

D16700  
FOURNIER  
ADELARD



# 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)..... POURNIER, Adolard (b) N° matricule..... D-16700
2. (a) Arme..... Army (b) Unité..... R.C.E. CA (c) Rang..... Spr
3. (a) Date de naissance..... 17 Dec 1911 (b) Avez-vous des personnes à votre charge?..... No (c) Domicile au moment de l'enrôlement..... 6713 Alma, Montreal
4. (a) Lieu d'enrôlement..... Montreal South P.Q. (b) Date d'enrôlement..... 9 Jun 1941

## Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école..... 21 yrs. (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.)..... 3 Yrs. Public Schooling
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?..... -- (c) Avez-vous complété votre apprentissage?..... -- (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?..... --
9. (a) Quelles langues parlez-vous couramment?..... English and French (b) Quelles langues lisez-vous facilement?..... English & French

## Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas)..... WORKING (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre?..... NIL

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

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

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

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

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

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

18. Nom du patron..... Defence Industries Ltd. Adresse..... Valleyfield PQ
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.).....
20. (a) Genre précis de votre occupation..... Guard (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron..... NIL
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..... N/A (b) Où était-il situé?.....
23. (a) Nombre d'années dans ce commerce?..... (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?.....

## Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

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

## 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?..... Electrical work
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.)..... Electrical-work-
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule..... Electrical work

DATE..... 9 June 1941

194

SIGNATURE..... Adolard Pournier



D16700

FOURNIER

ADELARD

CARDS PUNCHED CHARLES.

Soldiers Qualification Card

Reg'l. Number Last Name First Name Middle Names

2 Nationality 08. By Birth By Naturalization Country of Birth

3 Racial 2 Origin 4 Language spoken in home: French English

5 Age 31 6 Height 5'7 1/2 7 Weight 150 8 Silhouette

Eyes 4 9 Colour of Brown 10 Acuity 11 Colour Vision

12 Hearing: Acuity 13 Speech Defects

14 Handedness 15 Med. Category A

Cause Attitude to own health Reasonable To Medical attention

Health History

16 Education Level: Illiterate E 7 (14) S (Grade completed)

Conduct during school life

17 University or 18 Professional Course Taken Years Completed Degree

19 Post Graduate Course From-To Degree

Specialized Training:

20 1. At From-To Completed (Course)

21 2. At From-To Completed (Course)

22 3. At From-To Completed (Course)

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently French English (limited knowledge) Written well

24 Main occupation: Description Cooks. Estimate of skill Weekly Wage \$25.00

Duration (from-to) 1935-1941

Employer's Name and Address Canadian Pacific Ry. Three Rivers Quebec

Table with 50 rows for 'M' Test, columns for Test, Score, SM, S. Tot.

9 24

51 OTHER MENTAL

Test Score L. Grade Date

52 MECHANICAL

Test Score Grade Date

52 CLERICAL APT.

Test Score Grade Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. Date

54 OTHER

Test Score Grade Date

Unit 3 BN. R.C.E. CODED

25 Second Most Important Occupation: Description: General work in a saw mill. Duration (from-to) 1931-1934. Weekly Wage \$30.00. Employer's Name and Address: Price Brothers St Joseph d'Alma.

26 Third Most Important Occupation: Estimate of skill 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 Accident Prone

Farming Experience: Wide Limited District Type

Job promised after discharge: By whom? Name

Address

Other provision for post-discharge occupation: Type of work desired Cooks.

Occupational history: Ambitious Accidental Stable Erratic

36 Material Status: M S W D Sep. 2 Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 3 No. Sisters 2

Position in family 6 38 No. Dependents 0

Relationship of Dependents Status of home in childhood last father at 5

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) (2) (3) Team Games and Position (1) Hockey (2) Baseball (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

1399



| ARM or CORPS | Type (C.E.F., N.P., etc.) | Years | Highest Rank | Last Discharge (Yr.) | Special Training Received |
|--------------|---------------------------|-------|--------------|----------------------|---------------------------|
|              |                           |       |              |                      |                           |
|              |                           |       |              |                      |                           |
|              |                           |       |              |                      |                           |

43 CURRENT SERVICE: Date Enlisted 9 June 1941 Place Enlisted Montreal P.Q.

| Date From—to    | Country | Corps | Unit and Sub-unit | Rank 44 | Principal Duty | Performance |
|-----------------|---------|-------|-------------------|---------|----------------|-------------|
| 9-6-41/29-8-41  | Can.    | ACE   | BTC HI            | Sgt.    | Basic training |             |
| 28-8-41/3-3-42  | "       | "     | CETC A5           | "       |                |             |
| 4-3-42/2-4-42   | "       | "     | 3rd Bn.           | "       | 3rd duty       |             |
| 3-4-42/15-5-42  | "       | "     | do                | Sgt.    | do             |             |
| 16-5-42/5-10-42 | G.B.    | "     | do                | "       | do A.1/5       |             |
| 6-10-42/1-12-42 | "       | "     | do                | Cpl.    | do             |             |
| 1-12-42/        | "       | "     | do                | Sgt.    | Section Sgt.   | 124         |

| COURSES ATTENDED | PLACE | Date: From—to | Qualified as | Rating |
|------------------|-------|---------------|--------------|--------|
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |
|                  |       |               |              |        |

46 Crime: Courts Martial Convictions \_\_\_\_\_ Major Offences \_\_\_\_\_ Minor Offences \_\_\_\_\_  
 Civil Convictions \_\_\_\_\_ Fines \_\_\_\_\_ Hospitalization \_\_\_\_\_

49 Psychiatric

| Designation | Degree of Proficiency | Date | Authority |
|-------------|-----------------------|------|-----------|
| 124         |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |
|             |                       |      |           |

55 Type of Service Desired (1) Section Sgt. (2) \_\_\_\_\_

| Remarks re Outstanding or Limiting Factors |                               |
|--|-------------------------------|
| Department                                 | <u>Satisfied in the army.</u> |
| Disposition                                | <u>Couraged</u>               |
| Appearance (g rooming)                     | <u>Cheerful</u>               |
| Physical appearance                        | <u>Neat</u>                   |
| Map Reading                                | <u>Good</u>                   |
| Military Knowledge                         | <u>Sat</u>                    |
| Mechanical Knowledge                       | <u>Def</u>                    |

Attitude to Interview: Antagonistic \_\_\_\_\_ Overanxious \_\_\_\_\_ Co-operative  Indifferent \_\_\_\_\_  
 Reason for Joining Cdn. Army (if ascertainable) Adventure

48 Suggested Possibilities for Employment (1) \_\_\_\_\_  
 (2) \_\_\_\_\_

Tests Indicated: 2nd Mental \_\_\_\_\_ Mech. Apt. \_\_\_\_\_ Clerical Apt. \_\_\_\_\_  
 Other Apt. \_\_\_\_\_ Pers. \_\_\_\_\_ Trade Test as \_\_\_\_\_

Interviewed by W. Racine Lt. Date 15 Dec. 1942  
 Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



Monsieur Maurice Fournier,  
LATUQUE, P.Q.

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

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

et de citer le numéro suivant:

Q.G. 405-F-7990 FD222

MINISTÈRE DE LA DÉFENSE NATIONALE  
DIVISION DES SUCCESSIONS  
OTTAWA, ONTARIO



28 juin,

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

FOURNIER, Adélaré. Spr.

No. D-16700, Armée 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 memorandum 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, com-  
missaire 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.

*Age Brockton Maurer*

*Robert Smith Col.*

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..... <i>X</i> .....  | _____   | _____  | _____  |
| 2                 | Enfants du défunt et dates de naissance.....   | _____   | _____  | _____  |
| 3                 | Père du défunt.....  | _____   | <i>42</i>  | <i>il ya 30 ans.</i>   |
| 4                 | Mère du défunt.....  | _____   | <i>58</i>  | <i>4 Janv. 1933</i>  |
| 5                 | Frères du défunt   | Frères germains   | <i>Johnny Lournier 40</i><br><i>Jethur Lournier 40</i> | <i>Rapide Blanc</i>  |
|                   |  | Demi-frères   | _____  | _____  |
| 6                 | Sœurs du défunt  | Sœurs germaines   | <i>Rose Anna Lezure 43</i><br><i>Alida Distenbo 44</i> | <i>130<sup>e</sup> Rte. St. Lambert</i><br><i>6857 Alma Mont.</i>  |
|                   |  | Demi-sœurs  | _____  | _____  |
| 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.               | Fournier Adolard             |
| 9  | Date de sa naissance.                   | 17 déc. 1911                 |
| 10 | Lieu et date de son mariage.            | Célibataire                  |
| 11 | Lieu et date du mariage de ses parents. | St. Henri, Lac St Jean, 1883 |

## DÉTAILS DE DOMICILE

|    |  |   |
|----|--|---|
| 12 | Lieu où le défunt est né.  | Lac Edouard, Lac St Jean  |
| 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) La Truque, Houz. P.Q.<br>(b) Valleyfield, 3 mois P.Q.<br>(c)<br>(d) |
| 14 | Nature de son emploi avant son enrôlement.   | Commis.   |
| 15 | Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?                                   | En pension  |
| 16 | Indiquer le lieu où le défunt entendait vivre d'une façon permanente.  | La Truque   |

## DÉTAILS DE LA SUCCESSION

|    |   |   |
|----|---|---|
| 17 | A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.   | Non   |
| 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?       | Célibataire                                 |
| 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.   | \$50.00 ou \$100.00 - En Belgique           |
| 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.  | La sœur les a retournés avant sa mort.<br>? |
| 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.                                  | Non.  |
| 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:<br>(a) pour ses propres logement et pension pendant qu'il était dans les forces armées.<br>(b) pour habits et équipement militaires.<br>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.  | Oui, \$40.00 par moi-même pour service à l'église. |

(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.)



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

DÉCLARATION

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

Joseph  
Joseph Maurer

Signature du déclarant

A.A. Dufour pte

La Tuque, C. Joviolette

Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache.....

Jos. Maurice Tournier

Nom du déclarant

\*Voir plus haut

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

Daté à La Tuque ce 3<sup>e</sup> jour de Juillet 1945

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

A.A. Dufour

Titre pte vicar

Adresse La Tuque C. Joviolette

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.

|    |   |
|----|---|
| 18 | 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. |
| 19 | (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.)   |
| 20 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |
| 21 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |
| 22 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |
| 23 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |
| 24 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |
| 25 | SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.   |

(REMARQUE.—Le gouvernement paye les frais funéraires, y compris le transport du corps, le cercueil et l'inhumation, et le montant est payé par les héritiers ou par le défunt. Cependant, si le défunt a des biens, le montant est payé par les héritiers ou par le défunt.)



**BAE A**

Checked

Card

Observations.....

ORIGINAL  
DUPLICATA  
TRIPPLICATA

M.F.M. 2 Fr.  
A.F.B. 271  
15M-5-40 (4870)  
H.Q. 1772-39-1645

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

Unité **R.C.E. CA.**

N° Matricule **D-16700**

# ARMÉE ACTIVE DU CANADA

## FORMULE D'ENRÔLEMENT

**080**  
**A/SGT**

- Nom..... **FOURNIER**
- Prénoms..... **ADELARD**
- Adresse actuelle..... **Hotel Balmoral Valleyfield P.Q.**  
**6713 Rue Alma., Montreal., Quebec., Canada.,**
- Date de naissance..... **17 Decembre 1911**
- Lieu de naissance..... **Canada., Quebec., Lac Edouard.,**  
(Pays) (Comté ou province) (Ville ou canton)
- Religion (indiquez la confession)..... **Catholique Romain**
- Métier ou profession..... **Journalier**
- Marié, veuf ou célibataire..... **Celibataire**
- Nom du plus proche parent..... **M. Maurice Fournier**
- Degré de parenté..... **Frere**
- Adresse du plus proche parent..... **Hotel Balmoral., Valleyfield., Quebec., Canada.,**
- Faites-vous partie de la Milice active du Canada ou y avez-vous déjà servi?..... **Non**  
(Si oui, spécifiez l'unité et les dates de service) **Non**
- Avez-vous servi dans (a) l'armée active du Canada?..... **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)
- 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 L'HOMME LORS DE L'ENRÔLEMENT

Je, soussigné, **Adelard FOURNIER**, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, 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 la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date **9th June, 1941**

**Adelard Fournier**  
(Signature de la recrue)

### SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, **Adelard FOURNIER**, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

**Adelard Fournier**  
(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 inexactement 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 serment devant moi,

à **Mtl South, Que** ce **9th** jour de **June, 19** **41**

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

**NO. 4 DISTRICT DEPOT, A**

(Titre, grade et unité ou emploi)



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

**Fingerprinted**



État de service de..... **FOURNIER** **Adelard** ..... N° matricule **D-16700**  
 (Nom) (Prénoms)

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

**DEGRÉ D'INSTRUCTION**  
 Académies..... **NIL** Graduation ou Immatriculation } **NIL**  
 (années complétées) (Spécifier)  
 \*Collège..... **NIL**  
 \*Université..... **NIL**  
**8 years Public Schooling**  
 (\*Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations ou 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     |
| 9-6-41      | 3403<br>DRO<br>3106-2-3-3 | Affecté lors de son enrôlement<br>No. 4 District Depot. CA   | Sapper        | 9-6-41          | 4 DD  | Mtl South  | 4DD PT.II No.135   | 9-6-41      |
| 27-6-41     | —                         | Proceeded on command and attached for all purposes to CA(B)TC.41 Huntingdon, Que.  |               | 27-6-41         | 4 DD. | Mtl. Sth.  | 4 DD.Pt.11 No.151  | 27-6-41     |
| JUL 1 1941  | 1                         | ATTACHED FOR ALL PURPOSES<br>TC-41 HUNTINGDON  |               | JUN 28 1941     | TC 41 | HUNTINGDON | PT. II-23  | JUL 1 1941  |
| 5.8.41.     | TC 41                     | Punishment:- Awarded 7 days C.B. and to automaticallt forfeit 1 days pay for A.W.L. under F.R.&.I. Art. 149.<br>CEASES TO BE ATTACHED ON                 | "             | 4.8.41.         | TC 41 | Htingdon   | TC 41 Pt II-151  | 5.8.41.     |
| AUG 27 1941 | ✓                         | TRANSFER TO ADV.TCA5<br>PETAWAWA ONT AUTH:<br>HQ S20,6,18.ORG.RS.D1978741  |               | AUG 27 1941     |       |            | .69  | AUG 27 1941 |

Pour les inscriptions supplémentaires, se servir de M.E.M.S.B. No 2073, 41



**CERTIFICAT DE L'EXAMEN MÉDICAL**

Nom en entier FOURNIER ADELARD Date June 6th 1941

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

1. Âge... 29 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
- |   |           |  |           |
|---|-----------|--|-----------|
| a. Rhumatisme.....                      | <u>no</u> | j. Affection nasale.....   | <u>no</u> |
| b. Tuberculose.....                     | <u>no</u> | k. Maladies des oreilles.....  | <u>no</u> |
| c. Bronchite ou asthme.....             | <u>no</u> | l. Maladie des yeux.....   | <u>no</u> |
| d. Affection cardiaque.....             | <u>no</u> | m. Épilepsie.....  | <u>no</u> |
| e. Maladie du rein ou de la vessie..... | <u>no</u> | n. Maladie nerveuse ou mentale.....  | <u>no</u> |
| f. Gastrite intestinale.....            | <u>no</u> | o. Syphilis.....   | <u>no</u> |
| g. Hernie.....                          | <u>no</u> | p. Gonorrhée.....  | <u>no</u> |
| h. Varices.....                         | <u>no</u> | q. Avez-vous déjà porté des lunettes?.....   | <u>no</u> |
| i. Pieds plats ou déformés.....         | <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> |
- Adelard Fournier*

Observations de l'examineur sur ce qui précède.....  
Color vision Ishihara CN  
Ears, nose & reflexes normal  
A. DELAHAYE MAJOR

URINE 42109 N  
JUN 7 1941  
X-RAY 80773 N

**PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.**

1. Signes particuliers ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....  
1. Vacc. left arm, small scar forehead
2. Taille... 5 pieds... 6 1/2 pouces. 3. Poids... 150 livres
4. Teint... Dark Yeux... Hazel  
 Cheveux... Black
5. Développement... Good { Bon  
 Passable  
 Médiocre
6. Tour de poitrine—Circonférence, pleine expansion... 37 1/2 pouces Degré d'expansion... 2 1/2 pouces
7. Vue, œil droit... 20-40 œil gauche... 20-20 8. Ouïe, oreille droite... CV 20 gauche... CV 20
9. Etat de la bouche et des dents... Good
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:  
nil

**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 "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie... A

Observations spéciales lorsque la catégorie est inférieure à A.....  
J.G. BRONNE LT. COL. C.F. WYLDE COL. J. HEPFU M.D.  
*J.G. Bronne Lt. Col.* (Président) *C.F. Wylde Col.* (Membre) *J. Hepfu M.D.* (Membre)

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

| Date      | Détails succincts et signature | Date | Détails succincts et signature |
|-----------|--------------------------------|------|--------------------------------|
| JUN 9 '41 | TAB. T. H. Huacey Capt         |      |                                |
| 12-8-41   | 3                              |      |                                |
| 2-6-42    | VACC. H.P.M.                   |      |                                |
| JUN 9 '41 | 8-8-42 CAT. CONFIRMED          |      |                                |
| PETAWAWA  | <i>Ed. Cathers</i>             |      |                                |







# SERVICE AND CASUALTY FORM

PART I (For all ranks)

**M.F.M. 4 (Part I)**  
A.F.B. 103 (Part I)  
500M-8-39 (1700)  
H.Q. 1772-45-18

Unit..... R.C.E. CA 3rd Battalion ..... Regimental Number D-16700 .....

| <p>1. Surname..... <u>FOURNIER</u></p> <p>2. Christian Names..... <u>Adelard</u></p> <p>3. *Substantive Rank and Appointment..... <u>4 cpl</u></p> <p>*Acting Temporary or Local Rank..... <u>4 cpl</u></p> <p style="text-align: center;">giving date..... <u>15/11/11</u></p> <p style="text-align: center;"><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth..... <u>Lac Edward, Que., Can.</u></p> <p>5. Date of birth as declared on attestation..... <u>Dec. 17th, 1911.</u></p> <p>(A).....</p> <p>6. Date of enlistment..... <u>9-6-41</u></p> <p>7. Place of enlistment..... <u>Mtl South, Que., Can.</u></p> <p>8. Residence at time of enlistment..... <u>6713 Alma St, Mtl, 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>R.C.</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>R.C.E.</u></p> <p>Unit (Battn., etc)..... <u>3rd Bn</u></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><u>A. conf.</u></td> <td><u>9-3-41</u></td> <td><u>M-1-M-2</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p><u>Mrs. Marguerite Fournier (Mother)</u><br/><u>Hotel Batmond, Hollywood, Calif., Can.</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p> | Category       | Date | Authority | <u>A. conf.</u> | <u>9-3-41</u> | <u>M-1-M-2</u> |
|--|--|----------------|------|-----------|-----------------|---------------|----------------|
| Category   | Date   | Authority      |      |           |                 |               |                |
| <u>A. conf.</u>  | <u>9-3-41</u>  | <u>M-1-M-2</u> |      |           |                 |               |                |

|           |          |          |           |            |
|-----------|----------|----------|-----------|------------|
| CFEF      | 3rd      | nd       | Mor S     | Score      |
| <u>No</u> | <u>R</u> | <u>O</u> | <u>S</u>  | <u>127</u> |
| MD        | MD       | MD       | YOB       | Disp       |
|           | <u>4</u> |          | <u>11</u> |            |

**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)<br>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 |
| 12-6-42       | 3rd Bn R.C.F.      | Bn   | S.O.S. C.A.   | Canada            | 17-5-42          | Sgt                 | D.O. # 1-3-5-42                                    |
| "             | "                  | "    | T.O.S. C.A.   | "                 | 18-5-42          | "                   | "  |
| "             | "                  | "    | Disembarked   | Oceania           | 26-5-42          | "                   | "  |
| 16 Aug 42     | "                  | "    | Proceeded on C.W. Course (30 days) att. to No. 10 C.W. Group f.a.p. Kirby Stephen, Westmorland  | Field             | 4 Aug 42         | "                   | D.O. 9-13 Aug 42                                   |
| 2 Sep 42      | "                  | "    | Ret'd from C.W. Course and cease to be att. to No. 10 C.W. Group, f.a.p. Kirby Stephen, Westmorland.  | "                 | 25-8-42          | "                   | D.O. 13 - 3 Sep 42                                 |
| 13 Oct 42     | "                  | "    | A.W.L. from 1400 hrs. 1 Oct 42. Ret'd from A.W.L. at 2330 hrs. 4 Oct 42   | "                 | 1 Oct 42         | "                   | D.O. 21(6) - 9 Oct 42                              |
| 13 Oct 42     | "                  | "    | Reverted to the of A/Cpl. for an offence under Sec. 15(1) A.A. A.W.L. from 1400 hrs. 1 Oct 42 to 2330 hrs. 4 Oct 42 (absent 3 days 8 hrs. 30 mins.) Forf. 4 days pay under F.R. & I. 149 (1) (a).   | "                 | 6 Oct 42         | A/Cpl               | D.O. 22 - 16 Oct 42                                |
| 7 Dec 42      | "                  | "    | Proceeded on 1st Cdn. Army Course Ser. 5 N.C.O's Bridging Course and is att. f.a.p. to No. 1 C.E.R.U., (Course from 9 to 28 Nov 42)   | "                 | 9 Nov 42         | "                   | D.O. 27(7) - 19 Nov 42                             |
| "             | "                  | "    | Ret'd from 1st Cdn. Army Course Ser. 5 N.C.O's Bridging Course and Ceases to be att. f.a.p. to No. 1 C.E.R.U.,  | "                 | 28 Nov 42        | "                   | D.O. 29(8) - 3 Dec 42                              |
| "             | "                  | "    | Having attended N.C.O's Bridging Course No. 13 Ser. 5 at No. 1 CERU., from 9 to 28 Nov 42 has qualified "C.1" Fair  | "                 | 28 Nov 42        | "                   | D.O. 30 - 10 Dec 42                                |
| 9 Dec 42      | "                  | "    | Appointed Acting Lance Sergeant   | "                 | 1 Dec 42         | A/Lt Sgt.           | D.O. 31 - 17 Dec 42                                |
| 12 Jan 43     | "                  | "    | Granted 14 days Pl. from 16 to 30 Dec 42  | "                 | 16 Dec 42        | "                   | D.O. 2 - 14 Jan 43                                 |
| 17 Mar 43     | "                  | "    | Att. to 6 Cdn. Hd. Coy. R.C.F. f.a.p.   | "                 | 27 Mar 43        | "                   | D.O. 10 - 11 Mar 43                                |
| 21 Mar 43     | "                  | "    | Leaves Att. to 6 Cdn. Hd. Coy. R.C.F. f.a.p.  | "                 | 13 Mar 43        | "                   | D.O. 13 - 1 Apr 43                                 |
| 17 Apr 43     | "                  | "    | To be Lance Sergeant  | "                 | 17 Mar 43        | Lt Sgt.             | D.O. 16 - 22 Apr 43                                |
| 3 Jul 43      | "                  | "    | 7 days Leave plus 48 hrs. Ass. (9 days)   | "                 | 30 Jun 43        | "                   | 29 - 16 Jul 43                                     |
| 6 Jul 43      | "                  | "    | App't'd Acting Sergeant   | "                 | 17 Jun 43        | A/Sgt.              | 29 - 16 Jul 43                                     |
| 29 Oct 43     | "                  | "    | Confirmed Sergeant  | "                 | 15 Oct 43        | Sgt.                | 48 - 6 Nov 43                                      |



Statement of the Service of No. D-16700 Rank Sapper

Sheet No. 2

Name FOURNIER, Adelard

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

| REPORT             |                     | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.<br>(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    |
|                    |                     | T.O.S. R.C.E. Training Centre (A5)  | Sapper     | 28-8-41        | E.T.C.  | Petawawa  | D.O. # 205                       | 28-8-41  |
|                    |                     | To be A/L/Cpl. (Paid) whilst employed as Section N.C.O.   | A/L/Cpl.   | 20-11-41       | E.T.C.  | Petawawa  | D.O. #278                        | 21-11-41 |
|                    |                     | To be A/Cpl paid whilst employed #4Coy  | A/Cpl      | 29-1-42        | E.T.C.  | Petawawa  | D.O.# 24                         | 29-1-42  |
|                    |                     | Granted furlough from 2-2-42 to 15-2-42   | A/Cpl      | 2-2-42         | ETC     | Petawawa  | D.O. # 25                        | 30-1-42  |
|                    |                     | Issued with Transport Warrant #A-100876 S.O.S. RCETC A5 for all purposes on transfer to the 3rd Btn. R.C.E. Petawawa      | A/Cpl      | 21-1-42        | E.T.C.  | Petawawa  | D.O.# 53                         | 4-3-42   |
|                    |                     |   | A/Cpl      | 4-3-42         | E.T.C.  | Petawawa  | D.O.# 53                         | 4-3-42   |
| <del>13-4-42</del> | <del>3rd, Bn.</del> | <del>To be A/Cpl. with pay while employed in No.4 Trainig Coy.</del>  |            |                |         |           |                                  |          |
| 4-3-42             | <del>3rd Bn</del>   | S.O.S. RCETC. (A5) To 3rd Bn.   |            |                |         |           |                                  |          |
| <del>17-3-42</del> |                     | P.M.C. eff. 4-3-42.   |            | 4-3-42         | RCETC.  | "         | PT II 53.                        | 4-3-42   |
| 17-3-42            |                     | Promoted to Rank L/Sgt With pay. eff. 13-3-42.  | A/Cpl.     | 17-3-42        | 3rd Bn. | "         | PT II 35                         | 17-3-42  |
| 3-4-42             | 3rd Bn<br>R.C.E.    | To be a Sgt eff. 1-4-42   | L/Sgt.     | 3-4-42         | "       | "         | PT II 2/2                        | 3-4-42   |
| 2-6-42             | "                   | S.O.S., C.A. Canada   | L/Sgt      | 17-5-42        | R.C.E.  | the field | D.O #1                           | 2-6-42   |
| "                  | "                   | T.O.S., C.A. Overseas   | Sgt.       | 19-5-42        | "       | "         | "                                | "        |
| "                  | "                   | Disembarked   | "          | 26-5-42        | "       | "         | "                                | "        |
|                    |                     | <del>FOSS</del>   |            |                |         |           |                                  |          |



Statement of the Service of No. D-16700

Rank.....

Sheet No.....

Name Journier, A.

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

| REPORT |                    | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.<br>(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      |
|        |                    | Retd from Army. 2330 hours  | M/Sgt.     | 4 Oct 42       | 3 Bn RCE | UK.        | 21                               | 9 Oct 42   |
|        |                    | Sec 15 A.W.A. reverted to the rank A/Cpl.   | A/Cpl.     | 6 Oct 42       | 3 Bn RCE | UK.        | 22                               | 16 Oct 42  |
|        |                    | 4 <del>months</del> 4 days pay 149(1)(a) & rrr<br>attached to 9 rrr   |            |                |          |            |                                  |            |
|        |                    | On 1 ccm Army course Ser 5 Ncos Bridging<br>attached to 1 rrr   | A/Cpl      | 9 Nov 42       | 3 Bn     | UK         | 27                               | 19 Nov 42  |
|        |                    | Retd from 1 Army course Ser 5 reass to  | A/Cpl      | 28 Nov 42      | 3 Bn     | UK         | 29                               | 3 Dec 42   |
|        |                    | awarded "C1" Passed "Ncos Bridging" course  | A/Cpl      |                | 3 Bn     | UK         | 30                               | 10 Dec 42  |
|        |                    | attached A/MSgt   | A/MSgt     | 1 Dec 42       | 3 Bn     | UK         | 31                               | 17 Dec 42  |
|        |                    | 14 days P leave   | A/MSgt     | 16 Dec 42      | 3 Bn RCE | UK         | 2                                | 14 Jan 43  |
|        |                    | Attached FAP to 67th Bn Bay RCE   | A/MSgt     | 2 Mar 43       | 3 Bn     | UK         | 10                               | 11 Mar 43  |
|        |                    | Ceases att FAP to 67th Bn Bay RCE   | 4/Sgt      | 13 Mar 43      | 3 Bn     | UK         | 13                               | 1 Apr 43   |
|        |                    | To be Lance Sergeant  | L/Sgt      | 1 Mar 43       | 3 Bn     | UK         | 16                               | 22 Apr 43  |
|        |                    | Appointed A/Sgt   | A/Sgt      | 17 June 43     | 3 Bn     | UK         | 29                               | 16 July 43 |
|        |                    | Confirmed in rank of Sgt  | Sgt        | 15 Oct 43      | 3 Bn     | UK         | 48                               | 6 Nov 43   |
|        |                    | <b>AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP</b>   |            |                |          |            |                                  |            |
|        |                    | Qual. Dr. 10 wk in Bay  | Sgt        | 1 Jan 44       | 8 Bn RCE | 21 AC      | 32                               | 14 Feb 44  |
|        |                    | Embarked at... UK... on... 4 Aug 44   | Sgt        |                | 3 Bn RCE | 21A. Co 40 |                                  | 19 Aug 44  |
|        |                    | Disembarked at... FAP... on... 4 Aug 44   |            |                |          |            |                                  |            |



Statement of the Service of No. D-16700

Rank Sapper

Sheet No. 2

Name FOURNIER, Adelard

M.F.M. 1 & 2 (a)  
700 M-3-39 (1697)  
H.Q. 1772-45-18

| REPORT             |                     | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.<br>(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             |
|                    |                     | T.O.S. R.C.E. Training Centre (A5)  | Sapper                           | 28-8-41            | E.T.C.            | Petawawa            | D.O. # 205                       | 28-8-41           |
|                    |                     | To be A/L/Cpl. (Paid) whilst employed as Section N.C.O.   | A/L/Cpl.                         | 20-11-41           | E.T.C.            | Petawawa            | D.O. #278                        | 21-11-41          |
|                    |                     | To be A/Cpl paid whilst employed #4Coy  | A/Cpl                            | 29-1-42            | E.T.C.            | Petawawa            | D.O. # 24                        | 29-1-42           |
|                    |                     | Granted furlough from 2-2-42 to 15-2-42   | A/Cpl                            | 2-2-42             | ETC               | Petawawa            | D.O. # 25                        | 30-1-42           |
|                    |                     | Issued with Transport Warrant #A-100876   | A/Cpl                            | 21-1-42            | E.T.C.            | Petawawa            | D.O. # 53                        | 4-3-42            |
|                    |                     | S.O.S. RCETC A5 for all purposes on transfer to the 3rd Btn. R.C.E. Petawawa  | A/Cpl                            | 4-3-42             | E.T.C.            | Petawawa            | D.O. # 53                        | 4-3-42            |
| <del>13-4-42</del> | <del>3rd, Bn.</del> | <del>To be A/Cpl. with pay while employed in No. 4 Training Coy.</del>  | <del>A/Cpl</del>                 | <del>17-3-42</del> | <del>3rd Bn</del> | <del>in field</del> | <del>D.O. # 1.</del>             | <del>2-1-42</del> |
| 2-6-42             | 3rd Bn<br>R.C.E.    | S.O.S., C.A. Canada   | Sgt                              | 17-3-42            | R.C.E.            | in field            | D.O. # 1.                        | 2-1-42            |
|                    | "                   | T.O.S., C.A. Overseas   | Sgt.                             | 18-5-42            | "                 | "                   | "                                | "                 |
|                    | "                   | Disembarked. <i>M. K.</i>   | Sgt                              | 26-5-42            | "                 | "                   | "                                | "                 |
| 17-3-42<br>4-3-42  | "                   | <del>F.O.S.</del><br>Promoted to Rank <i>A/Sgt</i> with pay effective 13-3-42   | <del>A/Cpl</del><br><i>A/Sgt</i> | 13-3-42            | "                 | Petawawa            | D.O. # 35                        | 17-3-42           |
| 3-4-42             | 3rd Bn              | To be <i>A/Sgt</i> effective 1-4-42   | <i>A/Sgt</i>                     | 1-4-42             | "                 | "                   | D.O. # 42                        | 3-4-42            |
|                    |                     | Proceeds on C.W. Course - ATT. <i>westmorland</i> for No. 10. C.W. Group.   | <i>A/Sgt</i>                     | 4-Aug-42           | "                 | U.K.                | # 9                              | 13 Aug 42         |
|                    |                     | Returned home. C.W. base a course at the 10. C.W. Group.  | <i>A/Sgt.</i>                    | 25 Aug 42          | 3 Bn RCE          | U.K.                | 13.                              | 3 Sept 42         |
|                    |                     | Avh. 1400 hours.  | <i>A/Sgt.</i>                    | 1 Oct 42           | 3 Bn RCE          | U.K.                | 21.                              | 9 Oct 42          |



H.Q. 405-F-7990  
D.R. 2(B)

F.T.  
FOR TRANSLATION PLEASE

21st June, 1945.

Mrs. Rose A. ██████████ Lazure,  
325 Merton Street,  
St. Lambert, Quebec.

Dear Mrs. Lazure:

Receipt is acknowledged of your letter of the 13th instant in which you make enquiries regarding D.16700 Sapper Adelard Fournier.

I deeply regret to inform you that information received from the Overseas Authorities by cable advises that Sapper Fournier died on the 4th day of June, 1945, as the result of internal injuries received in a road accident.

The above information was forwarded by telegram as soon as received to Sapper Fournier's official next-of-kin who is recorded as his Brother, Mr. Maurice Fournier residing at Latuque, Quebec.

Your name has now been noted on our records as an "Also Notify" and you may be assured that should any further particulars be received, you will be immediately notified.

Please accept my sincere and heart-felt sympathy for the irreparable loss you have suffered.

Yours truly,



EMD

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

~



INSTRUCTIONS

1. Presidents and Members of Courts of Inquiry or Boards of Officers will familiarize themselves with the Overseas ROs dealing with the subject of Courts of Inquiry and Boards of Officers.
2. The rank, name, appointment and unit of the Convening Officer must be given.
3. The unit of all Members of the Court must be indicated.
4. The signature of each officer composing the Court or Board must be affixed at the end of these Proceedings, together with the date and place of the sitting of the Court.
5. Unless otherwise required by the Convening Order, only one copy of these Proceedings will be prepared.

PROCEEDINGS of a ..... Court of Inquiry .....

assembled <sup>xx</sup> at ..... in the Field .....

on the ..... 10 Jun 45. .....

by order of ..... Lt.Col.Geo.W. Smith, CO 3 Bn RCE .....

for the purpose of ..... Inquiring into and reporting ~~the~~ on an .....

accident resulting in the death of D-16700 Spr. Fournier, A.

Ref. 18/Pers 1/2 Folio 78...  
 21. Sep 45  
 For A.G.4.

PRESIDENT

J.F.J. Morazain Major RCE

3 Bn RCE

MEMBERS

N.J. Werminlinger Capt. RCE

3 BN RCE

C.R. Power Lieut. RCE

3 Bn RCE

**Court**

The ..... having assembled pursuant to order, proceed to examine the witnesses;

*Lt Col Rivet R.*

**FIRST WITNESS;**

G-98514 L/Cpl Rivet, R. 5 CAT Kkshps, having been  
duly sworn states;

I was driving a 60 cwt WD No. CL-5926492 down Jans Buiten Singel, Arnheim, (Maple Leaf Route Down), at approximately 10mph. Passing the Velder Plein I heard a crash on the left hand side of my vehicle. I suddenly pulled along side of the road. As I got off I saw



a DR lying in the center of the road unconscious. I then went to 3 Bn RCE for assistance, and the DR was then removed to the hospital. As there was no police at the spot, I went to report the accident to 3 Bn RCE, and then proceeded on my way. I reported the accident to my OC Capt. Allen on arrival at my unit.

Q-1 What was road condition regarding traffic?

A-1 Normal.

Q-2 What was the density of traffic?

A-2 Steady stream of vehicles, I was travelling in convoy and was the last vehicle in the convoy.

Q-3 Did you see the M/C at any time before the accident?

A-3 Yes, I saw an M/C at the corner of Verver Plein. He was on my left and appeared to be moving very slowly waiting for traffic to clear.

Q-4 Did you see the M/C?

A-4 No, I pulled over to the side of the road and when I got out of the truck there was a crowd around the DR who was lying in the middle of the road.

Q-5 Did you see anything more?

A-5 No.

Q-6 Did you see any marks on your vehicle?

A-6 Only a scratch on the tool box on the left hand side of the vehicle.

Q-7 Where is the tool box on the vehicle?

A-7 Just forward of the rear wheel.

Q-8 Did you feel any jar to your vehicle that might indicate that the rear wheel may have passed over anything?

A-8 No.

Q-9 Where were any other witnesses to the accident besides yourself?

A-9 There were two Cdn personnel in the back of the vehicle.

Q-10 What were their names?

A-10 L/Cpl Shilling 5 CAT Wkshp.  
Cfs. Whinfry " " "

Q-11 Did you see any civilians when you got out of your truck?

A-11 Yes, there were several.

Q-12 Did you or anyone else take names, addresses of civilian witnesses?

A-12 Yes, a Spr from 3 Bn RCE did.

Q-13 Do you know who it was.

A-13 No, but I brought him back to HQ orderly room 3 Bn RCE to give this report.

*L/Cpl Rivet R.*  
C-98514 L/Cpl. Rivet R.



13

SECOND WITNESS:

3655236 Spr Tew, F. 937 PC&R Coy RE, having been duly sworn states;

I am 3655236 Spr. Tew, F. of 937 PC&R Coy RE. On the 4th. of June 45 at about 1545 hrs, I was walking down the street, and I saw a M/C coming toward Velper Plain Square. I was on the right hand side of the road and the motorcyclist tried to pass a Ford 60 cwt going in the same direction as I was walking, at about 15 MPH. The next thing I saw was the motorcyclist nearly stopped and heading in the opposite direction. Then he fell off his M/C face downwards. He tried to get up but fell down again. Then I helped to lift his M/C off him, and waited for a doctor.

Q-1 Did you see the M/C previous to the accident?

A-1 No, I first saw him about 30 yds from the corner and going in the same direction as the traffic on Maple Leaf Down.

Q-2 What speed was the M/C travelling at?

A-2 Very slowly, about 10 to 15 MPH.

Q-3 Did the motorcyclist appear to have control over his machine when you first saw him?

A-3 I did not notice.

Q-4 Did you see the motorcyclist hit any vehicle?

A-4 No, I was on the blind side of the truck. I heard a noise as if the truck were passing over a pothole.

2655236 Spr. Tew, F.

THIRD WITNESS:

13081410 L/Cpl Price, L.S. 98 Pnr Coy RE, having been duly sworn states;

I am 13081410 L/Cpl Price, L.S. 98 Pnr Coy RE. On 4 Jun 45 I was walking on Maple Leaf Down near Velper Plain, Arnheim, with Spr. Tew, F. I saw a motorcyclist coming on Maple Leaf Down in the same direction as the traffic. He was trying to pass a 60 cwt lorry. I heard a noise as if something had hit the lorry, the next thing I saw was a motorcyclist lying in the middle of the road, face down. I helped to lift the M/C and then went and reported to the HQ 3 Bn RCE.

13081410 L/Cpl Price, L.S.

FOURTH WITNESS.

D-15837 Cpl. Durocher 3 Bn RCE having been duly sworn states:

I am D-15837 Cpl. Durocher, E. Medical Cpl. at 3 Bn RCE. On 4 Jun 45 at approximately 1315 hrs, I was called on the scene of an accident at Arnheim. On arriving ~~on the scene~~ I noticed that the person ~~involved~~ involved in the accident was D-16700 Spr. Fournier, A. whom I recognized. I looked him over, taking pulse, heart beats, and eyes and realized he had been dead a few minutes. However, I had him loaded on to the RAP truck and took him to 1 Cdn Gen Hospital at Nijmegen.

Q-1 Where was the injured person when you arrived at the scene of the accident?

A-1 On the side of walk, right hand side of Maple Leaf Down.

*C. Durocher*  
D-15837 Cpl Durocher, E.

Attached as APPENDIX I is Certified True Copy of Autopsy Report.



FINDINGS OF THE COURT.

(a) The Court finds that the civilian witnesses whose names and addresses were noted by Spr. (since ascertained to be D-96342 Spr Drolet J.A.T. presently S.O.S. to C.O.F.) cannot be located.

(b) The Court further finds that not sufficient evidence has come forth through other witnesses to enable it to complete this report on the <sup>cause</sup> course of the accident resulting in the death of D-16700 Spr. FOURNIER A.

(c) The Court further finds that there is no evidence which would suggest negligence or misconduct on the part of D.16700 Spr FOURNIER A.

*J.F.J. Morazain*  
J.F.J. Morazain Major RCE  
3 Bn R.C.E.

*N.J. Wermfaling*  
N.J. Wermfaling Capt. RCE  
3 Bn R.C.E.

*C.R. Power*  
C.R. Power Lieut. RCE  
3 Bn R.C.E.

I concur in the findings of the Court.  
There is no evidence of wilful or culpable negligence, or misconduct.

Spr FOURNIER was on duty at the time of the accident.

*GEO. W. SMITH*  
(GEO.W.SMITH) Lt.Col., RCE  
COMMANDING OFFICER  
3 Bn RCE

I concur with the remark of the CO. There is no evidence of wilful or culpable negligence or misconduct.

In The Field  
Date: 30 Jul 45

*HL MEUSER*  
(HL MEUSER) Col  
COMD 1 Cdn AGRE



NO. 1 CANADIAN GENERAL HOSPITAL  
CANADIAN ARMY OVERSEAS

AUTOPSY REPORT

D-16700 Spr FOURNIER A 3 Bn RCE

Dead on Arrival:- 4 Jun 45.  
Autopsy:- 5 Jun 45, 0930 hrs.

ANATOMICAL DIAGNOSIS

1. Bilateral Rupture of Diaphragm.
2. Complete Rupture of liver with herniation into thorax.
3. Herniation of stomach into thorax. Rupture of stomach.
4. Rupture of spleen.
5. Bilateral Haemo Thorax.
6. Haemo peritoneum.
7. Fracture of ribs.

POST MORTEM FINDINGS

General:

The only external marks of injury are the presence of a few superficial abrasions on the lower legs and buttocks, There are no fractures of the extremities.

Thorax: There are fractures of the left ribs 2-10th and right 8,9, 10th. Each cavity contains about 700 c.c.s. of bloody fluid, on the left side in addition, the fluid is bloody due to the presence of gastric contents. The entire stomach protrudes into the left pleural cavity through a large tear in the diaphragm while on the right side the entire left lobe of the liver has also herniated through another large tear. This portion of liver has been completely torn away from the remainder and it lies free, the only attachment with the right lobe being a thin strand of capsule.

Lungs: Superficial areas of haemorrhage are present together with contusions.

Heart: Normal.

Abdomen: Contains about 500 c.c.s. of blood.

G.I. Tract: Stomach herniated into chest, there is a small tear of the fundus from which the gastric contents are leaking. Small ecchymotic areas are scattered throughout the intestines.

Liver: Completely torn across as described above. In addition the left lobe contains numerous smaller lacerations while the right lobe is mashed.

Spleen: Completely ruptured through the hilum.

Other Viscera: Beyond some superficial haemorrhages in the kidneys the remainder of the viscera are normal.

Signed.....  
(HE. TAYLOR)

CERTIFIED TRUE COPY

(C.R. POWER) Lt. RCE  
3 Bn RCE



11

COMD'S OPINION.

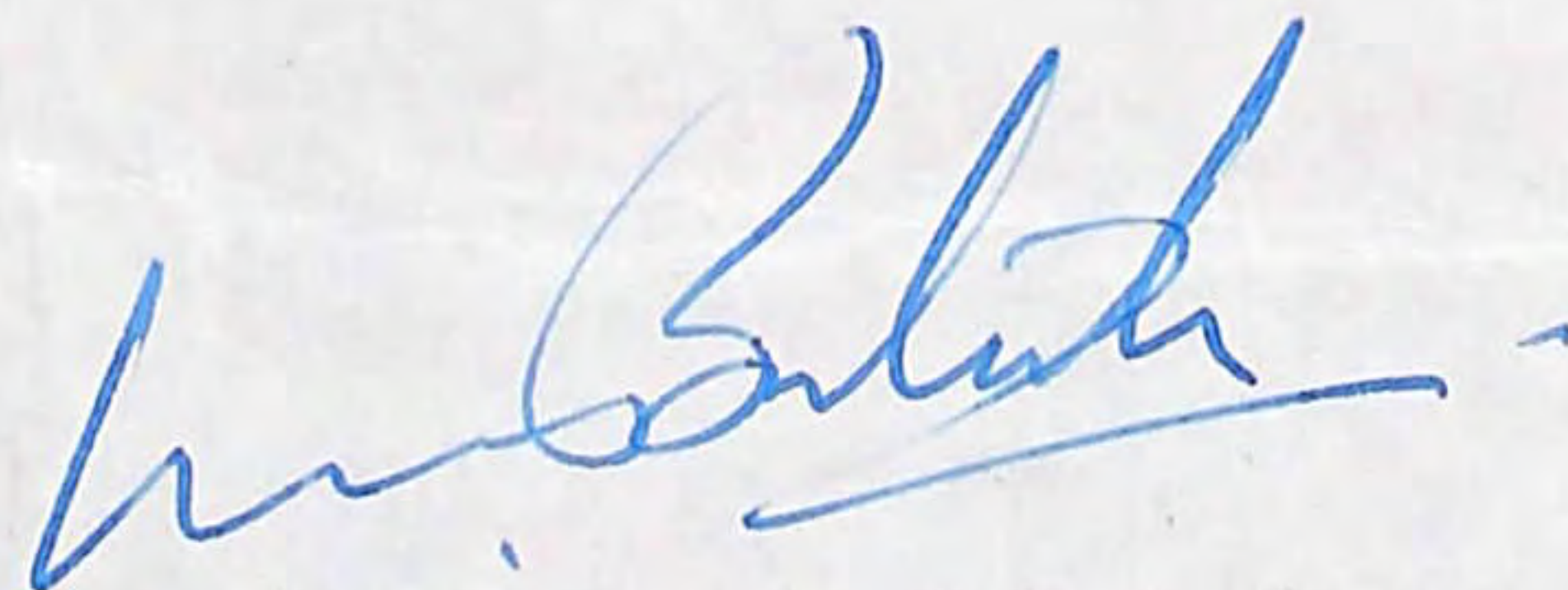
I concur in the findings of the Court and with the opinions expressed by CO 3 Bn RCE and Comd 1 Cdn AGRE.

It is my opinion that there is no evidence which would suggest negligence or misconduct on the part of D-16700 Spr Fournier A, who apparently met his death by misadventure, while on duty.

I am further of the opinion that there is no evidence of negligence on the part of C-98514 L/Cpl Rivet R the driver of the 60 cwt WD Vehicle with which Spr Fournier's MC apparently collided.

In the Fd  
HQ A Tps Area  
First Cdn Army

10 Aug 45



(W N Bostock) Brig  
COMD  
A Tps Area First Cdn Army



C-1927  
Shown 1931

CASUALTY WING EXTRACT

"A" "B" "C"X "PW" DATE 11 June 45  
NAME FOURNIER, Adelard AUTH 3015/380/35  
RANK Spr.  
REGT NO D.18700 THEATRE AEF  
UNIT 3 Bn. RCE

HOSPITAL PARTICULARS

ADMITTED 1 Cdn. Gen. (DEAD) DATE 4 June 45  
TRANSFERRED DATE  
DISCHARGED Cause of Death DATE  
DIAGNOSIS Internal Injuries. Rupture Diaphragm, liver, stomach & spleen. Herniation of liver & stomach into thorax  
FOR THE DAILY UNIT & CONSOLIDATED LIST ADMISSION  
FOR THE DAILY LIST ONLY DISCHARGE  
CASUALTY CARD MADE(Yes or No) Yes PROGRESS REPORT  
CLERK'S INITIALS OR NUMBER RWC DEATH 4 June 45.

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT-OF-KIN PARTICULARS

RELATIONSHIP Brother  
NAME AND ADDRESS M. Maurice Fournier HOME TOWN Valleyfield, P.Q.  
Hotel Balmoral, Valleyfield, P.Q.  
SERIAL NO C-1927  
CABLE TO OTTAWA NO 9671A INLAND TELEGRAM NO

.....-vVv.....

ENTERED ON

CAS. CARD

13

CAS. LIST

1931



Director of Estates

Regimental No. D.16700 Rank Sapper

FOURNIER Adelard  
Surname Christian Names

Unit R.C.E. (C.A.)

Date of death 4-6-45 Place of Death Overseas (Mediterranean)

Casualty Details Died - As result of Road Accident

Next-of-kin Mr. Maurice Fournier Relationship Brother

Address Latuque, Que.

Will Will d/9 Jun 41, herewith,

Date 19 Jun 45



EXCERPT OF M.F.M.5 dated 9 Jun 41

(1) Are you married? No Children? .....

Wife's name) ..... Names and .....  
and address) ..... Ages .....

(2) Is your father alive? No If so, state name and address.....

(3) Is your mother alive? No If so, state name and address.....

(4) Are you insured? No If so, in what company?.....

*[Signature]*  
ESTATES LIAISON



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

|   |   |   |   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|---|---|---|---|--|--|--|--------|------|-----------------|-------|--------|------|------------------------------|-------|--------|------|--|--|
| 1. PLACE OF DEATH   | Municipal county  | Official name of civil municipality or township |   | Place an X over the word which applies to this municipality or this territory<br>City   Town   Village   Parish   Township |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | IN THE FIELD (HOLLAND)  |   | 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: FOURNIER (Block letters)                                       |   | Do not write in this space  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | Given names: Adolard.   |   | CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 4. RESIDENCE  | Street No.  |   | 22. Date of death: June 4th, 1915 (Month) (Day) (Year)  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | Official name of civil municipality or township: Valleyfield,           |   | 23. I HEREBY CERTIFY that I attended deceased from 19 to 19 and last saw him alive on 19  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 5. SEX  | 6. NATIONALITY (Citizenship)  | 7. RACIAL ORIGIN                                | 24. CAUSE OF DEATH  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| M.  |   |   | <p>I<br/>Immediate cause<br/>Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) Multiple injuries, due to</p> <p>Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to (c)</p> <p>II<br/>Other morbid conditions (if important) contributing to death but not causally related to immediate cause.</p> <p>III<br/>If a communicable disease is mentioned on this certificate, (a) Date of appearance 19 (b) Duration of disease days</p> |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 9. If married give name of wife or husband of deceased                          |   |   | 25. If a woman, was there a puerperal condition? 19   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 10. BIRTHPLACE (Province or Country) Quebec.                                    |   |   | 26. Was there a surgical operation? Date of 19  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 11. DATE OF BIRTH December 17th, 1911. (Month) (Day) (Year)                     |   |   | State findings: Was there an autopsy? 19  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 12. AGE OF DECEASED 33 Years Months Days If less than one day old hrs. or min.  |   |   | 27. If death was due to external causes (violence) fill in also the following:—<br>Accident, suicide or homicide: Accident. Date 19 (State which)<br>Manner of injury: Motorcycle which he was riding collided with another car. (How sustained)<br>Nature of injury:<br>Specify whether injury occurred in industry, in home, or in public place.  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. | 14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. |   | 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | Labourer.   |   | 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 15. Date deceased last worked at this occupation                                |   |   | 16. Total years spent in this occupation  |  |  | Signed: M.D.   |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 17. NAME  |   |   | 18. BIRTHPLACE (Province or Country)  |  |  | Address: Date: 19  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| FATHER  |   |   | Deceased.   |  |  | 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)                  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| MOTHER (Maiden Name)  |   |   |   |  |  | 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 19. Place of burial, cremation or removal Holland.                              |   |   | This signature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français)  |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 20. Date of burial 19   |   |   | Director of Records, Dept. of National Defence.   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
| 21. PLACE OF REGISTRATION OF THIS BURIAL  | (a) Name of parish or church  |   |   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | (b) Civil municipality of   |   |   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | (c) Municipal county  |   |   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |
|   | (d) Date (Month) (Day) (Year)   |   |   |  |  |  |        |      |                 |       |        |      |                              |       |        |      |  |  |

DEC 10 1946





CANADA

QUOTE No. H.Q. 405-F-7990  
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

16th July, 1946.

F.T.  
  
Mr. Maurice Fournier,  
27 St. Joseph Street,  
La Tuque, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your brother, D16700 Sapper Adelard Fournier, have been carefully exhumed from the original place of interment and reverently reburied in grave 10, row A, plot 1, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. 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.



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **D-16700** RANK **Sapper** SERVICE UNIT **R.C.E.  
(C.A.)**  
 NAME **FOURNIER, Adelard**

DATE OF BIRTH **17-12-11** DATE OF ENLISTMENT **9-6-41**

MARITAL STATUS **Single** RELIGION **Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Brother** NAME **Mr. Maurice Fournier,**  
 ADDRESS **Latugue, Que.** ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME  
 ADDRESS  
 ( IF SOLDIER  
 MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO. **Genrecords - 9635A** **H.Q.405-E-7990**  
 CASUALTY DETAILS **Died - As result of Road Accident.** DATE **4-6-45**

WESTERN EUROPEAN THEATRE OF WAR

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 **12-6-45**

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

**o/s with R.C.E.**

*M. McLaughlin*  
 DIRECTOR OF RECORDS

**6**

**COPY FOR DOCUMENT FILE**



NO. 1 CANADIAN GENERAL HOSPITAL  
CANADIAN ARMY OVERSEAS

AUTOPSY REPORT

D-16700 Spr Fournier, A. 3 Bn R.C.E.

Dead on Arrival:- 4 June 45.

Autopsy:- 5 June 45, 0930 hours.



ANATOMICAL DIAGNOSIS

1. Bilateral Rupture of Diaphragm.
2. Complete Rupture of liver with herniation into thorax.
3. Herniation of stomach into thorax. Rupture of stomach.
4. Rupture of spleen.
5. Bilateral Haemo Thorax.
6. Haemo peritoneum.
7. Fracture of ribs.

Post Mortem Findings

General:

The only external marks of injury are the presence of a few superficial abrasions on the lower legs and buttocks. There are no fractures of the extremities.

Thorax: There are fractures of the left ribs 2-10th and right 8, 9, 10th. Each cavity contains about 700 c.c.s. of bloody fluid, on the left side in addition, the fluid is cloudy due to the presence of gastric contents. The entire stomach protrudes into the left pleural cavity through a large tear in the diaphragm while on the right side the entire left lobe of the liver has also herniated through another large tear. This portion of liver has been completely torn away from the remainder and it lies free, the only attachment with the right lobe being a thin strand of capsule.

Lungs: Superficial areas of haemorrhage are present together with contusions.

Heart: Normal.

Abdomen: Contains about 500 c.c.s. of blood.

G.I. Tract: Stomach herniated into chest, there is a small tear of the fundus from which the gastric contents are leaking. Small ecchymotic areas are scattered throughout the intestines.

Liver: Completely torn across as described above. In addition the left lobe contains numerous smaller lacerations while the right lobe is mashed.

Spleen: Completely ruptured through the hilum.

Other Viscera: Beyond some superficial haemorrhages in the kidneys the remainder of the viscera are normal.

Signed.....  
*H.E. Taylor*  
(H.E. Taylor) Major



THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, Montreal,  
.....Ottawa, June 22nd, 1945.  
From.....Head Office.....

RE: D-16700 - SPR. FOURNIER, Adelard.

~~Ex & N. H. H.~~ D.V.A. 626-A.

The Department of National Defence, Army,  
officially reports that the marginally named was reported -  
"Died as result of Road Accident,  
on the 4-6-45 on service Overseas."

His next of kin is reported as - Brother -  
Mr. Maurice Fournier,  
Latuque, Que.

The Addressograph Stencil shows payment of Assigned Pay of  
\$ 20.00 a month to - Mrs. Rose A. Lazure,  
6857 Alma St.,  
Montreal, P.Q.  
Relationship not stated.

As no D.A. was payable the Commission will not take  
any action unless a claim is filed.

E. Clewes,  
for  
Canadian Pension Commission.

/TP

cy



NO. D.16700 Rank Sapper Name FOURNIER, Adelard

Unit R.C.E. Date of death 4th June, 1945.

Died at Holland

Cause Road accident.

Death occurred on strength of Forces H.Q. 405-F-7990

N/K Mr. Maurice Fournier Relationship Brother

Address 27 St. Joseph Street,  
La Tuque, P.Q.

Remains buried in Nijmegen 650595 Cdn Temp Cem. sh Cemetery  
5 plot 3 row 9 grave 2

Grave location ✓

**OVER** ✓



BURIAL REPORT TO N.K. **JUL 18 1946**

RETURN TO BUR. OF STAT **DEC 10 1946**

ROYAL MESSAGE DESP'D. **JUN 25 1945**

CAN. MESSAGE DESP'D. **JUN 14 1945**

Temp BR sent to NK & Ma,

REBURIAL  
Nijmegen Canadian Military Cemetery,  
4 miles S.E. of Nijmegen, Holland.

Grave 10, row A, plot 1.

HI & CR Form Despd. **OCT 30 1946**

**Photographs**

**Despatched**

**DEC 12 1947**



# WILL

(1) I, ADELARD FOURNIER, of the CITY  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

of MONTREAL, in the County of HOCHELAGA  
District of

Province of QUEBEC CANADA, Laborer  
(Civil Occupation)

Regimental No. D-16700, Unit R.C.E. 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 Brother" Mr Maurice FOURNIER**  
**Residing at: Hotel Balmoral, Valleyfield, Que Can.**  
**All my estate both real and personal.**

AH

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

AH

(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 9 day of June  
1941.

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.

Adelard Fournier  
(Signature of soldier)

First witness  
sign here.

(5) Signature W. J. White Pte  
Civil Address 38 St Germain St St Laurent  
Civil Occupation Lumpkin

Second witness  
sign here.

Signature George Boudreau Pte  
Civil Address 3563 Avenue de Montreal  
Civil Occupation Actor

(Witnesses are not to be beneficiaries.)



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.

D. R. 10

RECEIVED  
D OF RECORDS  
APR 11 1946  
WILL SEC.  
N. D. H. Q.



To be made out in duplicate

M.F.M. 5  
200M-7-40 (6098-9)  
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer of Other Rank..... **FOURNIER..... ADELARD**.....  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... **D-16700 SPR**.....

(3) Unit..... **R.C.E. CA**.....

(4) Are you married?..... **NO**.....

(5) If married, state,

(a) Full name of your wife..... **N.A.**.....

(b) Present postal address of wife..... **N.A.**.....

(6) If married, have you been regularly supporting your wife? If not—state reasons.....  
**N.A.**.....

(7) Are you a widower?..... **NO**.....

(8) Have you any children?..... **N.A.**..... Number of boys..... **N.A.**..... Girls..... **N.A.**.....

Names and ages..... **N.A.**.....

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

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

Name..... **NA.**.....

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.....

**N.A.**

(11) Is your father alive? **NO**

If so, state name and address, occupation.....

**N.A.**

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

(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.....

**N.A.**

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

(14) Is your mother alive? **NO**

If so, state name and address..... **N.A.**

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

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

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? **N.A.**

(17) Are you contributing to the support of any dependents, other than those shown above? **N.A.**  
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..... **N.A.**

Full Name.....

Postal Address.....

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

**N.A.**

(18) Are you insured? **NO**

If so, in what Company? **N.A.**

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? **N.A.**  
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.

*A. delad Fournier*  
(Signature of officer or man)

Date **9th June 1941**

*W. H. H. H. H. H.*  
Officer Commanding.....

Date **9th June 1941**

**NO. 4 DISTRICT DEPT. AF.**

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.



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

W 36-194  
1189

2  
ARMY

DECEASED  
MEMBER'S  
NAME

Adelard  
(CHRISTIAN NAMES)

FOURNIER  
(SURNAME)

REGISTER NO. D-23040  
FILE NO. 405-F-7990  
DATE 11-6-46  
SERVICE NO. D-16700  
FINAL RANK OR RATING Spr  
DATE OF DISCHARGE 4-6-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 4-6-45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1452 EQUAL TO 48 COMPLETE PERIODS AT \$7.50  
30

\$ 360.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1110 LESS 12 INELIGIBLE DAYS, EQUAL TO 1098 DAYS @ 25c. PER DAY

274.50

634.50

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 X 7 = \$ 19.25  
NO. OF DAYS 1110 X \$ 19.25  
183

116.76

D. WAR SERVICE GRATUITY

751.26

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

751.26

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 GJC  
CHECKED BY *myko*

TREASURY  
CHECKED BY *Deitelers*  
DATE 4/6/46

*Kenn... bent*  
SERVICE REPRESENTATIVE

REGISTRATION  
BRANCH  
JUL 8 1946



**DISTRIBUTION OF SERVICE ESTATES**

Estates Form "P. 4"

ARMY

IB

Name: FOURNIER Adelard No.: D. 16700  
Surname Christian Names

Spr. C.A.O/S 4-6-45  
Rank Unit Date of Death

AMOUNT

Date: 27-12-45  
 L.P.C.....\$ 295.33  
 Other Credits.....  
 Total..... 295.33

| SHARE | RELATIONSHIP | NAME AND ADDRESS  | AMOUNT   |
|-------|--------------|---|----------|
| All   | Brother      | Maurice Fournier,<br>LATUQUE, que.<br><br>(Sole beneficiary under will) | \$295.33 |

P4. TO TREAS. 5-2-46, RM

| AUTHORITY     |      |     |                            |      |          |
|---------------|------|-----|----------------------------|------|----------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB.                  | OBJ. | AMOUNT   |
| 9999          | 731  | 00  | 00                         | 001  | \$295.33 |
| CLASSIFIED BY |      |     | EXAMINED BY                |      |          |
| <i>D</i>      |      |     | For Chief Treasury Officer |      |          |

DISTRIBUTION APPROVED AND AUTHORIZED

*[Signature]*  
 (L. M. FIRTH) Colonel  
 Director of Estates

AUDITED FOR PAYMENT

*NR-234*

For Chief Treasury Officer



**CANADIAN ACTIVE SERVICE FORCE**

District.....

**OVERSEAS**

Dispersal Area.....

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl No. **D16700** Rank and Name **FOURNIER A. Spr.**

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

(Transfer or Discharge)..... on **4th Jun. 45.** 19.....

Reason **Death** Authority : **CCL. "C" 1926 d/7th June. 45.**

The following is a statement of the account of the above-named from **1st Jun.** to **30th Jun. 45.** 19..... the inclusive date of transfer or discharge.

Dr

Cr

| Particulars                            | Amount        | Particulars   | Amount        |
|--|---------------|---|---------------|
| Balance Dr from last account.....      |               | Balance Cr from last account.....                           | <b>214 49</b> |
| First Monthly Payment.....             |               | Regimental Pay <b>30 days at 1.50</b>                       | <b>45 00</b>  |
| Casual Payments.....                   |               | Tradesmen's Pay..... days at..... \$.....                   |               |
| Payments on Transfer or Discharge..... |               | Additional Pay (Give Particulars)..... days at..... \$..... |               |
| Assigned Pay.....                      | <b>20 00</b>  | Allowances (give particulars)..... days at..... \$.....     |               |
| Regimental Charges.....                |               | <b>D.P. Int:</b>  | <b>16 11</b>  |
| Public Stoppages (give particulars) :  |               | <b>C. Eff SOCR 9839</b>                                     | <b>5 64</b>   |
|  |               | <b>" " " "</b>  | <b>45</b>     |
|  |               | <b>" " " "</b>  | <b>22</b>     |
| To Balance Cr { Free.....              | <b>63 91</b>  | <b>C. Credit OR 144815</b>                                  | <b>30 00</b>  |
| { Deferred.....                        | <b>228 00</b> | By Balance Dr   |               |
| Total.....                             | <b>311 91</b> | Total.....  | <b>311 91</b> |

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

Remarks

A.P. \$20.00 (S) Stopped eff July.45.

**Cdn. Pacific Express Co. Cheque #L.483193.**



Compiled by **A. Bell.**

Checked by *L. Braghton*

Date **8th Nov. 45.** 19.....

Certified correct *W. J. [Signature]* for Chief Treasury Officer, Overseas



Register No. C-D. 1733

Nominal Roll No. D-589

To: P.M.G.

H.Q. File No. 405-F-7990

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

| Regt. No.      | Rank when S.O.S. | Surname         | Christian Name in Full |
|----------------|------------------|-----------------|------------------------|
| <u>D-16700</u> | <u>4/CPT</u>     | <u>FOURNIER</u> | <u>ADELARD</u>         |

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... DECEASED ..... CARO ..... ( )  
 2nd Enlistment..... CARO ..... ( )  
 3rd Enlistment..... CARO ..... ( )

**Total Service**

| 1ST ENLISTMENT                       | 2ND ENLISTMENT       | 3RD ENLISTMENT       |
|--------------------------------------|----------------------|----------------------|
| T.O.S. <u>9 Jun 41</u>               | T.O.S. ....          | T.O.S. ....          |
| S.O.S. <u>4 Jun 45</u> MD <u>9/5</u> | S.O.S. .... MD ..... | S.O.S. .... MD ..... |
| Total Days..... <u>1457</u>          | Total Days.....      | Total Days.....      |

**Total Service** ..... 1457 DAYS

|                                 | Total Service | Less Non-qualifying Service | Net Service |
|---------------------------------|---------------|-----------------------------|-------------|
| <b>Western Hemisphere</b> ..... | <u>343</u>    | <u>1</u>                    | <u>342</u>  |
| <b>Overseas Service</b> .....   | <u>1114</u>   | <u>4</u>                    | <u>1110</u> |
| Totals.....                     | <u>1457</u>   | <u>5</u>                    | <u>1452</u> |
| Add Non-qualifying Service..... |               |                             | <u>5</u>    |
| <b>Total Service</b> .....      |               |                             | <u>1457</u> |

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 4 Jun 45 2. Date S.O.S. Overseas .....

REMARKS:

**DIED WHILST IN SERVICE**

4 Jun 45

Computer's Signature..... [Signature]

Checker's Signature..... [Signature]

Date Computed..... 12 Nov 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.







CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... D-16700 Spr. Fournier Adelard Dec'd

RECEIVED FROM ..... 2 Ech. 21 Agp.

CHECKED BY ..L-27614 Pte. Johanson W.P. DATE 10 July 45

AND ..... F-51900 Pte. Roe H.T.

|   |   |  |  |
|---|---|--|--|
| 1 | Small Leather Case                          |  |  |
|   | Letters                                     |  |  |
|   | Photos                                      |  |  |
| 1 | Whistle                                     |  |  |
| 1 | Red Identity Disc                           |  |  |
| 1 | Gold Ring w/ Stone                          |  |  |
| 1 | Small Metal Plaque w/ Crest<br>(Notre Dame) |  |  |
| 1 | Small Glass Heart (Trinket)                 |  |  |
| 2 | Stamps (Holland)                            |  |  |
| 2 | Photos (Paris Tavr)                         |  |  |
| 1 | Lead Pencil                                 |  |  |

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

QUADRUPPLICATE—with effects.

*W.P. Johanson PTE*  
.....  
for OC 1 Cdn KSD



4-6-45

AWARDS—CANADIAN ARMY (ACTIVE)

**MI**

CB.

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

|                            |                 |          |                   |                     |
|----------------------------|-----------------|----------|-------------------|---------------------|
| FOURNIER Adelard           |                 | D-16700  | Spr.              | FILE NO. 405-F-7990 |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT       |
|                            |                 |          |                   | R.C.E.              |

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS       | REGISTRATION NUMBER AND DATE DESPATCHED |
|-----------------------|---|
| 1939-45 Star          |   |
| France & Germany Star |   |
| Defence Medal         |   |
| CVSM & Clasp          |   |
| War Medal 1939-45     |   |
|                       | <i>8031</i>                             |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

*20-1-50*



MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Maurice FOURNIER (BROTHER)

ADDRESS: LATUQUE, P.Q.

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER DECEASED (MFM5)

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 4225

(2)

(3)



MILITIA BOOK NO. 1

1914

CANADIAN MILITIA

SOLDIER'S SERVICE

MILITIA



(1) SOLDIER'S NAME AND DESCRIPTION ON  
ATTESTATION

Regtl. No. *D-16700*  
 Surname (in capitals) *FOURNIER*  
 Christian Names (in full) *Adelard*  
 Date of Birth *17 Dec 1911*  
 Place of Birth *Lae Edouard, Quebec, Can*  
 Trade on Enlistment *laborer*

Nationality of Father at birth *Canadian*  
 Nationality of Mother at birth *Canadian*  
 Religion *R. C.*  
 Enlisted at *Montreal St. Quebec, Can*  
 Date *9-6-41*

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

Signature of Soldier

Signature of Officer

Place

Date

*A. Fournier*  
*L. G. Doudou, Lieut.*  
*Field* Date *9-4-43*



(II) 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                                 | Maurice Fournier | 9-6-41 |
|                                | Mother                                 |                  |        |
| 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

Hotel Balmoral, Valleyfield, Que. Can.



(III) RANK and APPOINTMENT

| Date     | Rank and Appointment | Substantive, Temporary, Acting or Local (with or without pay) | Authority of Part II Orders | Signature of Officer |
|----------|----------------------|---|-----------------------------|----------------------|
| 9-6-41   | SP4                  |   | 4 D.P.-135                  |                      |
| 3-4-42   | A/Sgt                | acting w pay  | # 42                        |                      |
| 6 Oct 42 | A/Cpl                | " " "   | # 22-16-1042                |                      |
| 1 Dec 42 | A/L/Sgt              | " " "   | # 31-17-12-42               |                      |
| 1 MAR-43 | L/Sgt.               | Substantive   | # 16 22/Ap/43               |                      |
| 17-6-43  | A/Sgt.               | Acting W. Pay   | 29. 16-7-43                 |                      |
| 15-10-43 | Sgt.                 | Confirmed   | # 48.                       |                      |

*W. J. Davidson Lt.*  
*S. H. ...*  
*George ...*  
*Sgt. ...*

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in *IT*.

*W. J. Davidson*  
*Addr. ...*  
*9-4-43*

Qualified in addition as under :—

Date.....  
 \* If no further training required, strike out words in Italics and initial.















(XI) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

14

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

Signature of M.O. ....

| Date   | Re-quired | Com-pleted | SPECIFICATION<br>Use authorized Abbrevi-<br>ations and Symbols | Signature of<br>Dental Officer |
|--------|-----------|------------|--|--------------------------------|
| 2/3/44 |           | ✓          |  | <i>P. N. Mathur</i>            |
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(XIV) PARTICULARS OF DENTAL TREATMENT











## (XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect,** and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

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