

D139665  
DESMARCHAI  
JOSEPH OVILA



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Cat A  
ORIGINAL  
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OCCUPATIONAL HISTORY FORM  
Checked

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-139665

PIE

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

N.T.

FORMULE D'ENGAGEMENT

FINGERPRINTED  
PHOTOGRAPHED

- Nom DESMARCHAIS
- Prénoms JOSEPH OVILA JEAN LOUIS
- Adresse actuelle 3633, rue Notre Dame Ouest, Montréal, P. Québec, Canada
- Date de naissance 2, Décembre 1923
- Lieu de naissance Canada Québec Montréal  
(Pays) (Comté et province) (Ville ou canton)
- Citoyenneté Canada  
(De quel pays êtes-vous maintenant citoyen)
- Religion (indiquez la confession) Catholique Romaine
- Métier ou profession Journalier
- Marié, veuf ou célibataire Célibataire
- Nom du plus proche parent Mde. Marie-Louise DESMARCHAIS
- Degré de parenté Mère
- Adresse du plus proche parent 3633, rue Notre Dame Ouest, Montréal, P. Québec, Canada
- Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi?  
(Si oui, spécifiez l'unité et les dates de service) NON
- Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne?  
(Si oui, spécifiez le numéro matricule et l'unité) NON  
(Oui ou non)
- (b) Quelque autre armée de mer, de terre ou de l'air?  
(Si oui, spécifiez le numéro matricule et l'unité) NON  
(Oui ou non)
- Avez-vous servi pendant la Grande Guerre de 1914-1918?  
(Si oui, spécifiez l'unité et la durée du service) NON  
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Joseph Ovila Jean Louis DESMARCHAIS, 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 23-February-43

Jean Louis Desmarchais  
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Joseph Ovila Jean Louis DESMARCHAIS, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin (Nom) (Grade)

Jean Louis Desmarchais  
(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 23rd jour de February 19 43

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

NO. 4-DISTRICT DEPOT A.F.

Special Recruiting Officer  
(Titulaire d'une unité ou emploi)

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



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10  
8 MAY 44  
111111

État de service de..... DESMARCHAIS (Nom) JOSEPH OVILA JEAN LOUIS (Prénoms) N° matricule D-139665

APTITUDES

DEGRÉ D'INSTRUCTION

Militaires..... NIL  
 Professionnelles ou commerciales..... NIL  
 Civiles ou de métier..... LABORER  
 Techniques..... NIL  
 Langues..... ENGLISH & FRENCH

École secondaire ou Académie..... NIL (années achevées) { Diplôme ou Immatriculation } NIL (Spécifier)  
 \*Collège..... NIL  
 \*Université..... NIL  
8th Grade Public School  
 (\*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						
<u>1-3-43 DRO TOS NO 4 DISTRICT DEPOT CA</u>	<u>PTE.</u>	<u>23-2-43</u>	<u>4DD</u>	<u>MTL STH</u>	<u>4DD PTII 51</u>	<u>1-3-43</u>
<u>SOS ON TRANS TO CA(B)TC 43 SHERBROOKE QUE</u> <u>43 VALLEYFIELD QUE</u>	<u>"</u>	<u>12Mar.43</u>	<u>"</u>	<u>" "</u>	<u>" " 61</u>	<u>12 Mar.43</u>
<u>13-3-43 TC43 TOS and attached all purposes</u>	<u>Pte</u>	<u>13-3-43</u>	<u>TC43</u>	<u>Sherb.</u>	<u>TC43 Pt11 61-B</u>	<u>13-3-43</u>
<u>13-5-43 TC43 S.O.S. on transfer to C.I.T.C-A-12 Farnham</u>	<u>Pte</u>	<u>13-5-43</u>	<u>TC43</u>	<u>She b.</u>	<u>TC43 Pt11 113-A</u>	<u>13-5-43</u>
<u>Taken on strength on temp. Att. from T.C. Sherbrooke Que.</u>	<u>"</u>	<u>14-5-43</u>	<u>A-12</u>	<u>Farnham</u>	<u>A-111</u>	<u>14-5-43.</u>
<u>Att'D F.A.P. S.O.S. to No. 5 Employment Coy. Westmount Barracks</u>	<u>"</u>	<u>7-7-43</u>	<u>"</u>	<u>"</u>	<u>A-158</u>	<u>8-7-43</u>
<u>T.O.S. and absorbed into the H.W.E, of No. 5 Spec. Empl. Coy. on transfer from C.I.T.C, A-12 Farnham</u>	<u>"</u>	<u>8-7-43</u>	<u>5 SEC</u>	<u>Westmount</u>	<u>115</u>	<u>10-7-43</u>

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

Nom en e  
Lieu.....  
 1. Age.....  
 a. Rhuma  
 b. Tuberc  
 c. Bronch  
 d. Affecti  
 e. Malad  
 f. Affecti  
 g. Hernie  
 h. Varice  
 i. Mal an  
 j. Affecti  
 Je dé

Remarqu  
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 Avec  
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 MAR 1 43  
 18-3-43  
 8-4-43  
 25-1-44  
 REMA SOU  
 Autre superposée



**CERTIFICAT DE VISITE MÉDICALE**

Nom en entier DESMARCHAIS JOSEPH OVILA JEAN LOUIS  
 Lieu Mtl.

Date de la visite 22 February 1943.

**PARTIE 1. Renseignements obtenus de la recrue.**

1. Age 19 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
- |   |   |
|---|---|
| a. Rhumatisme <u>no</u>                         | k. Maladie des oreilles <u>no</u>   |
| b. Tuberculose ou pleurésie <u>no</u>           | l. Maladie des yeux <u>no</u>   |
| c. Bronchite ou asthme <u>no</u>                | m. Convulsions <u>no</u>  |
| d. Affection cardiaque <u>no</u>                | n. Maladie nerveuse ou mentale <u>no</u>  |
| e. Maladie du rein ou de la vessie <u>no</u>    | o. Syphilis <u>no</u>   |
| f. Affection stomacale ou intestinale <u>no</u> | p. Gonorrhée <u>no</u>  |
| g. Hernie <u>no</u>                             | q. Avez-vous déjà porté des lunettes? <u>no</u>   |
| h. Varices <u>no</u>                            | r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails <u>no</u> |
| i. Mal aux pieds <u>no</u>                      |   |
| j. Affection nasale <u>no</u>                   |   |

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

*Joseph Ovila Desmarchais*  
 (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. very slight bony depression frontal bone right following trauma in childhood.

1. Marques particulières ou cicatrices 1 vac. left arm - Scar on left temple.
2. Taille 5 pieds 7 1/2 pouces 3. Poids 137 livres
4. Teint Med. Yeux Hazel Cheveux Brown
5. Développement Good { Bon  
Passable  
Médiocre
6. Tour de poitrine—Circonférence, pleine expansion 37 pouces. Degré d'expansion 2 pouces
7. Vue, droite 20/30 gauche 20/20 8. Ouïe, droite cv 20 gauche cv 20
- Avec lunettes, droite..... gauche.....
9. État de la bouche et des dents good
10. Pression artérielle:—S..... D..... (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée) N
11. Analyse d'urine.....
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:  
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL  
DR. H. MICHAUD.

13. Radiographie de la poitrine N° 173578 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"

Observations spéciales lorsque la catégorie est inférieure à A.....

*H. Aubert* grade *St. Jean Desrosiers* grade *Guy Hamel* grade  
 (Président) (Membre) (Membre)  
 Date 22 February 1943. **H. AUBERT MAJOR ST. JEAN DESROSIERS M.D. GUY HAMEL LT.**

**VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE**

Date	Détails succincts et signature	Date	Détails succincts et signature
MAR 1 '43	TAB. T ICC <i>[Signature]</i>	July 18, 1943	Tularemia <i>[Signature]</i>
MAR 1 '43	VACCINATION <i>[Signature]</i>	22-27-44	Typhus 1cc <i>[Signature]</i>
18-3-43	T.A.B.T. 2 <i>[Signature]</i>	7-3-44	Typhus 1cc <i>[Signature]</i>
8-4-43	3 <i>[Signature]</i>	4-4-44	Typhus 1cc <i>[Signature]</i>
25-1-44	Y.O.B. P.U.L.H.E.M.S. 23 1 1 1 1 1 1	4-4-44	Typhus 1cc <i>[Signature]</i>

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.







No D.139665 Rank Private Name DESMARCHAIS, Joseph Ovila Jean Louis

Unit Les Fusiliers Mont-Royal Date of death 1st August, 1944.

Died at France.

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-D-16741

N/K Mrs. Marie L. Desmarchais, Relationship Mother.

Address 3633 Notre Dame Street W., Montreal, Quebec.

Remains buried in \_\_\_\_\_ Cemetery

MR 021657 Sheet 40/16 SW France.

Grave location \_\_\_\_\_

**CHK**

**OVER-**



**MAR 16 1946**

BURIAL REPORT TO N.K.

**FEB 23 1945**  
RETURN TO BUR. OF STAT.

**AUG 30 1944**  
ROYAL MESSAGE DESP'D.

**AUG 28 1944**  
CAN. MESSAGE DESP'D.

REBURIAL

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

Grave 4, row E, plot 10

**HI & CR Form Despd. OCT 23 1946**

**Photographs**

**Despatched**

**AUG 21 1947**



1-8-44



AWARDS—CANADIAN ARMY (ACTIVE)

M (1704) -

500M-1-44 (3467)  
H.Q. 1772-45-8

FEB.

				FILE NO. 405-D-16741
DESMARCHAIS, Joseph Ovila Jean Louis	D.139665	Pte	Fus. Mont Roy.	
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

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	
	6032
	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 Mrs. Marie Louise DESMARCHAIS (MOTHER)

ADDRESS: ~~3633 Notre Dame St., W.,~~  
Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW

2035 Trenholme  
apt 8

Montreal P.Q.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marie L. Desmarchais (FRENCH)

(1704)

ADDRESS: 3633 Notre Dame St., W, Montreal, QUE.,

MEMORIAL BAR

(1) 10-12-51

DATE DESP 4221

REGN. NO. ~~2143~~ CANCELLED

(2)

DESP. NOV 6 1944  
REGN No. 5527

(3)



# 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

## Partie A—RENSEIGNEMENTS GÉNÉRAUX

LAISSEZ  
EN BLANC

1. (a) Nom et prénoms (lettres moulées) DUMARCHEL, Joseph Ovide Jean Louis (b) N° matricule D-139665.
2. (a) Arme Army, (b) Unité TRE (P) CA, (c) Rang Pte.
3. (a) Date de naissance 2 Dec. 1923. (b) Avez-vous des personnes à votre charge? Yes. (c) Domicile au moment de l'enrôlement Montreal Que. Canada.
4. (a) Lieu d'enrôlement Montreal South, Que. Canada. (b) Date d'enrôlement 23-2-43.

## Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 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.) 8 yrs. 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? No. (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? no. (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? no.
9. (a) Quelles langues parlez-vous couramment? French Only. (b) Quelles langues lisez-vous facilement? French Only.

## 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? no.
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé Working. (b) Durée d'emploi dans cette occupation ou métier? No.
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent no.
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 no.
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom no. Adresse no.
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.) no.
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise no. (b) Quand l'avez-vous abandonnée? no.

## 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 STEELE COMPANY OF CANADA. Adresse Montreal Que. Canada.
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.) Munitions.
20. (a) Genre précis de votre occupation Machinist. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 months.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? no. (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? No.

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 no. (b) Où était-il situé? no.
23. (a) Nombre d'années dans ce commerce? no. (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? no.

## 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 To become a Machinist.

DATE 1st. March, 1943. 194

SIGNATURE

*Joseph Ovide Jean Louis Dumarchel*



Statement of the Service of No. D-139665Rank PTESheet No. 2 1Name DESMARCHAIS J O J LM.F.M. 1 & 2 (a)  
700 M-8-39 (1697)  
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
22-7-43	5 SEC ✓	Pt. II Order No. 115 is cancelled	PTE	8-7-43	5 SEC	WEST BRKS	D.O. 120	22-7-43
22-7-43	" ✓	Att for all purp from CITC A-12, Farnham	"	8-7-43	"	"	D.O. 120	22-7-43
23-9-43	" ✓	4 mos Service, Regtl Rates of Pay \$1.40	"	23-6-43	"	"	D.O. 140	23-9-43
23-9-43	" ✓	6 mos Service, Regtl Rates of Pay \$1.50	"	23-8-43	"	"	D.O. 140	23-9-43
30-9-43	" ✓	AWL, w.e.f. 2200 hrs..	"	22-9-43	"	"	D.O. 143	30-9-43
2-10-43	" ✓	Awd 14 days' C.B. and 14 days summ. forf. of pay for AWL from 22-9-43 to 30-9-43. Autom. forf. 8 days' pay. Forfeits total of 22 days' pay.	"	1-10-43	"	"	D.O. 144	2-10-43.
	" ✓	4 days CB and 2 days Sum. Forf of pay for AWL 2200 hrs 13-11-43 to 14-11-43	"	15-11-43	"	"	D.O. 160	16-11-43
	" ✓	Admitted to Alexandra Hosp.	"	17-12-43	#	"	D.O. 171	23-12-43
	" ✓	Discharged from Alexandra Hosp	"	21-12-43	"	"	D.O. 171	23-12-43
	" ✓	Ceases to be attached on return to C.I.T.C. A-12	"	4-1-44	"	"	D.O. 2	4-1-44
	" ✓	Ceases to be attached for all purposes to No. 5, Spec Empl. Coy., Montreal, Que.	"	5-1-44	A-12	Farnham	D.O. Pt II No. 4	6-1-44
	" ✓	Granted 16 days leave combining Annual Furlough under R.O. 699 and Embarkation leave under R.O. 699(4) from 17-3-44 to 1-4-44 incl with 50¢ p.d.r.a. and T.W. A-642879	"	17-3-44	"	"	65	17-3-44
	" ✓	S.O.S. to No. 1. Trg. Bdge. Debort. N.S.	Pte.	11-4-44	A-12	Farnham	86	11-4-44.
	" ✓	<u>SOS TRG BDE</u>	"	12 4-44	BDE GP	DEBERT	117	APR 14 1944
	" ✓	<u>SOS TRG BDE GP TO SER 294E</u>	"	27 APR 44	TRG GP	DEBERT	181	27 APR 44







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.

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

Joseph Ovila Jean Louis.

(2) Regimental or Official Number and Rank D-139665. 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? no 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? **No**

If so, state name and address, occupation **nil**

(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 Louise DESMARCHAIS,  
3633- Notre-Dame Street West, Montreal Quebec Canada.**

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. **\$20.**

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? **1 Sister helping the Mother.**

(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.

**nil**

(18) Are you insured? **Yes.**

If so, in what Company? **Industrielle Life.**  
(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 **1st. March, 1943.**

*Jean Louis Desmarchais*  
(Signature of officer or man)

Date **1st. March, 1943.**

*J.A. Sastewood 2/P.T.*  
Officer Commanding  
**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.)



Statement of the Service of No. D-139665 Rank PTE

Sheet No. X 1.

Name DESMARCHAIS J O J L

M.F.M. 1 & 2 (a)  
700 M-8-39 (1897)  
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
22-7-43	5 SEC	Pt. II Order No. 115 is cancelled	PTE	8-7-43	5 SEC	WEST BRKS	D.O. 120	22-7-43
22-7-43	"	Att. for all purp. from CITC A-12, Farnham	"	8-7-43	"	"	D.O. 120	22-7-43
23-9-43	"	4 mos. Service, Regtl Rates of Pay \$1.40	"	23-6-43	"	"	D.O. 140	23-9-43
23-9-43	"	6 mos. Service, Regtl Rates of Pay \$1.50	"	23-8-43	"	"	D.O. 140	23-9-43
30-9-43	"	AWL, w.e.f. 2200 hrs.,	"	22-9-43	"	"	D.O. 143	30-9-43
2-10-43	"	Awd 14 days' C.B. and 14 days sumn. forf. of pay for AWL from 22-9-43 to 30-9-43. Autom. forf. 8 days' pay. Forfeits total of 22 days' pay.	"	1-10-43	"	"	D.O. 144	2-10-43.
		4 days CB and 2 days Sum. Forf of pay for AWL 2200 hrs 13-11-43 to 14-11-43	"	15-11-43	"	"	D.O. 160	16-11-43
		Admitted to Alexandra Hosp.	"	17-12-43	"	"	D.O. 171	23-12-43
		Discharged from Alexandra Hosp	"	21-12-43	"	"	D.O. 171	23-12-43
		Ceases to be attached on return to C.I.T.C. A-12	"	4-1-44	"	"	D.O. 2	4-1-44
		Ceases to be attached for all purposes to No. 5, Spec Empl. Coy., Montreal, Que.	"	5-1-44	A-12	Farnham	D.O. Pt II No.4	6-1-44
		Granted 16 days leave combining Annual Furlough under R.O. 699 and Embarkation leave under R.O. 699(4) from 17-3-44 to 1-4-44 incl with 50¢ p.d.r.a. and T.W. A-642879	"	17-3-44	"	"	65	17-3-44
		S.O.S. to No. 1. Trg. Bdge. Debort. N.S.	Pte.	11-4-44	A-12	Farnham	86	11-4-44.
		<u>SOS TRG BDE</u>		12 4-44	BDE GP	DEBERT		APR 14 1944
		<u>SOS TRG BDE GP TO SER 294E</u>		27 APR 44	TR BDE GP	DEBERT	181	27 APR 44







# SERVICE AND CASUALTY FORM

PART I (For all ranks)

**M.F.M. 4 (Part I)**  
A.F.B. 103 (Part I)  
200M-8-42 (5882)  
H.Q. 1772-39-1649

Unit INF (R) CA

Regimental Number D-139665

SAS Keller  
1 Aug  
67

<p>1. Surname <u>DESMARCHAIS</u></p> <p>2. Christian Names <u>Joseph Oliva Jean Louis</u></p> <p>3. *Substantive Rank and Appointment.....</p> <p>*Acting Temporary or Local Rank <u>Pte.</u></p> <p>giving date <u>23 Feb. 43</u></p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>MONTREAL QUEBEC CAN.</u></p> <p>5. Date of birth as declared on attestation <u>2 DEC. 23</u></p> <p>(A).....</p> <p>6. Date of enlistment <u>23 FEBRUARY 1943</u></p> <p>7. Place of enlistment <u>MONTREAL SOUTH QUE. CAN. (WEST)</u></p> <p>8. Residence at time of enlistment <u>3633 NOTRE DAME ST. MONTREAL QUE. CAN.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion <u>ROMAN CATHOLIC</u></p> <p>12. If married, state date <u>SINGLE</u></p> <p>13. Trade on enlistment <u>LABORER</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps <u>CIC</u></p> <p>Unit (Battn., etc.)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td>"A"</td> <td>22-2-43</td> <td>M.F.M. 2</td> </tr> <tr> <td>23-1-1-1-1-1-1</td> <td>25-1-44</td> <td>M.F.M. 2</td> </tr> <tr> <td>23-1-1-1-1-1-1</td> <td>4-4-44</td> <td>M.F.M. 2</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p><u>Mrs. Marie-Louise Desmarchais</u></p> <p><u>(Mother)</u></p> <p><u>3633 Notre Dame St. W,</u></p> <p><u>Montreal Quebec Can</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	22-2-43	M.F.M. 2	23-1-1-1-1-1-1	25-1-44	M.F.M. 2	23-1-1-1-1-1-1	4-4-44	M.F.M. 2
Category	Date	Authority											
"A"	22-2-43	M.F.M. 2											
23-1-1-1-1-1-1	25-1-44	M.F.M. 2											
23-1-1-1-1-1-1	4-4-44	M.F.M. 2											

**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
		Canada	4 days C.B. and 2 days Sum. F.O.P. of pay for F.W.T. 22 hrs. 13-11-43 to 14-11-43	West. Berke	15-11-43	Pte	160/43
			SOS Can wef. 30 Apr 44 TOS C.A.(o) wef. 1 May 44				
		6 CIRU	Disembarked in U.K. wef. 7 May 44				
			Reported for duty at 6 CIRU wef. 8 May 44			Pte	110/44
		6 CIRU	SOS to 7-4 (incl. Fus MR) Dem 345 d/29 Aug 44		1 Jan 44	Pte	130/44
	X4 119	FMR	TOS from 6 CIRU		2 Jan 44	L	20 - Jun 44
	X		SOS to FMR		3 Jan 44	L	20 - Jun 44
5 JUN 44	CR	FusMR	TOS from X-4 List 11 BN Auth - Demand No 8291 d/28 MAY 44	Fd	4 JUN 44	Pte	39d/9 JUN 44
		Fus MR	Embarked U.K. 6 Jul 44 Disembarked France. 8 Jul 44		8 Jul 44	Pte	48 d/18 Jul 44
		FusMR	SOS to X-3 LIST FUS M R WEF	FD	20 JUL 44	Pte	53 d/27 JUL 44
29 Jul 44	X3 Fus MR		TOS to 3 List Fus MR		27 Jul 44	PA	29 - 5 Aug 44
Aug 44			Posted to X4 List	Lrd	25 Jul 44	L	31 - 44
	X4 Fus MR	1/1 Pn	SOS to Fus MR		27 Jul 44	L	35 - Sept 44
		FusMR	TOS from X-4 List FUS M R	Fd	28 JUL 44	Pte	67/44
		FUS MR	SOS DECEASED KILLED IN ACTION	Fd	1 AUG 44	Pte	67/44











Louis

No. D-137665 RANK. Pte NAME. DESMARCHAIS Jos. Ovila Jean \*Married ~~X~~  
\*Widower ~~X~~  
\*Single

Place of { \*Appointment \*Enlistment Montreal south Que. Date of { \*Appointment \*Enlistment 23-2-43

RATE OF PAY NR 650

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			
<u>140</u>	<u>23-9-43</u>				<u>1.40</u>			<u>23 June 43</u>
					<u>1.50</u>			<u>23 Aug 43</u>

*Handwritten notes:*  
Killed  
1 Aug 43

ASSIGNMENTS

DEPENDENTS' ALLCES. No. Deps.....

Name and Address of Assignees	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
<u>Mrs. Marie-Louise DESMARCHAIS</u>			<u>27-4-43</u>	<u>Mother.</u>	<u>10 00</u>	<u>1-4-43</u>
<u>3633 Notre-Dame St. West</u>		<u>20.00</u>				
<u>Montreal Que.</u>	<u>Oct 43</u>	<u>23 00</u>				
<u>(Mother)</u>	<u>Mar 43</u>					
<u>W.S.C.</u>	<u>1-6-43</u>	<u>4 00</u>				
<u>6 Unit Loan</u>		<u>8 40</u>				
		<u>35.40</u>				

\*Outfit } Allce. \$ ..... Paid on .....  
 \*Clothing }  
 Rehabilitation Grant \$ ..... Paid on .....  
 \*Delete words which are inapplicable.

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

sd



CASUALTIES, ETC.

Part II. D.O.		Nature and particulars	If in Hospital note name
No.	Date		
51	1-3-43	TOS DD 4 and posted to B. Wing wef 23-2-43	
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	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     P. &amp; A. LED. AGREES <b>APR 19</b> 1943                 </div>			
113 A	13-5-43	Ceases to be attached all purp. on transfer to	A-12 Farnham, Que.
111	14-5-43	TOS A-12 Farnham wef 14-5-43	
158	8-7-43	Att'd for all purp to No 5 Employ Montreal wef	
115	10-7-43	T.O.S. HWE wef: 8-7-43	7-7-43
<del>123</del>	<del>31-8-43</del>	P	
143	30-9-43	A.W.L. wef 2200 hrs 22-9-43	
144	2-10-43	Automatically forfeits 8 dys for A.W.L. from 2200 hrs 22-9-43 to 1400 hrs 30-9-43 and a summary of 14 dys pay.	
160	16-11-43	Total forfeiture 22 dys. Summary of 2 dys pay for A.W.L. from 2200 hrs 13-11-43 to 1945 hrs 14-11-43 Automatic 1 dy. total forfeiture 3 dys.	
170	17-12-43	5 dys New Years leave & Ration All.	
1	4-1-44	Ceases to be attached on return to C.P.C. A-12 w.e.f. 4-1-44.	



No. RANK NAME  
CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
4	6-1-44	Cease to be att'd f.a.p. To No5 Spec wef 5Jan44	
65	17-3-44	Granted 14 days furl combined with embarkation furl from 17 March 44 to 1 Apr 44 inc warrant and r.a. of \$0.50 per d.	
86	11-4-44	SOS to No.1 Trng. Bde. Debert, N.S. wef 11 Apr 44	
117	14-4-44	<i>TOS No 1 Trng Bde by on TR from A-12 wef 12.4.44.</i>	
125	23-4-44	<i>att. No 2 Trng Camp wef 21-4-44</i>	
131	27-4-44	<i>SOS of Serial 2946 Eff 27.4.44</i>	
110	9-5-44	<i>TOS from Cde Army (Can) wef 8-5-44</i>	
130	1-6-44	<i>SOS #6 CIRU to X4 List FMR. 1-6-44</i>	
39	9-6-44	<i>T.O.S. FMR. from X-4 List, 11 BN wef 4 Jun 44</i>	
48	13-7-44	<i>Embarked U.K 6 Jul 44, disembarked France 8 Jul 44.</i>	
C.R.	22-7-44	<i>S.O.S. FMR. TO X-3-LIST (FMR) wef 20 Jul 44, add to list.</i>	
		<i>SOS to FMR wef 27 Jul 44 (P.T.O)</i>	



## CASUALTIES, ETC.

PART II D. 2.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
C.R.	1-8-41	SOS Deceased killed in action.	



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEPT)

NUMBER **D139665** RANK **Private** SERVICE UNIT **Les Fusiliers  
Mont Royal (CA)**

NAME **DESMARCHAIS, Joseph Ovila Jean Louis**

DATE OF BIRTH **2nd December 1923** DATE OF ENLISTMENT **23-2-43**

MARITAL STATUS **Single** RELIGION **R.C.**

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

**Mother**  
**3633 Notre Dame St. W.,  
Montreal, Quebec.**

NAME **Mrs. Marie L. Desmarchais**  
ADDRESS  
D.A.B.

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.  
CASUALTY DETAILS

**8958**  
**Killed in action**

**H.Q. 405-D-16,741**

DATE **1-8-44**

**FRANCE**

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 **17-8-44**

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

**LP**

DIRECTOR OF RECORDS

**6**

**COPY FOR DOCUMENT FILE**



CASE SHEET

SPECIALIST REPORT

C.A. (B) T.C. NO. 43, Sherbrooke, Que.

D-139665 - Pte - DESMARCHAIS, J. L.

Report No.....

Unit:- Inf. (R)

Date reported:- 9th April 1943.

Age... 19.

PSYCHIATRIC RECHECK.

PSYCHIATRIST STATES:- This man is suitable for army. Accept for recheck in one month. He should be suitable for training as rifleman in the Inf.

In Army for 2 months - likes it, "Not as bad as he thought it would be.". has only two glasses of beer since coming in the army. Making normal army progress.

RECOMMEND:-

CARRY ON AS AT PRESENT.

  
L.P. GENDREAU, Capt.  
Psychiatrist, (RCAMC)



CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

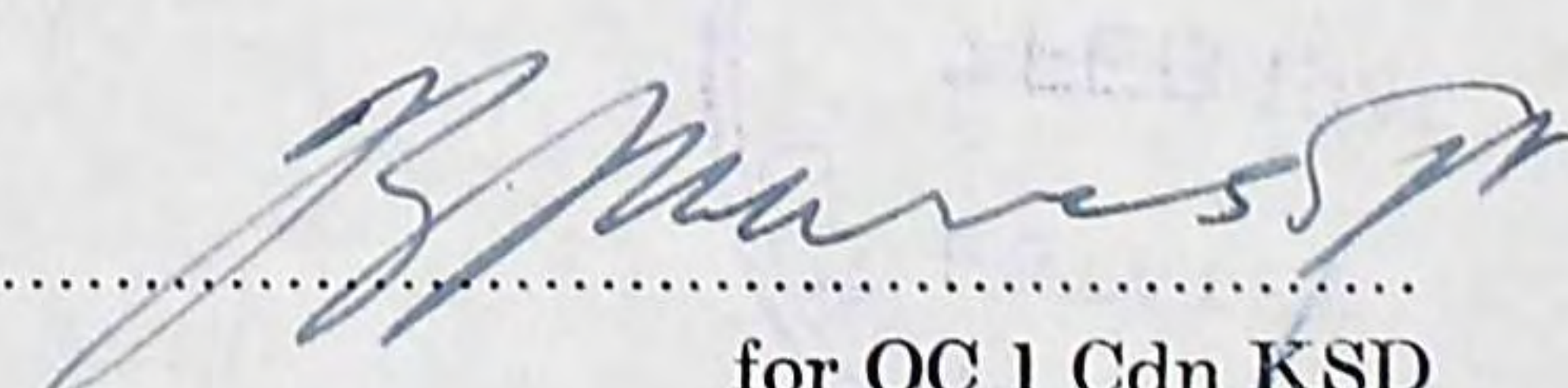
No., RANK and NAME D-I39665 Pte Desmarchais J O J L. Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY gd A-II7006 Gnr Schwartz M  
B-81759 Sgt Graves J G. DATE 3 Feb 45

I	Key ring & 2 Keys.
I	Snapshot.
I	Ring.
2	Metal "I" Discs.

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

  
.....  
for OC 1 Cdn KSD







CANADIAN ARMY OVERSEAS  
FINANCIAL RECEIPT

RECEIPT No. .... 9 Aug ..... 19 44

RECEIVED FROM CAPT V.V. LANGLOIS ..... FMR

THE SUM OF One hundred & fifty five  
francs ( french ) ..... being

Amount of money found on or  
in the personal effects of:-

D-139665 PTE DESMARCHAIS J.O.L

*[Signature]*  
.....  
Command Paymaster or Field Cashier. FMR

9 Aug ..... 19 44 In the field ..... Place





VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 139665 Name DESMAR CHAIS *JEAN Louis*  
 Rank on Discharge pte Date of Discharge 1-8-44  
 Authority for Discharge or Retirement Deceased  
*JOSEPH OVILA*

Served in:

Non-qualifying  
service

Canada from 23-2-43 to 1-5-44  
 from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from 2-5-44 to 6-7-44  
 from \_\_\_\_\_ to \_\_\_\_\_

Italy from :- \_\_\_\_\_ to \_\_\_\_\_

Northwest Europe from 7-7-44 to 1-8-44 *Killed in Action*

----- from \_\_\_\_\_ to \_\_\_\_\_

----- from \_\_\_\_\_ to \_\_\_\_\_

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~ \_\_\_\_\_

France-Germany Star OK ✓

Defence Medal N.E

War Medal OK ✓

Canadian Volunteer Service Medal

with Clasp OK ✓



*n.r.a*

Verified by H.G. Palmer

Date 3-7-46

Carded JUL 9 1946



le 15 mars 1946.


Madame,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Joseph Ovila Jean-Louis DESMARCHAIS, matricule D-139665, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 4, rang E, lot 10, 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 Marie L. Desmarchais,  
3633 ouest, rue Notre Dame,  
Montréal, Qué.

/CT





CANADA

QUOTE NO. H.Q. 405-D-16741  
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

F.T.

14th March, 1946.

Mrs. Marie L. Desmarchais,  
3633 Notre Dame Street West,  
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D139665 Private Joseph Ovila Jean Louis Desmarchais, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row E, plot 10, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

*W.G.D.*  
/EMA



DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
ARMY

DECEASED  
MEMBER'S  
NAME

Joseph Ovila Jean Louis DESMARCHAIS  
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

D-20032

FILE NO.

405-D-16741

DATE

21-2-46

PAYEE

Mde. Marie L. DESMARCHAIS,

SERVICE NO.

D-139665

ADDRESS

3633 Notre Dame Ouest,  
Montreal (30) P. Que.

FINAL RANK OR RATING

Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE

1-8-44

DATE OF DISCHARGE

1-8-44

A. TOTAL QUALIFYING SERVICE

480

NO. OF DAYS 501 EQUAL TO 16 COMPLETE PERIODS AT \$7.50  
30

\$ 120.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

93

LESS

21

INELIGIBLE DAYS, EQUAL TO 72 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

18.00

138.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 10.00

TOTAL \$ 3.08 X7 = \$ 21.56  
NO. OF DAYS 93 X \$ 21.56

183

10.96

D. WAR SERVICE GRATUITY

148.96

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

148.96

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY CHECKED BY

KRM

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE



*French*

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOSEPH, OVILA, JEAN LOUIS - DESMARCHAIS Register No. D 20032  
 (Christian Names) (Surname)

PAYEE'S NAME Mde. MARIE L. DESMARCHAIS, File No. 405-D-16741  
 (Christian Names) (Surname) Date 20-2-46

ADDRESS 3633 NOTRE DAME OUEST, Service No. D-139665  
MONTREAL 30, P.QUE. Final Rank PTE 1

DATE OF TERMINATION OF OVERSEAS SERVICE 1-8-44 Date of Discharge 1-8-44

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE			
No. of day	<u>501</u> / <u>30</u> = <u>16</u> <sup>(21)</sup> Periods @ \$7.50		
B. QUALIFYING OVERSEAS SERVICE			
No. of days	<u>93</u> less <u>21</u> Ineligible days,		
	equal <u>72</u> Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE			
Daily Rate of Pay	\$ <u>1.50</u>		
Subsistence Allowance	\$ <u>1.25</u>		
Additional Pay	\$ <u>      </u>		
Dependents' Allowance 1/30	\$ <u>1000</u> <u>33</u>		
TOTAL	\$ <u>3.08</u> × 7 = \$ <u>21.56</u>		
No. of Days	<u>93</u> × \$ <u>21.56</u>		
	183		
D. WAR SERVICE GRATUITY			
Computed By	<u>Montey</u> ✓		
E. DEDUCTIONS			
Overpayment of			
(1) Pay & Allowance	\$ <u>      </u>		
(2) D.A. & A.P.	\$ <u>      </u>		
Other Deductions	\$ <u>      </u>		
Entered By	<u>      </u>		
F. AMOUNT PAYABLE			
(This amount is payable in.....monthly instalments of \$.....each)			
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)			
\$..... × 30 = \$.....			

REMARKS



1965 ✓

FORM No. 1

Register No. CD 1683

Nominal Roll No. D-586

To: P.M.G.

H.Q. File No. 405-D-16741

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D139665</u>	<u>Pte</u>	<u>Desmarchais</u>	<u>Joseph Orile Jean Louis</u>

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. <u>23 Feb. 43</u>	T.O.S.	T.O.S.
S.O.S. <u>1 Aug. 44 MD 0/5</u>	S.O.S. MD	S.O.S. MD
Total Days <u>526</u>	Total Days	Total Days

**Total Service** 526 DAYS

	Total Service	Less Non-qualifying Service	Net Service
<b>Western Hemisphere</b>	<u>433</u>	<u>25</u>	<u>408</u>
<b>Overseas Service</b>	<u>93</u>	<u>nil</u>	<u>93</u>
<b>Totals</b>	<u>526</u>	<u>25</u>	<u>501</u>
Add Non-qualifying Service			<u>25</u>
<b>Total Service</b>			<u>526</u>

EMBARKATION DETAILS: T.O.S. 1 May 44  
 1. Date S.O.S. Overseas 1 Aug. 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION

Computer's Signature Sgt. X.A. Madreau 1 Aug. 44  
 Checker's Signature [Signature]  
 Date Computed 11 May 45

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

[Signature]  
 C. L. LAURIN,  
 Colonel,  
 DIRECTOR OF RECORDS.











**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

ARMY

Name: **DESMARCHAIS** Surname Christian Names **Joseph O.J.L.** No.: **D179665**

Rank **ptc.** Unit **C.A. O/S** Date of Death **1-8-44**


AMOUNT

Date: **4-7-45**


L.P.C.....\$ **33.49**  
 Other Credits.....  
 Total..... **33.49**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Marie Louise Desmarchais, 3633 Notre Dame Street, West, MONTREAL, Que.,  (sole beneficiary under will)	33.49

**P4. TO TREAS. 25-8-45 PW**

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$33.49
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

  
 (L. M. FIRTH) Lt.-Colonel  
 Administrator of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer



# MÉMORANDUM POUR

Madame Marie L. Desmarchais,  
3633, rue Notre-Dame, Ouest,  
Montreal, Quebec.

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

L'ADMINISTRATEUR DES SUCCESSIONS,  
MINISTÈRE DE LA DÉFENSE NATIONALE,  
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-D-16.741 F<sup>u</sup> 40

## MINISTÈRE DE LA DÉFENSE NATIONALE DIVISION DES SUCCESSIONS OTTAWA, ONTARIO

27 septembre 1944

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

DESMARCHAIS Joseph Ovila Jean Louis Soldat

No. D-139665.

Armée Canadienne



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

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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 "observations supplémentaires", à la page 4.

~~Administrateur des successions~~

M.F.W. 77a  
1M-9-43 (2070)  
H.Q. 1772-39-972.-K.P.

TD

*Opalout*  
pour le Directeur des Successions.



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.....	_____	_____	_____	
2	Enfants du défunt et dates de naissance.....	_____	_____	_____	
3	Père du défunt.....	Père Desmarchais	37	1021 St. Phillippe	
4	Mère du défunt.....	Mère Louise Gougeon Desmarchais	52	3633 St. Louis Ouest Montreal	
5	Frères du défunt	Frères germains	_____	_____	
		Demi-frères	_____	_____	
6	Sœurs du défunt	Sœurs germaines	Marijeanne Ginsant	27	Détroit Mich.
			Rose Gine Cuillerie	25	Winchester Sask. Alberta
		Demi-sœurs	Madeline Desmarchais	22	Montreal St. Henri
			Cherette Bernaguer	29	Montreal St. René de
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	_____	Adresse de leurs enfants	

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE  
DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Desmarchais	Jos. Crila Jean Louis.
9	Date de sa naissance.	2 Décembre	1924.
10	Lieu et date de son mariage.	_____	_____
11	Lieu et date du mariage de ses parents.	11 Janvier 1915.	St. Elizabeth.

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16 Indiq  
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(b) p  
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DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	<i>Montreal</i>
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) <i>Aucune</i> (c) (d)
14	Nature de son emploi avant son engagement.	<i>Journalier</i>
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	<i>Aucun</i>
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	<i>Montreal</i>

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	<i>Aucun</i>
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?	<i>Aucun</i>
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.	<i>Aucun</i>
20	Montant des certificats d'épargne de guerre que possédait le défunt.	<i>X 84 800 quarante huit mille</i>
21	Montant des bons de la victoire que possédait le défunt.	<i>ou ne le sait pas ?</i>
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. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	<i>The Prudential Ins. Co. of America \$100 00 bénéficiaire Mad. Marie Louise Desmarais</i>
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	<i>Non</i>

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.	<i>Aucune</i>
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexe des états détaillés indiquant les montants payés, et par qui?	<i>Aucun</i>

(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)

spécifiés

G  
n regard de  
de tout

*Life*

*est inscrit  
il*

*Mich.  
Cale. Alberta  
Henri  
Punigonde*



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

DÉCLARATION

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

le/la\* *Mère du défunt* du défunt.

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

*Marié L. Demarclais* {Signature du déclarant

*3633 Notre Dame St Henri Montreal* adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache *Dame Marie L.*

\*Voir plus haut

*Demarclais* {Nom du déclarant

est le/la\* *Mère* du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à *Montreal* ce *2* jour de *août* 194*4*

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

*J. Meunier* Titre *notaire*

Adresse *3633 Notre Dame O. M.*

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

(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 OBSERVATIONS SUPPLÉMENTAIRES.

*21* Pour le montant des bons de la victoire  
Ces ne sont pas s'il en a fait un quelque  
que nous fessons qu'il a signé pour un



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 the 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.

- (1) Name of Officer or Other Rank..... DESMARCHAIS..... JOSEPH OVILA JEAN LOUIS  
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Official Number and Rank..... D-139665..... Private.....
- (3) Unit..... Inf (R) CA.....
- (4) Are you married?.. NO..... (5) If married, state,  
(a) Full name of your wife.....  
(b) Present postal address of wife.....
- (6) If married, have you been regularly supporting your wife? If not—state reasons:.....  
.....
- (7) Are you a widower?.. NO.....
- (8) Have you any children? NO..... 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.....  
.....  
Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.....  
Name.....  
Postal Address.....
- (10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment?..... NO.....  
If so, state her full name and postal address.....  
.....  
.....



- (11) Is your father alive? NO.....If so state name and address, occupation.....
- (12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....
- (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.....  
Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?
- (14) Is your mother alive?.....Yes.....If so, state name and address. Mrs. Marie Louise DESMARCHAIS  
3633- Notre-Dame Street West, Montreal Quebec, Canada.
- (15) If your mother is a widow, are you her sole or partial support?..... Partial Support
- (16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. \$20.00  
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?..... 1 Sister helping the Mother.
- (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.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

- (18) Are you insured?.....Yes.....If so, in what company? Industrielle Life  
(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 1st March 1943 (Sgd) Jean Louis Desmarchais  
(Signature of officer or man)

(Sgd) J.A. Eastwood 2/Lt.  
Date 1st March, 1943 for Officer Commanding #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.)



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 Ovila Jean Louis DESMARCHAIS, of the City  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

of Montreal, in the County of Jacques Cartier  
District

Province of Quebec, Labourer  
(Civil Occupation)

Regimental No D-139665, 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 MOTHER" MRS. Marie Louise, DESMARCHAIS,

residing at: 3633-Notre-Dames Street West, Montreal Quebec  
Canada.

*J.L.D.*

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

*J.L.D.*

(4) I appoint.....  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 1st day of March,  
19.....43.

Signed and acknowledged by the Tes-  
tator, 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.

*Jean Louis Desmarchais*  
(Signature of soldier)

First witness  
sign here.

(5) Signature

Civil Address

Civil Occupation

*Arnal Bonneau*  
*68 Ontario St. W. Montreal*  
*Quid.*

Second witness  
sign here.

Signature

Civil Address

Civil Occupation

*V. Dugas*  
*7108 Desjardinsville Montreal*  
*Clerk.*

(Witnesses are not to be beneficiaries.)

[OVER]



405-D-16741

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME DESMARCHAIS Joseph Ovila Jean Louis PLACE & DATE OF BIRTH MONTREAL QUEBEC 2 Dec 1923  
RANK Pte REGIMENTAL NO D139665  
UNIT FUS MONT ROYAL NEXT OF KIN & ADDRESS MOTHER  
Mde. Marie Louise Desmarchais  
3633 Rue Notre Dame Ouest,  
Montreal Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION OF HOSPITAL \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_

PARTICULARS OF DEATH

DATE OF DEATH 1 Aug 44 PLACE OF DEATH FRANCE  
HRS \_\_\_\_\_  
CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 1 AUG 44 CEMETERY 021657 Sh. 40/16 S.W.  
FRANCE.  
PLOT NO \_\_\_\_\_ ROW \_\_\_\_\_ GRAVE \_\_\_\_\_  
DEATH CERTIFICATE NO. \_\_\_\_\_  
RELIGION ROMAN CATHOLIC

DATE 1 OCT 45

*M. Bluteau*  
(M. BLUTEAU) Capt., Lt  
For COLONEL  
Officer i/c Records,  
CANADIAN MILITARY HEADQUARTERS.

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



- CASUALTY SECTION EXTRACT FORM -

AEF

A 477

Message Received from 21/CAS/2180

Date Message Received 8TH AUG. 44.

REGIMENTAL NO. D-139665 RANK PTE. NAME DESMARCHAIS FULL CHRISTIAN NAMES JOSEPH OVILA JEAN LOUIS UNIT FUS. MONT. ROYAL

UNIT SERIAL # 187

CATEGORY AND DIAGNOSIS

KILLED 1 AUG 44 (SECOND CASUALTY)

Hospital Admitted to Date Hospital Transferred to Date Hospital Discharged from Date

NEXT OF KIN MDE MARIE-LOUISE DESMARCHAIS RELATIONSHIP MOTHER

NOTE: If the Next-of-Kin resides in the Br. Isles or U.S.A. Mark RED X in upper left-hand square.

Address 3633 RUE NOTRE DAME WEST MONTREAL QUE CAN

HOME TOWN MONTREAL QUE

Cable # 8958

Inland Tel. # 29

REMARKS:-

M63 (m39)

Verification Clerk's Signature

June



# FIELD SERVICE

MBR

9/31B Army Form B. 2090A.  
40/P & S/2551 (5504)

405-D-16741

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

REGIMENT } ..... Les Fus M.R. .... Squadron, Troop }  
OR CORPS } ..... Battery or Company }

Officer's Personal No. (if known) } ..... D-139665 ..... Rank ..... PTE  
Soldier's Army No. }

Surname ..... Desmarchais ..... Christian Names ..... J.O.I.L.

Died { Date ..... 1 Aug 44 ..... Place ..... France  
Cause of Death\* ..... K/A

Nature and Date of Report ..... A.F.W. 3014/37 d. 19 Aug 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 ..... 021657 Sheet 40/16 SW ..... Date ..... 1 Aug 44  
By whom reported ..... C.F.

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 } ..... France ..... Signature of Officer in charge of Section } *W. Racine*  
Date } ..... 22 Aug 44 ..... Adjutant-General's Office at the Base } for Officer i/c  
Cdn Sec GHQ 2 Ech 21 A Gp

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## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space  
1

1. PLACE OF DEATH	Municipal county	<b>IN THE FIELD (FRANCE)</b>		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   Towns											
	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	<b>DESMARCHAIS</b>														
	Given names	<b>Joseph Ovila Jean Louis</b>														
4. RESIDENCE	Street	<b>Rue Notre Dame West, 3633</b>														
	Official name of civil municipality or township	<b>Montreal,</b>														
	Municipal county	<b>Quebec.</b>														
	Province															
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
<b>M</b>			<b>Single</b>													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) <b>Quebec</b>																
11. DATE OF BIRTH <b>December 2nd, 1923.</b>																
12. AGE OF DECEASED <b>20</b> Years Months Days If less than one day old																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Labourer</b>															
	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 <b>Deceased</b>																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal <b>France</b>																
20. Date of burial																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church															
	(b) Civil municipality of															
	(c) Municipal county															
	(d) Date															
22. Date of death <b>August 1st, 1944.</b>																
23. I HEREBY CERTIFY that I attended deceased from																
and last saw h..... alive on..... 19.....																
24. CAUSE OF DEATH																
I Immediate cause <b>Killed in action.</b>																
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). due to																
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.)																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

FEB 23 1945



H.Q. 405-D-16,741  
(Records "C")

26th September, 1944

Mrs. R.A. Guerrier,  
124-7th Avenue., N.W.  
Calgary, Alberta.

Dear Mrs. Guerrier:

In reply to your letter dated 17th September 1944, I sincerely regret to inform you that we have no further information concerning the death of your brother, D-139665 Private Joseph Ovila Jean Louis Desmarchais, beyond the fact that he was reported killed in action in France on the 1st August 1944.

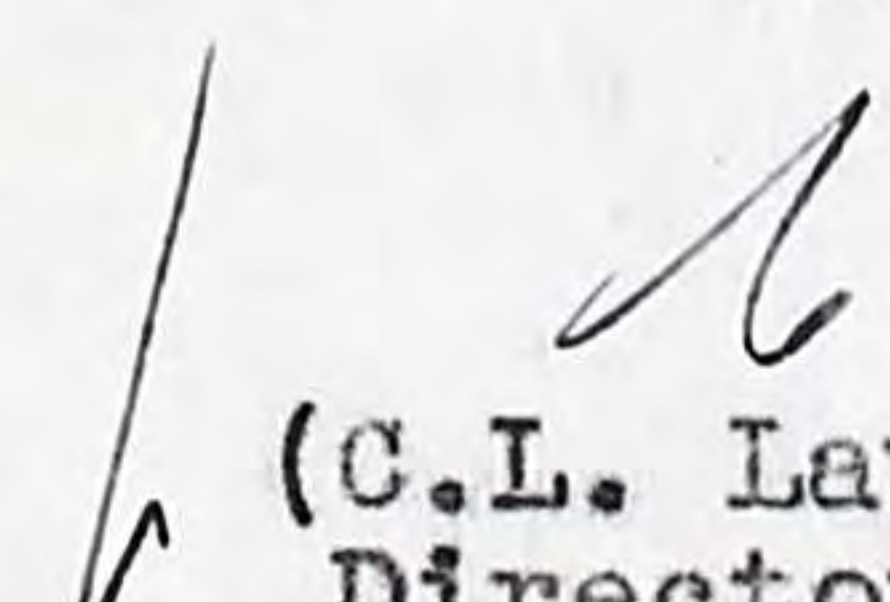
The only further information which is normally available in the case of casualties of this nature will be contained in a letter forwarded direct to your mother by an officer of your brother's Unit. This letter will include any information which may be available concerning the circumstances surrounding his death.

It would appear from your letter that you have been informed that your brother died on the 1st of August 1944 as a result of wounds received previously. May I point out that he was officially reported to have been wounded in action on the 20th July 1944, but had apparently made a complete recovery and returned to duty with his Unit very shortly afterward. The report that he had been killed in action on the 1st August 1944 was his second casualty, and would indicate that he died instantly as the result of being hit by enemy shell fire.

It is unfortunate that we can provide no further information at this time, but it is hoped that the letter mentioned above, that your mother will receive, will contain sufficient detail to answer your questions.

Yours truly,

TGLC/ANS

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

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Director of Records  
A. G. Branch.  
AUG 21 1944  
Nat. Defence Hqr  
Ottawa, - Canada.

A.G. BRANCH  
DEFENCE HQRS.  
CANADA



Calgary Alberta  
August 17th/44

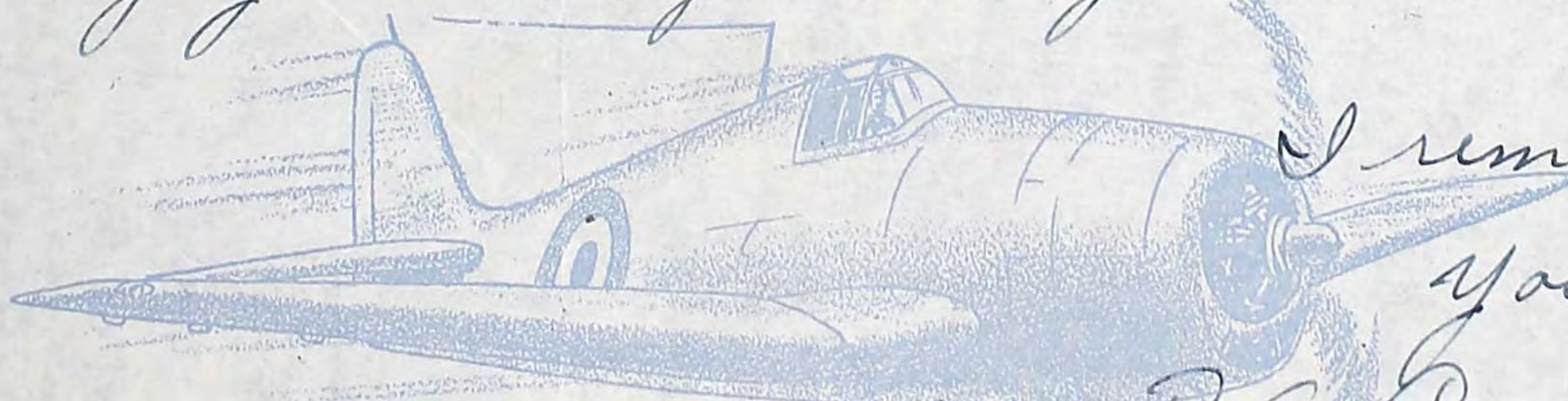
15:41

Dear Sir: 405-D-16,741

605  
8/18/44

On August the 14th, 1944, I received word that my brother, Pte Desmarchais J. L. (D139665 Fusilliers Mont Royal, Coy. D.C.A.O., was killed overseas (somewhere in France). There were no particulars at all, just that he had been wounded and died about two weeks ago, August 1st. Cause of his death was due to wounds.

Would you please, try to get full particulars for me, regarding his death and send them to me as he is my only brother, and I thought the world of him. Please try and relieve my mind by sending me this information as soon as possible. I reside at 124-7th Ave. N.W. Calgary Alta. and my husband is stationed at #2 AGTS. (R.C.A.F.) Calgary Alta; (Sgt Cuerrier J. (R.66612).



I remain  
yours Truly:

Mrs. R. A. Cuerrier:  
124-7th Ave. N.W.  
Calgary. Alta.

"HELLCAT"

19



MAIN FILE
CHARGED TO <input checked="" type="checkbox"/>
S. NO. 8-8-44
L.P. PASSED
AUG 22 1944
TO <input checked="" type="checkbox"/>
C.A.S.F. REGISTRY <input checked="" type="checkbox"/>

REMARKS

12:41



le 8 septembre, 1944.

Chère madame,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Joseph Ovila Jean-Louis DESMARCHAIS, matricule D-139665, qui a donné sa vie au service de sa patrie en France le 1er août 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 Desmarchais pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

AUG 28 1944

(H.F.G. Letson),  
major-général.

Mme Marie L. Desmarchais,  
3633 ouest, rue Notre-Dame,  
Montréal, Québec.

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*HIT*

Mrs. Marie L. Desmarchais,  
3633 Notre Dame Street, West,  
Montreal, Quebec.

Dear Mrs. Desmarchais:

It was with deep regret that I learned of the death of your son, D139665 Private Joseph Ovila Jean Louis Desmarchais, who gave his life in the Service of his Country in France on the 1st day of August, 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,

Major-General  
Adjutant-General

AUG 28 1944

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

/EMA

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MILITIA BOOK No. 1

FORM 4-43 (REV. 1-30-43) - FORM 4-43 (REV. 1-30-43)  
C.P. No. 4151 - P.C. 17/2/49/1572

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK



## 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.

51-7325  
Number *0139665* A.F.W3084  
Name *Benjamin Smith*  
Rank *Pte* Religion *P.P.E.*  
Arm *Foot Guards*  
Branch if R.A.; Regt. if Foot Guards or Infantry  
NOT to be filled in by Officer or Soldier.  
Diagnosis .....  
Disposal .....

Number *0139665* A.F.W3084  
Name *Benjamin Smith*  
Rank *Pte* Religion *P.P.E.*  
Arm *Foot Guards*  
Branch if R.A.; Regt. if Foot Guards or Infantry  
NOT to be filled in by Officer or Soldier.  
Diagnosis .....  
Disposal .....



Disposal

SOLDIER'S SERVICE BOOK

INSTRUCTIONS TO SOLDIER

1. You will be held personally responsible for the safety of this book.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-139665  
Surname (in capitals) DESMARCHAIS  
Christian Names (in full) JOSEPH-OUINA-DE  
Date of Birth 2 DEC 1900  
Place of Birth MONTREAL QUE  
Citizenship CANADA  
Trade on Enlistment LABORER

Nationality of Father at Birth CANADA  
Nationality of Mother at Birth  
Religion ROMAN CATHOLIC  
Enlisted at MONTREAL SOUTH QUE  
Date 23-JUL-43

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

Signature of Soldier [Signature]  
Signature of Officer [Signature]  
Place FARNHAM QUE Date 15

CANADA



(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		
	Mother	Mrs Marie Louise Desmarchais	23/2/43
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

3633 Notre Dame le west  
 Montreal Quebec  
 Canada























(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
T.A.B.T. 2cc	17 Mar 43	R. St. Pierre
3 1cc	8-3-43	R. St. Pierre
1cc	8-4-43	R. St. Pierre
Ryphus 1cc	23-2-44	R. St. Pierre
Ryphus 1cc	1-3-44	R. St. Pierre
Ryphus 1cc	4-4-44	R. St. Pierre
T.A.B.T. 1/2cc	4-4-44	R. St. Pierre

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
	R. St. Pierre

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)  
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
x RAY # 173578	22/2/43	R. St. Pierre
Emb. Leave Granted		
Gas Compound 5M	1 Oct. 44	R. St. Pierre
"M" TEST (REV.) COMPLETE	12-5-44	R. St. Pierre
MFM 196 annotated		
M.B.M. Part III used	12-5-44	R. St. Pierre
<b>FINGERPRINTED—CAIB</b>		
Entitled to Ret 23-2-44		
Sen. Chevron I.R.O. 44		



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. Rank Name states that he has executed a Will and that the same has been deposited with at Date Signature of Officer. 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. 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..... received and forwarded to the Officer i/c Records at Signature of Officer. Rank or Appointment.

Signature of Officer.....  
Date Certificate or Will extracted.....

Unit or Dept.....  
To whom sent.....

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.



NO

MILITIA BOOK M. 1

PART I

50M-5-43 (9993)  
H.Q. 1772-39-1672  
K.P. 79767

CANADIAN ARMY

**SOLDIER'S SERVICE BOOK**

(For use on Active Service)

**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.

Reg. No. D-139665

Surname (Capitals) DEMARCHAIS

Christian Names in full JOSEPH QUIRA