D46208
LUSSIER
ARMAND JOSEP

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Received..... Checked..... Occupational History Form.... Card..... Observations.....

WSG COMPLETED

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

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.

Unité..... THE SHERBROOKE FUSILIER REGIMENT
Unit

Matricule..... D-46208
Regimental Number

C. A. S. F.

Original
Duplicata
Triplicata
Duplicate

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

Original
Duplicate
Triplicate

1. Nom (Surname) ..... LUSSIER
2. Prénoms (Christian Names) ..... ARMAND. JOSEPH
3. Adresse actuelle (Present Address) ..... Frelighsburg. Que. Can.
4. Date de naissance (Date of birth) ..... 5 septembre 1909.
5. Lieu de naissance (Place of birth) ..... Canada (Pays)—(Country) Quebec, (Comté ou province)—(County or Province) St. Céryllle de Wandover. (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) ..... Catholique.
7. Métier ou profession (Trade or Calling) ..... Fermier.
8. Marié, veuf ou célibataire (Married, Widower or Single) ..... Célibataire.
9. Nom du plus proche parent (Name of next of kin) ..... Joseph Lussier. *See change*
10. Parenté de celui-ci (Relationship) ..... Père *See change*
11. Adresse du plus proche parent (Address of next of kin) ..... St. Céryllle de Wandover. 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) ..... non
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

(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, Armand Joseph Lussier., 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 15th août 1940 Witness A B Ridley

X Armand Lussier
(Signature de la recrue)

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

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

X Armand Lussier
(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 ~~Coaticook~~ Sherbrooke Quebec. ce 15th jour de août 1940

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

RECRUITING OFFICER THE SHERBROOKE FUSILIER REGIMENT A. F.
(Titre, grade et unité ou emploi)

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.

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État de service de LUSSIER ARMAND JOSEPH Matricule D. 46208
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires NONE
Military

Professionnelles ou commerciales NONE
Business or Professional

Civiles ou de métier FARMER
Trade or Civil

Techniques NONE
Technical

Langues FRENCH
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies
High School or Collegiate NONE (années complétées—years completed)

Graduation ou (or) Immatriculation
Matriculation NONE (Spécifier—Specify)

*Collège NONE

*Université NONE
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	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.	Daté le — Dated
1105		Affecté lors de son enrôlement / Joined on enlistment THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.	Private	15/8/40	S.F.R.	Sherbrooke	Part 2 No 18	Aug 16/40
—		~~granted 14 days furlough from 17-2-41 until 2-3-41 auth R.O. 609~~	"	17-2-41	"	"	part 2 No 38	17-2-41
—		Granted sub. all. from 15 Aug. 40 D.O. No. 18 dated 22 Aug. 40						
034		Cease to draw sub. all. wef 31 Aug. 40 D.O. No. 28 dated 9 Sept. 40						
18-11-40	S.F.R.	Forfeits 2 days pay for AWL 2 days	Pte.	18-11-40	S.F.R.	SHERBRK	Part 2 No. 87	18-11-40
2-12-40	"	Forfeuts 2 days pay for AWL 2 days	"	2-12-40	"	"	Part2 No. 87	2-1240
17-2-41	"	Granted 14 days furlough 17-2-41 2-3-41	"	17-2-41	"	"	Part 2 No. 38	18-2-41
20-3-41	"	Forfeuts 2 days pay for AWL 2 days	"	20-3-41	"	"	Part 2 No. 61	20-3-41
9-4-41	"	Forfeits 4 days pay for AWL 4 days	"	9-4-41	"	"	Part 2 No. 74	8-5-41

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 UNE VALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) ARMAND LUSSIER Date 15 AUG 1940

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

1. Age 31

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

a. Rheumatism: NO
b. Tuberculosis: NO
c. Bronchitis or asthma: NO
d. Heart disease: NO
e. Kidney or bladder disease: NO
f. Gastro-intestinal: NO
g. Rupture: NO
h. Varicose veins: NO
i. Flat or deformed feet: NO
j. Nasal trouble: NO
k. Ear disease: NO
l. Eye disease: NO
m. Epilepsy: NO
n. Nervous or mental disease: NO
o. Syphilis: NO
p. Gonorrhœa: NO
q. Have you ever worn glasses? NO

Armand Lussier
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above): NONE

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): SCAR FRONT RIGHT CUT

2. Taille (Height) 5 pieds (feet) 6 pouces (inches).
3. Poids (Weight) 130 livres (pounds)
4. Teint (Complexion) MEDIUM Yeux (Eyes) GREY Cheveux (Hair) BROWN
5. Développement (Development) GOOD — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) ~~35~~ XX 31 pouces (inches) Degré d'expansion (Range of expansion) ~~3½~~ XXX 4 pouces
7. Vue, œil droit (Vision, right) 20/30 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) 15P gauche (left) 15P
9. Condition de la bouche et des dents (Condition of mouth and teeth): LOWER AND UPPER TEETH
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: FEET MODERATELY FLAT. NOT PAINFUL, WORKS ALL DAY

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 ~~A 28/11/41~~

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

L. F. L. Fuller (Président)—(President); A. C. Paterson (Membre)—(Member); Thomas Penman M.D. (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
15.8.40	RE EXAM URINE NORMAL EARS REFLEXES CAT A	Sept 10/40	Vals. 3. T. J. Lewis
15.8.40	X RAY NEG.	Sept 23/40	Tetanus 1 cc T. J. L.
OCT 10 1942	TABT ½ cc	Sept 23/40	Vacc T. J. L.
NOV 27 1942	Re Exam. Cat A11.	10/20/40	Tetanus 1 cc T. J. L.
			SEPT 29 41 TABT T. J. L.
		12-5-42	Cat A by Board A. Richardson Capt

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS

Matricule D. 46208 Grade PRIVATE Nom LUSSIER Prénoms ARMAND JOSEPH
Regtl. No. Rank Surname Christian Name

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: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	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
Sherbrooke	15/8/44	21	11	40						Cl a Cl Repair	[illegible]

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. D-46208 Rank Pte Sheet No. 2

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

Name Lussier, A.J.

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
8-5-41	S.F.R.	Forfeits 1 days pay for A.W.L. 8 days pay	Pte.	8-5-41	S.F.R.	SHERBRK	Part 2 No. 97	8-5-41
5-6-41	"	Conduct to the prejudice	"	5-6-41	"	"	Part 2 No. 119	5-6-41
5-6-41	"	forfeiture of 7 days pay On command to Jacques Cartier Detention Barracks	"	5-6-41	"	"	Part 2 No. 119	5-6-41
16 Aug. 41	"	Granted 48 hours embarkatio n leave	"	7 Aug. 41	"	ottawa	Part 2 No. 174	16 Aug. 41
23 Sept. 41	"	A.W.L. from 2359 hours 20 Sept. 41 to 0645 hours 21 Sept. 41	"	20 Sept. 41	"	NFLD	Part 2 No. 199	23 Sept. 41
23 Sept. 41	"	Awarded 5 days C.B. and forfeits a total of 1 days pay for A.W.L.	"	22 Sept. 41	"	"	Part 2 No. 199	23 Sept. 41
		Occupational History Form	"	21 june 41.				
31 Dec. 1941.	"	Transportation Warrant A-45853	"	7 Aug. 41.	"	Ottawa	Supp. Pt II- 273	31 Dec. 1941.
27 Dec. 41.	"	Entrain Ottawa, 20 Aug. 41. Disembark, St John's Nfld. 24 Aug. 41.					Supp. Pt II- 270	27 Dec. 41
2 Mar. 42	"	Embark St John's, Nfld. w.e.f. 8 Feb. 42 Detrain Debert, N.S. w.e.f. 11 Feb. 42	Fus.	8 Feb. 42	S.F.R.	DEBERT	Part 2 No. 9	2 Mar. 42
9 Mar. 42	"	Having been granted 14 days Furlough from 9 Mar. 42 to 22 Mar. 42 is issued with Transportation Warrant A-105561	"	9 Mar. 42	"	"	Part 2 No. 13	9 Mar. 42
13 Mar. 42	27 CAR	S.F.R. disbanded is carried supy to establishment 27 CAR (SFR)	Tpr.	14 Mar. 42	27 CAR	"	Part 2 No. 1	14 Mar. 42
11 Jun. 42	"	Being employed at his Trades as Cook Class II, is entitled to draw Tradesmen's Rates of Pay under Group "C"	"	1 Jun. 42	"	"	Part 2 No. 69	11 Jun. 42.
9 SEP.42	27 CAR	GRANTED SPECIAL LEAVE FROM 5-9-42 TO 9-9-42 TRANSPORTATION W ARRANT NO.A-196661 PLUS ALLOWANCE OF 50¢ PER DAY.	TROOPER		27 CAR	DEBERT	SUPPL. PART 2 NO.138	9 SEP.42
16 SEP.42	27 CAR	GRANTED MONEY ALLOANCE INLIEU OF RATIONS WHILE ON LEAVE FROM 24 to 27-7-42 AND FROM 15 to 19-8-42.	TROOPER		27 CAR	DEBERT	SUPPL. PART 2 NO.143	16 SEP.42
26 OCT.42	"	ADMITTED TO DEBERT MIL HOSP	"	26 OCT.	"	"	PART 171	26 OCT

Statement of the Service of No. D.H.6208 Rank Tpr. Sheet No.

Name LUSSIER, A.J.

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
26 OCT. 42	27 CAR	STRUCK OF STRENGTH THIS UNIT TO HALIFAX						
		WHILE IN DEBERT MIL. HOSP.	TROOPER	26 OCT.	27 CAR	DEBERT	PART 2 NO 171	26 OCT. 42
		I.O.S. #6 D.D. on transfer from 27th Can. Armd. Regt in Debert Mil. Hosp.)	"	27.10.42	#6 DD	HFX	# 261	27.10.42.
		S.O.S. No. 6 D.D. on transfer to Embarkation Transit Camp, Debert, N.S.	"	17-12-42	6 Dep	Hfx	#306	18-12-42
		S.O.S. # 6 D.D. mto C.A.C.S. Attached to Embarkation Staging Camp from #6 D.D.	Pte.	17-12-42	6 Depot	Halifax	# 306	18-12-42.
	✓	S.O.S. C.A.(C) and Embarked	Tpr.	3 Feb 43	3CACRU	O.B.S.	40	17 Feb 43
		T.O.S. C.A.(O)	✓	4 Feb 43	✓	U.K.	✓	
		Disembarked	✓	13 Feb 43	✓	✓	✓	
		T.O.S. 3 C.A.C.R.U.	✓	14 Feb 43	✓	✓	✓	
	✓	Priv leave with M.A. to 19 Mar 43	TPR	10 Mar 43	3CACRU	UK	60	12 Mar 43
	✓	Increase to $1.50 p.d.	Tpr.	1 Jany 43	3 cacru	uk	84a.	10 Apr 43
S.O.S.	✓	S.O.S. to 5 Armd Regt	TPR.	22 Apr 43	3CACRU	UK	95	23 Apr 43
	T.O.S.	T.O.S. from 3 CACRU	TPR	23 Apr 43	5 Armd R	UK	19	28 Apr 43
SOS	✓	SOS to 3 CACRU	Tpr.	1 June 43	5 Armd R	UK	27	10 June 43
	TOS	TOS from 5 Can Armd Regt adm to 14 Gen Hosp	Tpr.	2 June 43	3 CACRU	UK	131	8 June 43
	✓	Adm to 4 L+ Fd Amb	Tpr.	31 May 43	5 Armd R	UK	27	10 June 43

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. D-46208 Rank Tpr. Sheet No.

Name Lussier A. J.

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
	✓	Rem'd from 7 Lt Fd Amb to 14 Gen H.	Tpr.	1 June 43	5 Armd R	UK	27.	10 June 43
	✓	Discharged from 14 General Hospital	Tpr	30 June 43	3. CACRU	UK.	152	3 July 43
SOS	✓	SOS to 5. C.A.R.	Tpr	22 July 43	3 CACRU	UK	169	23 July 43
	TOS ✓	TOS from 3 CACRU	TPR	23 July 43	5. C.A.R	UK	34	28 July 43
SOS	✓	SOS to X-3 LIST D. CAC S Bn 2CBRD	Tpr	4 Dec 43	5 CAR.	CMF ~~UK~~	59	17 Dec 43
	TOS ✓	TOS from 5 Armd Regt	Tpr	5 Dec 43	X LIST. S Bn. CAC D	CMF	4	13 Dec 43.
	✓	Adm to 7 Lt. Fd Amb.	Tpr	4 Dec 43	5 Armd R	C.M.F. ~~A~~	59	17 Dec 43
	C104. ✓	Adm to. Y. C L. F A	Tpr.	8 Dec 43	X List D CAC	CMF	18A.	30 Dec 43
	C104. ✓	Disch from. Y. C L F A.	Tpr.	14 Dec 43	X List D. CAC	CMF	18A	30 Dec 43
		Adm ...		31-12-43			CL	
		Disch 1 Gen Hosp.		14-1-44			CL	
SOS.	✓							
	TOS. ✓	TOS. from. X 3. List CAC. Sec. D.	Tpr.	15 Dec 43.	5 Armd Rgt.	CMF	1.	3 Jan 44
SOS.	✓	SOS. to. X-3 List CAC Sec D.	Tpr.	29 Dec 43.	5 Armd Rgt.	CMF	1.	3 Jan 44
	TOS.							
C57.	✓	Qual Driv 1/c Class. III (W)	Tpr.	19 Jan 44.	5 Armd R	CMF	9.	28 Jan 44
SOS.								
	TOS.							
SOS								
	TOS. ✓	TOS from. CAC X3 List. Sec D.	Tpr.	14 Jan 44.	5 Armd.	CMF	8.	24 Jan 44

Statement of the Service of No. D-46280 Rank Tpr. Sheet No.

Name LUSSIER A J

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
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		O.S. C.A. (U.K) on embarkation 14 Nov 43						
		O.S. C.A. ( ) 15 Nov 43						
		Disembarked 27 Nov 43	Tpr		5 H Regt	C M F	5	15 Jan 44
	C10H	award Good Conduct Badge.	Tpr.	10 Nov 43	5 A Regt	C M F	14.	25 Feb 44
Verification NOK		MRS CORA GUVREMONT (SISTER) ST. CERVAISE DE WENDOVER			5 A Regt	C M F	10	
		SOS to X-3 List AC (D)				DRUMMOND Co. P.Q. CAN.		30 Jan 44
		Disc 15 Cdn Gen Hosp	Tpr	22 Mar 44	5 A Regt	A A I	20	7 Apr 44
				16 May 44			C 1456	17 Jul 44
C123.		AA40, Forfeits 3 days pay.	Tpr.	31 May 44	X List C AC (D)	A A I	93	16 June 44.
M106 SOS.	SOS	SOS X4h (1 Bn) to R 22 R.	Pte	11 aug 44	XL R 22 R	A A I	85	15 aug 44
M 106	TOS.	TOS from X4h R 22 R 1 Bn	Pte	12 aug 44	R 22 R	A A I	43	17 aug 44
M 161		Adm to 15 Cdn Gen Hosp	Pte	14 Jan 44	5 A Regt		C 1502	6 Feb 44
M 161		Disch from 15 Cdn Gen Hosp	Pte	30 Jan 44	5 A Regt		C 1502	6 Feb 44
		KILLED IN ACTION 25 JAN 45 (AM)						
		Killed.	Pte.	25 Jan 45	R 22 R.		CL "A" 53 8.	2 Feb 45.

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps 5 Cal (8NBH) Regimental Number D 46208

Substantive Rank ..... Surname Lussier Christian Names A. J.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
		5CAR.	Verification of N-of-K.	M.	—	Tpr.	10/44
15 Feb 44	CR	✓	Awarded One Good Conduct Badge	M	10 Nov 43	Tpr	14/44
24 Mar 44	✓	✓	S.O.S. X-3 List CAC (D)	✓	22 Mar 44	✓	20/44
3Apr44	CACD	X3List	TOS from 5 CAR	M	23Mar44	Tpr.	26/44
27 May 44	✓	✓	Posted to X-4 (5Bn)	M	17 May 44	✓	Do 76/44
3 June 44	✓	X-4(5Bn)	SOS to X-4 List (1Bn) R. 22e Regt.	M	3 May 44	✓	Do 82/44
2 June 44	R22R.	X4(1Bn)	TOS from X-4(5Bn) CAC'D on trans. from CAC to CIC.	M.	1 June 44	Pte	X58/44.
	Cale D	X4(5Bn)	Awarded a fort of 3 days pay for an off under AA 40.	M	31 May 44	Tpr	X93/44
	R22eR.	X4(1Bn)	Posted to X3 List	✓	14 Jun 44	Pte	X77/44.
16 Jul 44	✓	✓	Posted from X3 List to X4 (1Bn)	✓	15 Jul 44	✓	X77/44.
12 Aug 44	✓	X4(1Bn)	SOS to R22eR	M	11 Aug 44	Pte	X85/44
		R22eR	TOS from X4 list R22eR 1Bn	Fd.	12 Aug 44	✓	43/44.
AFW 3014 Ser 485 P.2d		1 Feb 45	SOS-Killed in action -	✓	25 Jan 45	✓	8/45

1 Bn R.22R

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps 5 CAR CAC "D" Regimental Number D 46208

Substantive Rank Tpr Surname LUSSIER Christian Names A.J.

Acting Temporary or Local Rank .....

(To be entered in pencil to facilitate alteration)

(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 shown
			DISTH 1 CGH		14 JAN.		F9 - 44
	CAC "D"	X.3	Adm 16 Cdn FD S	Field	22 Mar 44	Tpr	29-44
	"	"	" 5 C Fd H	"	23 Mar 44	"	29-44
	"	"	"		31 Mar 44	"	
	"	"	" 7 CLFA	"	22 Mar 44	"	33-44
	"	"	Adm to 1 CCRD	"	11 May 44	Tpr	68-44
	"	"	Disch from 1 CCRD	"	16 May 44	Tpr	70-44

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

(PART II)

Regiment or Corps R22R x4 Regimental Number D 46208

Substantive Rank Pte Surname Lussier Christian Names A.J.

Acting Temporary or Local Rank .....

(To be entered in pencil to facilitate alteration)

(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 shown
293/14	R22R	x3.	adm to 15 CGH (acc)	Field	14 Jun 44	Pte	x 7/44
303/22	"	"	" 1 CCD	"	1 July 44	"	3/44
318/27	—	—	Duet from 1 CCD.	—	15 July 44	Pte	11-44

(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
30Sept.	41	S.F.R.	Embarkation	20-8-41	Ottawa		
			Disembarkation	24-8-41	Nfld	Pte	
		3CACRU	S.O.S. C A (C) and Embarked	O.B.S.	3 Feb 43	Lpr	D.O. 40, d 17 Feb 43
		✓	T.O.S. C A (C)	U.K.	4 Feb 43	✓	✓ ✓
		✓	Disembarked	U.K.	13 Feb 43	✓	✓ ✓
		✓	T.O.S. 3 C.A.C.R.U.	U.K.	14 Feb 43	✓	✓ ✓
		✓	P.L. & M.A. (9 days) to 19 Mar 43	✓	10 Mar 43	✓	60 d/12 Mar 43
			SOS to 5 C A R $1.50	✓	22 Apr 43	✓	95-23 Apr 43
			Granted increase rate of pay	✓	1 Jun 43	✓	84A - 10 Apr 43
		5 Cak.	TOS from 3 Cacru	✓	28 Apr 43	✓	19 d/25 Apr 43.
4 Jun 43	ECH. CAS	"	Adm. 7 Cdn Lt Fd Amb	"	1 Jun 43	"	27 8 Jun 43.
4 Jun 43	ECH CAS	"	Remd from 7 Cdn Lt Fd Amb. to 14 Cdn Gen Hosp	"	1 Jun 43	"	27 8 Jun 43.
4 Jun 43	ECH. CAS	"	S.O.S. to 3 CACRU on adm to 3 A Cdn Gen Hosp	"	1 Jun 43	"	27 8 Jun 43
		3CACRU	T.O.S. from 5 Armd Regt. on adm. to 14 Gen. Hosp	U.K.	2 Jun 43	Lpr	131 d/8 Jun 43
		✓	Disch from 14 Gen Hosp	✓	30-6-43	✓	152 d/3-7-43
		✓	P.L. & M.A. (9 days) to 15 Jul 43	✓	6 Jul 43	✓	155 d/7 Jul 43
		✓	SOS to 5 C.A.R.	✓	22 Jul 43	✓	169-23 Jul 43
		5 Cak.	TOS from 3 Cacru	✓	23 Jul 43	✓	34 d/28 Jul 43
	H.L.	✓	Adm to 7 Cdn Lt Fd Amb	✓	4 Dec 43	✓	59 d/17 Dec 43
	✓	✓	SOS to X3 List "D" CAC, 5 Bn CBRD	✓	4 Dec 43	✓	✓ ✓ ✓
		X-3 "D" CAC	TOS from 5 Cdn Armd Regt (BCD)	✓	5 Dec 43	✓	4-17 Dec 43.
CAC	Dsee	X3 List	Adm 7 Cdn Fd Amb.	✓	8 Dec 43	✓	18A/43
"	"	"	Disch: 7 Cdn Fd Amb.	✓	14 Dec 43	✓	18A/43.
9 Jan 44	Dsee	X3 List	Sos to 5 CAR (8NBH) on disch from hosp	M.	14 Dec 43	"	2A/44
9 Jan 44	Dsee	X3 List	Tos from 5 CAR (8NBH) on adm to Hosp. (SK)	M	30 Dec 43	"	2A/44
			SOS to X3 List CAC.	✓	29 Dec 43	✓	1 d/3 Jan 44.
	"	"	Awarded Cdn Vol Medal + Clasp	M.	10 Jan 44	"	4A/44.
18 Jan 44	"D"	X3 List	Adm: 1 Cdn Gen Hosp	M.	30 Dec 43	"	5A/44
19 Jan 44	✓	✓	SOS to 5 CAR (8NBH)	✓	13 Jan 44	✓	5A/44.
19 Jan 44	CK.	5 Cak	TOS from CAC. X3 List Sec "D"	✓	14 Jan 44	✓	8/44
	"D"	X3 List	Adm to 7 Cdn L.F.A	✓	29 Dec 43	✓	5A/44
21 Jan 44	CK.	5 Cak.	Qual Dis/c III (a)	✓	19 Jan 44	✓	9/44

Gen Duty

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

THE SHERBROOKE FUSILIER REGIMENT
5 CDN. ARMD. REGT. (8NBH) C.A.

Unit C. A. S. F. Regimental Number D-46208

1. Surname ~~Lusster~~ LUSSIER
2. Christian Names Armand joseph
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth St.Cerylle de Wendover,Quebec,Canada
5. Date of birth as declared on attestation September 5th,1909.
   (A)
6. Date of enlistment August 15th,1940
7. Place of enlistment Sherbrooke,Quebec,Canada
8. Residence at time of enlistment Frelighsburg,Quebec,Canada
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 Farmer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
THE SHERBROOKE FUSILIER REGIMENT	
C. A. S. F.	
5 CDN. ARMD. REGT. (8NBH) C.A.	
C.I.C.	Base

(18) Medical

Category	Date	Authority
/ A-	Aug 15th 1940	Dr.Geo.F.L.Fuller

(19) Next of kin (entries to be made in pencil)

~~Joseph Lussier - (Father)~~
~~St.Cerylle de Wendover,Quebec,Canada~~ (Sister)
Mrs Cara GUAVREMONT,
(20) E
(21) E St. CERYLLE de WENDOVER,
(22) E
DRUMMOND CO
PQ. CAN.

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.

NO D.46208 Rank Private Name LUSSIER, Armand Joseph

Unit Royal 22e Regt. Date of death 25th January, 1945.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-L-23236

N/K Mrs. Cora Guevremont, Relashionship Sister

Address St. Cyrille De Wendover, Drummond Co., Quebec.

Remains buried in R. 22 R. Mil.Cem. sh.89/3 MR Cemetery
427338 Grave 11, row B,

CHK ✓

Grave location Italy

OVER -

BURIAL REPORT TO N.K. AUG 26 1946

RETURN TO BUR. OF STAT. JUN 4 1945

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

FEB 22 1945

FEB 24 1945

REBURIAL

Ravenna British Empire Cemetery,
5 miles West of Ravenna, Italy.
Grave 6, row E, plot 3.
HI & CR Form Despd. NOV 28 1946
Photographs
Despatched
MAY 10 1948

10M-1-45 (M-4608)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D 46308 RANK Private SERVICE UNIT R. 22e R. (C.A.)

NAME LUSSIER, Armand Joseph

DATE OF BIRTH DAY 6th MONTH September YEAR 1909 Date enlisted: 15-8-40

MARITAL STATUS Single Religion; Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Mrs. Cora Guevremont,

ADDRESS St. Cyrille De Wendover, Drummond Co., Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 5871A R.G.426-1-25, 136

CASUALTY DETAILS Killed in action. DATE 25-1-45

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 8-2-45

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40(4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur.... LUSSIER, ARMAND JOSEPH
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade..... D. 46208 PRIVATE

(3) Unité..... SHERBROOKE FUSILIER REGIMENT C.A.S.F.

(4) Êtes-vous marié? NO

(5) Si oui, donnez

(*a*) le nom entier de votre épouse..... N/A

(*b*) l'adresse postale actuelle de votre épouse..... N/A

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... N/A

Sinon, donnez-en les raisons..... N/A

.....

(7) Êtes-vous veuf? NO

(8) Avez-vous des enfants? N/A

Si oui, indiquez le nombre de garçons et de filles..... N/A

Donnez aussi leurs noms et leurs âges..... N/A

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins..... N/A

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom..... N/A

Adresse postale..... N/A

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?
NO

Dans l'affirmative, donnez son nom en entier et son adresse postale N/A

(11) Est-ce que votre père vit encore? YES

Si oui, donnez son nom, son adresse et son emploi LUSSIER, JOSEPH

ST CERYLLE DE WENDOVER, P. QUE. CANADA FARMER

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? N/A

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) N/A

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(14) Est-ce que votre mère vit encore? YES

Dans l'affirmative, donnez son nom et son adresse LUSSIER, ARMESSE

ST. CERYLLE DE WENDOVER, P. QUE. CANADA

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? N/A

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). N/A Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? NO
Si oui, donnez les détails suivants: —

Degré de parenté N/A

Nom en entier N/A

Adresse postale N/A

Montant de la contribution mensuelle au cours des six derniers mois N/A

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? N/A

(19) Êtes-vous assuré? NO

Si oui, dites dans quelle compagnie? N/A
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? N/A Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Armand Lussier
(Signature de l'officier, soldat, ou aviateur)

Date AUG 15 1940

Fred McKendry Lt. Col.
Officier Commandant THE SHERBROOKE FUSILIER REGIMENT
C. A. S. F.

Date AUG 15 1940

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

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 ARMAND LUSSIER (b) Reg'l. No. P-4[illegible]
2. (a) Arm of service ARMY (b) Unit SHERBROOKE FUSILIER REGT (c) Rank PTE
3. (a) Date of birth 5 SEPT 1909 (b) Have you any dependents? NO (c) Place of residence at time of enlistment FRELIGHSBURG, Q.
4. (a) Place of enlistment COWANS VIEW (b) Date of enlistment 14 JUNE 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 YEARS (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 YEARS PUBLIC SCHOOL
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? FRENCH (b) What languages do you read well? FRENCH

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) NOT 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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked FARMER LABOURER (b) State how long you had worked at this trade or occupation 20 YEARS
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 1932 - 1940
15. Give details of last employer, if any: Name H. MILLETTE Address FRELIGHSBURG, Q.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMER
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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 20 YEARS (c) In what provinces did you have experience? QUEBEC

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form MILK MAN

DATE 13 MAY 1941 SIGNATURE Armand Lussier

REPORT ON WOUNDS OR OTHER INJURIES, ~~EXCEPT ON WOUNDS~~
RECEIVED IN ACTION
(Refer Overseas R.O. 2022)

PART I

No D.46208 Rank Pte. Name LUSSIER, A.J.

Unit.....was reported on the 14 Jun 44 19....

suffering from Foriegn Body in Left eye

The disability is of a.....nature, and in all probability will.....interfere with his future efficiency as a soldier.

He...claim.....that he was in the performance of military duty at the time of the accident.
("claims" or "does not claim")
(if the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

STATION.....

DATE.....
(Medical Officer in charge)

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, ...hereby declare that the injury sustained by me on the N/A.....DID NOT occur while I was in the performance of military duty.

.....(Soldier's Signature

STATION.....(Signature of Medical Officer

DATE.....

PART III STATEMENT OF COMMANDING OFFICER

(a) Was the individual in the performance of military duty? Yes.
(b) Nature of duty? changing crossing Road.....
(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? no
(d) If it was incurred on leave, was such leave with or without pay? no.....
(e) Was anyone to blame? no. Whom? N.A.....
(f) Did the injury occur on military premises and if so what part of such premises? In the workshops.....
(g) Court of Inquiry (See Overseas R.O. 2022, para 9).
(i) Has one been held? When? no...(ii) Will one be held? When? no.
(h) Disciplinary action taken (if any required) or other remarks

.....

.....Officer Commanding
No 1 Coln Base Reinforcement Depot

Date 28/8/44.....Comd.....

See Part IV Overleaf

STATEMENT OF THE INJURED

On 14 Jun 44, I was on strength of 1 Bn 1 CBRD. At about 1500 hrs 13 Jun 44 I was sharpening a cross-cut-saw with a fyle and suddenly I felt a pain in the left eye. I didn't pay any attention to it then but as the pain grew bigger all the time I reported to the MI Room the next day. I was given initial treatment there and later on was evacuated to # 15 Cdn Gen Hospital.

In the Field,
24 Aug 44.

A.J. Lussier

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached).

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Armand Joseph Lussier, of the S.t. (City, Town, Village, Township)
(Name in Full)

Address in civil life.

of S.t Ceryle, in the County District of de Vendover. Drummond
Province of P.Q., Farmer.
(Civil Occupation)

Regimental No. 046208, Unit S.F.R.(C.A.S.F., 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

Je laisse à ma soeur Mme. Conrade Gauvremont tout ce que je possede

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 Mme. Conrade Gauvremont. S.T. Ceryle de Vendover. Co. Drummond
(Name) (Address)
Farmer., to be the ~~Executor~~ of this my Last Will
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 19 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.

Armand Joseph Lussier.
(Signature of soldier)

First witness sign here.

(5) Signature W.B. Smith Lieut
Civil Address 395 Banning St. Winnipeg Canada
Civil Occupation Insurance Adjuster.

Second witness sign here.

Signature W Dodds. Lieut.
Civil Address The Forbury, Clarence Road, Windsor, England
Civil Occupation Bank clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

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

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

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

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

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

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

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

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

GENERAL

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

D. R. 10 JAN 26 1946

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Cora Guevremont (Sister)

ADDRESS: St. Cyrille de Wandover, Drummond Co., Que. Nov. 45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Arniesse Lussier FRENCH

1879

ADDRESS St. Cyrille de Wendover, Drummond Co., P.Q.

(MFM5)

N/K Sister - mother deceased?

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 1944

(2)

(3) DESP. MAR 5 1945

REGN No. 15573

25.1.45

AWARDS—CANADIAN ARMY (ACTIVE)

1879 D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

M

FILE No. 405-L-23236

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
LUSSIER, Armand Joseph	D.46208	Pte.	R. 22e R.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal, 1939-45 ~~CVSM & Clasp~~	8698 16-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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.46208 Rank and Name Lussier, A.J. Tpr.

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

xxx(Transfer or Discharge).....xxx.....on 25th January 19 45

Reason Death Authority : C.C.L."A"538 d/2nd Feb:45

The following is a statement of the account of the above-named from 1st January to 31st January 19 45 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	42	22
First Monthly Payment			Regimental Pay 31 days @$ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at ..... $		
Assigned Pay	30	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
Remit to Canada d/16-1-45	40	00			
No.82557					
To Balance Cr — Free	18	72			
To Balance Cr — Deferred			By Balance Dr		
Total	88	72	Total	88	72

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

Remarks

Assigned Pay of $30.00 (F) stopped eff: February, 1945.

Compiled by F.Trenouth.

Checked by W.Blanchard.

Date 10th August 1945

Certified correct D. a Fowley
for Chief Treasury Officer, Overseas

DES

5/7B CFA 187
10/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-46208....Pte....Lussier..A.....(Dec'd.).....

RECEIVED FROM ..Cdn..Sec....G.H.Q...2nd..Ech..AAI.....

CHECKED BY .....B-69920....Tpr..Browning..W..M..... DATE .....9..Mar..45.....

AND .....B-38320.....L/Cpl..Turnbull..T..C.....

1	Wallet		
1	Cigarette case (Metal)		
1	"I" disc		
1	7th Victory Loan Receipt (To O i/c Estates)		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

8/55B CFA 339
40/P & S/3040 (7255)

No. 22056

CANADIAN MILITARY HEADQUARTERS
RECORDS OFFICE
CASUALTY REPORT

Name (in full) LUSSIER Armand Joseph

No. D-46208 Rank P.TE Unit ROYAL 22e REGT.

Hospital (UK only) in which death took place, if applicable .....

RU (UK only) to which posted on admission to hospital .....

Casualty KILLED Date 25 JAN 45 List No. "A" 538 Place AFHQ.

If PW or Interned; Number and Address .....

Previously reported ..... Date .....

.....
OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)

2. Name (in full) .....

   Relationship ..... Address .....

   .....

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

   .....

   Date of marriage, if known .....

WILL, EFFECTS, ETC

1. No will here (or) ~~will herewith dated~~ ..... Beneficiary .....
   (Relationship)

   ..... Executor .....
   (Name) (Address)

2. Bank account—name of bank, etc ..... A/c No. .....

   Address .....

3. Kit privately stored—name of custodian .....

4. Particulars of debts, remarks, etc .....

   .....

   .....

Date FEB 7 - 1945

ORIGINAL — With will, if any to OIC Estates, CMHQ.
DUPLICATE — To file.

.....
OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

CANADA

QUOTE NO. H.Q. 405-L-23236
(D.R. 2(C))

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

23rd August, 1946.

F.T.

Mrs. Cora Guevremont,
St. Cyrille de Wendover,
Drummond County, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your brother, D46208 Private Armand Joseph Lussier, have been carefully exhumed from the original place of interment and reverently reburied in grave 6, row E, plot 3, of Ravenna British Empire Cemetery, five miles West of Ravenna, Italy. 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.

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

of 27-6-46

File No 405-L-2.3236

REBURIAL

NO D 46208

RANK Pte.

NAME Lussier, A. J.

NAME OF CEMETERY Ravenna British Empire Cemetery

LOCATION OF CEMETERY 5 miles West of Ravenna, Italy.

GRAVE LOCATION Grave 6 Row E Plot 3.

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

File No. 4/05-L-22236

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D/6208 Name LUSSIER ARMAND JOSEPH

Rank on Discharge Pte Date of Discharge 25-9-45

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 15-8-40	to 5-2-43	
	from	to	
United Kingdom	from 5-2-43	to 17-11-43	
	from	to	
Italy	from 15-11-43	to 25-1-45	K/A
Northwest Europe	from	to	
----------	from	to	
----------	from	to	

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

~~France-Germany Star~~

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by Anita Fahey

Date 3-10-46

Carded OCT 3 1946

HA 165

NRD

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: Armand Joseph (CHRISTIAN NAMES) LUSSIER (SURNAME)

REGISTER NO. D-22505
FILE NO. 405-L-23236
DATE 16-5-46
SERVICE NO. D-46208
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 25-1-45

PAYEE: Mme. Agnes Marquette LUSSIER,
ADDRESS: St. Cyrille De Wendover, Comte De Drummond, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-1-45

A. TOTAL QUALIFYING SERVICE — 1590 — NO. OF DAYS 1596 / 30 EQUAL TO 53 COMPLETE PERIODS AT $7.50	$ 397.50 ¢
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 719 LESS 6 INELIGIBLE DAYS, EQUAL TO 713 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	178.25
	575.75
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE — PAY $ 1.50 — SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 — ADDITIONAL PAY $ — $ — $ — DEPENDENTS' ALLOWANCE 1/30 OF $ — $ — TOTAL $ 2.75 X7 = $ 19.25 — NO. OF DAYS 719 / 183 X$ 19.25	75.63
D. WAR SERVICE GRATUITY	651.38
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ — DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ — OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	651.38

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	TREASURY CHECKED BY	TREASURY DATE
GJC	MJK	S Bergen	22.5.46

G. L. Hautenstein Capt
SERVICE REPRESENTATIVE

2123

FORM NO. 1

Register No. GD 1888 Nominal Roll No. D-5-96

H.Q. File No. H05-4-25236

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-46208	PTE	LUSSIER	ARMAND JOSEPH

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. 15 AUG 40	T.O.S.	T.O.S.
S.O.S. 25 JAN 45 MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 1625	Total Days	Total Days

Total Service 1625 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	903	26 mos	877 mos
Overseas Service	722	3	719
Totals	1625	29	1596
Add Non-qualifying Service			29 mos.
Total Service			1625

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 25 Jan 45 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION

Computer's Signature W L Stone 25 Jan 45

Checker's Signature R Kennedy

Date Computed 13 Apr 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
A WL.			18 Nov 40		2 ~
A WL.			2 Dec 40		2 ~
A WL.			20 May 41		2 ~
A WL.			9 Apr 41		4 ~
1 WL.					
A WL.	5 May 41	8 May 41		3	
Deb.			8 May 41	5	8 ~
A WL.	20 Sep 41	21 Sep 41			1 ~
A Abs 40			5 June 41		
					7
				Total	26 mos.

Overseas: T.O.S. 4 Feb 43 T.O.S. T.O.S.

S.O.S. 25 Jan 45 S.O.S. S.O.S.

A Abs 40			31 May 44		3 ~
				Total	3

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Cora Guevremont,
St. Cyrille de Wendover,
Cté de Drummond, Québec.

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

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

et de citer le numéro suivant:

Q.G. 405-L-23, 236 FD.111

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ESTATES BRANCH
JAN 7 1945
D.H.Q. OTTAWA
DEFENCE NATIONAL

22 février 1945

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

LUSSIER, Armand, Joseph, Soldat,

D.46208, Armée Canadienne.

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

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

/GC

Pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		nil		
2	Enfants du défunt et dates de naissance.....		nil		
3	Père du défunt.....		décédé		
4	Mère du défunt.....		Agnès Marquette Lussier	67	St Cyrille de Wendover
5	Frères du défunt	Frères germains	Ovila Hormisdas Octavien Agénor	43 41 39 28	Winnooski, Vermont Orling Vermont St Joseph, Drummond- Montréal
		Demi-frères	aucun		
6	Sœurs du défunt	Sœurs germaines	Paula Cora Guévremont Dora Gagné Rosa Martel Irène Lussier	46 44 40 37 31	St JohnBury Verm. St Cyrille de W. Swanton Vermont Ville St Joseph St Cyrille de W.
		Demi-sœurs	aucun		
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) aucun		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Lussier Armand Joseph
9	Date de sa naissance.	5 Septembre 1909
10	Lieu et date de son mariage.	célibataire
11	Lieu et date du mariage de ses parents.	26 Nov.1895 St Paul d'abbortford

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Cyrille de Wendover
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) St Armand (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	aide cultivateur
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.	St Armand

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	S'il en a un,ill'a fait en Angleterre
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	$100.00 payable aumporteur,je l'ai e ma possession.
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.	nil
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	nil

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	moi-même

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

(VOIR AU VERSO)

DÉCLARATION

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

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

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

Mme Cora Guévremont ..... Signature du déclarant

St. Cyrille de Wendover ..... Adresse

CERTIFICAT

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

Madame Cora Guévremont ..... Nom du déclarant

*Voir plus haut

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

Daté à St Cyrille ce sixième jour de mars 19 45

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

L.S. Joyal, N.P. Titre Notaire Public

Adresse St Cyrille de Wendover.

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

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

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

405-L-23236 CEG

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME LUSSIER, Armand Joseph

RANK PTE

UNIT ROYAL 22e REGT (AAI)

PLACE & DATE OF BIRTH ST.CERYLLE de WANDOVER, QUE. CAN. 5 SEP 1909

REGTL NO D.46208

NEXT OF KIN & ADDRESS SISTER:
Mrs Cora GUVREMONT- ST.CERYLLE DE WENDOVER, DRUMMOND CO., QUEBEC, CANADA

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 25 JAN 45

PLACE OF DEATH Italy

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 28 Jan 45

CEMETERY R.22e R. Mil.Cem. Sh.89/3 MR.427338

PLOT NO ROW NO B GRAVE NO 11

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

Noted 2(D)

DATE 20 Oct 45

(M.Bluteau) Capt.
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

19

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (Italy) | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or this territory* — City | Town | Village | Parish | Township

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: LUSSIER (*Block letters*)

Given names: Armand Joseph

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Frelighsburg

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): Que.

11. DATE OF BIRTH: Sept. (Month) 5th (Day) 1909 (Year)

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

OCCUPATION

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

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	Joseph Lussier	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Jan. (Month) 25th (Day) 19 45 (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 inaction

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 MILITARY CANADIAN ARMY

JUN 4 1945

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

L. S.

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

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

(Voir l'autre côté pour le francais)

Director of Records, Dept. of Natl. Defence

405-Z-23236 A538

FIELD SERVICE

Army Form B2090A

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. 22e R. — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D.46208 — Rank: Pte.

Surname: LUSSIER — Christian Names: AJ

Died — Date: 25 Jan 45 — Place: ITALY

Cause of Death*: Killed in Action

Nature and Date of Report: 3011C - 25 d/27 Jan 45

By whom made: Unit

* 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: Not Received — Date:

By whom reported:

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

(*b*) as a separate document: No

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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: Field 22 Feb 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W.C.D. Stanley for Officer i/c Canadian Section 2 Echelon AFHQ

1830/2/GHQP/11-42

FT

7th February, 1945.

Mrs. Cora Guevremont,
St. Cyrille De Wendover,
Drummond County, Quebec.

Dear Mrs. Guevremont:

It was with deep regret that I learned of the death of your brother, D46208 Private Armand Joseph Lussier, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the ~~26th~~ 25th day of January, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

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