D26884
BISSONNETT
JOSEPH

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OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Joseph Leon Dicconnette (b) Reg'l. No. D-26884
2. (a) Arm of service Army (b) Unit 22 Cdn Armd Regt (CGS) (c) Rank L/Sgt.
3. (a) Date of birth 16 May 20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 6 Aug 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? None
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 yrs High School
7. If you attended a university, give name of university and standing or degree secured None
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Motor Mechanic (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

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

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

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

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

18. Name of employer [illegible] Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ford Dealers.
20. (a) Your specific occupation Motor Mechanic (b) Number of years' experience at this occupation with any employer 5 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) None
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Aircraft Mechanics.

DATE 5 June 43. 194..... SIGNATURE J L Dicconnette

FOR COMPLETION AND RETURN BY

Form P. 64

19-9-P

Mrs. Clerinda Bissonnette,
2354 Ryde St.,
Pointe St. Charles,
MONTREAL, Que.,

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

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

and the following number quoted:—

H.Q. 405-B-30,731 FD 33

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13, 1944

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

BISSONNETTE, Johnep Leon, Q.M.S.

No. D.26884 Canadian Army.

ESTATES BRANCH
SEP 18 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

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

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

R. G. Skelaw Capt.
for Director of Estates.

RGP:TL

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		no wife.		
2	Children of the Deceased and dates of their Births.....		no		
3	Father of the Deceased.....		Jean Baptiste Bissonnette		Dead
4	Mother of the Deceased.....		Marcia Chevrier		Dead
5	Brothers of the Deceased	Full Blood	no		
		Half Blood	no		
6	Sisters of the Deceased	Full Blood	no		
		Half Blood	no		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Leon Bissonnette
9	Date of his birth.	16 mars 1910
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Verdun — 1908

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Verdun
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal - Quebec (b) (c) (d)
14	Nature of employment before enlistment.	mecanich
15	State whether he owned the premises in which he lived, and, if so, where situated.	— no
16	Name place where deceased stated he intended to make his permanent home.	ch Mrs Clarinda Bissonnette 2354 Ryde - Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Army Will
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Royal Bank of Canada Point St Charles Branch - Montreal — no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	— no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	one Bond bought in England during service - Last emission
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	— no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	— no

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	— no — no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	I have paid

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

(PLEASE TURN OVER)

DECLARATION

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

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

*mother-sole relative ..... of the deceased.

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

Glenndar Burnamette ..... Signature of Informant

2354 Ryde ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Clarinda .....

See above. Burnamette ..... {Name of informant} is the mother ..... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal ..... this 16e ..... day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. B. K. Emmond ..... Qualification C.S.C.M. .....

Address 980 Gordon Verdun Quebec

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

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

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

Paroisse Saint-Charles

Montréal, 31 Août 1944

Reçu de Mme H. Bissonnette

la somme de $ 75.00

pour Service de Léo Bissonnette,
chanté le 16 sept. à 8 h.

Ann. Fiset Ptre

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

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit..... CANADIAN GRENADIER GUARDS C.A.S.F. Regimental Number D. 26884

CANADIAN ACTIVE SERVICE FORCE +2

ATTESTATION PAPER

1. Surname..... BISSONNETTE
2. Christian Names..... JOSEPH LEON
3. Present address..... 2354 RYDE ST. MONTREAL. P.Q. CANADA.
4. Date of birth..... 16th MARCH 1910
5. Place of birth..... CANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Township)
6. Religion (state denomination)..... ROMAN CATHOLIC
7. Trade or Calling..... AUTOMOBILE MECHANIC
8. Married, Widower or Single..... SINGLE
9. Name of next of kin..... CLERINDA BISSONNETTE (MRS)
10. Relationship..... ~~AUNT~~ FOSTER-MOTHER DOS 1/20 NOV 43 22 AR
11. Address of next of kin..... 2354 RYDE ST. POINT ST. CHARIES, MONTREAL. P.Q.
12. Do you belong to, or have you served in the Active Militia of Canada?..... NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force?..... NO (Yes or No)
..... (*b*) Any other Naval, Military, or Air Force?..... (If Yes, Give Regimental No. and Unit) NO (Yes or No)
14. Did you serve during the Great War 1914-1918?..... NO (If Yes, specify Unit and Period of Service)
.....
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, JOSEPH LEON BISSONNETTE do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

WITNESS

Date 7th AUG. 40 J. Leon Bissonnette
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, JOSEPH LEON BISSONNETTE do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J. Leon Bissonnette (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL, P.Q. this 7th day of AUGUST 1940.

Malcolm Rull Capt
CANADIAN GRENADIER GUARDS C.A.S.F.
..... {Signature of Magistrate, Justice or Attesting Officer
..... {Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

P

Record of Service of BISSONNETTE (Surname) JOSEPH LEON (Christian Names) Regimental Number D. 26884

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: AUTOMOBILE MECHANIC

Technical: NIL

Languages: FRENCH ENGLISH

Educational Qualifications

High School or Collegiate: NIL (years completed) — Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
7.8.40	11 2 — n/a	Joined on appointment T.O.S. CANADIAN GRENADIER GUARDS C.A.S.F.	GDSM	7.8.40	C.G.G.	MONTREAL.	Pt2. No 46	8/8/40
6/8/41	—	Granted Trades Pay Motor. Mech. Cl. II T. "B"	"	23 Sep 40	"	E. Border	" No 3	4 Jan 41
5/2/41	103-2	Furlough R.O. 699 31 Jan 41 - 15 Feb 41	"	"	"	"	" No 26	1 Feb 41
3/3/41	066	Returned from furlough 15 FEB 41	"	—	"	"	" No 38	18/2/41
8/11/41	1.	Trade Test Fitter M.V. Class II Group "B"	"	—	"	St John	" No 211	7/11/41
27/1/42	—	Promoted to rank with out Pay.	A/Sgt	24/1/42	"	Sussex	" No 19	26/1/42.
27/1/42		Furlough 7 days 25-31/1/42 RO 699	"	—	"	"	" No 19	26/1/42.
3 Feb 42		Proceeded on command to C.S.C.T.C.S & camp Borden	"	1 Feb 42	"	"	" No. 25	2 Feb 42
20 Mar 42		Ceases to draw Trades Pay Group "B"	A/Sgt	13 Mar 42	22 C.A.R	Debert	Part 2. No 26	16 Mar 42
"		T.O.S. 22 CDN ARMD REGT. (C.G.G.)	"	14 Mar 42	"	"	"	"
"		Granted Trades Pay Group "B"	"	"	"	"	"	"
27 Mar 42		Ret'd from on command camp Borden	"	14 Mar 42	"	"	Part 2, No. 31	23 Mar 42

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... BISSONNETTE JOSEPH LEON ..... Date ..... 5-8-40 .....

Part 1. Information obtained from the recruit.

1. Age ..... 30 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	k. Ear disease	NO
b. Tuberculosis	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Epilepsy	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Gastro-intestinal	NO	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	NO
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Flat or deformed feet	NO		
j. Nasal trouble	NO		

J. Leon Bissonnette
Signature of Applicant

Ears normal.

Reflexes normal. Color vision normal.

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)

Vacc. scar l. arm.

URINE NEG.
X RAY NEG

2. Height ..... 5 ..... feet ..... 4 ..... inches.
3. Weight ..... 130 ..... pounds.
4. Complexion ..... Fair ..... Eyes ..... Blue .....
Hair ..... Brown .....
5. Development ..... good ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 33½ ..... inches.
Range of expansion ..... 1½ ..... inches.
7. Vision, right ..... 20/30 ..... left ..... 20/20 .....
8. Hearing, right ..... W.V. 20 ..... left ..... W.V. 20 .....
9. Condition of mouth and teeth ..... ~~Broken~~ ~~old~~ ..... Plates above and below .....
10. The abnormalities (congenital and pathological) found on examination are as follows .....

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category ..... A .....

Special remarks when category lower than A .....

O. Tremblay, Lieut.
President

P.O. Grant
Member

[illegible]
Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
30-8-40	T.A.B.	APR 29 1942	Cat. Confirmed "A" at 7th Bn Depot
12-9-40	T.A.B. 3		
25-9-40	Tetanus T.O.F. 1 cc		
30-8-40	Tetanus T.O.F. 1 cc		
1-10-40	Tetanus T.O.F. 1 cc		
30-8-40	Vacc. Succ.		
1-1-42	TAT 1 cc Smallpox		
8-7-41	T.A.B.T. ½ cc		
25-6-42	Schedule immediate Smallpox & Typhoid [illegible]		

Regtl. No. J.26884 Rank GDSM Surname BISSONNETTE Christian Name JOSEPH LEON

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Statement of the Service of No. D 26884 Rank A/L/Sgt Sheet No. 2

Name Bissonnette - Joseph Leon.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
17 Apr 42		Ceases to draw Trades Pay Group "B"						
		whilst on command to Camp Borden						
		from 1st Feb to 13 Mar 42.	A/L/Sgt	12 Feb 42	22 CAR	Aldershot	Part 2 No. 46	15 Apr 42
10 Jun 42		Promoted to rank of A/M.Q.M.S. (W.O. II)	A/M.Q.M.S.	6 Jun 42	"	"	" No. 80	8 June 42
"		Ceases to draw Trades Pay "Gp. B"	"	8 Jun 42	"	"	" No. 81	9 June 42
2 Sep 42		Special Leave (R.O. 699-4a) 3 to 7 Sep 42.	"	3 Sep 42	"	"	" No. 131	1 Sep 42
5 Sep 42		Qualified Mechanist Machinist Class II	"	24 Aug 42	"	"	" No. 133	4 Sep 42
17 Sep 42		Granted Trades Pay Group "B"	"	6 ~~May~~ Jun 42	"	"	" No. 141	16 Sep 42
2 Oct 42		S.O.S. Can Army Canada	"	25-9-42	"	Aldershot	" No. 1	30 Sep 42
"		S.O.S. Can Army Overseas	"	26-9-42	"	"	" "	"
		Disembarked in U.K.	"	7 Oct 42	"	U.K.	" 1	13 Nov 42
		Granted P.L. with M.A.	A/MQMS	27 Nov 42 to 4 Dec 42	22 AR	UK	6	11 Dec 42
		Confirmed in rank of Mechanist (W.O. II) Q.M.S.	M.Q.M.S.	2 Dec 42	22 AR	UK	4	16 Dec 42
		P/L 7 days Rtd 21 Mar 43 M.A.	M.Q.M.S.	15 21 Mar 43	22 Amd R	U.K.	15	3 April 43
		Adm to 12 Lt. Fd. Amb.	M.Q.M.S.	30 June 43	22 Amd R	U.K.	31	12 July 43
		Detach from 12 Lt. Fd. Amb.	M.Q.M.S.	5 July 43	22 Amd R	U.K.	31	12 July 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						

Statement of the Service of No. D. 26884. Rank

Sheet No.

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

Name Bissonnette, J.L.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		✓ Embarked at ... UK ... on ... 21 Jul 44	MQMS		22 CAR	21 AG	35	5 Aug 44
Do 41 d/s Sept 44		Disembarked ... France ... on ... ~~23~~ 27 Jul 44						
		✓ Killed	MQMS	4 Aug 44	22 CAR (CAD)	AEF	A 477	12 AUG 44.
M 141		✓ SOS - Killed by Enemy Action	MQMS	4 Aug 44	22 CAR	21 AGP	38	12 Aug 44

Statement of the Service of No. D 26884 Rank A/Lt/Sgt. Sheet No. 2

Name Bissonnette - Joseph, Leon.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
17 Apr 42		leases to draw Trades Pay Group "B"						
		whilst on command to Camp Borden						
		from 1st Feb to 13 Mar 42	A/Lt/Sgt.	1 Feb 42	22 C.A.R. ~~Detmt~~	Debert	Part 2, No. 46	15 Apr 42
10 Jun 42		Promoted to rank of A/WO.S (w.o. II)	A/WO.S.	6 Jun 42	"	"	" No. 80	8 Jun 42
10 Jun 42		leases to draw Trades Pay "Gp. B"	"	5 Jun 42	"	"	" No. 81	9 Jun 42
2 Sep 42		Special Leave (R.O. 699-4a) 3 to 7 Sep 42.	"	3 Sep 42	"	"	" No. 121	1 Sep 42.
5 Sep 42		Qualified ~~Mechanist~~ Mechanist class II	"	24 Aug 42	"	"	" No. 133	4 Sep 42.
17 Sep 42		Granted Trades Pay Group "B"	"	6 ~~May~~ June 42	"	"	" No. 141	16 Sep 42.
2 Oct 42 ~~18 Sep 42~~		S.O.S. Can Army Canada	"	25-9-42	"	At Sea	" No. 1	30 Sep 42
2 Oct 42		T.O.S. Can Army Overseas	"	26-9-42	"	"	" No. 1	"

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: Canadian Grenadier Guards. C.A.S.F. Regimental Number: D-26884

1. Surname: Bissonnette
2. Christian Names: Joseph Leon
3. *Substantive Rank and Appointment: MECH Q.M.S.
   *Acting Temporary or Local Rank
   giving date: 2 DEC 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal. Que.,
5. Date of birth as declared on attestation: March 16th, 1910
   (A)
6. Date of enlistment: August 5th 1940
7. Place of enlistment: Montreal. Que.,
8. Residence at time of enlistment: Montreal. Que.,
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion: Roman Catholic
12. If married, state date
13. Trade on enlistment: Mechanic
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries
    Fitter Cl. IA Gp "B"
    Mechanist II Gp "B"

(17) Regiment or Corps: Can. Gren. Guards. C.A.S.F.
22 Cdn. Armd. Regt. (C.G.G.)

Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A.	5/8/40	M.F.M. 2

(19) Next of kin (entries to be made in pencil): Foster Mother
Mrs Clerida Bissonnette.
2354 Ryde St.,
Montreal, P.Q. Can

51 - 20 Nov 43 6

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Disembarked in U.K.		7 Oct 42		
14 Mar 42			SOS. 22 Cdn. Armd. Regt. (C&G)	U.K.	14/3/42	[illegible] MQMS	M FM 2
25 Sep 42			SOS. Cdn. Army Canada		25/9/42		"
26 Sep 42			SOS. Cdn. Army Overseas.		26/9/42		"
5 Nov 42			Fitter M.V. Cl. II Gp "B"		23/9/40		
			Qualified Mechanist Class II		24/8/42		
			Trades Pay Group "B"		6/6/42		
3 Dec 42		22 CAR	7 dys PL & money allce to 3Dec 42	Field	27Nov42	"	Pt II #6, 11 Dec 42
11 Dec 42		"	Confirmed in the rank of Mech. Q.M.S.	"	2 Dec 42	MQMS (W(III))	7, 16 Dec 42.
24 Mar 43	C.R.	"	7 days PL & M/A to 21 Mar 43	"	15 Mar 43	"	15-3 Apr 43
2 JUL 43	"	"	ADM. 12 CDN. LT. FD. AMB.	"	1 JUL 43	"	31-12 JUL 43
10 JUL 43	—	"	DISCH. " " " " "	"	5 JUL 43	"	32-19 JUL 43
23 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	5-28 Jan 44
			Embarked U.K. 21 Jul 44 Disembarked France				35-5 Aug 44
10 Aug 44	3014	"	SOS deceased. Killed by Enemy action	"	4 Aug 44	"	38/Aug 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-26884 Rank Ingnr. Surname Biessonnette Christian Name Joseph L.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
22 Armd Regt.									Killed 4-8-44		A-477

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

CFA
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-25 884 CQMS Bissonnette J L. Dec'd

RECEIVED FROM Cdn 2nd Ech AEF.
B-73775 Pte Todd F A.
B-81759 Sgt GRaves J G

CHECKED BY ..... DATE 21 Nov 44

I	Leather Money Belt.		
2	Ronson Lighters.		
I	Leather Wallet.		
I	Leather Billfold.		
3	Drivers License.		
2	Holy Cards.		
	Snapshots.		
7	Stamps Value I/6 d to C P M.		
I	Certificate.		
I	Note Book.		
2	Prayer Books.		
I	Wrist Watch "Active Service".		
I	Rosary.		
I	Red Identity Disc.		
4	Holy Medals.		
2	Balls of Wool.		
I	Crucifix.		
I	Red Bow.		

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

TRIPLICATE — with effects.

..... for OC 1 Cdn KSD

Q.G.405-B-30731 R.4(b)

le 13 août 1947.

Madame,

Je vous envoie sous ce pli une photographie de la tombe et du monument commémoratif qui marque la sépulture de Joseph Léon BISSONNETTE, sergent quartier-maître, matricule D-26884, inhumé dans la fosse 6, rang H, lot 15, du cimetière militaire canadien de Bretteville-sur-Laize, à Bretteville-sur-Laize, en France.

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

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

Pièces jointes

(H.M.Jackson)lt-colonel,
directeur des archives.

Mme Clerinda Bissonnette,
2354, rue Ryde,
Pointe St-Charles,
Montréal,
P. Qué.

/BP

CANADA

QUOTE NO. H.Q. 405-B-30731
R. 4 (B).

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. 12th August, 1947.

Mrs. Clerinda Bissonnette,
2354 Ryde Street,
Pointe St. Charles,
Montreal, Quebec.

Dear Mrs. Bissonnette:

I am forwarding herewith a photograph of the grave and marker over the burial place of D26884 Quartermaster Sergeant Joseph Leon Bissonnette, the location of which is grave 6, row H, plot 15, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

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

Yours faithfully,

Encl.

/EMA

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

NAT. DEF. A-168-A
500M—6-45 (7443)
H.Q. 1772—39—376

File No 402-B-30731

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. M-26884 Name Bissonnette, Joseph Leon

Rank on Discharge W.2 M.S. Date of Discharge 4 Aug. 44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 7 Aug. 40	to	25 Sept. 42	
	from	to		
United Kingdom	from 26 Sept 42	to	21 Feb. 44	
	from	to		
Italy	from :-	to		
Northwest Europe	from 22 Feb 44	to	4 Aug. 44	
	(killed in action)			
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal ok

with Clasp ok

N.R.D

M

Verified by Georgette Labrie

Date 12 June 46

Carded JUN 12 1946

HA 165

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Leon (CHRISTIAN NAMES) BISSONNETTE (SURNAME)

PAYEE: Mme. Clarinda BISSONNETTE,

ADDRESS: 2354 rue Ryde, Pointe St. Charles, Montreal (22) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE: 4-8-44

REGISTER NO.: D-21302
FILE NO.: 405-B-30731
DATE: 12-4-46
SERVICE NO.: D-26884
FINAL RANK OR RATING: M.Q.M.S.
DATE OF DISCHARGE: 4-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1440 NO. OF DAYS 1459 (30) EQUAL TO 48 COMPLETE PERIODS AT $7.50	360.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 679 LESS 19 INELIGIBLE DAYS, EQUAL TO 660 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	165.00
	525.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 3.10; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .50; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ $; TOTAL $ 4.85 X7 = $ 33.95; NO. OF DAYS 679 (183) X$ 33.95	125.97
D. WAR SERVICE GRATUITY	650.97
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	650.97

VW

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	[signature]

TREASURY	
CHECKED BY	DATE
V Birmingham	17/4/46

[signature]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME [redacted] JOSEPH LEON BISSONNETTE (Christian Names) (Surname) — Register No. D 21302

PAYEE'S NAME MME. CLARINDA BISSONNETTE (Christian Names) (Surname) — File No. 405-B-30731

ADDRESS 2354 RUE HYDE, MONTREAL 22, P.Q. — Date 10-4-46

DATE OF TERMINATION OF OVERSEAS SERVICE 4-8-44 — Service No. D 26884

Final Rank M.Q.M.S — Date of Discharge 4-8-44

(19)

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1459}{30}$ = 48 Periods @ $7.50	360	00
B. QUALIFYING OVERSEAS SERVICE No. of days 679 less 19 Ineligible days, equal 660 Days @ 25c. per day	165	00
C. SUPPLEMENT FOR OVERSEAS SERVICE	525	00
Daily Rate of Pay $ 3.10		
Subsistence Allowance $ 1.25		
Additional Pay $ 50		
Dependents' Allowance 1/30 $ ..... $		
TOTAL $ 4.85 × 7 = $ 33.95		
No. of Days $\frac{679}{183}$ × $ 33.95	125	97
D. WAR SERVICE GRATUITY	650	97
Computed By [signature]		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $		
Entered By [signature]		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $ .....each)	650	97

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

CD1619

DEMANDE DE GRATIFICATION DE SERVICE DE GUERRE

SOUMISE PAR UNE PERSONNE A LA CHARGE D'UN MILITAIRE

DEFUNT - (Armée canadienne)

1. Je sollicite par les présentes la gratification de service de guerre a laquelle je pourrais avoir droit a l'égarde du membre défunt de l'Armée canadienne mentionné ci-a prés.

(a) Nom BISSONNETTE

(b) Prénoms JOSEPH LEO

(c) Numéro matricule D-26884

(d) Grade détenu a sa mort Sergent quartier maitre Mecanicien

2. Veuillez indiquer ci-aprés si vous soumettez la demande a titre de personne a charge ou autrement, en biffant las phrase qui ne s'applique pas.

(a) Je soumets une demande en qualité de personne qui était a la charge du militaire susnommé et a qui il avait consenti une délégation de solde. il m'a consenti une delegation de solde

(b) Comme il n'y avait personne a la charge du militaire susnommé je demande que la gratification de service de guerre fasse partie de la succession du militaire et soit partagée en conséquence. je suis la seule beneficiaire de sa succession

3. Je soumets par les présentes les détails suivants a l'appui de ma demande.

(a) Nom BISSONNETTE

(b) Prénoms CLARINDA

(c) Degré de parenté avec le défunt mère adoptive et tante du côté paternel

(d) Adresse au complet 2354 Ryde
Montréal (22)
P. Québec

RECEIVED
APR 9 1946
PAYMASTER GENERAL
W.H.Q. Branch

Votre bien dévoué,

Date le 6 Avril 1946

Clarinda Bissonnette
(Signature du requérant).

1884

FORM No. 1

Register No. C.D.-1619 Nominal Roll No. D-582

H.Q. File No. 405-B-20731

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D26884	M.2.M.S.	BISSONNETTE	JOSEPH LEON

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... KILLED in Action ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Aug. 40	T.O.S.	T.O.S.
S.O.S. 4 Aug. 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1459	Total Days	Total Days

Total Service ..... 1459 ..... DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	780	nil	780
Overseas Service	679	nil	679
Totals	1459		1459
Add Non-qualifying Service			
Total Service			1459

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 4 Aug. 44 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 4 Aug. 44

Computer's Signature G.G. Gibson

Checker's Signature .....

Date Computed 9 May 45

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 26 Sep. 42 T.O.S. T.O.S.

S.O.S. 4 Aug. 44 S.O.S. S.O.S.

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1619

File No. 405-B-30731

WAR SERVICE GRANTS ACT 1944

Ottawa 6th Feb. 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-26884

Name Jos Leon, Bissonnette,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	Mrs Clerinda Bissonnette	45.00
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	Nil	

13/2 1946

L Budreo

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194_____

_____
for C.T.O.

DISTRIBUTION OF SERVICE ESTATES 1mv. Estates Form "P. 4"

ARMY

Name: BISSONNETTE, Joseph, L. No.: D-26884
Surname Christian Names

Q.M.S. C.A. o/s 4-8-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 369.88

Date: 21 May 45. Other Credits.....

Total..... 369.88

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Foster mother	Clarinda Mrs. ~~Clorinad~~ Bissonnette 2354 Ryde St., Pointe St. Charles, Montreal, P.Q. (Sole beneficiary under Will).	$369.88 R

P4. TO TREAS. 11/6/45

TO BE FORWARDED BY REG. MAIL DIRECT

Only

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$369.88

CLASSIFIED BY

Original Signed by,
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

BENOIT G. HEMOND
AVOCAT - ADVOCATE

DOMICILE
DRAPEAU-MELANCON
4 EST, RUE NOTRE-DAME
MONTREAL

TEL. HA. 0811

980 RUE GORDON
VERDUN

YORK 7736

Verdun, le 14 mars 1945.

ESTATES BRANCH MAR 16 1945 H. Q. OTTAWA NATIONAL DEFENCE

Major O.Galand,
A/s Directeur des successions,
Ministère de la Défense Nationale,
Edifice du Parlement,
Ottawa.

Re: Bissonnette, Joseph Léon Q.M.S. (décédé)
No. D-26884, Armée Canadienne.

Cher monsieur,

Pour faire suite à votre lettre du 7 mars 1945 je vous transmet au nom de Madame bissonnette les renseignements suivants. Madame Bissonnette est la mère adoptive du défunt; depuis l'age de 8 ans il était élévé par ma cliente. Lorsque sa mère est morte il avait 6 ans. Son père adoptif, donc le mari défunt de Madame Bissonnette, portait les noms de Joseph Henri Bissonnette.

De plus vous obligeriez beaucoup en me faisant parvenir le renseignement suivant: quand Madame Bissonnette recevra-t-elle les allocations et l'arrérage de pension qui lui ~~xxx~~ sont dus depuis le mois d'août 1944.

Bien à vous,

B.G.Hémond.

CFA 187
40/P & S/2180 (1066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-26884 CQMS Bisconette J. L. (Deceased) .....

RECEIVED FROM ..... H.Q. No. 1 C.K.S.D. .....

C-5591 Pte. Patterson L.K.

CHECKED BY ..... B-126252 Cpl. Sislofsky A. ..... DATE ... 3 Oct 44 .....

1	Kit Bag		
1	Dress F.S. Csp		
1	Pair Hose Tops		
1	Pair Wool Socks		
1	Neck Warmer		
1	Woollen Scarf		
1	Civilian Jacket Sweater		
1	Leather Fur Collared Coat		
1	Handkerchief		

Ser 98

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

TRIPLICATE — with effects.

..... A Sislofsky Cpl .....
for OC 1 Cdn KSD

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
20M—7-40 (5760)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Joseph Leon Bissonnettte (Nom au long), de la City

de Montreal, dans le Comté / District de Hochelaga,

Province de Quebec, Mechanic (Occupation civile),

N° matricule D - 26884, Unité Can.Gren.Guards, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à

Mrs.Joseph Henry Bissonnette,aunt,2354 Ryde St.,Pt.St.Charles,

(Montreal)P.Q.all my property,real and personal,and all my personal effects.

Noms et adresse des bénéficiaires résiduaires

(3) ~~Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à~~

(4) Je nomme Mrs.Joseph Henry Bissonnette (Nom) Aunt

2354 Ryde St.Pt.St.Charles (Montreal)P.Q. (adresse) exécuteur / exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

En foi de quoi j'ai signé ce 5th ème jour de October A.D. 1940

(5) Ada Adams
767 Delorie Ave Mtl
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du premier témoin

J. L. Bissonnette
(Signature du soldat)

~~A.E.~~ Eggins
91 Church Ave Verdun P.Q.
(Adresse)

Signature du second témoin

(VOIR AU VERSO)

MD/ COPY

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank..... BISSONNETTE
(Surname first—Christian names in full—Block capitals)
Joseph Leon

(2) Regimental or Official Number and Rank..... D-26884 Guardsman.

(3) Unit..... Canadian Grenadier Guards, C.A.S.F.

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

(5) If married, state,

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

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

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

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

(8) Have you any children?..... NO ..... Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

Postal Address.....

[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 .....

.....

.....

(11) Is your father alive? NO

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

.....

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

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

.....

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

(14) Is your mother alive? NO

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

.....

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

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

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? .....

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? NO

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

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

(Sgd) J. Leon Bissonnette
.....
(Signature of officer or man)

Date 7 August 1940 .....

(Sgd) M. F. Peiler,
(M.F.Peiler) Lieut-Colonel.
Officer Commanding
Commanding Canadian Grenadier Guards.

Date Aug. 8 1940 .....

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.)

405-13-30731

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BISSONETTE, Joseph Leon — PLACE & DATE OF BIRTH Montreal Quebec. 16 Mar 1910

RANK MQMS — REGIMENTAL NO D-26884

UNIT 22 Cdn Armd Regt. — NEXT OF KIN & ADDRESS FOSTER-MOTHER

Mrs. Clerinda BISSONNETEE

2354 Ryde St. Point St. Charles.
Montreal.P.Q.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION — NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 4 Aug. 44. — PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 4 Aug. 44 — CEMETERY MONDEVILLE CDN MIL.TEMP.CEM. 7F/1 MR. 087675.

PLOT NO 1 ROW A GRAVE 10

DEATH CERTIFICATE NO.

RELIGION Roman Catholic.

DATE 15 May 45.

(B.E.WILIAN) Capt.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

405-B-3073(1)

FIELD SERVICE MBR Army Form B. 2090A.

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

A477

REGIMENT OR CORPS: 22 Cdn Armd Regt — Squadron, Troop, Battery or Company: AUTH CARD INDEX

Officer's Personal No. (if known) / Soldier's Army No.: ~~D-131686~~ 26844 — Rank: MQMS

Surname: Bissonette — Christian Names: J.L.

Died — Date: 4 Aug 44 — Place: France

Cause of Death*: Killed in action

Nature and Date of Report: A.F.W. 3014/81 9 Aug 44

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

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Mondeville Mil Cemetery, Sheet 7F/2 — Date: 4 Aug 44

087675. Plot 1 Row A Grave 10

By whom reported: C.F.

State whether he leaves a Will or not — (a) in Army Book 64: No — (b) as a separate document: Not received

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

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

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

Station and Date: Belgium 22 Oct 44

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

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | *Town* | *Village* | *Parish* | *Township*

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: BISSONNETTE (*Block letters*)

Given names: Joseph Leon

Do not write in this space

4. RESIDENCE

Street: Ryde St. No. 2354

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March (Month) 16th (Day) 1910 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

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

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

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

23. I HEREBY CERTIFY that I attended deceased from

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

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

due to

(c)....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

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

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 15 1945

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

E. J. [illegible] L.S.

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

Director of Records, Dept. of National Defence.

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

(Voir l'autre côté pour le francais)

Q.G. 405-B-30731 (D.R. 2(d))

le 6 juin 1945.

Madame,

Des renseignements maintenant reçus des autorités militaires d'outre-mer indiquent que le sergent quartier-maître de compagnie Joseph Léon BISSONNETTE, matricule D-26884, a reçu une sépulture ecclésiastique et a été inhumé dans une tombe temporaire à un endroit à environ trois milles à l'est de Caen, dans le département de Calvados, (Normandie), en France.

La tombe sera marquée temporairement d'une croix de bois, pour fins d'identification, et en temps opportun, les restes seront respectueusement exhumés et transportés dans un cimetière militaire reconnu lorsque la concentration des sépultures aura lieu dans cette région. Lorsqu'aura lieu cette translation des restes, nous vous ferons connaître le nouvel endroit d'inhumation, mais pour des raisons évidentes, il est probable que nous recevrons ce renseignement que dans un an environ.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

R.

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

Mme Clerinda Bissonnette,
2354, rue Ryde,
Pointe St-Charles,
Montréal, Qué.

/LL

18

QUOTE NO. H.Q. 405-B-30731 D.R. 2(D)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. 5th June, 1945.

Mrs. Clerinda Bissonnette,
2354 Ryde Street,
Point St. Charles,
Montreal, Quebec.

Dear Madam:

Information has now been received from the overseas military authorities that D26884 Quartermaster Sergeant Joseph Leon Bissonnette, was buried with religious rites in a temporary Military Cemetery located at a point approximately three miles East of Caen, in the Department of Calvados, (Normandy) France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

/EMA

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

17

le 23 aout, 1944.

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre fils, le sergent quartier-maître mécanicien Joseph Léon BISSONNETTE, matricule D-26884, qui a donné sa vie au service de sa patrie en France le 4 août 1944.

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

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au sergent quartier-maître mécanicien Bissonnette pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

AUG 17 1944

(H.F.G. Letson)
major-général.

Mme Clorinda Bissonnette,
2354, rue Ryde,
Pointe St-Charles, Montréal, Qué.

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F.T. Please

Mrs. Clerinda Bissonnette,
2354 Ryde St.,
Pointe St.Charles, Montreal, P.Q.

Dear Mrs. Bissonnette:

It was with deep regret that I learned of the death of your son, D26884 Mechanist Quartermaster Sergeant Joseph Leon Bissonnette, who gave his life in the Service of his Country in France on the 4th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 17 1944

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

4

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER [redacted] D-26884 RANK Mechanist Quartermaster Sergeant SERVICE UNIT 22nd Armoured Regiment C.A.C. (C.A.)

NAME BISSONNETTE, Joseph Leon

DATE OF BIRTH 16th March 1910 DATE OF ENLISTMENT 7-8-40

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Foster-Mother NAME Mrs. Clerinda Bissonnette

ADDRESS 2354 Ryde St., Pointe St.Charles, Montreal.Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8953 H.Q.405-B-30731

CASUALTY DETAILS Killed in action DATE 4-8-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 12-8-44

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

MCL

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Clarinda BISSONNETTE (FOSTER-MOTHER)

ADDRESS: 2354 Ryde St.,
POINTE ST. CHARLES, MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Clerinda BISSONNETTE, (FOSTER MOTHER)

ADDRESS:

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 4185

(2)

(3)

4-8-44

M

FB

AWARDS—CANADIAN ARMY (ACTIVE)

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-B-30731

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BISSONNETTE, Joseph Leon	D-26884	M.Q.M.S.	C.A.C.

WAR SERVICE
BADGE
(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
Defence Medal	
War Medal	
CVSM & Clasp	
	4138 17/10/48

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.26884 Rank Q. M. S. Name BISSONNETTE, Joseph Leon,

Unit C.A.C. Date of death 4th August, 1944.

Died at France

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-B-30731

N/K Mrs. Clerinda Bissonnette, Relationship Foster-Mother.

Address 2354 Ryde Street, Pointe St. Charles, Montreal, P.Q.

Remains buried in Mondeville Cdn Mil Cem sheet 7F/2 Cemeter

087675 (Treabn) FRANCE

Grave location grave 10, row A, plot 1

C7K

OVER-

REBURIAL

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

Grave 6, row H, plot 15.

HI & CR Form Despd. OCT 11 1946

Photographs

Despatched

AUG 14 1947

BURIAL REPORT TO N.K. MAR 21 1946

RETURN TO BUR. OF STAT. JUN 15 1945

ROYAL MESSAGE DESP'D. SEP.6 1944

CAN. MESSAGE DESP'D. 23-8-44

Temp B R sent to N.K

MILITIA BOOK No. 7

40/P & S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

BISSONNETTE, J.L.
D-26884 — H.Q.
DECEASED

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

BISSONNETTE, J. L.
D-26884 — H.Q.
DECEASED

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
4 apr. 44		L		[illegible]

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D26884

Surname (in capitals) BISSONNETTE

Christian Names (in full) JOSEPH LEON

Date of Birth 16 MARCH 1910

Place of Birth MONTREAL, QUE.

Trade on Enlistment AUTOMOBILE - MECHANIC

Nationality of Father at birth FRENCH CON.

Nationality of Mother at birth FRENCH CON.

Religion R. C.

Enlisted at MONTREAL, QUE.

Date AUG. 7, 1940

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

Signature of Soldier

Signature of Officer Chas. Cassils Capt. & Adj.

Place IN THE FIELD Date 21ST APRIL 43

BISSONNETTE, J. L.
D-26884
DECEASED

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father			
	Mother			
3rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)	AUNT:- MRS. CLERINDA BISSONNETTE	7-8.40	2354 RYDE ST., PT. ST. CHARLES, MONTREAL, QUEBEC.

*State whether brothers are older or younger.

NOW LIVING

BISSONNETTE, J. L.

D-26884 — H.Q.

DECEASED

(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
8-8-40	GDSM.		46	
27-1-42	A/L/SGT.	WITHOUT PAY	49	
6-6-42	M.O.M.S.	ACTING	80	
16-12-42	M.O.M.S.	CONFIRMED	7	

(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:—**

QUALIFIED BASIC TRG. INFANTRY

Qualified CMC Fty

Qualified in addition as under :—

FITTER MV GROUP "B" CLASS II 7-11-41 #19

MACHINIST CLASS II

Date 21 APRIL 43

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

BISSONNETTE, J. L.
D-26884.
H.Q.
DECEASED.

8

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

BISSONNETTE, J. L.

D-26884 — H.Q.

DECEASED

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
MOTOR MECH.	B	II		23-9-40	Chas. Cassidy Capt.

BISSONNETTE, J. L.

D-26884 — H.Q.

DECEASED

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
JAUG40	SEP. 41	MOTOR MECHANIC.	
SEP 41	JUL 42	FITTER AFV.	
JUL 42		MECHANIST. CL II (GP A)	

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
7-8-40	A.	MEDICAL BRD. MONTREAL, QUE.	

BISSONNETTE, J. L.
D-26884 — H.Q.
DECEASED

(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.....

	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.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
C.W.D. repaired	5-4-44	Cpl Mc Grady Cost

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

BISSONNETTE, J. L.
D-26884 H.Q.
DECEASED

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB	30-8-40	
3	12-9-40	
	25-9-40	
TETANUS TOX 1cc	30-8-40	[illegible]
TETANUS TOX 1cc	1-10-40	
TABT ½cc	1-7-42	
T.A.B.T/½	8-7-41	
SCHICK UNREADABLE		
SENSITIVE TO COTOEV	25-6-42	
T.A.B.T. ½cc	23/5/43	
TYPHS 1/4	8-1-44	[illegible]
" 1/2	17-1-44	[illegible]
" 1 "	3-2-44	[illegible]
TYPH 1cc. TABT. ½cc	11-4-44	[illegible]

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
30-8-40	[illegible]
6-3-44 Immed.	[illegible]

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
"Q" CARD COMPLETE	23-11-42	[illegible]
"M" TEST (REV.) COMPLETE		
PRIVILEGE LEAVE (1)	27-11-42	
PRIVILEGE LEAVE (2)	15-3-43	
P.L. + F.T.W. (3)	29-7-43	[illegible]
FINGERPRINTED—CAIB		
DM & Mustard	3-9-43	[illegible] Major
P.L. & F.T.W. (4)	1-12-43	[illegible]
DM-CAP. Mustard	8/2/44	[illegible]
[9] P.L. & F.T.W. (5)	11-3-44	[illegible]
Issued Identity card	31-3-44	[illegible] Major
On 7 Aug 43 entitled to		[illegible] Major
1 Silver & 2 Red Serv. Chev.	31 May 44	

BISSONNETTE, J. L.
P. O.
No. 26884.
DECEASED.

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer

(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.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

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

.....
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

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

SHORT FORM OF WILL
(Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

BISSONNETTE, J. L.
M.Q.
D26884.
DECEASED.

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

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

MILITIA BOOK M. 1

PART III

40/P&S/1894(3620)

CANADIAN ARMY

Clothing and Equipment Statement

Regt No. D26884

Rank M.Q.M.S.

Name BISSONNETTE, J.

BISSONNETTE, J.L.
1-2884.
DECEASED.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.

2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.

3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.

4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.

5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.

6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.

7. See instructions re kit inspections on inside of back cover

ARTICLE	QUANTITY					
Anklets, web, prs.	2	1				
Blouses, Battle-dress	2	2				
Bonnet, tam-o'shanter		-				
Boots, ankle, prs.	2	2				
Boots, rubber, ~~high~~, prs.	1	1				
Boots, leather, high, prs.		-				
Bonnet, drab, Irish		-				
Cap, field service		-				
Cap, mechanic	1	1				
Cap, tank battalion	2	1				
Drawers, Cellular short, prs.	2	2				
Drawers, Woollen, prs.	2	2				
Gloves, knitted, drab, prs.	1	1				
Greatcoat, drab	1	1				
Initials of Soldier						
Initials of QM or Rep	dd	dd				

BISSONNETTE, J.L.
11-2884.
DECEASED.

ARTICLE	QUANTITY					
Jacket sweater, or jersey pullover	1					
Overalls, combination	1					
Overalls, blouses, denim	-					
Overalls, trousers, denim	-					
Shirts, Angola, drab	2					
Shoes, canvas, prs	1					
Socks, prs	4					
Trousers, battle-dress, prs	2					
Vests, woollen	2					
Badges, cap	1					
Badges, arm, drab, crowns	-					
Badges, arm, drab, crown in wreath	6					
Badges, arm, Tank Bn	-					
Badges, shoulder, "CANADA", prs	1					
Initials of Soldier	[illegible]					
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Badges, arm, drab, Royal Arms	-					
Badges, arm, drab, Royal Arms in Wreath	-					
Bags, kit, universal	2	1				
Braces	1					
Brass, cleaning	1					
Brush, button, brass	1					
Brush, clothes	1					
Brush, hair	1					
Brush, shaving	1					
Brush, shoe, blacking	1					
Brush, shoe, polishing	1					
Brush, tooth	1					
Cap, comforter	1					
Chevrons	-					
Initials of Soldier	[illegible]					
Initials of QM or Rep	[illegible]					

BISSONNETTE, J.L.
P-26884 — H.Q.
DECEASED

ARTICLE	QUANTITY					
Combs, hair	1					
Discs, identity, sets, with cord	1					
Dressing, field	1					
Fork, NS Table	1					
Holdall	1					
Housewife, complete	1					
Knife, clasp	1					
Knife, table	1					
Lanyard, ~~knife~~ PISTOL	1					
Razor, safety, with blade	1					
Patches, distinguishing, prs	2					
Shorts, gymnasium	2					
Spoon, NS dessert	1					
~~VEST COTTON UNDER~~	[illegible]					
Vest, cotton, gym	2					
Initials of Soldier	JB					
Initials of QM or Rep	[illegible]					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs	2					
	-					
Attachments, brace	2					
Bag, ration	1					
Belts, waist	1					
Bottles, water	1					
Braces, WE Right	1					
Left	1					
Carriers, cartridge	-					
Carriers, waterbottle	1					
Cases, binocular	-					
Cases, pistol	1					
Covers, breech, rifle	-					
Initials of Soldier	JB					
Initials of QM or Rep	[illegible]					

BISSONNETTE, J. L.
P-26884 — H.Q.
DECEASED

ARTICLE	QUANTITY					
Cover, mess tin	CD					
Frogs, web, bayonet	–					
Haversack	1					
Helmet, steel	1					
Net camouflage helmet	1					
Packs	1					
Pockets Compass	–					
Pouches, amm, pistol	1					
Pouches, basic	–					
Pouches, utility { Front / Rear	–					
Slings, rifle, web	–					
Straps, shoulder, haversack { left / right	2					
Straps, web, supporting	2					
Tins, mess, TP	1					
Initials of Soldier	JB					
Initials of QM or Rep	CD					

ARTICLE	QUANTITY					
Veil, face camouflage	–					
Yoke	–					
	–					
	–					
Capes, A/G	1					
Respirators, A/G, complete with haversack	1					
Outfits, A/D	1					
Ointment, A/G	2					
Eyeshields, A/G, pk of 6	1					
Detectors, Individual, prs	2					
Wallet, A/G	1					
Blanket	1					
Mug, drinking	1					
Sheet, ground	1					
Initials of Soldier	JB					
Initials of QM or Rep	CD					

BISSONNETTE, J. L.
P-26884 — H.Q.
DECEASED

ARTICLE		QUANTITY					
Rifle No.	Regt'd No. ( )	–					
Bayonet No.	w/scabbard	–					
Bottles, oil		–					
Pullthroughs, single		–					
Rods, cleaning, pistol		1					
Carbine, Mach.	Regt'd No. ( )	–					
Magazines Carbine		–					
Pistol Revolver No.	Regt'd No. (931669)	1	12				
Ctges, SA, revolver .380 in		–					
Ctges, SA, .303 in Mk VII		–					
		–					
		–					
		–					
		–					
Initials of Soldier		J.B.					
Initials of QM or Rep.		D	[illegible]				

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

Signature	Date	Signature	Date
[illegible] SQMS	20-12-43		
[illegible] SQMS	27-5-44		

BISSONNETTE, J. L.
P-26884 — H.Q.
DECEASED

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets	2
Battle Dress, blouse	2
Battle Dress, trousers	1
Cap or bonnet	7
Boots, ankle	7 D
Gloves	m.
Facepiece, respirator	n.
Greatcoat	3
Helmet steel, lining	7 1/4
Overalls, combination	2
Jersey, pullover	~~34~~ SMALL
Shirts, Angola, drab	14 1/2
Vest, woollen	32
Drawers, cellular	32
Drawers, woollen	32

267675