D139596
LACHAPELLE
JOSEPH ARTHU

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Cat A

ORIGINAL
DUPLICATA
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Checked E Card J Observations

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

OCCUPATIONAL HISTORY FORM COMPLETED

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

Unité INF.(R) CA N° matricule D-139596

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGERPRINTED
PHOTOGRAPHED

1. Nom: LACHAPELLE
2. Prénoms: JOSEPH ARTHUR AIME
3. Adresse actuelle: 4358, Avenue Henri Julien, Montréal, P.Québec, Canada
4. Date de naissance: 15, Aout 1922
5. Lieu de naissance: Canada (Pays) — Québec (Comté ou province) — Montréal (Ville ou canton)
6. Citoyenneté: Canada (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession): Catholique Romaine
8. Métier ou profession: Receveur (Epicerie en gros)
9. Marié, veuf ou célibataire: Marié
10. Nom du plus proche parent: Mde. Georgette LACHAPELLE (Barnabe)
11. Degré de parenté: Epouse
12. Adresse du plus proche parent: 4358, Avenue Henri Julien, Montréal, P.Québec,
13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? NON
(Si oui, spécifiez l'unité et les dates de service)
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, Joseph Arthur Aime LACHAPELLE, 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 24-2-43 — Aime Lachapelle (Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

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

Témoin (Nom) (Grade) — Aime Lachapelle (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 SOUTH QUE. ce 24e jour de Fevrier 1943

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

NO. 4-DISTRICT DEPOT A.F.

(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
15-3-44
1111121

État de service de LACHAPELLE (Nom) Joseph Arthur Aime (Prénoms) N° matricule D-139596

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: SHIPPER

Techniques: nil

Langues: Francais & Anglais

DEGRÉ D'INSTRUCTION

École secondaire ou Académie: NIL (années achevées) — Diplôme ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL

4 ans d'ecole 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.	Autorisation: Daté le
Affecté lors de son enrôlement						
25-2-43 DRO TOS NO 4 DISTRICT DEPOT CA	PTE	24-2-43	4DD	MTL STH.	4DD PTII 47	25-2-43
SOS on trans to C.A.(B)T.C. No. 43 Sherbrooke	"	12Mar43	"	"	" 61	12Mar43
13-3-43 TOS and attached for allpurposes	Pte	13-3-43	TC43	Sherb.	TC43 Ptll 61-A	13-3-43
4-5443 TC43 Admitted to Ste-Anne's Mil. Hospital	Pte	27-4-43	TC43	Sherb.	TC43 Ptll 105-A	4-5-43
13-5-43 TC43 Discharged from Ste-Anne's Mil. Hospital	Pte	10-5-43	TC43	Sherb.	TC43 Ptll 113-A	13-5-43
24-6-43 TC• 43 Admonished for A.W.L. from0600 hrs. 21-6-43 to 1920 hrs. 23-6-43 (Abs.2 d, 13 hrs. 20m) Auto. forfeits 3 days' pay.	24-6-43 PTE		TC. 43	Sherb.	TC•43 Ptll 149-A	24-6-43.
14-7-43 TC43 S.O.S. on transfer to C.I.T.C. A-12, Farnham, Que.	Pte	14-7-43	TC43	Sherb	TC43 Ptll 166-A	14-7-43

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

Nom en
Lieu
PAI
1. Age
a. Rhum
b. Tube
c. Bron
d. Affec
e. Mala
f. Affec
g. Herm
h. Varic
i. Mal
j. Affec
Je c
PAI
Remarq
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defa
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2. Tail
4. Tein
6. Tou
7. Vue
Ave
9. État
10. Pres
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11. Ana
12. Les
CO
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PAI
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instructi
jugée ap
Observa
H.
Date
Date
FEB 25 1
FEB 25
18-3-4
8-4-4
29-9-4
REMARQ
être superpos

76

CERTIFICAT DE VISITE MÉDICALE

Nom en entier LACHAPELLE Joseph Arthur Aimé — Date de la visite Montreal, Feb 23rd 1943

Lieu Montreal

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 20 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

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

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

Aimé Lachapelle
(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.
Left inguinal ring enlarged. No actual evidence of any fect defects Slight hammer toes.

1. Marques particulières ou cicatrices 1 vacc. left arm.
2. Taille 5 pieds 5¼ pouces — 3. Poids 166 livres
4. Teint Medium Yeux Blue Cheveux Brown — 5. Développement Good. (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 37 pouces. Degré d'expansion 3 pouces
7. Vue, droite 20/30 gauche 20/30 — 8. Ouïe, droite CV20 gauche CV20
Avec lunettes, droite gauche
9. État de la bouche et des dents Good. Reflexes normal
10. Pression artérielle:—S D (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 (C.D.U.) Ears nose & throat negative J.Lapointe
13. Radiographie de la poitrine N° 173918 Prise au laboratoire de D.C.N.H. MONTREAL

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"

Observations spéciales lorsque la catégorie est inférieure à A

H. Lamb grade (Président) — G. Gaudreau grade (Membre) — E.E. Bourgeau grade (Membre)

Date Feb 23rd 1943

H. ASHLEY MAGUIRE — ST JEAN DESROSIERS M.D. — E.E. BOURGEAU M.D.

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature
FEB 25 '43	TAB. T ICC
FEB 25 '43	VACCINATION
18-3-43	TABT - 2 - mmts
8-4-43	" 3 mmts
29-9-43	Y.O.B. P U L H E M S: 22 1 1 1 1 1 2 1 — Reactions Slight

Date	Détails succincts et signature
~~23-11-43~~ 5-1-44	Y.O.B. P U L H E M S: 22 1 1 1 1 1 2 1 — H.B. Lamb
8 DEC '43	Y.O.B. P U L H E M S: 22 1 1 1 1 1 2 1 — H.B. Lamb
12-1-44	Typhus vcc. [illegible]

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.

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

N° matricule D-139596 Grade KX PTE. Nom LACHAPELLE Prénoms Joseph Arthur Aime

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			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
		Jour	Mois	Année	Jour	Mois	Année				
Ste Anne's Mil. Hospital		27	4	43	10	5	43	Tonsillitis	14	Tonsillectomy	GB
A-12 C I T C	15-7-43	17	12	43	24	12	43	Perineal abscess Infected scalpes	7	Aranham Mil. Hosp. (Wiech'd Improved)	[illegible]

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

Regimental No. D-139596 Rank Pte Sheet No. 1

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

Name LACHAPELLE, J.A.A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
T.O.S. on temp att on reposting from T.C.43 Sherbrooke, Que	Pte	15-7-43	A-12	Farnham	A-164	15-7-43
Granted daily rates of pay of $1.40	"	24-6-43	"	"	A-194	19-8-43
Spec leave from 23-9-43 to 28-9-43 incl with 50¢ per diem ration allowance. T.W. A-469383	"	23-9-43	"	"	A-226	25-9-4
Awarded 14 days' Detention for "AWL" from 2200 hs. 3-10-43 to 2300 hrs. 21-10-43 Held in close arrest from 2300 hrs. 21-10-43 until committed to detention at 1400 hrs. 22-10-43 Total forfeiture Thirty-three days' pay.		22-10-43	"	"	A-250	23-10-
Awarded 7 days confinement to barracks for "AWL" from 2359 hrs. 11-12-43 to 2110 hrs. 12-12-43 Total forfeiture One days' pay.	"	13-12-43	"	"	A-294	14-12-43
Admitted to Farnham Mty Hosp., Farnham, Que.	"	17-12-43	"	"	298	18-12-4
Disc from Farnham Mty Hosp., Farnham, Que.	"	24-12-43	"	"	306	29-12-
Granted New Year's Leave from 31-12-43 to 4-1-44 incl	"	31-12-43	"	"	307	30-12-43
Granted Special Furlough from 6 Jan 44 to 10 Jan 44 incl	"	6-1-44	"	"	5	7-1-44
S.O.S. to No. 1 Training Brigade Group	"	18-1-44	"	"	15	19-1-44
TOS TRG BDE GP	"	19.I.44	TG BD GP	DEBERT	23	26/1/44
S.O.S TRG BDE GP. TO SERIAL 284E	"	5/3/44	TG BD GP	DEBERT	73	5.3.44
6CIRU SOS Cdn.Army(Can)on Embarked	"	5 Mar	44 6 CIRU	U.K.	64/44	
" TOS Cdn.Army(Overseas)	"	6 "	44 "	"	"	
" Disembarked in U.K.	"	14 "	44 "	"	"	
" Reported for duty at 6 CIRU	"	15 Mar	44 "	"	64/44	
SOS S.O.S to R de Chaud	Pte.	30 Mar 44	6 CIRU	UK.	48.	30 March 44
(10) TOS. TOS from 6 CIRU	Pte	31 Mar. 44	R. de Chaud.	UK	21	8 Apr. 44
Embarked at UK on	Pte.	1 June 44	R de C	21. A. Gp.	45	13 July 44
Disembarked at France on		6 June 44				

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

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

Name.....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
✓ Killed	Pte	4 July 44		AEF	3-471	19 July 44
e/ SOS ✓ SOS Killed in Action	Pte	4 July 44	R de C	21A GP	50	29 July 44

No. D-139596 RANK Pte NAME LACHAPELLE Jos. Arthur Aime B *Married ~~*Widower~~ ~~*Single~~ XX

Place of {*Appointment *Enlistment} Montreal South Que Date of {*Appointment *Enlistment} 24 Feb 43

D-139596 NR 642

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
194	19.8.43				1.40	24 Jun 43		
233	4X10-43				1.50	16 Sept 43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs Georgette Lachapelle		~~20.00~~
4358 Henri Julien St		23.00
Montreal Que	increase 1-11-43.	
	~~March 43~~	
(6-4LB)		8 40
Total		

DEPENDENTS' ALLCES. No. Deps. 2

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
26-2-43	Wife (1)	~~19 00~~	~~M.2.43~~
		35 00	
		12 00	
		4 12	

*Outfit *Clothing } Allce. $..... Paid on.....

Rehabilitation Grant $..... Paid on.....

*Delete words which are inapplicable.

ML

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $..... P.A.

Occupational Form Completed..... Yes

P. & A. LED. AGREES JUN 1 1 1943

CASUALTIES, ETC.

Part II. D.O. No.	Date	Nature and particulars	If in Hospital note name
47	25-2-43	TOS DD4 posted to "B"Wing. wef 24-2-43	
61	12-3-43	SOS on trans to #43 Sherbrooke, Que. wef 12-3-43	
61A	13-3-43	Att'd for all purp. on trans. from DD 4 w.e.f.13-3-43	

P. & A. LED. AGREES APR 1 9 1943

101A	29-4-43.	AWL since 2200 hrs. 19 April 1943.	
102A	30-4-43.	12th day on 30 April 1943.	
103A	1-5-43.	13th day on 1st. May 1943.	
105	4-5-43	Admitted St.Anne's Military Hosp. w.e.f.27-4-43	
105A	4-5-43	Returned from AWL at 2200 hrs. 26-4-43	
105A	4-5-43	AWL since 0600 hrs. 3-5-43	
105A	4-5-43	DO. 102 A d/30-4-43(AWL 12th. day) and DO. 103A d/1-5-43 (AWL 13th. day) are cancelled	
113A	13May 1943.-	Disc. From St.Annes' Mil.Hosp.w.e.f.10 May 1943.-	
113A	13 May 1943.	Granted Four (4) days sick leave from 17 00 hrs. 12 May 1943. to 1700 hrs. 16 May 1943.0(for the dates shown) and is authorized to draw 0.50 per diem for ration allowance-	
113A	13 May 1943.	Pkt Orders #101A d/29 avril 43 (AWL) & 105A d/ May 4-1943 (Return from A.W.L) cancelled	

CONTINUATION CARD M.F.M. 14

Regimental No. H-139596 Name Lachapelle J A

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
64	15-3-44	S.O.S. C.A.(Con) 5-3-44 T.O.S. C.A.(Eng) 6-3-44
64	15-3-44	T.O.S. - 6 C.I.R.U. fr. O/S. 15-3-44
78	30-3-44	S.O.S. to R de C 30-3-44
71	8-4-44	T.O.S. R de C from 6 CIRU. 31-3-44
KR	7/7/44	S.O.S. Killed in action 4/7/44

M.F.M.—14A
40/P&S/67 (3400)

CASUALTIES. ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
250	23-10-43	Returned from AWL wef 2300 Hrs 21 Oct 43.	
250	23-10-43	On 22 Oct 43 awarded 14 days detention for AWL from 2200 hrs 3 Oct 43 to 2300 hrs 21 Oct 43 Held in close arrest from 2300 hrs 21 Oct 43 till 1400 hrs 22 Oct 43 Total forf; 33 days'Pay	
		P. & A. LED. AGREES DEC 9 - 1943	
294	14-12-43	On 13 Dec 43 awarded 7 days CB for AWL from 2359 hrs 11 Dec 43 to 2110 hrs 12 Dec 43 total forf; 1 days'pay	
298	18-12-43	Admitted to FarnhamMH wef 17 Dec 43.	
303	24-12-43	Granted Chistmas leave from 24 to 28 Dec inc	
306	29-12-43.	Discharged from Farnham MH wef 24 Dec 43.	
307	30.12.43.	New Year Leave. 31 Dec 43 to 4 Jan 44.	
5	7-1-44	Granted Special Furl from 6 Jan to 10 Jan 44 inc	
15	19-1-44	SOS A-12 on reposting to No 1 Trng Bgde Debert NS wef 18 January 44	
23	26-1-44	TOS No1 Inf, Trg. Bn. wef. 19-1-44	
56	19-2-44	To No 2 TC. eff. 17-2-44.	

LOWE-MARTIN CO. LIMITED D85951

M.F.M. 14A
200M-5-43 (4/24)
H.Q. 1772-39-1662

CARD SEQUENCE No. 2

No. D-139596 RANK Pte. NAME LACHAPELLE J.A.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
147A	22-6-43	AWL since 0600 hrs. 21-6-43	
149A	24-6-43.	Was on 24-6-43. admonished for Absence witho leave from 0600 hrs. 21-6-43. to 1920 hrs. 23-6-43. Total fft. fo 3 days pay.	
166A to	14-7-43.	Ceases to be att'ed TC 43 for all purposes on transfer A-12 Farnham Qtr. w.e.f. 14-7-43.	
164	15-7-43	TOS A-12 Farnham, wef 15-7-43	
194	19-8-43	Granted rates of pay of $1.40 wef 24 Jun 43	
226	25-9-43	Granted special leave from 23 Sept 43 to 28 Sept 43 inc warrant and r.a. of $0.50 per d.	
233	4-10-43	Granted rates of pay of $1.50 wef 16 Sept 43	
234	5-10-43	AWL wef 2200 hrs 3 Oct 43.	
239	11-10-43	AWL(8th day)	

73 5-3-44 Struck off to Serial 294 & Wef. 5-3-44

CERTIFIED. AGREES AUG 23 1943

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. 3921 1578

(1) MEDALS

PERSON ENTITLED TO: Mrs. Georgette Lafleur, (re-married widow) (21-10-49)

ADDRESS: 3300 Contrecoeur, Montreal, P.Q.

(1)

(2) MEMORIAL CROSS

WIDOW: Mrs. Georgette LACHAPELLE, (FRENCH)

(1654)

ADDRESS: 4358 Ave., Henri Julien, MONTREAL, Que.

(2)

DESP. OCT 11 1944
REGN No. 2887

(3) MEMORIAL CROSS

MOTHER: Mrs. A. Emeria LACHAPELLE, (FRENCH)

(1654)

ADDRESS: 4262 rue Henri Julien, MONTREAL, Que.

(3)

DESP. OCT 11 1944
REGN No. 2888

4-7-44

AWARDS—CANADIAN ARMY (ACTIVE) (1654) M.

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-L-18957

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LACHAPELLE, Joseph Arthur Aime	D-139596	Pte.	Regt. de la Chaud.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal CVSM with clasp	8402. 17/1/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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 LACHAPELLE
(Surname first—Christian names in full—Block capitals)
Joseph Arthur Aime

(2) Regimental or Official Number and Rank D-139596 Pte

(3) Unit INF (R) CA

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Georgette LACHAPELLE (Barnabe)

4358 Henri-Julien St., Montreal, Quebec, Canada.

(*b*) Present postal address of wife

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

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys - Girls 1

Names and ages Pierrette (2½ yrs old)

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

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. Arthur LACHAPELLE - Veterans Guard 4262 Henri Julien St., Montreal, Quebec, Canada. D-112601

(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. Emeria LACHAPELLE 4262 Henri-Julien St., Montreal, 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? no
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? Does not remember
(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.

Date Feb. 25th 1943.

Aimé Lachapelle
(Signature of officer or man)

J.R. Eastwood 2/Lt.
Officer Commanding

Date Feb. 25th 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.)

No D.139596 Rank Private Name LACHAPELLE, Joseph Aime Arthur

Unit Regt. de la Chaudiere Date of death 4th July, 1944.

Died at France

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-L-18957

N/K Mrs. Georgette Lachapelle Relationship Wife

Address 4358 Ave. Henri Julien, Montreal, Quebec.

Remains buried in Carpiquet Village 963688 sheet map Cemeter Caen.

CHK

Grave location

OVER

BURIAL REPORT TO N.K APR 8 1946

RETURN TO BUR. OF STAT. JUN 28 1945

ROYAL MESSAGE DESP'D. AUG 1 1944

CAN. MESSAGE DESP'D. 3-8-44

Temp B R sent to N K

HI & CR Form Despd NOV 22 1946

Photographs

Dispatched

SEP 10 1947

REBURIAL

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

Grave 3, row G, plot 14.

Mrs. Georgette Lachapelle,
4358 Henri Julien,
Montreal, P.Q.

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

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

and the following number quoted:—

H.Q. 405-L-18957, F.D.483

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

August 31st, 1944

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

LACHAPELLE, Joseph Arthur Aime, Pte.

No. D-139596, Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

ESTATES BRANCH SEP 6 1944 H.Q. OTTAWA NATIONAL DEFENCE

Director of Estates.

CA.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Georgette Lachapelle (Barnabé)	22	4358 Henri Julien Montréal P.Q.
2	Children of the Deceased and dates of their Births		Pierrette Lachapelle 24 Septembre 1940	4	4358 Henri Julien Montréal P.Q.
3	Father of the Deceased		Arthur Lachapelle	50	4262 Henri Julien Montréal
4	Mother of the Deceased		Emma Lachapelle (Emery)		4262 Henri Julien Montréal P.Q.
5	Brothers of the Deceased	Full Blood	Armand Lachapelle	20	4262 Henri Julien
			Lucien Lachapelle	18	4262 Henri Julien
			Roger Lachapelle	12	4262 Henri Julien
			Jean Guy Lachapelle	8	4262 Henri Julien
			Fernand Lachapelle	5	4262 Henri Julien
			Rolland Lachapelle	3/12	4262 Henri Julien
		Half Blood			
6	Sisters of the Deceased	Full Blood	Cécile Lachapelle	19	4262 Henri Julien
			Eva Lachapelle	17	4262 Henri Julien
			Jeannine Lachapelle	14	4262 Henri Julien
			Hélène Lachapelle	11	4262 Henri Julien
			Denise Lachapelle	6	4262 Henri Julien
			Germaine Lachapelle	9	4262 Henri Julien
			Lise Lachapelle	—	
		Half Blood		2	

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	Wilfrid Lachapelle mort 4 mars 1925		
	Yvette Lachapelle " 1 mai 1928		
	Léo Lachapelle " 23 mars 1931		
	Renée Lachapelle " 31 mai 1934		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

		3139596
8	Full names of the deceased.	Lachapelle Joseph Arthur Aimé Pte
9	Date of his birth.	15 Août 1922
10	Place and date of his marriage.	Eglise St Jean-Baptiste 19 Juillet 1941
11	Place and date of his parents' marriage. ✓	Eglise St Laurent 8 Sept. 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montréal.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Montréal
14	Nature of employment before enlistment.	Receveur - Stop and Shop Warehouse
15	State whether he owned the premises in which he lived, and, if so, where situated.	Non
16	Name place where deceased stated he intended to make his permanent home.	Montréal.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Non
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Non
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Non
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Bond $50.00. Achetés mois Avril en Angleterre.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential - $101-20 Georgette Lachapelle
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Non

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Widow.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mde Georgette Lachapelle ..... {Signature of Informant}

4358 Henri Julien ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Georgette Barnabé-Lachapelle {Name of informant} is the* wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 5th day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Gérard Bergeron ..... Qualification Priest

Address 4237 Henri-Julien, Montreal.

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

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

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

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

79

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-139596 Pte LaChapelle J.A.A. (Dec'd)

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Gp

CHECKED BY H-195540 Pte MacKinnon A.E.
L-17349 Cpl Bailey N.S. DATE 7 Aug 44

1	Black leatherwx wallet		
12	Snaps		
1	Identity tag not engraved		
1	Religous emblem		
1	6th vic loan receipt $50. to Officer i/c Estates		

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

N. S. Bailey Cpl
for OC 1 Cdn KSD

TL

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name: LACHAPELLE, Joseph A. A. No.: D139596
Surname Christian Names

Pte. C.A. O/S 4-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 58.29

Date: 9-4-45

Other Credits

Total 58.29

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Georgette Lachapelle, 4358 Henri Julien MONTREAL, P. Q. (Sole beneficiary under will)	58.29

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 21/5/45 DW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$58.29

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D139596 RANK Private SERVICE UNIT Le Regiment de la Chaudiere (CA)

NAME LACHAPELLE, Joseph Arthur Aime

DATE OF BIRTH 15th August 1922 DATE OF ENLISTMENT 24-2-43

MARITAL STATUS Married RELIGION R.C.

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

ADDRESS 4358 Ave. Henri Julien, Montreal, Quebec ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8039 H.Q. 405-L-18,957

CASUALTY DETAILS Killed in action DATE 4-7-44

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 25-7-44

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

DIRECTOR OF RECORD

6 LF

COPY FOR DOCUMENT FILE

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) LACHAPELLE Joseph Arthur Aime (b) N° matricule D-150596
2. (a) Arme Army (b) Unité INF (R) CA (c) Rang Pte
3. (a) Date de naissance 1923 Aug 15 (b) Avez-vous des personnes à votre charge? Yes (c) Domicile au moment de l'enrôlement Montreal, Quebec.
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement Feb. 24th 1943.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 14 yrs 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.) 4 yrs public 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? Dyer (c) Avez-vous complété votre apprentissage? No (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 4 yrs
9. (a) Quelles langues parlez-vous couramment? French & Engl. (b) Quelles langues lisez-vous facilement? English & French

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 Robert Foulds Adresse Montreal, Quebec.
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.) Dying business
20. (a) Genre précis de votre occupation Dyer (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 4 yrs
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? No (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.) Yes
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule To be an electrician.

DATE Feb. 25th 194 3. SIGNATURE Aimé Lachapelle

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, Joseph Arthur Aime LACHAPELLE (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Hochelaga

Province of Quebec, Receiver (Wholesale grocery) (Civil Occupation)

Regimental No. D-139596, Unit INF (R) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY WIFE" Mrs. Georgette LACHAPELLE (Barnabe)

Residing at: 4358 Henri-Julien St., Montreal, Quebec, Canada.

A-L

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

A-L

(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 25th day of Feb. 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.

Aime Lachapelle (Signature of soldier)

First witness sign here.

(5) Signature Rene Despatie

Civil Address 7028 Boyer Mtl

Civil Occupation Office clerk.

Second witness sign here.

Signature L. Champagne

Civil Address 1667 Bennett Montreal

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this township: 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 (Block letters): LACHAPELLE, Joseph

Given names: Joseph Aime Arthur

Do not write in this space

4. RESIDENCE

Street: Avenue Henri Julien No. 4358

Official name of civil municipality or township: Montreal

Municipal county: Province: P. Que

5. SEX: M

6. NATIONALITY (Citizenship):

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (*Write the word*): Married

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: August (Month) 15th (Day) 1922 (Year)

12. AGE OF DECEASED: Years: 21 Months: Days: If less than one day old: ....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Receveier (Epicerie Ingros)

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	-	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal:

20. Date of burial: France 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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 4th (Day) 1944 (Year) 19....

23. I HEREBY CERTIFY that I attended deceased from

.....19.... to.....19....

and last saw h.....alive on.....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance.....19....

(b) Duration of disease.....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of.....19....

State findings.....Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide (State which) Date.....19....

Manner of injury (How sustained)

Nature of injury

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

Signed.....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 28 1945

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.

Director of Records Dept. National Defence

(Voir l'autre côté pour le français)

405-L-18957

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME LACHAPELLE JosephArthur Aime

PLACE & DATE OF BIRTH Montreal Quebec 15 Aug 1922

RANK Pte

REGIMENTAL NO D139396

UNIT R de Chuad

NEXT OF KIN & ADDRESS Wife

Georgette Lachapelle
~~4358 Ave. Henry Julien,~~
Montreal Quebec

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 4 Jul 44

PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 6 Jul 44

CEMETERY Carpiquet Village M.R. 963688 Sheet Map 7 CAEN

PLOT NO ROW GRAVE

DEATH CERTIFICATE NO.

RELIGION Roman Catholic

DATE 22 Sep 45

AR Dillon Capt.
(M. BLUTEAU) Capt.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

MFM 5[illegible]
40/P & S/254 ([illegible]444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.139596. Rank and Name Lachapelle, J.A.A. Pte.

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

(Transfer or Discharge) ..... to ..... on 4th July 1944.

Reason Death. Authority: C.C.L. "A"471 d/19th July 44.

The following is a statement of the account of the above-named from 1st July to 31st July 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	34	79
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars):					
To Balance Cr — Free	58	29			
To Balance Cr — Deferred			By Balance Dr		
Total	81	29	Total	81	29

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

Remarks:

1. Assigned Pay $23.00 (W) Stopped eff. August, 44.
2. Assigned Pay $8.40 (6th V.L.) Stopped eff. May 44. The amount re-credited is included in Balance B/F at 1st July 44.

Compiled by L.G. Waldron.

Checked by [signature]

Date 20th January 1945.

Certified correct [signature]
for Chief Treasury Officer, Overseas

A.R.

File No 405-L-18957

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 139596 Name LACHAPELLE JOSEPH ARTHUR AIME

Rank on Discharge Pte Date of Discharge 4-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 24-2-43	to 5-3-44		
	from	to		
United Kingdom	from 6-3-44	to 5-6-44		
	from	to		
Italy	from	to		
Northwest Europe	from 6-6-44	to 4-7-44		KIA
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by [illegible]

Date 26-7-46

Carded JUL 26 1946

HA 165

NO RIBBON DESPATCH

H.Q. 405-L-18957 (D.R. 2 (C))

le 8 avril 1946.

Madame,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre mari, le soldat Joseph Arthur Aimé LACHAPELLE, matricule D-139596, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 3, rang G, lot 14, du cimetière militaire canadien Bretteville-sur-Laize, à Bretteville-sur-Laize, en France. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

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

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel.
directeur des archives.

Mme Georgette Lachapelle,
4358, avenue Henri-Julien,
Montréal, Qué.

/CT

CERTIFICAT DE SERVICE (MFM 8)
ARMEE CANADIENNE (ACTIVE)

Monsieur,

Relativement à votre radiation de l'armée canadienne (active) nous vous envoyons ci-inclus, un certificat de service, (M.F.M. 8).

Vous voudrez bien en accuser réception.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(R.T.E. Hicks-Lyne) colonel,
directeur intérimaire des archives.

Pièce jointe

CANCELLED
CANCELLED

SIXTH VICTORY LOAN BONDS

Certified that D-139596 (Regimental No.) Pte. (Rank) LACHAPELLE Aime (Name)

has subscribed for $ 50.00 SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $..... has been received.

(b) By monthly assignments of pay $ 8.40

Bonds to be delivered to: 4358 Henri Julien Montreal P.Q.

Date: 18 Apr. 44

NOTE: This stub to be torn off and handed to subscriber.

J. F. L'Esperance
(J.F. L'
(Unit Representative)

MILITIA BOOK M. 1

2500M—10-43 (5040-3 G 1632)
H Q 1772-39-1673

CANADIAN ARMY

SOLDIER'S SERVICE
AND
PAY BOOK

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

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

Disposal .....

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-139596

Surname (in capitals) LACHAPELLE

Christian Names (in full) Joseph Arthur Aime

Date of Birth 15-8-22

Place of Birth Montreal Que Can

Citizenship Canadian

Trade on Enlistment Shipper

Nationality of Father at Birth Canadian

Nationality of Mother at Birth "

Religion Roman Catholic

Enlisted at Montreal South Que Can

Date 24-2-43

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

Signature of Soldier J A Lachapelle

Signature of Officer [illegible] Capt

Place Farnham Que Date 29-7-43

Disposal

(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	Mrs. Georgette Lachapelle.	
	Children		
2nd	Father		
	Mother	Mrs. Emania Lachapelle	
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

4358 Henri Julien St
Montreal Que Can

4262 Henri Julien St
Montreal Que Canada

Disposal

Disposal

(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
24-2-43	Pte		400 47	[illegible]

(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*~~ N.S.

Completed basic trg as per standard syllabus

30-6-43

[illegible] Lieut

Qualified in addition as under:—

Completed Advance Trg. at H-12 C.I.T.C. in accordance with Standard Syllabus. Inf. (R) C.A.

Date 18/9/43 Maj. [illegible] Hallo

for Commanding O.C. I.T.C. A.D.

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

Disposal .....

Disposal .....

(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
Night Vision - A	23/2/44	E. D.

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	1st Class	RIFLE		[illegible]
1943	2nd Class	BREN		[illegible]

Disposal ..... Disposal .....

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., ~~Certificate number or authority~~. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Public School 4 yr.	Montreal		John Baillie LS

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

Disposal ..... Disposal .....

(XI) EMPLOYMENT WHILST SERVING

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

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
23-2-43	"F"	M2 M2		[illegible]
~~29-9-43~~		~~Rotherham~~		
8-12-42	Grade I	M.F.M.2		[illegible]

Disposal ..... Disposal .....

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
27 Sep 43	✓		Partsky	Thomas A. Rogers Capt

Disposal ..... Disposal .....

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TABT 3	25-2-43	
	18-3-43	
	8-4-43	

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1 cc	25-2-43	
1 cc	18-3-43	
1 cc	8-4-43	
Typhus 1 c.c.	12-1-44	
" ½ cc	3-4-44	
" ½ cc	11-4-44	
Typhus ~~1~~ c.c	22-4-44	
T. A. B. T. ½ c.c.	22-4-44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
25-2-43	

(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
Key # 173918	23-2-43	
Mineral Leavitt 5	MFM 2	F.H.D.
[illegible]	2 Feb 44	F. Grandel LT.
	16-3-44	
MFM 182 issued.	2-2-44	R Laromb Lieut
MBMI Part III issued.	29-3-44	R Laromb Lieut
Rate of Pay 1.50	16-9-43	R Laromb Lieut.

Disposal

Disposal

CARD COMPLETE
TEST (REV.) COMPLETE

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. S.A.

No. D-13596 Rank Gnr Name LAC HAPELCE

states that he has executed a Will and that the same has been deposited with HQ

at M O4 Signature of Officer.

Date 24-2-43 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. 10A received and forwarded to the Officer i/c Records at HQMO4

Signature of Officer.

Rank or Appointment. Lt

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.

Disposal .....

Disposal .....

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-139596

Surname (Capitals) LACHAPELLE

Christian Names in full Joseph Arthur Gene

40/P&S/2438(5149) A.F.W3084

Number D-139596

Name Lachampelle A.

Rank Pte. Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis

Disposal

A.F.W3084

Number D-139596

Name Lachapelle A.

Rank Pte. Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis

Disposal

A.F.W3084

Number D-139596

Name Lachapelle A

Rank Pte. Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis

Disposal

A.F.W3084

Number D-139596

Name Lachapelle A

Rank Pte. Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis

Disposal

105-L-18957

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.

A471

REGIMENT OR CORPS: Regt de Chaud — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D139596 — Rank: Pte

Surname: Lachapelle. — Christian Names: J.A.A.

Died — Date: 4 Jul 44 — Place: France

Cause of Death*: Killed.

Nature and Date of Report: A.F.W. 3014/59 18 Jul 44

By whom made: Cdn Sec GHQ 2nd 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: Carpiquet Village 963688 sheet map Caen. — Date: 8 Jul 44

By whom reported: H/Capt. J.W. Huard Regt de Chaud

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: Belguim 21 Nov 44

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

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

33

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Joseph Arthur Aime LACHAPELLE
(PRÉNOMS) (NOM)

Nom du Paye - Mde. Georgette LACHAPELLE,
ADRESSE 4358 Henri Julien Ave.,
Montreal - P.Q.

No DU REGISTRE D-4403
No DU DOSSIER 405-L-18957
DATE 20-3-45
No MATRICULE D-139596
GRADE DÉFINITIF Pte.
DATE DE LIBÉRATION 4-7-44

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ 4-7-44

	$ ¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION 450 — NOMBRE DE JOURS 460/30 ÉQUIVALANT À 15 PÉRIODES COMPLÈTES @ $7.50	112.50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION NOMBRE DE JOURS 121 MOINS 10 JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À 111 JOURS @ 25 CENTS PAR JOUR — VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION	27.75
TOTAL	140.25
C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER — TAUX QUOTIDIENS LORS DE LA LIBÉRATION	
SOLDE $ 1.50	
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $ 1.25	
SOLDE SUPPLÉMENTAIRE $	
$	
$	
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ 51.12 $ 1.70	
TOTAL $ 4.45 X7 = $ 31.15	
NOMBRE DE JOURS 121/183 X$ 31.15	20.60
D. GRATIFICATION DE SERVICE DE GUERRE	160.85
E. DÉDUCTIONS — PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $	—
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $	—
AUTRES DÉDUCTIONS $	—
F. MONTANT PAYABLE (CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE $ 160.85 CHACUN)	160.85

RECEIVED
MAR 22 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER — LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS $ X30 $

3²

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR
KRM	

TRÉSOR	
VÉRIFIÉ PAR	DATE
E J Major	23-3-45

Rosseau Lt
REPRÉSENTANT MILITAIRE

△ TU

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 19 JUILLET 1944

TO:-MME A LACHAPELLE
4262 RUE HENRI JULIEN
MONTREAL QUE

8938 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT JOSEPH ARTHUR AIME LACHAPELLE D139596 OFFICIELLEMENT PORTE TUE AU COMBAT QUATRE JUILLET 1944 STOP SUR RECEPTION DE DETAILS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militaires

PREPAID

OFFICER I/C RECORDS

14

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

le 31 juillet, 1944.

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre mari, le soldat Joseph Arthur Aimé LACHAPELLE, matricule D-139596, qui a donné sa vie au service de sa patrie en France le 4 juillet 1944.

D'après les renseignements officiels que nous avons reçus votre mari 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 Lachapelle pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

JUL 28 1944

(H.F.G. Letson),
major-général.

Mme Georgette Lachapelle,
4358, avenue Henri-Julien,
Montréal, Québec.

19

FOR TRANSLATION
AND RETURN TO
MIN. OF N. D.

MINISTERS OFFICE
JUL 8 1944
DEPT. N.D. OTTAWA.

Montréal 6 Juillet
Jeudi 1944

Auriez vous la bonté de
me donner des nouvelles
de mon fils Pte
D 139 596 AIME
LACHAPELLE
Reg de la Chaudière
Canadienne Army
6 versis
ETAT-UNIT
Je n'ai eu aucune nou
velle depuis 2 mois

BUREAU FOR TRANSLATION
Rec'd JUL 10 1944
JUL 10 1944
NATIONAL DEFENCE

Tel
absent
CIV 18 7 44

De la part de sa
mere Mde G Lachapelle
4262 Henri Julien
Montréal PQ