD DHQ/3 (AF) (c) Rank Pte
3. (a) Date of birth 3.6.1919 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 83 St Hyacinthe St. Hull Que., Can.
4. (a) Place of enlistment Ottawa, Ont., Can. (b) Date of enlistment 7.10.1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? N O
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.) 3 years of high 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? Yes (b) If so, for what occupation? Electrician (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 2 yrs.
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) Working (b) At time of enlistment of what trade union or professional society were you a member? NO

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

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

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

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

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

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

18. Name of employer National Brewery Ltd. Address Hull, Que., Can.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Beer Distributors
20. (a) Your specific occupation Truck Driver (b) Number of years' experience at this occupation with any employer 4 months
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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? N A
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? N A (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? N O
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.) N A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Electrician

DATE 7.10.1941 194..... SIGNATURE J. R. Des Rochers.

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO. Page 2

NO. RANK NAME

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
219	28-12-42	Gr. furlough (14 days) from 3 to 16-1-43 & Gr. Tr. T. from 27-12-42 to 2-1-43 (.50 per diem)	
13	19-1-43	Return from Furl. 16-1-43	
50	13-3-43	Att'd to DDMD # XI Vancoubver attending Q.M. Duty Tour for period 15 to 21-3-43	
68	7-4-43	Gr. 14 days furlough. from 14 to 27-4-43 & Gr. Tr. Time from 7 to 13-4-43 (.50 per diem)	
75	19-4-43	**Passed Dvr. Test and graded Class III Dvr.(wheeled Veh.) and qual. to drive self-propelled DND Veh.**	
84	3-5-43	Born a son Eff. 5-4-43	
84	3-5-43	Return from furl. 27-5-43	
113	7-6-43	Confirmed to the rank of CQMS Eff. 1-5-43	
26	12-11-43	Canc. 9-43 severely reprimanded Sec. 40 A.A.	
49	31-12-43	D.O. 113 d/ 7-6-43 amended to read 9-7-42	
5	21-1-44	Proc. Spec. duty to Kirkland 12-7-43 Ret. to Canada 18-1-44	
10	2-2-44	Gr. 30 days Spec. Leave, with R. A. 24-1-44 to 22-2-44	
27	13-3-44	Awarded the Cdn. Volunteer Service Medal, 7-4-43	

CASUALTIES, ETC.

PART II D. O. NO.	PART II D. O. DATE	NATURE AND PARTICULARS — IF IN HOSPITAL NOTE NAME
Next of kin:-		Mrs. Carmen Desrochers (wife) ~~Mrs. Carmen Desrochers (wife)~~.
283	10-10-41	T.O.S. D.D.M.D. No. 3 on enlist. 7-10-41
291	18-10-41	Att'd to # 31 T.C. Cornwall Ont. for A/P for Hull Reinf. W.e.f. 15-10-41
220	29-10-41	Ceases to be att's to # 31 T.C. on trf. to Hull Regt. E w.e.f.....29-10-41
302	29-10-41	Attached to Hull Regt. for A/P except pay . and authorize to draw Subs. Allow. 1.00 p.d. Eff. 30-10-41
322	18-11-41	S.O.S. D.D.M.D. # 3 on trf. to Hull Eff 15-11-41
2	20-11-41	T.O.S. Le Regt. de Hull on trf. from DDMD 3 Eff.16-11-41
7	25-11-41	Married with permission 22-11-41
9	28-11-41	Auth. to draw Subs. Allow. 1.00 p.d. Eff..... 16-11-41
23	30-12-42	Ceases to draw Subs. Allow. Eff. 20-12-41
32	3-3-42	Promoted to rank of of a/Cpl. with pay w.e.f...15-2-42
51	31-3-42	Granted furlough from 30-3-42 to 12-4-42
106	10-7-42	Promoted to rank a/Cqms with pay Eff. 9-7-42
		Address of next of kin: 19 Blvd Sacre-Coeur Hull, P.Que

M. F. M. 14 C O P Y

300M-5-41 (523-4)
H. Q. 1772-39-1662

NO. C-43560 RANK CQMS NAME DESROCHERS, Jean, Roger *MARRIED ~~WIDOWER~~ ~~SINGLE~~

PLACE OF ENLISTMENT Ottawa, Ont. Can. DATE 7-10-41

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
283	10-10-41	Pte		A.S.	1.30		T.O.S. on enlist.
32	3-3-42	Cpl.		---	1.70		Prom. Eff. 15-2-42
106	10-7-42	CQMS		---	2.50		" Eff. 9-7-42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL
Carmen Desrochers	1-12-41	~~20~~	~~00~~	
M.F.M. 19	1-4-42	~~30~~	~~00~~	
M.F.M.19 (13-7-42)	1-8-42	45	00	~~45.00~~
Victory Loan Bond	1-11-42	~~8.41~~		~~53.41~~ 45.00

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
9-12-41	wife	35	00	22-11-41
5-5-43	son			

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

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

*MARRIED
*~~WIDOWER~~
*~~SINGLE~~

NO. C43560 RANK CQMS NAME DesRochers Jean Roger

PLACE OF ENLISTMENT Ottawa, Ont., DATE 7-10-41.

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
106	10-7-42	CQMS			2.50		Eff 9-7-42

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT		TOTAL
Mrs. Carmen DesRochers	1-8-42	45	00	~~45.00~~
~~6th V. L. Bd~~	~~1-5-44~~	~~8~~	~~40~~	~~53.40~~
~~7th Vict. Loan Bond~~	~~1-11-44~~	~~8~~	~~40~~	~~53.40~~

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED		EFFECTIVE DATE
9-12-41	Wife	95	00	
	Child	12	00	
	Bonus	4	12	

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

Part II D.O. No.	Part II D.O. Date	
27	13-3-44	Awarded the Clasp to the Can. Volunteers Service Medal, 12-7-43 to 18-1-44
2	4-5-44	Granted 10 days embarcation leave & R. A. from 9 to 18-6-44
7	28-5-44	S.O.S. Cdn army (Canada) 26-6-44 S.O.S. Cdn army (Overseas) 27-5-421
49	8-9-44	Granted 9 days P. Leave with R.A from 8 to 17-9-44
92	13-11-44	SOS R de) Fuch H No 4 CITR maf 12-11-44
10	13-11-44	TOS 4 CIT R fm R de Hune maf 13-11-44
19	23.11.44	SOS to X-4 list CIC maf 23.11.44
		S.O.S X4 LIST CIC. to 46 COY 13 Bn. maf 8/12/44
		SOS to R de Chaud maf 11 Dec 44
J.	13-1-45	T.O.S R de C. from. XH list. 12-12-44.
CR.	31-5-45	Granted 7 days. P.L. to Paris from. 19-5-45 to 26-5-45
CR.	31-5-45	Dd. Killed by accident in Paris maf. 27-5-45.

À être établi en double exemplaire

M.F.M. 110A
20M—5-41 (346)
H.Q. 1772-39-1800

ÉTAT FAMILIAL D'UNE RECRUE À SON ARRIVÉE POUR L'INSTRUCTION MILITAIRE PRESCRITE PAR LA LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'une recrue se présente pour l'instruction militaire à un centre d'instruction élémentaire.

(*b*) Il faut répondre à toutes les questions.

(*c*) Les deux exemplaires de la formule seront transmis, dans chaque cas, au payeur par l'officier commandant le centre d'instruction. Le payeur en transmettra un exemplaire au Chef du service des Archives, quartier général de la Défense nationale, Ottawa, par l'entremise du payeur de district ou de camp. L'autre exemplaire sera conservé par le payeur du centre d'instruction. En cas de mutation, cet exemplaire sera adressé au payeur du centre d'instruction où l'homme a été muté.

---

(1) Noms DESROCHERS JEAN ROGER
(Nom, puis prénoms au long, en majuscules d'imprimerie)

(2) Matricule et grade D-422073

(3) Centre d'instruction élémentaire C. A. (B) T. C. No. 44 St-Jerome, P. Q.-

(4) Êtes-vous marié? non

(5) Si vous êtes marié, indiquez:

(*a*) Le nom entier de votre épouse nil

(*b*) L'adresse postale actuelle de votre épouse nil

(6) Si vous êtes marié, avez-vous pourvu régulièrement à l'entretien de votre femme? Sinon, donnez les motifs nil

(7) Êtes-vous veuf? non

(8) Avez-vous des enfants? non Nombre de garçons non Filles non

Noms et âges non

(9) Si vous sollicitez une allocation familiale pour vos enfants, dites si vous en avez assuré régulièrement l'entretien nil

ni
l

Mentionnez les tuteurs à qui l'allocation familiale doit être versée, le cas échéant.

Nom nil

Adresse postale nil

[VOIR AU VERSO]

(10) Avez-vous une femme illégitime dont vous avez assuré régulièrement l'entretien et que vous avez publiquement représentée comme étant votre femme pendant au moins les deux années antérieures à votre enrôlement? non

Le cas échéant, indiquez son nom entier et son adresse postale nil

(11) Votre père vit-il? oui

Le cas échéant, indiquez son nom, son adresse et son emploi Marcel Desrochers
83 St-Hyacinthe, Hull, Operateur electricien

(12) Si votre père est veuf et totalement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? nil

(13) Si vous êtes le soutien unique ou partiel d'un père veuf, totalement incapable de gagner sa vie, indiquez la somme mensuelle que vous lui donniez avant votre enrôlement nil
nil

Indiquez aussi le motif pour lequel il n'a aucune autre ressource; si vous ne contribuez que partiellement à son entretien, dites pourquoi vous n'y pourvoyez pas entièrement?
nil

(14) Votre mère vit-elle? oui

Le cas échéant, indiquez son nom et son adresse Anita Desrochers
83 St-Hyacinthe, Hull

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? nil

(16) Si vous êtes le soutien unique ou partiel d'une mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre enrôlement nil

Indiquez aussi le motif pour lequel elle n'a aucune autre ressource; si vous ne contribuez que partiellement à son entretien, dites pourquoi vous n'y pourvoyez pas entièrement?
nil

(17) Contribuez-vous à l'entretien de personnes à charge autres que les susnommées?
Cela peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, dont vous étiez l'unique soutien et que vous entreteniez comme membres réels de votre maison avant votre enrôlement.

Le cas échéant, donnez les renseignements suivants:

Degré de parenté nil

Nom en entier nil

Adresse postale nil

Contribution mensuelle durant les six derniers mois nil

(18) Êtes-vous assuré? oui

Le cas échéant, par quelle compagnie? Metropolitan Life Ins.
(Mentionnez le numéro de la police)

Avez-vous pris des dispositions pour le payement de votre prime d'assurance? oui
Sinon, et qu'il s'agisse d'une prime mensuelle, vous pouvez en déléguer le montant en sus de toute autre délégation que vous désirez faire, pourvu que la délégation globale ne dépasse pas le maximum mensuel qui vous est permis.

JE CERTIFIE par la présente, que les renseignements que j'ai fournis dans cette formule sont exacts à tous égards.

J.R. Des Rochers.
(Signature de la recrue)

Date 28 aout 1941

P.S. Bailey Lt
for (E.J. Nantel) Lieut. Col.
Officier commandant C.A.(B) T.C. No. 44

Date 28 aout 1941

N.B.—S'il s'agit de parents d'adoption, les questions se rapportant au père et à la mère doivent être modifiées et y seront répondues de façon appropriée.

BURIAL REPORT TO N.K. FEB 20 1947

RETURN TO BUR. OF STAT. JUL 5 1946

ROYAL MESSAGE DESP'D. JUN 25 1945

CAN. MESSAGE DESP'D. JUN 7 1945

[redacted] to NK

[illegible] BR sent to

REBURIAL

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

Grave 5 (AUTH. O/S LEDGER & PHOTO), Row F, Plot 28.

AUTH. IWGC HI & CR FORM.

HI & CR Form Despa. FEB 20 1947

Photographs Despatched AUG 23 1947

10M-1-45 (M-4608)

NO C.43560 Rank C.Q.M.S. Name DES ROCHERS, Jean Roger

Unit Regt. de la Chaudiere Date of death 27th May, 1945.

Died at France

Cause Died as result of road accident.

Death occurred on strength of Forces H.Q. 405-D-5174

N/K Mrs. Carmen Des Rochers, Relashionship Widow

Address 19 Blvd. Sacre-Coeur, ~~67 Ste. Marie, Wrightville,~~ Hull, Quebec.

Remains buried in British Sec of Cem. Villeneuve St. Cemetery
Georges Plot 10 Row 3 Grave 11

Grave location

CHK

OVER

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: DES ROCHERS. (*Block letters*)

Given names: Jean Roger.

4. RESIDENCE

Street: Ste-Marie, No. 67

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.			Married.

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: June (Month) 3rd, (Day) 1919. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	25			....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		
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....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 27th, (Day) 1945. (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) Multiple injuries.

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: Accident. (State which) Date....19....

Manner of injury: Due to being struck by a car. (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 (attate, coroner, hospital authority, etc.)

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

JUL 5 1946

File No 405-D-5174

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C43560 Name DESROCHES JEAN ROGER

Rank on Discharge C.Q.M.S. Date of Discharge 27-5-45

Authority for Discharge or Retirement Deceased

Served in:

					Non-qualifying service
Canada	from	7-10-41	to	26-5-44	
	from		to		
United Kingdom	from	27-5-44	to	25-11-44	
	from		to		
Italy	from	:-	to		
Northwest Europe	from	26-11-44	to	27-5-45	183 days Died accidently result of road accident
---------	from		to		
---------	from		to		

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal with Clasp OK ✓

M

Verified by H.G. Palen

Date 3-7-46

Carded JUL 9 1946

N.R.D.

HA 165

405-D-5174

CANADIAN MILITARY HEADQUARTERS

OVERSEAS CDN RECORDS OFFICE

P.A.

GRAVES REGISTRATION FORM

Name DESROCHERS, Jean Roger Place and Date of Birth Quebec 3 June 1919

Rank CQMS Regtl No. C43560

Unit Regt De Chaudiere Next of Kin Carmen Desrochers (Wife)

Address 19 Blvd Sacre-Coeur
Hull, P. Que.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 27 MAY 45 Place of Death FRANCE

Hrs .....

Cause of Death DIED ACCIDENTALLY ? (Hit and Run Driver)

.....

.....

PARTICULARS OF BURIAL

Date of Burial 2 June 1945 Cemetery BRITISH SEC OF CEM VILLENEUVE ST GEORGES

Death Cert No. ..... Location of Cemetery .....

Date of Regn of Death Cert ..... Plot No. 10 Row 3 Grave 11

Religion R.C.

Date 15 November 1945

(M. BLUTEAU) CAPT

For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

8/29 CF A319
40/P & S/2987 (6705)

REMEMBER—

Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark, gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. C- 43560

Surname (Capitals) DesRochers

Christian Names in full Roger.

21-5-45

ook M. 1 (Part I) Revised 1-10-42
-43 (9189-90)
2-39-1672

SERVICE BOOK

Militia Book M. 1 (Part II)
for active service.)

(other than those on page 24
ook M. 1, connected with the
t form of Will) is to be made
e of the Officer Commanding
company to which the man

e entries will be initialled by

NS TO SOLDIER

onally responsible for the safe

ry this book on your person
ive service.

e book whenever called upon to
ilitary authority, viz.: Officer,
r Military Policeman.

or make any entry in this book
form of Will on page 24; see
o 23), and disobedience of this
serious offence.

that any entry is lacking or
se the book, you will report the
military superior.

d to retain this book after dis-
r services, but should you lose
cannot be replaced.

BCL-6241

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C - 43560

Surname (in capitals) DESROCHERS

Christian Names (in full) Roger

Date of Birth 3 June 1919

Place of Birth Hull P.Q.

Citizenship Canada

Trade on Enlistment Electrician

Nationality of Father at Birth French Canadian

Nationality of Mother at Birth French Canadian

Religion R.C.

Enlisted at Hull P. Que

Date 10 Oct 41

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

Signature of Soldier C.D.M.S. Les Rochers J.P.

Signature of Officer H. Vincent Major

Place Nanaimo B.C. Date 14 June 43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife	Mme Carmen Des Rochers	15 June 43
	Children	Raymond Des Rochers	
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
19 Blvd Saint-Cœur Hull P.Q.
19 Blvd Saint-Cœur Hull P.Q.

(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
10-10-41	Pte	Pte	#283	
15-2-42	C/Sgt	---	#32	
9-7-42	C.S.M.S.	---	#196 (Part I) 2-9-42	
9-7-42	Confirmed			

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

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

Completed Basic Trng
9-Oct-41 - 7 Nov 42

No advanced Trng

Qualified in addition as under:—

Completed 1 week C.B.Y. refresher
Course 18 Nov 44. Capt Roy capt.

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
~~GRADE 11 Com.~~	~~Ottawa~~	~~1937~~	
3 yrs. H.S.	Ottawa	1937	

(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		
10 Oct 41	7 Jul 42	Clerk	
7 Jul 42	Date	C.O.M.S	

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
15-10-41	A	Confirmed	7-10-41	BA
4-6-43	A.	Confirmed	15-10-41	BA
		Y.O.B. P U L H E M S		
24-3-44.		19 1 1 1 1 1 1 1		
19 Oct. 44		Pulhems Cat F.		Capt.

(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		Specification	Signature of Dental Officer
Re-quired	Com-plet-ed	Use authorized Abbreviations and Symbols	
2 July 43	✓	3C	
8/5/44	✓		
24 May 44	✓		
28 Aug 44	✓		

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TYPHUS. 1 c c	17-11-41	Kenney Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T A B T 1 c c	13-10-41	BA
" " 1 c c	16-9-42	BA
" " 1 c c	16-11-42	BA
" " ½ c c	1-7-43	BA
½ c c.	3-4-44	AH.
T A B T ½ c c	19-10-44	J Vaincau capt.
Typhus 1 c c	19-10-44	J Vaincau capt.
Typhos. Recall	2-2-45	H. Jamieson

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
13-10-41	BA
10-4-44	AH.

(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 Nos 33-5-7 Negat.	18-8-41	BA
Blood Group A	17-6-43	BA
Gas respirator tested	1-8-44	Lagassé Capt.
Typhus 1 c c	3-4-44.	J Vaincau capt
" 1 c c	18-4-44	"
" 1 c c.	28-4-44	"
Select Det Reg.	18-4-44	AH.
Entitled to wear 2 red chevrons	26-6-44	R. Gaselin
T.O.E.T. (U.D)	3-8-44	R. Gaselin Capt
Leave Granted 8-9-44 To 16-9-44 (Address until)		Major
Rifle No zeroed.	21 Nov 44	H Griffiths Maj RE
1 smoke with M8M1 part III gas compound - CAP		

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Grenades Herwurfen	14/11/14	Lt. Roy Capt.
Mines & booby traps	17/11/14	
Disembarcation		
ast France	24-11-1914	W.M. Longe Capt.

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Jean Roger (CHRISTIAN NAMES) DESROCHERS (SURNAME)

REGISTER NO. D-19524
FILE NO. 405-D-5174
DATE 1-3-46
SERVICE NO. C-43560
FINAL RANK OR RATING C.Q.M.S.
DATE OF DISCHARGE 27-5-45

PAYEE Mde. Carmen DESROCHERS,
ADDRESS 19 Blvd. Sacre Coeur, Hull - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 27-5-45

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1329/30 EQUAL TO 44 COMPLETE PERIODS AT $7.50	330.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 557 LESS 9 INELIGIBLE DAYS, EQUAL TO 548 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	137.00	
		467.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

DAILY RATES AT DISCHARGE

PAY	$ 2.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12	$ 1.70
TOTAL	$ 5.45 X 7 = $ 38.15
NO. OF DAYS 557/183	X $ 38.15

116.12

		$	¢
D. WAR SERVICE GRATUITY		583.12	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		583.12	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT.

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
McGibbon	7/3/46

SERVICE REPRESENTATIVE

#6.

FORM No. 1

Register No. D-19524 Nominal Roll No. D-580

H.Q. File No. 405-D-5174.

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
C43560	CQMS.	DESROCHERS.	JEAN ROGER.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... DIED ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Oct 41	T.O.S.	T.O.S.
S.O.S. 27 May 45 MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 1329.	Total Days	Total Days

Total Service ..... 1329. ..... DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	772.	Nil	772
Overseas Service	557	Nil	557.
Totals	1329	Nil	—
Add Non-qualifying Service			Nil
Total Service			1329.

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ... KISKA TOS O/S 12 July 43. 18 Jan 44

2. Date S.O.S. Overseas ... TOS O/S 27 May 44 27 May 45.

REMARKS:

Computer's Signature ... A/W Mee Sgt

Checker's Signature ... [illegible]

Date Computed ... 23 Aug 45.

N.R.M.A. SEVICE

UNDER REGT. No C.422073

FROM 28 Aug 41. TO 6 Oct 41 (9 Oct 40 — 7 Nov 40)

SEE ATTACHED FORM No 1

FOR N.R.M.A. SERVICE

DIED WHILST IN SERVICE

DIED. 27 May 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.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

N.R.M.A.

#F6.

FORM No. 1

Register No. D-19524 Nominal Roll No. D-580

H.Q. File No. 405-D-5174

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
C422073	PTE.	DESROCHERS.	JEAN ROGER.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment 30 Day Training Course. CARO ( )

2nd Enlistment Re Enlist Can Army Active CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 9 Oct 40	T.O.S. 28 Aug 41	T.O.S.
S.O.S. 7 Nov 40 MD 4.	S.O.S. 6 Oct 41 MD 4	S.O.S. MD
Total Days 30	Total Days 40	Total Days

Total Service 70 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	70	10	60
Overseas Service	—	—	—
Totals	70	10	—
Add Non-qualifying Service			10
Total Service			70

EMBARKATION DETAILS:

1. Date S.O.S. Overseas — 2. Date S.O.S. Overseas —

REMARKS:

N.R.M.A.
NO SERVICE IN ALEUTIAN ISLANDS or O/S.

Computer's Signature O.K. Mac 29/1

Checker's Signature [illegible]

Date Computed 23 Aug 45

ACTIVE SERVICE
UNDER REGT. No C.43560
FROM 7 Oct 41 TO 27 May 45
SEE ATTACHED FORM No 1
FOR ACTIVE SERVICE

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL.	24 Sept 41	29 Sept 41		5	
Forf.			30 Sept 41	5	10.
				Total	10.

Overseas: T.O.S. ——— T.O.S. ——— T.O.S. ———

S.O.S. ——— S.O.S. ——— S.O.S. ———

			Nil		
				Total	———

405-D-5174
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.43560, Company Quartermaster Sergeant Jean Roger DESROCHERS, of Le Regiment de la Chaudiere, Canadian Army, died on the 27th of May, 1945, of injuries sustained in a road accident.

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

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

Department of National Defence,
Ottawa, Canada.
August 7th, 1945.

24

CANADA

F.T.

QUOTE NO. H.Q. 405-D-5174 D.R. 2(D)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

8th July, 1945.

Mrs. Carmen Des Rochers,
67 Ste. Marie Wrightville,
Hull, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that your husband C43560 C.Q.M.S. Jean Roger Des Rochers, was buried with religious rites in grave 11, row 3, plot 10, British Section, of Villeneuve St. George Cemetery located on the Southern outskirts of Paris, France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

19

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

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Carmen Desrochers,
67 rue Ste Marie,
WRIGHTVILLE,
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. M405-D-3174 FD156

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

28 juin, 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

DESROCHERS, Jean Roger .C.Q.M.S.

No. C-43560, Armée Canadienne

ESTATES BRANCH
JUL 31 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

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

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

YC

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.....		~~MELOCHE~~ CARMEN DESROCHERS	23 ans	67 Ste Marie, Hull, Canada.
2	Enfants du défunt et dates de naissance.....		DESROCHERS ~~Méthode~~ Raymond	2 ans + 3 mois	même adresse
3	Père du défunt.....		DESROCHERS MARCELLIN	49	67 de Lanaudière, Hull
4	Mère du défunt.....		Charron Anita	50	" " "
5	Frères du défunt	Frères germains			
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	DESROCHERS Huguette	19	67 de Lanaudière, Hull
			" Réjeanne	13	" " "
			" Claudette	7	" " "
			" Suzanne	5	" " "
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) Jacqueline Jean-Claude Denise		Adresse de leurs enfants 1 an 8 Août 1921 4 jrs 24 Août 1938 8 ans 16 Mai 1942

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Desrochers Jean Roger
9	Date de sa naissance.	3 juin 1919
10	Lieu et date de son mariage.	22 novembre 1941, Hull. Que'.
11	Lieu et date du mariage de ses parents.	5 août 1918, Hull. Que'.

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Hull, Que'.
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) (b) (c) (d) Hull, Que'.
14	Nature de son emploi avant son enrôlement.	Employé à International Paper, Hatineau Mills, Que'.
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.	Hull, Que'.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	———
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	———
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	———
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	———
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	100.00 payable au porteur. à son unité Bgh de la Chaudière
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.	Metropolitan Life Insurance (sa mère) Prudential (son épouse)
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Je dois #45.00 a la Compagnie Légaré sur la rue Principale, Hull. pour ~~pet de cuisine~~
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.	Tué à Paris, accidentellement le 27 mai 1945. Il y a eu service à Hull payé par ses sœurs le 27 juin 1945. #56.00

(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* veuve du défunt.

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

Mme. Carmen. Des Rochers. (Signature du déclarant)

67 Ste-Marie Hull. Que. Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

madame Carmen DES Rochers (Nom du déclarant)

*Voir plus haut

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

Daté à Hull. Que. ce troisième jour de juillet 19 45

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

Rev. Raoul Demers Titre ptre aumônier

Adresse Sanatorium St-Laurent, Hull, Que.

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.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HQ

Name DESROCHERS Jean R. No. C.43560
Surname Christian Names

C.Q.M.S. C.A.O/S 27-5-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 121.44

Date 11-1-46

Other Credits

Total 121.44

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Carmen Desrochers, 67 ~~Rue~~ Ste. Marie, St., WRIGHTVILLE, Hull, Que. (1/2 per community of Property) (1/2 for benefit of 1 minor)	$121.44 R

P4. TO TREAS. 13-2-46 N.R4238 Qw.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$121.44 ~~$121.44~~

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Fifth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

5/7B CFA 187
40/P & S/2180 (8080)
(Pads of 100)

8

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME C-43560 CQMS DESROCHERS Jean. R. Dec'd

RECEIVED FROM 2 Ech. 21 AGp.

CHECKED BY L-27614 Pte. Johanson W.P. DATE 18 July 45

AND F-51900 Pte. Roe H.T.

2	Large Photos in Wallet		
2	Fountain Pens (1 Parker)1 Eclipse)		
1	Handkerchief (Souvenir of France)		
1	Note Book		
1	Wallet Brown Leather		
	letters		
	Snapshots & Negatives		
1	Mech. Pencil		
1	Bracelete Souvenir of Paris		
1	Crusifix		
20	Religious Medals		
1	Rosary in Case		
1	Wrist Watch (Mido)		
1	Statue of St. Joseph in Case		
1	Silver Spoon & Fork in Case		
1	8th VL Receipt (oi/c Estates)		
1	Watch Receipt		
	Picture Postcards of Paris		

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

QUADRUPLICATE—with effects.

W.P. Johanson PTE
for OC 1 Cdn KSD

CAMDEN HEALTH
JAN 1945

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

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

District .....

Dispersal Area .....

Regtl No. C43560 Rank and Name DESROCHERS. J. C.Q.M.S.

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

(~~Transfer~~ or Discharge) ..... to ..... on 27th May.45. 19 .....

Reason Death Authority : CCL."C" 1916/30th May.45.

The following is a statement of the account of the above-named from 1st May to 31st May.45. 19 ..... the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	71	41
First Monthly Payment			Regimental Pay 31 days at $2.50	77	50
Casual Payments			Tradesmen's Pay .....days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ....days at ..... $		
Assigned Pay	45	00			
Regimental Charges			Allowances (give particulars) 7 days at eff 19.May.45.D033. $	5	35
Public Stoppages (give particulars) :					
Film Process		22	C.Eff SOCR 11566	69	01
" "		22	" " JV. 1686)		
" " "		89	SOCR11855)	44	50
8th V.L. Bonds.	100	00			
To Balance Cr Free	121	44			
To Balance Cr Deferred			By Balance Dr		
Total	267	77	Total	267	77

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

Remarks

A.P. $45.00 (W) Stopped eff June.45.

ESTATES BRANCH DEC 11 1945 DEPT. OF NATIONAL DEFENCE OTTAWA

Compiled by B.M.Wadsworth.

Checked by L Bourgeois

Date 26th Nov.45. 19 .....

MW

Certified correct W R Blackmore
for Chief Treasury Officer, Overseas

EXHIBIT "D"

12

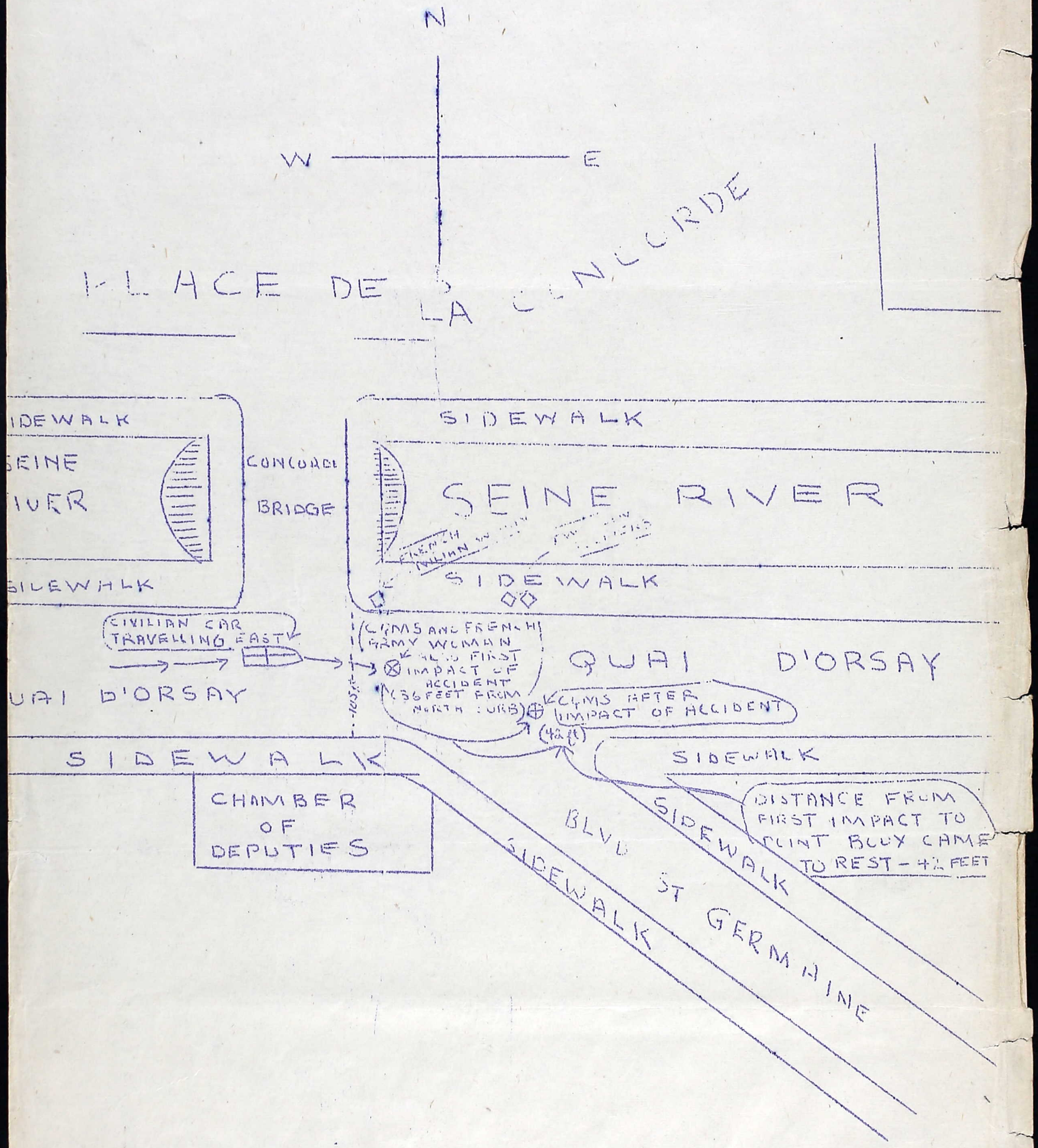
N
W
E
PLACE DE LA CONCORDE
SIDEWALK
SEINE RIVER
CONCORDE BRIDGE
SIDEWALK
SIDEWALK
CIVILIAN CAR TRAVELLING EAST
QUAI D'ORSAY
CLAMS AND FRENCH ARMY WOMAN ALSO FIRST IMPACT OF ACCIDENT (36 FEET FROM NORTH CURB)
CLAMS AFTER IMPACT OF ACCIDENT
(42 ft)
QUAI D'ORSAY
SIDEWALK
CHAMBER OF DEPUTIES
DISTANCE FROM FIRST IMPACT TO POINT BUCK CAME TO REST - 42 FEET
SIDEWALK
BLVD ST GERMAINE
SIDEWALK

Exhibit "B"

14

COPY

US ARMY HOSPITAL PLANT NO 4318
APO 887, US ARMY.

29 May 1945.

C E R T I F I C A T E

This is to certify that Jean Roger Des Rochers, CQMS (S/Sgt), C-43560, Regt. De La Chandere, Canadian Army was admitted to this hospital at 2359 hours, 27 May 1945 as dead on arrival. Cause of death was multiple skull fractures.

Signed: William K. Wilson

WILLIAM K. WILSON
Captain, MC.

Certified true copy.
J.R.Y. Hay Capt

SC "A"
Cdn. Military Staff — PARIS

EXHIBIT "A"

15

INCIDENT REPORT

To: Intelligence Officer, 709th Military Police Battalion

Date of Repot: May 27, 1945

Date of incident.May.27,1945.Time of incident.....2330.....

Place of incident...QUAI D'ORSAY AND BLVD ST GERMAIN.....

Persons involved...REGER DES ROCHERS, C-43560, Canadian Soldier.

.....

Witnesses other than persons involved:.Georgette.PANCRAZI,.and..
Daniel Bernard DEROSKE (complete address below).....

INCIDENT (Be careful to give specific names, times, and places):
While patrolling in area 57, we came upon a group of people.....
surrounding a soldier who had just been struck by a hit and run
car described by witnesses as a small black French civilian
car. We radioed for an ambulance but due to the critical condition
of the man, a passing ambulance took him to the 217th General
Hospital where he was proclaimed dead on arrival.

ACTION.TAKEN:..Taken.to.217th.Gen.Hospital.....

Property confiscated (if any), and
disposition of same:

.....

Sgd: Sgt W C HITCHCOCK
(Signature of MP making report)
CO "B" 709th MP Bn

Case No.....
(To be filled in by S.2)

Georgette Pancrazi,
FFA DIA HA
MINISTERE DE L'AIS
19 Rue Du Chereche Midi
(this girl was with soldier)

Melle Daniel Bernard DEROSKE,
13 Rue Du Chereche Midi,
Phone: LIT 1684
(Speaks English)

CERTIFIED TRUE COPY J.P. Hurell Lieut

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C43560 RANK Company Quartermaster Sergeant SERVICE UNIT Le Regiment de la Chaudiere (CA)

NAME DESROCHERS, Jean Roger

DATE OF BIRTH 3-6-19 DATE OF ENLISTMENT 7-10-41

MARITAL STATUS Married RELIGION Roman Catholic

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

ADDRESS 67 Ste. Marie, Wrightville, Full Que.

NAME ADDRESS D.A.B. Mrs. Carmen des Rochers

ADDITIONAL PERSON TO BE NOTIFIED Mr. Marcel des Rochers 67 Delaudiere, Val Tetrault, P.Q. (father) ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 9533A HQ 405-D-5174

CASUALTY DETAILS Officially reported to have died result of road accident. (Ordinary Casualty)

DATE 27-5-45

FT

AMENDMENT AS TO ALSO NOTIFY

WESTERN EUROPEAN THEATRE OF WAR

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

KAR

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 8-6-45

Hull Regt.

DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

M.F.M. 268
50M-9-44 (5635)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

/PEL

FILE H.Q. 405-D-5174

CASUALTY (REPORT DELIVERY) OTTAWA 31 MAI 1945

MME CARMEN DESROCHERS
TO:- 67 STE MARIE
WRIGHTVILLE HULL QUE

83/32 REGRETTONS PROFONDEMENT SERGENT QUARTIER MAITRE DE COMPAGNIE JEAN ROGER DESROCHERS C43560 EST OFFICIELLEMENT PORTE MORT VINGT SEPT MAI 1945 A LA SUITE D'UN ACCIDENT DE ROUTE STOP VOUS DEVRIEZ RECEVOIR DES RENSEIGNEMENTS SUPPLEMENTAIRES PAR COURRIER DIRECTEMENT DE SON UNITE DANS LE THEATRE DE GUERRE

le directeur des archives militaires

6

PREPAID

DIRECTOR OF RECORDS

Exhibit "G"

P-19/BURIALS/1 (Q2)

CANADIAN MILITARY STAFF - PARIS

Canadian Army Overseas

2 June, 1945.

AA&QMG

Funerals
CQMS Jean Roger DesRochers, C-43560

1- On the afternoon of 2 June 1945, at 1600 hrs. I attended the funerals of CQMS DesRochers.

2- The body has been buried in the British Section of the Cemetery at Villeneuve-St-Georges, France. Grave number eleven, third row of plot number ten. Type of Marker: Cross.

3- The service was conducted by the Rev'd Father O'Grady of the St-Joseph's Church, 50 Ave. Hoche, Paris. A firing squad was supplied by the US Army; a salvo of three rounds was fired followed by the presentation of arms and the Last Post.

4- Attached is a copy of the Report Of Burial obtained from the American Authorities.

5- For your Information, please.

.....
(J.D'Astous) Captain
S&T O
CDN MIL STAFF - PARIS

Signed at 1800 B hrs

JD/d
POST/DRLS/HAND

ON HIS MAJESTY

FASTEN Envelope by gumming th
OPEN by cutting Label instead o

CMHQ 40:1
40/P & S/52 (6215)

RECEIVED
14 AUG 1945
RECEIPT OF DOCUMENTS
C.M.H.Q. - RECORDS.