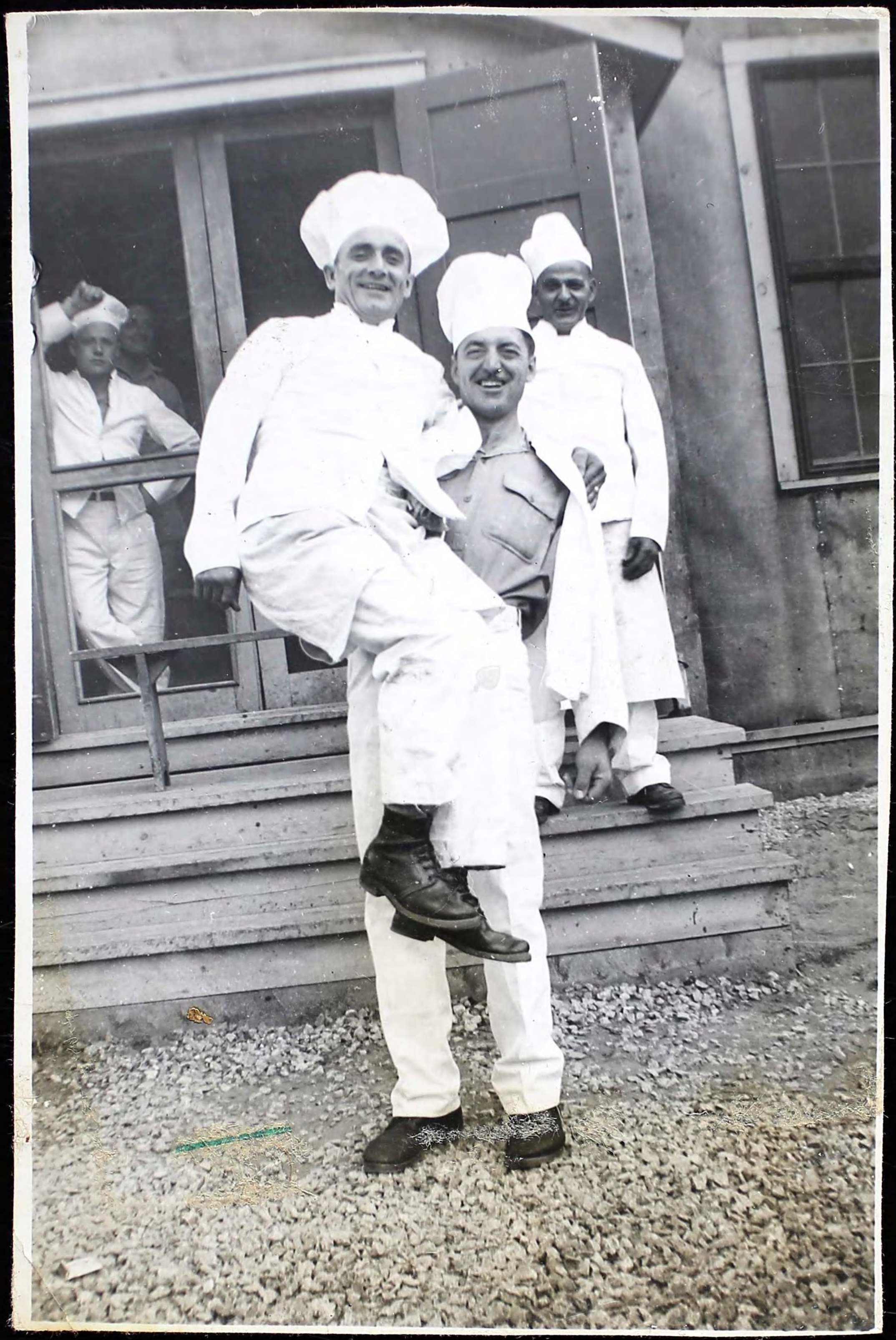
SHEPPEARD
JOSEPH PIERRE
D106005

Cigarettes
Blended Right !

29 V



From your loving
Brother' when I
was a cook in this
army at Colville
Best luck.

67

Claude
et les enfants
Georgette Blette

CARTE POSTALE

FABRIQUÉ AU CANADA

CORRESPONDANCE

ADRESSE

Jeannette Cayer
1610 St Dominique
Montréal
P. Q.

Au-Dessus De Fournier d'Automobile

PHOTO STUDIO REG'D.
72 St. Catherine St. East Montreal
More copies can be made from
Same Negative

FEB - - 1943

POST CARD

MADE IN CANADA

CORRESPONDENCE

ADDRESS

A Z O
A PLACE
Z STAMP
O HERE
A Z O

It was your loving little
niece
Jacqueline Shepherd
xxx

V Sheppeard Joseph Pierre

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 SHEPPEARD, Pierre Joseph (b) Reg'l. No. D 106005
2. (a) Arm of service Army (b) Unit R 22nd R (c) Rank Pte.
3. (a) Date of birth 13 Oct 07 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 15 May 40

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.) 4th Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French - English (b) What languages do you read well? French

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? None

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 Cohen Coal Co. Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Retail coal
20. (a) Your specific occupation Truck driver (b) Number of years' experience at this occupation with any employer 10
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? Undecided

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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Undecided

DATE 19 June 194 3 SIGNATURE for Officer i/c Records CMHQ

MEMORANDUM FOR

P. 64

Mrs. Georgina Sheppeard,
1076 St. George Street,
Montreal, P.Q.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-S-17.170 FD.390

ESTATES BRANCH OCT 6 1943 H.Q. OTTAWA NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 28th 1943.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

SHEPPEARD, Joseph Pierre, Pte.,

No. D.106005, C.A.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

R.G. Phelan
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP/MR

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		— — —		— — —
2	Children of the Deceased and dates of their Births		— — —		— — —
3	Father of the Deceased		DEAD · July · 1917		— — —
4	Mother of the Deceased		GEORGIANA SHEPPEARD	66	
5	Brothers of the Deceased	Full Blood	PIERRE E. B. SHEPPEARD	47	227 DORCHESTER · OUEST MONTREAL CANADA. P. Que
		Half Blood			
6	Sisters of the Deceased	Full Blood	MRS. J. TRUDEAU	45	1076 ST GEORGE ST. MONTREAL
			MRS G. FORÊT. No address.		
			MISS M. SHEPPEARD No - address.	33	Cap Santé P. Que
		Half Blood	MISS J. SHEPPEARD	1	227 Dorchester W.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	PIERRE Joseph Shepperd
9	Date of his birth	16 octobre . 1907
10	Place and date of his marriage.	— — —
11	Place and date of his parents' marriage.	48 ½ years. Notre Dame Church. Mont.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Montreal . P. Que
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) always leave in Montreal
14	Nature of employment before enlistment.	Driver Truck .
15	State whether he owned the premises in which he lived and, if so, where situated.	non
16	Name place where deceased stated he intended to make his permanent home.	non

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not know
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No .
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	Do not know
20	Amount of War Savings Certificates held by deceased.	No ideal
21	Amount of Victory Loan Bonds held by deceased.	No ideal
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Non
23	Is application for Probate or Letters of Administration necessary (see page 1)?	non

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	non
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	non

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the Brother* Pierre B. Sheppeard of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

her
Mrs Georgina + Sheppeard {Signature of Informant}
mark

1076 St Georges Montreal Address

Witness
T Tisgouni
1108 Chenneville

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief

See above. Mrs Georgina Sheppeard {Name of Informant} is the Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 4th day of October 1943

Signature of Clergyman Priest, Magistrate, Commissioner or Notary Public { T Tisgouni Qualification C.C.S.

Address 1108 Chenneville - Montreal

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Deceased

Received..... Checked..... Card..... Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

NO. 4 DISTRICT DEPOT, C. A. S. F.

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

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

Unit Royal 22ieme Regiment CASF. Regimental Number D-106005

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01/PTE

1. Surname SHEPPEARD
2. Christian Names JOSEPH PIERRE
3. Present address 1076x St George Street, Montreal, P. Que.
4. Date of birth 13 October 1907
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Chauffeur
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Georginna Sheppeard
10. Relationship Mother
11. Address of next of kin 1076 St George Street, Montreal, P. Que.
12. Have you served in any Naval, Military or Air Force? No.
13. If previous war service, state arm, force and regimental particulars No.
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

OCCUPATIONAL HISTORY FORM COMPLETED

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 17 May 1940 S. F. Hawe - Witness Pierre Sheppeard (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Pierre Sheppeard (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal this 17th day of May 19 40

S. F. Hawe - Major — Signature of Magistrate, Justice or Attesting Officer.

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F. — Office or Rank and Unit or appointment.

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

FINGERPRINTED

WD

Record of Service of SHEPPEARD (Surname) JOSEPH PIERRE (Christian Names) Regimental Number D-106005

Qualifications		Educational Qualifications			
Military	Nil.	High School or Collegiate	Nil. (years completed)	Graduation or Matriculation	Nil. (specify)
Business or Professional	Nil.				
Trade or Civil	Chauffeur	*College	Nil.		
Technical	Nil.	*University	Nil.		
Languages	French & English		5 Years Public School		

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
17May40	DRO	Joined on appointment NO 4 DISTRICT DEPOT CASF.	Pte.	17May40	4 DD	Montreal	Pt II No 127,4DD	17May40
23 May 40	4DD	Tsfrd to R22eR Quebec Que	Pte	23-5-40	4DD	Montreal	Pt II no 132 4DD	23-5-40
		T.O.S. of the depot on transfer from M.D. No. 4 DISTRICT DEPOT	"	24-5-40	R.22e.R.	QUEBEC	D.O. PT 11 No.113-40	
		S.O.S. of the depot on attachment to Training Centre M.D. 5	"	24 5540	"	"	D.O. PT 11 No.113-40	
25-5-40	Reg depot	Attached to C.I.(R)T.C.	"	25-5-40	"	"	" " 120	25-5-40
15-7-40	CI(R)TC	SOS. CI(R)T.C.	PO	15-7-40	PO	Valcartier	DO Pt II # 170	15-7-40
		SOS CASF (OVERSEAS) ON EMBARKATION AT Halifax ON 15-7-40						
amen DO 268 dd 11/11/41 16								
		TOS CASF (OVERSEAS) ON TRANSFER ON 15-7-40 AND DISEMBARKED AT Glasgow ON 1-8-40			22 A H		D.O. 59	3-8-40
2-10-40		Granted five days landing leave	"	2-10-40 4-10-40	"	Borden	" 110	2-10-40
26 Nov 40		Attd. to #15 Genl Hosp. for duty & rations	Pte.	23 Nov 40	#15 Genl Hosp	Bramshott Camp	DO 221	26 Nov 40
		Ceases to be attd. to #15 Genl Hosp. quarters	Pte	20 Nov 40	#15 Genl Hosp	Bramshott	DO 10	16 Jan 41

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION.

IF SO GIVE DETAILS.....

CERTIFICATE OF MEDICAL EXAMINATION

Name in full SHEPPARD PIERRE Date 15 5 40

Part 1. Information obtained from the recruit.

1. Age 32 2. Have you ever suffered from any of the following diseases?

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

Pierre Sheppard
(Signature of Recruit)

Examiner's remarks re above Ears normal Color vision (Ishihara)(CN) A Delahaye Capt.

Reflexes normal

L.R.I.R.E. N
X RAY N

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

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

2. Height 5 feet 5½ inches. 3. Weight 140 pounds.

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

6. Chest measurement—Girth on full expansion 37½ inches.
Range of expansion 2 inches.

7. Vision, right 20-40 left 20-40 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Good

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

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

Special remarks when category lower than A

President Major Member Capt Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
24-5-40	Tetanus 1-cc	17/1/41	T.T. 1 c.c.
24-5-40	Vaccine		
24-5-40	T.A.B. Major, R.C.A.M.C.		
7-6-40	TAB		
16-6-40	TAB		
16-6-40	Tetanus 1cc		
17.1.41	Tet. Tabr 1cc		

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS..... NO

Regtl. No. D-106005 Rank Pte. Surname SHEPPEARD Christian Name JOSEPH PIERRE

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. D106005 Rank ..... Sheet No. .....

M.F.M.1 & 2A
40/P & S/119

Name Sheppard J P.

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
		Granted 7 days Priv Leave with Warrant	Pte.	4 Feb 41 11 Feb 41	2/1 H.U	Witley	Do 30	5 Feb 41
S.O.S.		S.O.S. on transfer to R-22-R	Pte	5 Mar 41	2/1 H U	Witley	# 55	6 Mar 41
5603	TOS	T O S	Pte	6 Mar 41	R22R.	Fld	11	14 Mar 41
—		1/leave W.W. to 22 Oct. 41	Pte	15 Oct. 41	R22R	U K	49	24 Oct. 41
—		Adm. & Disc: 4 Can. Fd. Amb.	Pte.	15/20 Nov. 41	R.22 R	U.K.	56.	12 Dec. 41.
—		A.W.L. 20 Dec 41, awarded 3 days C.B. forf. 1 days Pay	Pte	21 Dec 41	R22R	U.K.	59	31 Dec. 41
1		attd for R.Q. & b's	Pte	19/23 Feb 42	HQ 3 C I B	UK	11	28 Feb 42
		Att'd for R & Q to H.Q. - 3.C.I.B	Pte.	19 Feb 42	R-22-R	UK	9	28 Feb 42.
		Leave to Watt & to HQ 3 C I B for R & D.	Pte	23 Feb 42	R22R.	U.K	10	6 Mar 42
		Awarded Good Conduct Badge	Pte	17 May 42	R22R	U.K	32	11 July 42
		Leave &	Pte	3 12 Nov 42	R22R	U.K.	59	21 Nov 42
		Leave 9 days allowance in lieu P.R.	Pte	16 Feb 43 25 Feb 43	R22R	U.K	11	5 Mar 43
		Granted Daily Regtl Pay $1.50	"	1 Jan 43	"	"	19	16 March 43
		S.O.S. C.A. (U.K.) on embarkation 15 June 43						
		T.O.S. C.A. (M) 16 June 43	Pte	16 Jun 43	R22R	N A	33	28 Jul 43
		Disembarked 10 July 43						
		Killed		27 July 43			CL 322 25 Aug 43	
		S.O.S. Deceased. Killed in Action in zone	Pte	27 July 43	R22R.	N A	39	20 Aug 43.

Imp Comps

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.106005 RANK Private SERVICE UNIT Royal 22e Regt.

NAME MIRONAND, Joseph Pierre

DATE OF BIRTH

DAY 15th MONTH October YEAR 1907

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Georgine Sheppeard,

ADDRESS ADDRESS D.A.B. 1076 St. George Street, Montreal, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3096 H.Q. 405-9-17,170 DATE 27-7-43

CASUALTY DETAILS Killed in action.

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 2-9-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

HQ.405-S-17170
(Records-C)

/CV

Septembre 13, 1943.

Madame,

Je regrette profondément d'avoir à vous informer que votre fils, le soldat Joseph Pierre Sheppeard, numéro matricule D-106005, a donné sa vie au service de sa patrie en Sicile le 27e jour de juillet 1943.

D'après les renseignements officiels qu'on nous a transmis, votre fils a été tué au combat. Vous pouvez compter que dès que nous recevrons d'autres détails nous vous en ferons part.

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

Nous rendons hommage au soldat Sheppeard pour son vaillant sacrifice.

Veuillez agréer, madame, l'expression de mes sentiments distingués.

L'adjudant-général,

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

SEP 13 1943

(H.F.G. Letson),
Major-général.

Mme Georgina Sheppeard,
1076, rue St-Georges,
MONTREAL, Qué.

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.

405-S-17170

REGIMENT OR CORPS: R 22e Regt — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D106005 — Rank: Pte

Surname: SHEPPEARD — Christian Names: JP

Died — Date: 27 Jul 43 — Place: Sicily

Cause of Death*: Killed in action BC

Nature and Date of Report: Cas List 27 Jul 43

By whom made: HQ 1 Div

* 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: Mons Scapllo Catanenova MR 578837 — Date: 31 Jul 43

By whom reported: CF R 22e Regt

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: Not known no effects 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: North Africa 3 Sep 43

Signature of Officer in charge of Section Adjutant-General's Office at the Base: R. N. Mills S/Capt for Officer i/c Cdn Sec GHQ 2nd Echelon N Africa

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (SICILY)

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: SHEPPEARD, (Block letters)

Given names: Joseph Pierre.

4. RESIDENCE

Street: St. George, No. 1076

Official name of civil municipality or township: Montreal.

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October (Month) 13th, (Day) 1907. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	35			....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	(Deceased)	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Sicily.

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) 27th, (Day) 19 43. (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**

Signed M.D.

Address **Date** **19**

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

F. B. Reding

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)

OVERSEAS CASUALTY
CANADIAN ARMY

for Director of Records, Dept. of National Defence.

Q.G. 405-S-17170
(Records G)

le 20 octobre 1944.

Madame,

Relativement à la mort regrettable de votre fils, le soldat Joseph P. SHEPPEARD, matricule D-106005, je dois vous informer que d'après les renseignements reçus d'outre-mer, ses restes ont été inhumés dans la tombe 80, rangée F, lot A, du nouveau cimetière militaire canadien à Agira, en Sicile. Ce cimetière est un lieu de sépulture officiellement reconnu.

Sa tombe a été marquée temporairement d'une croix qui sera remplacée en temps opportun par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assurée qu'à ce moment nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement d'adresse.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant-général,

J.B. Radine
for (C.L. Laurin) colonel,
directeur des archives.

Mme Georgina Sheppeard,
1076, rue St-Georges,
Montréal, Québec.

/RB

Form No. 1 #1684

Registrar No. D 4277

Nominal Roll No. D-87

H.Q. File No. 405-S-17170

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
D-106005	PTE	SHEPPEARD	JOSEPH PIERRE

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. 17 MAY 40	T.O.S.	T.O.S.
S.O.S. 27 JUL 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1167	Total Days	Total Days

TOTAL SERVICE 1167 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	60	NIL	60
OVERSEAS SERVICE	1107	1	1106
Totals	1167	1	1166
Add Non-qualifying Service			1
TOTAL SERVICE			1167

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 27 JUL 43

2. Date S.O.S. Overseas

REMARKS: KILLED IN ACTION 27 JUL 43

Computer's Signature [illegible]

Checker's Signature C. Flood

Date Computed 23 Jan 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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits No.	from	to	Eff. Date	Days	Total

TOTAL

OVERSEAS T.O.S. 16 JUL 40 T.O.S. .... T.O.S. ....
S.O.S. 27 JUL 43 S.O.S. .... S.O.S. ....

AWL	NA	NA	21 DEC 41	1	1

TOTAL 1

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Pierre (CHRISTIAN NAMES) SHEPPEARD (SURNAME)

REGISTER NO. D-4277
FILE NO. 405-S-17170
DATE 19-2-45
SERVICE NO. D-106005
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 27-7-43

PAYEE Mrs. Georgina SHEPPEARD,
ADDRESS 1076 St. George St.,
Montreal, P. Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-43

	$ ¢
A. TOTAL QUALIFYING SERVICE — 1140 — NO. OF DAYS 1166 / 30 EQUAL TO 38 COMPLETE PERIODS AT $7.50	285.00
B. QUALIFYING OVERSEAS SERVICE — No. of Days 1106 LESS 26 INELIGIBLE DAYS, EQUAL TO 1080 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	270.00
	555.00
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 $ 25.00 $ .83; TOTAL $ 3.58 X7 = $ 25.06; NO. OF DAYS 1106 / 183 X$ 25.06	151.46
D. WAR SERVICE GRATUITY	706.46
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	706.46

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
FEB 20 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
[illegible]	2-3-45

[illegible]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Joseph Pierre Sheppeard (Christian Names) (Surname) — Register No. D4277

PAYEE'S NAME Mrs Georgina Sheppeard (Christian Names) (Surname) — File No. 405-S-17170

Date 17-2-45

ADDRESS 1076 - St. George, St. Montreal, P.Que. — Service No. D106005

Final Rank PTE.

DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-43 — Date of Discharge 27-7-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{1166}{30}$ = 38 (36) Periods @ $7.50	285	00
B. QUALIFYING OVERSEAS SERVICE No. of days 1106 less 26 Ineligible days, equal 1080 Days @ 25c per day	270	00
C. SUPPLEMENT FOR OVERSEAS SERVICE	555	00
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $25.00 $ .83 TOTAL $ 3.58 × 7 = $ 25.06 No. of Days $\frac{1106}{183}$ × $ 25.06	151	46
D. WAR SERVICE GRATUITY Computed By Stanley Roper	706	46
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 706.46 each)	706	46

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

~~Section "E" to be initiated, please.~~

100M-11-44 (6087)
H.Q. 1764-81-3

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

WILL

M.F.M. 10
60M—3-40 (4386)
P.Q. 1772-39-1656

(1) I, JOSEPH PIERRE SHEPPEARD (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Hochelaga,

Province of Quebe c, Chauffeur (Civil Occupation)

Regimental No. D-106005, Unit Royal 22ieme Reg't. CASF, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

P.A

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "my mother, Georginna Sheppeard, residing at 1076 St George Street, Montreal, P. Que. all my estate.

P.A

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 (Name) (Address)

(Civil Occupaton), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of May

1940

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.

Pierre Sheppeard (Signature of soldier)

First witness sign here.

(5) Signature S. Lidaires. Pte.

Civil Address 2022. Victoria St Montreal.

Civil Occupation Clerk

Second witness sign here.

Signature R. L. Savard Jnr

Civil Address 2364 Sheppard st Montreal

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

File No 405-S-17170

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D106005 Name SHEPPEARD. JOSEPH PIERRE

Rank on Discharge Pte Date of Discharge 27-7-43

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 17-5-40	to 15-7-40		
	from	to		
United Kingdom	from 16-7-40	to 15-6-43		
	from	to		
Italy	from 16-6-43	to 27-7-43	KIA	
Northwest Europe	from	to		
	from	to		
	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

Italy Star OK ✓

~~Franco-Germany Star~~

Defence Medal OK ✓

War Medal OK

Canadian Volunteer Service Medal OK ✓

with clasp OK

M

Verified by H. G. Palen

Date 16-8-46

Carded AUG 16 1946

NO RIBBON DESPATCH

HA 165

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-106005 Pte. Sheppeard J.P. (Killed) ("M")

RECEIVED FROM H.Q. #1. Cdn. Kit Storage Depot
H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. 13, Dec. 43.

CHECKED BY ..... DATE .....

1	Pr. Black Shoes	
1	Flashlight	
1	Pr. Socks	
1	Pocket Knife	
2	Pieces polishing cloth	
1	Woollen Under Shirt (Removed)	
1	Rifle sling (Removed)	
1	Bottle Noxema (Removed)	
1	Kit Bag, marked with Name & No.	
	(No Inventory received with effects)	

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

W.E. Fulmer, Capt
for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-106005 Pte. Sheppeard J.P. - R. 22e Regt. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 7. Jan. 44

1	Medalion		
1	Diary		
	Post Cards		
	Snapshots		

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

TRIPLICATE — with effects.

W.E. Fulmer, Capt
for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-106005 Pte Sheppeard J.P. (Dec'd)

RECEIVED FROM Cdn Sec GHQ 2nd Echelon

CHECKED BY B-134006 Pte Burden R.E.
L-17349 Pte Bailey N.S. DATE 22 Mar 44

2	Ties		
2	Shirts		

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

TRIPLICATE — with effects.

Pte M.O. Lathcart
for OC 1 Cdn KSD

To be made out in duplicate Duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)

(*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 individuals new unit.

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(1) Name of Officer of Other Rank SHEPPEARD JOSEPH PIERRE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-106005 Pte.

(3) Unit Royal 22ieme Regiment CASF.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife N/A.

(*b*) Present postal address of wife N/A.

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

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls N/A.

Also their names and ages N/A.

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

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

Name N/A.

Postal Address N/A.

[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 12 months immediately prior to enlistment? No.

If so, state her full name and Postal Address N/A.

(11) Is your father alive? No.

If so, state name and address, occupation N/A.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N/A.

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) N/A.

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Georginna Sheppeard
1076 St George Street, Montreal, P. Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) $40.00 per Month.

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? N/A.

(17) Are you contributing to the support of any dependents, other than those shown above? No.

If so, state the following particulars:—

Relationship N/A.

Full Name N/A.

Postal Address N/A.

Amount contributed monthly during the past six months N/A.

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? No.

(19) Are you insured? No.

If so, in what Company? N/A.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A.

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.

Pierre Sheppeard
(Signature of officer or man)

Date 17 May 1940

S. F. Hayne Major
Officer Commanding
COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date 17 May 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

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: Royal 22nd. Regiment Regimental Number: D-106005.

1. Surname: SHEPPEARD
2. Christian Names: Joseph Pierre
3. *Substantive Rank and Appointment: Pte
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, Quebec, Canada
5. Date of birth as declared on attestation: 13 October 1907.
   (A)
6. Date of enlistment: 17 May 40.
7. Place of enlistment: Montreal, Quebec, Canada
8. Residence at time of enlistment: 1076 St George St., Montreal, Quebec, Canada
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: Roman Catholic
12. If married, state date: Single
13. Trade on enlistment: Chauffeur
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: R.22e.R. (C.SF) Unit (Battn., etc): REGT'L DEPOT
C.I.C R.22.R

(18) Medical

Category	Date	Authority
"A"	17-5-40	

(19) Next of kin (entries to be made in pencil): Mrs. Georgianna Sheppeard (Mother) 1076 St George St., Montreal

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

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
17 May 40.	DRO		No. 4 District Depot, CASF Montreal. 18May40. Pte. 4DD. Ptll. No. 127 18 May 40.				
			CASF (OVERSEAS) ON EMBARKATION AT Halifax ON 15-7-40				
			CASF (OVERSEAS) ON TRANSFER ON 15-7-40 AND DISEMBARKED AT Glasgow ON 1-8-40		15-7-40	Pte	B059 2/6 I.H.U. -3-8-40
2-10-40		2/C.I.H.U.	Granted 5 days Leave	Bridgend	1-10-40	"	110 # 110 2-10-40
5-2-41		"	Granted 7 days P.L. with Warrant	Whitley	4-2-41	"	20 # 30 / 5/2/41
6-3-41		"	SOS To R.A.F. Reg	"	5-3-41	"	20 # 55 / 6/3/41
6 Mar 41	O.C.	R.A.F.	T.O.S. from No 2 Ldn. Inf. to Ding Unit	England	6 Mar 41	Private	# 11 d/14 Mar 41
15 Oct 41	✓	✓	Granted 7 days Privilege Leave	✓	15 Oct 41	✓	# 49 d/24 Oct 41
	Records	✓	Admitted to 4 Ldn. Fd. amb.	✓	15 Nov 41	✓	
	✓	✓	Disc. from 4 Ldn. Fd. amb.	✓	20 Nov 41	✓	# 56 d/12 Dec 41
22 Dec 41	O.C.	✓	Forfeits 1 days pay under F.R. 153(b)	✓	21 Dec 41	✓	# 59 d/31 Dec 41
23 Feb 42	✓	✓	Attached for rations and discipline to H.Q. 3 C.I.B.	✓	19 Feb 42	✓	# 9 d/28 Feb 42
	✓	✓	Ceases to be attached to H.Q. 3 C.I.B.	✓	23 Feb 42	✓	# 10 d/6 Mar 42
	✓	✓	Awarded one Good Conduct Badge	✓	17 May 42	✓	# 22 d/11 Jul 42
7 Nov 42	✓	✓	Granted 9 days Privilege Leave	✓	3 Nov 42	✓	59/42
25 Feb 43	✓	✓	Granted 9 days Privilege Leave	✓	16 Feb 43	✓	11/43
14 Apr 43	✓	✓	Granted Daily Rates of Pay of $ 1.50 per diem	✓	1 Jan 43	✓	19/43
			BOS on T.M.K. ON EMBARKATION AT ON		15 Jun 43		
	TOS on T.M.K.		ON TRANSFER ON 16 Jun 43 AND DISEMBARKED AT ON		10 Jul 43	✓	33/43
11 Aug 43	OCT 27	R.A.F.	SOS. Deceased "Presumed killed in action"	Field	27 Jul 43	✓	37/43

1-9-43
(O.C.L.-354)

AWARDS—CANADIAN ARMY (ACTIVE) (1488) M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-S-17170

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SHEPPARD,	Joseph Pierre	D-106005	Pte.	Infantry

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	
Defence Medal	
War Medal	
~~CVSM & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Georgina Sheppeard (Mother)

ADDRESS: 1076 St. George St.,
MONTREAL, P.Q.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 3994

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Georgina Sheppeard

ADDRESS: 1076 St. George St., Montreal, Que.

DESP. NOV 10 1943
REGN No. 3374

(3)

3132

14-11-49

No D.106005 Rank Private Name SHEPPEARD, Joseph Pierre.

Unit Royal 22e Regiment. Date of death 27th July, 1943.

Died at Sicily.

Cause Killed in action.

Death occurred on strength of Forces, HQ 405-S-17170 d 2-9-43

N/K Mrs. Georgina Sheppeard, Relationship Mother.

Address 1076 St. George Street, Montreal, P.Q.

Remains buried in Cemetery

Mons Scapllo, Catanenova, Sicily. MR.578837.

Grave location

CHK

OVER -

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 19 1944

RETURN TO BUR. OF STAT. 28-1-44

ROYAL MESSAGE DESP'D. SEP 30 1943

CAN. MESSAGE DESP'D. 7-9-43.

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.
Plot A, Row F. Grave 80

H & CR Form Despd. FEB 5 1947