D645533
DEMERS
MAURICE

DUPLICATE

(*To be completed in triplicate*)

"WB" WING

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

OCCUPATIONAL HISTORY FORM COMPLETED

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

B.F.
R.C.A.S.C.
T.T.

L. 58

N.R.M.A. PERSONNEL 1100 HRS

FINGERPRINTED
PHOTOGRAPHED

ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call E-132817 Regimental Number D-645533

1. Taken on Strength of No. 4 N.R.M.A. Clearing Depot
2. Surname (Block Letters) DEMERS
3. Christian Names (in full) MAURICE
4. Present Address 103 DUKE ST. MONTREAL QUE. CANADA
5. Place of Birth CANADA (Country) ~~KKE~~ OTTAWA (County or Province) ONTARIO (Town or Township) OTTAWA
6. Date of Birth 27 JUIL 1922 7. Religion—Denomination CAT OLIQUE ROMAIN
8. Physical Description: Height 5-2 Weight 128 Eyes BROWN Hair BLACK
   Complexion FAIR Identification marks SCAR ON BACK OF NECK
9. Married, Single, Widower? CELIBATAIRE
10. Next-of-Kin (Name) M.RENE DEMERS Relationship PERE
    103 RUE DUKE MONTREAL QUE. CANADA (Address)
11. Trade or Occupation JOURNALIER
12. Previous Naval, Military or Air Service NIL (State Units and Dates of Service)
13. Preference, if any, for, R.C.N.? NIL Army? OUI (Arm of Service) R.C.A.F.? NIL
14. Employment in War Industry, if any NIL

Maurice Demers
(Signature of Man)

J. A. Eastwood 2/Lt.
(Signature and Rank of Enrolment Officer)

5 MARS 1943 194....
(Date of Signature)

NO. 4-DISTRICT DEPOT A.F.

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 44 at St. Jerome P.Q. Date 3-4-43.
   Completed 60 Days Basic Training.
   3-4-43. Girard Chartier Lieut
   (Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. A/9 at L. Borden Dist Date 3.6.43
   Completed 96 Days Advanced Training.
   Qualities of Leadership, Positive ..... Becoming Evident? ..... Dormant? .....
   Transferred to No. 1 Depot RCASC Date 7-9-43.
   (R.C.N., formation or unit of the C.A., R.C.A.F.)
   7-9-43. J.W.L. Larbonneau Lieut.
   (Date, Signature and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre A

RECORD OF SERVICE of DEMERS (Surname) MAURICE (Christian Names) Regimental Number D-645533

Qualifications

1. Naval, Military, or Air: nil
2. Business or Professional: nil
3. Trade or Civil: JOURNALIER
4. Technical: NIL
5. Languages, etc. FR. ET ANG. (mother tongue) Can speak? OUI Can read and write? OUI Can drive a car? NIL Repair a motor? NIL Cooking experience? NIL Hobby? SPORTS

Educational Qualifications

6. High School or Collegiate: 5 ANS (years completed) Graduation or Matriculation: DIP EC. SUP. COMMERCIAL LE PLATEAU MTL (specify)
7. *College: NIL
8. *University: NIL - 7 ANS EC. PUB.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No.						
9-3-43	DRO	TOS NO. 5 DISTRICT DEPOT CA.	PTE	5-3-43	4DD	MTL STH	4 DD PT II 58	9-3-43
		SOS on transfer to C.O.C.&B.T.C.44 St. Jerome Que	"	2-4-43	"	"	" " 79	2-4-43
5-4-43	TC 44	TOS AND ATTACHED F R ALL PURP FROM 4DD	"	3-4-43	TC 44	ST JEROME	PT II 62	5-4-43
		SOS ON TRANSF TO RCASC A-19 BORDEN ONT	"	266-43	"	"	PT II 109	2-6-43
		Att. to A-19 R.C.A.S.C. (ADV) T.C. F/P	"	3-6-43	RCASC	C BORDEN	" " 78	7-6-43.
		Higher rates of pay. $1.40 per diem.	"	5-7-43	"	"	Pt 11 Or# 98	23-7-43.
		Qual. Driver i/c Class III Wheel.	"	5-8-43	"	"	" " 107	23-8-43.
		Higher rates of pay. $1.50 per diem.	"	5-9-43	"	"	Pt 11 Or# 112	4-9-43.
		Ceases to be attached to A-19 CASCTC for all purposes, on attachment to Serial 3214A, Vancouver, B.C.	"	6-9-43	"	"	DO PT II #113	6-9-43
		Attached to No.1 Depot RCASC for a/p	"	7-9-43	No.1 Depot	Vancouver	D.O.43	13-9-43
		Ceases to be attached to No.1 Depot RCASC for a/p on ceasing to be R recruit	"	8-9-43	"	"	D.O.43	13-9-43
		TOS No.1 Depot RCASC(Super to Est)as Member HD on transfer from No.4 NRMA Clearing Depot on ceasing to be R recruit	"	9-9-43	"	"	D.O.43	13-9-43
		Attached to No.3 Depot RCASC for a/p except pay	"	15-9-43	"	"	D.O.44	15-9-43
		Attached to No.28 GTC R.C.A.S.C.for pay	"	15-9-43	"	"	D.O.44	15-9-43

	for a/p on ceasing to be R recruit							
	TOS No.1 Depot RCASC(Super to Est)as Member HD on transfer from No.4 NRMA Clearing Depot on ceasing to be R recruit	"	9-9-43	"	"	D.O.43		13-9-43
	Attached to No.3 Depot RCASC for a/p except pay	"	15-9-43	"	"	D.O.44		15-9-43
	Attached to No.28 GTC R.C.A.S.C.for pay	"	15-9-43	"	"	D.O.44		15-9-43
	Ceases to be attached to 28 GTC RCASC for pay	"	31-10-43	No.3	" Nanaimo		39	26-10-43
	Attached to Winnipeg Light Infantry for pay	"	1-11-43	"	"		42	2-11-43
	(The above entry is hereby cancelled)	"	1-11-43	"	"	"		
	Granted furlough with pay for period 29 Nov. to 12 Dec. 43.	"	29-11-43.	"	"	"	49	30-11-43.
	Granted leave with pay for the period 13 Dec to 19 Dec 43.	"	13-12-43.	"	"	"	49	30-11-43.
	Entitled to receive a ration allowance of 50 cents per diem for period 29 Nov to 19 Dec 43.	"	29-11-43.	"	"	"	49	30-11-43
	Granted Tr. Warrant No. A-544296 from Nanaimo to Montreal, P.2.& return.	"	29-11-43.	"	"	"	49	30-11-43.
	Ceases to be a Member N.D. on becoming an N.R.M.A. Soldier.	"	1-12-43.	"	"	"	50	2-12-43.
	Granted 5 days Christ. leave with pay for the period 20 Dec to 24 Dec 43.	"	20-12-43	"	"	"	54	17-12-43
	Entitled to receive a rat.allow.of 50 cents per diem for the above period	"	20-12-43	"	"	"	54	17-12-43
	Ceases to be on leave of Furlough	"	24-12-43	"	"	"	57	28-12-43
	attached to Camp Commandant Nanaimo Mil Camps For pay	"	16-1-44	"	"	"	7	20-1-44
	Ceases to be attached to No.3 Depot RCASC for a/p except pay w.e. 20 Jan 44 on) reattachment to No.21 Sub-Depot RCASC for a/p except pay w.e. 21 Jan 44.	"	20-1-44.	"	"	"	20	8-3-44.
	Attached to No.21 Sub-Depot RCASC for a/p except pay.	"	21-1-44.	"	"	"	20	8-3-44.
	Entitled to receive Sub. Allowance in accordance with Art. 1991(1) F.R.& I.	"	21-1-44.	"	"	"	10	4-2-44.
	Ceases to draw Sub. Allowance under Art. 1991(1) F.R.& I.	"	9-3-44.	"	"	"	25	18-3-44.
	Ceases to be attached to No.21 Sub-Depot RCASC for a/p except pay.	"	9-3-44.	"	"	"	22	13-3-44.
	Ceases to be attached to Camp. Comm. Nan. Mil. Camps for pay under Art. 83 F.R.& I.	"	31-3-44.	"	"	"	22	13-3-44.

Regtl. No. D-645533 Rank PTE Surname DEMERS Christian Names MAURICE

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
MAR 9 '43	TAB T.I.C.		URINE Neg	17-7-43	Blood Donors 420 c.c.
MAR 9 '43	VACCINATION		X-RAY 17594 Neg	SEP 1 1943	Re-Examined by Medical Board Category Confirmed, A RCAMC. Pres
16-4-43	(2)				
7-5-43	(3)				

STATION	Date of Arrival at Station	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. 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 of Medical Officer

Regimental No. D-645533 Rank Private Sheet No. 2

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name Demers, Maurice

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Died: Struck Off Strength No. 1 Depot RCASC (for record purposes)	Pte.	9-3-44.	No. 3 Depot RCASC	Nanaimo	22	13-3-44.
S.O.S. deceased w.e.		9.3.44	#1 depot RCASC	Vancouver	53	11.3.44.

DEPARTMENT OF LABOUR
NATIONAL SELECTIVE SERVICE
MOBILIZATION SECTION

MINISTÈRE DU TRAVAIL
SERVICE SÉLECTIF NATIONAL
SECTION DE LA MOBILISATION

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.

(See man's "Notice-Medical Re-Examination" for Registrar's address)

MEDICAL REVISION BOARD CERTIFICATE

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

COMMISSION MEDICALE DE REVISION No. 1
FEB 23 1943
Min. des Services Nationaux de Guerre
DIVISION ADMINISTRATIVE "E"

Notice of Call Serial No:— E-132817

IMPORTANT — MEDICAL REVISION BOARD. Please see man's "Notice-Medical Re-Examination" and insert serial number here.

PART I

Name in full (Print in block letters) DEMERS (Surname) Maurice (Given names)

Born: Place Ottawa (City, town or village) Canadian Province (or other country) Ont. Date 27-7-22

Permanent Postal Address 103 Duke St. (Street and Number) Montreal (Rural Route and Post Office) Que. (Town or City) (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following: —

Rheumatism oui Tuberculosis non Bronchitis or Asthma oui Heart Disease non

Kidney or Bladder Disease non Stomach or Intestinal Trouble non Rupture non Varicose Veins non

Trouble with feet non Nasal Trouble non Ear Trouble non Eye Disease non Fits non

Nervous or Mental Disease non Syphilis non Gonorrhoea non Have you ever worn Glasses? oui

Have you ever been rejected for Military Service? non Are you in receipt of disability pension or compensation? non ("Yes" or "No") If so, from whom? non

Place Montréal (City, town or village) Province Québec. Date 22-12-42.

MAURICE DEMERS.

Man examined must sign here in presence of medical revision board → **Signature of man.**

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Hémoptysie en 1937 (2 semaines hospitalisé) Rhumatisme ant. aigu. en 1939.

Physical examination (the man must be stripped).

1. Height 5 feet 2 inches. 2. Weight 123 pounds
3. Complexion Pâle Colour of eyes Bruns Colour of hair Bruns. 4. Development Moyenne. {good / fair / poor} Strike out inapplicable words.
5. Chest measurement — Girth on full expansion 35 inches
   Range of expansion 1 inches
6. (*a*) Vision without glasses — right eye 20-40 left eye 20-40
   (*b*) If in possession of glasses: Vision with glasses — right eye - - - left eye - - -
7. Hearing: right ear V.P. 15 left ear V.P. 15
8. Mouth and teeth normale.
   Describe dentures, if any - - -
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here: —

PART III

We have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for: —

Category "A" .....
" "B I" .....
" "B II" B 11
" "C I" .....
" "C II" .....
" "D" .....
" "E" .....

Signature CHARLES GAGNON M.D.

Signature DR. R. CAILLOUX M.D.

Signature DR. LUC MAILLOUX M.D.

Date: 22-12-42.

(Important: See other side)

N.W.S. (MRBC)

IMPORTANT:—No copy of this certificate is to be in the possession of any unauthorized person

INSTRUCTIONS

1. Only duly appointed examining physicians of a National War Services medical revision board may examine the man and sign this certificate.

2. The members of the medical revision board must examine the man and complete the certificate herein contained in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits".

3. THE MEDICAL REVISION BOARD, IMMEDIATELY UPON COMPLETING THIS FORM AND CERTIFICATE, MUST MAIL OR DELIVER IT TO THE DIVISIONAL REGISTRAR OF THE ADMINISTRATIVE DIVISION OF THE DEPARTMENT OF NATIONAL WAR SERVICES WHOSE NAME AND ADDRESS APPEAR IN THE UPPER LEFT HAND PORTION OF THE MAN'S "NOTICE-MEDICAL RE-EXAMINATION".

4. Payment of the fees will be made by the Department of National War Services, Ottawa, to the duly appointed members of the medical revision boards. Members of boards will not submit any account; this properly completed certificate will serve in lieu of an account.

5. **The Department will not reimburse the man for any expenses incurred by him in connection with his medical re-examination.**

6. The Divisional Registrar of the Administrative Division in which the man re-examined resides, ***immediately*** upon receipt of this form properly completed, will stamp hereon the date the form has been received by him, and will prepare or have prepared, four exact typewritten copies of this original, showing upon the four copies the date the original was received from the medical revision board. Each such copy will be certified as a true copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

7. The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original medical revision board certificate and immediately forward both the original certificate and the copy to the Supervisor of Recruiting for Military Training, Department of National War Services, Ottawa. The third copy is to be sent to the representative of the Department of National Defence. The fourth copy, if the man re-examined has been found fit for military training and is being notified to report to a training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

Section 12 (4) of National War Services Regulations, 1940 (Recruits) (Consolidation 1941) reads as follows:—

"12. (4) Whenever doubt may arise as to the accuracy of the "Medical Examination and Certificate Form" completed by an examining physician, the Divisional Registrar may notify the man concerned to submit himself for another medical examination, by a medical revision board of three examining physicians appointed by the Minister, at such time and place as the Divisional Registrar shall indicate. If the medical revision board does not confirm the original medical examination and certificate completed by the examining physician, the medical revision board shall cancel the same and issue a "Medical Revision Board Certificate" which shall, for all purposes under these regulations, take the place of the "Medical Examination and Certificate Form" and shall be final and conclusive."

Section 37 of National War Services Regulations, 1940 (Recruits) (Consolidation 1941) reads as follows:—

"37. Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

COPY OF DOCUMENT
COPIE CONFORME À L'ORIGINAL

Raymond Langlois

(This space is reserved for Chairman, Divisional Registrar and Medical Adviser)

On the strength of the medical revision board certificate herein contained, we recommend that the man whose name appears on this certificate be issued a certificate of physical unfitness for military training.

....

(Signature of Medical Adviser) (Signature of Divisional Registrar)

DATE:.....

APPROVED:

.....

(Signature of Chairman of Administrative Board)

DATE:.....

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) DEMERS, Maurice. (b) N° matricule D-645533.
2. (a) Arme Army. (b) Unité N.R.M.A. 4DD. (c) Rang Pte.
3. (a) Date de naissance 27July, 1922. (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Montreal Que. Canada.
4. (a) Lieu d'enrôlement Montreal South, Que. Canada. (b) Date d'enrôlement 5-3-43.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 19yrs. old. (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7yrs. Pub. School. 5yrs. High School.
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu nil
8. (a) Êtes-vous déjà entré en apprentissage? No (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé?
9. (a) Quelles langues parlez-vous couramment? French & English (b) Quelles langues lisez-vous facilement? French & English.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working. (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? no

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron FESNER BROTHERS LIMITED. Adresse Montreal Que. Canada
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Retail Store(BUTCHER).
20. (a) Genre précis de votre occupation Scale Clerk. (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 9months.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? --- (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? Yes.

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? no (b) Vous croyez-vous apte à exploiter une ferme? nil (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? no (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? no
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule To become a Motor mechanic.

DATE 9th. March, 1943. 194..... SIGNATURE Maurice Demers

C/ A.1. 469

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE R.C.A.S.C.
Arm or Corps

(Army) CLERICAL GROUP (T.TRAINEE)
Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D- 645533	Pte.	DEMERS, Maurice	R	20	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English: Fair	Montreal South, Que.	8 Mar 43

II. Revised Examination "M"

D.D.-4 (Place Tested) 6 Mar 43 (Date Tested) F.T.Brown, Major. (By Whom)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1-3	4-5	6-8	English or French
151	II	17	15	12	22	18	14	22	31	44	40	67	French.

Other Tests

E-132817

Y.O.B.	P	U	L	H	E	M	S
22						1	

III. Educational Background

Grade 12 (Plateau Academy) in 13 years schooling. Repeated 6th grade., due to illness. Left at 19 to work and help parents.
Was better than average scholar. Favorite subject was arithmetic.
Knows typing and filing.

IV. Occupational Background

8 months with Besner Bros., as clerk in charge of scales.

V. Military Background

Reported D.D.4 on N.R.M.A. call March 5th, 1943., as ordered.

3-4-43

T.O.S. as D.D.-4 on:- 5-3-43

VI. Other Personal History and Appraisal

This young man appears pleasant and very neatly dressed.
He is 5'2" in height and weighs 128 lbs. He says he is single and lives at home with his parents. He is the 2nd of 5 children who are al l in good health. Says he skates a little and likes going to the movies.
Has no girl friend and does not smoke or drink.
Appears to be slightly above average intelligence, is a good talker and has a pleasant personality.
Says he is anxious to advance in the army.
He is cooperative and his emotional stability appears sound.
Able to undergo complete normal training and should be useful as clerk, trade trainee.
Should be carefully watched and may develop into N.C.O. Material.

VII. Recommendations

R.C.A.S.C. CLERICAL GROUP TRADE TRAINEE.

(Signed) ..... Lieut
Army Examiner

JRP ES

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

FURTHER INFORMATION AND FOLLOW-UP

Camp Borden, Ont., August 10th, 1943.

Interviewed at Trade Selection Board and found to suitable for Clerical Group Trade Training.

(Roger Guyot) Capt. A.E.
A-19 R.C.A.S.C.(A)T.C.

File No. 869-D-4316

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-64533 Name Demers Maurice

Rank on Discharge Pte Date of Discharge 9 Mar. 44

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 5 Mar. 43 (died head injuries)	to 9 Mar. 44	
	from	to	
United Kingdom	from	to	
	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~~ _____

War Medal ok ✓

~~Canadian Volunteer Service Medal~~ _____

~~with Clasp~~ _____

NRD

M

MM

Verified by Georgette Patrice

Date 2 July 45

JUL 9 1945

Carded _____

HA 165

ROYAL CANADIAN SIGNALS
615 Wood Bldg.
OTTAWA
MAR 9 1944
Phone
L
Army Signal Office

3884

VER V HOV NR45

FROM OFFICER I/C SUPPLIES COURTENAY BC 091300T

TELEPHONED
BY lw TO PW
AT Casualties

TO DIRECTOR OF ~~ROBERDS~~ RECORDS NDHQ OTTAWA ONT

GR 89 BT

1944 MAR 9 18:04

FOLLOWING MESSAGE ADDRESSED MR RENE DEMERS 103 DUKE ST MONTREAL QUEBEC DESPATCHED 1200 HOURS 9TH MARCH 44 DEEPLY REGRET TO INFORM YOU THAT YOUR SON D645533 PRIVATE DEMERS MAURICE DIED AS RESULT OF AN ACCIDENT ON TUESDAY SEVENTH MARCH 1944 STOP UNLESS YOU REQUEST OTHERWISE WILL PROCEED WITH THE FOLLOWING TENTATIVE PLANS FOR FUNERAL STOP DATE SATURDAY ELEVENTH MARCH 1944 PLACE COURTENAY BC IF YOU DESIRE OTHER ARRANGEMENTS PLEASE ADVISE

091300T

△ BT ~~FOQEPPT~~

BT 091357T

SKDUAQJ ~~NGT~~ AR

1726

1944 MAR 9 18:00

21182

8404

H.Q. 869-D-4316
(Records C)

11 Mar 44

The Secretary,
Canadian Pension Commission,
Ottawa, Ontario.

RE: D.645533 Private Maurice DEMERS
No.3 Depot R.C.A.S.C.

Dear Sir:

Official information has been received that the soldier marginally named died as the result of an accident on the 7th day of March, 1944.

Records show that this soldier served in Canada only.

The next-of-kin is recorded as Mr. Rene Demers (Father), 103 Duke Street, Montreal, Quebec.

Yours truly,

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

RAO'B/GR

DEPARTMENT OF NATIONAL DEFENCE
-Army-

COURT OF INQUIRY - Death
D.64554 Pte. DEMERS, M.
21 Sub-depot Pac Comd RCASC

A.D. Register No..23-456..
H.Q..869-D-4316 Adm.3(b)1.....
OTTAWA, Ont....1.May.44.....
SOURCE....Pacific Command.....

DATE OF ACCIDENT .7.Mar.....1944
COURT SAT .....16.Mar.....1944
COURT CONVENED.....19
PROCEEDINGS SIGNED..17.Mar...1944

PROCEEDINGS APPROVED BY D.O.C.....17.Apr.....1944
PROCEEDINGS FORWARDED.....17.Apr...1944

PROCEEDINGS RETURNED FOR FURTHER INFORMATION OR DIRECTION....19
PROCEEDINGS RETURNED TO N.D.H.Q.....19

OTHER DELAYS:

PRECIS OF EVIDENCE: On the evening of 7th March 44, while in the course of his duty, D-472559 Pte. Boiley, R. was driving personnel to their quarters, including D-645533 Pte. Demers, M. (who was duty man for that date). He was to return Pte. Demers to the Supply Depot as soon as he had finished his supper. Before leaving the Depot he saw that the three passengers in the back of the lorry were seated around the sides of it. Very shortly after leaving the Depot and on the Comox Road they had just changed gears to avoid hitting a pot hole too hard and had braked the truck. However they hit the pot hole, and looking through the rear view mirror Pte. Boiley saw a body fall out of the truck. He promptly stopped the vehicle and found Pte. Demers, M. in an unconscious condition at the side of the road. Pte. Boiley administered first aid while Cpl. Menard went for help. A civilian car was stopped and the injured man was taken to St. Hoseph's Hospital, Comox, B.C.

As a result of the accident, Pte. Demers died at about 0930 hours on the 9 Mar 44. An inquest was held at Courtenay at 1500 hours, 10 Mar 44.

MEDICAL EVIDENCE: Death was due to concussion of the brain . X-ray pictures were taken but no sign of a fracture was shown. Deceased was unconscious from the time he arrived at the hospital until his death.

FINDING OF XXXXXXXX: CORONER'S JURY: Para 7 of Police Report.

OPINION OF THE OFFICER COMMANDING: D-645533 Pte. Demers, M. was on duty and was not in any way to blame.

REMARKS:

A. E. MacDERMOT
LIEUT.-COLONEL

MAY 2 1944

LJG/SJA

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
D-645533	Private	DEMERS	Maurice

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
No. 21 Sub-Depot Pacific Command RCASC	9 March 1944		Roman Catholic

9. CIRCUMSTANCES OF CASUALTY

Accident at Comox, B.C. Fell off vehicle on to surface of pavement resulting in concussion of the brain.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mr.Rene DEMERS(father)
103 Duke Street, Montreal, Quebec.

11. LOCATION OF UNIT AT TIME OF CASUALTY

Courtenay, B.C.

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
Cote des Neiges,Terrain des Soldats	Montreal, Quebec.	Grave..... Plot..... Row.....	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
Yes	not known	

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2613
50m—11-22
H. Q. 1772-39-1453

Dept of National Defence
Ottawa Canada

MINISTERS OFFICE
JUN 23 1944
DEPT. N. D. OTTAWA.

Mrs les ministre

Je vous remercie de la
croix d'honneur que vous m'avez
fait parvenir de mon fils
Pte D C 455533 Maurice Demers

BUREAU FOR TRANSLATIONS
NATIONAL DEFENCE
JUN 23 1944
Rec'd
Ret'd

Votre toute obligé
Mad R. Demers.

La Société Coopérative de Frais Funéraires

302 Est, rue Ste-Catherine, Montréal

CERTIFICAT DE DÉCÈS

Nom {du / ~~xxx~~} défunt M.Maurice Demers

Adresse 103 rue Duke Montréal

Profession Soldat D-645533

Décédé à Comox.Co.Nanaimo

Agé de 21 ans mois — Date de naissance

Date du décès 9 mars 1944

Cause du décès accidentelle

Vérifiée par (Coroner)

A été exposé à 103 rue Duke Montréal

Service à l'église Ste-Hélène

Située rues Des Inspecteurs & St-Maurice

Date du service 17 mars 1944 Hres 8.00 a.m. ~~xxxx~~

Inhumé Côte des Neiges Terrain des Soldats
Nom du cimetière

Date de l'inhumation 17 mars 1944

Transport par Fourgon de l'Armée

Date du transport 17 mars 1944 Hres 8.00 a.m. ~~xxx~~

Lieu de naissance P.Q.

Etat civil: célibataire, marié....., veuf, veuve célibataire

Nom de {l'époux / l'épouse}

Nom {du père René Demers / de la mère Salomé Ducharme}

Les déclarations ci-dessus constituent un extrait véridique de nos archives.

Montréal, ce 17 ième jour de mars 1944

LA SOCIÉTÉ COOPÉRATIVE DE FRAIS FUNÉRAIRES

Par Henri Lafontaine

PROVINCE OF BRITISH COLUMBIA

REPORT OF MOTOR-VEHICLE ACCIDENT

Accident Report No.

Time and place of accident.

Date 7th March 19 44 Time 1745 hrs Appr a.m. p.m. City or town Courtenay B.C., on Comox Rd St.

At or between ____ St. and near supply depot. St.

Or (in the country) ____ miles (North, east, south, west.) of ____ (Nearest cross-road, or other landmark.)

Motor-vehicle "A," your motor-vehicle.

Licence No. M-254 Type DND Vehicle Chevrolet 60 cwt. DND No 157-54 (Private Passenger, Motor-cycle, Stage, Taxi, Bus, Delivery, "Drive Yourself," or Truck.)

Owned by Department of National Defence (Name.) (Street address.) (City or town.) Phone No. ____

Driven by D72560 Pte. Boily, R. 21 Sub-Depot RCASC (Name.) (Street address.) (City or town.) Courtenay B.C. Phone No. ____

Driver's Licence No. D.N.D. Stanley Grove with BC Police stamp Chauffeur's Licence No. ____ Age 26 Sex Male

Driving experience Five years. Estimated amount of damage to $ N/A (Car.) $ ____ (Property.)

Number of passengers in motor-vehicle at time of accident Five

Type of accident.

Accident involved (*underline which*): Another motor-vehicle; Motor-cycle; Pedestrian; Street-car; Train; Horse-drawn vehicle; Scooter; Bicycle; Animal; Sled; Overturned; Non-collision; Fixed object (describe) Passenger

Motor-vehicle "B," other motor-vehicle.

Licence No. ____ Type ____ (Private Passenger, Motor-cycle, Stage, Taxi, Bus, Delivery, "Drive Yourself," or Truck.)

Owned by ____ (Name.) (Street address.) (City or town.) Phone No. ____

Driven by ____ (Name.) (Street address.) (City or town.) Phone No. ____

Driver's Licence No. ____ Chauffeur's Licence No. ____ Age ____ Sex ____

Driving experience ____ years. Estimated amount of damage to $ ____ (Car.) $ ____ (Property.)

Number of passengers in motor-vehicle at time of accident ____

Names and Addresses of Killed and Injured.	Age.	Sex.	Driver, Passenger, or Pedestrian.	Injured or Killed.	Nature of Injuries.
D645533 Pte. Demers M (Name.) 21 Sub Depot RCASC Courtenay B.C. (Address.)	21	Male	Passenger	Injured	Later died as a res
(Name.) (Address.)					
(Name.) (Address.)					

Any one taken to hospital? Yes, Pte. Demers above What hospital? St. Joseph's Hospital Comox

Whom? Pte. Demers, M.

CHECK WITH X EACH ITEM DESCRIBING THIS ACCIDENT.

What was Driver doing?	Veh. "A."	Veh. "B."
1. Reckless driving		
2. Exceeding speed-limit		
3. On wrong side of road		
4. Did not have right of way		
5. Cutting in		
6. Passing standing street-car		
7. Passing on curve or hill		
8. Passing on wrong side		
9. Failing to signal		
10. Cutting left corner		
11. Car ran away		
12. Through street—did not stop		
13. Drove off roadway		
14. Drove through safety-zone		
15. Car standing in roadway		
16. Hit and run		
17. Passing at intersection		
18. Following too close		
19. Railroad—failed to stop		
Condition of Vehicle.		
1. Brakes defective		
2. Steering mechanism defective		
3. Other defects		
4. Glaring head-lights		
5. Head-lights out (1 light)		
6. Head-lights out (both)		
7. Head-lights dim		
8. Tail-light out or obscured		
9. No chains (slippery road)		
10. Puncture or blowout		
11. Apparently good		X

What was Pedestrian doing?	X
1. Getting on or off a street-car	
2. Getting on or off other vehicle	
3. Crossing at intersection with signal	
4. Same—against signal	
5. Same—no signal	
6. Standing on safety-isle	
7. In street, not at intersection	
8. Working on car or roadway	
9. Riding or hitching on vehicle	
10. Not on roadway	
11. Walking on or along highway	
12. Playing in street	
13. Crossing street diagonally	
14. Coming from behind parked or moving car	
15. Not known	
Condition of Pedestrian.	
1. Was intoxicated	
2. Had physical defect	
3. Was confused by traffic	
4. View obstructed	
5. Careless	
6. Normal	
7. Not stated	

Condition of Driver.	Veh. "A."	Veh. "B."
1. Was intoxicated		
2. Had physical defect		
3. Extreme fatigue		
4. Normal	X	
5. Other		
6. Not stated		
Direction of Travel.		
1. Going straight	X	
2. Turning right		
3. Turning left		
4. Backing		
5. Parked or standing still		
6. Slowing down on stopping		
7. Skidding		
Road Surface		
1. Dry surface	X	
2. Wet surface		
3. Muddy surface		
4. Snowy surface		
5. Icy surface		
6. Loose sand or gravel		
Road Conditions.		
1. Defect in roadway	X	
2. Road under repair		
3. Obstruction in road		
4. Normal		
5. Other		
6. Not stated		

Type of Road.	X
1. Concrete	
2. Asphalt	
3. Gravel	
4. Earth	
5. Brick or cobble	
Weather Conditions.	
1. Clear	
2. Cloudy	
3. Fog or mist	
4. Rain	
5. Snow	
6. Smoke or dust	
Light Conditions.	
1. Daylight	
2. Dusk	
3. Artificial light—good	
4. Artificial light—poor	
5. Darkness	
Railroad Crossing.	
1. Gates not down	
2. Guarded crossing, man on duty	
3. Automatic signal	
4. Unguarded crossing	
5. Driver disregarded signal	
6. Signal not given	
7.	
8.	

Date and time report received.

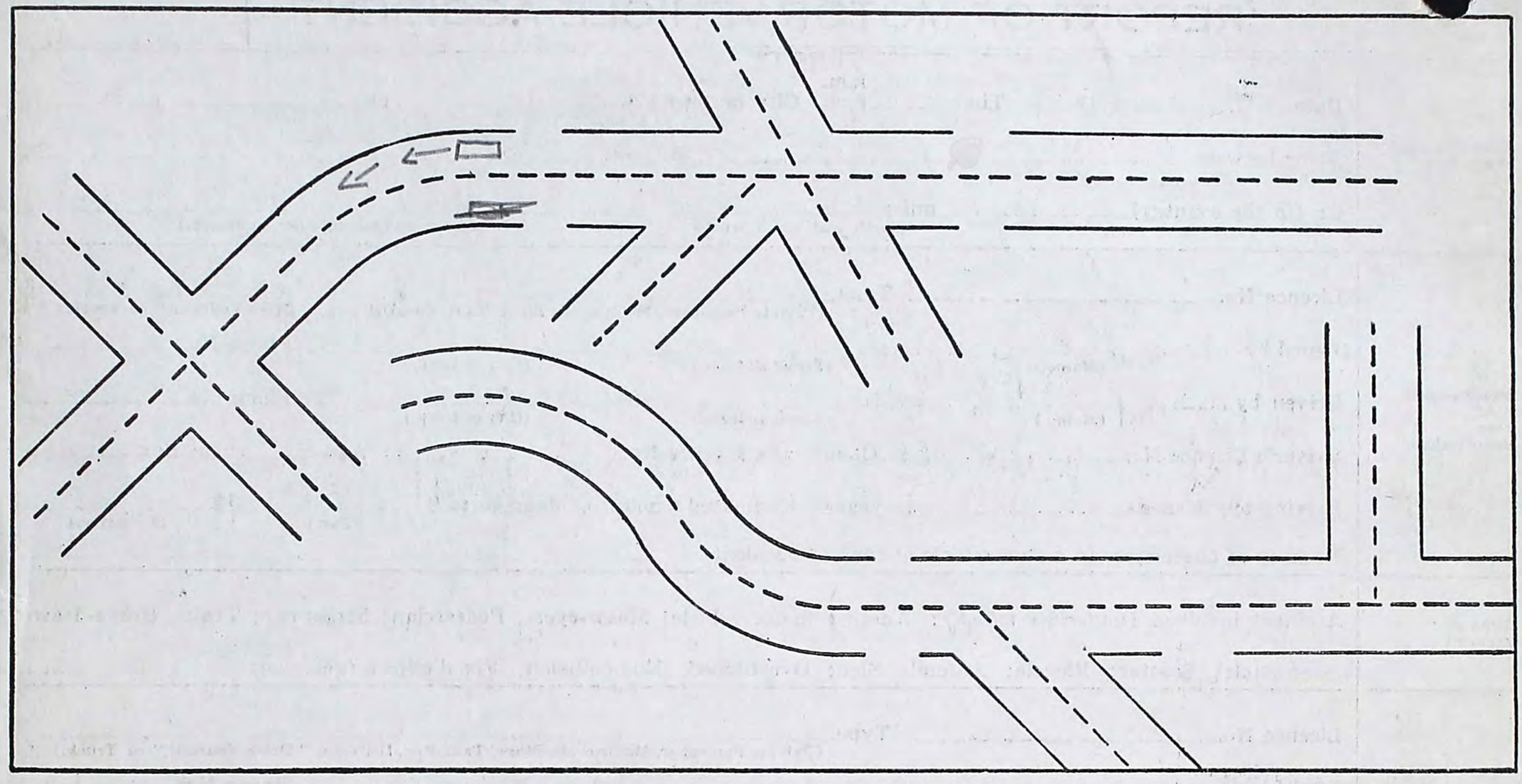
a.m. p.m. ____, 19____

(Signature) Boily R.

(Date) 9 Mar 44

★ M.V. 104—20M-1042-9926

IMPORTANT.—Select below the sketch that resembles most closely the section of road or street where the accident occurred. Indicate with lines or arrows the path of vehicles or persons. Also the direction and distance to the nearest town, cross-road, or other landmark.



Make brief statement of particulars of accident Pte. Demers was riding in the back of the government lorry driven by Pte. Baily. The driver changed gears and braked his vehicle in an effort to avoid a pothole too hard. When he hit the hole ~~he~~ Pte. Demers was thrown from the vehicle onto the road. A passing car was pressed into service to take the injured man to St. Joseph's Hospital, Comox where medical attention was obtained.

(Signature) X Baily - R.

Names and addresses of passengers in car or cars involved, also names and addresses of any other witnesses.

	(Name.)	(Street address.)	(City or town.)	
1.	D488419 Cpl. Menard, Lucien	21 Sub-Depot RCASC	Courtenay	Age 25
2.	D637865 Pte. Richard, Maurice	" "	"	Age 21
3.	D638900 Pte. Lalande, Gerard	" "	"	Age 22
4.				Age
5.				Age
6.				Age

State if investigation of accident made, and, if so, what action taken Accident investigated by Lieut. E.T. Gorton 21 Sub-Depot, RCASC Courtenay. Military Court of Enquiry will be held

(Signature)

(Rank.)

Police Department.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Maurice DEMERS., of the City.
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Jacques Cartier.

Province of Quebec., Labourer.
(Civil Occupation)

Regimental No D-645533., Unit N.R.M.A. 4DD., 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 MOTHER" MRS. Salomee DEMERS (DUCHARME).

M.D.

residing at: 103-Duke Street, Montreal Quebec Canada.

All my estate both real and personal.

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

M.D.

(4) I appoint.....
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 9th day of March, 19 43.

Signed and acknowledged by the Testator, 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.

Maurice Demers
(Signature of soldier)

First witness sign here.

(5) Signature René Despatie.
Civil Address 7038 Bourget Mtl.
Civil Occupation Office Clerk.

Second witness sign here.

Signature V. Dugas
Civil Address 7108 Drummondville Montreal
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Rene Demers,
103 Duke St.,
MONTREAL, Quebec.

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

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

and the following number quoted:—

H.Q. 869-D-4316 FD 10

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

March 29th, 1944

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

Z

DEMERS, Maurice, Pte.

No. D.645533 Canadian Army.

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

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

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

Les biens que Maurice Demers possédait au camp Courtnay (Box 407) B.C.

Une montre bracelet Bulova
Un bracelet avec initiales et no: D. 645533
Deux chapelets de valeur, portraits de famille
Livre de Banque de Montréal la plus petite de nouveau
ou Vancouver. Me disant qu'il avait de l'argent dans ses poches.
Chaines, médailles Kik and tag. $3.00 Lampe de poche $2.00
Encore plusieurs articles dont je ne peut me souvenir
pour le moment.

for (C. Stevenson) Capt.,
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

Livre de banque { Banque de Montreal
1-729 Nonaimo B.C.
account No 10264

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		René Deners		103 Duke St. Montreal
4	Mother of the Deceased.....		Salomée Ducharme		103 Duke St. Montreal
5	Brothers of the Deceased	Full Blood	Albert Deneers		103 Duke St. Montreal
			Hormisdas Deneers		Scoudouc N-B
		Half Blood			
6	Sisters of the Deceased	Full Blood	Thérèse Deneers		103 Duke St. Montreal
			Jacqueline Deneers		103 Duke St. Montreal
		Half Blood			

	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
7		† Florence Aged 28 – 1922 Mont Laurier P.Q. Eugene, Oct. 18 – 1914 Ottawa, Ont. Sylvio, Sept. 28 – 1916 Noëlleville, Ont. Roland, Dec. 24 – 1924 Ottawa, Ont. Haldeige, Sept. 26 – 1918 Mont Laurier P.Q.	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

✓ 8	Full names of the deceased.	Joseph, Maurice, Marcel Demers.
✓ 9	Date of his birth.	27 Juillet 1925 ~~20 Jan 1943~~
10	Place and date of his marriage.	Nil
✓ 11	Place and date of his parents' marriage.	Eastend, 26 avril 1913

PARTICULARS OF DOMICILE

✓ 12	Place where deceased was born.	Westboro.
✓ 13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario 2 (b) Quebec, 19 (c) (d)
✓ 14	Nature of employment before enlistment.	Journalier,
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil
✓ 16	Name place where deceased stated he intended to make his permanent home.	Montréal

PARTICULARS OF ESTATE

✓ 17	Did he leave a Will? If in your custody, please forward.	Non -
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Single
✓ 19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Bank of Montreal Nanaimo, B.C. Account No: 10264
✓ 20	Amount of War Savings Certificates held by deceased. Indicate where located.	~~$50.00 Nanaimo~~ -
✓ 21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00 Nanaimo bearer
✓ 22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitaine 2 polices d'assurances de $250.00 ea. par police. $4 216 479. 20 Pl. 19 - 250.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	$4 258 886. 20 Pl. 19 250.

OTHER PARTICULARS

Bénéficiaire: sa mère. Mme Rémi Demers.

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	$55.40 Receipts attached
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Oui La Société Coopérative de Frais funéraires ~~$20.00~~ (Payé par M. Rémi Demers)

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

(PLEASE TURN OVER)

DECLARATION

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

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

*mother of the deceased.

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

Mde Rene Demers — Signature of Informant

103 Ducks — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Mde Rene Demers { Name of informant } is the* mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this 1 st day of April 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Priest Chs O'Shaughnessy — Qualification Parish-priest

Address 441 Dushechelais

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

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

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

Montreal 28 Avril 1944

Département de la défense nationale

Division des succession

Chez Monsieur. Q.G. 869-D4316-D10

En réponse a votre

lettre daté du 25 Avril 1944

concernant la mort de mon fils

Maurice Demers D 64553

RECEIVED
MAY 1 1944
EX. OTTAWA
NATIONAL DEFENCE

Je tiens à vous remercier sincèrement pour tous les services que vous m'ont rendu.

Concernant les comptes de banque de mon fils je serai très reconnaissante si vous pouvez faire les démarches nécessaire en recouvrement de l'argent que vous pouvez porté au crédit comme vous le mentionné sur la lettre.

Pour qu'elle raison que j'ai pas retiré un double pour les assurances.

Mon fils m'a ecrit le 5 soit deux jours avant l'accident me disant qu'il avoit - Quatre - vingt - dollars en banque de Nanaïmo. B.C Banque de Montreal et le livret de banque est numero. H 10264. 1-729 Nanaimo B.C.

Je crois que le livret de banque de mon fils est parmi ses effets personnels. Et qu'elle quantième est t'elle retiré

Vous remerciant et donnant mon consentement pour que vous fassiez les recherches.

Je demeure

Votre toute devouée.

Madame René Demers,
103 Rue Duke Montreal
Que.

Mrs

Veiller prier je regrette

de ne pas avoir

le bracelet avec

initiale et no

$ 6433-3-33

valeur $6.00

tant plus que perte

de sa mère il a petit

été brisé dans puis

tombé sur le chemin

avec mes mesures

remerciement

tout et parfaitement.

Merci to demander perdue le bracelet

R Dennis

SPL.
1-174

P. O. BOX 6019

Bank of Montreal,

ST. PETER & ST. JAMES STREETS BRANCH
288 ST. JAMES STREET WEST

Montreal, Que. 13th July 1944

PLEASE ADDRESS YOUR REPLY TO
"THE MANAGER" AND QUOTE INITIALS.
JEH/IM

Your File Q.G.869-D-4316 FD.10

ESTATES BRANCH JUL 14 194 H. Q. OTTAWA. NATIONAL DEFENCE

Department of National Defence,
Division des Successions,
Ottawa, Ont.

Dear Sirs,

Demers, Maurice, Soldat (decede)
No.D. 645533 Canadian Army

Mrs. Rene Demers, mother of the above deceased soldier, has been in touch with us for some time regarding balances which were standing to the credit of her late son in the Royal Bank of Canada, Courtenay, B.C., and Bank of Montreal, Nanaimo, B.C. We have had correspondence with these two branches and we find that he had $20.00 on deposit in the Royal Bank of Canada, and $10.50 in our Nanaimo Branch. These two amounts have been transferred to us and Mrs. Demers has to-day shown us your letter to her dated May 22nd,1944.

Will you please advise us if it will be in order for us to turn over the above mentioned amounts to Mrs.Demers or would you prefer us to forward the total to you to be disbursed with the balance of the late Maurice Demers estate.

Yours faithfully,

Glasby

Pro Manager,
F.H. Glasby.

14 Juillet 1944

C.C.869-D-4316-F.D. 10

Mrs. Godbout Casier

Administrateur des Successions

Cher Mrs.

J'ai eu des informations de la Banque ici de Montreal qui il voudrais vous écrire et me dire qu'il son fret à me donné de l'argent qui il me reviens. Mais moi je crois qu'il sera mieux que j'aurais mes 2 livres de Banque de Courtenay B.C. et l'autre de Nanimo avant de retire l'argent. Comme vous m'avez mi jenson ne sour le son de l'obligation de $50.00 qu'il me retient de mon fils. Sera t'il possible qu'il aura un autre avis de fournir qu'il avait fais.

CANADA
BRANCH
JUI 17 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

Comme j'aurais besoin
de la l'argent dans le
moment, que mon fils
ma jamais retardé de me
donne son argent, y t
sera t'il possible d'avoir
une fenêtre, car il m'était
toujours

Veillez S. V. P. me renseigner
mation Mad. R. Dumas.

Mad. Rene Dumas
103 Duke.
Montréal.

Dans ma lettre que vous m'avez addressé il y a quelque temps vous disiez que vous etiez en possession du bon.

Cela m'aiderait beaucoup si vous pouviez me faire parvenir ce bon de Victoire

Je Demeure
Votre tout Devoue
Madame. R. Desnero.
103 Rue Duke
Montreal
Que.

P.S. Vous remercierai de l'argent recu de la Bourgne.

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

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. D-645533 Rank and Name Pte. DEMERS M.

of No. 3 Depot R.C.A.S.C. Unit, on

(Transfer, Posting or Discharge) to S.O.S. (deceased) for pay being on 31 Mar. 1944
(Unit and Station)

Reason for discharge Authority DO 22 d/13-3-44

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 5-3-43

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? n/a

(3) Has assignment of pay been made? yes If so, amount $ 20.00

Effective date 1-4-43 MFM 18 filed non-eff. 1 Mar.44.

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

S.O.S. for pay purposes 31 March 1944
Date of death 9 March 1944.

The following is a statement of the account of the above named from 1 Mar. to 31 Mar. 1944 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT $	c.	CR. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment AR 14 RGC	30.	00	Regimental Pay 31 days at $ 1.50	46.	50
Casual Payments			Tradesmen's Pay days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay			days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			9 days at $ 1.25	11.	25
			S/A ceases 9 Mar.44.		
			Cash found on body	22.	54
			Re credit R.G.C. Receipt no. 71-74576	30.	00
To Balance Cr. (To be paid by new unit)	80.	29	By Balance Dr. (To be deducted by new unit)		
Total	110.	29	Total	110.	29

MPO 1104, Nanaimo, B.C.
(Place)

15 April 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.

(G. Carmichael) Lt. Col.
Paymaster or Accounting Officer
Nanaimo Military Camp.

ESTATES BRANCH OCT 16 1944 OTTAWA DEPT. OF NATIONAL DEFENCE

A

Personal Effects of D645533 Pte. Domers, M. (Deceased)

In Kit Bag

3 small cloth bags.
2 kit bag handles
1 lock
1 folding metal cup
12 large cotton bags
7 handkerchiefs
1 holdall khaki (non issue)
1 Army New Testament
2 combs (black)
1 nnail clippers
1 nail pick
1 money case (blue leather) zipper
1 card case leather (brown)
1 protractor
1 hand mirror
1 leather wallet (black) plus identification card
1 shaving bowl (French ivory)
1 Calender small (religious-French)
3 religious books
1 leather case for handkerchiefs
1 box indelible ink (Carter's)
1 envelope miscellaneous articles (used stamps, tickets)
1 sweater, wool sleeveless, V neck(wine color)
4 refills (loose leaf stationery)
1 wallet containing photographs
1 key ring with four keys
1 sheepskin polisher
1 kit bag
1 loose leaf note book
1 drawing instrument (white)
1 green propelling pencil
1 box personal papers and note books
1 holy candle
1 Spool thread (white)
1 " " (khaki)
1 " " (black)
3 Small needles
2 large needles
1 safety razor
1 lock, combination
1 tube lypsol
1 styptic pencil in celluloid holder
2 packages razor blades (Minora)
1 ladies hair clip (blue)
1 6" celluloid ruler
1 celluloid spoon (Swans Down Cake Flour)
1 Colgates Tooth Powder
1 Tube shaving cream (Palmolive)
1 metal shaving mirror and case
1 roll of adhesive tape small
Miscellaneous religious articles
1 Crucifix, chainn and medals in leather case
2 Rosary in leather zipper case
1 pair scissors
1 pair pliers
1 eversharp pencil
1 pencil flashlight
1 Holy Bible (Gideon No. 136327)
1 Five Year Diary
1 package letters.

Certified Correct
Lieut

By registered mail

Victory Bond (50.00)
Bulova (watertight) watch
Parker Vacuumatic Pen
2 bank books
Royal Bank of Canada (Courtenay, B.C. Branch). . . $20.00
Bank of Montreal (Namaimo, B.C.). $10.50

PHONE 27 M

P.O. BOX 129

D

COURTENAY, B.C. March 11th 194 4.

Department of National Defence.

IN ACCOUNT WITH

COURTENAY UNDERTAKING PARLORS

J. SUTTON, PROP.

ACCOUNTS DUE WHEN RENDERED

INTEREST CHARGED AFTER 60 DAYS

To the funeral expenses of the late Pte.Maurice Demers, K-645523, R.C.A.S.C. Courtenay, B.C. Died at Comox Hospital March 9th/44. as follows:	
Casket and shipping box.	
Embalming.	
Removal from Hospital.	
Delivery by hearse to station.	
Use of chapel.	
Personal services, etc.	60.00

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with the contract or agreement, or if not by contract, the charges are fair and just. That no item in this account has been previously certified by me for payment. I recommend payment.

Sub Lieut

Sub Lieut

March 13/44.

Dr J. S. Mac Callum,
Asst. Chief medical officer,
Victoria, B. C.

Dear Sir,

Please find enclosed the account for proffessional services rendered for the late Pte. Maurice Demers. at the St. Joseph hospital at Lomas, on the night of March 8th.

Period on duty 7 P.m. to 7 a.m. at $7.00 per night.

Yours sincerely
Eline
Reg. N.

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with the contract or agreement, or if not by contract, the charges are fair and just. That no item in this account has been previously certified by me for payment. I recommend payment.

Asst Dir Med Services

Comox B.C. March 9, 1944 19

M Pte. Maurice Demers - D-645533

To St. Joseph's Hospital Dr.

To Hospital Maintenance from March 7th to March 9th	
2 days @ $3.00 per day	$6 00
To X-ray services	7 00
	$13 00

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with the contract or agreement, or if not by contract, the charges are fair and just. That no item in this account has been previously certified by me for payment. I recommend payment.

Sister Superior

*N.B.--As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* Committee of Adjustment

assembled at Courtenay, B.C.

on the 10 th day of March 1944

by order of Officer Commanding, No.3 Depot R.C.A.S.C. Nanaimo, B.C.

for the purpose of dealing with the service estate of

D 645533 Pte. Demers, Maurice, RCASC

who died at Comox Hospital on 9 Mar 44 as a result of an accident on 9 Mar 44.

ESTATES BRANCH
OCT 16 1944
H.Q. OTTAWA
NATIONAL DEFENCE

PRESIDENT

Lieut S.W.Pitt, R.C.A.

MEMBERS

Lieut.S.Meszoros, C.I.C.

Lieut.W.E.Ellis, R.C.C.S.

The Committee having assembled pursuant to order, proceed to take action on the service estate of the deceased in accordance with F.R.&I Article 221 as amended, under the following headings;

1. Personal Effects
2. Public Clothing and Equipment
3. Last Ilness and Funeral Expenses
4. Preferentialcharges
5. Ordinary debts and claims
6. Paymaster
7. Last Pay Certificate
8. Last Will and Testament

1. Personal Effects ✓ as per inventory annexed hereto and marked A were secured and forwarded to Administrator of Estates Dept. of National Defence, Ottawa; the valuables and a copy of the inventory by Registered Mail on 7 Mar 44 and the clothing by Canadian Pacific Express on 7 Mar 44.

2. Public Clothing and Equipment were secured, inventoried and returned to Quartermaster Stores; there were no deficiencies.

M.F.B. 303
500M—12-42 (7535)
H.Q. 1772-89-133

3.Expenses LastIIlness.Itemized expenses of lastillness to be paid by the Government have been obtained and certified and two copies lodged with the Unit Paymasterfor forwarding to Command Paymaster,Pacific Command for payment.One copy of such accounts is annexed and marked C

Funeral ExpensesThe account of Courtenay Undertaking Parlors ,funeral directors,Courtenay,B.C.was for $60.00 and being within the allowance authorized by F.R.& I220,5 copies have been obtained and certified and 2 copies lodged with Unit Paymaster for forwarding to Command Paymaster for payment.A copy of the bill is annexed hereto and marked D

The account of The Co-operative Funeral Expense Society Montreal;Quewas $ 22.00 and being withinthe allowance authorized by F.R.& I 220,5 copies were obtained and certifiedand 2 copies lodged with Unit Paymaster for payment.A copy of the bill is annexed and marked E

A warrant was obtained for the transportation of the body from Courtenay to Montreal. F.R.& I 220 (8)

4.Preferential Charges Nil

5.Ordinary Claims None have come to the Committees notice

6.The Committee has lodged with the Paymaster
(a) the sum of $ 22.54 found on the person and in the effects of the deceased, ~~also Bearer Bond $ 50.00~~ and check $ 30.00.
(b) last illness and funeral accounts.

7.Last Pay Certificate was obtained from the Paymaster showing the sums mentioned in Para 6 above and a balance of credit $ 80.29 a copy wherof is annexed hereto.

8.Last Will Nil record in Unit of any will.

Secd.

E.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: DEMERS, Maurice No.: D.645533
Surname Christian Names

Pte. No. 3 Depot R.C.A.S.C. 7-3-44
Rank Unit Date of Death

AMOUNT

L.P.C.....$ 80.29

Date: 6-12-44

Other Credits.....

Total..... 80.29

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Salomee Demers, 103 Duke Street, MONTREAL, Que., (Sole beneficiary under will)	80.29 R

TO BE FORWARDED BY REG. MAIL DIRECT.

Leos.

P4. TO TREAS.
13-12

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	80.29

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

1. PLACE OF DEATH
Name of city or place ..... Comox, B.C. ..... Name of Municipality (if any) .....
Street or road ..... St. Joseph's Hospital. ..... House No. .....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)
	3 months 10 days	6 mos. 4 days	

3. PRINT FULL NAME OF DECEASED ..... [illegible] (Surname or last name) ..... MAURICE (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place ..... Montreal, Quebec ..... Name of Municipality (if any) .....
Street or road ..... 103 Duke Street. ..... House No. .....

5. SEX	**6.** CITIZENSHIP (See marginal note)	**7.** RACIAL ORIGIN (See marginal note)	**8.** Single, Married, Widowed or Divorced (Write the word)	**9.** BIRTHPLACE (Province or Country)
Male	Canadian	French	Single	Ottawa, Ontario

10. Date of Birth: July (Month by name) 27th (Day) 19 22 (Year)

11. AGE

Years	Months	Days	If less than one day
21	7	11	..... hrs. or ..... min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc. ..... Private
(b) Kind of industry or business, as paper mill, lumber, bank, etc. ..... R.C.A.S.C.
(If labourer specify kind of work above)

13. Date deceased last worked at this occupation ..... March 7th [illegible] 2th/44.

14. Total years spent in this occupation ..... 1 year 4 days

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased .....

16. Name of father ..... [illegible] (Surname or last name) ..... [illegible] (Given or Christian names)

17. Maiden name of mother ..... (Surname or last name) ..... (Given or Christian names)

18. Birthplace:—
Father ..... (Province or Country) Mother ..... (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Courtenay, B.C., this 10th day of March 19 44
Signature of informant ..... Relationship to deceased [illegible]
Address .....

20. Burial, Cremation or Removal ..... Removal ..... Date ..... March (Month by name) 11th (Day) 19 44 (Year)
Place of Burial ..... Montreal. (Municipality) ..... Cemetery .....

21. Undertaker—
Name ..... Courtenay Undertaking Parlors ..... Address ..... Courtenay, B.C.

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH ..... March (Month by name) 9th (Day) 19 44 (Year)

24. I HEREBY CERTIFY that I attended deceased from ..... Coroners Inquest March 10th 44 ..... 19 .....
to ..... 19 ....., and last saw h[illegible] In alive on ..... 19 .....

I	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Concussion of Brain 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.**				

25. If a woman, was the death associated with pregnancy? ..... No .....

26. Was there a surgical operation? ..... Date of operation ..... No ..... 19 .....
State findings ..... Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:— March 7th 44
Accident, suicide or homicide? ..... Accidental ..... Date of injury ..... 19 .....
(State which)
Manner of injury ..... Fell from Army Truck
(How sustained)
Nature of injury ..... Concussion of Brain. ..... Public Place
Specify whether injury occurred in **industry**, in **home** or in **public place** ..... Corner

Signed by Courtenay [illegible] **Designation** March 10th M.D., Coroner, etc. 44
Address ..... **Date** ..... 19 .....

28. I hereby certify that the above return was made to me at .....
Dated ..... 19 ..... (District Registrar)

District Registration No. .....

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

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 No. 21 Sub-Depot, Pacific Command RCASC (attached from No.1 Depot RCASC)

Regt'l No. D-645533 Rank Private

Name in full Maurice DEMERS

Date and place of birth 27th July 1922 Ottawa, Ontario, Canada

Married or single Single

Enlisted, when and where 5th March, 1943 at Montreal, Quebec.

Died — Date 9 March, 1944; Place St.Joseph's Hospital Comox, B.C.; Cause of death Concussion of brain

Buried — Date 17 March 1944; Name of cemetery Cote des Neiges Terrain des Soldats; Location of cemetery Montreal, Quebec.

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

Statement as to existence of any personal effects: Very little--bank account $20.00, watch, cash of $32.00 Committe of Adjustment forwarding same to Admin.of Estates

Latest particulars as to Next of Kin: Mr.Rene DEMERS(father) 103 Duke Street, Montreal, Quebec.

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

E R Horton Lieut.

(E.R.Horton) Officer Commanding
O.C.No.21 Sub-Depot RCASC.

Date 9 March, 1944.

Secretary, Department of National Defence.

Forwarded, please.

D.O.C., M.D.

Date

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

No D.645533 Rank Private Name DEMERS, Maurice

Unit R.C.A.S.C. Date of death 9th March, 1944.

Died at St. Joseph's Hospital, Comox, B.C.

Cause Result of an accident.

Death occurred on strength of Forces. HQ 869-D-4316 d 9-3-44

N/K Mr. Rene Demers Relationship Father

Address 103 Duke Street, Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location Lot 3410-M

CHK.

CONTRACTOR'S ROLL FOR H.S. SOLDIERS
GRAVE DESPATCHED
MAR 7 1945

DEATH was DUE TO SERVICE

C.P.C. d. 16/8/44

THE GOVERNMENT OF THE PROVINCE OF BRITISH COLUMBIA

VITAL STATISTICS ACT

Certificate of Death

This is to certify that the following particulars of Death have been recorded in the Office of the District Registrar of Births, Deaths, and Marriages at COURTENAY, B.C.

Name of Deceased DEMERS, Maurice.

Date of Death March 9th 1944 **Sex** Male

Place of Death St.Joseph's Hospital, COMOX, B.C.

Date of Birth July 27th 1922 **Age** 21

Place of Birth Ottawa, Ontario, Canada.

Residence 103 Duke St.,Montreal, Quebec.

Occupation Soldier **Condition** Single

Name of Father Rene Demers

Maiden Name of Mother Not Known

Cause of Death Concussion of Brain

Contributory Fell from Army Truck

Doctor in attendance at Death Dr. T.A. Briggs. M.D.

Name of Undertaker Courtenay Undertaking Parlours, Courtenay,B.C.

Marginal notations:—

Given under my hand at COURTENAY

B.C., this SIXTEENTH **day of**

MARCH, 1944

G. Halsey Brandt Dep.

District Registrar, Births, Deaths, and Marriages.

The fee for this certificate is 50 cents.

No 22055D

5M-542-7835