D615970
DESJARDINS
PHILIPPE

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

(Doit être remplie en triplicata) Page 1 M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

DUPLICATE

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. E-16692 Matricule D-615970

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4
2. Nom (Majuscules d'imprimerie) DESJARDINS
3. Prénoms en entier Philippe
4. Adresse actuelle St-Remi D'Amherst,
5. Lieu de naissance St-Remi d'Amherst (Pays) Que (Comté ou province) Canada (Ville ou canton)
6. Date de naissance 5 septembre 1915 7. Confession religieuse C.R.
8. Signalement: Taille ..... Poids ..... Yeux brun Cheveux brun
   Teint medium Marques particulières vaccin sur bras gauche
9. Marié, célibataire, veuf? marie
10. Plus proche parent Fernande Desjardins (Nom) Degré de parenté femme
    St-Remi d'Amherst (Adresse)
11. Profession ou emploi Cultivateur
12. Service naval, militaire ou aérien antérieur nil (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? nil Pour l'armée de terre? nil (Arme)
    Pour l'Aviation? oui
14. Emploi dans une industrie de guerre, le cas échéant nil

Philippe Desjardins
(Signature de la recrue)

Jean P. Denis Lieut
(Signature et grade de l'officier enrôleur)
(E.J. Nantel, Lieut.-Col.,
O.C., C.A. (B) T.C. No. 44.

8 octobre 1941 194
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 44 à St.-Jerome, Date 2-10-41
   A accompli 56 jours. jours d'instruction élémentaire.
   2-12-41 Jean P. Denis Lieut
   (Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° A-12 à Farnham, P.Q. Date 3-12-41.
   A accompli 60 jours d'instruction supérieure.
   Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? ✓
   Est passé dans ..... Date .....
   (M.R.C., formation ou unité de l'A.C., C.A.R.C.)
   3/2/42 L. Chabdelaine Lieut
   (Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire .....

ÉTAT DE SERVICE de DESJARDINS PHILIPPE (Nom) (Prénoms) N° matricule D-615970

APTITUDES

1. Navales, militaires ou aériennes: nil
2. Commerciales ou professionnelles: nil
3. Civiles ou de métier: cultivateur
4. Techniques: nil
5. Langue maternelle: francaise Quelles autres langues parlez-vous? nil Lisez-vous et écrivez-vous? nil Savez-vous conduire une automobile? oui

Savez-vous réparer un moteur? nil Expérience culinaire? nil Passe-temps favori? nil

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: 4 ans primaire (Années achevées) — Graduation ou immatriculation: nil (Spécifier)
7. *Collège: nil
8. *Université: nil

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

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		PASSE du dépôt central de la L.M.R.N. N° 4						
10-10-41	T.C.44	T.O.S. & ATTACHED FOR ALL PURPOSES	Pte	8-10-41	T.C.44	St.Jerome	Pt II No. 105	10-10-41
~~10-10-41~~ 3-12-41	"	CEASES TO BE ATTACHED ON POSTING TO A-12 FARNHAM QUE.	"	3-12-41	"	"	PT II NO 134	3-12-41
~~5-12-41~~	ATC A12	Attached for all purposes on reposting from C.A(B)T.C. No.44 St Jerome,Que.	"	4-12-41	ATC A12	Farnham	" " " B-132	5-12-41
4-2-42	"	Ceases to be attached for all purposes on reposting to A-13 Valcarttier	"	4-2-42	"	"	" " B-22(A)	4-1-42
		T.O.S. HOME DEFENCE AND ATT'D TO A(I)TC A 13	"	5-2-42	H.¾D	Valcartier	" No.35	10-2-42
		Ayant été déclaré par une Cour d'enquete tenue au Camp Valcartier, P.Q. le 18-3-42 d'être illégalement absent depuis le 16-2-42 et d'être à court d'art au montant de $ 46.39 est rayé de l'eff (H¾D)	"	18-3-42	"	"	" No.68	20-3-42
		T.O.S. from Des. amended to Read	Pte	~~28~~ 24 Oct 42	A-13	Valcartier	amended by D.O. 184 D.O. 300	3 Aug 44 14 Dec 43
		S.O.S. Deceased at Hosp.(Port-Arthur. Ont) amended to Read	Pte	~~28~~ 24 Oct 42	A013	"	amended by D.O. 184 D.O. 300	3 Aug 44 14 Dec 43

N° matricule D-615970 Grade Pte Nom DESJARDINS Prénoms PHILIPPE

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
	Categorie, A.	11-10-41 TABT/1			
8-10-41	Vaccination (R.Chartrand) Lieut.	1-11-41 TABT/2	A.C.		
	Analyse d'urine(Neg.)	15-11-41 TABT/3			

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Sortie de l'hôpital Jour	Mois	Année	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
Vision oeil dr.	20/30	gauche	20/30		C.V.20						

DC 15970 Desjardins P.
D615950

THE CITY OF PORT ARTHUR
ONTARIO

Certificate of Death

This is to Certify that the following particulars are from a Registration filed in the Registration Division of the City of Port Arthur.

Name PHILIP DESJARDINS Age 27 Sex Male

Date of Death October 24, 1942 Place of Death Port Arthur, Ontario

Cause of Death Haemorrhage from ruptured spleen

Contributory Cause Had fracture of rib and accompanying process

Name of Physician Dr. J. Gillie

Given under my hand this 28th day of April, 19 44

W. M. Bowles
CITY CLERK

QUALIFICATION

Subject	Standard reached and date	Initials O.C. T.C. Canada	Standard reached and date	Initials O.C. Holding Unit Overseas	Subject	Standard reached and date	Initials O.C. T.C. Canada	Standard reached and date	Initials O.C. Holding Unit Overseas
Rifle, T.O.E.T.	2		17/12/41 Q		Driver M/C				
Classification			30/11/42		Driver I/C				
L.M.G. Bren T.O.E.T.			18/12/41 Q		Driver Tractor				
Classification			22/1/42 C.A.P.		Driver Tank				
L.M.G. Lewis T.O.E.T.	2				Driver Bren Carrier				
Classification									
A.A., T.O.E.T.			18/12/41 Q		Signals V.T.				
Classification					Signals W.T.				
Pistol T.O.E.T.					Signals R.T.				
Classification					Cooking				
A.T. Rifle T.O.E.T.	2		22/12/41 Q		Clerk-Typing				
Classification					Clerk-Shorthand				
M.M.G., T.O.E.G.D.									
Classification					Trades				
Mortars 3″ T.O.E.D.									
Practices					Courses Taken				
Sniping									
Range Finding									
Mortars 2″ T.O.E.D.			14/1/42 Q						
Practices					Other Qualification				
Bayonet Fighting	2		14/12/42 Q						
Grenade			5/1/42 Q						
Fieldcraft			15/12/42 Q						
P.A.G., T.O.E.T.			17/12/42 Q						
P.A.G. Gas Chbr. Test			1/12/42 Q						
Drill According to Arm	2		15/12/41 Q						
First Aid	C								
Map Reading	C		14/1/42 C						
Physical Training	2		22/12/42 Q						
Field Engineering			12/12/42 Q						

T.O.E.T. Date completed to be shown.

Signal Classification and date to be shown.

Standard Reached Where no regulation Standard is given in manuals, the following will be used:—

A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.

Classification To show Standard and date—if not classified Last Practice fired to be shown.

M.F.M. 105
100M-2-41 (9382)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-615970 Name Desjardins P.

Unit N.R.M.A. Clearing Depot No.4 Rank Pte.

No. of weeks' training completed.

General standard attained.

(a) Military efficiency Good (b) Conduct Good

(c) Leadership Nil

(d) Other remarks

Rank Lieut

Basic Training Centre No. 44 St.-Jerome

No. of weeks' Training completed. 8

General standard attained. Good

(a) Military efficiency Nil (b) Conduct Good

(c) Leadership

(d) Other remarks

Rank Lieut

Advanced Training Centre No. A-12

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.615970 RANK Private SERVICE UNIT A-13 C.I.T.C.

NAME DESJARDINS, Philippe

DATE OF BIRTH 5-9-15 DATE OF ENLISTMENT

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Fernande Desjardins,

ADDRESS St. Remi D'Amherst, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. H.Q.869-D-1143

CASUALTY DETAILS DATE

Died as a result of haemorrhage due to ruptured spleen whilst in state of desertion. 24-10-44

Records show that this soldier served in Canada only.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 16-12-44

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

DIRECTOR OF RECORDS

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COPY FOR DOCUMENT FILE

No D.615970 Rank Private Name DESJARDINS, Philippe

Unit No.A.13 C.A.(Inf.)T.C. Date of death 24th Oct., 1942.

Died at Port Arthur, Ontario.

Cause Haemorrhage from ruptured spleen.

Death occurred on strength of Forces.H.Q. 869-D-1143

N/K Mrs. Fernande Desjardins Relationship Widow

Address St. Remi D'Amherst, P.Q.

Remains buried in Roman Catholic Cemetery

St. Remi D'Amherst, P.Q.

Grave location

CHK

Private memorial erected.

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

E.R.

PROCEEDINGS ON DISCHARGE

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

Regimental No. D-615970 | Rank Pte. DECEASED.

Surname DESJARDINS

Christian name Philippe

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

Unit or Corps A-13 C.I.T.C.

Date of discharge 24 Oct 42

Place of discharge Valcartier. P.Q. Mil. Dist. No. 5

1. DESCRIPTION AT DATE OF DISCHARGE

Age 27 years months

Height feet inches

Complexion medium

Eyes brown

Hair brown

Trade Farmer

Descriptive marks: -

vaccination on 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

Authority for discharge "DECEASED" DECEASED.

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).....8 Oct 41.....

(Date of discharge—Canadian Army).....24 Oct 42.....

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

10. **Confirmation of Discharge**

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

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

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

D-615970

DESJARDINS PHILIPPE

W.W.II

Deceased 24-10-42

AWARDS—CANADIAN ARMY (ACTIVE)

M

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
DESJARDINS,	Philippe	D-615970	Pte		869-D-1143

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
~~War Medal 39-45~~ forfeited due to Desertion	
Rel	Deserter

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO Died whilst deserter ADDRESS	(1)
(2) MEMORIAL CROSS WIDOW ADDRESS	(2)
(3) MEMORIAL CROSS MOTHER ADDRESS	(3)

K. 15332*

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit: A-13 C.I.T.C.

Regt'l No.: D-615970 Rank: Private

Name in full: DESJARDINS, Philippe

Date and place of birth: 5 Sept 1915 St Remi D'Amherst, Que Canada.

Married or single: Married

Enlisted, when and where: 8 Oct 1941 St Jerome,.

Died — Date: 24 Oct 1942
Place: Port Arthur, Ont.
Cause of death: Haemorrhage from ruptured spleen

Buried — Date:
Name of cemetery:
Location of cemetery:

Whether he leaves a Will or not, and if so, where deposited:

Statement as to existence of any personal effects:

Latest particulars as to Next of Kin: Mrs Fernande Desjardins (Wife)
St Remi D'Amherst, Que. Canada.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

For: Officer Commanding
A-13 C.I.T.C.

Date: 28 Aug 44

Secretary, Department of National Defence.
Forwarded, please.

for (EDMOND BLAIS) - Brigadier,
D.O.C., M.D. No.5

Date: 29 Aug 44

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

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1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
D-615970	Private	DESJARDINS	Philippe

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
A-13, C.I.T.C.	24 Oct 1942		R.C.

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Haemorrhage from ruptured spleen	Mrs Fernande DESJARDINS (Wife) St Rémi D'Amherst Que, Canada.

11. LOCATION OF UNIT AT TIME OF CASUALTY
Valcartier Camp, P.Q.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
		Grave..... Plot..... Row.....	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
50m.—11-22
H. Q. 1772-39-1453

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.615970 RANK Private SERVICE UNIT A-13 C.I.T.C.

NAME DESJARDINS, Philippe

DATE OF BIRTH 5-9-15 DATE OF ENLISTMENT

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Fernande Desjardins,

ADDRESS St. Remi D'Amherst, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. H.Q.869-D-1143

CASUALTY DETAILS DATE

Died as a result of haemorrhage due to ruptured spleen whilst in state of desertion. 24-10-42

Records show that this soldier served in Canada only.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 16-12-44

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DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

To be made out in duplicate

M.F.M. 110
200M—2-41 (9401)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

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(1) Name DESJARDINS Philippe
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank D-615970 Pte.

(3) Basic Training Centre C.A.(B) T.C. No.44 St-Jerome, Quebec.

(4) Are you married? Oui

(5) If married, state,

(*a*) Full name of your wife Fernande Desjardins

St- Remi d'Amherst

(*b*) Present postal address of wife

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

Nil

(7) Are you a widower?

(8) Have you any children? Non Number of boys Girls

Names and ages

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

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

Name

Postal Address

[SEE OTHER SIDE]

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(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment?.....

If so, state her full name and Postal Address.....

.....

.....

(11) Is your father alive?.....Oui.....

If so, state name and address, occupation.....Napoleaon Desjardins St-Remi d'Amherst Cultivateur.....

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to enlistment.....

.....

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

(14) Is your mother alive?.....Non.....

If so, state name and address.....

.....

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment.....

Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support?.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

.....

(18) Are you insured?.....Non.....

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

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Sgd. Philippe Desjardins
(Signature of recruit)

Date 8 octobre 1941

Sgd. G.C. Dupuis Capt.
pour Officer Commanding (E.J. Nantel) Lieut. Col.
C.A.(B) T.C. No.44

Date 8 octobre 1941

N.B. If parent(s) of the recruit concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

Director of Estates

Regimental No. D. 615970 Rank Private

DESJARDINS Philippe
Surname Christian Names

Unit A-13 C.I.T.C.

Date of Death 24-Oct-42 Place of Death Records show that this soldier served in Canada only.

Casualty Details Died as a result of haemorrhage due to ruptured spleen whilst in state of desertion.

Next-of-kin Mrs. Fernande Desjardins Relationship Wife

Address St. Remi D'Amherst, Quebec

M.F.M. 5 Copy of M.F.M.110 herewith

ESTATES BRANCH JAN 12 1945 H.Q. OTTAWA NATIONAL DEFENCE

WILL No record of Will in Record Office to date

Date 9-Jan-45

JEC/FMR

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

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M.F.D. 930A
750M—9-43 (1730)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. D-615970 Rank and Name Pte. DESJARDINS Philippe

of A-13, C.I.T.C. Valcartier Camp, Que., Unit, on

(~~Transfer, Posting~~ Discharge) to (Unit and Station) on 24 Oct 1942

Reason for discharge DECEASED Authority D.O.300 d/14 Dec 43 D.O.184 d/ 3 Aug.44

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. .....

REMARKS:

State (1) Date of appointment or enlistment 8 Oct 41

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? NO

(3) Has assignment of pay been made? NO. If so, amount $ N/A

Effective date N/A

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ N/A

CERTIFIED TRUE COPY

(H.E.DYNES) Captain,
Paymaster A-13, C.I.T.C.

ESTATES BRANCH NOV 15 1944 H.Q. OTTAWA NATIONAL DEFENCE

The following is a statement of the account of the above named from 19 Mar 42 to 31 Oct 1942 the inclusive date of transfer, posting or discharge. As at opening of September account

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account March 1942	13	83	Balance Cr. from last account		
First Monthly Payment			Regimental Pay 227 days at $ 1.30	295	10
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay			..... days at $		
~~Regimental Charges~~ C.D.V. No C/71	19	26	Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
D.O.225 d/20 Sep 44. Stop of pay under Art:85 (2) F.R.& I. (Can) period 16 Feb 42 to 31 Oct 42. 258 days at $1.30	335	40	To offset debit made Re:AWL in March 1942 when SOS.as deserter 16 Feb 42.to 18 Mar 42	40	30
Auth: .39-D-2430(JA)d/18 Sep -44.					
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)	33	09
Total	368	49	Total	368	49

Valcartier Camp, Que.,
(Place)

10 September 23rd., 1944.
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

L.J.A. HEBERT, Captain,
Paymaster or Accounting Officer
Paymaster A-13, C.I.T.C.

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FORM No. 1

Re[illegible]er No. C D 4912 Nominal Roll No. D 806

To: P.M.G. H.Q. File No. 8697 D 1143

N. R. M. A.

CANADIAN ARMY (ACTIVE)
Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D 6,5970	Pte	DESJARDINS	PHILIPPE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment deceased CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

DEPARTMENT OF VETERANS' AFFAIRS SEP 23 1949 OTTAWA - CANADA

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 8 Oct 41	T.O.S.	T.O.S.
S.O.S. 28 Oct 42 MD 5	S.O.S. MD	S.O.S. MD
Total Days 386 ✓	Total Days	Total Days

Total Service 386 ✓ DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	386	255	131
Overseas Service	—	—	—
Totals	386	255	131
Add Non-qualifying Service			255
Total Service			386 ✓

NO SERVICE IN THE ALUTIAN ISLANDS N.R.M.A.

DIED WHILST IN SERVICE

EMBARKATION DETAILS:

1. Date S.O.S. Overseas Nil 2. Date S.O.S. Overseas 28 Oct 42

REMARKS:

Computer's Signature A H Burton

Checker's Signature [illegible]

Date Computed 11 Jul 46

Noted. DB 34, Substitute death.

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	16 Feb 42	28 Oct 42			255
				Total	

Overseas: T.O.S. ..... T.O.S. ..... T.O.S. .....

S.O.S. ..... S.O.S. ..... S.O.S. .....

				Total	