LACOURSIERES
GEORGES
D57402

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 REGIMENT DE MAISONNEUVE. C.A.S.F. Regimental Number D.57402

1. Surname LACOURSIERE
2. Christian Names GEORGES
3. *Substantive Rank and Appointment Cte
   *Acting Temporary or Local Rank
   giving date 18/6/40

*To be entered in pencil to facilitate alteration.

4. Place of birth St-Leon, Quebec, Canada.
5. Date of birth as declared on attestation April 15th. 1907
   (A)
6. Date of enlistment 18-6-40
7. Place of enlistment Montreal, Que Canada.
8. Residence at time of enlistment 2435 Ste-Catherine, Montreal, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date Married, but seperated
13. Trade on enlistment Carpenter
14. Corps, trade and grade BRICKLAYER "B"
15. (D) Qualifications drawing
16. (E) Miscellaneous entries

(17) Regiment or Corps: R. de Mais.

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
A	23-5-40	Capt. London

(19) Next of kin (entries to be made in pencil)
MRS EMELINA RICHARD (SISTER)
300 BEAUBIEN ST.
MONTREAL P.Q.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
24-8-40	R de M. C.A.S.F.		Embarcation H.M.T.	On Board. E 61	24-8-40	Pte.	
			TOS CASF (OVERSEAS) ON TRANSFER TO AUG 25 1940 AND DISEMBARKED AT GREENOCK ON SEP 5 1940				
27 SEP 40	3011	"	Granted Landing Leave from 0700 hrs 27-0-40 to 2359 hrs 1-10-40	Aldershot		"	Pt.11 No.6 1 OCT 40
10 OCT 40	3011	"	Admitted to 15 Cdn Genl Hospital	"	9-10-40	"	Pt.11 No.11 d/14 OCT
9 Nov 40	3011	"	Discharged from 15 " " "	"	6-11-40	"	" " 23 d/12 Nov 40
10-2-41	3011	"	Under Stoppages of pay from 9-10-40 to 6-11-40 F.R. 19 222 (1)(B)(ii)	Eng	9-10-40	"	" " 14, 14-2-41
28-2-41	OC	"	S.O.S. to 2nd Cdn Inf Holding Unit	"	23-2-41	"	" " 19, 5-3-41
		2/C I.H.U	T.O.S. from R de M.	Witley	24/2/41	"	D.O. 49 27/2/41
12-4-41		"	att 15 Genl Hospital, Duty Rations & quarters	"	9-4-41	"	D686
		"		"		"	
24-4-41		2/C I.H.U	S.O.S. to Regt de Maisonneuve	Witley	23-4-41	Pte	DO # 96
28 Apr 41	OC	R de Mons	T.O.S. from No 2 C.D.H.U.	Eng	24 Apr 41	"	" 38 6 May 41
6 May 41	"	"	7 days Leave (1st Privilege)	"	6 May 41	"	" 41, 16 May 41
23 May 41	"	"	Stoppages 4 pence F.R. 19. 158 (2)	"	2 May 41	"	" 43, 31 May 41
22 Sep 41	"	"	7 days Leave (2nd Privilege) With Warrant	Field	23 Sep 41	"	" 64, 30 Sep 41
25 Nov 41	"	"	Attd for Duties & Duty to 7 Cdn Fd Coy, R.C.E. 25 & 26 Nov 41	"	25 Nov 41	"	" 78, 5 Dec 41
18 Dec 41	"	"	7 days Leave (P3) F.T.W.	"	9 Dec 41	"	" 83, 31 Dec 41
24 Feb 42	"	"	Trade tested at 7th Coy R.C.E. as Bricklayer Group "B"	"	10 Feb 42	"	" 15 - 5 Nov 42
20 Apr 42	"	"	Adm 8 Cdn Fd Amb	"	18 Apr 42	"	
	"	"	Trans 5 C.C.S.	"	18 " 42	"	" 28 - 24 Apr 42
	"	"	Disch 5 C.C.S.	"	23 " 42	"	" 30 - 5 May 42
1 May 42	"	"	Authorized to draw Trades Pay as Bricklayer Group "B"	"	1 Nov 41	"	" 30 - 5 May 42
8 May 42	"	"	7 days Leave (P-4) No F.T.W.	"	28 Apr 42	"	" 32 - 13 May 42
7 Aug 42	"	"	7 " " P-5	"	28 Jul 42	"	" 50 - 19 Aug 42
	"	"	Adm 11 Fd Amb and rem'd to 5 C.C.S.	"	1 Aug 42	"	
	"	"	Rem'd to 1 Cdn Gen Hosp	"	14 " 42	"	
	"	"	S.O.S. to No 2 C.D.H.U.	"	14 " 42	"	" 51 - 21 Aug 42
	"	"	Ceases to draw Trades Pay as Bricklayer "B"	"	14 " 42	"	
	TOS	2CDIRU	from R.C.M.F.U. on adm to # 1 Gen Hosp.	UK	15 " 42	✓	200 24 Aug 42
		✓	Disch from 1 Gen Hosp.	✓	24 " 42	✓	201, 25 Aug 42
		✓	Adm. to # 2 C.M.C.	✓	3 Sept 42	✓	210 4 Sept 42
		✓	Disch from # 2 C.M.C.	✓	5 Sept 42	✓	212, 7 Sept 42
		✓	to draw Group "B" trades Pay Bricklayer	✓	15 Aug 42	✓	218 14 Sep 42
		✓	Stopp. of pay for period 14.8.42 to 24.8.42. FRO I 222 (1)(B)(i)	✓		✓	227 24 Sep 42

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps R de Mais Regimental Number D 57402.

Substantive Rank Surname Lacoursiere Christian Names G

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

(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
		2CDIRU	Entitled to wear one good Conduct Badge	UK.	28 Sep 42	Pte	230 28 Sep 42.
		✓	P. Leave 30 Oct 42 to 6 Nov 42.	✓		✓	262 3 Nov 42.
SOS		✓	SOS to #6 CIRU	✓	31-1-43	✓	27 31 Jan 43.
		✓	att to #2 CIRU period 1-5 Feb 43	✓	31-1-43	✓	27 31 Jan 43.
		6 CIRU	TOS from 2 CDIRU	"	1 Feb 43	"	6-6 Feb 43
		"	Granted 9 days P.L.	"	19 Feb 43	"	22-25 Feb 43
		"	R. of Pay 2.00	✓	1 Jan 43	✓	50/31 Mar 43
			Cert Trade Tested by O.C. Bricklayer "B"		9-4-43		58-9-4-43
		✓	Adm. to 7 CGH	✓	21 Apr 43	✓	71/24 Apr 43
		✓	Disch. fr. 7 CGH	✓	11 May 43	✓	83/12 May 43
		✓	Granted P.L. with all'ce 7 days	✓	5 Jun 43	✓	108-7 Jun 43
		"	Granted P.L. with all'ce 7 days	"	27 Sep 43	"	198-28 Sep 43
		"	Awarded a forf of 1 day's pay ~~under~~ for AWL fr. 2359 hrs 24 Sep 43 to 0610 hrs 25 Sep 43 - 6 hrs, 11 mins) Forf 1 day's pay Total forf 2 days pay	"	27 Sep 43	"	205-28 Sep 43
		6CIRU	SOS to Exercise "WALNUT (Auth: 444/KMF 28/1(DAAG) d/26dec43	U.K.	2Jan44	"	1/44
			SOS on U/K on embarkation at U/K	on	12 Jan 44		
TOS on	M		on transfer on 13 Jan 44 and disembarked at M	on	27 Jan 44		
	R22eR	X List	TOS X-4 List (1 Bn) Bricklayer	M.	27 Jan 44	Pte	9/44
	✓	X4 (1 Bn)	Posted to X 3 List	–	5 Mar 44	Pte	X 24/44.
1 Cdn Depot.	"	X 3	AA 15(1) (AWL 8 hrs 30 mins) 2 days pay under FR 4 1149(1)(a)	M.	3 Apr 44	Pte	X 29/44.
23 May 44	CR 84	✓	Posted to X4 (1 Bn)	–	22 May 44		X51/44
26 May 44	CR 20	✓	Posted to X4 (4 Bn) Bricklayer "B"	✓	25 May 44	✓	X54/44
2 Jun 44	CR 35	4 Bn	Posted to 1 Bn, Bricklayer B	M.	2 Jun 44	Pte	X 60/44.
7 Jun 44	R22R	1 Bn	SOS to R22eR. (Bricklayer B)	M.	7 Jun 44	Pte	X63/44
10 Jun 44	3011e	R22eR	TOS from X4 list - 1 Bn. "Bricklayer" B"	Fd.	8 Jun 44	✓	28/44.

(a) Report		(b)	(c)	(d)		(f)	
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
14 Jul 44	3011 A	R 22e R	Placed under stop of pay .99 for offence under AA 24(2) loss of equip by neglect total stop .99 under FR&I 158(2)	Fd.	13 Jul 44	Pte	37/44.
AFW 3014 Ser	450 P. 14	21 Dec 44	S.O.S. Killed in action - Bricklayer "B"	✓	18 Dec 44	✓	80/44.

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

Statement of the Service of No. D57402 Rank Sheet No.

Name Lacoursieres G.

REPORT Date	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.	Dated
5606		Priv Leave with Rs allowance	Pte	19 Feb 43	6 CIRU	UK	22	25 Feb 43
		Adm to 7 C.G.H.	Pte	21 Apr 43	6 CIRU	UK	71	24 Apr 43
020-2		Disch from 7 C.G.H.	"	11 May 43	"	"	86 CL 17 May 43	12 May 43
		Granted T pay Bricklayer Group B 2nd Grade	Pte	1 Jan 43	6 CIRU	UK	50	31 Mar 43
		Sec 15(1) AA Total forf 2 days pay						
		Aw'd forf of 1 days pay for an offence	Pte	24 Sept 43	6 CIRU	UK	205	28 Sept 43
M40 SOS		~~SOS to Walnut Exercise Bricklayer Gp "B"~~	~~Pte~~	~~2 Jan 44~~	~~6 CIRU~~	~~UK~~	~~1~~	~~2 Jan 44~~
	~~TOS~~	AA 15(1) forfeits 5 days pay	Pte	5 Jan 44	NEP Supp	UK	5	3 Feb 45
		S.O.S. C.A. (U.K.) on embarkation 6 CIRU 12 Jan 44						
	(C19)	T.O.S. C.A. (") 13 Jan 44 Pte			X-L R22R	CMF	9	8 Feb 44
		Disembarked & TOS 21 Jan 44						
(M.85)		A.A. 15(1) Awd 7 dys C.B. Forf 1 days pay	Pte	3-APR-44	X L R22R	A.A.I	29	8-APR-44
C122	TOS	TOS from X4 List R22R 1 Bn. Brick "B"	Pte	8 June 44	R22R	AAI	28	14 June 44
M.47		Stoppage of pay 99¢ AA 24(2) Brick "B"	Pte	13 Jul 44	R22R	AAI	37	22 Jul 44
M.47		Adm 3 C.G. Hosp		5 Mar 44			C 1526	2 Oct 44
M.47		Disch 3 C.G. Hosp		13 Mar 44			C 1526	2 Oct 44
		Killed in Action	Pte	12 Dec 44	R22R	Cas List A 526		23 Dec 44
SOS		SOS Killed in action Brick "B"	Pte	12 Dec 44	R22R	AAI	80	26 Dec 44

Statement of the Service of No. D-54402 Rank .... Sheet No. ....

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

Name LACOURSIÈRES, G.

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
		Landing Leave	Pte	27/9 to 1/10 1940	Maisonneuve	Field	6	1.10.40
		admitted 15 Cdn Genl Hosp.	"	9-10-40	"	"	11	14.10.40
		Liable to Pay Stoppage	"	9 Oct 40	"	"	13	21-10-40
		Discharged from 15 Cdn Genl Hosp.	"	6 Nov 40	"	"	23 cas. rel d.	9 Nov 40 12-11-40
		Subject to stoppages of pay. 7. R.R. 322(1)(b)(ii)	Pte	9 Oct 40 6 Nov 40	R de Mais	Field	D.O 14	14 Feb 41
S.O.S.		S.O.S. to No 2 Inf R. Unit	Pte	23 Feb 41	R de Mais	Field	20	5 Mar 41
	T.O.S.	T.O.S. from R de Mais	Pte	24 Feb 41	2/1 H U	Witley	49	27 Feb 41
Amended by D.O. Part II No 106 Date 6 May 41	→	~~Attached to 15 Cdn Gen Hosp for D R & Q~~	~~Pte~~	~~9 Apr 41~~	~~2/1 H U~~	~~Witley~~	~~86~~	~~12 Apr 41~~
S O S		S O S to Regt de Mais	Pte	23 Apr 41	2/1 H U	Witley	96	24 Apr 41
	TOS	TOS fr 2 C.I.H.U.	Pte	24 Apr 41	R de Mais	Field	38	6 May 41
		Priv. leave, 7 days	Pte	6 May 41	R de Mais	Field	41	16 May 41
		R.W. Leave to 30th Sept 41 (With Warr)	Pte	23 Sept 41	R de Mais	UK	64	30 Sept 41
		Att'd for Q.A. Duty to 7th Cdn Field Coy RCE	Pte	25 26 Nov 41	R de Mais	UK	78	5 Dec 41
		Leave (P.3.) with warr to 16 Dec 41	Pte	9 Dec 41	R de Mais	UK	83	31 Dec 41
		Trade tested, qualified as Bricklayer group "B"	Pte	10 Feb 42	R de Mais	UK	15	5 Mar 42
		Adm to 8 Fld Amb & transf to 5 CCS	Pte	18 Apr 42	R de Mais	UK	28	24 Apr 42
		Disch from 5 CCS	Pte	23 Apr 42	R de Mais	UK	30	5 May 42
		To draw Trades Pay as Bricklayer group "B"	Pte	1 Nov 41	R de Mais	UK	30	5 May 42

Statement of the Service of No. D57402 Rank ..... Sheet No. .....

Name LACOURSIERES Georges

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		7 day P.L. no FTW To 5 May 42	Pte	28 Apr 42	R de Mais	UK	32	13 May 42
		Priv. Leave to 4 Aug 42	Pte	28 Jul 42	R de M	UK	50	19 Aug 42
		Adm'd to 11 Fd. Amb. trans 5 CCS	Pte	13 Aug 42	R de M	UK	51	21 Aug 42
		Adm'd. to 1 Gen Hosp From 5 CCS	Pte	14 Aug 42	R de M	UK	51	21 Aug 42
		ceases to draw T/P Bricklayer Group "B" on SOS to 2 D I R U	Pte	14 Aug 42	R de M	UK	51	21 Aug 42
SOS	Suppl 24 Aug 42	SOS to 2 D I R U on Adm to Hosp	Pte	14 Aug 42	R de M	UK	51	21 Aug 42
	TOS	T.O.S. from R de M adm to 1 Gen. Hosp.	Pte.	15 Aug 42	2 D I R U	U.K.	200	24 Aug 42
		Disch From 1 Gen Hosp	Pte	24 Aug 42	2 D I R U	UK	201	25 Aug 42
		Adm'd to 2 C.M.C.	Pte	3 Sep 42	2/D I R U	UK	210	4 Sep 42
		Disch. From 2 C M C	Pte	5 Sep 42	2/D I R U	UK	212	7 Sep 42
		To draw Trades Pay Grp "B" as Bricklayer	Pte	15 Aug 42	2 D I R U	UK	218	14 Sep 42
cancelled	R.O. 2631	~~Placed under stoppage of pay to 24 Aug 42~~	~~Pte~~	~~14 Aug 42~~	~~2 D I R U~~	~~UK~~	~~227~~	~~24 Sep 42~~
		Entitled to wear One Good Conduct Badge	—	—	2/D I R U	—	230	28 Sep 42
		Priv. Leave to 6 Nov 42	Pte	30 Oct 42	2/D I R U	UK	262	3 Nov 42
		att'd to 2/C I R U	Pte	15 Feb 43	2/D I R U	UK	27	31 Jan 43
amd Suppl. DO 27. 31/1/43. SOS		SOS to 6 C I R U (Brick Layer Grp "B")	Pte	31 Jan 43	2/D I R U	UK	27	31 Jan 43
	TOS	T.O.S. from 2 C D I Rn (Brk Lyr C)	Pte	1 Feb 43	6 C I R U	U.K	6	6 Feb 43
		Ceases to be att'd to 2 C I Rn	Pte	5 Feb 43	6 C I Rn	U.K	6	6 Feb 43.

Received............................Checked....................Card.......✓..........Observations.............................. 0

WSG COMPLETED

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

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

Unité / Unit: LE REGIMENT DE MAISONNEUVE. C.A.S.F. Matricule / Regimental Number: d57402

~~Original~~
Duplicata
~~Triplicata~~

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

Original
Duplicate
Triplicate

01 / PTE

OCCUPATIONAL HISTORY FORM COMPLETED

1. Nom / Surname: LACOURSIERES
2. Prénoms / Christian Names: GEORGES
3. Adresse actuelle / Present Address: 2435 rue Ste-Catherine, Montreal, Que Canada
4. Date de naissance / Date of birth: 15 avril 1907
5. Lieu de naissance / Place of birth: Canada (Pays)—(Country) Quebec, Maskinonge, (Comté ou province)—(County or Province) St-Leon (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): R.C.
7. Métier ou profession / Trade or Calling: Menuisier
8. Marié, veuf ou célibataire / Married, Widower or Single: Marie (separe) depuis 10 ans
9. Nom du plus proche parent / Name of next of kin: ~~Willy Lacousiere,~~ Blanche Allard
10. Parenté de celui-ci / Relationship: ~~Frere~~ Epouse
11. Adresse du plus proche parent / Address of next of kin: ~~St-Leon Co. Maskinonge, Que Canada~~ Montreal Que
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? n/a
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: n/a
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada? n/a (Indiquez l'unité et la date de l'enrôlement) (Give unit and date of attestation)

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

Je, soussigné, Georges Lacousieres, 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 18-6-40 Georges Lacoursiere (Signature de la recrue)

[signature] OR Cpl

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

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

Georges Lacoursiere (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 Montreal, ce 18ieme jour de juin 1940

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

LE REGIMENT DE MAISONNEUVE. C.A.S.F. (Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.
Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

FINGERPRINTED SRS

État de service de / Record of Service of: LACOURSIERES (Nom—Surname) GEORGES (Prénoms—Christian Names)

Matricule / Regimental Number: D57402

APTITUDES
Qualifications

Militaires / Military: n/a

Professionnelles ou commerciales / Business or Professional: Menuisier

Civiles ou de métier / Trade or Civil: menuisier

Techniques / Technical: n/a

Langues / Languages: Anglais & Francais.

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate (années complétées—years completed): Graduation ou (or) Immatriculation / Matriculation: 6 ans (Spécifier—Specify)

*Collège: St-Leon, Co Maskinonge, Quebec, Canada.

*Université / University: n/a

n/a

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

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
18-6-40		T.O.S. Regimental Depot, R. de Mais. o.d.s.f.	pte	18-6-40	Regiment de Maisonneuve	Montreal,	130	18-6-40
26/6/40	Depot	S.O.S. RECT'L DEPOT ON TRANSFER TO R.RM. M.D. 5	"	27-6-40	"	"	1 3 6	26-6-40
28-6-40		Pris sur l'effectif sur transfert du Depot Regimentaire et detaille au en.	"	28-6-40	R de M. C.A.S.F.	Valcartier	160-1	28-6-40
		1st Can. Army (Overseas) on transfer on Aug 25 and disembarked at Gourock		Sept 5/40			39	8 May 41
24-8-40		Embarcation H.M.T. HALIFAX	"	24-8-40	"	On Board. E 61		24-8-40
		admitted 15/Genl. Hosp	"	9.10.40.	Maisonneuve	field.	Cas. ret. d. 14.X.40.	

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

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU

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			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

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

CONTINUATION CARD TO M.F.M. 14

Regimental No.....Name.....

Part 11 D.O. No.	Date	PARTICULARS OF CASUALTY
CR	27-1-44	TOS 1 Bn 1 CBRD wef 27-1-44
CR	7-3-44	SOS To R22R X3 hist wef 5 MAR. 44
29	8-4-44	Forfs 1 days pay under F.R. & I 149 (1) (a) 3 APR. 44
		TOS 1 Bn 1 CBRD x-4 R22R 22 May 44
		SOS to 4 Bn 1 CBRD 24-5-44
		Sos to R22R wef 1/6/44
CR	4/6/44	TOS 1 Bn 1 CBRD x 4 R22R 2 June 44
		S.O.S to R22eR (1 Div) wef 7-6-44
CR	18-6-44	Sos R22R 8-6-44
37	22.7.44	On 13-7-44 placed under Stop of Pay. 999 for an off under 24(2)
CR	17-12-44	Killed in Action 12-12-44

M.F.M. 14A
40/P & S/67

Part 11 D.O.		PARTICULARS OF CASUALTY
No.	Date	
218	14-9-42	draw trades pay Gr "B" Bricklayer 15-8-42
227	24-9-42	Hosp stop @ 75¢ perdiem from 14-8-42 to 24-8-42
262.	3-11-42.	7 days P.L. draw money allce. from 30-10 to 6-11-42.
6	6-2-43.	TOS 6 CIRU w.e.f. 5th Feb. 43.
22	25-2-43	Priv Leave 19 to 28 Feb 43 (9 days)
P.N.	" 3.	Posted to "A" Coy. wef 15-3-43.
50	2-3-43	Grant trade man rate of pay 200 a day as "Bricklayer B" wef 1-1-43
58.	9-4-43.	"Cert." as satisfactory by O.C. Unit as Bricklayer "C"
71	24-4-43	Adm. to #7 CGH. wef 21-4-43
86	12-5-43	Disch. fr #7 C.G.H. wef. 11-5-43.
108	7-6-43	Grant. 7 days P.L. & (RA) fr 5 to 11-6-43
198	20.9.43	Grant 7 days. P.L. & R/A fr 17 to 24.9.43
205	28-9-43	On 27-9-43 AWL. 6 hrs - 11 mins forf. 1 d Pay A.A. Sec 15
— —	— —	award 1 d.p. under FR 41 TOTAL forf. 2 days Pay
1	3-1-44	SOS - 6 C.I.R.U to Exercise Walnut 2-1-44
CR	5-1-44	Awarded forf 5 days Pay for AWL 1600-2130 hrs 4-1-44 (5 hrs 30 mins)
		Forfs 5 days Pay FR & S 149/21.

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 LaCOURSIERE Georges (b) Reg'l. No. D57402
2. (a) Arm of service Army (b) Unit Reg De Mais (c) Rank Pte
3. (a) Date of birth 15 Apr/07 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal Que
4. (a) Place of enlistment Montreal Que (b) Date of enlistment 6 June 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 (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.) 11 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 Not Stated Address Not Stated
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Building Contractors
20. (a) Your specific occupation Bricklayer (b) Number of years' experience at this occupation with any employer 11 Years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (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? Que

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Bricklayer

DATE 21 June 3 194

SIGNATURE For officer i/c Records, C.M.H.Q.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Blanche Lacoursière,
4514 Coloniale,
Montréal 14, Québec.

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

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

et de citer le numéro suivant:

Q.G. 405-L-1627 FD.54

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

26 janvier 1945

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

LACOURSIERE? George, Soldat,

D.57402, Armée Canadienne.

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

ESTATES BRANCH
MAR 1
H.Q. OTTAWA

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

/GC

Pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Blanche Allard Lacoursière	35	4514 Colonial
2	Enfants du défunt et dates de naissance.....		Roma Lacoursière 18/2/1930	14	4514 Colonial
			Vivian Lacoursière 28/3/1931.	13	4514 Colonial
3	Père du défunt.....		29 Nov. Décédé 1938 Marjeric Lacoursière	71	St Léon Maskinongé
4	Mère du défunt.....		2 Nov. Décédée 1938 Hermeline Sharrette	66	St Léon Maskinongé
5	Frères du défunt	Frères germains	Marjeric Lacoursière	89	1914 Gascon Montréal
			Eugène Lacoursière	49	2346 Ontario Est,
			Willie	45	St Ursule. Cont Mask.
			Roger	44	2736 Ontario Est.
			Alfred	35	Abitibi
			Léopold	22	Inconnu.
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Mme. Lucien Richard	47	7071 Dilomier
			Mme. Laurent Lachance.	34	6288 De Larochelle.
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) Patricia Lacoursière		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Lacoursière Georges.
9	Date de sa naissance.	15 Avril 1907
10	Lieu et date de son mariage.	Montréal 19/ Octobre. 1929.
11	Lieu et date du mariage de ses parents.	——

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St Léon, Maskinongé.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Prov. Québec. 33 ans. (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	BLICLEUR.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non.
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	4449 St Dominique Montréal 4514 Colonial Montréal.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	OUI (no marriage contract as per letter d. 26/7/45) [illegible]
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Non.
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Non.
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Je ne le sait pas.
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Non.
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Oui $187.00/xx Pour Loyer pour grosserie 88.00 docteur Valiquette 53.00
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	Non et j'ai été aidé par Mme G. deLantal 1849 Visitation

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

(VOIR AU VERSO)

DÉCLARATION

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

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

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

Mad Blanche Lacoursière — Signature du déclarant

4514 Colonial. Montréal. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Dame Georges Blanche Lacoursière — Nom du déclarant

*Voir plus haut

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

Daté à Montréal ce 27ème jour de février 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté. Abbé C. Dansereau ptre Titre Vic.

Adresse 5039 St-Dominique

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

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

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

Pour les frais funéraire fait emprunter
la somme de 125.00 dollard
de Mme Georges deChantal qui demeure a
1849 Visitation de Montréal sur billet je
doit remettre cette somme 10.00 par mois
Si fait retarder lenvoi de cette formule étais
retenu a la maison par la maladie

A 526

405-L-1627

FIELD SERVICE

Army Form B2090A

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

REGIMENT OR CORPS: R 22 Regt

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 57402

Rank: Pte.

Surname: LACOURSIERE

Christian Names: G.

Died — Date: 12 Dec 44 Place: Italy

Cause of Death*: Killed in Action

Nature and Date of Report: 3011c 275, 17 Dec 44

By whom made: Unit.

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

Burial — Place: NW. of ~~Rudix~~ Russi, (Cemetery R22R) 427338 ITALY 1.500000 Sheet 89-111 RAVENNA, W. alongside road Date: 14 Dec 44 Grave no. 17.

By whom reported: A. Tessier, Capt. Chaplain CCS. (R22R)

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

(b) as a separate document: No

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

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

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

Station and Date: Field 4 Jan 45

Signature of Officer in charge of section Adjutant-General's Office at the Base: A Moffett Capt

8842/PMEW/3/5-44

for officer i/c
Cdn Section GHQ 2nd Echelon AFHQ

6

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: LACOURSIERE (Block letters)

Given names: Georges

Do not write in this space

4. RESIDENCE

Street: Ste. Catherines No. 2435

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: April (Month) 15th (Day) 1907 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 12th (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....

Manner of injury.... (How sustained)

Nature of injury....

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

Signed.... M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 29 1945

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

L.S.

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence

T-Pay. Brick. Grp. B

F

NAME Lacoursière Georges

REGIMENTAL NO. D57402 RANK Pte

ENLISTED AT Montréal. Canada. PROMOTIONS, ETC. AND DATE

DATE 18 juin 1940 DO 131

IF SERVED PREVIOUSLY, STATE UNIT, ETC. n/a

MARRIED, WIDOWER, OR SINGLE married (separated 10 yrs)

NEXT OF KIN Lacoursière, Blanche, RELATIONSHIP Wife,

ADDRESS OF 4149 St.Dominique St., Montreal, P. Q. Canada,

ASSIGNMENT OF PAY, $ ~~20.~~ 23.00 wef 1-2-43 C. ~~wef July 1940~~ + $5.00 FEB.43. Mrs Emelina Richard. 300 Beaubien St

ADDRESS ~~300 Beaubien-montreal-canada~~ 840 Rue Gex 6 V.L. Montreal. Qué.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Yes,

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 18.6.40

IN WHOSE FAVOUR ~~Mrs Ludger Richard (soeur)~~

Wife as above,

M. F. M. 14

50M—1-40 (3878)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
Admis hospital w.e.f. 9.10.40	11	14.10.40	15th Cdn Genl Hospital
return " " 6.11.40	23	12.11.40	" " "
stop. pay 9.10.40 - 6.11.41	14	14.2.41	28 days
S.O.S. to H.U.	61	24-2-41	
T.O.S. 2 C.H.U. from R.de.M.	49	27-2-41	eff 24-2-41
attached to 15 G.H. for duty rations & quarters	86	12.4.41	" 9.4.41
SOS 2 C.H.U. to R.de.M.	96	24.4.41	" 23.4.41
T.O.S. from 2. C.I.H.U.	38	6-5-41	" 24-4-41
attached to 7 Cdn. Fd. Coy. R.C.E.	78	5-12-41	.. 25-26-11-41
Qualified Bricklayer Group B. 10-2-42	15	5-3-42	
adm. Hosp. 8 Cdn. fd. amb.	28	24-4-42	18-4-42
Transf. " 5 C.C.S.	28	24-4-42	" " "
Disch. " 23-4-42	30	5-5-42	
authorized Trades pay Group B.	30	5-5-42	1 Nov. 41
T.O.S. 2 C.I.H.U. from F.U. on	201	25-8-42	adm. to 1 G. Hosp 15-8-42
Disch. from 1 G. Hosp	210	4-9-42	24.8.42
adm to #2 CRRC W.E.F 3-9-42 Disch. from do	212	9-9-42	5-9-42

Soldiers Qualification Card

CARDS PUNCHED

CODED

Regt'l. Number D57402 | Last Name LACOURSIERE | First Name GEORGES | Middle Names

Unit R. de MAISONNEUVE H.Q. coy

1 Corps R. de M. 545.

2 Nationality CAN | By Birth ✓ | By Naturalization | Country of Birth CAN

3 Racial Origin FRENCH CAN — 4 Language spoken in home: French ✓ Other English

5 Age 35 3/12 — 6 Height 5'1½" — 7 Weight 175 — 8 Silhouette 1 2 3 4

9 Eyes: Colour of BROWN — 10 Acuity 1 2 3 — 10 Glasses — 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 — 13 Speech Defects

14 Handedness R L A — 15 Med Category A

Cause

Attitude to own health REASONABLE — To Medical attention

Health History NORMAL

16 Education Level: Illiterate E 4/12 S (Grade completed)

Conduct during school life NORMAL

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. BRICKLAYER (APPRENTICE) (Course)
At MONTREAL From—To 1926-1929 Completed

21 2. (Course)
At From—To Completed

22 3. (Course)
At From—To Completed

Other trades papers. Diplomas Certificates or Qualifications

23 Languages: Spoken fluently FRENCH
Written well FRENCH

24 Main occupation: Description BRICKLAYER
0998 — Estimate of skill FAIR
Duration (from—to) 1929-1940 — Weekly Wage 35.00
Employer's Name and Address ODD JOBS

50 "M" Test	Score	SM	
1	11		S. Tot. 32
2	8		SM
3	13		
4	21		S. Tot. 35
5	14		SM
6	5		S. Tot. 34
7	18		SM
8	11		
Tot.	101	SM	Grade D
9	13		

51 OTHER MENTAL
Test
Score L. Grade
Date

52 MECHANICAL
Test
Score Grade
Date

52 CLERICAL APT.
Test
Score Grade
Date

53 TRADE TEST
1. Score G. Date
2. Score G. Date
3. Score G. Date
4. Score G. Date

54 OTHER
Test
Score Grade
Date

25 Second Most Important Occupation: Description:
5110 LUMBERJACK — Estimate of skill FAIR
Duration (from—to) 1924-1926 — Weekly Wage 22.00
Employer's Name and Address ODD JOBS

26 Third Most Important Occupation:
Estimate of skill
Duration (from—to) — Weekly Wage
Employer's Name and Address

Trade Union or Professional Society INTERNATIONAL — SYNDICAT CATHOLIQUE

Vehicles: 27 Heavy Truck 28 Light Truck 29 Auto D 30 Motorcycle
31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane
35 Accident Prone NO

Farming Experience: Wide — Limited ✓
District MASKINONGE, P.Q. — Type MIXED

Job promised after discharge NO — By whom? Name
Address
Other provision for post-discharge occupation
Type of work desired BRICKLAYER
Occupational history: Ambitious — Accidental ✓
Stable — Erratic

36 Material Status: M ✓ S W D Sep.
Marital Problems NONE (Remarks)
Age of wife 33 — Wife's attitude to Service NORMAL — Wife's Health GOOD
37 No. of Children 2 — No. Brothers 6 — No. Sisters 3
Position in family 6 — 38 No. Dependents 3
Relationship of Dependents WIFE + 2 CHILDREN
Status of home in childhood HAPPY

39 Hobbies: Photography M S Radio Engines
Mechanics Other

40 Sports: (1) SWIMMING (2) SKIING (3)
Team Games and Position (1) BASEBALL (P)
(2) (3)

41 Ability to Entertain: Music: String Brass
Woodwind Percussion Piano Vocal
Theatrical Other

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 18/6/40 Place Enlisted MONTREAL

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty		Performance
18/6/40-23/9/40	CAN	INF	R.de.M. "C" COY	PTE	TRAINING		
23/9/40- 10/41	U.K.	"	" "	"	INF. SECTION (RIFLE)	H	123
10/41- 4/42	"	"	2 C.D.I.R.U. (R.de.M.)	"	REG'T'L POLICE		398
4/42-	"	"	R.de.M. H.Q. COY	"	BRICKLAYER		SAT. 079
				A			

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization .....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ....1/2.... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
INF. SECTION (RIFLE) 123	SAT.	1941	PREVIOUS WORK
REG'T'L POLICE 398	"	1942	" "
BRICKLAYER 079	"	1942	PRESENT WORK

55 Type of Service Desired (1) BRICKLAYER (R.C.E.) (2) .....

Remarks re Outstanding or Limiting Factors DEPT. CORRECT — APP. CASUAL — PHYS. GOOD — DISP. EARNEST — MILIT. DEF. — MAP READ. DEF. — MECH. DEF.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) DUTY

48 Suggested Possibilities for Employment (1) BRICKLAYER

(2) INF. SECTION (RIFLE)

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by LIEUT. J. D. LEMAY ..... Date 2/7/42

Reviewed by ..... Date .....

5

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-57402

Surname (in capitals) LACOURSIERE

Christian Names (in full) GEORGES.

Date of Birth 15 April, 1907

Place of Birth St-Léon, Qué.

Citizenship

Trade on Enlistment Menuisier.

Nationality of Father at Birth Can-Français

Nationality of Mother at Birth

Religion C-R.

Enlisted at Montréal.

Date 18-6-40.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. N.A.

Signature of Soldier G. Lacoursière

Signature of Officer [signature] Capt.

Place O.R. Date 12 Nov. 43.

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	Blanche Allard	
	Children	Roma Lacoursière	
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

N/K.

*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

Montreal, Que.

Côte-de-Liesse, Montréal.

(V) **RANK and APPOINTMENT**

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
18-6-40	PTE.		130	

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

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

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under:—

.....

.....

.....

.....

.....

.....

Date..... .....

Commanding.....

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Trade Tested "Group B"	1-11-41	
by 7th Fd. Coy.		
Bricklayer, DO. 30		
To draw Trade-pay Group "B"		
Bricklayer DO 218 W.E.F. 15 8 72.		

(VIII) SMALL ARMS RANGE COURSES

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

(XI) EMPLOYMENT WHILST SERVING

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

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
18-6-40	A	Medical Board		

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

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

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
7-1-44	✓		3 F	[illegible] Capt.
22-FEB-44		✓	2 F. OK FOR FIELD	[illegible] Carmichael Capt.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T. A. B.	26-6-40	[illegible]
	2-8-40	
	12-9-40	
Tetanus	26-6-40	
	12-9-40	
Tet-Tox. 1cc	10-4-41	
T.A.B. ½cc	10-4-41	
T.A.B ½ cc	26-6-42	
T.A.B. ½ cc	11-8-43	
~~Typhus 1cc~~	~~27-12-43~~	~~[illegible]~~
Typhus 1cc	4-1-44	
Typhus 1cc	9-1-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
2-8-40	
TABT ½ cc	6 June 44 [illegible] Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
7 days leave Lewis	6-5-41	
7 " " To Glasgow	9-9-41	
with warrant	16-9-41	
7 days leave W. warrant	23-9-41	
To Glasgow	30-9-41	
7 days leave W. Warrent	9-12-41	
To Brighton	16-12-41	
"M" Test (Rev.) Complete	29-6-42	
"Q" Card Complete	2-7-42	
C.A.P. Gas test	28-10-42	
D-M " "	28-10-42	
Entitled To wear	DO-230	
One good Conduct Badge	28 Sept. 42	
Fingerprinted - Cib.		
UNDERGONE C.A.P. TEST. (GAS)	31/12/43	[illegible]

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

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

Message Received from E/CAS/12443

Time Message Received

Date Message Received

Theatre: AAI

Regimental No.	Rank	Name	Full Christian Names
D57402	PTE	LACOURSIERES	GEORGES

Unit: ROYAL 22e REGT

SERIAL: 41

CASUALTY PARTICULARS

KILLED IN ACTION 12 DEC 44

"A" 526

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: WILLY LACOURSIERES Relationship: BROTHER

ST. LEON
Co. MASKINONGE,
QUE. CANADA

Home Town: MONTREAL QUEBEC.

Cable No. 4703 A

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

2nd Nof K.

BLANCHE ALLARD (wife)
MONTREAL,
QUEBEC.

OH3 M80

Verification Clerks Signature

4/20A CFA 48 40/P & S/1568 (6847)

F.T.

10th January, 1945.

Mrs. Blanche Lacoursiere,
4514 Coloniale,
Montreal 14, Quebec.

Dear Mrs. Lacoursiere:

It was with deep regret that I learned of the death of your husband, D57402 Private Georges Lacoursiere, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 12th day of December, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

58

405-L-1627

P.A.

EEB

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME LACOURSIERES, Georges

RANK Pte.

UNIT Royal 22e Regt. AAI.

PLACE & DATE OF BIRTH Quebec. 15 Apr. 1907

REGTL NO D-57402

NEXT OF KIN & ADDRESS Brother.
Mr Willy LACOURSIERES
St. Leon, Co Maskinonge,
Que. Canada.

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 12 Dec 44.

PLACE OF DEATH Italy

HRS

CAUSE OF DEATH KILLED IN ACTION.

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Dec 44

CEMETERY NW of Russi R22eR Cem 427338
1/50000 Sh 89/3 Ravenna W. alongsid road.

PLOT NO ROW NO GRAVE NO 17

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

DATE 20 Oct 45

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

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

File No. 405-L-1627

REBURIAL

NO D 57402

RANK Pte.

NAME Lacoursiere, G

NAME OF CEMETERY Ravenna British Empire Cemetery

LOCATION OF CEMETERY 5 miles West of Ravenna, Italy.

GRAVE LOCATION Grave 4 Row C Plot 2

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

Ottawa 4, March 29, 1962.

D.57402 (WSR.1)

F.T. - FOR TRANSLATION

Mr. Roma Lacoursiere,
7561 Outremont, Apt. 1,
Montreal, P.Q.

D.57402, Pte. Georges Lacoursiere

Dear Mr. Lacoursiere:

This is in reply to your letter of March 14 concerning your father, the above-named deceased Canadian soldier.

He enlisted in Le Regiment de Maisonneuve at Montreal June 18, 1940, proceeded overseas with that unit and arrived in Britain September 5, 1940. He remained there until January 12, 1944, when he embarked for Italy. On June 7, 1944, in Italy, he was transferred to the Royal 22e Regiment and served therewith until being killed in action December 12, 1944.

His remains are buried in plot 2, row C, grave 4, Ravenna War Cemetery, Ravenna, Italy. The grave is marked with an individual permanent headstone suitably inscribed, and its maintenance in perpetuity has, of course, been arranged for.

Regarding replacements for his military awards, please note that they are issuable only to the original recipients, and on prepayment only. In order to obtain duplicates it will be necessary for your mother to forward to this Division a postal money order for $6.75 made payable to the Receiver General of Canada to cover the replacement cost of the 1939-45 Star, Italy Star, Defence Medal, Canadian Volunteer Service Medal with Clasp and the War Medal 1939-45.

We will be pleased to issue a duplicate Memorial Cross to your mother at public expense if she herself will forward an application to this office.

Yours sincerely,

Supervisor,
War Service Records Division.

FBR:CM

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, Georges LACOURSIERE (Names in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of ....

Province of Quebec, Bricklayer (Civil Occupation)

Regimental No. D.57402, Unit Royal 22e Regiment, 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 son, Roma, and my daughter Vevianne, all my estate, to be divided equally amongst them.

G. L

Cable 109
Original Received
N.D.H.Q. FEB 23 1944

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

G. L

(4) I appoint my sister, Mrs. Ludger Richard (Name), 300 Beaubien, Montreal (Address), hairdresser (Civil Occupation), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 5 day of January 1944

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.

Georges Lacoursière (Signature of soldier)

First witness sign here.

(5) Signature E. W. Alexander
Civil Address 558 Bayview Ave., Toronto Ont.
Civil Occupation Stockbroker

Second witness sign here.

Signature J. A. E. Tremblay Lieut.
Civil Address 3 Balfour road, Northampton, England.
Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

Certified true copy of original G. L.
[illegible]
Pol

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.

ESTATES BRANCH
MAR 22 1945

Doit être fait en double exemplaire

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

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

INSTRUCTIONS:

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

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

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

---

(1) Nom de l'officier, ou soldat, ou aviateur ..... LACOURCIERE ..... GEORGES .....
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade ..... D. 57402 ..... Pte. .....

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

(4) Êtes-vous marié? ..... (Oui ..... (Separe depuis 10 ans) .....

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ..... Blanche Allard .....

(*b*) l'adresse postale actuelle de votre épouse ..... Montreal ..... Que. .....

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

Sinon, donnez-en les raisons ..... Separe depuis 10 ans .....

.....

(7) Êtes-vous veuf? ..... N/A .....

(8) Avez-vous des enfants? ..... oui .....

Si oui, indiquez le nombre de garçons et de filles ..... 1 garcon .....

Donnez aussi leurs noms et leurs âges ..... Roma ..... 10 ans .....

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

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

Nom ..... ~~Emile Michaud~~ Mde Richard Ludger .....
300 Beaubien St. East, Montreal, Que. Can.

Adresse postale ..... ~~rue Amherst~~ Montreal ~~Que.~~ .....

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?
N/A

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

(11) Est-ce que votre père vit encore? N/A

Si oui, donnez son nom, son adresse et son emploi N/A

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

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

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

(14) Est-ce que votre mère vit encore? N/A

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

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

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

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? OUI

Si oui, donnez les détails suivants: —

Degré de parenté FILS

Nom en entier ROMA LACOURCIERE

Adresse postale COTE DE LIESSE MONTREAL QUEBEC

Montant de la contribution mensuelle au cours des six derniers mois
$ 11.00 par mois

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

(19) Êtes-vous assuré? N/A

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

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

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

Georges Lacourcière
(Signature de l'officier, soldat, ou aviateur)

Date 25-6-40

MAJOR

O. C. DÉPOT RÉGIMENTAIRE

Officier Commandant

LE RÉGIMENT DE MAISONNEUVE

Date 25/6/40

C. A. S. F.

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-57402 RANK Private

SERVICE UNIT Royal 22e Regiment (CA)

NAME LACOURSIERE, Georges

DATE OF BIRTH DAY 15th MONTH April YEAR 1907 Date enlisted:18-6-40

MARITAL STATUS Married(Separated) Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Brother

ADDRESS St Leon, Maskinonge Co.,Que.

NAME ADDRESS D.A.B. Mr. Willy Lacoursiere

ADDITIONAL PERSON TO BE NOTIFIED Mrs. Blanche Lacoursiere (Wife) 4514 Coloniale, Montreal 14, Que.

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 4703A H.Q.405-L-1627

CASUALTY DETAILS Killed in action DATE 12-12-44

MEDITERRANEAN

0/S

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

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

DATE 31-12-44

OFFICER I/C RECORDS

Gr 6

COPY FOR DOCUMENT FILE

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Georges (CHRISTIAN NAMES) LACOURSIERE (SURNAME)

REGISTER NO. D-20907
FILE NO. 405-L-1627
DATE 3-4-46
SERVICE NO. D-57402
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 12-12-44

PAYEE Mme. Blanche LACOURSIERE,
ADDRESS 4514 Colonial Ave.,
Montreal (14) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 12-12-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — 1620 — NO. OF DAYS 1630 / 30 EQUAL TO 54 COMPLETE PERIODS AT $7.50	405.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 1562 LESS 10 INELIGIBLE DAYS, EQUAL TO 1552 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	388.00
	793.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .50; $; $; $	
DEPENDENTS' ALLOWANCE 1/30 OF $ 63.12 $ 2.10; TOTAL $ 5.35 X7 = $ 37.45; NO. OF DAYS 1562 / 183 X$ 37.45	319.66
D. WAR SERVICE GRATUITY	1112.66
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	1112.66

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
XRM	[illegible]

TREASURY	
CHECKED BY	DATE
G. Petitclerc	6/4/46

[illegible]
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name: LACOURSIERE (Surname) George (Christian Names) No.: D.57402

Pte (Rank) C.A. O/S (Unit) 12-12-44 (Date of Death)

AMOUNT

L.P.C. $ 144.07

Date: 17 Sept 45

Other Credits

Total 144.07

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Blanche Lacoursiere, 4514 Colonial St., Montreal 14, P.Q. (½ per community of property) (½ for two minors co-beneficiaries under will)	144.07

P4. TO TREAS. 6-10-45, [illegible]

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	144.07

CLASSIFIED BY [illegible]

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

P.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

CFA 187
4C/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-57402....Pte...Lacoursieres.....G.....(Deceased).....

RECEIVED FROM 2nd Echelon AAI

CHECKED BY ...C-5267 Tpr Carr J.A.
C-5591 Pte Patterson L.K. ..... DATE .....30 Jan 45

1	Purse		
1	Key		
1	Pen No Name		
1	Cdn Badge		
2	Shoulder Badges (RDEM)		
1	Box Containing Razor Strap,Razor& Photo		
2	V/L Receipts (6th & 7th) To O I/C Estates		
1	Postal Counterfoil		
15	Frances Souvenir		
1	Holdall		
1	Red "I" Disc		

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

L K Patterson Pte
.....
for OC 1 Cdn KSD

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.57402 Rank and Name Lacoursiere. G. Pte.

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

~~(Transfer or Discharge)~~ xxx to..... on 12th December, 1944.

Reason Death Authority: CCL"A" 526 d/23rd Dec:44.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	89	43
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .50¢	15	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay $23.00 & $5.00	28	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Def: Pay Interest	3	83
			Cash effects SOCR.35578	16	76
To Balance Cr Free	73	07			
To Balance Cr Deferred	71	00	By Balance Dr		
Total	172	07	Total	172	07

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

Remarks:

Assigned Pay of $23.00 (W) stopped eff: January/45.

Assigned Pay of $5.00 (S) stopped eff: January/45.

Compiled by B.McKercher.

Checked by [signature]

Date 26th June, 1945

DS

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

File No 405-L-1627

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. D-57402 Name Lacoursière Georges

Rank on Discharge ________ Date of Discharge 12-12-44 Deceased

Authority for Discharge or Retirement ________

Served in: Non-qualifying service

Canada	from	18-6-40	to	25-8-40	
	from		to		
United Kingdom	from	26-8-40	to	12-1-44	
	from		to		
Italy	from	13-1-44	to	12-12-44	K/a
Northwest Europe	from		to		
---------	from		to		
---------	from		to		

Eligible for award of:

1939 - 45 Star	ok ✓
--------------	✓
Italy Star	ok ✓
~~France-Germany Star~~	
Defence Medal	ok ✓
War Medal	ok ✓
Canadian Volunteer Service Medal with clasp	S ok ✓ DP

M

Verified by D Foster

Date 26-7-46

Carded JUL 26 1946

NO RIBBON DESPATCH

HA 165

Form No. 1

Register No. CD 1779

Nominal Roll No. D-558

H.Q. File No. 405-4-1627

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-57402	PTE	LACOURSIERE	GEORGES

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. 18 JUNE 40	T.O.S.	T.O.S.
S.O.S. 12 DEC 44 MD C/S	S.O.S. MD	S.O.S. MD
Total Days 1639	Total Days	Total Days

TOTAL SERVICE 1639 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	68		68
OVERSEAS SERVICE	1571	9	1562
Totals	1639	9	1630
Add Non-qualifying Service			9
TOTAL SERVICE			1639

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 12 DEC 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 12 DEC 44

Computer's Signature [signature]

Checker's Signature [signature]

Date Computed 13 Mar 45

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

[signature]
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
		nil			

TOTAL

T.O.S. 25 AUG 40 T.O.S. .... T.O.S. ....

OVERSEAS

S.O.S. 12 DEC 44 S.O.S. .... S.O.S. ....

AA Sec 15(1)			27 Sept 43	2-	
Awarded.			27 Sept 43	1-	3-
AA Sec 15(1)			5 Jan 44.		5-
AA Sec 15(1)			3 Apr 44.		1-

TOTAL 9