D139186
DUSSAULT
ROLAND

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

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.139186 Rank and Name DUSSAULT. R. PTE

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

~~X(Transfer or~~ Discharge) ~~xxx~~ on 28th Sept: 1944

Reason Death Authority : CCL"A"499 d/11thOct/44

The following is a statement of the account of the above-named from 1st Sept: to 30th Sept: 1944. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	61	11
First Monthly Payment			Regimental Pay 30 days @ $1.50	45	00
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) :			Cash effects SOCR#22789		22
To Balance Cr Free	86	33	By Balance Dr		
To Balance Cr Deferred					
Total	106	33	Total	106	33

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

Remarks

Assigned Pay of $20.00 (F) stopped off: October, 1944.

Compiled by B.McKercher.

Checked by M Dunham.

Date 20th April, 1945

Certified correct D Bowles
for Chief Treasury Officer, Overseas

DS

CFA 187
40/P[illegible]S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... B.139186 Pte. DUSSEAULT R. (Dec'd)

RECEIVED FROM ..... Cdn 2nd Ech 21 A Gp

CHECKED BY ..... L.2864 Cpl. Halik, H.
B.131628 Sgt. Smith, E.L. DATE ..... 22 Jan 45

1	Rosary, white (broken)		
1	Rosary, black		
1	Coin Purse		
1	pr Spectacles		

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

TRIPLICATE — with effects.

E. L. Smith Sgt
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
24 JAN 1945
BRANCH
HEADQUARTERS

CANADIAN MILITARY HEADQUARTERS No. 16004

RECORDS OFFICE

A

C A S U A L T Y R E P O R T

NAME (in full) DUSSAULT, Roland

NO. D-139186 RANK PTE UNIT FUS MONT ROYAL

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

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

CASUALTY KILLED DATE 28 SEP 44 LIST# A-499 PLACE AEF

If PO.W. or INTERNED, NUMBER & ADDRESS _____

PREVIOUSLY REPORTED _____ DATE _____

(L.S.APPLEFORD) Major
Officer i/c R.5 Wing.CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete #2)
2. NAME (In full) _____

   RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born Overseas. If NONE so state _____

   Date of Marriage, if known _____

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ _____ BENEFICIARY _____ (Relationship)

   _____ EXECUTOR _____ (Name) (Address)
2. BANK ACCOUNT - NAME OF BANK, etc. _____ A/C NO. _____

   ADDRESS _____
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN _____
4. Particulars of DEBTS, Remarks, etc. _____

NOV 4 - 1944

Date _____

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

Q.G.405-D-18222
R.4(b).

Ottawa,
le 18 novembre 1947.

M. Wilfrid Dussault,
Case postale 159,
Cowansville,
Cté de Missisquoi,
P. Q.

Monsieur,

Je vous envoie, sous ce pli, une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le soldat Roland DUSSAULT, matricule D.139186, inhumé dans la fosse 8, rang G, lot 7, du cimetière militaire canadien de Bergen-op-Zoom à 4 milles au nord-est de Bergen-op-Zoom en Hollande.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, Monsieur, mes sincères salutations.

Directeur suppléant
des Archives des
services de guerre.

Pièces jointes

/BP

F.T. please.

DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.
H.Q. 405-D-18222
R. 4 (B)

Ottawa,

12th November, 1947.

Mr. Wilfrid Dussault,
Box 159,
Cowansville,
Missisquoi Co., Que.

Dear Mr. Dussault:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D139186, Private Roland Dussault, the location of which is grave 8, row G, plot 7, Bergen-op-Zoom Canadian Military Cemetery, 4 miles North-East of Bergen-op-Zoom, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

JJ

A/Director,
War Service Records.

D. V. A. 1 500M-1946 REQ. 1314

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WSG949-11625 2 ARMY

DECEASED MEMBER'S NAME: Roland (CHRISTIAN NAMES) DUSSAULT (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-15006
FILE NO. 405-D-18222
DATE 22-1-46
SERVICE NO. D-139186
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 28-9-44

DATE OF TERMINATION OF OVERSEAS SERVICE 28-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 602 (30) EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 225 LESS 2 INELIGIBLE DAYS, EQUAL TO 223 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	55.75
	205.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 225 (183) X$ 19.25	23.67
D. WAR SERVICE GRATUITY	229.42
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00 OTHER DEDUCTIONS $	20.00
F. TOTAL AMOUNT PAYABLE	209.42

ESTATES BRANCH APR 10 1946 H. Q. OTTAWA NATIONAL DEFENCE

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
KRM	MJK	G. Petitclerc	27/3/46

Kurt Rice Capt
SERVICE REPRESENTATIVE

1970

FORM No. 1

Register No. D-15006 Nominal Roll No. D-362

To: P.M.G. H.Q. File No. 405-D-18222

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-139186	PTE	DUSSAULT	ROLAND

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. 4 FEB 43	T.O.S.	T.O.S.
S.O.S. 28 SEP 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 603	Total Days	Total Days

Total Service ..... 603 ..... DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	378	1	377
Overseas Service	225		225
Totals	603	1	
Add Non-qualifying Service			1
Total Service			603

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 28 SEP 44 ..... 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 28 SEP 44

Computer's Signature .....

Checker's Signature ..... J. L. O'Leary

Date Computed ..... 11 May 45

NRMA Service
9 Oct 40 to 7 Nov 40 = 30 DAYS
REGT No = D-48528
NO Service in Aleutians or O/S

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	13 Nov 43	14 Nov 43		1	1 ✓
				Total	1 ✓

Overseas: T.O.S. 17 FEB 44 T.O.S. T.O.S.

S.O.S. 28 SEP 44 S.O.S. S.O.S.

				Total	

File No 405-D-18227

R E B U R I A L

NO D.139186

RANK Private

NAME DUSSAULT, R.

NAME OF CEMETERY Bergen-op-Zoom Canadian Military Cem.

LOCATION OF CEMETERY 4 miles N.E. of Bergen-op-Zoom, Holland.

GRAVE LOCATION Grave 8, Row G, Plot 7.

AUTHORITY 54-27-88-2 Vol. 20
Reburial list.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Wilfrid Dussault,
Rue Principale,
COWANSVILLE,
P.Q.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-D-18,222 FD446

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

Ottawa, 3 avril, 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

DUSSAULT, Roland Soldat (Décédé)

No. D-139186, Armée Canadienne

ESTATES BRANCH
AUG 18 1945
DEPT. OF NATIONAL DEFENCE
OTTAWA

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

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

pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		nil		
2	Enfants du défunt et dates de naissance.....		nil		
3	Père du défunt.....		Mercault Wilfrid		
4	Mère du défunt.....		Mercault Marie		
5	Frères du défunt	Frères germains	Wilfrid Armand Rodolphe Real Oscar.	28 23 21 18 12	
		Demi-frères	nil		
6	Sœurs du défunt	Sœurs germaines	Mme Gagnon Gertrude Mercault Claire	22 9	
		Demi-sœurs	nil		
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) nil		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Dussault. Roland
9	Date de sa naissance.	Décembre 12/18 - Sherbrooke
10	Lieu et date de son mariage.	nil
11	Lieu et date du mariage de ses parents.	St-François Xavier de Brompton

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Sherbrooke, Que
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Sherbrooke, Que (b) Sherbrooke (c) 2 3 ans (d)
14	Nature de son emploi avant son enrôlement.	Menuisier
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	nil
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Coaticook, Que

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	nil
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	nil
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	nil
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	nil
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	nil
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Mutual Life - Citizens bénéficiaire - W. Dussault père
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	Aucune

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Oui, mais je les ai toutes payées
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	entièrement par moi W. Dussault (père)

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/~~la~~* Père du défunt.

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

Wilfrid Desmarais — Signature du déclarant

Box 159 Larouche Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Wilfrid Desmarais

Nom du déclarant

*Voir plus haut

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

Daté à Sweetsburg ce seizième jour de juillet 1945

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

Armand Desmarais, Titre prêtre-curé

Adresse Sweetsburg Comté de Missisquoi

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

M.G.M. 1 (F.R.)

MILICE CANADIENNE

Livre de Solde

ET DE

Service du Soldat

MILITIA BOOK M. 1

PART I

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

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D 139186

Surname (Capitals) DUSSAULT

Christian Names in full Roland.

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

VICE BOOK

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

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

ries will be initialled by

O SOLDIER

y responsible for the safe

is book on your person
rvice.

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

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

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

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

FINGERPRINTED
PHOTOGRAPHED

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D. 139186

Surname (in capitals) DUSSAULT

Christian Names (in full) ROLAND

Date of Birth 12 DEC. 1918

Place of Birth SHERBROOKE, QUE CANADA

Citizenship CANADA

Trade on Enlistment CARPENTER

Nationality of Father at Birth CANADIAN

Nationality of Mother at Birth CANADIAN

Religion Roman Catholic

Enlisted at Montreal South Que. Canada

Date 4 Feb. 43

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. D-448528 C1BTC-43 Sherbrooke P. Que. R.F. 9 Oct. 1940 to 7 Nov. 1940

Signature of Soldier Dussault R.

Signature of Officer [illegible]

Place Mtl South Que Date 5 Feb 43

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Mr. Wilfrid Dussault	4 Feb. 43
	Mother	Mrs. Mary Dussault	4 Feb. 43
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

Main Street,
Cowansville, Que.
Canada

as above

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
4 Feb. 43	Pte		400-30	[illegible] Lieut

Inf. R.

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

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

Completed Basic Training in accordance with standard syllabus as per MFM 105X at C.A(B) TC-47
Valleyfield Que.
[illegible] Lieut

Qualified in addition as under:— Inf. R.

Completed Advance Training in accordance with standard syllabus as per M.FM 105E at CITC A-12
Farnham Que.

Date 18 June 43. [illegible] Lieut

Commanding [illegible], Lieut

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
3" MORTAR Q	26/6/43	
CITC, A-12, FARNHAM		
CARPENTER (WOODWORKING)	3.7.43 –	
86%	27.10.43	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	Q - II	Rifle		
1943	Q - II	L.M.G.		
"	Q	PISTOL		
"	Q	T.S.M.G.		
"	Q	2" M		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
CARPENTER	"B"			13.11.43	

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
5 Feb. 43.	13 Nov. 43	Rifleman	E.W. Kendall [illegible]
13 Nov. 43	4 Dec 43	Carpenter	E.W. Kendall [illegible]
4 Dec 43	8 Jan 43	Pioneer	E.W. Kendall [illegible]

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
2 Feb. 43	A-2	M.F.M. 2		[illegible] Capt
23 Nov. 43	18-111211	Y.O.B. - PULHEMS		[illegible] Capt

(XIII) PRESCRIPTION FOR GLASSES

Date of Exam.:	Date of Issue:
Ophth., Centre:	Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

Date of Exam.:	Date of Issue:
Ophth., Centre:	Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
1 Dec '43	✓		1X 10F PR.	[signature] Capt
15/3/44	✓	✓	4F.	[signature]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	5 Feb. 43	[illegible] Capt.
1 cc	26 Feb. 43	
3/cc	19 MAR. 43	
T.A.B.C. ½ cc	29-3-44	[illegible]
Typhus 1 cc	6.3.44	[illegible]
" " 1 cc	15-3-44	G. [illegible] Capt.
TYPHUS 1 cc	26.5.44	G. [illegible] Capt.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
5 Feb 1943	[illegible] Capt.
17-3-44 Vaccin. type	G. [illegible] Capt.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
XRAY # 170673N.	2 Feb. 43	[illegible] Capt.
Fingerprinted	5-1-44	[illegible] Lt.
"M" TEST (REV.) COMPLETE		
"Q" CARD COMPLETE	3-3-44	[illegible] Capt.

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. D-139186 Rank PTE Name Dussault states that he has executed a Will and that the same has been deposited with

at .....
Signature of Officer.

Date 24-6-43 .....
Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at HQM04

.....
Signature of Officer.

.....
Rank or Appointment.

Date Certificate or Will extracted .....

Signature of Officer .....

To whom sent .....

Unit or Dept. .....

To whom sent .....

Unit or Dept. .....

Date Will extracted .....

Signature of Officer .....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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 ..... B.139186 Pte. DUSSEAULT R. (Dec'd)

RECEIVED FROM ..... Cdn 2nd Ech 21 A Gp

CHECKED BY ..... L.2864 Cpl. Halik, H.
B.131628 Sgt. Smith, E.L. ..... DATE ..... 22 Jan 45

1	Rosary, white (broken)		
1	Rosary, black		
1	Coin Purse		
1	pr Spectacles		

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

TRIPLICATE — with effects.

E Smith Sgt
.....
for OC 1 Cdn KSD

FIELD SERVICE

Army Form B. 2090A.

MBR

405-D-18222

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.

A499

REGIMENT OR CORPS: Fus M R — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-139186 — Rank: Pte

Surname: Dussault — Christian Names: R.

Died — Date: 28 Sep 44 — Place: Belgium

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/131 d.7 Oct 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* 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: 773994 along main Road. — Date:

By whom reported: C.J.R.Langlois Capt.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belgium 13 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric Robert Capt for Officer i /c Cdn Sec GHQ 2 Ech 21 A Gp

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

19

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (BELGIUM)

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: DUSSAULT (*Block letters*)

Given names: Roland

Do not write in this space

4. RESIDENCE

Street: Lafontaine No.: 45

Official name of civil municipality or township: Sherbrooke

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: December (Month) 19th (Day) 1918 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
25			.....hrs. or.....min.

OCCUPATION

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

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	DUSSAULT Wilfrid	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: BELGIUM

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: (Month) September (Day) 28th (Year) 44

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.....

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

MAY 3 1945

Director of Records, Dept. of National Defence

405-D-18222
(Records-G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.139186 Private Roland DUSSAULT, of Les Fusiliers Mont-Royal, Canadian Army, was killed in action on the 28th of September, 1944.

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

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

Department of National Defence,
Ottawa, Canada,
December 6th, 1944.

16

le 5 novembre, 1944.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Roland DUSSAULT, matricule D-139186, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 28 septembre 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

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 Dussault pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

A. E. WALFORD
Major - General
Adjutant - General

NOV 1 1944

(A.E. Walford),
major-général.

9

M. Wilfrid Dussault,
Main Street,
Cowansville, Québec.

F.T.

2nd November, 1944.

Mr. Wilfrid Dussault,
Main Street,
Cowansville, Quebec.

Dear Mr. Dussault:

It was with deep regret that I learned of the death of your son, D139186 Private Roland Dussault, who gave his life in the Service of his Country in the Western European Theatre of War on the 28th day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

NOV 1 1944

(~~A.C. Spencer~~),
~~Brigadier~~,
~~Acting~~ Adjutant-General.

/BMA

4

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-139186 RANK Pte SERVICE UNIT Les Fusiliers Mont-Royal (CA)

NAME DUSSAULT, Roland

DATE OF BIRTH

DAY 12th MONTH December YEAR 1918 Enlisted: 4-2-43

MARITAL STATUS

Single Religion: Roman Catholic

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

ADDRESS Main St.,
Cowahsville, Que.

NAME ADDRESS D.A.B. Mr. Wilfrid Dussault

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1953A H.Q.405-D-18,222

CASUALTY DETAILS

DATE 28-9-44

Killed in action

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3661
O/S with 8 CIRU

DATE 21-10-44

OFFICER I/C RECORDS

Gvt. 5 AGO

COPY FOR C.R. FILE

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

ORIGINAL
DUPLICATA
TRIPLICATA

BF OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
100M—7-42 (5491)
H.Q. 1772-39-1645

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

Unité INF(R) CA. N° matricule D-139186

01 PTE

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGER-PRINTED

1. Nom DUSSAULT
2. Prénoms Roland
3. Adresse actuelle 45 rue Lafontaine, Sherbrooke P.Q., Canada
4. Date de naissance 12 decembre 1918
5. Lieu de naissance (Pays) Canada (Comté ou province) Quebec (Ville ou canton) Sherbrooke
6. Citoyenneté (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession) Catholique Romain
8. Métier ou profession Menuisier
9. Marié, veuf ou célibataire Celibataire
10. Nom du plus proche parent M. Wilfrid DUSSAULT
11. Degré de parenté Pere
12. Adresse du plus proche parent ~~45 rue Lafontaine, Sherbrooke P.Q., Canada~~ See Change

SEE CHANGE

13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? Oui. No. D-448528 (Camp de Sherbrooke P.Q. No. 43) RP., du 9 octobre 1940 au 7 novembre 1940.
(Si oui, spécifiez l'unité et les dates de service)
14. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non
(Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
(b) Quelque autre armée de mer, de terre ou de l'air? Non
(Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
15. Avez-vous servi pendant la Grande Guerre de 1914–1918? Non
(Si ou, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

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

Date 4 FEVRIER 1943 Roland Dussault
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

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

Témoin ..... Roland Dussault
(Nom) (Grade) (Signature de la recrue)

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

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

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

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

à MONTREAL SUD ce 41eme jour de FEVRIER 19 43

NO. 4-DISTRICT DEPOT A.F.

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

Lt. Rdm

(Titre ou grade et unité ou emploi)
~~Special Recruiting Officer~~

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

5606
10
26-2-44
=
=
1111211
=

État de service de ..... (Nom) DUSSAULT (Prénoms) ROLAND N° matricule D-139186

APTITUDES

Militaires .....

Professionnelles ou commerciales ..... NIL

Civiles ou de métier ..... NIL

Techniques ..... MENUISIER

Langues ..... NIL

FRANCAIS ET ANGLAIS

DEGRÉ D'INSTRUCTION

École secondaire ou Académie ..... NIL (années achevées) { Diplôme ou Immatriculation } ..... NIL (Spécifier)

*Collège ..... NIL

*Université ..... NIL _ 7ieme ANNEE EC. PUBLIQUE

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

Tous les engagés seront pris comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la prise à l'effectif d'une force constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
					N° de la décision, Partie II, Liste des morts et blessés, etc.	Daté le
Affecté lors de son enrôlement						
5-2-43 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE	4~~0~~2043	4 DD	MTL STH	4 DD PT II 30	5-2-43
SOS on transfer to C.A.(B)T.C. # 47 Valleyfield Que	Pte	12 Feb 43	"	" "	" " 36	12 Feb 43
18-2-43 TC 47 T.O.S. and att. for all purposes to TC47 Valleyf. on transfer from No.4 DD.	Pte	13-2-43	TC 47	Valleyf.	Part II No. 35	18-2-43.
16-4-43 T.C.47 S.O.S. on trans to C.I.T.C. A-12 Farnham	Pte.	17-4-43	" "	" "	PartII NO. 80	16-4-43
T.O.S. on tem:p. Att. from T.C. 47 Valley f Que.	"	18-4-43	A-12	Farnham	A-89	19-4-43.
Qualif. under R.O. 2772 and served 4 months and under 6 mo tnhs rante drates o pay of $1 .40 pe diem under Aft. 144	"	4-6-43	"	Farnham	A-145	23-643.

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

N° matricule D-139186 Grade PTE Nom DUSSAULT Prénoms ROLAND

Garnison	Date d'arrivée à la garnison	Date de						Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. S'il s'agit d'accident, spécifiez s'il s'est produit au service et si une cour d'enquête a été tenue. Détails et dates au sujet des dentiers et des appareils chirurgicaux fournis.	Signature du médecin
		Admission à l'hôpital			Sortie de l'hôpital						
		Jour	Mois	Année	Jour	Mois	Année				

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

CERTIFICAT DE VISITE MÉDICALE

Nom en entier DUSSAULT ROLAND — Date de la visite 2 February 1943.

Lieu (Sherbrooke) Mtl.

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 24 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale appendectomy yes
g. Hernie no
h. Varices no
i. Mal aux pieds yes
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux yes
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez-vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

Je déclare, par les présentes, que je n'ai souffert d'aucune maladie autre que celles qui sont susmentionnées.

Roland Dussault
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

Remarques du médecin examinateur touchant les renseignements donnés à la partie 1.

No feet disease

1. Marques particulières ou cicatrices 1 vac. left arm - Scar abdomen
2. Taille 5 pieds 2¾ pouces — 3. Poids 140 livres
4. Teint Fair Yeux Hazel Cheveux Fair — 5. Développement Good (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 34½ pouces. Degré d'expansion 2 pouces
7. Vue, droite 20/120 gauche 20/120 — 8. Ouïe, droite cv 20 gauche cv 20
   Avec lunettes, droite 20/30 gauche 20/20 — R - 2.0 - 20/30 L - 2.0 - 20/20 A.L. ISSENMAN M.D.
9. État de la bouche et des dents good
10. Pression artérielle:—S 120 D 80 (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée)
11. Analyse d'urine - N -
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
    COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
    Slight inconsistent apical murmur (functional DR. H. MICHAUD.
    Exercise tolerance good.
13. Radiographie de la poitrine N N° 170673 Prise au laboratoire de D.P. & N.H., Mtl.

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

Observations spéciales lorsque la catégorie est inférieure à A Vision

W. Tremblay Lt Col. — grade — W. TREMBLAY LT. COL. (Président)
D. Aumont Lt — grade — G. AUMONT LT. (Membre)
C.P. Leveque M.D. — grade — C.P. LEVEQUE M.D. (Membre)

Date 2 February 1943.

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
FEB 25 '43	TAB. T ICC Cathcart		
FEB 25 '43	VACCINATION Cathcart	23-11-43	YOB P U L H E M S: 18 1 1 1 1 2 1 1 — D.P. Bennett
26-2-43	1cc. Lt Howey Capt		
MAR 19 1943	1cc D.D.M.S. Quebec Command		

REMARQUE:—Toute correction d'inscription doit être paraphée par l'officier qui la fait. Cet officier indiquera son grade et son corps. Les corrections ne doivent pas être superposées à l'inscription originale.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Rolland DUSSAULT. (Name in Full), of the City. (City, Town, Village, Township)

Address in civil life.

of Sherbrooke., in the County / District of Sherbrooke.

Province of Quebec., Carpenter. (Civil Occupation)

Regimental No D-139186., Unit INF(R) CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

RD

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

(2) I GIVE, DEVISE AND BEQUEATH unto

"My Father" Mr. Wilfrid DUSSAULT,

residing at: 45 Lafontaine St. Sherbrooke Quebec Canada.

All my estate both real and personal.

RD

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 Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 5th. day of February, 19 43.

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.

Rolland Dussault (Signature of soldier)

First witness sign here.

(5) Signature L. St Jacques
Civil Address 1488 Jeanne d'Arc.
Civil Occupation Student

Second witness sign here.

Signature Ken Stalker Cpl
Civil Address 521 King Westmount PQ
Civil Occupation printer

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10 MAY 18 1946

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) DUSSAULT, Roland. (b) N° matricule D-139186.
2. (a) Arme Army. (b) Unité WP(R) CA. (c) Rang Pte.
3. (a) Date de naissance 12Dec. 1918. (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Sherbrooke Que. Can.
4. (a) Lieu d'enrôlement Montreal South, Que. Canada. (b) Date d'enrôlement 4-2-43.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15yrs. old. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7yrs. Pub.School.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu no
8. (a) Êtes-vous déjà entré en apprentissage? Yes. (b) Si oui, dans quel métier? Carpenter. (c) Avez-vous complété votre apprentissage? Yes. (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? French & English. (b) Quelles langues lisez-vous facilement? French & English.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working. (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? No

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Mr. Wilfrid DUSSAULT, Adresse Sherbrooke Que. Can
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Carpenter.(GEN. CONTRACTOR.)
20. (a) Genre précis de votre occupation Carpenter. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 9yrs.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes. (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? No (b) Vous croyez-vous apte à exploiter une ferme? Nil (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? no (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule nil

DATE 5th. February, 1943. 194.... SIGNATURE Roland Dussault

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

"O" CARD COMPLETE

Personnel Selection Record

INFANTRY (R) — Arm or Corps

CARPENTER T. (TRAINEE) — Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. D/39186 — Regt. No. | Pte — Rank | DUSSAULT Roland — Name (surname first) | A — A or R | 24 — Age | A — Med. Cat.

French — Main Language | English (poor) — Other Language(s) | Central Reception Centre — Place (Unit) Interviewed | 5 Feb 43 — Date Interviewed

II. Revised Examination "M"

M.D. 4 — Place Tested | 3 Feb 43 — Date Tested | L.Breton, Capt. — By Whom

122 — Total | III — Group | Subtests 17 7 13 26 26 7 10 16 (1 2 3 4 5 6 7 8) | Subtotals 37 52 33 (1–3, 4–5, 6–8) | (F) — English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
18	1	1	1	1	2	1	1

III. Educational Background

7th grade.

IV. Occupational Background

Carpenter; 9 years.

V. Military Background

1 month in Sherbrooke- Nov 1940.
T.O.S. D.D. 4 4-2-43

VI. Other Personal History and Appraisal

Single.
Good health.
Category "A".
Intelligence and learning ability: Average.
Good stability.
Good appearance.

VII. Recommendations

INFANTRY (R) CARPENTER TRADE TRAINEE.

(Signed) L.Breton, Capt.
Army Examiner

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

Y1

See reverse side for further information and follow-up

Back from aerial A.257

FURTHER INFORMATION AND FOLLOW-UP

INFORMATION:

This man has completed his Infantry Advanced Training at A-12 Farnham, has qualified and is ready for overseas service.

(M. LeBel) Capt.,
Army Examiner,
CITC A-12.

1 Dec. '43 Farnham P.Q.

APPROVED. DEBERT DEC. 22 .1943 CAPT A.E.

Soldiers Qualification Card

CONFIDENTIAL

D 139 186 | DUSSAULT | ROLAND

Regimental Number | Last Name (Block letters) | First Name | Middle Names

Unit: F.M.R.U. 6 C.I.R.U.

1 Corps: C.I.C.

2 Citizenship: Cdn | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Father Racial Origin: Fr Cdn | Mother: ✓

4 Language spoken in home: French ✓ English ✓ | Other:

5 Age: 25 | 6 Height: 5 ft 3 in | 7 Weight: 150 | 8 Silhouette: 1 2 3 4

Date of Birth: 12 Dec 15

9 Eye Colour: Blue | 10 Acuity: 1 2 3 | 10 Glasses: | 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: 1 2 3 | 13 Speech Defects:

14 Handedness: R ✓ L A | 15 Med Category: "A" 2

Cause:

Attitude to own health: | To Medical attention:

Health History:

16 Education Level: Illiterate: | El: 7 (15) | Sec: ( )

Conduct during school life:

17 18 University or Professional Institute	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course):

At: | From—To: | Completed ?:

21 2. (Course):

At: | From—To: | Completed ?:

22 3. (Course):

At: | From—To: | Completed ?:

Other trades papers, Diplomas Certificates or Qualifications:

23 Languages: Spoken fluently: French English

Written well: ✓

24 Main occupation: Carpenter

Estimate of skill:

Duration (from—to): 1933 to 1943 | Weekly Wage: $25.00

Employer's Name and Address: Dussault Const. Co. Cowansville P.Q.

50 "M"

Test	Score	SM	Test 9 Score
1	17		Sub-total
2	7		37 SM
3	13		
4	26		Sub-total
5	26		52 SM
6	7		Sub-total
7	10		33 SM
8	16		
Tot	122		SG III

English: | French: ✓

Place: Canada | Date: 3 Feb 43

51 OTHER MENTAL

Test:

Score: | Grade:

Date:

52a

Test:

Score: | Grade:

Date:

52b

Test:

Score: | Grade:

Date:

53

TRADE TESTS

Trade and Grading	Date
Carpenter "B"	13-11-43

54 DARK ADAPTATION

Date Tested	Result

25 Second Most Important Occupation:

Estimate of skill:

Duration (from—to): | Weekly Wage:

Employer's Name and Address:

26 Third Most Important Occupation

Estimate of skill:

Duration (from—to): | Weekly Wage:

Employer's Name and Address:

Trade Union or Professional Society:

Vehicles: 27 Heavy Truck: | 28 Light Truck: | 29 Auto: 0 | 30 Motorcycle:

31 Farm Tractor: | 32 Tracked Vehicle: | 33 Power Launch: | 34 Aeroplane:

35 Animal Management:

Farming Experience: Wide: | Limited: | None: ✓ | Reared ?:

District: | Type:

Job promised after discharge ? Yes | By whom ? Name See Item 24

Job: | Address:

Other provision for Post-War occupation:

Type of work or training desired: See Item 24

Occupational history: Ambitious: | Stable: | Accidental: | Erratic:

36 Marital Status: S ✓ | M: | W: | D: | Sep:

Marital Problems:

Spouse's Age: | Attitude to Service: | Health:

37 No. of Children: | 38 No. of Dependents:

Relationship of Dependents:

No. of Brothers: 6 | No. of Sisters: 2 | Position in family: 2

Status of home in childhood: Father + Mother Living

Religious Denomination: RC

39 Hobbies: Photography: M | S | Radio: | Engines:

Mechanics: | Other:

40 Sports: (1) Hunting (2) (3)

Team Games and Position (1)

(2) (3)

41 Ability to Entertain: Music: String: | Brass:

Woodwind: | Percussion: | Piano: | Vocal:

Theatrical: | Other:

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received
Inf.	NRMT	1 mth	PTE	7 Nov 40	Inf Trng.

43 CURRENT SERVICE: Date Enlisted 4 Feb. 43 Place Enlisted Montreal P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
12 Feb 43	Can	Y.L.	47 Valleyfield	Pte	Basic Trng.	
12 Aug. 43	"	"	A12 Farnham	"	Adv Trng.	
1 Dec 43	"	"	Debert N.S.	"	Carpenter Gp B.	
16 Feb 44	U.K.	"	6 C.I.R.U.	"		

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
3" Mortar	A12 Farnham	8 Jun 43-26 June 43		
Carpenter Woodworking	C.A.T.S Hamilton	1 Jul 43-27 Oct 43	Gp "B"	

46 Courts Martial Convictions..... Summary Punishments..... Fines..... Hosp.....

Civil Court Convictions..... Reprimands..... Stoppages.....

47

Military Specialty or Trade	Degree of Proficiency	Date	Authority
Carpenter	Group: "B"	13-11-43	S'no Book

48 Suggested Employment (1) Carpenter. "B" (2)

Reason for Joining Army Preferred active Service to Home Defence.-

55 Type of Service Desired (1) (2)

Attitude to Interview: Antagonistic Over-anxious Co-operative ✓ Indifferent

49 Psychiatric ☐ ☐ ☐ ☐ ☐ ☐ Casualties (1).....

(2).....

(3).....

YOB	P	U	L	H	E	M	S	Date	Initials
18	1	1	1	1	2	1	1	23-11-43	

Honours and Awards:

(1).....

(2).....

(3).....

99 REMARKS (with date and signature of officer)

A qualified carpenter who is ready to work in his trade. - Suitable for employment as carpenter in a French speaking infantry unit.-

MAR 3 1944

28-9-44

GEAG.

AWARDS—CANADIAN ARMY (ACTIVE) M 1764

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-18222

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DUSSAULT,	Roland	D-139186	Pte.	Les Fus. Mont-Royal

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal CVSM & Clasp	
	2830 13-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. Wilfred DUSSAULT (FATHER)

ADDRESS: Main St.,
Cowansville, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marie DUSSAULT, (FRENCH)

ADDRESS: 1764 Main St., COWANSVILLE, P.Q.

MEMORIAL B[illegible]

(1)

DATE DESP.....

REGN. NO. 9533

(2)

(3)

DESP. JAN 5 1945

REGN No. 10374

BURIAL REPORT TO N.K. MAR 8 1946

RETURN TO BUR. OF STAT. MAY 3 1945

ROYAL MESSAGE DESP'D. OCT 31 1944

CAN. MESSAGE DESP'D. NOV 2 1944

REBURIAL

Bergen-op-Zoom Cdn. Military Cem.
4 miles N.E. of Bergen-op-Zoom,
Holland.

Grave 8, row G, plot 7.

HI & LR Form Despd. NOV 14 1946

Photographs Despatched NOV 20 1947

5M-10-44 (M-4414)

No D.139186 Rank Private Name DUSSAULT, Roland

Unit Fusiliers Mont-Royal Date of death 28th Sept., 1944.

Died at ~~France~~ Belgium

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-D-18,222

N/K Mr.Wilfrid Dusseault, Relationship Father

Address Box 159, ~~Main Street~~, Cowansville, Missisquoi Co., Quebec.

Remains buried in Cemetery

MR 773994 Along main road, Belgium

Grave location

CWK ✓

COVER-

Regimental No. D-139186 Rank Pte Sheet No. " 2

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

Name DUSSAULT, R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Att'd for all purposes including pay to No.2, V.T.S. Toronto, Ont for Course	Pte	30-6-43	A-12	Farnham	A-152	1-7-43
Attachd to #2VTS f.a.p.i.p. from A-12 C.I.T.C. FARNHAM, Que.	"	1-7-43	#2VTS	TORONTO	160	6-7-43
Ceases to be attached to "2VTS f.a.p.i.p. form A-12 CITC and is attached to C.A.T.S. HAMILTON, Ont f.a.p.i.p. from A-12 C.I.T.C. FARNHAM, Que.	"	1-7-43	#2VTS	TORONTO	160	6-7-43
Att.f.a.p.i.p from No.2 VTS. Toronto, Ont.	"	2 July,43	CATS.	Hamilton,Ont.	163	9/7/43
Qualified to receive $1.50 per diem	"	4 Aug 43	"	"	226A	21 Sep 43
Granted Privilege Leave and R.A. from 11 Oct 43 to 24 Oct 43	"	as shown	"	"	243	11Oct 43
Ceases to be att. f.a.p. on return to A-12 C.I.T.C.	"	27 Oct 43	"	"	257a	27 Oct 43
Ceases to be att'd for all purposes to C.A.T.S. Hamilton, Ont., on completion of Course.	"	28-10-43	"-12	Farnham	A-257	1-11-43
Address of next of kin is changed from Mr. Wilfrid Dussault (father) 45 Lafontaine St., Sherbrooke, Que., to Mr. Wilfrid Dussault (father) Main St., Cowansville, Que.	"		"	"	A-266	11-11-43
Adm. for "AWL" from 2359 hrs. 13-11-43 to 2200 hrs. 14-11-43. Total for- fieture One day's pay.	15-11-43		"	"	A-270	16-11-43
Spec leave from 1600 hrs. 23 Nov 43 to 0100 hrs. 28 Nov 43 with 50¢ per diem ration allowance. T.W. A-474582	"	23 Nov 43	"	"	A-277	24-11-43
S.O.S. on proceeding to Nol Training Brigade Debert N.S.	"	4-12-43	"	"	A-286	4-12-43
TOS TRG BDE GP SOS TO SERIAL 294E	"	5-12-43	TG BD GP	DEBERT	37	13.12.43
	Pte. p6	FEB 14 1944			47	FEB 14 1944
Embarked in Canada	"	16-2-44	6CIRU	U.K.	49/44	
Disembarked in U.K.	"	25-2-44	"	"	"	
Reported for duty	"	26-2-44	"	"	"	
TOS Cdn Army(OVERSEAS)on transfer	"	17-2-44	"	"	"	

Killed 28 sep

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit INF (R) CA C.I.C. Regimental Number D-139186

1. Surname DUSSAULT
2. Christian Names ROLAND
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank PTE
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth SHERBROOKE QUE CAN
5. Date of birth as declared on attestation 12-12-1918
   (A)
6. Date of enlistment 4 fev 43
7. Place of enlistment MTL STH QUE CAN
8. Residence at time of enlistment 45 RUE LAFONTAINE SHERBROOKE QUE CAN
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion CATHOLIQUE ROMAIN
12. If married, state date CELIBATAIRE
13. Trade on enlistment MENUISIER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C.I.C.

Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
A-2	2fev 43	mfm 2

Y	O	B	P	U	L	H	E	M	S
18		1	1	1	1	2	1	1	

23/11/43

R.S. Pierre Lt

(19) Next of kin (entries to be made in pencil)
M. Wilfrid Dussault (père)
Main St., Cowansville, Que

(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		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		CATS	Granted Rates of pay N.I.S.O.	Hamlt.	4-8-43	Pte	226A/43
		A-12	Adm for AWL. from 23.59 hrs.				
			13-11-43 to 2200 hrs 14-11-43				
			total of one (1) day's pay	Farnt.	15-11-43	Pte	A-270/43
		6CIRU	Embarked in Canada	U.K.	16-2-44	"	49/44
		"	Disembarked in U.K.	"	25-2-44	"	"
		"	Reported for duty	"	26-2-44	"	"
			TOS Cdn Army (O/S) on trans	"	17-2-44	"	"
		6 CIRU	SOS to Fus M.R. Reinf Inc (Auth: demand R.I. 17 d/9-3-44)	U.K.	13-3-44	"	62/44
	Fusiliers Mont-Royal		TOS from 6 CIRU Depot R.C.I.	Fd.	14 Mar 44	Pte	16 Fd 18 MAR 44
			SOS from R.C. to Fus M.R. P.O. 1249	~	22 apr 44	Pte	25 Fd - 26 apr 44
			TOS Fus M.R. P.O. 1249	~	23 apr 44	Pte	25 Fd - 26 apr 44
		Fus MR	Embarked U.K. 6 Jul 44 Disembarked France		8 Jul 44	Pte	4824/3 Jul 44
AAFW 3014/131		FusMR	SOS DECEASED KILLED IN ACTION	Fd	28SEP44	Pte	79d/OCT 44

- C -

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank DUSSAULT, Roland.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-139186. PTE.

(3) Unit INF(R) CA.

(4) Are you married? nil

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? nil

(8) Have you any children? nil Number of boys Girls

Names and ages

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

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

Name nil

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

nil

11) Is your father alive? Yes.

If so, state name and address, occupation Mr. Wilfrid DUSSAULT,
45 Lafontaine St. Sherbrooke Que Canada. (Gen. Contractor).

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

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

nil

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Marie DUSSAULT,
45 Lafontaine St. Sherbrooke Quebec Canada.

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

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

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? nil

(17) Are you contributing to the support of any dependents, other than those shown above? nil
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes.

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

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

Roland Dussault
(Signature of officer or man)

Date 5th. February, 1943.

Married, Lt
Officer Commanding

Date 5th. February, 1943.

NO. 4-DISTRICT DEPOT A.F.

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