D63142
CHARTRAND
LIONEL

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TROOPER L. CHARTRAND
CANADIAN ARMY
17.8.42

156

19-8-42
(.O.C.L.-125)

AWARDS—CANADIAN ARMY (ACTIVE)

M 1404

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-10,221

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHARTRAND, Lionel	D.63142	Tpr.	Reconn. Units

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal War Medal ~~CVSM & Clasp~~	9906. 22/1/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Leopold CHARTRAND (Father)

ADDRESS: 86 Victoria St., Pointe Claire, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Edwinna Chartrand,

ADDRESS: 86 Victoria, Pointe Claire, P.Q.

MEMORIAL B R
(1)
DATE DESP
REGN. NO 4361

(2)

DESP. SEP 12 1942
REGN No. 581

(3)

Received.....SEP. 25. 1941.....Checked.....Card.....Observations.....

OCC. HIS. FWD. 7TH DUKE OF YORK'S ROYAL CANADIAN HUSSARS
(7TH REC'CE REG'T) A.F.

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: L. EMP CASE

Matricule Regimental Number: D 63142

~~Original~~ Duplicata ~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original Duplicate Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname): CHARTRAND
2. Prénoms (Christian Names): LIONEL
3. Adresse actuelle (Present Address): 86 Victoria, Pointe Claire, Can.
4. Date de naissance (Date of birth): 13 juin 1921
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Que. (Comté ou province)—(County or Province) Pointe Claire, (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): Catholique romain
7. Métier ou profession (Trade or Calling): Journalier
8. Marié, veuf ou célibataire (Married, Widower or Single): Célibataire
9. Nom du plus proche parent (Name of next of kin): CHARTRAND Léopold
10. Parenté de celui-ci (Relationship): Père
11. Adresse du plus proche parent (Address of next of kin): 86 Victoria, Pointe Claire
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?): NON
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars): 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?): NON

.....
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

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

Je, soussigné, CHARTRAND LIONEL, 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 6 aout 1940 — Lionel Chartrand
(Signature de la recrue)

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

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

Lionel Chartrand
(Signature de la recrue)

Lionel Chartrand

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, Can. 6e jour de aout 1940

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

Major (Les F.M.R.CASF.)
(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

État de service de **CHARTRAND** **LIONEL** Matricule **63142**
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires **NON**
Military

Professionnelles ou commerciales **N.A.**
Business or Professional

Civiles ou de métier **Journalier**
Trade or Civil

Techniques **N.A.**
Technical

Langues **Bilingue**
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies **NON**
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation
Matriculation **NON** (Spécifier—Specify)

*Collège **N.A.**

*Université **N.A.**
University

École St-Joachim, Can. 5 ans

*(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	Rapport — Report: 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.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
6-8-40	F.M.R.	Ajouté a l'effectif	Pte	6-8-40	F.M.R.	Montreal.		
31-8-40		S.O.S. Regt'l Depot FMR to Dist Depot	"	31-8-40	"	"	D.O. 132	31-8-40
1-9-40		T.O.S. 4Dist Depot CASF	"	1-9-40	4DD	"	4DD Pt 11 220	1-9-40
50ct40.	4 DD	Attached for all purposes to CMTC 41 Huntingdon,Que.	"	6 Oct40.	4 DD	"	" 252	50ct. 40
7oct40	T.C 41	Attached to T.C. 41 Huntingdon	"	7oct40	T.C 41	Huntingdon	TC41-Pt.II- 6a	7oct40
3Jan41	"	Reinstatement - 10 day C.B. - forfeit 2 days pay. FR&I-149	"	3Jan41	"	"	" " 2	3Jan41
28Feb41	"	S.O.S. returned to #4 DD.	"	28Feb41	"	"	" " 37	28Feb41
4MAR41		TOS 4 DIST DEPOT FROM 41 HUNTINGDON ON TRANSFER TO 17TH DYRCH AND MUSTERED A TROOPER	"	1MAR41	4DD	MONTREAL	4DD PT II 53	4MAR41
4MAR41		[illegible]	"	3MAR41	"	"	" " 53	4MAR41.

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

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

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Chartrand ; Lionel Date July 31, 1940

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

1. Age 19 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

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

Lionel Chastrand
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Ears normal Color vision(Ishihara)(CN) / URINE N / Reflexes normal A.Delahaye Capt. X RAY N /

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
1 vacc. lt. arm

2. Taille (Height) 5 pieds (feet) 8 pouces. (inches.)
3. Poids (Weight) 134 livres (pounds)
4. Teint (Complexion) med. Yeux (Eyes) brown Cheveux (Hair) brown
5. Développement (Development) good — Bon —Good; Passable —Fair; Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35½ pouces (inches) Degré d'expansion (Range of expansion) 3½ pouces
7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) W.V. 20 gauche (left) W.V. 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Poor multiple caries
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

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

J.J.Dinan Lt. (Président)—(President) E.T.Lecavalier Capt. (Membre)—(Membre) R.Landriault Capt. (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
14/8/40	T.A.B. 1cc 14cc Tetanus Vaccine / E Tourcat		
30.8.40	2 TAB 1cc Tet.		
4.9.40	3 " 1cc		
15 Nov 40	Tet Tox 1cc Dunbonne Capt		
25-3-41	Tet 2. 1cc		
1.5.41	Revacc. 1cc Dr Gagnon.		

DISCHARGE FILM

TAILS..... DÉJÀ REÇU UNE PENSION OU UNE COMMUTATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

Matricule 63142 Grade PTE Nom CHARTRAND Prénoms LIONEL
Regtl. No. Rank Surname Christian Name

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

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

Statement of the Service of No. D-63142 Rank TPR Sheet No.

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

Name CHARTRAND, L.

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
4MAR41		PROCEEDED ON COMMAND TO 41 HUNTINGDON	TPR	3MAR41	4DD	MONTREAL	4DD PT II 53	4MAR41
11 MAR 41	4 DD	ABOVE ENTRY AMENDED TO READ " PROCEEDED ON						
		COMMAND AND ATT. FOR ALL PURPOSES	"		"	"	" " " 59	11 MAR 41
4 March 41	TC#1	Att for Adm & Training TC#1 Huntingdon	"	3 March 41	TC#1	Huntingdon	TC#1 Pt II 40	4 March 41
13 Mar 41	"	" " pay purposes " "	"	4 March 41	"	"	" " 47	13 March 41
26.4.41.	"	Ceases to be att.to TC 41 Huntingdon on transfer to Unit 3rd.Div.Debert,N.S. Authy.H.Q.-S-20-2-3-8-ORG.AR.19.4.41. Defensor 21.4.41.	"	26.4.41.	"	"	TC 41 Pt II-79	26.4.41.
10-6-41	17DYRCH	T.O.S. on transfer from TC 41 Huntingdon	"	27-4-41	17DYRCH	Debert	17H Pt. 11-96	28-4-41
18-6-41	"	Granted 14 days furlough under R.O. 699	"	17-5-41	"	"	" No. 113	17-5-41
13-9-41	"	Embarked for Overseas & S.O.S. Can	"	23-8-41	"	Halifax	" No. 199	6-9-41
		T.O.S. Canadian Army Overseas	"	24-8-41	"		" No. 199	"
		Disembarked	"	2-9-41	"	Glasgow	" No. 199	"
"	"	Granted 5 days Landing Leave	"	8-9-41	"	Aldershot	" No. 201	12-9-41
		Leave (P1) FTW to 10 Dec 41	Tpr	4 Dec 41	7 Recce	UK	16	12 Dec 41
		Leave P2 no FTW to 18 March 42 Adm. to 14 Gen Hosp	Tpr	12 March 42	7 Recce	UK	16	31 March 42
		SOS to ICACRU on adm. to 14 Gen Hosp	Tpr	16 June 42	7 Recce	UK	38	24 June 42
SOS				16 June 42	7 Recce	UK	38	24 June 42
	TOS	T.O.S FROM 7 RECCE BN. (in 14 GEN Hosp)	TPR	19 Jul 42	ICACRU	UK	188	23 Jul 42
	TPR	S.O.S. Cdn Army Ops Died in 14 Gen Hosp TPR.		17 aug 42	NETO	UK	119a	31 aug 42

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

Name.....

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

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		SOS ~~Cdn~~ Deceased (died in 14 Can Gen Hos.	Pvr.	17. Aug 42	ICHCRU.	U.K	201	19.8.42.
		TOS. from ICHCRU.	Pvr.	7. Aug 42	NETD.	U.K	109a.	7 Aug 42.

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 17TH DUKE OF YORK'S ROYAL CANADIAN HUSSARS (17TH REC'CE REG'T) A.F. Regimental Number D 63142

1. Surname CHARTRAND
2. Christian Names LIONEL
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank TPR.
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Pointe Claire, P.Q. Canada
5. Date of birth as declared on attestation June 13th, 1921
   (A)
6. Date of enlistment August 6th, 1940
7. Place of enlistment Montreal, Que.
8. Residence at time of enlistment Pointe Claire, P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C.R.
12. If married, state date
13. Trade on enlistment Journalist
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: F.M.R. CASF
Unit (Battn., etc): 17th D.Y.R.C.H.

(18) Medical

Category	Date	Authority
"A"	6-8-40	Med. Board Mtl.

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

Mr. Leopold Chartrand
84 Victoria Ave
Pointe Claire
Que.

(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		(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
13-9-41	O.C.	17 H	Embarked for O'seas & S.O.S. Can.	Halifax	23-8-41	Pte.	C.H.II No. 199 d/ 6-9-41
			T.O.S. Can. Army Overseas		24-8-41	"	" " "
			Disembarked	Glasgow	2-9-41	"	" " "
13-9-41	O.C.	17 H	Granted 5 days Landing Leave	Aldershot	8-9-41	"	" 201 d/ 12-9-41
8-12-41	"	"	7 days + leave (P1) F.T.W.	Field	4-12-41	"	#16 d/ 12-12-41
20-3-42	"	"	7 days leave (P2) no F.T.W.	"	12-3-42	"	#16 d/ 31-3-42
	"	"	Adm. 14 Fd. Amb. 16-7-42 Rem'd to 5 C.C.S.	"	17-7-42	"	38 d/ 24-7-42
	"	"	S.O.S. to #1 CACRU on adm. 14 Gen. Hosp.	"	18-7-42	"	38 d/ 24-7-42
		1 C.A.C.R.U.	T.O.S. on posting from 7 Recce while in hosp	"	19-7-42	"	188, 23-7-42
		"	S.O.S. deceased (died whilst in 14 Gen. Can Hosp	"	17.8.42	"	201, 19.8.42

D 63142 L. Chartrand

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 Chartrand Leonel (b) Reg'l. No. D63142
2. (a) Arm of service Army (b) Unit 17 D.Y.R.C.H. (7 R.B.) (c) Rank Trooper
3. (a) Date of birth 13/6/21 (b) Have you any dependents? Yes No (c) Place of residence at time of enlistment Point Claire. Que.
4. (a) Place of enlistment Montreal (b) Date of enlistment 6/7/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (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.) Public School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French And English (b) What languages do you read well? French and English

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?

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

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

11. Had you ever been employed fairly regularly since leaving school? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Labourer (b) State how long you had worked at this trade or occupation Two Years
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
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 Quebec Provincial Goverment Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation Labour (b) Number of years' experience at this occupation with any employer 2 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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Cattle Farmer
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None

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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Farmer

DATE June 13/41 194.... SIGNATURE Lionel Chartrand

B

NAME CHARTR AND LIONEL

REGIMENTAL No. D-63142 RANK Pte.

ENLISTED AT Montreal, Que. PROMOTIONS, ETC. AND DATE pte. TPR.

DATE August 6th. 1940

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER OR SINGLE Single

NEXT OF KIN Leopold CHARTRAND RELATIONSHIP Father

ADDRESS OF 86 Victoria St. pointe Claire Que. Can.

ASSIGNMENT OF PAY, $ 20.00 C eff September 1940

ADDRESS as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT AMOUNT OF AWARD

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Mrs. Chartrand (Legault Edwinna)

M. F. M. 14
120M - 7-40 (6128-9)
H. Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
SOS T.C. # 41 on trans to unit at Debert N.S.	79	26-4-41	Eff 26-4-41
T.OS. 17th. DYRCH	96	28-4-41	eff 27-4-41
FURLOUGH	113	17/5/41	FROM 17/5/41 TO 30/5/41
S.O.S. CDN. ARMY CANADA	199	6/9/41	W.E.F. 23/8/41
T.O.S. " " OVERSEAS	199	6/9/41	W.E.F. 24/8/41
S.O.S. TO NO. 1 CACRU	38	24/7/42	ON ADMISSION TO HOSP. W.E.F. 18/7/42
T.O.S. #1 C a c R U while in 14 Gen. Hosp.	188	25.7.42	wef 19.7.42

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECEIVED AUG 1942

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

No.14 Cdn.Gen.Hosp., RCAMC.

STATION Horley, Surrey. DATE 30 Jul 42.

1. 1 (*a*) Unit #1 CAC R U 17th D.Y.R.C.H. (*b*) Regimental No. D-63142 (*c*) Rank Tpr.

(*d*) Surname CHARTRAND (*e*) Christian name Lionel

(*f*) Home address 86 Victoria Ave., Pointe Claire, Que.

(*g*) Next of Kin Leo Paul Chartrand (*h*) Relationship Father

(*i*) Address of Next of Kin Same

2. Age last birthday 21 Date of birth 13 Jun 21.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal, Que. (*b*) Date 6 Aug 40.

4. Personal description:

(*a*) Height 5' 7" (*b*) Weight 170 (approx.) (stripped) (*c*) Complexion Dark

(*d*) Colour of hair Black (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc. Recent Upper Rt. Rectus Incision. Vacc. Lt. Arm.

5. Former trade or occupation Clerical Worker.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	358

Man's Statement.

	Periods	
	From	To
Canada	6 Aug. 40	25 Aug. 41.
England	25 " 41	Date
France or other theatres of War		

7. Original disease, or injury Metastatic Carcinoma of Liver; Primary in (?) Gall-Bladder.

(*a*) Date of origin Unknown (*b*) Place of origin Unknown

(*c*) Cause Unknown.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

a) Marked. b) Partial loss of Liver function. c) Yes. d) No.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

SUBJECTIVE: "I have almost continual pain and tenderness in my abdomen. I am extremely weak and have no appetite",

OBJECTIVE: This man appears critically ill. Scherae suggests icterus (Van den Bergh 1.0 Units on 19 July). There is a visible mass in R.U.Q., which is hard, nodular and tender. Rt. Upper Rectus Incision is healing cleanly.

At operation (25 Jul 42), Rt. and lt. lobes of liver were found to be studded with slightly elevated, greyish, hard nodules, typical of metastatic carcinoma. The densely infiltrated, fixed neck of the gall-bladder was felt to be the site of the primary growth.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.) No — Genito-Urinary System (Albumen and Sugar will be excluded.) No

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Patient was subjectively quite well until about 1 July 42, the day after he ran two races in a sports meet, when he developed upper abdominal pain and anorexia, which persisted with occasional severe exacerbations and necessitated his admission to this Hospital on 18 July 42.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

No previous operations. No major illnesses, or injuries recalled.

(*c*) (Here give a description of wounds, scars and deformities.

See Para. 4 (f)

11.—(*a*) Did the disabling condition have its origin before enlistment ?

(*b*) If so, has it been aggravated by Service ? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ? a) and b) No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Permanent and progressive.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

1) General examination, observation and assessment.

2) Exploratory laparotomy. Biopsy of liver nodule (25 July 42)

3) Pathological confirmation of clinical diagnosis - still incomplete.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? Yes.
(If the answer is "yes" state nature of treatment required and probable duration)

Supportive measures until ultimate conclusion, probably a matter of a few weeks.

16. Can the former trade or occupation be resumed ? No.
(If not, briefly state why)

17. Recommendations Re-categorization.

D Mountain, Capt. RCAMC.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned LIONEL P HARTRAND have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nil Ans.

L Chartrand Tpr Rank.
Signature of invalid examined.

C.G.-111

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur - This man is 6 days post-operative. He is not vomiting and is eating fairly well. Would expect, however, that he will have a relatively rapid downward and fatal result. Suggest immediate evacuation by boat or air else it may be advisable to keep him here till the end.

19. Is the invalid fit for

(*a*) ~~General service,~~ ~~(Category A)~~ ~~(Yes or No.)~~
(*b*) ~~Service abroad, not general service,~~ ~~(" B)~~ ~~(Yes or No.)~~
(*c*) ~~Home service (Canada only),~~ ~~(" C)~~ ~~(Yes or No.)~~
(*d*) ~~Temporarily unfit~~ ~~(" D)~~ ~~(Yes or No.)~~
(*e*) Unfit for service in Categories A, B and C (" E) (Yes or ~~No.~~)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment. except sedatives and possibly abdominal wound.
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.) (Stretcher)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

Placed in Category "E"

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

C.G. McDonald Th. Col. *President.*

PLACE No. 14 Cdn. Gen. Hospital, RCAMC. J.B. Petrie Surgeon
DATE July 31st, 1942. L. Brocklington Major } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....
DATE..... } Members

APPROVED BY
A.D. McNaught Major,
~~Assistant Director of Medical Services.~~
for - A.D.M.S., Cdn. Reinf. Units,
DATE.....
AUG 3 1942

APPROVED BY
E.L. Young Major,
for C.M. Lynch Brigadier
Director-General of Medical Services.
Director of Medical Services,
Canadian Military Headquarters.
DATE.....
AUG 4 1942

File No 405-C-10.221

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 63142 Name CHARTRAND LIONEL

Rank on Discharge Spr. Date of Discharge 17-8-42

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 6-8-40	to 23-8-41		
	from	to		
United Kingdom	from 24-8-41	to 17-8-42	Died while in Glen Hosp	
	from	to		
Italy	from :-	to		
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

~~1939 - 45 Star~~ _____

~~---.---.---~~ _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

Defence Medal O.K. ✓

War Medal O.K. ✓

Canadian Volunteer Service Medal O.K. ✓

with Clasp O.K.

M

A.H.Q.

N.R.D

Verified by H. G. Palen

Date 24-6-46

Carded AUG 8 1946

HA 165

QUOTE NO. 405-C-10221 (D.R.)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

CANADA

F.T.
For Translation Please.

OTTAWA, CANADA,

August 20th., 1942.

Mr. Leopold Chartrand,
86 Victoria Street,
Pointe Claire, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D63142 Trooper Lionel Chartrand, gave his life in the Service of his Country in the United Kingdom on the 17th day of August, 1942.

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.

Burial took place with Military Honours, a tribute to the sacrifice he so bravely made.

Yours sincerely,

GR/ED

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

(3 form ltrs.

Nat. Def. A-168-A
500M—6-41 (733)
H.Q. 1772-39-376

405-C-10221 (D.R.)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.63142, Trooper Lionel CHARTRAND, of the 7th Reconnaissance Battalion (17th D.Y.R.C.H.), Canadian Army, died on the 17th of August, 1942, of primary carcinoma of gall bladder with advanced liver metastasis.

F. B. Rading

for W.E.L. COLEMAN, Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
September 3rd, 1942.

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRARTION CARD

DATE: 18 AUG 42 No. 616

NAME CHARTRAND, Lionel PLACE Pointe Claire.Que.
DATE OF BIRTH 13 Jun 21

RANL TPR REGIMENTAL NO D-63142

UNIT 7TH CDN RECCE BATTALION (N.E.T.D.) NEXT OF KIN ADDRESS (FATHER)
MR.LEOPOLD CHARTRAND, 86 VICTORIA, POINT CLARE, QUEBEC.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION 18 JUL 42 NAME & LOCATION OF HOSPITAL #14 GENERAL HORLEY.

DIAGNOSIS CARCINOMA OF GALL BLADDER. METASTASIS INTO LIVER.

PARTICULARS OF DEATH:

DATE OF DEATH 17 AUG 42 PLACE OF DEATH #14 GENERAL HOSP.
HRS 1950 HRS

CAUSE OF DEATH CARCINOMA OF GALL BLADDER. METASTASIS INTO LIVER.
(1a) Carcinoma of Liver)

PARTICULARS OF BURIAL:

DATE OF BURIAL 22 Aug 42 CEMETERY Brookwood Military

DEATH CERTIFICATE NO I.E.549164 LOCATION OF CEMETERY Brookwood, Woking.

PLOT NO 38 Grave 1, Row "G" DATE OF REGISTRATION 19 Aug 42

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS Administrator Estates, Ottawa - 1 Sep 42

RELIGION R.C.

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

DEC 30 1942

N.B. This burial report contains all information at present available, but is subject to revision by this Office.

For (R.T.E.Hicks-Lyne) Lt.-Colonel
Officer i/c Records
Canadian Military Headquarters.

No D.63142 Rank Trooper Name CHARTRAND, Lionel

Unit 7th Rcce.Bn. (17th DYRCH) Date of death 17th August, 1942.

Died at Smallfield Mil. Hosp., Burstow, Surrey, England.

Cause Primary carcinoma gall bladder with advanced liver metastasis.

Death occurred on strength of Forces. HQ 405-C-10221 d 17-8-42

N/K Mr. Leopold Chartrand, Relationship Father

Address 86 Victoria Street, Pointe Claire, P.Q.

Remains buried in Brookwood Cemetery

Surrey, England.

CHK

Grave location Grave 1, Row "G", Plot 38

DEATH CERT. TO N/K.	30-3-43
BUR. REPORT TO N/K.	30-3-43
RETURN TO BUR. STAT.	30-3-43
ROYAL MESSAGE DESP'D.	AUG 31 1942
CAN. MESSAGE DESP'D.	19-8-42

Photographs
Despatched
JUL 23 1946

IE 549164

The Statutory Fee for this Certificate is 2s. 7d. If required subsequentlyto registration, a Search Fee is payable in addition.

CERTIFIED COPY OF AN ENTRY OF DEATH

PURSUANT TO THE BIRTHS AND DEATHS REGISTRATION ACTS, 1836 to 1929.

D.CERT
R.B.D.

Registration District SURREY SOUTH EASTERN

1942 Death in the Sub-district of GODSTONE in the COUNTY OF SURREY

Insert in this Margin any Notes which appear in the original entry

Columns:-

NO.	When and Where Died	Name and Surname	Sex	Age	Rank or Profession	Cause of Death	Signature and Residence of Informant	When Registered	Signature of Registrar
373	Seventeenth August 1942 Smallfield Military Hospital Barstow R.D.	Lionel Chartrand	Male	21 yrs	Trooper D.63142 1st Canadian Armoured Corps Reinforcement Unit	1a Carcinoma of Liver Certified by C.A. McIntosh Lt. Col. M.D.	Wallace J. Plumpton Present at the death No.14 Canadian General Hospital	Nineteenth August 1942	George Atfield Interior Registrar

I GEORGE ATFIELD INTERIOR, Registrar of Births and Deaths for the Sub-District of GODSTONE in the COUNTY OF SURREY do hereby declare that this is a true copy of the Entry No. 373 in the Register Book of Deaths for the said Sub-District and that such Register Book is now legally in my custody.

WITNESS MY Hand this 19th day of August 1942,

George Atfield
Interior Registrar of Births and Deaths

CERTIFIED TRUE COPY

A & D# C-3767-42

DECEASED

HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding ....#1 C.A.C.R.U. (17th D.Y.R.C.H.)....(Unit)

It is notified for your information that the undermentioned ~~was discharged from~~ died at ...No. 14 Cdn. General Hospital R.C.A.M.C., ~~Stationed~~ ..@ 1950 hrs..... on ...17th August,.... 1942 . He has been instructed to go on the first Unit Sick Parade after reporting to your Unit and to hand this form to the Medical Officer.

Name ....CARTRAND, Lionel.....No. D-63142..... Rank ...Tpr.....

Diagnosis Carcinoma Metartatic Liver. M.O. i/c Case W. Mason Couper (Major)

Precis Case History

Admitted 18th July, 1942.

Well, up and active four weeks before admission, then had abdominal pain in R.U.Q. Mass visible and palpable in that area. Explanatory Laparotomy 25 July 42. The mass was found to be due to an enlarged liver, with large nodular matartatic growths. Primary site not definitely established. Man went steadily downhill. Died.

Recommendation

If possible past-mortem examination to be carried out.

Burnett L. Johnston ....Major, RCAMC.

For: Colonel,
Officer Commanding

No. 14 Cdn General Hospital,
R.C.A.M.C.

Distribution:

One Copy to Unit of patient
" " to Officer i/c Records, Acton.
" " to A.M.D.2., C.M.H.Q.
" " for File

This form is also to be used when a patient is transferred from a hospital to No. 1 Convalescent Depot R.C.A.M.C.

AMD2.—1
40/P & S/2

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: Surrey, England.

Official name of civil municipality or township: Smallfield Mil. Hosp.

Place an X over the word which applies to this municipality or this territory

City | Town | Village | Parish | Township

Street: ---

No.: in U.K. 11 mos. 16 days.

Hospital or Institution: Burstow.

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: CHARTRAND (*Block letters*)

Given names: Lionel

4. RESIDENCE

Street: 86 Victoria, No.:

Official name of civil municipality or township:

Municipal county: Pointe Claire, Province: P.Q.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: June (Month) 13th, (Day) 1921 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	21	2	5	....hrs. or....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Leopold CHARTRAND	
MOTHER (Maiden name)		

19. Place of burial, cremation or removal: Surrey, England.

20. Date of burial: August (Month) 22nd, (Day) 19 42 (Year)

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 17th, (Day) 19 43. (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) Carcinoma of Liver.

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

OVERSEAS CASUALTY CANADIAN ARMY

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 Natural Causes. Date 19
(State which)

Manner of injury
(How sustained)

Nature of injury

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

Signed M.D.

Address **Date** 19

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

G. B. Radcliffe

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

for Colonel,
Director of Records, Dept. of National Defence.

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)

MÉMORANDUM POUR **P. 64**

Monsieur Léopold Chartrand,
86 rue Wilbrod,
Pointe Claire,
P.Québec.

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-C-10,221 FD.21

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 29 août 1942

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

CHARTRAND, Lionel, Tpr.,

No. D.63142, 7th Recce. Battalion (17th DYRCH)

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

L. M. Fiset Lt.-Col.

L'administrateur des successions.

ESTATES BRANCH SEP 4 1942 H. Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

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	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt..... X				
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non..... X				
3	Père du défunt Léopold		Chartrand	41	86 rue Victoria Pointe-Claire
4	Mère du défunt Edouina		Legault	40	même adresse
5	Frères du défunt Guy Roger Réal Jean	Frères germains			
		Demi-frères			même adresse
6	Sœurs du défunt Simone Claire	Sœurs germaines			même
		Demi-sœurs			adresse

	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	Adresse de leurs enfants
7	X		

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance).....			

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Lionel Chartrand
11	Indiquez le mois et l'année de sa naissance.	13 Juin 1921
12	Où et quand ses parents s'étaient-ils mariés?	Pointe-Claire 30 Avril 1919
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	non
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	non
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	non

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	à Pointe-Claire
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	Comté Jacques-Cartier Province de Québec-Canada.
18	Combien de temps dans chacun d'eux?	depuis sa naissance
19	Quelle était la nature de son emploi?	Journalier
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	à Pointe-Claire
22	Indiquez votre adresse postale au long.	Leopold Chartrand 86 Victoria Pointe Claire Comté Jacques-Cartier P.Q. Canada

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	oui. Par le père du défunt.
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	qui a versé la somme de $70.00 (soixante-dix)

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

DÉCLARATION

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

Je, soussigné, déclare que les renseignements qui précèdent 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 père du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Léopold Chartrand — Signature du déclarant

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, Léopold Chartrand (Nom du déclarant) est le/la père du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Pointe-Claire ce deuxième jour de septembre 1942.

Signature du pasteur, prêtre ou magistrat. Léon Versheldeu Titre prêtre, Curé

Adresse 2 rue Sainte-Anne Pointe-Claire comté Jacques-Cartier P.Q.

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 et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
20M—7-40 (5760)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, CHARTRAND LIONEL (Nom au long), de la Cité de Pointe Claire, dans le Comté District de Jacques-Cartier, Province de Quebec, Journalier (Occupation civile), N° matricule D63142, Unité F.M.R.CASE., révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à CHARTRAND Léopold, Père

Tous mes biens et effets.

86 Victoria, Pointe Claire, P.Q. Can.

Noms et adresse des bénéficiaires résiduaires

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

(4) Je nomme CHARTRAND Léopold, (Nom)

86 Victoria, Pointe Claire, P.Q. Can. (adresse) exécuteur exécutrice de mon présent testament.

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

(5)

Signature du premier témoin

(Adresse)

(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin

(Adresse)

En foi de quoi j'ai signé ce 6 ème jour de aout A.D. 19 40

Lionel Chartrand

(Signature du soldat)

(VOIR AU VERSO)

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 CHARTRAND LIONEL
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade D63142

(3) Unité LES FUSILIERS MONT ROYAL. CASE.

(4) Êtes-vous marié? NON

(5) Si oui, donnez

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

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

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

Sinon, donez-en les raisons N.A.

(7) Êtes-vous veuf? NON

(8) Avez-vous des enfants? NON

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

Donnez aussi leurs noms et leurs âges N.A.

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

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

Nom N.A.

Adresse postale N.A.

(VOIR AU VERSO)

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

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

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

Si oui, donnez son nom, son adresse et son emploi CHARTRAND Léopold, Menuisier
86 Victoria, Pointe Claire, P.Q. Can.

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

(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? OUI

Dans l'affirmative, donnez son nom et son adresse Edwinna (Legault) CHARTRAND,
86 Victoria, Pointe Claire, Can.

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

(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? NON
Si oui, donnez les détails suivants: —

Degré de parenté N.A.

Nom en entier N.A.

Adresse postale N.A.

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

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

(19) Êtes-vous assuré? OUI

Si oui, dites dans quelle compagnie? Metropolitan Life
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? OUI 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.

Lionel Chartrand
(Signature de l'officier, soldat, ou aviateur)

Date 6 aout 1940

Officier Commandant Depot Regimentaire
Les F.M.R.CASF.

Date 6 aout 1940

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

5M-1-46 (8548)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WSG 80 - 533

2 ARMY

DECEASED MEMBER'S NAME: Lionel (CHRISTIAN NAMES) CHARTRAND (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-20022
FILE NO. 405-C-10221
DATE 3-5-46
SERVICE NO. D-63142
FINAL RANK OR RATING Tpr
DATE OF DISCHARGE 17-8-42

DATE OF TERMINATION OF OVERSEAS SERVICE 17-8-42

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 740 (30) EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 359 LESS 20 INELIGIBLE DAYS, EQUAL TO 339 DAYS @ 25c. PER DAY	84.75
	264.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $1.30 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.00 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $2.30 X7 = $16.10 NO. OF DAYS 359 (183) X$ 16.10	31.58
D. WAR SERVICE GRATUITY	296.33
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	296.33

ESTATES BRANCH MAY 20 1946 H. Q. OTTAWA NATIONAL DEFENCE

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
GJC	[signature]	G. Petitclerc	6/5/46

G. L. Hawkins Capt.
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

IDS

Estates Form "P. 4"

ARMY

Name CHARTRAND, Lionel No. D.63142
Surname Christian Names

Tpr. C.A. O/S 17-8-42
Rank Unit Date of Death

AMOUNT

W.S.G. 296.33
L.P.C. $ 40.45

Date 30-5-46

Other Credits.....

Total..... 336.78
Prev. Dist. 40.45
This Dist. 296.33

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Leopold Chartrand, 86 Victoria St., Pointe Claire, P.Q. (Sole beneficiary under will)	296.33
		P4. TO TREAS. JUN 1 1 1946	W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	296.33

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.M.K.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

M.F.M.510.

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

LAST PAY CERTIFICATE
(All Ranks)

District .....

Dispersal Area .....

Regtl. No. D63142 Rank and Name CHARTRAND, L. PTE.

of (Unit) 7th Cdn. Recce. Btn. on .....

~~(Transfer or~~ Discharge) ..... to ..... on 17th August 1942

Reason Death. Authority : D.O.119(2) d/31 Aug. 42. UC.502.

The following is a statement of the account of the above-named from 1 August to 31st August 1942 the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	20	15
First Monthly Payment			Regimental Pay 31 days at $ 1.30	40	30
Casual Payments A.R. 17.8.42. No. 87.	4	47	Technical Pay ..... days at $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) .... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
			Cash effects O.R.110842		
			d/21 Sept. 42.	4	47
To Balance Cr. Free	40	45			
To Balance Cr. Deferred			By Balance Dr.		
Total	$64	92	Total	$64	92

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

Remarks :

Assigned Pay of $20.00 stopped effective 1 Sept. 42.

ESTATES BRANCH DEC 21 1942 D.N.D. OTTAWA NATIONAL DEFENCE

Compiled by B. Morris.

Checked by E.N. Clark

Date 1st October 1942.

Certified correct

for Chief Treasury Officer, Overseas.

FORM No. 1

Register No. C D 199 Nominal Roll No. D425

H.Q. File No. 405 C10 221

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
D63142	TPR	CHARTRAND	LIONEL

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DIED NATURAL CAUSES CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 6 Aug 40	T.O.S.	T.O.S.
S.O.S. 17 Aug 42 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 742	Total Days	Total Days

Total Service 742 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	383	2	381
Overseas Service	359		359
Totals	742	2	740
Add Non-qualifying Service			2
Total Service			742

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 24 Aug 41 / 27 Aug 42 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 17 Aug 42

Computer's Signature

Checker's Signature

Date Computed 23 Oct 45

DOCUMENTS SHOW ABOVE DATES T.O.S. & S.O.S. INITIALS ... AWB ... D. RECORDS D.R. 9

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	ma	na	3 JAN41	2	2

Total 2

Overseas: T.O.S. 24 AUG41 T.O.S. T.O.S.

S.O.S. 17 AUG42 S.O.S. S.O.S.

Total

APPENDIX "C"

LIST OF PERSONAL EFFECTS IN POSSESSION OF
D 63142 Tpr. Chartrand L.(Deceased) as recieved from
No. 14 Canadian General Hospital on 20.8.42
These articles have been forwarded to Officer i/c Estates
Acton W3 per REGISTERED PARCEL POST.

2	Rosaries
1	Pocket Book Leather
29	Letters
2	Prayer Books
1Pr.	Canada Badges
1	Div. Patch
1	Writing Tablet
8	Cards
3	Prayers
2	Newspapers Clippings
1	Adress Book
1	Container Pencil Leads
4	Handkerchiefs
1	Lanyard
8Pr.	Socks
4	Towels
1	AutomStrap Razor
1	Scarf Woolen
1	Sweater Pullover
1Pr.	Khaki Gloves
1	Balaclava
1	Cap Field Service (Blue& White)

E. F. Kavanagh Capt

(E.F. Kavanagh) Capt.
President,
Committee of Adjustment.