WORONOWKSI
ANTONI
D56367

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

*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
30M—11-36 (9359)
H.Q. 1772-45-18

Unité..... Régiment de Maisonneuve ~~C.A.S.F.~~ Matricule..... D 57367
Unit Regimental Number

~~Original~~ ~~Duplicata~~ ~~Triplicata~~

# ARMÉE ACTIVE DU CANADA
## CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

### FORMULE D'ENRÔLEMENT
### ATTESTATION PAPER

1. Nom..... ~~NOVONOWSKI~~ WOVONOWSKI Joseph Antoni
   Surname
2. Prénoms..... ~~JOSEPH~~ ANTONI
   Christian Names
3. Adresse actuelle..... 2001c Centre St., Montreal, Canada
   Present Address
4. Date de naissance..... May 21, 1916
   Date of birth
5. Lieu de naissance..... Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal. (Ville ou canton)—(Town or Twp.)
   Place of birth
6. Religion..... Roman Catholic
   (state denomination)
7. Métier ou profession..... Laborer
   Trade or Calling
8. Marié, veuf ou célibataire..... Single
   Married, Widower or Single
9. Nom du plus proche parent..... Antoni Wovonoivski
   Name of next of kin
10. Parenté de celui-ci..... Father
    Relationship
11. Adresse du plus proche parent..... 2001c Centre St., Montreal.
    Address of next of kin
12. Avez-vous servi dans les forces navales, militaires ou aériennes? No
    Have you served in any Naval, Military or Air Force?
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
    .....
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? No.....
    Do you now belong to or have you served in the Active Militia of Canada?
    .....
    (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, Joseph Wovonoivski, 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..... September 11, 1939 Joseph Wovonoivski
(Signature de la recrue)

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

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

Joseph Wovonowski
(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 Montréal ce 11 jour de Septembre 1939

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

Le Régiment de Maisonneuve
(Titre, grade et unité ou emploi)

MILITIA DISTRICT NO. 4 REGISTERED SEP 23 1940

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.

FINGERPRINTED—CAIB

Etat de service de ..... Woronowski ..... Joseph ..... Matricule D. 56367
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

## APTITUDES
Qualifications

Militaires .....
Military

Professionnelles ou commerciales .....
Business or Professional

Civiles ou de métier .....
Trade or Civil

Techniques .....
Technical

Langues Française, Anglaise, Polonaise, Ukrainienne -
Languages

## QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies 1 an
High School or Collegiate (années complétées—years completed)

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

*Collège .....

*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 enrolées 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 | Etat 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 11, Ordres du jour, Liste des morts et blessés, etc — Part II D.O. No Cas. List, etc. | Autorisation — Authority: Daté le — Dated |
|---|---|---|---|---|---|---|---|---|
| 8 septl | 5602- | Affecté lors de son enrôlement / Joined on enlistment — Cie D. T.O.S. | Pte | 8 sept. | R. de Mais. C. A.S. F. | Montreal | ~~15-1~~ 11-1 #6 | 11 sept. |
| Mars 13 | — | Correction — Parti en congé avec paye du 18 au 31 mars 1940 | " | 3-11-9 | " | " | # 64 O.R. Part 11# 77-2 | 3-11-9 15/4/40 |
| 11/4/40 | — | Admis a l'hopital General | " | 8/4/40 | " | " | O.R. Part11#97-2 | 18/4/40 |
| 16/4/40 | — | Retour de l'hopital Genaral | " | 15/4/40 | " | " | O.R. Part 11# 101-7 | " |
| | | TOS CASF (OVERSEAS) ON TRANSFER ON Aug 25 AND DISEMBARKED AT Gourock ON | | Sept 5/40 | | | | 8 May 41 |
| 24-8-40 | 1 | Embarcation H.M.T. | " | 24-8-40 | " | On Board E. 61 | 39 | 24-8-40 |
| | | Landing Leave | " | Sept. 25-30 1940 | " | field | # 5 | 30-9-40 |
| | | Admitted 15/Gnl. Hosp. | " | 1.11.40 | " | " | #20 Cas. ret. d. 5.11.40. | 6 Nov. 40. |
| | | discharged 15/Gen. Hosp. 21 days. | " | 22 Nov. 40 | R de Mais | " | DO 29 Cas. ret. d. 26 Nov 40 | 28 Nov 40 |
| | | Prov. Leave | Pte | 8 Jan 41 15 Jan 41 | Regt de maison heure | Field | DO 4 | 10 Jan 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 compensation pour invalidité? Si oui, donnez détails.....

# CERTIFICAT DE L'EXAMEN MÉDICAL
## CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) ..... Veisonrki, Joseph ..... Date ..... Sept. 9th, 1939.

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

1. Age ..... 23 ..... 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) ..... No
b. Tuberculose (Tuberculosis) ..... No
c. Bronchite ou asthme (Bronchitis or asthma) ..... No
d. Affection cardiaque (Heart disease) ..... No
e. Maladie du rein ou de la vessie (Kidney or bladder disease) ..... No
f. Gastrite intestinale (Gastro-intestinal) ..... No
g. Hernie (Rupture) ..... No
h. Varices (Varicose veins) ..... No
i. Pieds plats ou déformés (Flat or deformed feet) ..... No
j. Affection nasale (Nasal trouble) ..... No
k. Maladie des oreilles (Ear disease) ..... No
l. Maladie des yeux (Eye disease) ..... No
m. Epilepsie (Epilepsy) ..... No
n. Maladie nerveuse ou mentale (Nervous or mental disease) ..... No
o. Syphilis ..... No
p. Gonorrhée (Gonorrhœa) ..... No
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) ..... No

Joseph Veisonrki
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks *re* above) .....

### 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).) ..... 1 scar on forearm at elbow - 10 years.

2. Taille (Height) ..... 5 ..... pieds (feet) ..... 7½ ..... pouces (inches). 3. Poids (Weight) ..... 138 ..... livres (pounds)
4. Teint (Complexion) ..... Fair ..... Yeux (Eyes) ..... Blue ..... 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) ..... 37 ..... pouces (inches) Degré d'expansion (Range of expansion) ..... 2 ..... pouces (inches)
7. Vue, œil droit (Vision, right) ..... 20-20 ..... œil gauche (left) ..... 20-20
8. Ouïe, oreille droite (Hearing, right) ..... W.V.20 ..... gauche (left) ..... W.V.20
9. Condition de la bouche et des dents (Condition of mouth and teeth) ..... Very large tonsils- Tongue coated-Glands not enlarged
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:
..... Pulse 76. Regular Temp. 99.2 - Heart not enlarges - No murmurs
Cannot read

**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) .....

D.E. Ross Lt. Col. — C.R. Bowerman Capt. — C.J. Fraser Capt.
(Président)—(President) — (Membre)—(Member) — (Membre)—(Member)

A

Are you receiving or have you in the past received, pension or compensation? If so give details .....

### 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 |
|---|---|---|---|
| 30 Oct | Re-Examined | X-Ray chest - neg. | C.R.B. |
| | Normal Throat, Ears | 4-12-39 T.A.B 1/3 | |
| | Reflexes Active | 11-12-39 T.A.B 2/3 | |
| | C.R.B. | 18-12-39 T.A.B 3/3 | C.J.F. |
| | | 26-1-40 Tetanus 1/2 | |
| | | 7-3-40 Tetanus 2/2 | |
| | | 9-2-40 Vaccination | |
| | C.J.F. | 16-12-41 TABT (1/2 cc) | |
| | | 23-7-42 TABT | |
| | | 20-11-42 1/2 TABT. | |

Matricule..... Grade..... Nom..... Prénoms.....
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 from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied | Signature du médecin — Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Montreal | | 8 | 4 | 40 | 15 | 4 | 40 | Tonsillectomy | 7 | A.F.B. Removed. | |

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. ..... Rank ..... Sheet No. .....

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

Name .....

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| | | Embarked at UK on 8 Jun 44 | Pte | | X L R de C | Chaud 21 Ap | 25. | 14 Jul 44. |
| | | Disembarked at France on 9 Jun 44 | | | | | | |
| | SOS | SOS X4 list to R de C | Pte | 9 Jul 44 | X L N Sh R | 21 A Gp | 29 | 11 Aug 44 |
| m147 | TOS | TOS from X4 list N. Shore (NB) R | Pte | 10 Jul 44 | R de Chaud | 21 A Gp | 52 | 17 Aug 44 |
| m147 | | SOS Killed in action | Pte | 18 Jul 44 | R de Chaud | 21 A Gp | 52 | 17 Aug 44 |
| | | Killed | Pte | 18 Jul 44 | R. de C. | AEF | A478 | 13 Aug 44. |

Statement of the Service of No. D56367 Rank Pte

Sheet No.

Name Wovonoski J.

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 |
|---|---|---|---|---|---|---|---|---|
| | | AWL 1 mn 12 hrs Reprimd for fmb 1 days pay FR 1 (1)a 149 | Pte | 3 May 41 | R de Mais | Hd | 42 | 23 May 41 |
| | | Leave | Pte | 21 29 May 41 | R de Mais | Hd | 43 | 31 May 41 |
| | | Priv Leave to 4th Nov 41 | Pte | 28 Oct 41 | R de Mais | UK | 70 | 4 Nov 41 |
| | | 7 days PL FTW to 5 May 42 | Pte | 28 Apr 42 | R de Mais | UK | 32 | 13 May 42 |
| | ✓ | Priv. Leave 7 days to 1 Dec 42 | Pte | 24 Nov 42 | R de M | UK | 71 | 7 Dec 42 |
| | | Gt-d daily regt'l pay $1.50 | Pte | 1 Jan 43 | R de M | UK | 18 | 29 Mar 43 |
| | | AA 15(1) Awd 10 days pay - Tot forf 13 days pay | Pte | 24 June 43 | R de M | UK | 36 | 13 Jul 43 |
| | | AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP | | | | | | |
| C19 | | Adm to 18 CLFA | Pte | 29 Feb 44 | R de M | UK | 12 | 7 Mar 44 |
| C19 | | Rem'd from 18 CLFA to 2 CCS | Pte | 29 Feb 44 | R de M | UK | 12 | 7 Mar 44 |
| SOS | | SOS to x 3 list R de M | pte | 29 Mar 44 | R de M | UK | 21 | 6 Apr 44 |
| | ~~TOS~~ | Adm to 13 CCH 29 Mar 44 Trsch from 13 CCH | | 6 May 44 | | | Cl. | |
| SOS | | SOS to x list R de Chaud | Pte | 18 May 44 | 6 C1 RU | UK | 118 | 18 May 44 |
| | TOS | | | | | | | |
| SOS | | | | | | | | |
| B 84 | TOS ✓ | TOS from x 3 list R de Mais | Pte | 7 May 44 | 6 C1 RU | UK | 118 | 18 May 44 |
| | SOS | | | | | | | |
| | TOS ✓ | TOS from x 4 L. (R de C) | Pte | 13 June 44 | NS (NB) Regt. | UK | 39 | 26 Jan 44 |

Woronowski Joseph Antoni

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-56367 Rank Pte. Surname Woronowski. Christian Name Antoni.

| Unit | Hospt. | Admitted | | | Discharged | | | Hospt. Days | Disease or Injury | Remarks | Cas. List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Mo. | Year | Day | Mo. | Year | | | | |
| Le Regt de Maisonneuve. | 13 Cdn Gen. | 29 | 3 | 44 | 6 | 5 | 44 | 38. | ~~Scabies~~, Furunculosis. | | C-1386. |
| | | | | | | | | | Furunculosis + scabies. | | C-1337. |
| N. Shore Regt | | | | | | | | | Killed 18-7-44. | | A-478. |

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

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit LE RÉGIMENT DE MAISONNEUVE, C.A.S.F. Regimental Number D 56,367

| | | | |
|---|---|---|---|
| 1. Surname | WOVONOWSKI, ANTONI ~~Woronowski~~ | (17) Regiment or Corps | Unit (Battn., etc) |
| 2. Christian Names | ~~Antoni~~ ~~Joseph~~ Ste | R de M. | D |
| 3. *Substantive Rank and Appointment | | | |
| *Acting Temporary or Local Rank | | | |
| giving date | 8/9/39 | | |

*To be entered in pencil to facilitate alteration.

| | | | |
|---|---|---|---|
| 4. Place of birth | Montreal, Que. Canada. | (18) Medical | |
| 5. Date of birth as declared on attestation (A) | 21 mai 1916 | | |
| 6. Date of enlistment | 11 sept. 1939 | Category | Date / Authority |
| 7. Place of enlistment | Montreal, Que. Canada. | "A" | 9-9-39 / L/Col D.E.Ross |
| 8. Residence at time of enlistment | 2001 Centre, Mont. Can. | | |
| 9. (B) Special conditions (if any) of enlistment or rate of pay | | | |
| 10. (C) Any subsequent variations of conditions of service | | | |
| 11. Religion | C.R. | | |
| 12. If married, state date | C. | (19) Next of kin (entries to be made in pencil) | |
| 13. Trade on enlistment | Journalier | Antoni Woronowski père | |
| 14. Corps, trade and grade | | | |
| 15. (D) Qualifications | | | |
| 16. (E) Miscellaneous entries | | 2001 Centre St | |
| | | (20) E. Montreal | |
| | | (21) E. Que | |
| | | (22) E. 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.

| (a) Report | | (b) | (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) | (e) | (f) | (g) |
|---|---|---|---|---|---|---|---|
| Date | From whom received | Unit | | Place of Casualty | Date of Casualty | Army rank as at (e) | Army Form or other authority for entry to be shown |
| 24-8-40 | | R.de M. C.A.S.F. | On Board Embarcation H.M.T. | E. 61 | 24-8-40 | Pte. | |
| | | | TOS CASF (OVERSEAS) ON TRANSFER ON AUG 25 1940 AND DISEMBARKED AT GREENOCK ON SEP 5 1940 | | | | |
| 25-9-40 | 3011 | " | Granted landing leave from 0800 hrs 25-9-40 to 0800 hrs 30-9-40 Aldershot | | | " | Pt II No. 5 30-9-40 |
| 1 NOV 40 | 3011 | " | Admitted to 15 Cdn Genl Hosp | " | 1-11-40 | " | Pt.II No.20 d/6 NOV 40 |
| 26 Nov 40 | 3011 | " | Discharged from 15 " " " | " | 22-11-40 | " | " 29, 28 Nov 40 |
| 6 Jan 41 | 3011 | " | Granted Privilege Leave from 8 to 15 Jan 41 | Eng | 8-1-41 | " | " 4, 10 Jan 41 |
| 15 May 41 | OC | " | Forfeits 1 Days pay under F.R.& O. 149 (1)(A) for O.A.W.L. 12 hrs 1 min (Also 156) | | | | |
| | | | | " | 3 May 41 | " | " 42, 23 May 41 |
| 21 May 41 | " | " | 9 Days Leave (2nd Privilege) | " | 21 May 41 | " | " 43, 31 May 41 |
| 25 Oct 41 | " | " | 7 " " (3rd " ) No Warrant | Field | 28 Oct 41 | " | " 70, 4 Nov 41 |
| 8 May 42 | " | " | 7 " " (F-4) F.T.U. | " | 28 Apr 42 | " | " 32-13 May 42 |
| 24 Nov 42 | " | " | 7 " " F.4 | " | 24 Nov 42 | " | " 71-7 Dec 42 |
| 26 Mar 43 | " | " | Granted Daily Rates of Pay of $ 1.50 per diem | " | 1 Jan 43 | " | " 18-29 Mar 43 |
| 21 Apr 43 | " | " | 9 Days Fur. Leave | " | 6 Apr 43 | " | " 23-30 Apr 43 |
| 3 Jul 43 | " | " | 10 days forf of pay F.R.& O. 149 (2) for Ord 2 days 11 hrs 45 min Ab. Ord 3 days pay F.R.& O. 149 (1)(A). Total Forf 13 days pay | " | 24 Jun 43 | " | " 36-13 Jul 43 |
| 15 Jan 44 | " | " | Awarded Canadian Volunteer Service Medal and Clasp | " | 15 Jan 44 | " | " 4-44 |
| | " | " | Opdm 18 Fd Amb and rmtd 6 2 Ech S | " | 29 Feb 44 | " | " 12-7 Mar 44 |
| | " | " | Rejn 6 13 Gen Hosp | " | 29 Mar 44 | " | " 21/44. |
| | " | " | SOS to X" 3 Ech S | " | 29 " 44 | " | |
| 2 Apr 44 | " | X3 Rde M. | TOS from R de Mais on adm 6 13 Gen Hosp | " | 30 " 44 | " | 12-11 Apr 44 |
| | | | SOS to 6 CIRU on disch | | 6 May 44 | | DO 25 11 Jul 44 |
| | OC | 6 CIRU | TOS from X3 R de Mais on disch | | 7 May 44 | | - 120 /44 |
| | | | SOS to X4 R de Chaud | | 18 May 44 | | - 120 /44 |
| (9m) | X4 | R de Chaud | TOS from 6 CIRU | | 19 May 44 | | 19/44. |
| | | | SOS to North Shore Regt. | | 12 Jun 44 | | 23/44. |
| (CAR/1644) | OC | NSR | TOS from X4 (9m) R de Chaud | | 13 Jun 44 | | 39/44. |
| | | | SOS to X3 (NSR) on adm Hosp | | 16 Jun 44 | | 39/44. |
| | X3 | | TOS from NSR. | | 16 Jun 44 | | 24/44. |
| 24.7.44 | X3 | | Posted to 14 (NSR) 10 Bn | | 22 Jun 44 | | 27-27 July 44. |
| " sheet X4 | ~~R de Chaud~~ | 10 Bn | SOS to R de Chaud | | 9 Jul | Pte | 29 /44 |
| | | Chaud | TOS to X4 N Shore R | | 10 Jul 44 | | 52/44 |
| | | | SOS ~~[illegible]~~ Killed in Action | | 18 Jul 44 | | 52/44 |

R

No D.56367 Rank Private Name WOVONOWSKI, Joseph Antoni

Unit ~~North Shore~~ REGT de CHAUDIERE (N.B.) ~~Regt.~~ Date of death 18th July, 1944.

Died at France.

Cause Killed in action. 43-36409

Death occurred on strength of Forces.H.Q. 405-W-15899

N/K Mr. ~~Antoni~~ Stanley Wovonowski, Relationship ~~Father~~ Brother

Address ~~2001~~ 1589 Centre Street, Pointe St. Charles, Montreal, Quebec.

Remains buried in France le Bas de Ranville M.R. Cemetery

106738

Grave location CHA

~~OVER~~

BURIAL REPORT TO N.K. APR 13 1946

RETURN TO BUR. OF STAT. JUL 18 1945

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 2-9-44.

Temp BR sent to NK & Map

REBURIAL

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

Grave 16, Row H, Plot 20.

HI & CR Form Despatched FEB 7 1947

Photographs Despatched

OCT 8 1947

18-7-44

MJA

# AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

| SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|
| WORONOWSKI, Joseph Antoni | D.56367 | Pte. | North Shore Regt. |

FILE NO. 405-W-15899

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star<br>France-Germany Star<br>Defence Medal<br>CVSM & Clasp<br>War Medal 1939-45 | 3407<br>8-2-50 |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. John Woronowski, (brother)

2001 C Centre St, Montreal, Que. 4-2-50

ADDRESS:

(2) MEMORIAL CROSS

WIDOW Single.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased. (MFM-5)

ADDRESS:

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 9132

(2)

(3)

# CASUALTIES, ETC.

| NATURE<br>E. G. ABSENCE, PROMOTION, ETC. | PART 11, D. O.<br>No. | <br>DATE | REMARKS<br>IF IN HOSPITAL, NOTE NAME, ETC. |
|---|---|---|---|
| adm Hosp 8-4-40 | 97 | 11-4-40 | Hosp General |
| retour Hosp 15-4-40 | 101 | 16-4-40 | " " |
| admis hospital wef 1-11-40 | 20 | 6-11-40 | 15th Cdn genl hospital |
| retour " " 22.11.40 | 29 | 28.11.40 | " " " " |
| A.W.L. from 2-5 to 3-5-41 (12 hrs 1 min | 42 | 23-5-41 | forfeits 1 day pay. |
| Regt rate pay $1.50 1-1-43 | 18 | 29-3-43 | |
| Forfeiture pay 13 days. | 36 | 13-7-43 | wef. 24-6-43 |
| Cdn Vol Serv Medal & Clasp | 4 | 28-1-44 | 15-1-44 |
| ADM TO 18 CDN FD AMB & REM'D TO 2 CCS | 12 | 7-3-44 | 29-2-44 |
| SOS to X list wef. 29-3-44 | CR 29 | 1-4-44 | on adm 13 Gen Hosp. |
| TOS X3 hsp. | 24 | 6.7.44 | wef 16 June 44. |
| Posted to X4 hsp | 27 | 27.7.44 | wef 22 June 44 |

1.50
(18)

NAME WORONOSKI ~~WOVONOISKI~~ J. OSEPH

REGIMENTAL NO. D 56367 RANK Pte

ENLISTED AT Cie D. PROMOTIONS, ETC. AND DATE

DATE Sept, ~~11~~th 9th 39 ✓ 10 11

IF SERVED PREVIOUSLY, STATE UNIT, ETC. No

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Antony Wovonoiski RELATIONSHIP Father

ADDRESS OF 2001 E Centre St Montreal

ASSIGNMENT OF PAY, $ 20,00 WEF/OCT-39

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER Sept, 9th, 1939

IN WHOSE FAVOUR As Above

M. F. M. 14
60M—8-39 (1685)
H.Q. 1772-45-18

# CASUALTIES, ETC.

| NATURE<br>E.G. Absence, Promotions, Etc | PART II, DO<br>No. | <br>Date | REMARKS<br>If in Hospital, Note Name, Etc |
|---|---|---|---|
| att fap fr X-List R de M | 111 | 10.5.44 | on dis fr 13 G G H 7.5.44<br>(Pending T.O.S). |
| S o s to X 4 List R de C. | 117 | 17-5-44 | 18-5-44 |
| TOS 9 Bn 2 CBRG from 6 C I R U | CR 646 | 28.5.44. | wef 19.5.44. |
| SOS 9 Bn 2 CBRG to 11 Bn | CR | | wef 29-5-44 |
| Tos X 4 List R de C (10 CBRRn) | CR | 31-8-44 | from 11 Rn wef 1 Jun 44 |
| CR SOSIOBNTO RDE,C | | EFI9JULY | |
| T.O.S R de Chaud from X-4 List 10/7/44 | | | |
| S O S. Killed in action 18/7/44 | CR | 5/8/44 | |

No Orig. 4.

NAME Woronosky J.

REGIMENTAL NO. D-56367 RANK Pte.

ENLISTED AT PROMOTIONS, ETC AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, $ C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

3/20 MFM 14
40/P & S/67 (4473)

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D56367 RANK Private SERVICE UNIT North Shore Regiment (CA)

NAME WOYNOWSKI, Joseph Antoni

DATE OF BIRTH 21-5-1916 DATE OF ENLISTMENT 9-9-1939

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Antoni Woynowski

ADDRESS 2001 C Centre St., Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9131 K.C.405-W-15,899

CASUALTY DETAILS Killed in action DATE 18-7-44

FRANCE

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 18-8-44

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

W84-806 2
10481 ~~NAVY~~ ~~XXXX~~ ARMY

DECEASED MEMBER'S NAME: Joseph Antoni (CHRISTIAN NAMES) WORONOWSKI (SURNAME)

REGISTER NO. D-16889
FILE NO. 405-W-15899
DATE 21-2-46
SERVICE NO. D-56367
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 18-7-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 18-7-44

| | $ | ¢ |
|---|---|---|
| A. TOTAL QUALIFYING SERVICE<br>NO. OF DAYS 1760/30 EQUAL TO 58 COMPLETE PERIODS AT $7.50 | 435.00 | |
| B. QUALIFYING OVERSEAS SERVICE<br>NO. OF DAYS 1410 LESS 20 INELIGIBLE DAYS, EQUAL TO 1390 DAYS @ 25C. PER DAY | 347.50 | |
| | 782.50 | |

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

| | | | |
|---|---|---|---|
| PAY | $ 1.50 | | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.25 | | |
| ADDITIONAL PAY | $ | | |
| | $ | | |
| | $ | | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | | |
| TOTAL | $ 2.75 | ×7 = $ 19.25 | |
| NO. OF DAYS 1410/183 | | ×$ 19.25 | 148.32 |

ESTATES BRANCH MAR 6 1946 H.Q. OTTAWA NATIONAL DEFENCE

| | | |
|---|---|---|
| D. WAR SERVICE GRATUITY | | 930.82 |
| E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES $<br>DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ | | |
| OTHER DEDUCTIONS $ | | |
| F. TOTAL AMOUNT PAYABLE | | 930.82 |

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

| PREPARED BY | CHECKED BY |
|---|---|
| KRM | MJK |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| James C Moran | 27-2-46 |

SERVICE REPRESENTATIVE

△T

405 W 15-899

# FIELD SERVICE MBR

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

**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.**

A 478

REGIMENT OR CORPS } Regt de Chaud — Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-56367 — Rank Pte

Surname Wononoski ~~W~~ WOVONOWSKI — Christian Names J

Died { Date 18 July 44 — Place France

Cause of Death* K/A

Nature and Date of Report A.F.W. 3014/ 85 — 16 Aug 44

By whom made Cdn Sec GHQ 2nd Ech 21 A Gp.

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

Burial { Place France le Bas de Ranville M.R. 106738 — Date 18 July 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, 4 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } W Racine Lieut for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

1/

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: WOVONOWSKI (Block letters)

Given names: Joseph Antoni

Do not write in this space

**4. RESIDENCE**

Street: C Centre Street, No. 2001

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

**10.** BIRTHPLACE (Province or Country): Quebec

**11.** DATE OF BIRTH: May (Month) 21st, (Day) 1916. (Year)

**12.** AGE OF DECEASED

| Years | Months | Days | If less than one day old |
|---|---|---|---|
| 28 | | | ....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 | WOVONOWSKI, Antoni | |
| MOTHER (Maiden Name) | | |

**19.** Place of burial, cremation or removal: France

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

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

**22.** Date of death: July (Month) 18th, (Day) 19 44. (Year)

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

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

### 24. CAUSE OF DEATH

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

due to

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

due to

(c)

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

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

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

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

State findings: Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

JUL 31 1944

**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)**

Director of Records, Dept. of National Defence.

# BATTLE CASUALTY
## CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from .....21/CAS/2393.....

.....

Time Message Received.....

Date Message Received.....12 AUG 44

Theatre AEF

| Regimental No. | Rank | Name | Full Christian Names |
|---|---|---|---|
| D-56367 | PTE | WOVONOWSKI | ANTONI |

Unit.....NORTH SHORE REGT.....

SERIAL 742

CASUALTY PARTICULARS

~~NOW CONF~~?KILLED 18 JUL 44(~~PREV.REP.DEAD BEL.KILLED 18 JUL 44 X~~))

"A"

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin Antoni Wovonowski Relationship Father

2 o/c Centre St

Montreal Quebec

CANADA

Home Town .....

Cable No. 9131

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

**IMPORTANT**

.....
Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

405-M-15899

D

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME WOVONOWSKI, Antoni

RANK Pte.

UNIT North Shore Regt.

PLACE & DATE OF BIRTH MONTREAL, Quebec 21 May 1916

REGTL NO. D-56367

NEXT OF KIN & ADDRESS Father:
Antoni WOVONOWKSI, 2001c Centre St.,
MONTREAL, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 18 Jul 44

HRS

CAUSE OF DEATH KILLED

PLACE OF DEATH

PARTICULARS OF BURIAL.

DATE OF BURIAL 18 JUL 44

PLOT NO ROW

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

RELIGION Roman Catholic

CEMETERY LE-BAS-DE-RANVILLE 7F/2 1067738

GRAVE 4

DATE 17 JUL 45

for (L.S.Appleford) Major
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

FOR COMPLETION AND RETURN BY

**Form P. 64**

Mr. Antoni Wovonowski,
2001 C Centre St.,
Montreal, P. Q.

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

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

and the following number quoted:—

H.Q. 405-W-15,899 FD 170

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

26 Sep 1944

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

WOVONOWSKI Joseph A., Pte.

No. D.56367 Canadian Army

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

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

C. A. S. F. (MILITARY) OCT 5 1944 DEPENDENTS ALLOWANCE BOARD.

ESTATES BRANCH OCT 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

C Stevenson Capt
for Director of Estates.

CS/BGS

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

OCT - 5 1944

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased | | — | | — |
| 2 | Children of the Deceased and dates of their Births | | X | | X |
| 3 | Father of the Deceased | | Antonio Wosnowski | 87 | 2001 E. Centre St |
| 4 | Mother of the Deceased | | Deceased | | |
| 5 | Brothers of the Deceased | Full Blood | John<br>Stanislaus<br>Frank | 46<br>39<br>29 | |
| | | Half Blood | X | | |
| 6 | Sisters of the Deceased | Full Blood | Katherine -<br>~~Pauline~~ | 52<br>~~+~~ | |
| | | Half Blood | | | |

| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | Names and ages of their children (if any) | Address of their children |
|---|---|---|---|
| | ~~Mrs. Pauline Lefebvre~~<br>Mrs. Pauline Lefebvre | Yvette - X Lefebvre<br>Bernadette X Lefebvre<br>Mrs. Gerard Faucher<br>nee - Mary Lefebvre | 197 Richardson St<br>Montreal |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Joseph Wosnowski |
| 9 | Date of his birth. | May 26th 1916 |
| 10 | Place and date of his marriage. | X |
| 11 | Place and date of his parents' marriage. | Poland - October 21st 1891 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal, P. Q. Canada |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Always lived in<br>(b)<br>(c) Quebec<br>(d) |
| 14 | Nature of employment before enlistment. | Labourer |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No |
| 16 | Name place where deceased stated he intended to make his permanent home. | Quebec |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | No |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | X |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | No |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | None |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | None |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | None |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | None |

## OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

## DECLARATION

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

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

*John Worosiostiy Brother .....of the deceased.

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

John Worosiostii ..... {Signature of Informant}

2001e Centre st .....Address

---

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Wpe. John Worosiostii {Name of informant} is the* brother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal, P. Q. this 3rd. day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. James J. Flood. Qualification Priest - (R. C.)

Address 2157 Centre St, Montreal, P. Q. St. Gabriel Church

*See above.

---

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

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

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

TO BE COMPLETED IN DUPLICATE

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

MF M10
40/P & S/423 (3767) 3/18B

# WILL

(1) I, Woronosky Joseph, of the City
(Names in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Montreal

Province of Quebec, Blacksmith
(Civil Occupation)

C

Regimental No. D-56367, Unit R. de Chaud., 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 father, Antonio Woronosky. 200 Centre Str. Pte St. Charles, all my estates

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 Antonio Woronosky Pte St. Charles
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25th day of May 19 44

Signed and acknowledged by the Testator as and for his last will 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.

J. Woronoski
(Signature of soldier)

First witness sign here.

(5) Signature G. Lavigne Lt.
Civil Address Rockland, Ont.
Civil Occupation Teacher.

Second witness sign here.

Signature Baldwin, Lieut.
Civil Address 335 Booth St, Ottawa, Ont.
Civil Occupation Druggist.

(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 (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

OFFICER I/C RECORDS
A. G. BRANCH
JUL 10 1944
H. Q. OTTAWA
NATIONAL DEFENCE

WILL RECEIVED IN DOCUMENT SECTION
JUL 11 1944
RECORD OFFICE
NAT. DEF. H. Q.

FORM NO. 1

Register No. D 56389 Nominal Roll No. D 437

To: P.M.G. H.Q. File No. H05 W 15 899

# CANADIAN ARMY (ACTIVE)

## Computation of Service

WAR SERVICE GRANT

| Regt. No. | Rank when S.O.S. | Surname | Christian Name in Full |
|---|---|---|---|
| D56367 | PTE | WORONOWSKI | JOSEPH ANTONI |

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. 10 SEP 39 | T.O.S. | T.O.S. |
| S.O.S. 18 Jul 44 MD 05 | S.O.S. MD | S.O.S. MD |
| Total Days 1774 | Total Days | Total Days |

**Total Service** ..... 1774 DAYS

| — | Total Service | Less Non-qualifying Service | Net Service |
|---|---|---|---|
| **Western Hemisphere** | 350 | | 350 |
| **Overseas Service** | 1424 | 14 | 1410 |
| Totals | 1774 | 14 | 1760 |
| Add Non-qualifying Service | | | 14 |
| **Total Service** | | | 1774 |

EMBARKATION DETAILS: 25 AUG 40

1. Date S.O.S. Overseas 18 Jul 44

2. Date S.O.S. Overseas .....

REMARKS: 105 8 SEP 39

Does show Christian names to read as above. Hcpb

Computer's Signature .....

Checker's Signature .....

Date Computed 1 Nov 45

KILLED IN ACTION 18 July 44

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

## Details of Non-Qualifying Service

**Western Hemisphere—**

| Forfeits for | From | To | Effective Date | Days | Total |
|---|---|---|---|---|---|
| | | | | | |

Total

**Overseas:** T.O.S. 25 Aug 40 T.O.S. T.O.S.

S.O.S. 18 Jul 44 S.O.S. S.O.S.

| | | | | | |
|---|---|---|---|---|---|
| Awol | 12 hrs | 1 min | 3 May 41 | 1 | 1 |
| Awol | " | " | 24 Jun 43 | 3 | |
| Inf | | | " " | 10 | 13 |

Total 14

TL

# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: WORONOWSKI (Surname) Joseph A. (Christian Names) No.: D56376 67

Pte. (Rank) C.A. OS (Unit) 18-7-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 43.41

Date: 30-6-45

Other Credits .....

Total ..... 43.41

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Father | Antonio Woronowski,<br>2001 C Centre Street,<br>MONTREAL, Que.,<br><br>(sole beneficiary under will) | 43.41 P |

P4. TO TREAS. 18-7-45 QW

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 731 | 00 | 00 | 001 | $43.41 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

MH

# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name WORONOWSKI, Joseph A. No. D-56367
Surname Christian Names

Pte. C.A. O/S 18-7-44
Rank Unit Date of Death

AMOUNT W.S.G. 930.82
L.P.C. $ 43.41

Date 21-3-46

Other Credits.....

Total..... 974.23

Prev.dist. 43.41
This dist. 930.82

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | | To the Estate of<br>Antonio Woronowski,<br>C/O Stanley Woronowski,<br>1589 Centre St.,<br>Port Ste. Charles,<br>Montreal 22, Que. | 930.82 |

P4. TO TREAS.

MAY 30 1946

WSG

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 731 | 00 | 00 | 001 | $930.82 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. Firth

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

File No. 406-W15-899

# VERIFICATION FORM

## WAR SERVICE MEDALS 1939-45

No. D 56367 Name Woronowski Joseph Antoni

Rank on Discharge Pte Date of Discharge 18/7/44

Authority for Discharge or Retirement Deceased

**Served in:**

| | | | Non-qualifying service |
|---|---|---|---|
| Canada | from 9/9/39 | to 24/8/40 | |
| | from " | to | |
| United Kingdom | from 25/8/40 | to 8/6/44 | |
| | from | to | |
| Italy | from | to | |
| Northwest Europe | from 9/6/44 | to 18/7/44 K—A | |
| ---------- | from | to | |
| ---------- | from | to | |

**Eligible for award of:**

1939 - 45 Star O.K ✓

---------- ----------

~~Italy Star~~ ----------

France-Germany Star O K ✓

Defence Medal OK ✓

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp OK

Verified by L G Sundin

Date 13/2/47

Carded FEB 14 1947

NO RIBBON DESPATCH

HA 165

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

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

District.....

Dispersal Area.....

Regtl No. D.56367. Rank and Name Woronoski, J.A. Pte.

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

(Transfer or Discharge).....to.....on 18th July 19 44.

Reason Death. Authority: C.C.L. "A"478. d/13th August, 44.

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

| Dr Particulars | Amount | | Cr Particulars | Amount | |
|---|---|---|---|---|---|
| Balance Dr from last account | | | Balance Cr from last account | 16 | 91 |
| 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 | 20 | 00 | Allowances (Give particulars).....days at.....$ | | |
| Regimental Charges | | | | | |
| Public Stoppages (Give particulars): | | | | | |
| To Balance Cr Free | 43 | 41 | By Balance Dr | | |
| To Balance Cr Deferred | | | | | |
| Total | 63 | 41 | Total | 63 | 41 |

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

Remarks:

Assigned Pay $20.00 (F) Stopped eff. August, 44.

The above statement has been compiled from Treasury Records, the latest paybook not being available.

Compiled by D.P. Maloney.

Checked by Ed Weight

Date 26th February, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

AR.

*To be made out in duplicate.*

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

# PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN F[redacted]FORCE ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C[redacted]C.A.S.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier WOVONOIVSKI JOSEPH
(Surname first—Christian names in full—Block capitals)

2001c Centre St., Montreal.

(2) Regimental Number D56367

(3) Unit LE REGIMENT DE MAISONNEUVE, C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls nil

Also their names and ages

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name nil

Postal Address Nil

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address Nil

(11) Is your father alive? Yes

If so, state name and address Antoni Wovonoivski

2001c Centre St., Montreal, Canada

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

NO

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. nil

Also state reason he has no other means of support nil

(14) Is your mother alive? No

If so, state name and address nil

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. nil

Also state reason why she has no other means of support nil

(17) Are you insured? No

If so, in what Company? nil

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

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.

Joseph Wovonauski
(Signature of officer or man)

Date Sept. 11, 1939.

G. M. Jones.
Witness.

Robert Bourassa
(Robert Bourassa) Lt-Colonel
Officer Commanding
O.C. Le Régiment de Maisonneuve CASF

Date SEP 11 1939

DECEASED



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

# SOLDIER'S SERVICE BOOK

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

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

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

---

## INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

DECEASED



## (XIV) PARTICULARS OF DENTAL TREATMENT

| Date | Required | Completed | Specification Use authorized Abbreviations and Symbols | Signature of Dental Officer |
|---|---|---|---|---|
| 12-12-43 | ✓ | | CUD- CLD | [illegible] Capt |
| 10-2-44 | | ✓ | CUD. C.A.D. delivered | [illegible] |
| 17-3-44 | | ✓ | CUD. REBASED. | [illegible] Mg. |
| 5 May 44 | | ✓ | CLD- inserted remake | K O Berwick Capt |
| 5 May 44 | | ✓ | Nil | K O Berwick Capt |
| 21.6.44 | | ✓ | Fitted new F/F STELLON | A J Boylin Capt 35. CC.S. |



## (1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-56367

Surname (in capitals) WORONOSKY.

Christian Names (in full) JOSEPH.

Date of Birth 26 MAI 1916

Place of Birth MONTREAL.

Trade on Enlistment FORGERON

Nationality of Father at birth POLONAIS

Nationality of Mother at birth POLONAISE

Religion R.C.

Enlisted at MONTREAL. P.Q.

Date 9-7-39

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

Signature of Soldier J. Woronoski

Signature of Officer T. P. Taschereau Capt.

Place MONTREAL. P.Q. Date

DECEASED



**(II) NEXT OF KIN**

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

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

| Nearest degree of relationship | | Names | Date |
|---|---|---|---|
| 1st | Wife | Nil | |
| | Children | Nil | |
| 2nd | Father | Antonio Woronoky | |
| | Mother | | |
| 3rd | *Brothers and Sisters | | |
| 4th | Other Relations (stating) relationship) | | |

*State whether brothers are older or younger.



**NOW LIVING**

| Latest known Address in full |
|---|
| 2001c Centre. |
| Rte. St Charles. |

DECEASED



**(III) RANK and APPOINTMENT**

| Date | Rank and Appointment | Substantive, Temporary, Acting or Local (with or without pay) | Authority of Part II Orders | Signature of Officer |
|---|---|---|---|---|
| 9-9-39 | Gte. | | | |



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

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

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**Qualified in addition as under :—**

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Date.....

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

DECEASED



## (V) PARTICULARS OF TRAINING

| Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result | Date | Signature of Officer |
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## (VI) SMALL ARMS RANGE COURSES

| Year | Classification | If Table not completed, state parts fired | Signature of Officer |
|---|---|---|---|
| 14/9/43 | 2nd Class. | Rifle. | |
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DECEASED

## (VII) EDUCATIONAL QUALIFICATIONS

| Certificate, Specialist Qualifications, etc. | Place | Date | Signature of Officer |
|---|---|---|---|
| II Grade. | St Charles. | 1938 | |
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## (VIII) TRADE RECORD

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

| Trade | Group | Class | Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc. | Date | Signature of Officer |
|---|---|---|---|---|---|
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DECEASED

## (IX) EMPLOYMENT WHILST SERVING

| Period | | Nature of Employment | Remarks and Signature of O.C. Coy., etc. |
|---|---|---|---|
| From | To | | |
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To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.



## (X) MEDICAL CLASSIFICATION

| Date | Category or Grade | Medical Examiner of Recruits, or other Medical Authority | Signature of Medical Officer |
|---|---|---|---|
| | - A - | Medical Board. | |
| | | Urine Normal | |
| | | x-ray normal. | |
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DECEASED



## (XIV) PROTECTIVE INOCULATIONS

| Nature of Vaccine, "T.A.B." Cholera, Plague, etc. | Date | Signature of Medical Officer |
|---|---|---|
| | 4-12-39 | |
| T.A.B./3 | 11-12-39 | |
| | 18-12-39 | |
| | 26-1-40 | |
| Tet/3 | 7-3-40 | |
| | 7-3-41 | |
| TAB | 8-11-40 | |
| TABT 1/2 | 16-12-41 | |
| TABT 1/2 | 20-11-42 | |
| TABT. 1/2 cc | 1-12-43 | |
| Typhus 1/4 cc | 31-12-43 | |
| Typh. 1/2 cc | 8-1-44 | |
| Typh. 1 cc | 20-1-44 | Paulrobert Capt |
| Typh 1 cc | 2 Jany 44 | J.K. Morrison |

## (XV) VACCINATION

| Date Vaccinated | Signature of Medical Officer |
|---|---|
| 9-2-40 | |
| 17/2/44 | 1 Dent |



## (XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

| Particulars | Date | Signature of Officer |
|---|---|---|
| Last Leave. | Aug 13 | |
| 2" TEST-COMP. | | |
| M-TEST-COMP. | | |
| C.U.S.M. & Clasp | D.O. #4 | |
| W.E.F. 15-1-44 | 25/1/44 | |

FINGERPRINTED—CAIB

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

No. Rank Name

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

at

Signature of Officer.
Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate—

**Certificate**

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

I. Langues Lt

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....



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

## SHORT FORM OF WILL

(Write Will on next page)

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

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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-56367 Pte. Woronsky J. (Deceased)

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY ..... C-5591 Pte. Patterson L.K. B-126252 Cpl. Sislofsky A. ..... DATE 23 Nov 44

| | | | |
|---|---|---|---|
| 1 | Baptism Certificate | | |
| 1 | Polish Badge | | |
| 1 | Chain | | |
| 1 | Comb in Case | | |
| 1 | Set Artificial Dentures | | |

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

TRIPLICATE — with effects.

A. Sislofsky Cpl
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
27 NOV 1944
BRANCH
HEADQUARTERS

Montreal 31st Dec 45

D. N. D. "Army."
Estates Branch.

BRANCH
JAN 1 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

RE: HQ 405-W-15,899 FD 170 d/3 Nov. 45

Dear Sir,

That cheque was not received by my father since he was dead by the time it was delivered. It was received by my brother John and he says that he returned it the very same day to the sender's address. That is all the information I can give you concerning this cheque.

Thanking you very
much for your kind attention.
I remain,

Yours truly

Stanley Woronowski
1589 Centre St.
Pte St Charles
Montreal 22
Que.

Montreal May the 15th 1946

ESTATES BRANCH
MAY 16 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

Dept. of National Defence
Estates Branch,

RE: HQ 405-W-15, 899 FD 170

D.S. 6367
Woronowski, S. H

Dear Sir,

In reply to your letter dated May 3rd, I regret to inform you that my father left no will. However if it could be of any information to you, there are three of us left in the family. The eldest, John, aged 45 and my younger brother Frank aged 33. Both of them are now living at 2001 ½ Centre Street, Montreal.

Hoping that you will find all the information required, I remain

Yours truly

Address brothers
dist.

Stanley Woronowski
1589 Centre Street
Pte St Charles
Montreal 22

SEP 13 1945

Montréal, le 9 sept. 1945.

ESTATE BRANCH
SEP 12 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Monsieur,

Ceci est pour vous avertir du changement du plus proche parent dans le cas de D 56367 Pte Jos. Woronoski, qui est mort en juillet, 1944.

Son frère est décédé dernièrement et comme je suis maintenant son plus proche parent, j'ai raison de croire que mon frère n'a pas reçu tout ce qui lui revenait et j'aimerais avoir quelques informations à ce sujet.

Vous serait-il possible de me dire tout ce que mon frère a reçu en argent de-

puis la mort de son fils.

Si, par hasard, il lui revenait encore quelque chose, comme je suis son frère, je vous serais obligé, monsieur, si vous me le feriez savoir.

En vous remerciant monsieur je demeure,

Votre tout devoué.

Stanley Woronoski
5894 St Centre St
Pte St Charles
Montreal 22
Que.

Q.G. 405-W-15,899 F. 170

DIVISION DES SUCCESSIONS

27 septembre 1945.

Monsieur S. Wovonowski,
1589, rue Centre,
Pointe St Charles,
Montréal 22,
P. Q.

WORONOWSKI, Joseph A., Soldat,(décédé)
No. D-56367, Armée Canadienne

Cher Monsieur Woronowski,

En réponse à votre lettre du 10 septembre, je dois vous dire qu'à notre connaissance le seul montant qui ait été payé à votre père est celui de $43.61 que nous lui avons remis dans le cours du mois de juillet. Le chèque ne nous a pas été retourné et nous en concluons donc que votre père l'a dûment reçu et négocié.

Ce montant ne comprenait que le reliquat de solde. Nous ignorons si la gratification de service de guerre à été payée. Si vous desirez obtenir des renseignements precis à cet égard nous vous suggerons d'écrire au Secrétaire du Ministère de la Défense Nationale, Armée, a/s Trésorier-Payeur Général, OTTAWA. En même temps, vous pourrez profiter de l'occasion pour la réclamer si elle n'a pas encore été payée.

Votre dévoué,

Major,
le Directeur des Successions.

OG/TD

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

PJL

# CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

**CASUALTY** (REPORT DELIVERY)

OTTAWA 15TH AUGUST 1944

TO:- MR ANTONI WOVONOWSKI
2001 C CENTRE ST
MONTREAL QUE

7973 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D56367 PRIVATE JOSEPH ANTONI WOVONOWSKI HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION EIGHTEENTH JULY 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

DIRECTOR OF RECORDS

7 September 1944

Mr. Antoni Wovonowski,
2001 C Centre Street,
Montreal, Quebec.

Dear Mr. Wovonowski:

It was with deep regret that I learned of the death of your son, D56367 Private Joseph Antoni Wovonowski, who gave his life in the Service of his Country in France on the 18th day of July, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 28 1944

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

/EMA

H.Q. 405-W-15,899 D.R. 2(D)

13th July, 1945.

Mr. Antoni Wovonowski,
2001 Centre St.,
Montreal, Quebec.

Dear Sir:

Information has now been received from the overseas military authorities that your son D56367 Private Joseph Antoni Wovonowski, was buried with religious rites in a temporary grave located at Ranville, approximately five and a half miles North-East of Caen, in the Department of Calvados (Normandy), France. Marked map is enclosed.

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

Yours faithfully,

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

JJJ

/LP

Q.G.405-W-15899 D-16889
(WSG/G)

le 15 février 1946.

Monsieur,

Au sujet du soldat J.A. Woronowski,
matricule D-56367.

Comme vous n'avez pas répondu à notre lettre recommandée dans les trente jours requis, nous remettons au directeur des successions la gratification payable à l'égard de feu le militaire susnommé, pour qu'il en fasse le partage en conformité de son testament ou, s'il n'y a pas de testament, en conformité des lois de la province où il demeurait.

Comme il faut suivre une certaine ligne de conduite et remplir certaines formalités en vue d'effectuer le règlement de cette façon, il s'écoulera quelque temps avant qu'on puisse donner suite à cette réclamation.

Croyez qu'on prend tous les moyens pour que le partage puisse être effectué le plus tôt possible.

Veuillez agréer, monsieur, mes sincères salutations.

Pour le trésorier-payeur général,

(K.W. RICE), capitaine.

M. Stanley Woronowski,
1589, rue Centre,
Pointe Saint-Charles,
Montréal (22), P.Q.

File No 405-W-15899

# REBURIAL

NO D56367

RANK PTE

NAME WOVONOWISKI J.A

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 16 Row H Plot 20

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

H.Q. 405-W-15,899 D.R. 2(C)

13th April, 1946.

Mr. Stanley Wovonowski,
1589 Centre Street,
Pointe St. Charles,
Montreal, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your brother, D56367 Private Joseph Antoni Wovonowski, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row H, plot 20, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, 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