D106047
CHASSE
ALBANY

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MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Emile CHASSE (Father)

ADDRESS: R.R. #2, Drummondville, P.Q.

MEMORIAL BAR

(1) DATE DESP

REGN. NO 1581

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Emilina Chasse

ADDRESS: 2ieme Rang, Drummondville, Que. Can.

(3)

DESP. NOV 8 1943

REGN No. 3186

6/9-43
(O.C.L.-359)

AWARDS—CANADIAN ARMY (ACTIVE) M (1490)

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-16509

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHASSE,	Albany	D-106047	A/Cpl.	Infantry

WAR SERVICE BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	7472 18-1-50
Defence Medal	
War Medal	
~~C.V.S.M. & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

VERIFIED
DATE 19/12/41 BY ...

MILITIA BOOK M. 1

Part II

70M—9-39 (2022)
(H.Q. 1772—39-1672)

CANADIAN MILITIA

Soldier's Pay Book

(For use on Active Service)

Number D-106047

Surname (Capitals) CHASSE

Christian Names in full ALBANY

Unit Royal 22nd Regt C.A.S.F

PARTICULARS OF FAMILY, ETC.

1. State whether married, widower or single:

SINGLE

2. If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier: (see also page 40.)

EMILE CHASSE
21 ÈME RANG DRUMMONDVILLE P.Q.
CANADA

3. If married after enlistment, state date of marriage:

4. Assignment of pay: Date effective:

$ 20.00 1-8-40

$

$

5. Name and address of assignee:

EMILE CHASSE
7e Rg Drummondville PQ

6. Any change of assignee:

7. Dependents allowance, payable to:

(Relationship)

Original unit in which enlisted:

ROYAL 22 ÈME REG'T C.A.S.F

Regimental Depot:

Unit in field:

Regimental Number:

D 106047

Name in full (surname first):

CHASSE ALBANY

Date of Attestation:

24TH MAY 1940

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Unit	Signature of Officer
24-5-40	T.O.S.	#4 D.D. 133	R.22nd R.	

DAILY RATES OF PAY AND ALLOWANCES

Pay		Field Allowance		Additional Pay		Total Daily Rate		Date effective	Signature of Paymaster
$	c.	$	c.	$	c.	$	c.		
1	30								

Soldier's Signature Albany Lehasse

Book opens on JUL 15 1940 Balance ~~Cr.~~ or Dr. $ 5.00

Jnsummer Paymaster.

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
JUL 15 1940				5 00			5 00		Jnsummer
July	Pay 16 da	20 80						15 80	Jnsummer
Aug	Pay	40 30			20 00			36 10	Jnsummer
6	8 40 ab41		2	8 94				27 16	Jnsummer
14	8 40 ab50		2 10/	11 18				15 98	Jnsummer
29	8 40 : 54		2	8 94				7 04	Jnsummer
Sept.	Pay.	39 -			20 -			26 04	Jnsummer
Sep 12	ab64		2	8 94				17 10	Jnsummer
" 27	" 70		1 10/	6 71				10 39	Jnsummer
	Totals Carr'd Forward	100 10		49 71					

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	10 39						10 39	
Oct	Pay	40 30			20 00			30 69	R.P. Capt
15/10	QR 165		£2.0	8 94				21 75	R.P.
30/10	QR 177		£2.0	8 94				12 81	R.P.
Nov	Pay	39 00			20 00			31 81	R.P.
10/40	MFM 514			67				31 14	R.P.
15/11	QR 200		£2.0	8 94				22 20	R.P.
26/11	QR 211		£5.0	22 35			.15		R.P.
Dec	Pay	40 30			20 00			20 15	R.P.
"	MFM 513			29				19 86	R.P.
15/12	QR 225		£2-0	8 94				10 92	R.P.
23/12	QR 234		£0-10	2 24				8 68	R.P.
	Totals Carr'd Forward	129 99		61 31					

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	8 68						8 68	
31/12/40	aR 239		£2 -	8 94	Agrees w.	RP L. Sheet 31/12/40	26		R.P.
Jan. 41	Pay	40 30			20 -			20 04	R.P.
15/1/41	aR 250		£2 -	8 94				11 10	R.P.
1/41	MFM 514			22				10 88	R.P.
31/1/41	Q.R. 260		£2 -	8 94				1 94	R.P.
Feb. 41	Pay.	36 40			20 00			18 34	R.P.
1/41	513/44			37				17 97	R.P.
15/2/41	Q.R. 268		£1 10	6 71				11 26	R.P.
2/41	MFM 514			47				10 79	R.P.
28/2/41	Q.R. 278		£2 -	8 94				1 85	
March	Pay	40 30			20 00			22 15	
	Totals Carr'd Forward	125 68		43 53				22 15	

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	22 15						22 15	
15/3/41	Q.R. 292		£2 10	11 18				10 97	R.P.
3/41	513/54			49				10 48	R.P.
31/3/41	CR 300		£2 0	8 94				1 54	R.P.
April	Pay	39 00			20 00			20 54	R.P.
5/41	MFM514			1 18				19 36	
12/40	MFM514			22				19 14	R.P.
30/4/41	CR16		£0 10	2 24				16 90	
4/41	MFM514			22				16 68	
May	Pay	40 30			20 00			36 98	R.P.
12/5/41	Q.R. 30		£6 -	26 82				10 16	R.P.
5/41	MFM514			3 55				6 61	R.P.
	Totals Carr'd Forward	101 45		54 84					

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	6 61						6 61	
5/41	513/25			17				6 44	R.P
5/41	A.R. 57		£1 10	6 71			27		R.P
June	Cy	39 -			20			x 18 73	R.P
15/6/41	A.R. 60		£2 -	8 94				9 69	R.P
6/41	MFM 514			52				9 17	R.P
30/6/41	A.R. 78		£2 -	8 94				x 33	R.P
	Totals Carr'd Forward	45 61		25 28					

T.R.R.

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

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

deceased

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

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

Unit ROYAL 22Nd REGIMENT (CASF.) Regimental Number D-106047

ACTIVE SERVICE

CANADIAN [redacted] FORCE

ATTESTATION PAPER

04 A/CPL

1. Surname CHASSE
2. Christian Names Albany
3. Present address ~~3i ème~~ 2 ème rang, Drummonville,
4. Date of birth 14th October 1918
5. Place of birth Drummonville, Quebec Canada
   (Country) (County or Province) (Town or Township)
6. Religion (state denomination) ROMAN CATHOLIC
7. Trade or Calling Journalier.
8. Married, Widower or Single Celibataire.
9. Name of next of kin Mr. Emile Chasse.
10. Relationship Pere. R22R
11. Address of next of kin 2ieme Rang Drummondville Que Canada. Verified DO27 5 June 43
12. Have you served in any Naval, Military or Air Force? NON.
13. If previous war service, state arm, force and regimental particulars Aucun.
14. Do you now belong to or have you served in the Active Militia of Canada? NON.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ALBANY CHASSE. 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 24 May 1940 Albany Chasse
S. F. Hawe - Témoin (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Albany Chasse (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 Que this 24th 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

OCCUPATIONAL HISTORY FORM COMPLETED

Record of Service of CHASSE. (Surname) ALBANY. (Christian Names) Regimental Number D-106047

Qualifications

Military: NIL.

Business or Professional: NIL.

Trade or Civil: Journalier.

Technical: NIL.

Languages: Francais.

Educational Qualifications

High School or Collegiate: NIL. (years completed)

Graduation or Matriculation: NIL. (specify)

*College: NIL.

*University: NIL.

*(Name of institution, courses or years completed, and degrees obtained to be shown). 7 Annees Ecole Primaire.

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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
24Mai 40	DRO	NO 4 District Depot CASF.	Soldat	24Mai40	4 DD	Montreal	4DDPt II No 133	24Mai 40
29 May 40	4DD	Transferred to his Unit	Soldat	29 May 40	4DD	Montreal	4DD Pt.11 No.137	29 May 40
		T.O.S. of the depot on transfer from DISTRICT DEPOT M.D. 4	"	30-5-40	R.22e.R.	Quebec	D.O. PT 11 No. 118	8-1940
		S.O.S., of the depot on attachment to Training Centre, M.D. No. 5.	Private	31-5-40	R. 22e R.	Quebec, P. Q.	D.O. Pt. II No. 119	1940
1-6-40	Reg depot	Attached ti C.I(R)T.C. from depot	"	1-6-40	C.I(R)T.C.	"	" " 129	1-6-40
JUL 15 1940	CI(R)TC	SoS CI(R)TC	D.O.	JUL 15 1940	D.O.	Valcartier	DO Pt II 170	JUL 15 1940
	140.265 11-11-41	SOS CASF (OVERSEAS) ON EMBARKATION AT Halifax ON 15-7-40 TOS CASF (OVERSEAS) ON TRANSFER ON 19-7-40 AND DISEMBARKED AT Glasgow ON 1-8-40			2/6.I.HU.	Bordon	DO 59	3-8-40
		SOS to R22Regt.	"	1-10-40	"	"	" 109	1-10-40
no Obs.		T.O.S. from 2nd I.H.U.	"	1.10.40	R22R	Field	45	3.10.40
		Granted leave	Pte	9 16 May41	R22R	Fld	23	23 May41

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

Are you receiving or have you in the past received, disability pension or compensation?

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Chasse Albany Date May 20/40

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

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

Albany Chasse
(Signature of Recruit)

Examiner's remarks *re* above ears reflexes urine normal color vi ion (ishihara) (CN) A.Delaha
Capt.

X-Ray Normal

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

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

2. Height 5 feet 5 inches. 3. Weight 123 pounds.

4. Complexion fair Eyes blue Hair brown 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 33½ inches
Range of expansion 2 inches

7. Vision, right 20;30 left 20;40 8. Hearing, right wv20 left wv20

9. Condition of mouth and teeth 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

J. G. Browne Lt Col. — President
Member
Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
30-5-40	Vacc.	30.9.40	A.T.T. T.A.B.
30-5-40	Tetanus icc.	28.3.41	
30-5-40	T.AB.		
7-6-40	3 major.		
13-7-40	R.C.A.M.C. C.A.S.F.		
13-7-40	Tetanus 1-cc		

Are you receiving or have you in the past received, disability pension or compensation? If so give details No

Regtl. No. D-106047 Rank Soldat Surname CHASSE. Christian Name ALBANY.

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

Name .....

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
5603-		Pl/Leave W.W. to 8 Jan 42	Pte	Jan 42	R22R	UK	D.O. 3	16 Jan 42
		Adm & Disch from 5 Fd Amb.	Pte	17/27 Mar 42	R22R	UK	17	17 Apr 42
		Pl/Leave W.O.W. to 16 Apr 42	Pte	9 Apr 42	R22R	UK	22	15 May 42
		OFF Sec 40 A.A. and 14 day CB. to forf 1 days pay FRI 149(2)	Pte	6 June 42 16	R 22R	UK	26	18 June 42
		Granted 7 days Pl	Pte	23 July 42	R22R	UK	36	31 July 42
		To Inv A/Sgt/Cpl Sept 42	A/Sgt/Cpl	29 Sept 42	R22R	UK	52	21 Oct 42
		Priv Leave 7 dys plus H & Bns pass	a/L/cpl	10/19 Dec 42	R22R	UK	66	30 Dec 42
		Having compl Regtl Crse N.C.Os have Qual as cpl	a/L/cpl	6 Jan 43	R22R	UK	2	15 Jan 43
		To be a/cpl	a/cpl	21 Jan 43	R22R	UK	6	3 Feb 43
		Increase in pay from $1.50 to $1.60	A/L/cpl	1 Jan 43	R22R	UK	7	5 Feb 43
		Cease to hold apptmnt of A/Cpl.	L/Cpl	31 Jan 43	R22R	UK	8	12 Feb 43
		To be ~~A/L/Cpl~~ A/cpl	A/cpl	10 May 43	R22R	UK	24	22 May 43
		Embarked + SOS Cdn Army (UK)		15 June 43				
		TOS Cdn Army (M)		16 June 43				
		Disembarked	A/bdr	10 July 43	R22R	NA	33	28 July 43
		SOS Deceased. C M Force	A/cpl	28 July 43	R22R	DA	39	20 Aug 43

Trip completed 2/9/43 MF

Statement of the Service of No. D-106047 Rank..... Sheet No.....

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

Name CHASSE. A

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated

4

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 ....CHASON. Albany.... (b) Reg'l. No. ....D 106047....
2. (a) Arm of service ....Army.... (b) Unit ....R 22 R.... (c) Rank ....L/Cpl.....
3. (a) Date of birth ....14-10-18.... (b) Have you any dependents? ....No.... (c) Place of residence at time of enlistment ....Drummondville. Que....
4. (a) Place of enlistment ....Montreal. Que.... (b) Date of enlistment ....24-5-40....

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school ....15 yrs.... (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.) ....Grade 5....
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.... (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 ....General Motors.... Address ....Drummondville. P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ....Motor Co. car Mnfg....
20. (a) Your specific occupation ....Body painter. (cars)".... (b) Number of years' experience at this occupation with any employer ....3 yrs....
21. (a) Did your employer promise definitely to give you employment on discharge? ....Yes.... (b) Did your employer refuse to promise you employment on discharge? ....No.... (c) Do you wish to return to your former employment? ....Yes....

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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 ....

DATE ....10th June.... 194....3.... SIGNATURE ....

For officer i/c of records. C.H.Q.

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 22e Regiment Regimental Number: D.106047

1. Surname: C H A S S E,
2. Christian Names: Albany.
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: A/Cpl
   giving date: 10 May 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Drummondville, P.Q., CANADA.
5. Date of birth as declared on attestation: 14 Oct 18.
   (A)
6. Date of enlistment: 24 May 40.
7. Place of enlistment: Montreal, P.Q., CANADA.
8. Residence at time of enlistment: Drummondville, Quebec.
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:
13. Trade on enlistment: Labourer.
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
"A"	24.5.40	

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

Mr Emile Chasse, father,
Drummondville, P.Q., Canada.

(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
	O.C.	2C.I.H.U	Embarked - Halifax.	Canada	15 Jul 40	Private	
	✓	✓	SOS C.A.S.F., Canada.	✓	✓	✓	
	✓	✓	Disembarked - Glasgow.	Scotland	1 aug 40	✓	
	✓	✓	TOS C.A.S.F. Overseas.	England	16 Jul 40	✓	59/40
	✓	✓	SOS to Royal 22e Regiment.	✓	30 Sep 40	✓	109/40
	✓	R22eR	TOS from 2 Cdn Inf Holding Unit.	✓	1 Oct 40	✓	45/40
	✓	✓	Granted 7 days Privilege Leave.	✓	9 May 41	✓	23/41
5 Jan 42	✓	✓	Granted 7 days Privilege Leave.	✓	1 Jan 42	✓	3/42
	✓	✓	Admitted to 5 Cdn. Fd. Amb.	✓	12 Mar 42	✓	17/42
	✓	✓	Disch. from 5 Cdn. Fd. Amb.	✓	27 Mar 42	✓	17/42
4 May 42	✓	✓	Granted 7 days Privilege Leave.	✓	9 apr 42	✓	22/42
6 Jun 42	✓	✓	Forf. 1 day's pay FRI.149(1)(a).	✓	6 Jun 42	✓	26/42
24 Jul 42	✓	✓	Granted 7 days Privilege Leave.	✓	16 Jul 42	✓	36/42
13 Oct 42	✓	✓	To be acting Lance Corporal.	✓	29 Sep 42	A/L/Cpl	52/42
19 Dec 42	✓	✓	Granted 9 days Privilege Leave.	✓	10 Dec 42	✓	66/42
6 Jan 43	✓	✓	Qualified Cpl - Regtl NCO Course.	✓	6 Jan 43	✓	2/43
21 Jan 43	✓	✓	To be A/Cpl	✓	21 Jan 43	A/Cpl	6/43
1 Feb 43	✓	✓	To receive $1.60 per diem	✓	1 Jan 43	A/Cpl	7/43
4 FEB 43	-	-	REVERTS TO A/CPL	✓	31 JAN 43	✓	8/43
7 Apr 43	✓	✓	Granted 9 days Privilege Leave	✓	25 Mar 43	✓	30/43
13 MAY 43	✓	✓	To be acting Corporal	✓	10 May 43	A/Cpl	34/43
			SOS CA 4 M ON EMBARKATION AT ..... ON		13 Jan 43		
					18 Apr 43	✓	33/43
	TOS CA	M	ON TRANSFER ON 16 Jun 43 AND DISEMBARKED AT ..... ON				
13 Aug 43	OCH 29	R22eR	SOS - Deceased - "Killed in Action"	Italy	28 Jul 43	✓	39/43

File No. 465-C-16509

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D106047 Name CHASSE ALBANY

Rank on Discharge A/Cpl Date of Discharge 28-7-43

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 24-5-40	to 15-7-40		
	from	to		
United Kingdom	from 16-7-40	to 15-6-43		
	from	to		
Italy	from 16-6-43	to 28-7-43	Killed in action	
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star	OK

Italy Star	OK
~~France-Germany~~ Star	
Defence Medal	OK
War Medal	OK
Canadian Volunteer Service Medal	OK
with Clasp	OK

M

Verified by [illegible]

Date 24-6-46

Carded JUL 2 1946

NPD

HA 165

Quote No. H.Q.405-C-16,509
(Records - C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

September 2, 1943.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D.106047

Rank A/Cpl.

Surname CHASSE

Christian Names Albany

Address at time of enlistment 2ieme Rang,
Drummondville, Que.

Date of Birth 14-10-18

Marital Status Single

Nature of Casualty Killed in Action 28-7-43

P.R.

Colonel,
Director of Records,
for Adjutant-General.

GR/MEB

QUOTE No. H.Q.405-C-16,509 (Records - C)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

FOR F.T.

Mr. Emile Chasse,
2ieme Rang,
Drummondville, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D.106047 Acting Corporal Albany Chasse, gave his life in the Service of his Country in Sicily on the 28th day of July, 1943.

From official information we have received your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

P.L.

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

GR/MEB

Nat. Def. A-168-A
1,000M—3-43 (9028)
H.Q. 1772-39-376

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: CHASSE (*Block letters*)

Given names: Albany

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Drummondville,

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) 14th, (Day) 1918. (Year)

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

OCCUPATION

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

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	CHASSE, Emile	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal:

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) 28th, (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....Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

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

Signed....**M.D.**

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

OVERSEAS CASUALTY
CANADIAN ARMY

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

F. B. Radine

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)

for Director of Records, Dept of National Defence.

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE NO.

NAME CHASSE, Albany DATE OF BIRTH 14 Oct.1918. Quebec.

RANK A/CPL. REGIMENTAL NO. D-106047

UNIT ROYAL 22nd REGIMENT NEXT OF KIN ADDRESS Father

Mr. Emile Chasse

2 ieme Rang, Drummondville, Que.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 28 JUL 43 PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL - CEMETERY -

DEATH CERTIFICATE NO LOCATION OF CEMETERY

PLOT NO DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS

RELIGION R.C.

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

APR - 5 1944

N.B. This burial report contains all information at present available, but is subject to revision by this Office.

Noted G

(B.E.Willan) Capt.

For (R.T.E.Hicks-Lyne) ~~Lt.~~-Colonel
Officer i/c Records
Canadian Military Headquarters.

405-C-16509

FIELD SERVICE

Army Form B. 2090A.

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

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

Officer's Personal No. (if known) / Soldier's Army No.: D 106047 — Rank: A/CPL

Surname: CH A SSE — Christian Names: A.

Died — Date: 28 Jul 43 — Place: SICILY

Cause of Death*: KILLED IN ACTION

Nature and Date of Report: AFW 3011C

By whom made: R 22e R

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: — Date:

By whom reported:

State whether he leaves a Will or not — (*a*) in Army Book 64: Not known

(*b*) as a separate document: No

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: ITALY 27 April 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: H. J. McDOUGALL Captain for Officer i/c Canadian Section G.H.Q. 2nd Echelon AAI

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.106047 RANK Acting Corporal SERVICE UNIT Royal 22e Regiment

NAME CHASSE, Albany

DATE OF BIRTH

DAY 14th MONTH October YEAR 1918

MARITAL STATUS Single

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

ADDRESS 21ème Rang ADDRESS D.A.B. Drummondville, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3016 H.Q.405-C-16,509

CASUALTY DETAILS Killed in Action DATE 28-7-43

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

No D.106047 Rank Corporal Name CHASSE, Albany

Unit Royal 22e Regt. Date of death 28th July, 1943.

Died at Sicily

Cause Killed in action

Death occurred on strength of Forces.HQ 405-C-16509 d2-9-43

N/K Mr. Emile Chasse Relationship Father

Address 2ieme Rang, Drummondville, P.Q. OK

Remains buried in Cemetery

Grave location

CHK ✓ CASSINO MEMORIAL

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 18-12-43.

ROYAL MESSAGE DESP'D. JAN 31 1944

CAN. MESSAGE DESP'D. 4-9-43

MÉMORANDUM POUR

M. Emile Chasse,
2e Rang,
DRUMMONDVILLE, P.Q.

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-C-16,509 FD 329

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 20 septembre 1943

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

CHASSE, Albany, A/Cpl.

D.106047, Royal 22e.

ESTATES BRANCH
SEP 28 1943
H.Q. OTTAWA
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

R. G. Phelan Capt.
pour (L.M. Firth) Lt.-Colonel.
L'administrateur des successions.

RGP:JAB

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

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	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt.....		—		
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non.....		—		
3	Père du défunt.....		Emile Chassé		2ième Rang Drummondville
4	Mère du défunt.....		Emélina Picotin		2ième Rang Drummondville
5	Frères du défunt	Frères germains	Gaston — — — — — — Fernando — — — — — — Roger — — — — — — Jean-Louis — — — — Gilles — — — — — — René + Amédée — — —		~~tous~~ dans l'armée active tous les six de 2ième Rang Drummondville
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Emilienne Pauline Yvette Jacqueline Françoise + Céline		toutes demeurant au 2ième Rang Drummondville
		Demi-sœurs			
	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants
7	Julien décédé au mois de mars 1931				

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance).....			

écifiés

gard de
out

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Chassé Joseph Emile Albani
11	Indiquez le mois et l'année de sa naissance.	14 octobre 1918
12	Où et quand ses parents s'étaient-ils mariés?	à Drummondville, le 8 janvier 1918
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	non
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	non
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	—

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	dans le 2ième Rang à Drummondville
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	Il a demeuré à New Britain, Conn. Biddeford, Me et Drummondville
18	Combien de temps dans chacun d'eux?	Biddeford Me, 1 an 1/2 New Britain, Conn., 1 an 1/2 Drummondville, 21 ans
19	Quelle était la nature de son emploi?	employé de garage
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	non
22	Indiquez votre adresse postale au long.	2ième Rang Drummondville P. Que.

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	—

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

Le defunt avait-il un compte de banque? Donnez le nom et l'adresse et le montant en depot. aucun compte de banque

Etait-il detenteur de certificats d'epargne de guerre, de bons de la victoire? non.

DÉCLARATION

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

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/~~la~~ père du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Émile Chasse — Signature du déclarant

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, ~~Mr~~ Émile Chasse (Nom du déclarant) est le/~~la~~ père du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Drummondville ce 24e jour de sept. 1943

Signature du pasteur, prêtre ou magistrat. Bruno Poirier, Titre vicaire

Adresse Saint-Frédéric de Drummondville P.Q.

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 et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
10 M—1-40 (3574)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Albany Chasse. (Nom au long), de la Ville. de Drummondville, dans le Comté / District de Drummond., Province de Quebec., Journalier. (Occupation civile) CASF.

N° matricule D-106047, Unité Royal 22ieme Reg't, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à Mon pere Mr Emile Chasse residant au 2ieme rang Drummondville dans la province de Quebec, tous mes biens.

Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme ..... (Nom)

..... (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins:

(5)

Signature du premier témoin: W. G. Black, Pte. Musician. 254 Cooper St., Ottawa, Ont. (Adresse)

(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: L D Roy Gnr. Clerk 3529 Hutchison Montreal (Adresse)

En foi de quoi j'ai signé ce 24 ème jour de Mai A.D. 19 40

Albany Chasse
(Signature du soldat)

(VOIR AU VERSO)

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40(4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur CHASSE ALBANY.
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade Soldat D-106047

(3) Unité Royal 22~~8~~ ieme Regiment CASF.

(4) Êtes-vous marié? NON.

(5) Si oui, donnez

(*a*) le nom entier de votre épouse N.A.

(*b*) l'adresse postale actuelle de votre épouse N.A.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N.A.

Sinon, donnez-en les raisons N.A.

(7) Êtes-vous veuf? NON.

(8) Avez-vous des enfants? N.A.

Si oui, indiquez le nombre de garçons et de filles N.A.

Donnez aussi leurs noms et leurs âges N.A.

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins N.A.

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom N.A.

Adresse postale N.A.

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?

NON.

Dans l'affirmative, donnez son nom en entier et son adresse postale N.A.

(11) Est-ce que votre père vit encore? Oui.

Si oui, donnez son nom, son adresse et son emploi Mr Emile Chasse (Cultivateur) 2ieme Rang Drummondville. Que, Canada.

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

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) N.A.

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? NON.

(14) Est-ce que votre mère vit encore? Oui.

Dans l'affirmative, donnez son nom et son adresse Madame Emilina Chasse.

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

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). NON. Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N.A.

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? N.A.
Si oui, donnez les détails suivants: —

Degré de parenté N.A.

Nom en entier N.A.

Adresse postale N.A.

Montant de la contribution mensuelle au cours des six derniers mois

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? NON.

(19) Êtes-vous assuré? NON.

Si oui, dites dans quelle compagnie? N.A.
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? N.A. Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Albany Chasse
(Signature de l'officier, soldat, ou aviateur)

Date 24 Mai 1940

S. F. Hane Major

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.
Officier Commandant

Date 21 Mai 1940

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Albany (CHRISTIAN NAMES) CHASSE (SURNAME)

REGISTER NO. D-21158
FILE NO. 405-C-16509
DATE 15-4-46
SERVICE NO. D-106047
FINAL RANK OR RATING A/Cpl.
DATE OF DISCHARGE 28-7-43

PAYEE Mr. Emile CHASSE,
ADDRESS 2 ieme Rang,
Drummondville, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 28-7-43

		$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1159/30 EQUAL TO 38 COMPLETE PERIODS AT $7.50		285.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 1106 LESS 19 INELIGIBLE DAYS, EQUAL TO 1087 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		271.75
		556.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE: PAY $ 1.70; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; TOTAL $ 2.95 X7 = $ 20.65; NO. OF DAYS 1106/183 X$ 20.65		124.80
D. WAR SERVICE GRATUITY		681.55
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00		20.00
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		661.55

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	[illegible]

TREASURY	
CHECKED BY	DATE
V. Birmingham	16/4/46

G. L. Hautzberger
SERVICE REPRESENTATIVE

M.F.M. 510
40/P & S/2[illegible]4 (1-43)

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

District.....

Dispersal Area.....

Regtl. No. D.106047 Rank and Name Chasse. A. A/Cpl. (Deceased).

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

~~(Transfer or~~ Discharge) ..... to ..... on 28th July, 19 43.

Reason Death. Authority : C.C.L. "A"314. d/15th August, 43

The following is a statement of the account of the above-named from 1st July to 31st July 19 43. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	15	52
First Monthly Payment			Regimental Pay 31 days at $1.70	52	70
Casual Payments			Tradesmen's Pay ..... days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	20	00	Allowances (Give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (Give particulars) :					
# B.C.I. August 43.	13	41			
To Balance Cr. Free	34	81	By Balance Dr.		
To Balance Cr. Deferred					
Total	68	22	Total	68	22

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

Remarks :

1. Assigned Pay $20.00 Stopped eff. Aug ust 43.

2. British Cash Issue, paid outside the United Kingdom, received in this country in August 43. No date of payment shown on documents.

3. The above statement has been compiled entirely from Treasury Records, the latest Pay Book not being available.

Compiled by E. Wright.

Checked by E R Clark

Date 17th January, 19 44.

Certified correct. L. Lewinbrook
for Chief Treasury Officer, Overseas.

FORM No. 1

Register No. C D 16511

Nominal Roll No. D-583

H.Q. File No. 405-C-16509

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-106047	A/CPL	CHASSE	ALBANY

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 24 MAY 40	T.O.S.	T.O.S.
S.O.S. 28 JUL 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1161	Total Days	Total Days

Total Service 1161 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	53		53
Overseas Service	1108	2	1106
Totals	1161	2	1159
Add Non-qualifying Service			2
Total Service			1161

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 28 JUL 43 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 28 JUL 43

Computer's Signature

Checker's Signature

Date Computed 7 FEB 46

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 16 JUL 40 T.O.S. T.O.S.

S.O.S. 28 JUL 43 S.O.S. S.O.S.

AWD			6 JUN 42		1 ✓
AWD			17 MAY 42		1 ✓
				Total	2 ✓