D57049
BOUCHER
WILLIE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county | Official name of civil municipality or township | *Place an X over the word which applies to this municipality or this territo* — *City | Town | Village | Parish | Township*

Street: IN THE FIELD (FRANCE) 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: BOUCHER (*Block letters*)

Given names: Willis

4. RESIDENCE

Street: Larochelle No. 1478

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			Married

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: (Month) September (Day) 10th (Year) 1920

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
24			....hrs. or....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

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

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....19.... (Month) August (Day) 24th (Year) 44

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

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

24. CAUSE OF DEATH

I

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

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

II

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

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

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

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

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

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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)

FEB 23 1945

Director of Records, Dept. of National Defence.

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) (année) 19.....

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès..... (jour) (mois) 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le

.....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a).....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b).....

dû à

(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)

Manière de la blessure.....
(Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

405-B-30902

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.

REGIMENT OR CORPS: R de Mais.

Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D-57049

Rank: Pte

Surname: Boucher

Christian Names: W.

Died — Date: 8 Aug 44 Place: France

Cause of Death*: A.F.W. 3014/85 d. 16 Aug 44

Nature and Date of Report: K/A

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

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

Burial — Place: Fleury-sur-Orne 7F/1 023649 Date: 6 Aug 44

By whom reported: C.F. R de Mais.

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 7 Sep 44

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

23

M.F. M 10a
10 M—1-40 (3574)
H.Q. 1772-39-1657

VOIR INSTRUCTIONS AU VERSO.

FORMULE DE TESTAMENT

(1) Je, ...Willie..Roucher....., de la .....Ville.....
(Nom au long)

de.....Montreal....., dans le Comté / District de.....Ste-Marie.....,

Province de....Quebec....., ...Journalier.....,
(Occupation civile)

N° matricule.....D-57049....., Unité....Rgt..de..Maisonneuve....., C. A. S. F. révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à

Ma mere,Alexandria Boucher,1478 Larochelle, Montreal,

Comte,Ste-Marie Province de Quebec

Tous mes biens

Noms et adresse des bénéficiaires résiduaires

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

(4) Je nomme.....
(Nom)

.....exécuteur / exécutrice de mon présent
(adresse)

testament.

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

En foi de quoi j'ai signé ce....24....ème

jour de....AVRIL....A.D. 19..40.....

(5)

Signature du premier témoin — Gabriel Houle R.d.M. — (Adresse)

(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin — G. Lafrenière C/H R.d.M. — (Adresse)

Willie Boucher
(Signature du soldat)

(VOIR AU VERSO)

INSTRUCTIONS

Si vous avez déjà fait votre testament, ne remplissez pas cette formule, mais dites seulement où votre testament pourra être ou à qui il a été confié.

(1) (Exemple) Je, Jean-Baptiste Duval, de la cité de Québec, dans le comté de Québec-Centre, Province de Québec, mécanicien, N° matricule 1234, Royal 22ème Régiment, par les présentes.....

(2) Si vous ne désirez nommer qu'un seul bénéficiaire, remplissez la formule comme suit: Je lègue à "mon épouse, Marie Duval: tous mes biens",— et dans ce cas, retranchez la clause (3).—Si vous désirez nommer plus d'un bénéficiaire, dites ce que vous voulez donner à chacun, ainsi par exemple

"mon épouse, Marie Duval: $.....00, et mon ménage";
"mon frère, Thomas Duval: $.....00";
"ma sœur, Marguerite Duval: $.....00";
"mon ami, Jean Côté: $.....00";

et tout cadeau personnel que vous désirez faire.

(3) Si vous voulez léguer le reste de vos biens à une seule personne, nommez cette personne, comme "mon épouse, Marie Duval". Si vous voulez léguer le reste de vos biens à plusieurs personnes, nommez ces personnes, comme "ma mère et mon père, en parts égales". (Vous pouvez répartir les parts inégalement et de la façon que vous désirez.)

(4) Inscrivez le nom de l'exécuteur ou de l'exécutrice, comme "Jean Caron, 24 rue St-Jean, Québec, Province de Québec", ou, si c'est une femme, comme "Jeanne Caron", et donnez son adresse. (Le bénéficiaire ou le légataire peut être validement nommé exécuteur testamentaire.) Il n'est pas nécessaire de nommer un exécuteur ou une exécutrice si vos biens ne comprennent que votre solde (salaire), vos allocations ("allouances"), votre équipement et vos effets personnels.

(5) Deux témoins doivent signer en présence du soldat, et chaque témoin doit donner son adresse au long.—Voyez à ce que le soldat inscrive la date et signe de sa signature ordinaire.

(6) Ne nommez pas un soldat comme votre exécuteur testamentaire.

Director of Estates

Regimental No. D.57049 Rank Private

BOUCHER Willis

Surname Christian Names

Unit Le Regiment de Maisonneuve (CA)

Date of Death 8-8-44 Place of Death Overseas (France)

Next-of-kin Mrs. Kathleen Boucher Relationship Wife

Address 30 Molesey Rd. Hersham, Surrey, England ✓

Mr. Arthur Boucher (Father.)

1086 Champlain, Montreal, Quebec. ✓

M.F.M. 5 Copy M.F.M. 5 herewith

Will dated 24 April 1940 herewith

Date 15 Sept. 44

JEC:DM

ESTATES BRANCH OCT 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

CANADIAN MILITARY HEADQUARTERS

No. 10025

RECORDS OFFICE

C A S U A L T Y R E P O R T

NAME (in full) BOUCHER, Willie

NO. D-57049 RANK PTE UNIT REGT.DE MAIS.

HOSPITAL (U.K.only) In which death took place,if applicable

R.U.(U.K.only) to which posted on admission to Hospital

CASUALTY KILLED DATE ~~8 AUG 44~~ 6 Aug 44 LIST # ~~A 478~~ A 529 PLACE AEF

If P.O.W. or INTERNED, NUMBER & Address

PREVIOUSLY REPORTED 6 DATE

(L.S. APPLEFORD) Major
Officer i/c R.5 Wing CAS.SECT.

NEXT OF KIN

1. CANADA or U.S.A. - ~~YES~~/NO (If NO, COMPLETE NO. 2)

2 NAME,(In Full) Mrs.Kathleen BOUCHER

RELATIONSHIP WIFE ADDRESS Flat 6 The Grove Mansions.
The Grove Walton On Thames
Surrey,England.

3. ANY RELATIVES IN U.K. from M.F.M.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

Address

4. Particulars of DEBTS, Remarks, etc.

Date SEP 21 1944

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

1776.

Register No. D·12171 FORM No. 1

Nominal Roll No. D 274

H.Q. File No. 405-B-30.902

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
D57049	PTE.	BOUCHER	WILLIE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... DECEASED. ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 28 MAR 40.	T.O.S.	T.O.S.
S.O.S. 6 (WA) AUG 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1593	Total Days	Total Days

Total Service ..... 1593 (U) DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	150	34	116
Overseas Service	1443	49	1394
Totals	1593	83	1510
Add Non-qualifying Service			83
Total Service			1593

DCM

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 6 (WA) AUG 44 (WA). 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 6 AUG 44 (WA)

Computer's Signature .....

Checker's Signature .....

Date Computed ..... 3 MAY 45

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL.	30 JUNE 40	4 July 40		4.	
AWARDED.			5 July 40.	15	19 ✓
AWL.	15 AUG 40	20 AUG 40		5	
AWARDED.			30 AUG 40.	10	15 ✓
				Total	34 ✓

Overseas: T.O.S. 25 Aug 40. T.O.S. (WA) T.O.S.

S.O.S. 6 Aug 44 S.O.S. S.O.S.

AWL.	1 DAY			1	
AWARDED			28 July 43	7	8 ✓
AWOL.	1 DAY			1	
AWARDED			29 Nov 43.	3	4 ✓
AWL.	2 D. 21 H. 30 M.			3.	
AWARDED.			14 Apr 44	14	17 ✓
AA SEC 40.	1 D. CONCURRENT		27 Apr. 44	21 —	20 ✓
				Total	49

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Willie (CHRISTIAN NAMES) BOUCHER (SURNAME)

REGISTER NO. D-12171
FILE NO. 405-B-30902
DATE 30-8-45
SERVICE NO. D-57049
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 6-8-44

PAYEE Mrs. Kathleen BOUCHER,
ADDRESS Flat No.6, The Grove Mansions, The Grove, Dalton-on-Thames, Surrey, England.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1500 NO. OF DAYS 1510 (30) EQUAL TO 50 COMPLETE PERIODS AT $7.50	375.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 1394 LESS 10 INELIGIBLE DAYS, EQUAL TO 1384 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	346.00
	721.00
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 $ 51.12 $ 1.70 TOTAL $ 4.45 X7 = $ 31.15 NO. OF DAYS 1394 (183) X$ 31.15	237.28
D. WAR SERVICE GRATUITY	958.28
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	—
F. TOTAL AMOUNT PAYABLE	958.28

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	6.9.45

[illegible] Capt
SERVICE REPRESENTATIVE

File No 405-B-30902

REBURIAL

NO D-57049

RANK Pte

NAME BOUCHER - W

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 12 Row E Plot 11

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

Noted OR 2(c)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.57049 RANK Private SERVICE UNIT Le Regiment de Maisonneuve (C.A.).

NAME BOUCHER, Willis

DATE OF BIRTH
DAY 10th MONTH September YEAR 1919 Enlisted: 28-3-40

MARITAL STATUS Married RELIGION--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Kathleen Boucher (W

ADDRESS 30 Molesey Rd., Hersham, Surrey, England. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME Mr. Arthur Boucher (Father),

ADDRESS (IF SOLDIER MARRIED OVERSEAS) 1086 Champlain, Montreal, Que.

AUTHORITY CAS. SIG. NO. 9134 H.Q. 405-B-30,902 DATE

CASUALTY DETAILS Killed in action 6-8-44

AMENDED AS TO DATE

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

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

DATE 12-12-44

S/L 346
O/S with Regt. de Mais.

OFFICER I/C RECORDS

BTC 6

COPY FOR DOCUMENT FILE

1.50
(24)

NAME Boucher W. Pte Boucher Walter

REGIMENTAL NO. D-570 H9 RANK ~~Pte~~ ~~A/L/Cpl.~~ ~~A/Cpl.~~ Sgt

ENLISTED AT ~~Cie D~~ Montreal. PROMOTIONS, ETC. AND DATE

DATE ~~28-3-40~~ 28-3-40. DO 85

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single, Married

NEXT OF KIN ~~Art. Boucher~~ Kathleen Boucher RELATIONSHIP ~~Father~~ wife

ADDRESS OF ~~1478 Larochelle St Mlle, P.Q. Can.~~

ASSIGNMENT OF PAY, $ ~~20.00 March 43~~ 23.00 ~~[illegible]~~ March 43

ADDRESS 30 Molesay Road, Hersham, Walton on Thames Surrey England

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT ~~22/3/43~~. Yes

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 22/3/43

IN WHOSE FAVOUR Mrs Kathleen Boucher (wife)

M. F. M. 14
40M—1-40 (3678)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
Admis Report 28.3.40	85	29.3.40	
Transfer to Reg. at D. 19-4-40	105	20-4-40	
A/L/Cpl. 24-10-41	78	5.12-41	
Promo A/Cpl. 1-1-42	13	26-2-42	
" A/L/Sgt. 5-3-42	22	31.3-42	
Confirmed Sgt. 8-6-42	42	8-7-42	
6 M.T.C. Course no. 801	56	24-9-42	31-8-42 to 19-9-42
Reverts to Pte. 24-9-42	54	9-10-42	
Reprimanded offence sec. A.A. 40	54	9-10-42	24-9-42
Permission to Marry 26.2-43	1	7-1-43	26-12-42
Married with permission. 27-2-43	19	31-3-43	
Regt rate pay $1.50 1-1-43	24	7-5-43	
Forfeiture pay 8 days	40	6-8-43	ref. 28 Jul 43 A.W.L
CMHQ COURSE 618 - DRIVING B VEHS	64	6-12-43	Att to 1 C.O.R.U. from 19-11-43 to 17-12-43
Forfeits 4 days pay.	246	30-11-43	ref 29-11-43.
~~Having~~ Qualified "Q" 2 in above	6	31/1/44	mentioned course.
1 Edw Vol Serv Medal & 1 clasp	4	24/1/44	15-1-44

REBURIAL

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

Grave 12, row E, plot 11

HI & CR Form Despd. OCT 1 5 1946

Photographs
Despatched
AUG 9 : 1947

BURIAL REPORT TO N.K. FEB 23 1945

RETURN TO BUR. OF STAT. SEP 6 1944

ROYAL MESSAGE DESP'D. SEP 7 1944

CAN. MESSAGE DESP'D.

No D.57049 Rank Private Name BOUCHER, Willis

Unit Regt. de Maisonneuve Date of death 8th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-B-30902

N/K Mrs. Kathleen Boucher, Relationship Widow
c/o Mrs. J. Griffin, Lestock, Saskatchewan.
Address ~~30 Molesey Road, Hersham, Surrey, England.~~

Remains buried in Cemetery

MR 023649 Sheet 7F/1 Fleury/Sur-Orne ~~France.~~

CHK

Grave location

OVER

Form C.M.H.Q. 1000:110
40/P & S/1237

APPLICATION FOR PERMISSION TO MARRY

(one copy only to be completed)

17th November 1942
(Date)

1. I, D 57049 Pte Boucher Willie
(Number) (Rank) (Name) (Initials)

Régiment de Maisonneuve
(Unit)
hereby apply for permission to marry Kathleen Maloney
(Proposed wife's name in full)
of 4, Annett Road, Walton-on-Thames, Surrey.
(Proposed wife's address in full)

2. I certify that the following particulars concerning myself and my proposed wife are true:

(a) PARTICULARS OF SOLDIER

(i) Date of birth 14th September 1919

(ii) Date of enlistment 23 March 1940

(iii) Domicile (place of permanent residence) immediately prior to enlistment 1480 Larochelle, Cot, Montreal Canada

(iv) Marital status—(Strike out words inapplicable)

Bachelor Yes

~~Widower~~

Name of deceased wife n/a

Date of death of deceased wife n/a

~~Divorced~~

Name of former wife n/a

Date of divorce decree n/a

Place where divorce granted n/a

(v) Educational standing 8th grad Primary School
(Highest standing secured at school)

(vi) Training 4 years employee at the International Fertilizer Co Ltd.
(State qualifications for profession, business, trade, etc.)

(vii) Employment at time of enlistment International Fertilizer Co Ltd

(viii) Average weekly earnings at enlistment $30 a week.

(ix) If unemployed on enlistment give particulars of prior employment and earnings

n/a

(x) If history does not disclose probable ability to maintain family after discharge from Army state how it is proposed to do this I intend to resume the same work as I was promised when I left and again a few weeks ago, to have my job when the war is over.

(xi) Particulars of dependents in receipt of dependents allowance, if any:

(1) Name or names of dependents ...no dependents...

.....

(2) Relationship of dependents ...n/a...

.....

(3) Amount of dependents allowance ...No allowance...

(4) Amount of assigned pay ...No Allowance...

(5) How and by whom will dependents be supported after marriage ...n/a...

.....

(b) PARTICULARS OF PROPOSED WIFE

(i) Date and place of Birth ...Sept: 16th 1921, Glounthaune,...

(ii) Name and address of nearest relative ...Mr. Edward Mealoney, (Foster) Eire.
...Knockraha, Glanmire, Co Cork. Eire.

(iii) How long have you known her ...7 months.

3. I solemnly state that I am ...Bachelor...
(Bachelor, Widower or Divorced Person)

as set out in Para. 2(a) (iv) above, and that I am legally free to marry ...Miss Kathleen Mealoney...
(Name of proposed wife)

4. I hereby request that the sum of ten dollars ($10.00) per month be retained from my pay until a sum of two hundred dollars ($200.00) has been accumulated, such sum ~~to be expended under my direction to provide passage to Canada for my wife (and child or children)~~ to be paid to the soldier following his return to Canada (or upon discharge, if effected elsewhere) for the purpose of assisting in the establishment of a home for myself and my family.

...Walter Bowden...
(Signature of applicant)

(NOTE) (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer must be attached to the application.

(ii) If the proposed wife is under the age of 21 years the written consent of her parent or guardian must be attached to the application.

(iii) If the applicant is under the age of 19 years the written consent of his parent or guardian must be attached to the application.

(iv) This application must be read, and the following statement signed, by the parent or guardian of the proposed wife, when she is under the age of 21 years.

The foregoing requirements are for military purposes only. The parties to the proposed marriage, particularly when either one or both of them are under the age of 21 years, should consult a local solicitor or other competent authority upon the requirements to conform to the laws of the country where the marriage takes place.

STATEMENT TO BE SIGNED BY PARENT OR GUARDIAN OF PROPOSED WIFE

..... 194.....

I, ... the .....of ..... declare that I have read
(Name in Full) (Mother, Father or Guardian) (Name of Proposed Wife)

over the above application of .....
(Number, Rank, Name and Initials of Applicant)

and that I am aware of and fully understand the statements therein made.

.....
(Signature)

.....
(Address)

RECOMMENDATION OF COMMANDING OFFICER

After consultation with the padre I recommend that permission be granted

Date 24 dec 42 Signature W. Lalor Bisaillon Lt Col

Commanding Lt Regt de Maisonneuve

DECISION OF HIGH AUTHORITY

(This will be signed by a Brigadier or an officer performing for the time being the duties of a Brigadier)

Permission to marry is granted on or after 26 Feb 43

Date 26 Dec 42 Signature G.R. Whitehead Brig

COMD. 5 CDN. INF BDE.

Commanding

X (If permission is granted, designate date, not less than two calendar months hence, after which marriage may take place.)

Y After permission to marry has been published this form will be forwarded through the usual channels to O. i/c Records, C.M.H.Q.

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?
non

Dans l'affirmative, donnez son nom en entier et son adresse n. a
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? Oui
Is your father alive?

Si oui, donnez son nom et son adresse Arthur Boucher
If so, state name and address.
1478 Larochelle Montréal

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? non
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne n. a
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the [redacted].C.A.S.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance n. a
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? Oui
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Alexandrina Bouchard
If so, state name and address.
Boucher — 1478 Larochelle Montréal

(15) Si votre mère est veuve, êtes-vous son seul soutien? n. a
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining [redacted].C.A.S.F.
n. a

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance n. a
Also state reason why she has no other means of support.

(17) Etes-vous assuré? non
Are you insured?

Si oui, dites dans quelle compagnie? n. a
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? n. a
Have you made arrangements for payment of your Insurance Premium?

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.
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.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

x Willie Boucher
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date March 28/40

Robert Bourassa
Officier Commandant
Officer Commanding

Date APR 2 1940

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

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DANS L'ARMÉE ACTIVE DU CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE FORCE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.A.S.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
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) Nom de l'officier ou du soldat ..... BOUCHER Willie
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule ..... D. 57048
Regimental Number.

(3) Unité ..... Regiment de Maisonneuve C.A.S.F.
Unit.

(4) Etes-vous marié? ..... Non
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier ..... n. a
Full name of your wife.

..... n. a

(*b*) L'adresse postale actuelle de votre épouse ..... n. a
Present Postal Address of wife.

.....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... n. a
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ..... n a
If not — state reasons.

.....

.....

(7) Etes-vous veuf? ..... n a
Are you a widower?

(8) Avez-vous des enfants? ..... n a
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles ..... n a
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge ..... n a
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.

..... n a

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom ..... n. a
Name.

Adresse postale ..... n. a
Postal Address.

[VOIR AU VERSO]
[SEE OTHER SIDE]

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM

INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
150M—2-44 (3755)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. D-57049 | Rank Private

DECEASED.

Surname BOUCHER

Christian name Willie

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Regt de Mais.

Date of discharge 6 Aug 44

Place of discharge Overseas Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 20 years months

Height 5 feet $8\frac{3}{4}$ inches

Complexion Fair

Eyes Brown

Hair Dark Brown

Trade Chauffeur

Descriptive marks:

Tattoo right & left arms
one Vacc. left arm.

Intended place of residence } .....
Street and Number P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address)

Province

2. The above-named is discharged in consequence of "DECEASED"

DECEASED.

Authority for discharge.....

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer.

3. Conduct while in the service has been, according to the records, etc.:

N.B.—See K.R. Can. 385. This will be assessed when practicable by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company, and will be read out to him.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. War Service Badge

General Service

Class and number.....
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

---

6. Medals and Decorations.....

.....

.....

.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

---

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date).....*Commanding*.....

---

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the fourth page, and that I have received my discharge certificate.

(Place).....*(Signature of Soldier)*

(Date).....*(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

---

9. **Statement of Service**

(Date of enlistment—Canadian Army).....

(Date of discharge—Canadian Army).....

(Total Service—Canadian Army).....years.....days

---

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

List of Discharge Documents

Field Conduct Sheet.

Certified Copies of Convictions by Civil Power.

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

Certified Copy of Record of Declaration of Court of Inquiry.

Attestation or Enrolment forms (Duplicate and Triplicate).

Clothing and Equipment Statement.

Proceedings on Discharge.

Training Record.

Application for War Service Badge (G.S. Class).

CANADIAN WOMEN'S ARMY CORPS

Charge Sheet.

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

Attestation or Enrolment Form (Duplicate and Triplicate).

Certificate of Examination (Duplicate and Triplicate).

Clothing and Equipment Statement.

Declaration to serve in Canada and beyond.

Proceedings on Discharge.

Training Record.

Application for War Service Badge (G.S. Class).

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Date..... .....

Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

(Date)..... ....

.....

(Signature of Soldier)

Regimental No. D57049 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name Boucher W

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M40	Attended CMHQ cse 618 Dir B Veh e Qual "Q2"	Pte	17 Dec 43	R de M	UK	6	31 Jan 44
	Change of address N/K MRS KATHLEEN BOUCHER, FLAT 6 THE GROVE MANSIONS THE GROVE WALTON-ON-THAMES SURREY ENG. (PAY)						
M40	On Unit D.R.T.C cse e Att (ap to 21 Coy CMP (T.C)	Pte	9/12 Feb 44	R de M	UK	10	23 Feb 44
	Birth Son, Roger William Joseph, Born at Walton N.W. Surrey England on 15		17 Jan 44				17 Mar 44
	(C62) Awd. 14 days C.B. forfts 14 days pay AA 15(1)	Pte	14 Apr 44	R de M.	UK	27	12 May 44
	(C62) Awd. forfts. 20 days. AA 40. (20 dys. 1 dy come 14 apl)	Pte	27 Apr 44	R de M	UK	27	12 May 44
	Embarked at UK on 4 Jul 44	Pte		R de Mais	29 AG.		15 Jul 44
	Disembarked at France on 9 Jul 44						
	Killed	~~Sgt~~ Pte	8 Aug 44		AEF	A478	13 Aug 44
M119 SOS	SOS Killed in action	Pte	6 ~~8~~ Aug 44	R de M	21 agp	47	22 Aug 44
	Confirmed killed		6 Aug 44	"	Cable 4294 A	d.	7 Dec 44

Regimental No. ....Rank ....

Sheet No..................

MFM 1 & 2a
40/P & S/119 (3913)

Name ....

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated

État de [redacted] du N° D 57.049 — Statement of the Service of No.

Grade Pte — Rank

Feuille N° 2 — Sheet No.

Nom Boucher, Willie — Name

M.F.M. 1 & 2 (a) Fr.
10M-9-39 (2079)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	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. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
24-8-40		Embarcation H.M.T.	Pte.	24-8-40	R de M. C.A.S.F.	On Board. E 61	219	24-8-40
5-9-40		TOS CASF (Overseas) on transfer on 25-8-40						
		and disembarked at Greenock Scotland on	"	5-9-40	"	Adelshort Eng.	229	5-9-40
10-9-40		Is posted to BN H.Q.	"	10-9-40	"	"	222-2	10-9-40
		Landing Leave	"	Oct 9-14 1940	"	Field	#11	14.10.40.
		Priv: Leave	Pte	8 Jan 41 15 Jan 41	Maisonhuur	Field	D.O 4.	10 Jan 41
		Priv: Leave	Pte	14 22 May 41	R de Mais	Ha	42	23 May 41
		SOS CASF (CANADA) ON EMBARKATION AT Halifax ON Aug 24/40						
		TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON Aug 25 AND DISEMBARKED AT Gonrock ON Sept 5/40					39	8 May 41
		Priv leave (no warr) to 28th Oct 41		21 Oct 41	R de Mais	UK	70	4 Nov 41
		Appt'd A/L/Cpl.	A/L/Cpl.	24 Oct 41	R de Mais	UK	78.	5 Dec 41
Entered in error.		~~Ceases to be Att'd from RCOC.~~	~~A/S/Sgt~~	~~14 Dec 41~~	~~R de Mais~~	~~UK~~	~~4~~	~~21 Jan 42~~
		appointed A/Cpl.	A/Cpl.	1 Jan 42.	R de Mais	U.K.	13.	26 Feb. 42
		Appt'd A/L/Sgt	A/L/Sgt	5 Mar 42	R de Mais	UK	22	31 Mar 42
		4 Priv leave to 31 Mar 42 FTW	A/L/Sgt	24 Mar 42	R de Mais	UK	24	10 Apr 42
		Appt'd A/Sgt	A/Sgt	8 Mar 42	R de Mais	UK	30	5 May 42

Statement of the Service of No. ... Rank ... Sect. No.

Nom. BOUCHER Wallie ... D57049
Name

M.F.M. 1 & 2 (a) Fr.
10M-9-39 (2079)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	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 Casualty list, etc.	Autorisation — Authority: Daté le — Dated
		Confirmed in the rank of Sgt	Sgt	8 June 42	R de M	UK	42	8 July 42
		Priv. Leave to 7 July 42	Sgt	30 June 42	R de M	UK	45	17 July 42
		Proceeded on CM to Pte A.A. Sec 40 & C.T.S.	Sgt.	31 Aug 42 19 Sept 42	R de M.	UK.	56	24 Sept 42
		Reverted to Pte at own Request AA Sec 40 Severly Reprimanded	Pte	24 Sept 42	R de M	UK	59	9 Oct 42
			Sgt	24 Sept 42	R de M	UK	59	9 Oct 42
		P. Leave 7 days.	Pte	29 Sept to 6 Oct 42	R de M	UK	60	17 Oct 42
		Granted Permiss to marry on 26 Feb 43 Miss K. Maloney	Pte	26 Dec 42	R de M	UK	1	7 Jan 43
		P. Leave to 7 Jan 43	Pte	29 Dec 42	R de M	UK	3	15 Jan 43
		9 dys Priv Leave with allow. to 4 Mar 43 at Walton on Thames - Surrey England -	Pte	23 Feb 43	R de M	UK	45	20 Mar 43
		Married with perm: to Miss Kathleen Maloney on 27 Feb 43 wife Mrs Kathleen Boucher	Pte	27 Feb 43	R De M	UK.	19	31 Mar 43
Change of Address of Nok KIN		~~4 Annett Road, Walton on Thames, Surrey~~ England	Pte		R de M	UK	19	31 Mar 43
		Granted daily Regtl rate of pay $1.50	Pte	1 Jan 43	R de M	UK	24	7 May 43
		AA 15 (1) Awl 1 day Awd 7 days Deln of L. Forf 8 days pay	Pte	25 July 43	R de M	UK	40 56	6 Aug 43
NEXT of KIN change of address		~~MRS KATHLEEN BOUCHER (Wife) 30, MOLESEY, ROAD, HERSHAM, SURREY. ENGLAND~~			R de M	UK		29 Oct 43
C80		Proc on CM to Pte A.A. Sec 618 Driving B Vehs + att Sap to 1 CORU	Pte	17 Dec 43 19 Nov 43	R de M	UK	64	6 Dec 43
M4D		AA 15 (1) for 3 days pay	Pte	23 Nov 43	CORU	UK	291	24 Nov 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP.						

SERVICE AND CASUALTY FORM

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

(PART II)

Regiment or Corps ..... Regimental Number D57049

Substantive Rank ..... Surname Boucher Christian Names Willie

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 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
16 Feb 44	O.C.	Rde Mais	Proceeded on Unit DR. TC Course and att to 21 Coy CMP (TC) for pay 6 to 12 Feb 44	Field	6 Feb 44	Pte	DO 10-23 Feb 44
10 Mar 44	"	"	Son, Roger William Joseph born at Walton NW Surrey England on 17 Jan 44	"	17 Jan 44	"	" 15/44
21 Apr 44	"	"	14 Days C.B & 14 Days Forf of Pay FR&I 149(2) for Ack 2 days 21 hrs 30 min) Forf 3 days pay FR&I 149(1)(A). To Cat forf 17 days pay	"	14 Apr 44	"	" 27/44
28 Apr 44	"	"	21 Days Forf of Pay FR&I 149(2) for Off OO 40. Forf 21 days pay FR&I 149(2) (1 days Concurrent with award of 14 Apr 44) To Cat forf 20 days pay	"	27 Apr 44	"	" 27/44
			Embarked U.K. 4 Jul 44. Disembarked France 9 Jul 44.				
	O.C.	Rde Mais	S O S Killed in Action	Field	6 8 Aug 44	"	" 39/44
						"	" 47/44

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown

(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
		R de M.		On Board.			
24-9-40		C.A.S.F.	Embarcation H.M.T.	E 61	24-8-40	Pte.	
5-9-40		"	TOS CASF (Overseas) on transfer on 25-8-40 and disembarked at Greenock on		5-9-40	"	219
10-9-40		"	Posted to Bn. H.Q. Coy.	Aldershot	10-9-40	"	222-2
10 OCT 40	3011	"	Granted Landing Leave	"	9-10-40	"	Pt.11 No.11 d/14 OCT 40
6 Jan 41	3011	"	" Privilege Leave from 8 to 15 Jan 41	"	8-1-41	"	" 4, 10 Jan 41
15 May 41	OC.	"	9 Days Leave (2nd Privilege)	Eng	14 May 41	"	" 42, 23 May 41
25 Oct 41	"	"	7 " " (2nd ") No Warrant	Field	21 Oct 41	"	" 70, 4 Nov 41
24 Nov 41	"	"	Promoted O/L/Cpl	"	24 Oct 41	O/L/Cpl	" 78, 5 Dec 41
16 Feb 42	"	"	Appt'd O/Cpl	"	1 Jan 42	O/Cpl	" 13-26 Feb 42
27 Mar 42	"	"	Appt Acting Lance-Sergeant	"	5 Mar 42	A/L/Sgt.	" 22-31 Mar 42
3 Apr 42	"	"	7 Days Leave (P-4) F.T.W.	"	24 Mar 42	"	" 24-10 Apr 42
1 May 42	"	"	Appt'd O/Sgt	"	8 Mar 42	O/Sgt	" 30-5 May 42
3 Jul 42	"	"	Confirmed Sergeant	"	8 Jun 42	Sgt	" 42-8 Jul 42
10 Jul 42	"	"	7 Days Leave P-5	"	30 " 42	"	" 45-17 Jul 42
4 Sep 42	"	"	Proceeded on C.M.H.Q. Course No 805 No 5 Battle Wing and Att fop to C.T.S. 31 Aug 42 to 19 Sep 42	"	31 Aug 42	"	" 56-24 Sep 42
25 Sep 42	"	"	Severely Reprimanded for Off. OASec 40	"	24 Sep 42	"	" 59-9 Oct 42
25 " 42	"	"	Reverts to Pte at his own request	"	24 " 42	Pte	" 59-9 Oct 42
9 Oct 42	"	"	7 Days P.L. F.4	"	29 " 42	"	" 60-17 Oct 42
28 Dec 42	"	"	On 28 Dec 42 Granted permission to marry Miss Kathleen Maloney	"	26 Feb 43	"	" 1-7 Jan 43
7 Jan 43	"	"	9 Days Privilege Leave	"	29 Dec 42	"	" 3-15 Jan 43
3 Mar 43	"	"	9 " " "	"	23 Feb 43	"	" 15-20 Mar 43
23 Mar 43	"	"	Married with Permission to Miss Kathleen Maloney at Walton on Thames, Surrey England	"	27 Feb 43		" 19-31 Mar 43
23 Mar 43	"	"	Change of N-of-K recorded	"			
27 Apr 43	"	"	Granted Daily Rates of Pay of $1.50 per diem	"	1 Jan 43	"	" 24-7 May 43
30 Jul 43	"	"	7 Days Det for Out 1 day. Forf 7 days pay F.R.&I. 149(1)(b). Forf 1 days pay F.R.&I. 149(1)(A). Total forf. 8 days pay	"	28 Jul 43	"	" 40-6 Aug 43
28 Sep 43	"	"	Next of Kin recorded	"		"	" 56-29 Oct 43
22 Nov 43	"	"	Proceeded on C.M.H.Q. Course 618 Driving B Vehs and att to 1 CORU fop 19 Nov 43 to 17 Dec 43	"	19 Nov 43	"	" 64-6 Dec 43
	"	1 CORU	3 Days forf. of pay F.R.&I. 149(2) for Out 24 hrs. Forf 1 days pay F.R.&I. 149(1)(A). Total forf. 4 days pay	"	29 Nov 43	"	" 296-30 Nov 43
15 Jan 44	"	R de Mais	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	" 4-44
6 Jan 44	"	"	Qual "Q-2" on C.M.H.Q. Course 618	"	19 Nov 43	"	" 6-31 Jan 44

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 57,049

1. Surname Boucher
2. Christian Names Willie
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 5 March

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Que. Canada.
5. Date of birth as declared on attestation 10 sept. 1910
   (A)
6. Date of enlistment 26-3-40
7. Place of enlistment Montreal, Que. Canada.
8. Residence at time of enlistment 1476 Larochelle, Mont. Que.
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. married 27 Feb 43
13. Trade on enlistment Chauffeur
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R de M. — Unit (Battn., etc): D

(18) Medical

	Category	Date	Authority
	"A"	26-3-40	Maj. W. Tremblay

(19) Next of kin (entries to be made in pencil)
Mrs Kathleen P. Boucher, Wife
30 Molesey Road
Hersham, Surrey
England

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

NOTES—

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

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

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

M.F.M. 2 Fr.
A.F.B. 271
10 M—10-39 (2386)
H.Q. 1772-39-1645

Unité Reg de Maisonneuve East N° Matricule D 57049

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA

FORMULE D'ENRÔLEMENT

01
PTE

1. Nom Boucher
2. Prénoms Willie
3. Adresse actuelle 1478 - Lafontaine Montreal PQ
4. Date de naissance 10 Sept - 1919
5. Lieu de naissance CANADA (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) CAT. ROM. -
7. Métier ou profession Chauffeur -
8. Marié, veuf ou célibataire ~~Célibataire~~ SEECHANGE
9. Nom du plus proche parent ~~Arthur Boucher~~ -
10. Degré de parenté ~~Père~~
11. Adresse du plus proche parent ~~1478 Lafontaine~~ Montreal PQ
12. Avez-vous servi dans quelque armée de mer, de terre ou de l'air? Oui
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, le corps de troupe et les détails régimentaires Non
14. Faites-vous actuellement partie de la milice active du Canada ou y avez-vous déjà servi? Oui

Regiment de Maisonneuve 3 ans - 1936-37-38 -
(Indiquez l'unité et la date de l'enrôlement)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT

Je, soussigné, Willie Boucher, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 26 Mars 1940 Willie Boucher
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

x Willie Boucher
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal ce 28 jour de Mars 1940

A Champagne major
(Signature du magistrat, du juge de paix ou de l'officier certificateur

Adjt Regt de Maisonneuve East
(Titre, grade et unité ou emploi)

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

FINGERPRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

État de service de Boucher (Nom) Stillie (Prénoms) — N° matricule D 57049

APTITUDES

Militaires Regt de Maisonneuve 1936-37-38 L/caporal.

Professionnelles ou commerciales Nil.

5602 — Civiles ou de métier Chauffeur

Techniques Nil

Langues Francais & Anglais

DEGRÉ D'INSTRUCTION

Académies Ste Brigide (années complétées) Graduation ou Immatriculation 7ème Année (Spécifier)

*Collège Nil —

*Université Nil —

(*Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations ou les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport: Date	Rapport: Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation: Daté le
		Affecté lors de son enrôlement						
29-3-40		Pris sur l'effectif	Private	28-3-40	R de Mais C.A.S.F.	Montreal	85-1	30-4-40
30-4-40		Detaille pour devoir a la Cie D	"	19-4-40	"	"	105-6	"
5-7-40		A.W.L. de 2359 le 30-6-40 a 1800 le 4-7-40 Arret de solde 4 jours. Condamne a perte de solde 15 jours. Total arret de solde 19 jours.	"		"	Valcartier	167-2	7-7-40
20-8-40		Abondonner son poste de sentinelle avant d'etre releve. (A.W.L. de 1730 hres 15-8-40 (a 0700 20-8-40. Perd 5 jours de solde. Condamne a 10 jours de de solde. Total arret de solde 15 jours,	"		"	"	206-1	20-8-40

Pour les inscriptions supplémentaires, se servir de M.F.M. [illegible] (a) (Fr.)

Recevez vous ou avez vous deja reçu une pension une compensation pour invalidite. Si oui donnez details. . . . . .

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier BOUCHER WILLIE Date 26-3-40

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme	NO	j. Affection nasale	NO
b. Tuberculose	NO	k. Maladies des oreilles	NO
c. Bronchite ou asthme	NO	l. Maladie des yeux	NO
d. Affection cardiaque	NO	m. Épilepsie	NO
e. Maladie du rein ou de la vessie	NO	n. Maladie nerveuse ou mentale	NO
f. Gastrite intestinale	NO	o. Syphilis	NO
g. Hernie	NO	p. Gonorrhée	NO
h. Varices	NO	q. Avez-vous déjà porté des lunettes?	NO
i. Pieds plats ou déformés	NO		

Willie Boucher
(Signature de la recrue)

Observations de l'examinateur EARS AND REFELEXES NORMAL. URINE N. XRAY N. CAT

COLOUR VISION ISHIHARA (CN) CAPT. A. DE LAHAYE

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
TATTOO RIGHT AND LEFT ARMS ONE VACC LEFT ARM.

2. Taille 5 pieds 8½ pouces. 3. Poids 136 livres

4. Teint FAIR Yeux BROWN Cheveux D.BROWN

5. Développement FAIR { Bon / Passable / Médiocre

6. Tour de poitrine—Circonférence, pleine expansion 38 pouces Degré d'expansion 4 pouces

7. Vue, œil droit 20-30 œil gauche 20-30 8. Ouïe, oreille droite W.V.20 gauche W.V.20

9. Etat de la bouche et des dents ONE BAD TOOTH REMAINDER GOOD

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits", NO et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

(Président) (Membre) (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succints et signature
2.4.40	T.A.B.	23.7.42	TABT.
13.4.40		6.5.42	TABT 2nd
20.4.40			
26.4.40	Tetanus		
15.4.40	Vaccination		
10.6.40	Tetanus T.B.		

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 (Fr.)

Reçu une pension une compensation pour invalidité. Si oui donnez détails.

N° matricule.................................... Grade.................................... Nom.................................... Prénoms....................................

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			Maladie	Nombre de jours à l'hôpital	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 primaire 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.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**

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 BOUCHER Willie Romeo (b) Reg'l. No. E 57049.
2. (a) Arm of service Army (b) Unit Regt de Mais. (c) Rank Pte
3. (a) Date of birth 10 Sep 19. (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal. Que.
4. (a) Place of enlistment Montreal. Que. (b) Date of enlistment 21. Mar 40.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14. (b) Were you attending school or college up to the time of enlistment? 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.) 7 Grade.
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) Working. (b) At time of enlistment of what trade union or professional society were you a member? None.

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

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

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

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

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

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

18. Name of employer Incorporated Fertilisers Ltd. Address Montreal. Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Fertiliser Manufacturers.
20. (a) Your specific occupation Mixer. (b) Number of years' experience at this occupation with any employer 4 Yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming? Mixed.
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? Ltd (c) In what provinces did you have experience? St Felix. Que

Section G—MISCELLANEOUS

No.

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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

7 Jun 3

DATE ..... 194.. for SIGNATURE. i/c record. C.W.H.

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Pevensey Bay	28-2-42	Cpl		AA sec 40 Neglect to the prejudice of good order when on duty as C.O.S. ever under previous indulgence alcoholic stimulants	Lieut G Brosseau	Reprimanded	4-3-42	Lieut Ostiguy	
Bognor Regis	13-2-43	Pte		AA sec 40 W.O.A.S. Conduct to the prejudice while in his billet broke 1 door 1 window pane and 1 banister	D566404 Cpl Tessier D57247 Cpl Boivin	will pay damages	15-2-43	Lt Col H L Bisaillon	
In the field	4-7-43	Pte		A.A. sec. 15(1) AWL from 1630 hrs 4-7-43 till 1630 hrs 5-7-43 total absence 24 hrs	4 Pl. Lamoureux R. Pl. Giguère N.	7 days det.	28-7-43	Lt Col. H L Bisaillon	
Field	10-4-44	Pte		AA15(1) AWL in that in the field was absent without leave From: 2230 hrs 10-4-44 till 2000 hrs 13-4-44 total: 2 days 22 hrs	CSM Gilaire L. Cpl Dupré R	Forfeit 3 day pay 14 days C.B. 14 days pay	14-4-44	J. Bibeau Maj A/O.C.	

No. D57049 Name Boucher W Sqn., Battery, or Company Support Corps R de Marie Date of enlistment 28.3.40 G.C. Badges Service or Proficiency Pay $0.20

M.F.M. 6 (A.F.B. 122) 175M—7-41 (1219-20) H.Q. 1772-39-1652

Date of last entry in Company Conduct Sheet 15.8.40 No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 2 Signature O.C. Company, etc. Leon Bruneau Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
	old sheet destroyed after six months service CARO 2084 Leon Bruneau								
Aldershot	26.10.40	Pte		AA sec 40 Conduct to the prejudice of good order neglected to obey a lawful order	Sgt Caty	7 days C B	26.10.40	Maj Guy Montpetit	
Shoreham	5.2.41	Pte		AA 15(1) A.W.L from 1000 hrs 5.2.41 to 1215 hrs 5.2.41 2 hrs 15 min	C.S.M. Guerin Cpl Trickey	14 days C.B	6.2.41	Maj Reid Belange	
Aldershot	9.3.41	Pte		AA sec 40 neglect to the prejudice of good order dirty rifle	C.S.M. Guerin Sgt Jacques	3 days C.B	10.3.41	Maj Reid Belange	

(P.T.O.)

No. J-57049 Name Boucher. W. Sqn, Battery, or Company Corps C.I.C. Date of enlistment 28-3-40 GC Badges Service or Proficiency Pay 1.50

MFM 6
(AFB 122)
40/P&S/136 (3438)

Date of last entry in Company Conduct Sheet 15-8-40 No and date of last drunk Period not reckoning towards freedom from extra fine Sheet No 3 Signature OC Company, etc Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	25-4-44	Pte		AA Sec 40 Conduct to the prejudice: etc: in that he in the field on the 25-4-44 when detailed on guard duty at the offrs Mess was found in the NAAFI canteen, unshave smoking a cigarette his hands in his pokets	RSM Ladouceur Sgt Provost " Lecompte	21 Days Pay	27-4-44	J. Bebeau Major. A/OC.	

(PTO)

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

66 Slater Street, Room 1208
Ottawa, Ontario
KIA OP4

January 29, 1997

Mr. Roger J.W. Boucher
3537 - 199A Street
Langley, B.C.
V3A 1J3

Dear Mr. Boucher:

Your letter to Robert Biron, Deputy Sergeant-at-Arms, House of Commons, regarding William Joseph Roméo Boucher has been passed to Veterans Affairs Canada for further investigation and response.

Mr. Boucher hould have been commemorated in the Book of Remembrance, 1939 - 1945. I will be recording his military information for inclusion in the next amendment of the Book. This will take place in January 1998. I will ensure that Mr. Biron receives a copy of this letter so he may send you a colour copy of the page upon completion of the amendment being made.

I have forwarded a copy of your letter to our Honours and Awards Division who will correspond directly with you regarding the re-issuance of medals received by Mr. Boucher.

If you require any additional information, please do not hesitate to contact me by phone at (613) 992-4237 or at the address listed above.

Sincerely yours,

Catherine L. Tremblay
Commemoration Directorate

cc: R. Biron
Deputy Sergeant-at-Arms
House of Commons

Chantal Picard
Chief,
Awards and Honours Division

call Cathy for Service #
#038

Honours and Awards

Veteran ID: 2235

Client ID: 2282

Roger J. W. Boucher
3534 - 199A Street
Langley B.C. CANADA
V3A 1S3

(604) 534-8019

January 20 1997

Robert Bivon,
Deputy Sergeant at Arms
Room 247 North
House of Commons,
Ottawa, K1A 0A6

JAN 30 1997

I have just read an article in the Readers Digest pertaining to War Vets Remembrance.

I would like to request the page containing the name of my father.

William Joseph Romeo Boucher D-57049
killed August 8 1944
Buried in Bretteville Sur-Laize France Canadian Cemetry

Also do you or your department know of how I can obtain medals that my father received. Due to coming to Canada from England and moving these medals were lost. He received four. If you could send me an address of where to write and the cost to me for replacing these I would appreciate this very much.

Thank You
Roger Boucher

Veterans Affairs Canada
Anciens Combattants Canada

February 20, 1997
PROTECTED
REF NO: 2235

Mr. Roger Boucher
3537-199A Street
Langley, British Columbia
V3A 1J3

Dear Mr. Boucher :

RE: D.57049 Boucher , William J.

This is in reference to your letter concerning your late father's service medals.

Certain regulations govern the issue of deceased veterans medals. Please find enclosed an eligibility form listed in order of precedence. The form should be completed and returned in order for us to proceed with your inquiry.

The signature of the first eligible person is necessary. Also, eligibility for the medals does not extend beyond those appearing on the list.

Yours sincerely,

Chantal Picard
Chief, Awards & Documentation

Canada

405-B-30902

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BOUCHER, Willie

RANK Pte.

UNIT Regt. de Maisonneuve

PLACE & DATE OF BIRTH MONTREAL, Quebec 10 Sep 1919

REGTL NO. D-57049

NEXT OF KIN & ADDRESS Wife:

Kathleen BOUCHER, Flat 6, The Grove Mansions, The Grove, Walton on Thames, Surrey, England.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 6 Aug 44

HRS

PLACE OF DEATH France.

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 6 Aug 44

CEMETERY Fleury-sur-Orne. 7F/1 023649.

PLOT NO ROW

GRAVE

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

RELIGION Roman Ctholic

DATE 1 Oct 45

(M.BLUTEAU) Capt.
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP
(1)
REGN. NO 1819

(1) MEDALS
PERSON
ENTITLED TO Mrs. Kathleen BOUCHER (WIDOW)

ADDRESS: ~~Flat #6, The Grove, The Grove Mansions, Walton-on-Thomas, Surrey, England.~~ SHAUGHNESSY, Alta.

(2) MEMORIAL CROSS

WIDOW Mrs. Kathleen Boucher, (ENGLISH)

(1703) 30 Molesey Rd.

ADDRESS: Hersham, Surrey, England.

DESP. NOV 6 1944
REGN No. 5635
(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Alexandrina (omit Bouchard) Boucher, (FRENCH)

(1703) (M.F.M.5.)

ADDRESS: 1086 Champlain, Montreal, Que.

DESP. NOV 6 1944
REGN No. 5636
(3)

04-81402

8-8-44

AWARDS ~~CANADIAN~~ ARMY (ACTIVE) (1703) M

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-B-30,902
V-2235

BOUCHER Willis	D-57049	Pte.	Regt.de Mais.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE
BADGE
(CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal CVSM & Clasp	895 18/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES) 20.2.97

SOLDIER'S SEWING

AND

PAY BOOK

DECEASED

certified true Copy
James W. Clark W.

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.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
		✓		

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-57049

Surname (in capitals) Boucher

Christian Names (in full) Willie

Date of Birth 9 Sept. 1919.

Place of Birth Montreal.

Trade on Enlistment Journalier

Nationality of Father at birth Canadian

Nationality of Mother at birth "

Religion R.C.

Enlisted at Montreal

Date 20 Mar. 1940.

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

Signature of Soldier Boucher Willie

Signature of Officer James Clark for

Place Rfeld Date 24-6-43

(II) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Arthur Boucher	
	Mother	Alexandrine " Boucher	
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full
1480 Lanoichet Mont. P.Q
" " " "

(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
20-3-40	Pte.		D.O. 55	[illegible]
24-10-41	L. Cpl.		" 78	
1-1-42	G. Cpl.		" 13	
5-3-42	L/Sgt.		" 22	
8-3-43	17/Sgt.		" 30	

6

(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.~~ *

[illegible] Comp. 29-Jan-42

[illegible]

Qualified in addition as under :—

Date 29-1-42

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Drivr. 1/c course II Wing (Dept'l) #1. C.O.R.W. Qual. Q2. DO 313	18-12-43	James W. Clarke
T.C. Course	13-2-44	[illegible] Capt
	19-2-44	
2 Can Div	7/7/43	
6 Pdr. A/S Course	24/7/43	G. Brosseau Capt

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer

(VII) EDUCATIONAL QUALIFICATIONS

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

(VIII) TRADE RECORD

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

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

(IX) EMPLOYMENT WHILST SERVING

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

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
20-3-40	"A"	Medical Board Re Exre (-lex Ears Urine N. X. Ray N.	Jas. W. Clark Lt

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R	6/12	N.S.	0.50 N.I.	180°	6/12	Frame No. (or measurements):	Date of Issue: 18/9/42. Received Glasses
L	6/9	N.S.	0.50	180°	6/6.		12/10/42

Signature of M.O. James W Clark M.

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with G.asses	Ophth, Centre: Jan 31/44	Date of Exam.: Feb 8/44
R	20/60		-1.00	180	20/30	Frame No. (or measurements):	Date of Issue:
L	20/20		-1.00	180	20/20.	no change in glasses	

Signature of M.O. E. O. Rayment

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B. 1	2-4-40	James W Clark W
" 2	13-4-40	
" 3	20-4-40	
Pet. Tok. 1	20-4-40	
" " 2	10-6-40	
T.A.B. ½ cc	14-3-41	
Pet. Tox 1 cc	7-3-41	
T.A.B.T. ½ cc.	6-5-42	
" ½ cc.	11-6-43	
Typhus ¼ cc	31-12-43	L Caulled Capt
Typh. ½ cc	8-1-44	L Caulled Capt
Typh. 1 cc	20-1-44	Paulrobert Capt
Typhus 1 cc	17-4-44	Paulrobert Capt
TABT - ½ cc	3/5/44	Paulrobert Capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15-4-40	James W Clark W
17/2/44 Vaccinoid	Paulrobert Capt

(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
Landing leave	9-10-40	James W Clark W
7 days F.W. "	13-5-41	
" " No F.W. "	21-10-41	
" " F.W. "	24-3-42	
" " F.W. "	29-9-42	
M.H.O. Test Comp	29-9-42	
Ringer printed C.H.I.B.		
C.V.S.M. and clasp	DO 44	Mallures Capt
WEF 15/1/44	27/1/44	
9 days P. Leave	14-3-44	Mallures Capt
Glucide 1 Silver 3 Red	CARD 4613	Mallures Capt
Chinons	20-5-44	
Embarked in UK DO 39	4-7-44	Mallures Capt
Disembarked in France	8-7-44	

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

Particulars	Date	Signature of Officer

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

Particulars	Date	Signature of Officer

(XVII) SOLDIERS' WILLS

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

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

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

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

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

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

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

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

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

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate—

Certificate

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

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

Date Certificate or Will extracted.....

Signature of Officer.....

Dept.....

To whom sent.....

S

MILITIA BOOK M. 1

PART III

40/P&S/279 (11/42)

CANADIAN ARMY

Clothing and Equipment Statement

Regt. No D57049

Rank Pte

Name Boucher W.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody.

2. You will initial the end of the list of your kit to signify that you understand its contents and have received the quantities entered.

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

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

GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.

2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.

3. On transfer of the individual, the certificate at end of statement will be completed and signed.

4. This statement replaces Form M.F.C. 800 and adoptions thereof.

CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse	5-
Battle dress, trousers	4
Cap or bonnet	7
Boots, ankle	9
Socks	10 1/2
Gloves	7
Facepiece, respirator	NORMAL
Greatcoat	5-
Coveralls, combination	40
Jersey, pullover	38
Shirts, Angola, drab	15-
Vest, woollen	36
Drawers, cellular	32
Drawers, woollen	32

ARTICLE	QUANTITY		
Anklets, web, prs.	1	1	1
Blouses, Battle-dress	2		1
Bonnet, tam-o'shanter			
Boots, ankle, prs.	2	2	2
Boots, lumbermans, rubber, prs.			
BLOUSES BD. A.V. Boots, rubber, high, prs.			1
TROUSERS BD A.V. Bonnet, drab, Irish			1
Cap, field service	1		
Cap, mechanic			
Cap, tank battalion			
Drawers, Cellular short, prs.	2	2	2
Drawers, Woollen, prs.	2		
Gloves, knitted, drab, prs.		1	
Greatcoat, drab		1	1
Jerkin, leather			
Jersey, pullover		1	1

W.B.

ARTICLE	QUANTITY		
OR DENIM SUIT Overalls, combination		1	
Shirts, angola, drab	2	2	
Shoes, canvas, prs.	1	1	
Trousers, battledress, prs.	2	1	
Vests, woollen	2		
SOCKS 1PRS			3
Badge, cap	1		1
BERET KHAKI Badge, shoulder, "CANADA" prs.		1	
Badges, arm Tank Bn.			
Bag, kit, universal			
Braces,	1	1	
Brass, cleaning,			
Brush, button, brass			
Brush, clothes			
Brush, hair	1	1	
Brush, shaving	1	1	

W.B.

ARTICLE	QUANTITY		
Brush, shoe, blacking	1		
Brush, shoe, polishing	1		
Brush, tooth	1		
Cap, comforter	1		
Comb, hair	1		
Discs, identity, sets with cord	X	1	
Dressing, field	1		
Fork, N.S. Table	1		
Holdall	1		
Housewife, complete	1		
Knife, clasp	1		
Knife, table	X		
Lanyard	X	1	
Shoe Dressing	1		
Razor, safety, with blade	3		
Patches, distinguishing, prs			

W.B.C

ARTICLE	QUANTITY		
Shorts, gymnasium	1		
Sponge,	X		
Spoon, N.S. Dessert	1		
Vests, cotton, gym.	1		
Towels, hand	2		
Unit titles, prs.	3		
	X		
	X		
Attachments, brace,	X		
Bag, ration	1		
Belt, waist	1		
Bottle, water	2		
Braces, W.E.	1		
Carriers, cartridges	1		
Carrier, waterbottle	X		
Case, pistol	X		
Cover, breech, rifle			

W. B.

ARTICLE	QUANTITY		
Cover, Mess tin, rect.	~~X~~		
Frog, bayonet	1		
Haversack	1		
Helmet, steel	1		
Net, helmet camouflage	1		
Pack	1		
Pouches, Ammunition, pistol	~~X~~		
Pouches, Basic	~~X~~	2	
Pouches, utility	~~X~~		
Sling, rifle	1		
Straps, shoulder, haversack	2		
Straps, supporting, web	2		
Tins, mess rect.	1		
Yoke	~~X~~		
	~~X~~		
	~~X~~		

W.B.

ARTICLE	QUANTITY		
Haversack, respirator	1		
Respirator, Anti-gas complete	1		
Outfit, anti-dimming	1		
Ointment, Anti-gas, tins	2		
Eyeshields, Anti-gas (Pk. of 6)	1		
Detectors, individual prs.	2		
Capes, anti-gas	1		
Wallet A. Gas	~~X~~	1	
Cotton Waste oz	~~X~~	1/-	
Cloth Disinfecting	~~X~~	1	
Bayonet	1		
Bottle, oil	1		
Pistol, revolver (No.)	~~X~~		
Pull-through, single	1		
	~~X~~		
	~~X~~		

W.B. W-1

ARTICLE	QUANTITY		
Rifle..... (No. ~~27L8103~~)	~~1~~		
Scabbard, bayonet	1		
Sheet, ground	1		
Mug, drinking	1		
Blanket	1		
Blouses denim	~~1~~		
Trousers denim	1		

Initials of Soldier : W.B. W.B.

Initials of Inspecting Officer : [signature]

Date : 19-11-43 21/12/43

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER.

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

SIGNATURE

Inspecting Officer	Soldier	Date
[signature]	W. Bowden.	19-11-43
[signature]	W. Bowden.	21-12-43
[signature]		23-12-43