D140460
DUPUIS
JOSEPH

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

No D.140460 Rank Private Name DUPUIS, Joseph Thomas

Unit Royal 22e Regt. Date of death 2nd Dec., 1944

Died at Italy

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-D-12,039

N/K Mrs. Bertha Dupuis Relationship Mother

Address 3534 Rue Des Erables, Montreal 24, Quebec.

Remains buried in R 22eR Cem NW of Russi sh 89/III Cemetery
RAVENNA W 1/50,0000 MR 427338 Gr 2
alongside rd

CHK ✓

Grave location Italy

OVER

BURIAL REPORT TO N.K. AUG 23 1946

RETURN TO BUR. OF STAT. JUL 3 1945

ROYAL MESSAGE DESP'D. DEC 30 1944

CAN. MESSAGE DESP'D. FEB 8 1945

Temp B R sent to N K

REBURIAL

Ravenna British Empire Cemetery,
5 miles West of Ravenna, Italy.

Grave 10, row D, plot 3.

HI & CR Form Despd. NOV 14 1946

5M-10-44 (M-4414)

2-12-44

AWARDS—CANADIAN ARMY (ACTIVE)

1851 M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-D-12039

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
DUPUIS, Joseph Thomas	D-140460	Pte.	Royal 22e Regt.

WAR SERVICE BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	6086 14/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Bertha DUPUIS (MOTHER)

ADDRESS: 3524 Rue Des Erables,
Montreal 24, Que.,

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 4170

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Berthe DUPUIS, (FRENCH)

1851

ADDRESS: 3524 Rue Des Erables, MONTREAL 24, Que.

(3) DESP. FEB 23 1945
REGN No. 14624

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-140460

Surname (Capitals) DUPUIS

Christian Names in full JOSEPH THOMAS

tely to
any cha
relations

[redacted] 21 Jan

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D- 140460

Surname (in capitals) DUPUIS

Christian Names (in full) JOSEPH - THOMAS

Date of Birth 23 Feb. 1925

Place of Birth Montreal Que Canada

Citizenship Canadian

Trade on Enlistment [redacted] Labourer

Nationality of Father at Birth Canadian

Nationality of Mother at Birth "

Religion R.C.

Enlisted at Montreal South Que, Canada

Date 17/5/43

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

Signature of Soldier Pte Thomas Dupuis

Signature of Officer [illegible]

Place Mtl. Sth. Que Can. Date 17/5/43

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Mr. Bernard Dupuis	17/5/43
	Mother	Mrs. Bertha Dupuis	17/5/43
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

as below

3524 Des Erables St. Montreal Que
Canada

(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
17/5/43	Pte		400 #117	B. Gaudette Lt

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

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

Completed Basic Training in accordance with Standard Syllabus 20-7-43
V Vernier Lt.

Qualified in addition as under:— mf(R)

Advanced Training completed as per Standard Syllabus.
A-12 CANADIAN INFANTRY TRAINING CENTRE
E. N. Martel Lt.

Date NOV 10 1943

Commanding

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	2nd.	Rifle		[illegible] Lt
1943	2nd	L.M.G.		E.H. Martel Lt.
19/7/44	F	Bren		Philion Lt.
" " "	P	Rifle		
" " "	P	T.M.C.		
" " "	P	Grenader		
" " "	P	2" Martar		

(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	Montreal	1931-41	Edwards Lt

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XIII) PRESCRIPTION FOR GLASSES

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

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

Signature of M.O. ....

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

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

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
17-5-43	✓		4X - 6F - PI	[signature] Capt
13 Dec 43	✓		5F PR.	Raymond Capt
20 Dec 43	✓		4F PR.	" "
23 Dec 43	✓		3F PR.	" "
14 JAN 44	✓		1F PR.	" "
19-2-44		✓		[signature] Capt
2-4-44		✓		[signature] Capt

(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.	MAY 17 '43	J.K.
3	17-6-43	R.C.M.
	25-6-43	
Typhus 1cc	10-2-44	[illegible]
Typhus 1cc	17-2-44	[illegible]
TABT annual	16-6-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
MAY 17 1943	J.K.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
XRAY # 1874791	13/5/43	J. Kirby Capt
Night Vision C	18/3/44	W. S. Crooks
FINGERPRINTED		[illegible] Capt
"O" CARD COMPLETE	14-4-44	[illegible]
"M" TEST (REV.) COMPLETE		[illegible] Capt
ISSUED M.F.M 182	17-5-43	R. L. Lt.
" M.B.M. 1 PART 3	14/4-44	R. L. Lt.
Blood Group A.		MAY 18 1944

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 Signature of Officer.

Date 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. 16 received and forwarded to the Officer i/c Records at H.Q.M.D.4.

Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Cat A

~~ORIGINAL~~
DUPLICATA
~~TRIPLICATA~~

OCCUPATIONAL HISTORY FORM, COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
50M—1-42 (2876)
H.Q. 1772-39-1645

WSG
COMPLETED

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

Unité INF(R) CA. N° Matricule D-140460

n.t.

MAY 17 1943

FINGERPRINTED
PHOTOGRAPHED

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom DUPUIS
2. Prénoms JOSEPH THOMAS
3. Adresse actuelle Rue 3524 Des Erables , Montreal,Que., Canada.
4. Date de naissance 23 Fevrier 1925
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) X Citoyennete CANADA Catholique Romain
7. Métier ou profession Journalier
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent Mde. Berthe Dupuis
10. Degré de parenté Mere E
11. Adresse du plus proche parent 3524 Rue Des Erables , Montreal,Que., Canada.
12. 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)
13. 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)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
(Si oui, spécifiez le numéro matricule. l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Joseph Thomas DUPUIS, 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 17 MAY 1943 Joseph Thomas Dupuis
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Joseph Thomas Dupuis
(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 ce 17ieme jour de MAY 19 43

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

NO. 4-DISTRICT DEPOT A.F. Special Recruiting Officer
(Grade et 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.

5606
10
12 Apr 44

État de service de DUPUIS (Nom) JOSEPH THOMAS (Prénoms) N° matricule D-140460

APTITUDES

Militaires: nil

Professionnelles ou commerciales: nil

Civiles ou de métier: JOURNALIER

Techniques: NIL

Langues: FRANCAIS ET ANGLAIS

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: NIL (années achevées) — Graduation ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL - 9ieme ANNEE EC. PUBLIQUE

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

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement		-				-
17-5-43	DRO	TOS NO° 4 DISTRICT DEPOT C A.	PTE	17-5-43	4 DD	MTL STH	4 DD PT II 117	17-5-43
	S.O.S.	ON TRANS TO COC & BTC #44 ST JEROME QUE	Pte	3 Jun 43	"	"	" " 132	3 Jun 43
7-6-43	TC 44	TOS FOR ALL PURP ON TRANSF FROM 4 D.D.	2	4-6-43	TC 44	St. Jerome.	PT II 111	4-6-43
		S.O.S. FOR ALL PURP ON TRANSF TO A-12 FARNHAM.	Pte.	11-8-43	S.A.I.	"	PT II 160	11-8-43
		T.O.S. on temp att from C.A.(B).T.C. NO. 44 St. Jerome, QUe.	"	12-8-43	A-12	Farnham	A-188	12-8-43
		Granted daily rates of pay of $1.50	"	19-9-43	"	"	A-321	20-9-43
		Granted daily ra tes of pay of $1.50	"	17-11-43	"	"	A-272	18-11-43
		14 days furlough and embarkation leave (699) (4) from 19-1-44 to 1-2-44 incl with 50¢ p.d. r.a. T.W. A-642508	"	19-1-44	"	"	15	19-1-44

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

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier DUPUIS, JOSEPH THOMAS Lieu Montreal

Lieu MONTREAL Date 13 May 1943.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 18 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 no
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

L Thomas Dupuis
(Signature de la recrue)

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

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) 1 vac. left arm.

URINE -N-
X-RAY 87474 N
Bond

2. Taille 5 pieds 4½ pouces. 3. Poids 141½ livres

4. Teint med. Yeux blue Cheveux brown

5. Développement good { Bon / Passable / Médiocre }

6. Tour de poitrine—Circonférence, pleine expansion 38 pouces Degré d'expansion 2 pouces

7. Vue, droite 20-20 gauche 20-20 Avec lunettes, droite gauche

8. Ouie, droite cv 20 gauche cv 20

9. État de la bouche et des dents good

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

COLOR VISION ISHIHARA (CN) EAR NOSE THROAT NEG . J.C. CALHOUN MAJOR.
Heart & lungs neg. absent testicle on left scrotum. skeletal neg.
no hernia, reflexes active.

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

M. Aronovitch Capt H.F. Owen Lieut A Cooperberg Lieut.

M. ARONOVITCH CAPT (Président) H.F. OWEN LIEUT (Membre) A. COOPERBERG LIEUT. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
	TAB. T ICC H.B. Farrell Lieut	17-2-44	Typhus 1cc H.B. Farrell
	VACCINATION H.S.T.		25 MAR 44 TYPHUS 1 CC
17-6-43	TABT 2		
25-6-43	TABT 3		
	Y.O.B. P U L H E M S		
	25 / / / / / / /		
10-2-44	Typhus 1cc H.B. Farrell		

T.W.A.-642508

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

N° matricule D-140460 Grade PTE Nom DUPUIS Prénoms JOSEPH THOMAS

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	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. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin

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

Statement of the Service of No. D-140460 Rank Pte Sheet No. 1

Name DUPUIS, J.T.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S. to No. 1. Trg. Bde Debert, N.S.	Pte	18-2-44	A-12	Farnham	41	18-2-44
		T. O. S. TRG. BDE. GP.	..	19.2.44	TR BD GP	DEBERT	59 23 FEB 44 APR 4 1944	
		S.O.S. TRG BDE GP TO SERT 294E	..	APR 4 1944	TR BD GP	DEBERT	107	
		SOS Can wef. 4-4-44 TOS C.A.(o) wef. 5-4-44						
		Disembarked in U.K. wef. 11-4-44		12 Apr 44		6 CIRU	89	12-Apr-44
		Reported for duty at 6 CIRU wef. 12-4-44						
M106		S.O.S. C.A. (U.K.) on embarkation 3 May 44	Pte		XLR22	RAI	46	18 May 44
		T.O.S. C.A. (M) 4 May 44						
		Disembarked 16 May 44						
M106 SOS		SOS To Ex Ward.	Pte	3 May 44	6 CIRU	UK.	115	3 May 44
	TOS							
M49	SOS.	SOS to R22R	Pte	23 Aug 44	XL R22R	AAI	90	30 Aug 44
M147	TOS	TOS from X4 list R22R (4Bn)	Pte	24 Aug 44	R22R.	AAI	46	28 Aug 44
M140		Wounded.	Pte.	20 Sep 44		AAI	A498	
CR	SOS	SOS X4 L (4Bn) to R22R	Pte	10 Oct 44	XL R22R	AAI	109	15 Oct 44
CR	TOS	TOS from X4 list R22R	Pte	11 Oct 44	R22R	AAI	56	14 Oct 44
M127		Wounded (2nd Wound)	Pte	22 Oct 44	—	AAI	A507	

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

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

Name.....

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
CW SOS		SOS X3 list to R22R	Pte	5 Nov 44	X list R22R	AA1	122	14 Nov 44
CW	TOS	TOS from X3 list R22R	Pte	6 Nov 44	R22R	AA1	65	14 Nov 44
		Killed	Pte.	2 Dec 44	R22R	AA1	A 523	15 Dec 44
		Killed on 2 Dec 44						
		Adm to 1 Gen Hosp.	Plé	20 Sep 44				
		Trans to 54 Br Gen Hosp.	Plé.	22 Sep 44			CL B 350	22 Dec 44
		Discharged from 54 Br Gen Hosp	Plé.	5 Oct 44				
SOS.		SOS killed in action.	Plé.	2 Dec 44	R22eR.	AA1	76	13 Dec 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 (5892)
H.Q. 1772-39-1649

Unit INF (R) CA Regimental Number D-140460

1. Surname DUPUIS
2. Christian Names JOSEPH THOMAS
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Ste
   giving date 17-5-43
   *To be entered in pencil to facilitate alteration.
4. Place of birth MONTREAL QUE CANADA
5. Date of birth as declared on attestation 23-2-25
   (A)
6. Date of enlistment 17-5-43
7. Place of enlistment MONTREAL SOUTH QUE CAN
8. Residence at time of enlistment 3524 DES ERABLES ST MONTREAL
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date ~~SINGLE~~ Single
13. Trade on enlistment LABORER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C Ie
Unit (Battn., etc.): R 22R

(18) Medical

Category	Date	Authority
CAT "A"	13-5-43	M.F.M.2
25-1-1-1-1-1-1-1	10-2-44	M.F.M.2
10-2-44		

Y.O.B.	P	U	L	H	E	M	S
25	1	1	1	1	1	1	1

MFM 2

(19) Next of kin (entries to be made in pencil) (mother)
Mrs Berthe Dupuis
3524 Rue Des Erables Mont PQ
Canada

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Transfered R of P #150	Farnham	17-11-43	Pte	A221/43
			General Duty			Pte.	
			SOS Can wef 4 Apr 44 TOS C.A.(o) wef 5 Apr 44				
			Disembarked in U.K. wef 11 Apr 44				
			Reported for duty at 6 CIRU wef 12 Apr 44			PEE	89/44
		6CIRU	S.O.S. to Exercise WARD (Auth. 289/23)	"	3 May 44	"	105/44
			[illegible] U45 ON EMBARKATION AT ON 3 May 44				
			CMF ON TRANSFER ON 4 May 44 AND DISEMBARKED AT ON 16 May 44				x46/44
	Rmk	x4	TOS in disemb	✓	16 May 44	✓	
	R22eR	X4 (1Bn)	Posted from X-4(1 Bn) to X-4(4 Bn)	"	17 Aug 44	"	X87/44
23 Aug 44	CR92	4 Bn	SoS to R22eR	M	23 Aug 44	Pte	x90/44
24 Aug 44	3011A	R22eR	TOS from X4 list R22eR 4 Bn	Fd	24 Aug 44	✓	46/44
		R22eR	SoS to X3 list R22eR	Field	20 Sep 44	Pte	53/44
	R22eR	x3	TOS from R22eR	✓	21 Sep 44	✓	x102/44
3014 Ser	373 P	30 d/24	Sep 44 Wounded	✓	20 Sep 44	✓	
6 Oct 44		x3	Posted to x4 (4 Bn)	✓	6 Oct 44	✓	x108/44
10 Oct 44	R22eR	4 Bn	SoS to R22eR	✓	10 Oct 44	✓	x109/44
11 Oct 44	3011A	R22eR	TOS from X4 list R22eR 4 Bn	✓	11 Oct 44	Pte	56/44
		R22eR	SoS to X3 list R22eR	✓	22 Oct 44	✓	60/44
	x3	✓	TOS from R22eR	✓	23 Oct 44	✓	x115/44
3014 Ser 401	P.6	d/s 6 Oct 44	See Cas Wounded	✓	22 Oct 44	✓	
	x3	R22eR	SoS to R22eR	✓	5 Nov 44	✓	x122/44
		R22eR	TOS from X3 list R22eR	✓	6 Nov 44	✓	65/44
10 Dec 44	AFW 3014 Ser 440 P.13		SoS - Killed in action -	✓	2 Dec 44	✓	76/44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps R 22e R Regimental Number D 140460

Substantive Rank ..... Surname Dupuis Christian Names J. T.

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
22 Sep 44	R 22e R	X3		Field (W)		Pte	
373/43	"	"	Adm 5 CLFA	"	20 Oct 44	"	63/44
377/14	"	"	" 5 Cdn C.C.S	"	20 Oct 44	"	
380/13	"	"	" 3 C.G.H.	"	21 Oct 44	"	69/44
391/6	"	"	54 I.B.D. Gen	"	22 Sep 44	"	73/44
25/10/44	"	"	Disch 58 I.B.D. Gen	"	30 Oct 44	"	83/44
401/17	"	"	Adm 5 CLFA (W)	"	22 Oct 44	"	
"	"	"	" 5 Cdn C.C.S	"	22 Oct 44	"	95/44
"	"	"	" 3 C G H	"	22 Oct 44	"	
14/395/6	R 22e R	X — 3	Admitted to 58 Br. Gen	Field	27 Sept 44	Pte	95/44
417/11	"	"	Disch 3 C G H	"	5 Nov 44	"	107/44

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DUPUIS Joseph Thomas (b) Reg'l. No. D-140460
2. (a) Arm of service Army (b) Unit INF (R) CA (c) Rank PTE
3. (a) Date of birth 23 Feb. 1925 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Montreal Que.
4. (a) Place of enlistment Montreal South Que. Can. (b) Date of enlistment 17-5-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 yrs. old (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 9 yrs. Pub. School
7. If you attended a university, give name of university and standing or degree secured nil
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NIL (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French (b) What languages do you read well? French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Montreal Locomotive Ltd. Address Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) War Industry
20. (a) Your specific occupation ass't fireman (b) Number of years' experience at this occupation with any employer 6 months
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

17th May 1943

DATE ..... 194.....

SIGNATURE Thomas Dupuis

C

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank DUPUIS
(Surname first—Christian names in full—Block capitals)
Joseph Thomas

(2) Regimental or Official Number and Rank D-140460 Pte

(3) Unit INF (R) CA

(4) Are you married? NO

(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? NO

(8) Have you any children? NO Number of boys Girls
Names and ages NIL

(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.

NIL

Name

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 (Separated)

If so, state name and address, occupation Mr. Bernard DUPUIS address unknown.

(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. Berthe DUPUIS (ST. PIERRE) 3524 Des Erables st., Montreal, Que. Can.

(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? Metropolitan 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.

Thomas Dupuis
(Signature of officer or man)

Date 17-5-43

Officer Commanding Edward Hunt

Date 17-5-43

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.)

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 17 May 43 Place Enlisted Montreal, P. Q.

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
17 May 43	Cdn.	G.L.	#44 St. Jerome	Pte.	Basic Trg.	
Dec. 43	"	"	A-12 Farnham	"	Adv. Trg.	
11 Apr. 44	U.K.	"	#6 C.F.R.U.	"		

45 COURSES ATTENDED

PLACE	Date: From—to	Qualified as	Rating

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

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

47

Military Specialty or Trade	Degree of Proficiency	Date	Authority
Rifleman			

48 Suggested Employment (1) Rifleman (2)

Reason for Joining Army Duty

55 Type of Service Desired (1) (2)

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

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

(2) .....

(3) .....

YOB	P	U	L	H	E	M	S	Date	Initials
25	1	1	1	1	1	1	1	10-2-44	[illegible]

Honours and Awards:

(1) .....

(2) .....

(3) .....

1/48 A CMHQ 1000 : 115 40/P&S/1246 (4843) CONFIDENTIAL

99 REMARKS (with date and signature of officer)

Suitable as G. D. reinforcement for a French speaking Unit. –

14 APR 1944 [signature]

Soldiers Qualification Card

CONFIDENTIAL

CODED

D-140460 | DUPUIS | Thomas | Joseph | M.J.M.

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

Unit 196 6 C.I.R.U.

1 Corps S.I.S.

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

3 Father Racial Origin: French Canadian

Mother: "

4 Language spoken in home: French ✓ English

Other:

5 Age 19 (23 Feb. 25) 6 Height 5 ft 4 in 7 Weight 147 8 Silhouette [1] [2] [3] [4]

Date of Birth

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

12 Hearing: Acuity [1] [2] [3] 13 Speech Defects

14 Handedness [R ✓] [L] [A] 15 Med Category

Cause

Attitude to own health To Medical attention

Health History

16 Education Level: Illiterate El ( ) Sec 8 (11)

Conduct during school life

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

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course)

At From—To Completed ?

21 2. (Course)

At From—To Completed ?

22 3. (Course)

At From—To Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently French English (little)

Written well

24 Main occupation: Asst. Steamfitter

Estimate of skill

Duration (from—to) 1942-43 Weekly Wage

Employer's Name and Address Various Employers Montreal, P.Q.

50 "M"

Test	Score	SM	Test 9 Score
1	16		Sub-total 43
2	16		SM
3	11		
4	24		Sub-total 45
5	21		SM
6	9		Sub-total 42
7	14		SM
8	19		
Tot	130		SM III ✓

English French

Place Canada Date 13-5-43

51 OTHER MENTAL

Test

Score Grade

Date

52a

Test

Score Grade

Date

52b

Test

Score Grade

Date

53 TRADE TESTS

Trade and Grading	Date

54 DARK ADAPTATION

Date Tested	Result

25 Second Most Important Occupation:

Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

26 Third Most Important Occupation

Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

Trade Union or Professional Society

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

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Animal Management

Farming Experience: Wide Limited None Reared ?

District Type

Job promised after discharge ? By whom ? Name

Job Address:

Other provision for Post-War occupation

Type of work or training desired

Occupational history: Ambitious Stable Accidental Erratic

36 Marital Status: S ✓ M W D Sep

Marital Problems

Spouse's Age Attitude to Service Health

37 No. of Children 38 No. of Dependents

Relationship of Dependents

No. of Brothers No. of Sisters Position in family

Status of home in childhood

Religious Denomination R.C.

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) Boxing (2) Wrestling (3) Swimming

Team Games and Position (1) (2) (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

"Q" CARD COMPLETE

Personnel Selection Record

INFANTRY (R)
Arm or Corps

Trade (if Tradesman or Trade Trainee)

RIFLEMAN
Work in Arm (if Non-Tradesman)

I. D/40460 | Pte. | D U P U I S Thomas Joseph | A | 18 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | English | Montreal South, Que. | 14 May 43.
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

D.D. 4 | 13 May 43. F.T. Brown, Major
Place Tested | Date Tested | By Whom

130 | III | Subtests | 16 | 16 | 11 | 24 | 21 | 9 | 14 | 19 | Subtotals | 43 | 45 | 42 | French
Total | Group | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 1-3 | 4-5 | 6-8 | English or French

Other Tests

Y.O.B.	P	U	L	H	E	M	S
25	/	/	/	/	/	/	/

23-2-25

III. Educational Background

Completed grade ~~IV~~ 8th grade R.Q. urban school at 17. Best subject was history. Left school to work.

IV. Occupational Background

Worked 4 months as Assistant steam fitter.
Worked 6 months with Montreal Locomotives, labourer.

V. Military Background

None
Reported for Active Service at D.D. 4 on 13 May 43.
T.O.S. D.D. 4
T.O.S. at C.o.C. & B.T.C. No. 44 St.Jérôme on 4 June 1943. 6/43

VI. Other Personal History and Appraisal

This young man was first seen by a psychiatrist and found, "Fit for normal training, Accept." He appears to have average intelligence, is energetic, alert, and is neat and tidy in appearance. He seems willing and cooperative, and anxious to develop himself within the army. He is single, of small medium build, weight 141½ lbs, height 5' 4½" and was given medical category "A". He says he is in excellent health. He has a brother serving in the navy.

His favorite sports are boxing, wrestling and swimming. He has a fair knowledge of current events. Should become an efficient soldier.

VII. Recommendations

INFANTRY (R) | RIFLEMAN | NON-TRADESMAN

(Signed) T.D. Sinclair Lieut
Army Examiner

T.D. Sinclair, Lieut.

(STB)

EG

See reverse side for further information and follow-up

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

FURTHER INFORMATION AND FOLLOW-UP

Young 18 year old man, smart in appearance, with a pleasant personality and average learning ability; seems well adapted to the army life, does well on training and seems willing to cooperate as much as possible. This young man would have liked to volunteer as parachutist but was found physically unfit by M.O.

St.Jérôme, Jules Goulet Major A.E. 26 July 1943

D.140460 Pte DUPUIS, T.J. First interview: 13 May'43- D.D. 4.

"M" Score: 130 (F) III

YOB	PULHEMS	Date
25	1111111	23-1-44

16 16 11 24 21 9 14 19:43 45
42

Military Background:
Reported for active service at D.D.4 on 13 May 1943.
T.O.S. at D.D.4 on the 17-5-43.
Has had basic training in CABTC St Jerôme, Que. and qualified.
In A.12 CITC Farnham, Que. for advanced training and qualified.

Present Situation:
This man has completed his Infantry advanced training at CITC A.12 Farnham, Que. has adapted himself to the Army and therefœr is believed suitable for overseas service.

14 Feb.1944
A.12 CITC Farnham,Que.

(M. LeBel) Capt.
Army Examiner

6 C.I.R.U. 14 Apr 44

Personnel Selection
Examination of Documents
Complete
MAR 2 1944
A E
1st Trg Bde D

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Joseph Thomas DUPUIS (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, Laborer (Civil Occupation)

Regimental No. D-140460, 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. Berthe DUPUIS (ST.PIERRE)

Residing at: 3524 Des Erables st., Montreal, Quebec, Canada.

All my estate both real and personal.

J. D.

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. D.

(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 17th day of May 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.

Thomas Dupuis
(Signature of soldier)

First witness sign here.

(5) Signature Thomas Shorrock

Civil Address St-Eustache Sur Le Lac P.Q.

Civil Occupation Office Mgr.

Second witness sign here.

Signature Victor Dugas

Civil Address 7108 Lizotte Montreal

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

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

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

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

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

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

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

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

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

GENERAL

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

D. R. 10 JAN 29 1946

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

195

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-140460 Pte Dupuis J.T. (Deceased)

RECEIVED FROM 2nd Echelon AAI

CHECKED BY C-5267 Tpr Carr J.A.
C-5591 Pte Patterson L.K. DATE 27 Jan 45

1	Pr Gym Trunks		
1	Flashlight		
1	Small Stove (Flask Shape)		
	Snapshots		
1	Prayer Book		
	Photos		
1	Pr Unit Flashes (R22R)		
1	Tobacco Pouch		
3	Keys On Ring		
1	Pocket Watch (Marlboro)		
1	1st Div Patch		

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

S K Patterson Pte
for OC 1 Cdn KSD

195

In lieu of CFA 187

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY
Of personal effects received by Casualty
Section No. 1 C.K.S.D.

No RANK & NAME....D.140460 Pte. Dupuis J. T. (Dec'd)

RECEIVED FROM.....Cdn 2nd Ech AAI

CHECKED BY.....B.131628 Sgt. Smith, E.L. DATE 17 Feb 45
D.86094 Pte. Morris, H. A.

1	Wrist Watch "Tavannes" (broken)	
1	Straight Razor	
1	Steel Mirror, in case	
1	Wallet	
1	Purse (leather)	
1	Folder	
	Snapshots	
1	Fountain Pen (Swan)	
1	Souvenir Medal & Ribbon	
3	Souvenir Badges	
2	Crucifixes	
1	Statuette, in case	
1	Medallion	
5	Italian Coins (souvenir)	
1	Eng. 1d Coin (souvenir - defaced)	
1	Cdn 1c Coin	
1	Red "I" Disc	
1	Certificate of Baptism	

ORIGINAL) To Officer i/c Estates with
Duplicate) original inventory, if any.

Triplicate — with effects

E Smith Sgt
for OC 1 Cdn KSD.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

GL

Name DUPUIS Joseph A. No. D.140460
Surname Christian Names

RTE C.A. O/S 2-12-44
Rank Unit Date of Death

AMOUNT W. S. G. 214.46
L.P.C. ..... $ 241.81

Date 18-3-46

Other Credits .....

Total 456.27
Prev dist. 241.81
This dist. 214.46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Berthe Dupuis 4458 Iberville St., Montreal, Que. (sole beneficiary under will)	214.46

MAR 27 1946

DO NOT REMOVE FROM FILE

P4. TO TREAS.

W. S. G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	214.46

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

DISTRIBUTION OF SERVICE ESTATES

IM

Estates Form "P. 4"

army

Name: DUPUIS Joseph T. No.: B-140460
Surname Christian Names

Pte. G.A.O/S. 3-12-44
Rank Unit Date of Death

AMOUNT

L. P. C. ..... $ 241.81

Date: 26-7-45

Other Credits .....

Total 241.81

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Bertha Dupuis, 4458 Iberville St., MONTREAL, Que. (Sole beneficiary under will)	241.81

P4. TO TREAS. 20-9-45, g.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	90	00	001	241.81

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D14460 Rank Pte Surname Dupuis Christian Name Joseph T.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Roy. 22e Regt									Wounded 20-9-44	Slt	A494
" "	1 Cdn Gen	20	9	44					s.w. R shoulder same day	to fd 1 Cdn Gen	B350
" "	54 Brit Gen	22	9	44	5	10	44	15			B350
" "									Wounded 22-10-44	Slight (See Wound)	A-507
" "									s.w. (he) rt Shoulder		B312
"	3 Gen	22	10	44	4	11	44		S.W. (R) forearm		B-330
"									Killed 2-12-44	Amended by add 2nd Cas	A628
"											A523

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4

~~NAVY~~

ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Thomas (CHRISTIAN NAMES) DUPUIS (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-20040

FILE NO. 405-D-12039

DATE 21-2-46

SERVICE NO. D-140460

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 2-12-44

DATE OF DISCHARGE 2-12-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 566/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 242 LESS 26 INELIGIBLE DAYS, EQUAL TO 216 DAYS @ 25C. PER DAY	54.00	
		189.00	

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 $	$		
TOTAL	$ 2.75	×7 = $	19.25
NO. OF DAYS 242/188	× $	19.25	25.46

D. WAR SERVICE GRATUITY		214.46
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		214.46

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
GMH	

TREASURY	
CHECKED BY	DATE
MGibson	24/10/46

ΔT

SERVICE REPRESENTATIVE

1970

Form No. 1

Register No. CD 1702

Nominal Roll No. D-586

H.Q. File No. 405-D-12039

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D.140460 -	Pte -	DUPUIS -	Joseph - Thomas -

Reason for Termination of Service:

1st Enlistment Killed in action - CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 17 MAY 43 -	T.O.S.	T.O.S.
S.O.S. 2 Dec 44 - MD °/S	S.O.S. MD	S.O.S. MD
Total Days 566 -	Total Days	Total Days

TOTAL SERVICE 566 - DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	324 -	—	324 -
OVERSEAS SERVICE	242	—	242 -
Totals	566 -	—	—
Add Non-qualifying Service			—
TOTAL SERVICE			566 -

EMBARKATION DETAILS:

1. T.O.S. 5 APR 44 -
Date S.O.S. Overseas 2 Dec 44 -

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 2 DEC 44 -

Computer's Signature

Checker's Signature

Date Computed 12 Mar 45

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

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
			TOTAL		

OVERSEAS

T.O.S. 5 APR 44 T.O.S. .... T.O.S. ....

S.O.S. 2 Dec 44 S.O.S. .... S.O.S. ....

			TOTAL		

MFM 510
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. D.140460 Rank and Name Dupuis. J.T. Pte.

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

(Transfer or ~~Discharge~~)..... to..... on 2nd. Dec. 19 44.

Reason Death. Authority : C.C.L. "A" 523 d/15th. Dec. 44.

The following is a statement of the account of the above-named from 1st. Dec. to 31st. Dec. 19 44. the inclusive date of transfer or discharge.

Dr				Cr		
Particulars		Amount		Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	193	51
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						
Regimental Charges				Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars) :						
				Def. Pay Interest.	1	80
To Balance Cr	Free	81	81			
	Deferred	160	00	By Balance Dr		
	Total	241	81	Total	241	81

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

Remarks :

Assnd. Pay of $16.80 (7th. V.L.) cancelled eff. Nov. 44.

Compiled by W. Blackburn.

Checked by .....

Date 13th. June. 19 45.

PH.

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

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Berthe Dupuis,
3524, rue Des Erables,
Montreal 24, Quebec.

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

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

et de citer le numéro suivant:

Q.G. 405-D-12,039 FD.431

ESTATES BRANCH JAN 25 1945 H.Q. OTTAWA

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

12 janvier 1945.

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

DUPUIS, Joseph Thomas, Soldat,

D.140460, Armee Canadienne.

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

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

OG/GC

pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		N/A		
2	Enfants du défunt et dates de naissance.....		N/A		
3	Père du défunt.....		CHARLES-DUPUIS	48	#4458 Iberville
4	Mère du défunt.....		Berthe M.-Pierre	49	do do
5	Frères du défunt	Frères germains	Maurice Dupuis	23	Marine
		Demi-frères	N/A		
6	Sœurs du défunt	Sœurs germaines	N/A		
		Demi-sœurs	N/A		
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) N/A		Adresse de leurs enfants

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	ARMAND-THOMAS-DUPUIS
9	Date de sa naissance.	23 février 1923
10	Lieu et date de son mariage.	N/A
11	Lieu et date du mariage de ses parents.	Trois-Rivière 21-11-1918

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Trois-Rivières
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Québec (b) Hochelaga 20 ans (c) Montréal (d)
14	Nature de son emploi avant son enrôlement.	Montreal Locomotive Works Ltd aide-chauffeur
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Province de Québec

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	En s'enrolant dans l'armée
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?	N/A
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Je ne sais pas
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	$200.00 au porteur
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.	une de $35.00
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	Non

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.	Non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	N/A

(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)

DÉCLARATION

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

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

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

Mde Berthe Dupuis — Signature du déclarant

#4458 Iberville, Montreal — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Berthe Dupuis — Nom du déclarant

*Voir plus haut

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

Daté à Montreal ce 23e jour de Janvier 1945

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

Adresse Chambre #1120 Sun Life Bldg.

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

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

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-140460 RANK Private SERVICE UNIT Royal 22E Regiment (C.A.)

NAME DUPUIS, Joseph Thomas

DATE OF BIRTH DAY 23rd MONTH February YEAR 1925 Date Enlisted: 17-5-43

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 3524 Rue Des Erables, Montreal 24, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 4349A H.Q. 405-D-12,039

CASUALTY DETAILS Killed in action DATE 2-12-44

F.T.

MEDITERRANEAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 19-12-44

MM O/S with 4 C.I.R.U.
S/L 3804

OFFICER I/C RECORDS

Grt. 6

COPY FOR DOCUMENT FILE

F.T.

21st December, 1944.

Mrs. Berthe Dupuis,
3524 Rue Des Erables,
Montreal 24, Quebec.

Dear Mrs. Dupuis:

It was with deep regret that I learned of the death of your son, D140460 Private Joseph Thomas Dupuis, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 2nd day of December, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

DEC 22 1944

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

32

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: DUPUIS (Block letters)

Given names: Joseph Thomas

4. RESIDENCE

Street: Rue des Erables No. 3524

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 23rd (Day) 1925 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 2nd (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease ....days

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

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

State findings ....Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

JUL 3 1945

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

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

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

[signature] C.S.

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

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

(Voir l'autre côté pour le francais)

Director of Records, Dept. of National Defence.