Rec'd. OCT 12 1940 Checked Card ✓ Observations 505 10-10-40

ORIGINAL

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité (Unit) Three-Rivers Regiment (Tank) C A SF Matricule (Regimental Number) D 36564

Original
~~Duplicate~~
~~Triplicate~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

Original
Duplicate
Triplicate

1. Nom (Surname) Vaillancourt
2. Prénoms (Christian Names) Georges
3. Adresse actuelle (Present Address) 993 rue St-Prosper, Trois-Rivieres, Que.
4. Date de naissance (Date of birth) 7 avril 1920
5. Lieu de naissance (Place of birth) (Pays)—(Country) Canada (Comté ou province)—(County or Province) Quebec (Ville ou canton)—(Town or Twp.) Montreal
6. Religion (State denomination) R.C.
7. Métier ou profession (Trade or Calling) Couturier
8. Marié, veuf ou célibataire (Married, Widower or Single) Celibataire
9. Nom du plus proche parent (Name of next of kin) Madame Leo Georges Vaillancourt (nee Yvonne Alarie)
10. Parenté de celui-ci (Relationship) Mere
11. Adresse du plus proche parent (Address of next of kin) 993 rue St-Prosper, Trois-Rivieres, Que.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) Non
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) N.A.
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?) Non N.A.
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Vaillancourt George, déclare solennellement que les renseignements ci-dessous 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 15 août 1940 Georges Vaillancourt
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Georges Vaillancourt
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par 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 Camp Borden ce quinzieme jour de août 19 40.

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

(Titre, grade et unité ou emploi) LT. COL. COMMANDING Three Rivers Regiment Tank. C. A. S. F.

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.
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

N. K. CARDED

État de service de Vaillancourt George Matricule D36564
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

00 Militaires (Military): Nil

00 Professionnelles ou commerciales (Business or Professional): Nil

20 Civiles ou de métier (Trade or Civil): metier- Couturier

00 Techniques (Technical): Nil

2 Langues (Languages): Frncais - Anglais

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

00 Académies (High School or Collegiate) (années complétées—years completed)

Graduation ou (or) Immatriculation (Matriculation) (Spécifier—Specify)

*Collège: Ecole St Francois Xavier

*Université (University):

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
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.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
		T.O.S Three Rivers Reg (Tank) casf.	TPR.	15-8-40	3 R.R.(T.)	C.P. BORDEN	D.O. 207	23-8-40.
		S.O.S. ON DISCHARGE R.O. NO: 37 PARA						
		5 A. "NOT LIKELY TO BECOME AN EFFICIENT						
		SOLDIER" HAVING SHOWN HIMSELF TO						
		BE PROVIDED WITH CIVILIAN CLOTHING						
		WAS CREDITED WITH $27.00.	"	10-10-40	"	"	D.O. 249	11-10-40.

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS. NO

Nom en
Name in full

PAR
Part 1

1. Age

a. Rhum
Rheuma

b. Tuber
Tubercul

c. Bronc
Bronchit

d. Affecti
Heart di

e. Malad
Kidney

f. Gastri
Gastro-i

g. Hernie
Rupture

h. Varice
Varicose

i. Pieds
Flat or d

Observat
Examiner's

PAR
Part 2

1. Marq
Identif

2. Taill
Height

4. Teint
Compl

6. Tour
Chest

7. Vue,
Vision,

9. Conc
Condit

10. Les
The ab

de la pa
aux instru

et il peut

Observat
Special remar

Date

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Georges Vaillancourt Date 12 Août 1940

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	Non	j. Affection nasale (Nasal trouble)	Non
b. Tuberculose (Tuberculosis)	Non	k. Maladies des oreilles (Ear disease)	Non
c. Bronchite ou asthme (Bronchitis or asthma)	Non	l. Maladie des yeux (Eye disease)	Non
d. Affection cardiaque (Heart disease)	Non	m. Epilepsie (Epilepsy)	Non
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	Non	n. Maladie nerveuse ou mentale (Nervous or mental disease)	Non
f. Gastrite intestinale (Gastro-intestinal)	Non	o. Syphilis	Non
g. Hernie (Rupture)	Non	p. Gonorrhée (Gonorrhœa)	Non
h. Varices (Varicose veins)	Non	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	Non
i. Pieds plats ou déformés (Flat or deformed feet)	Non		

Georges Vaillancourt
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) urines ... [illegible]
Chest X Ray negative — [illegible]

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
CICATRIX LÈVE INFERIEUR EN BAS.

2. Taille (Height) 5 pieds (feet) 8 pouces (inches). 3. Poids (Weight) 133 livres (pounds)
4. Teint (Complexion) brun Yeux (Eyes) brun Cheveux (Hair) brun
5. Développement (Development) bon — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35 pouces (inches) Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20 8. Ouïe, oreille droite (Hearing, right) W.V. 20/p. gauche (left) W.V. 20/p.
9. Condition de la bouche et des dents (Condition of mouth and teeth) bonne — [illegible]
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Nil.

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que 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
Special remarks when category lower than A

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS. NO

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

Matricule / Regtl. No. D36564 Grade / Rank Trooper Nom / Surname Vaillancourt Prénoms / Christian Name George

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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 du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

Statement of the Service of No. D36564 Rank Gnr Sheet No. 1

Name G. Vaillancourt. J.A.A.G.

M.F.M. 1 & 2A
40/P & S/119

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
1803		S.O.S., C.A. Canada 30 July 43.						
–		T.O.S., C.A. Overseas 31 July 43						
–		Disembarked UK 28 July 43						
–		T.O.S. 36 Bde	Gnr	29 July 43	36 Bde	UK	160	29 July 43
SOS		SOS to 7 LAA	Gnr	23 Sep 43	3 CARU	UK	190	23 Sep 43
2	TOS	TOS from 3 CARU	Gnr	24 Sep 43	7 LAA	UK	46	1 Oct 43
SOS		SOS to 3 CARU	Gnr.	27 Oct 43	7 LAA	UK	53	19 Nov 43
	TOS	TOS from 7 LAA	Gnr	28 Oct 43	3 CARU	UK	219	13 Nov 43
		Trans. to 1 CMC	Gnr.	9 Nov 43	3 Caru	UK	219	13 Nov 43
		Dis. from 1 CMC	Gnr	10 Nov 43	3 Caru	UK	219	13 Nov 43
M64 SOS		SOS to 7 LAA	Gnr	23 Dec 43	3 CARU	UK	253	23 Dec 43
M64	TOS	TOS from 3 CARU	Gnr	24 Dec 43	7 LAA	UK	59	31 Dec 43
		Dis from St Margarets Emerg Epping		9 Nov 43			CL	
		Granted Reg Lt of Pay $1.50 per diem	Gnr	19 Aug 43	7 L.A.A	UK	10	10 Mar 44
S.O.S.		S.O.S. to F.M.R.	Gnr	17 Mar 44	7 L.A.A	UK	15	25 Mar 44
	T.O.S.	TOS from 7 L.A.A.	Pte	18 Mar 44	FMR	UK	19	28 Mar 44
		Embarked at U.K. on 6 Jul 44	Pte.	–	FMR	21 A.Gp.	48	13 Jul 44
		Disembarked at France on 8 Jul 44						
		Wounded	Pte	26 Jul 44		CEF	9-476	

Statement of the Service of No. D 36564 Rank..... Sheet No.....

M.F.M. 1 & 2A
40/P & S/119

Name. Vaillancourt J.A.A.G.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Died of wounds	Pte	27 Jul 44	F.M.R.	AEF	A477	12 Aug 44.
M147	✓	SDS. Died of Wounds	Pte.	27 Jul 44	F.M.R.	21.A.Gp.	59	11 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 36564 Rank Gnr. Surname Vaillancourt Christian Name Joseph A. A.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
7th L.A.A. Regt.	St. Margaret's Emerg. Epping				9	11	43	17	Fr. base distal phalanx lt. big toe		C-1200
		23	10	43					Big toe fract.		C 1185
Les Fusiliers Mont. Roy.									Wounded 26-7-44.		A-475.
"									D.O.W. 27-7-44.		A-477.
"			—			—			Cause of death:- S.W. Head		B-291

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

No. D-36564 Name Vaillancourt, J.A.A. Bgn., Battery, or Company Corps R.C.A. Date of enlistment 19 Feb 43 G.C. Badges Service or Proficiency Pay N/D

M.F.M. 6 (A.F.B.122) 500M—8-39 (1703) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet N.A. No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 1. Signature O.C. Company, etc. Character

B/

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Sheet destroyed 19 Aug 43. Last entry Nil. Cases of drunkenness Nil.				CWR	

(P.T.O.)

(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
13 July 43		A-23	Granted Daily Regt'l rate of pay $1.40	Elk. Hts.	14 June 43	Gnr.	165
			S.O.S., C.A. Canada — 20 July 43				
			T.O.S., C.A. Overseas 21 " "				
			Disembarked UK 28 " "				
29 July 43		3 Cam	T.O.S. 3 Cam	UK	29 July 43	Gnr	160
23 Sep 43		3 Cam	SOS 7 LAA Regt	UK	23 Sep 43	Gnr	190
Demand 6422		7LAA	T.O.S. from 3 CARU	Field	24Sep43	Gnr	46 d/1 Oct 43
		7LAA	S.O.S. to 3 CARU on adm to St. Margaret's Emergency Hosp., Epping	Field	27Oct43	Gnr	53 d/19 Nov 43
13 Nov 43		3 Cam	TOS from 7 LAA Regt. (In Hosp)	"	28 Oct 43	"	219
13 Nov 43		"	transfer #1 C.H.C.	"	9 Nov 43	"	219
13 Nov 43		"	Disch from #1 CHC	"	10 Nov 43	"	219
8 Dec 43		"	Prio Leave M.A. 9 days (1)	"	6 Dec 43	"	240
23 Dec 43		3 Cam	SOS to 7 LAA Regt	Fld	23 Dec 43	Gnr	253
Demand	1966	7 LAA	T.O.S. from 3 CARU	Field	24 Dec 43	Gnr	59 d/31 Dec 43
3 Mar 44	C.R.	"	Granted D.R. of Pay of $1.50 per diem	"	14 Aug 43	"	10/10 Mar 44
		7LAA	S.O.S. to F.M.R.	Field	17Mar44	Gnr	15 d/25 Mar 44
	Fusiliers Mont-Royal		TOS from 7 LAA Regt. auth. EA7/1083	✓	18 Mar 44	Pte.	195/- 28 MAR 44
		FusMR	Embarked U.K. 6AUG44 Disembarked France		8AUG 44	Pte	~~48~~x 48 d/13 JUL 44
		FusMR	SOS wef 27 JUL 44 DIED OF WOUNDS				
			Adm 75 BR Gen wef 27 JUL 44	Fd	27JUL44	Pte	59d/11 AUG44

Died of wounds 27 Jul
adm 75 BR Gen 27 Jul
68B

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit: R.C.A. CA. Regimental Number: D-36564

1. Surname: VAILLANCOURT
2. Christian Names: Joseph Albert Alexander Georges
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Pte
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal Que
5. Date of birth as declared on attestation: Apr 7th 1920
   (A):
6. Date of enlistment: 19-2-43
7. Place of enlistment: Montreal South Que
8. Residence at time of enlistment: Three Rivers 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: No
13. Trade on enlistment: Laborer
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps | Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
"A"	14-1-43	mfm 2

(19) Next of kin (entries to be made in pencil)
Mr. Yvonne Vaillancourt (Widow) Mother
1010 Ste-Marguerite, Three Rivers Que

(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.

T-560

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

No. 2 C.C.S. R.C.A.M.C. JUL 26 1944

Cannot rouse. Restless.
Is having 3rd bottle of plasma.
Rt pupil dilated.
Evac lying C.I.V
Mummy
A.C. GREEN
Maj

74th Gen. Hosp. 23.59 26/7/44.
Fractured base. Herniation of grey matter infront of rt. ext. auditory meatus. Comatose, stertorous. To 79th Gen. Hosp. D.R. Christie. Capt.

75 Gen. 0047 27/July/44 Admit to Wharncliffe Gpor

No 6 M.N.S.U. 27/7/44 01.30 hrs.
This man has a penetrating wound to front of right ear with a massive cerebral protrusion. The right pupil is dilated & fixed (& has apparently been so since injury), the left contracted & fixed. He has a left hemiparesis, complete in the leg. Stimulation of left arm causes nothing but extension. Ill sustained clonus at left ankle. Left plantar extensor. No abdominals. Moves right side of body to painful stimulation, but does not localise well. Breathing rather shallow. I think eye signs indicate damage near brain-stem & v. poor prognosis is poor. Observe a.c. Capt Kitchc

---

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Died ~~28/July/44~~ shortly after admission

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— T.T Dose and date given— 10 cc.
Date of Wound or onset of illness	Religion— Abs: Unct: RC

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

11 Cdn Fd Amb, 26 July 44. Surgery faucial wd. ? face - serum transfusion S/entro 2000 hrs - 550 cc. Anderson - semi - comatose vomited twice -

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. D36564 Rank Pte Gr.
Name VAILLAN GOURT JA
Unit ~~Cdn Inf~~ RCA

Battle Casualty. ~~Accidentally Wounded.~~ ~~"Sick."~~
(Strike out description which does not apply).

Diagnosis of Unit M.O.—

Date seen by him— 26 July 44

No. of Field Ambulance— 11 Cdn Fd Amb
Date of admission— 26 July 44
Field Ambulance diagnosis— SW (penetr) Rt side of face

C.C.S. or M.C.S. diagnosis (if altered from above)—
SW (m) HEAD EA

General or other Hospital diagnosis (alterations or additions)—

Wt 18254/229 1000m 7/40 F.W.W. & Co. 51-7385

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs.Yvonne Vaillancourt Mother

ADDRESS: 1010 St.Marguerite St.,
Three Rivers, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO 2374

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mme. Yvonne Vaillancourt, (FRENCH)

1714 1691

ADDRESS: 1010, rue St-Marguerite, TROIS-RIVIERES, P.Q.

(3) DESP. DEC 4 1944
REGN No. 8799

27-7-44

MJA

AWARDS—CANADIAN ARMY (ACTIVE) M691 1714

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-V-330

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
VAILLANCOURT,	Joseph Albert Alexandre Georges	D.36564	Pte.	Mont Royal Fus.

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 1939-45 ~~C.V.S.M. & Clasp~~	3869. 21. 10. 49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Alexandre Georges

No D.36564 Rank Private Name VAILLANCOURT, Joseph Albert

Unit Fusiliers Mont-Royal Date of death 27th July, 1944.

Died at France

Cause Died of wounds received in action

Death occurred on strength of Forces.H.Q. 405-V-330

N/K Mrs. Yvonne Vaillancourt Relationship Mother

Address 1010 St. Marguerite St., Three Rivers, Que.

Remains buried in Cemeter

MR.987813 Beny-Sur-Mer. France.

Grave location (42-9.4.3.15

CHK ✓

OVER

REBURIAL

Beny-sur-Mer Canadian Military Cemetery
Beny-sur-Mer , France.

Grave 8, row D, plot 16.

FEB 3 1947

HI & CR Form Despd.

Photographs
Despatched
AUG 2 1947

BURIAL REPORT TO N.K. FEB 12 1946
RETURN TO BUR. OF STAT. MAR 5 1945
ROYAL MESSAGE DESP'D. SEP 6 1944
CAN. MESSAGE DESP'D. 23-8-44

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) VAILLANCOURT Joseph Albert Alexandre Georges (b) N° matricule D-36564
2. (a) Arme Army (b) Unité R.C.A. CA. (c) Rang GNR.
3. (a) Date de naissance Apr. 7.1920 (b) Avez-vous des personnes à votre charge? Yes. (c) Domicile au moment de l'enrôlement Three Rivers, Que. Can.
4. (a) Lieu d'enrôlement Montreal South, Que. Can. (b) Date d'enrôlement 19-2-43

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 17 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.) 8 yrs pub. school.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu No.
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? nil
9. (a) Quelles langues parlez-vous couramment? French. (b) Quelles langues lisez-vous facilement? 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) "Employed". (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? None.

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 Fraser Brace Adresse La Tuque, Que. Can.
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.) Construction.
20. (a) Genre précis de votre occupation Laborer. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 5 yrs.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes. (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? No. (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? No. (b) Vous croyez-vous apte à exploiter une ferme? No (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? No. (b) Nombre d'années d'expérience effective dans la culture? None. (c) Dans quelles provinces avez-vous acquis votre expérience? nil.

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? No.
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) nil.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Vétérinaire.

DATE Feb. 22nd. 1943. 194..... SIGNATURE Georges Vaillancourt

ORIGINAL

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
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. (SPECIAL RESERVE)

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. (Special Reserve.)

(*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 Vaillancourt George
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D3656 Trooper

(3) Unit THREE RIVERS REGIMENT TANK CASF

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

NA

(7) Are you a widower? NO

(8) Have you any children? NA

If so, give number of boys and girls NA

Also their names and ages NA

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

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

Name NA

Postal Address NA

[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 12 months immediately prior to enlistment? NA

If so, state her full name and Postal Address NA

(11) Is your father alive? NO

If so, state name and address, occupation NA

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

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) NA

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

(14) Is your mother alive? YES

If so, state name and address 993 St Prosper Trois-Rivières

(15) If your mother is a widow, are you her sole or partial support? NO

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) NA

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? NA

(17) Are you contributing to the support of any dependents, other than those shown above? NO

If so, state the following particulars:—

Relationship NA

Full Name NA

Postal Address NA

Amount contributed monthly during the past six months NA

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? NA

(19) Are you insured? NO

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

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

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.

Georges Vaillancourt
(Signature of officer or man)

Date 15 aout 1940

Officer Commanding LT. COL.

COMMANDING
The Royal Regiment Can. C.A.S.F.

Date

N.B. In the above form the term Father includes Foster Father, the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Joseph Albert Alexandre Georges VAILLANCOURT, of the city
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Three Rivers, in the County/District of St-Maurice

Province of Quebec, Can., Laborer
(Civil Occupation)

Regimental No. D-36564, Unit R.C.A. CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY MOTHER" Mrs. Yvonne VAILLANCOURT,

residing at 1010 Ste-Marguerite St., Three Rivers, Quebec,

Canada,

all my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 22nd day of Feb. 19 43.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Georges Vaillancourt
(Signature of soldier)

First witness sign here.

(5) Signature V. Dugas
Civil Address 7108 Denormanville Montreal
Civil Occupation Clerk

Second witness sign here.

Signature ~~[illegible]~~ René Despatie
Civil Address 7038 Royal Mtl
Civil Occupation Office Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

3/45A MFM 510
40/P&S/254 (7012)

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

District.....

Dispersal Area.....

Regtl No D.36564 Rank and Name VAILLANCOURT. G. GNR.

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

~~(Transfer or~~ Discharge) ~~xx~~ on 27th July 1944.

Reason Death Authority : C.C.L."A"477 d/12th August:44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	15	77
First Monthly Payment AR.d/July/44	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments AR.23 d/17-7-44	4	47	Tradesmen's Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) days at $		
Assigned Pay	23	00	Allowances (give particulars) days at $		
Regimental Charges					
Public Stoppages (give particulars) :			Cash effects O.R.136911	5	59
To Balance Cr Free	35	92			
Deferred			By Balance Dr		
Total	67	86	Total	67	86

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

Remarks

1. Assigned Pay of $23.00 (M) stopped eff: August, 1944.
2. Assigned Pay of $8.40 (6th V.Loan) cancelled eff: May, 1944.

Compiled by B.McKercher.

Checked by L. Broughton

Date 24th April 1945

DS

Certified correct [signature]
for Chief Treasury Officer, Overseas

CFA 187
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-36564 Pte. Vaillancourt F.A.A.G. (Deceased)....

RECEIVED FROM ....75 General Hospital (BR)....

F-52241 Gnr. Drake R.E.
CHECKED BY ....B-126252 Pte. Sislofsky A.... DATE ..10 Aug 44....

1	MBM 1 Parts 1 and 11 to Officer i/c Estates		
1	MBM 1 Part 111		
2	Identification Cards MFsM 182		
1	Fountain Pen "Ellipse" (Damaged)		
1	Rosary with Crucifix		
1	Wrist Watch (No Name and Broken)		
2	Red Identification Discs		
1	Identification Bracelet		
1	Leather Photo Wallet with Photos Letters		

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

....M.O. Cathcart Capt....
for OC 1 Cdn KSD

Form No. 1

Register No. D 3886 ✓

Nominal Roll No. D78 ✓

H.Q. File No. 405-V-330 ✓

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
D36564 ✓	PTE	VAILLANCOURT	JOSEPH ALBERT ALEXANDER GEORGES

Reason for Termination of Service:

1st Enlistment UNLIKELY to BECOME AN EFFICIENT SOLDIER CARO 37 (5A) ✓

2nd Enlistment DIED OF WOUNDS. CARO ( ) ✓

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 15 Aug 40 ✓	T.O.S. 19 Feb 43. ✓	T.O.S.
S.O.S. 10 Oct 40 ✓ MD 2.	S.O.S. 27 Jul 44 ✓ MD 0/5. 4	S.O.S. MD
Total Days 57	Total Days 525 ✓	Total Days

TOTAL SERVICE 582 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	209 ✓	—	209 ✓
OVERSEAS SERVICE	373 ✓	—	373 ✗
Totals	582 ✓	—	582
Add Non-qualifying Service			—
TOTAL SERVICE			582 ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 21 Jul 43 / 27 Jul. 44 4

2. Date S.O.S. Overseas

REMARKS: DIED WHILST IN SERVICE 27 Jul. 44

Computer's Signature S. White Sgt.

Checker's Signature Stanton

Date Computed 15 Jan. 45

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

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. 21 Jul. 43 T.O.S. ________ T.O.S. ________

S.O.S. 27 Jul. 44 S.O.S. ________ S.O.S. ________

				TOTAL	

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOSEPH ALBERT ALEXANDER GEORGE VAILLANCOURT (Christian Names) (Surname) — Register No. D-3886

File No. 405-V-330

PAYEE'S NAME MRS YVONNE VAILLANCOURT, (Christian Names) (Surname) — Date 25-6-45

ADDRESS 1010 ST. ST MARGURITE, THREE RIVERS, P.QUE. — Service No. D-36564

Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 27-7-44 — Date of Discharge 27-7-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 582 / 30 = 19 Periods @ $7.50 (12)	142	50
B. QUALIFYING OVERSEAS SERVICE No. of days 373 less 12 Ineligible days, equal 361 Days @ 25c per day	90	25
C. SUPPLEMENT FOR OVERSEAS SERVICE	232	75
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ 25.00 $ .83 TOTAL $ 3.58 × 7 = $ 25.06 No. of Days 373 / 183 × $ 25.06	51	08
D. WAR SERVICE GRATUITY Computed By Manley	283	83
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By JBC.		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 283.83 each)	283	83

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

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge

Register No. D3886

File No. H.Q.405-V-330

WAR SERVICE GRANTS ACT 1944

OTTAWA January 10th 1945

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

Service No. D36564

Name G. VAILLANCOURT
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) Lieutenant,
for (A. E. Mortimore) Brigadier,
Paymaster-General.

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award	Mrs Yvonne Vaillancourt mother	$ 25.00
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.		
Names 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.		

JAN 20 1945

_____ 194___

C. McClure
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.

405-V-330

FIELD SERVICE

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

MBR

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

REGIMENT OR CORPS: R.C.A. Squadron, Troop Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-36564 Rank: Gunner

Surname: Vaillancourt Christian Names: J.A.

Died — Date: 27 Jul 44 Place: France

Cause of Death*: Died of Wounds

Nature and Date of Report: A.F.W.3014/79 d.7 Aug 44

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

P.A.

* 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: Beny-Sur-Mer 987813 Mil Cem. Date: 28 Jul 44

By whom reported: C.F.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

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

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

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

Station and Date: France 20 Sep44

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

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: VAILLANCOURT (*Block letters*)

Given names: Joseph Albert Alexandre Georges.

4. RESIDENCE

Street: Ste. Marguerite No. 1010

Official name of civil municipality or township: Three Rivers

Municipal county: Province: Que.

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: April (Month) 7 (Day) 1920 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

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

19. Place of burial, cremation or removal: 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: (Month) (Day) (Year) 19....

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 27 (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Died of wounds received in action

due to

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

(b)

due to

(c)

II

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

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

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

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

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

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

State findings: Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

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

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

MAR 5 1945

Director of Records, Dept. of National Defence.

MÉMORANDUM POUR

Mme Yvonne Vaillancourt,
1010, rue St. Marguerite,
Trois Rivieres, Que.

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

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

et de citer le numéro suivant:

Q.G. 405-V-330 FD.247

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

26 septembre 1944

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

VAILLANCOURT, Joseph Albert Alexandre Georges
Soldat,
D-36564, Armee Canadienne.

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

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

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

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

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

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

~~L'administrateur des successions,~~

GC/

Pour Directeur des Successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....				
4	Mère du défunt.....		Mme Yvonne Vaillancourt	46	IOIO rue Ste Marguerite Trois-Rivieres Que.
5	Frères du défunt	Frères germains	Marcel Vaillancourt marié malade	25	Cap de la Madeleine Que.
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines			
		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. Joseph Albert Alexandre Georges Vaillancourt	Vaillancourt Jos Albert Alexandre Georges
9	Date de sa naissance. 7 avril I920	7 avril I920
10	Lieu et date de son mariage.	Célibataire
11	Lieu et date du mariage de ses parents.	Trois-Rivieres 23 mai I9I7

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Montreal
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Montreal I mois (b) Trois-Rivieres Que. 23 ans (c) (d)
14	Nature de son emploi avant son engagement.	Débardeur
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Trois-Rivieres

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	oui lors de son enrégistrement dans son livret de paie
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-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'épargnes 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.	non
20	Montant des certificats d'épargne de guerre que possédait le défunt.	non
21	Montant des bons de la victoire que possédait le défunt.	aucun ici lui devait en avoir un en mai
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	non aucune
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	non

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	non 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?	payable avec les revenus de la pension du Gouvernement par accompte au mois $100.00 pas encore payé

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

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

DÉCLARATION

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

le/la* mére et bénificiaire du défunt du défunt.

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

Yvonne Vaillancourt (Signature du déclarant)

IOIO rue Ste Margerite Trois-Rivieres Que. Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

*Voir plus haut

MMe Yvonne Vaillancourt (Nom du déclarant)

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

Daté à Trois-Rivieres --------- ce 2 ieme ------ jour de Octobre 1944

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

Titre Commissaire de la C. S. Dist. Trois-Rivires

Adresse Hotel de Ville Trois-Rivieres

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

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

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

File No 5/05-V-330

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 36564 Name VAILLANCOURT Georges

Rank on Discharge Gnr Date of Discharge 27-7-44

Authority for Discharge or Retirement Deceased

Served in:			Non-qualifying service
Canada	from 15-8-40	to 10-10-40	Discharged R.O 57(5A)
	from 19-2-43	to 26-7-43	
United Kingdom	from 21-7-43	to 6-7-44	
	from	to	
Italy	from	to	
Northwest Europe	from 7-7-44	to 27-7-44	D/W
	from	to	
	from	to	

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok

1939-45 War Medal ok

Canadian Volunteer Service Medal ok

with clasp

M

Verified by Eva Flaby

Date 16-9-46

Carded SEP 17 1946

NO RIBBON DESPATCH

IIA 165

405-V-330

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME VAILLANCOURT, Joseph Albert. Alexandre Georges

PLACE & DATE OF BIRTH Montreal, Quebec. 7 April 1920

RANK PTE

REGIMENTAL NO D-36564

UNIT Fus. Mont Royal.

NEXT OF KIN & ADDRESS MOTHER.

Mrs. Yvonne VAILLANCOURT

1010 rue Ste Marguerite, Trois-Rivieres

Quebec. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 27 Jul 44.

PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL 28 JUL 44

CEMETERY BENY-SUR-MER, FRANCE MR 987813 7E/5

PLOT NO 20 ROW GRAVE 8

DEATH CERTIFICATE NO.

RELIGION Roman Catholic.

DATE 15 OCT. 45

A R Villeneuve Capt

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

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

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with "NIL" where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In U.K.—to Officer i/c Estates, C.M.H.Q.
   Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. D-36564 Rank Pte Name in full VAILLANCOURT J.A.A.O.

*Deceased, ~~*Missing, *Prisoner of War, *Interned~~ of wounds. Date of Casualty 27 Jul 44

Unit Les Fusm R/CA (O)

Medical installation in which death took place (if applicable) Unknown

Reinforcement Unit to which posted at time of death (if applicable) N/A

Name of Officer furnishing report C.H.R.Langlois, Capt
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1.* ~~Separate inventories are attached, as applicable, showing:—~~

(a)* ~~Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1".~~

(b)* ~~Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2".~~

(c)* ~~Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale.—Exhibit "A3".~~

(d)* ~~Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article.—Exhibit "A4".~~

(e)* ~~Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon).—Exhibit "A5".~~

2.* No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6".

B. WILL

(a)* ~~Original Will or testamentary document was forwarded on (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1".~~

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to Q.M. Stores. yes

(b)*There were no deficiencies.

(c)* There were deficiencies amounting to £ nil and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1".

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a)

Name and Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† nil			

*Itemised accounts are attached as Exhibit "D1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2".

E. ORDINARY DEBTS

(a)

Name and Address of Creditor	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† nil			

*Itemised accounts are attached as Exhibit "E1", those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2".

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† nil	

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1".

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2".

(b) *Private Claims Owing to the Casualty.*

Name and Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† nil			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3".

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		†
	Cash realized from sale of effects as per para. A.		†
	Cash collected re private claims as per para. F.	nil	† nil
Dr.	Paid re preferential charges as per para. D.	†	
	Paid re ordinary debts as per para. E.	†	
	Paid (*balance) to unit Paymaster	†	
		†	†

H. SERVICE AND PAY BOOK

~~Officers' Record of Service Book~~ (*Soldiers' Service and Pay Book M.B.M. I, Parts. I and II) is (*~~forwarded with this report~~)

(*not forwarded by reason that it must have been fwded by Hosp

~~CERTIFIED~~

6 Dec 44

Date

Signature of Committee or President

Les Fus M R/CA(C)

Unit

SERVICE ACTIF

TROUPES CANADIENNES DE [redacted]

M.F.M.7 (Fr.)
5 M—11-36 (9361)
H.Q. 1772-45-18

CERTIFICAT DE LIBÉRATION

Les présentes certifient que VAILLANCOURT, Georges (nom en entier)

matricule D-36564 grade Trouvier

s'enrôla dans The Three Rivers Regiment (Tank) C.A.S.F.

SERVICE ACTIF

TROUPES CANADIENNES DE [redacted] à Camp Borden, Ont. le quinzieme

jour de Aout 1940.

Il servit ~~xxxx~~ AU CANADA

et est maintenant libéré du service pour cause de Boutine Order 37 para 5a.

SUIT LA DESCRIPTION DE CE SOLDAT à la DATE ci-après mentionnée:—

Age 20 ans 6 mois

Taille 5 pieds, 8 pouces

Teint Brun

Yeux Brun

Cheveux Bruns

Marques ou cicatrices Cicatrice levre inferieure en bas.

Georges Vaillancourt
Signature du soldat

Date de la libération 10 octobre 1940

Camp Borden, Ont.

Officier qui délivre le certificat
COMMANDING LT. COL.
Three Rivers Regiment Tank. C. A. S. F.
Grade

Date 10 octobre 1940

N.B.—Comme il n'est pas délivré de duplicata de ce certificat, quiconque trouve ce document est prié de le transmettre sous pli non affranchi au Bureau des Archives, ministère de la Défense nationale, Ottawa, Canada.

(T.S.V.P.)

"Le porteur de ce certificat a été informé qu'il doit s'enregister a un bureau de Poste immediatement apres sa liberation, d'apres les reglements du Department du Service de la Guerre."

1.—Il faut avoir ce certificat sur soi lorsqu'on porte l'uniforme.

2.—On ne peut porter l'uniforme qu'au cours des trente (30) jours qui suivent la libération, ou lorsqu'une autorisation par écrit est accordée à cet effet.

3.—Il [illegible] ordinaire tout comme s'il faisait partie de l'effectif de son unité.

F.T.

Mrs. Yvonne Vaillancourt,
1010 St. Marguerite St.,
Three Rivers, Que.

Dear Mrs. Vaillancourt:

It was with deep regret that I learned of the death of your son, D.36564 Private Joseph Albert Alexandre Georges Vaillancourt, who gave his life in the Service of his Country in France on the 27th day of July, 1944.

From official information we have received, your son died as the result of wounds received 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 19 1944

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

GR/MA

QUOTE NO. H.Q. 405-V-330 D.R. 2(C)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

F.T. Please

OTTAWA, CANADA,

11th February, 1946.

Mrs. Yvonne Vaillancourt,
1010 St. Marguerite St.,
Three Rivers, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D36564 Private Joseph Albert Alexandre Georges Vaillancourt, have been carefully exhumed from the original place of interment and reverently reburied in grave 8, row D, plot 16, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EFH

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

File No 405-V-330

REBURIAL

NO D-36564

RANK Pte.

NAME VAILLANCOURT J.A.

NAME OF CEMETERY Beny-sur-Mer Canadian Military Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France.

GRAVE LOCATION Plot 16, Row D, Grave 8.

AUTHORITY 54-27-88-2 Vol. 19.

Reburial list.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.36564 RANK Private SERVICE UNIT The Mont Royal Fusiliers (C.A)

NAME VAILLANCOURT, ~~Joseph Albert~~ Alexandre Georges (Georges)

DATE OF BIRTH 7th April, 1920 DATE OF ENLISTMENT 19-2-43

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME ADDRESS D.A.B. Mrs. Yvonne Vaillancourt,

ADDRESS 1010 St Marguerite St., Three Rivers, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 8896 H.Q.405-V-330

CASUALTY DETAILS Died of wounds DATE 27-7-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 14-8-44

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

MA

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D 36564.

Surname (Capitals) VAILLANCOURT.

Christian Names in full Joseph - Albert. Alexandre - George.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-36564

Surname (in capitals) VAILLANCOURT.

Christian Names (in full) JOSEPH-ALBERT-ALEXANDRE-GEORGE

Date of Birth 7 APR. 1920

Place of Birth Montreal Quebec Canada

Citizenship

Trade on Enlistment Laborer

Nationality of Father at Birth CANADA (F-1)

Nationality of Mother at Birth " (F-1)

Religion R. C.

Enlisted at Montreal South Que Canada

Date 19/2/43

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. D-36564 J.R.R.A.F. (TANK) 15-Aug - 10 Oct. 1940

Signature of Soldier Joseph Vaillancourt

Signature of Officer J. Ellerker Lieut RCA.

Place Montreal South Que Canada Date 19 Feb 43

(IV) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	Mrs Yvonne Vaillancourt	19/2/43
3rd	*Brothers and Sisters	Mr. Marcel Vaillancourt	19/2/43
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

1010 Ste Marguerite St. Three Rivers Que Canada

~~1612 Lanaudière St Three Rivers Que Canada~~

600 Radisson Trois Rivières P.Q. Canada

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
19/2/43	Gnr.		4 D.D. # 44	[illegible]

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

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

Completed Basic Training Aug 43 3 CAN V
Qualified III L A A Gunner. Sept 43
T D Joslin Lieut

Qualified in addition as under:—

COMPLETED ADV. TRN'G IN
ACC. WITH STANDARD SYLL

Date 10/7/43 W. A. Cooley Major
Commanding "B" Bty L.A.A.-A23 T.C.

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Qualified fm. L.A.A.		
Class III	44	
Passed T.A.E.I.	2-44	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
43	Q 2	Rifle.		
43	Q 2	L.M.G.		
44	Class. III	Rifle		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Grade - X	Trois Rivières		[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

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

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
14/1/43	A.	M. E. M. 2	5-7-43	[illegible] Capt
5-7-43	A	" Confirmed.		[illegible] Capt
11 Nov. 43	A.	Category confirmed	14 Jan. 43	R. S. Hill Capt.

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
1-6-43			PLD(VUL) 2 SS CLASPS	
11-NOV-43	✓		1F Rx	[illegible]
15 NOV-43		✓		[illegible]
18-3-44	✓		1F.	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TYPHUS 1CC	27-5-44	G. [illegible] Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	22/2/43	D. Ewing Capt
Tabt 3 ½ cc	1 MAR 1944	[illegible]
TYPHUS ¼ cc	5-1-44	G. [illegible] Capt
½ cc	14-1-44	
3 1 cc	21-1-44	
T.A.B.T. ½ cc	1-3-44	G. [illegible] Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
22/2/43	D. Ewing Capt
21-1-44 Immediate react.	G. [illegible] Capt.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X RAY # 166855N	14/1/43	
"M" TEST (REV.) COMPLETE		[illegible]
"Q" CARD COMPLETE (SUB)		
FINGERPRINTED—CAIB		
Priv - Leave ① F.T.W.	6-12-43	L. A. [illegible] Lt
Identification Card	6-12-43	L. A. [illegible] Lt

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

Particulars	Date	Signature of Officer
TYPHUS ¼ C.C.	5 JAN 1944	
½	14 JAN 1944	
VACCINE 1	21 JAN 1944	

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

Particulars	Date	Signature of Officer