D66204
LAFLAMME
MARCEL

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

HQ 405-L-10984
(Records-C)

/GB

le 27 Octobre 3

Madame,

Je regrette profondément d'avoir à vous informer que votre fils, le soldat Marcel LaFlamme, numéro matricule D-66204, est décédé pendant qu'il servait sa patrie sur le théâtre de guerre méditerranéen le 6 octobre 1943.

D'après les renseignements officiels que nous avons reçus, votre fils est décédé à la suite de blessures qu'il a subies au combat. Vous pouvez compter que dès que nous recevrons d'autres détails nous vous en ferons part.

Le Ministre de la Défense nationale et les membres du Conseil de l'armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Veuillez agréer, madame, l'expression de mes sentiments distingués.

L'adjudant-général,

(H.F.G. Letson),
major-général.

Mme Pierre LaFlamme,
40, rue Gill,
GRANBY, Qué.

CANADA

QUOTE NO. H.Q. 405-L-10,984 (Records-C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T.

Mrs. Pierre LaFlamme,
40 Gill Street,
Granby, Quebec.

Dear Madam:

I deeply to inform you that your son, D.66204 Private Marcel LaFlamme, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 6th day of October, 1943.

From official information we have received, your son died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

P.L

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

GR/AOS

Nat. Def. A-168-A
1,000M—3-43 (9028)
H.Q. 1772-39-376

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY) | Official name of civil municipality or township: | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township: [X]

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: LAFLAMME. (Block letters)

Given names: Marcel.

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: LaSarre,

Municipal county: Province: Quebec.

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: October (Month) 6th, (Day) 1945. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	19			....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	LAFLAMME, Pierre.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 6th, (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) Died of wounds received in action.

due to

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

(b)....

due to

(c)....

II

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

....

....

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

Signed....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

FEB 22 1944

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

J. B. Ladine

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

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

....

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

405-L-10984

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: R 22e R

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 66204

Rank: Pte.

Surname: LAFLAMME

Christian Names: M.

Died: Date: 6 Oct. 43 Place: Italy

Cause of Death*: Died of Wounds

Nature and Date of Report: AFA 36 undated

By whom made: 4 Fd Amb.

Noted

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

Burial: Place: about one mile Bollurara on the Main rd. from Vollurara to Lucera about 50 feet directly in front of a large Monastery. MR 884224 Sheet 163 GRAVE-2 Date: 6 Oct. 43

By whom reported: CF 4 Cdn Fd Amb.

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: No

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

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

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

Station and Date: North Africa 17nNov. 43

Signature of Officer in charge of Section Adjutant-General's Office at the Base: C. J. Clyneck Capt for Officer i/c Cdn Section G.H.Q. 2nd Echelon

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME LAFLAMME, Marcel — PLACE & DATE OF BIRTH Quebec. 23 May 1923.

RANK PTE — REGIMENTAL NO D-66204

UNIT ROYAL 22nd REGIMENT — NEXT OF KIN ADDRESS Father

Mr. Pierre La Flamme

La Sarre, Quebec.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION — NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 6 OCT 43 — PLACE OF DEATH Italy.

HRS

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL

DATE OF BURIAL ~~-6-Oct.-43.-~~ 26 May 44. — CEMETERY ~~About-1-mile-Vollurara-on the-main-road-from-Vollurara to-Lucera-about-50ft-directly-in-front-of-a large-monastery-MR.884224 SH.163.~~

DEATH CERTIFICATE NO — LOCATION OF CEMETERY

PLOT NO 3 — ROW NO B. — GRAVE NO 28

REBURIED: BARI MILITARY CEMETERY

DATE OF REGN OF DEATH CERT

DISPOSAL OF EFFECTS

RELIGION R.C.

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

DATE JUL 24 1944

(B.E.WILLAN) Capt.
For (R.T.E. HICKS-LYNE) Lt.Colonel.
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Read this whole Form and Instructions on other side before commencing to [illegible]plete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Marcel Laflamme, of the Town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of LaSarre, in the County District of Ham South
Province of Quebec Canada
Laborer
(Civil Occupation)
Regimental No D 66204, Unit Regt de Joliette, 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. Olivine Laflamme,

residing at LaSarre, Que.

My entire estate, both real and personal.

ML

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

ML

(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 20 day of March 1942.

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.

Marcel Laflamme
(Signature of soldier)

First witness sign here.

(5) Signature K Bennett
Civil Address 1264 Dorchester Montreal
Civil Occupation clerk

Second witness sign here.

Signature Serge Bigelow
Civil Address 5565 Waverley St-Hubert Jct
Civil Occupation Actor

(Witnesses are not to be beneficiaries.)

[OVER]

The Administrator of Estates.

Regimental No. D.66204 ..... Rank. Private .....

... LAFLAMME, ... Marcel .....
Surname — Christian Names

Unit ... The Royal 22E Regiment (C.A.) .....

Date of Death ... 6-10-43 ..... Place of Death. Overseas (Mediterranean)

Next-of-kin. Mrs. Pierre LaFlamme ..... Relationship .... Mother ...

Address ... 40 Gill St., Granby, Quebec .....

.....

.....

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

Will ..... Original Will D/20-3-42 .....

Date ..... November 4th, 1943.

ESTATES BRANCH
NOV 5 1943
DEPT. OF NATIONAL DEFENCE
OTTAWA

HMG/MSS

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

MÉMORANDUM POUR

Mme Olivine LaFlamme,
LASARRE, Abitibi, P.Q.

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-I-10,984 FD.254

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

le 23 novembre 1943

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

LAFLAMME, Marcel SOLDAT,
No. D.66204, C.A.

ESTATES BRANCH
NOV 29 1943
H.Q.
OTTAWA.
NATIONAL DEFENCE

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, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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

(L.M. Firth) Lt.-Colonel,
L'administrateur des successions.

OG/CGL

par (O. Godbout) Capitaine.

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		—		
2	Enfants du défunt et dates de naissance.....		—		
3	Père du défunt.....		Pierre Laflamme.		11 janvier 1943.
4	Mère du défunt.....		Alexina Couture	60	La Sarre, Abitibi Pro
5	Frères du défunt	Frères germains	Ernest Laflamme.	44	Sanford, Maine U.S.
			Albert " "	43	Bedford " "
			Ernest " "	34	La Sarre, Abitibi
			Donat " "	26	" " "
		Demi-frères	Anaïs " "	41	Shubrooke, Que
			Alma " "	40	Granby, "
			Mathilde " "	32	Noranda Abitibi
			Emilienne " "	24	Val St Gilles Abitibi
6	Sœurs du défunt	Sœurs germaines			
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Laflamme Marcel.
9	Date de sa naissance.	23 Mai 1924.
10	Lieu et date de son mariage.	Garçon
11	Lieu et date du mariage de ses parents.	St Julien de Walfston C. Wolfe. 11 juillet 1898

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Hamsud Cat Walff.
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) Quebec. (d)
14	Nature de son emploi avant son engagement.	journalier.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	—
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Actuellement Quebec.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	Non.
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	—
19	Avait-il un compte d'épargnes dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé.	Non.
20	Montant des certificats d'épargne de guerre que possédait le défunt.	—
21	Montant des bons de la victoire que possédait le défunt.	—
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	—
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	—

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Je ne crois pas.
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui?	Entièrement par moi-même

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

(VOIR AU VERSO)

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

DÉCLARATION

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* Mère du défunt.

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

..... Signature du déclarant

La Sarre Abitibi Que. Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Dame Pierre Laflamme

*Voir plus haut

Madame Pierre Laflamme. Nom du déclarant

est le/la* mère du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à La Sarre. ce 26 ième jour de novembre 194 3.

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

Victor Commeau ptre Titre curé:

Adresse La Sarre, Abitibi Que.

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.

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

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

[illegible] BOOK No. 4

40 P & S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

D-66204 - - - -

PTE. LAFLAMME
MARCEL.

Certified True Copy.
L. Lapierre Lieut.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-66204

Surname (in capitals) LAFLAMME

Christian Names (in full) MARCEL

Date of Birth 23 May 1924

Place of Birth Hamsud, Qué.

Trade on Enlistment Journalier.

Nationality of Father at birth Canadien.

Nationality of Mother at birth Canadienne.

Religion R.C.

Enlisted at Noranda P.Q.

Date 19-3-42

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

Signature of Soldier Laflamme M.

Signature of Officer L. Lapierre Lieut.

Place Field Date 16-6-43

D-66204 - VC - -

PTE. LAFLAMME
MARCEL.
2cn

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	Olivine Couture	3 nov 43
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
La Sarre P.Q.

D-66204

PTE. LAFLAMME
2nd MARCEL.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
19-3-42	Soldat.	Definitif.	4 DD 67	Laflamme L.

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:*—*

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

.....

.....

.....

.....

.....

.....

.....

Date.....

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

D-66204-

PTE. LAFLAMME
MARCEL.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Battle Drill Course	24-1-43	L. Lapierre Lieut.
#1 C.D.I.R.U.	6-2-43	L. Lapierre Lieut.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
JAN 43	2nd Class	Rifle.	L. Lapierre Lieut.
JAN 43	2nd Class	Bren.	L. Lapierre Lieut.

D-66204

PTE. LAFLAMME
2nd MARCEL.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
8e Grade mark.	La Sarre.	3-3-43	Lafrance P.S.

10

(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
~~19-3-42~~	~~2~~ 1 16-2-43				

11

D-66204

PTE. LAFLAMME
2nd MARCEL.

(IX) EMPLOYMENT WHILST SERVING

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

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
19-3-42	A.	Medical Board.	Lieut.

D-66204-VC-1

PTE. LAFLAMME
MARCEL.

2cm

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TAB 1	20-3-42	L. Lapierre Lieut.
" 2	8-9-42	
" 3		
TABT 1/2 cc	26-2-43	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
20-3-42	L. Lapierre Lieut.

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
Disembarked U.K.	7-10-42	L. Lapierre Lieut.
"M" Test (Rev) Comp.	3-12-42	
"Q" Card Comp.	3-12-42	
Leave with warrant. from 25 MAR 43 to 1 APR. 43		
Rifle Tercel	21-6-43	[illegible]

FINGERPRINTED—CAIB

D-66204 - PTE. LAFLAMME MARCEL.

for use on Active Service. This Will page ıst NOT be used until you have been placed ıder orders for Active Service.

WILL

ɔr use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

MILITIA BOOK M. 1

PART III

40/P & S/279 (2687)

CANADIAN ARMY

Clothing and Equipment Statement

Regt. No. D.66.204

Rank PTE.

Name LAFLAMME M.

D-66204-NC--

PTE. LAFLAMME MARCEL.

2cm

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person, but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

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

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

GENERAL INSTRUCTIONS

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

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

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

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

ARTICLE	QUANTITY					
Anklets, web, prs.	1					
Blouses, Battle-dress	~~2~~	1				
Bonnet, tam-o'shanter						
Boots, ankle, prs.	2					
Boots, lumbermans, rubber, prs.						
Boots, rubber, high, prs.						
Bonnet, dra. , Irish						
Cap, field service	1					
Cap, mechanic						
Cap tank battalion						
Drawers, Cellular short, prs.	2					
Drawers, Woollen, prs.	~~2~~ P.V. CAMS	2				
Gloves, knitted, drab, prs.	~~1~~ P.V. CAMS	1				
Greatcoat, drab	1					
Jackets, sweater	1					
Initials of Soldier	MCL					

D-66204 - [illegible]

PTE. LAFLAMME
MARCEL.

2cm

ARTICLE	QUANTITY					
Jerkin, leather	/					
Jersey, pullover	/					
Overalls, combination	PU TANK 1	1				
Overalls, blouses, denim	/					
Overalls, trousers, denim	/					
Shirts, angola, drab	2					
Shoes, canvas, prs	1					
Socks, prs	3					
Trousers, battle-dress, prs	2	1				
Vests, woollen	2	2				
Badges, arm, drab, crowns	/					
Badges, arm, drab, crown in wreath	/					
	/					
	/					
Badge, cap	1					
Initials of Soldier	ML					

ARTICLE	QUANTITY					
Badge, shoulder, "CANADA" prs.	3					
Badges, arm Tank Bn.	/					
Bag, kit, universal	1					
Braces,	1					
Brass, cleaning	1					
Brush, button, brass	1					
Brush, clothes	1					
Brush, hair	1					
Brush, shaving	1					
Brush, shoe, blacking	1					
Brush, shoe, polishing	1					
Brush, tooth	1					
Cap, comforter	1					
Chevrons	/					
Comb, hair	1					
Initials of Soldier	ML					

D-66204-

PTE. LAFLAMME
MARCEL.

ARTICLE	QUANTITY					
Discs, identity, sets with cord	1					
Dressing, field	P.V.S. LAM 1					
Fork, N.S. Table	1					
Holdall	1					
Housewife, complete	1					
Knife, clasp	1					
Knife, table	1					
Lanyard,						
Razor, safety, with blade	1					
Patches, distinguishing, prs.	2	1				
Shorts, gymnasium	2					
Sponge						
Spoon, N.S. Dessert	1					
Vests, cotton, gym.	2					
Initials of Soldier	ML					

ARTICLE	QUANTITY					
Towels, hand	2					
Unit titles, prs.	2					
Attachments, brace						
Bag, ration	1					
Belt, waist	1					
Bottle, water	1					
Braces, W.E.	2					
Carriers, cartridges						
Carrier, waterbottle	1					
Case, pistol						
Cover, breech, rifle		1				
Cover, Mess tin, rect.						
Frog, bayonet	1					
Haversack	1					
Initials of Soldier	ML					

D-66204-[illegible]

PTE. LAFLAMME
MARCEL.

2cm

ARTICLE	QUANTITY					
Helmet, steel	1					
Net, helmet camouflage	1					
Pack	1					
Pouches, Ammunition, pistol						
Pouches, Basic	2					
Pouches, utility						
Sling, rifle	1					
Straps, shoulder, haversack	2					
Straps, supporting, web	2					
Tins, mess rect	1					
Yoke						
Respirator, Anti-gas complete w/haversack	1					
Outfit, anti-dimming	1					
Initials of Soldier	ML					

ARTICLE	QUANTITY					
Ointment, Anti-gas, tins	2					
Eyeshields, Anti-gas (Pk. of 6)	1					
Detectors, individual prs.						
Capes, Anti-gas	1					
Wallet, Anti-gas						
Cotton waist	1/2					
Clothe desinf.	2					
Bayonet	1					
Bottle, oil	1					
Pistol, revolver (No.)						
Pull-through, single	1					
Rods, cleaning, pistol						
Tab. securing	1					
Initials of Soldier	ML					

D-66204-
PTE. LAFLAMME
MARCEL.

ARTICLE	QUANTITY					
Rifle....(No. IV R 29556)	1					
Scabbard, bayonet	1					
Sheet, ground	1					
Mug, drinking	1					
Blanket	1					
Mosquito	1					
" Ointment	1					
Puttees Pr.	1					
Shorts K.D.	1					
Trousers K.D.	[illegible]	2				
Shirt. Bush	2					
Hose Tops Pr.	2					
Initials of Soldier	M.L.					
Initials of Inspecting ~~Officer~~ :	P.G.V.					
Date :	13-6-43					

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

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

SIGNATURE

Inspecting Officer	Soldier	Date
[illegible]	M. Laflamme	13-6-43

D-66204---

D-66204 - - - -

PTE. LAFLAMME
MARCEL.

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets	2
Battle Dress, blouse	7
Battle Dress, trousers	5
Cap or bonnet	7 1/4
Boots, ankle	8
Socks	10
Gloves	9
Facepiece, respirator	NORMAL.
Greatcoat	5
Overalls, combination	38
Jersey, pullover	SMALL.
Shirts, Angola, drab	15 1/2
Vest, woollen	38
Drawers, cellular	34
Drawers, woollen	34

Rifle.
Scabb
Sheet
Mug,
Blank
Mu
u
Init
Init
Dat

Marcel D: 66204 - - - -
Laflamme

States ?

Temp. missing

File No 405-L-10984

R E B U R I A L

NO D. 66204

RANK Private

NAME La Flamme M.

NAME OF CEMETERY Bari Military Cemetery.

LOCATION OF CEMETERY Bari Italy.

GRAVE LOCATION Plot 3 Row B, Grave 28.

AUTHORITY 54-27-88-2 Vol. 12

Reburial list.

Posted

FORM No. 1

Register No. [redacted] CD-1780

Nominal Roll No. D588

H.Q. File No. 405-L-10934

To: [redacted] P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-66204	Pte	LAFLAMME	MARCEL

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased. ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 19 March 42	T.O.S.	T.O.S.
S.O.S. 6 Oct 43 MD 7	S.O.S. MD	S.O.S. MD
Total Days 567	Total Days	Total Days

Total Service ..... 567 ..... DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	190	—	190
Overseas Service	377	4	373
Totals	567	4	563
Add Non-qualifying Service			4
Total Service			567

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 6 Oct 43 ..... 2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST IN SERVICE 6 Oct 43

Computer's Signature ..... Begnoy .....

Checker's Signature ..... Hobson .....

Date Computed ..... 10 Feby 46 .....

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

Total ....

Overseas: T.O.S. 25 Sept 42 T.O.S. .... T.O.S. ....

S.O.S. 6 Oct 43 S.O.S. .... S.O.S. ....

Forfeits for	From	To	Effective Date	Days	Total
awl.	16 June 43	18 June 43		2	2
awl.	11 July 43	13 July 43		2	2

Total 4

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Marcel (CHRISTIAN NAMES) LAFLAMME (SURNAME)

REGISTER NO. D-20967
FILE NO. 405-L-10984
DATE 4-4-46
SERVICE NO. D-66204
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 6-10-43

PAYEE Mme. Olivine LAFLAMME,
ADDRESS La Reine,
Comte de Abitibi, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-43

		$	¢
A. TOTAL QUALIFYING SERVICE			
540	NO. OF DAYS 563/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00	
B. QUALIFYING OVERSEAS SERVICE			
No. of Days 373 LESS 23 INELIGIBLE DAYS, EQUAL TO 350 DAYS @ 25c. PER DAY	SEE PAR. 2 OVERLEAF FOR EXPLANATION	87.50	
		222.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 1.50		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $		
	$		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $25.00 $ .83		
	TOTAL $ 3.58 X7 = $ 25.06		
	NO. OF DAYS 373/183 X $ 25.06	51.08	
D. WAR SERVICE GRATUITY		273.58	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		273.58	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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

PREPARED BY	CHECKED BY
KRM	

TREASURY

CHECKED BY	DATE
G Petitclerc	8/4/46

SERVICE REPRESENTATIVE

File No 485-1-10984

P. A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D66204 Name Laflamme Francel

Rank on Discharge Pte Date of Discharge 6-10-43.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	19-3-42.	to 24-9-42.	
	from		to	
United Kingdom	from	25-9-42.	to 29-6-43	
	from		to	
Italy	from	30-6-43.	to 6-10-43 Died of Wounds	
Northwest Europe	from		to	
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

~~France-Germany Star~~

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK.

M

NO RIBBON DESPATCH

Verified by J.R. Legault.

Date JUL 29 1946

Carded JUL 30 1946

IIA 165

CANADIAN MILITARY HEADQUARTERS No. 1084

RECORDS OFFICE

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

NAME (in full) LAFLAMME Marcel
(Surname) (Christian Names)

RANK PTE No. D-66204 UNIT ROYAL 22e REGT.

HOSPITAL (U.K.only) in which death took place if applicable _____

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

CASUALTY DIED OF WOUNDS DATE 6 OCT 43 "A" 342 PLACE CM FORCE.
(If ex U.K. specify theatre)

If P.O.W. or INTERNED, number and address _____

PREVIOUSLY REPORTED _____ DATE _____ Sgd. D Perry Sgt
for O.i/c Casualty Section

N E X T O F K I N

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

2. NAME, in full _____

RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. from M.F.M.5 or any other source, including children born overseas. If NONE, so state _____

4. Date of MARRIAGE, if known _____ Sgd _____
for O. i/c R.2.

W I L L, E F F E C T S ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED _____ BENEFICIARY _____
(RELATIONSHIP)
_____ EXECUTOR _____
(NAME) (ADDRESS)

2. BANK ACCOUNT - Name of Bank etc. _____ A/c No. ____

address _____

3. KIT PRIVATELY STORED - Name of custodian _____

address _____

4. Particulars of DEBTS; REMARKS, etc. _____

_____ Sgd. I Dunn
for O.i/c R.3.

Date DEC 2 0 1943

for Officer i/c Records
Canadian Military Headquarters.

Original - with Will, if any, to O.i/c Estates, C.M.H.Q.
Duplicate- to file.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME D-66204 Pte. La Flamme M. - R.22e Regt. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 7, Jan. 44

1	Fountain Pen		
1	Signet Ring		
	Snapshots		
1	Certificate		

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

TRIPLICATE — with effects.

W.E. Fulmer, Cpl
for OC 1 Cdn KSD

M.F.M. 510
40/P & S. 4 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl. No. D.66204. Rank and Name Pte. M. Leflamme, (Deceased).

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

(Transfer or Discharge).....to.....on 6th October, 19 43.

Reason Death. Authority : C.C.I. "A"342. d/14 Oct 43.

The following is a statement of the account of the above-named from 1st Oct to 31st Oct 19 43. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	41	18
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments 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) :					
To Balance Cr. Free	67	68			
To Balance Cr. Deferred			By Balance Dr.		
Total	87	68	Total	87	68

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

Remarks :

Assigned Pay $20.00 Stopped off. 1st November, 43.

Compiled by B.M. Wadsworth.

Checked by E.Clark

Date 11th April, 19 44.

Certified correct E. L. Lumsden
for Chief Treasury Officer, Overseas.

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

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

---

(1) Name of Officer or Other Rank Laflamme
(Surname first—Christian names in full—Block capitals)
Marcel

(2) Regimental or Official Number and Rank D 66204 Pte

(3) Unit Regt de Joliette CA

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife Nil

(*b*) Present postal address of wife Nil

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

(7) Are you a widower? No

(8) Have you any children? No Number of boys..... Girls.....
Names and ages Nil

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

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

Name Nil

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address Nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Pierre Laflamme, LaSarre, Que. Canada Farmer

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

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

Nil

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

(14) Is your mother alive? Yes. Mrs. Olivine Laflamme,

If so, state name and address LaSarre, Que. Canada

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

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

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

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

If so, state the following particulars:—

Relationship Nil

Full Name

Postal Address

Amount contributed monthly during the past six months Nil

(18) Are you insured? No

If so, in what Company? Nil

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Nil

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Marcel Laflamme

(Signature of officer or man)

Date 19-3-42

James McConnell Capt

Officer Commanding

No. 4 DISTRICT DEPOT, A.F.

Date 19-3-42

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.66204 RANK Private SERVICE UNIT The Royal 22E Regiment (C.A.)

NAME LAFLAMME, Marcel.

DATE OF BIRTH
DAY 23rd MONTH May YEAR 1924

MARITAL STATUS Single

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

ADDRESS 40 Gill St., Granby, Quebec.

NAME Mrs. Pierre LaFlamme,
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3514 H.Q. 405-L-10,984

CASUALTY DETAILS Died of wounds.

DATE 6-10-43

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

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

DATE 13-10-43

OFFICER I/C RECORDS

7

COPY FOR GRAVES REGISTRATION

No D.66204 Rank Private Name LAFLAMME, Marcel

Unit The Royal 22e Regt. Date of death October 6th, 1943

Died at Italy.

Cause Died of wounds received in action.

Death occurred on strength of Forces. HQ 405-L-10984 d15-10-43

N/K Mrs. Pierre LaFlamme, Relationship Mother
La Reine, Co. Abitibi, P.Q.
Address ~~40 Gill St., Granby, P.Q.~~

Remains buried in Cemetery
About one mile Bollurara on the Main rd. from Vollurara to Lucera about 50 feet directly in front of a large Monastery

CMK

Grave location MR 884224, Sheet 163, Grave 2.

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. AUG 28 1944

RETURN TO BUR. OF STAT. 22-2-44

ROYAL MESSAGE DESP'D. DEC 31 1943

CAN. MESSAGE DESP'D. 22-10-43

DEC 3 - 1946

REBURIAL

Bari Military Cemetery,
Bari, Italy.

Plot 3, Row B, Grave 28.

H I & CR Form Despd. DEC

Photographs
Despatched
MAR 29 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Olivine Laflamme (Mother)

ADDRESS: LA REINE, ABITIBI, ~~40 Gill St., Granby,~~ P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Olivina Mrs. Pierre LAFLAMME

ADDRESS: 40 Gill St., Granby, P.Q.

~~LA SARRE, Quex~~

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO 9011

(2)

(3)

DESP. NOV 25 1943

REGN No. 3567

8-11-43
(O.C.L.-388)

AWARDS—CANADIAN ARMY (ACTIVE) 1500 M 100M—10-41 (2195) H.Q. 1772-45-8

FILE NO. 405-L-10984

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LAFLAMME, Marcel	D-66204	Pte.	Infantry

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal CVSM & Clasp	3593 20-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

Laflamme M.

1. (a) Print name in full LAFLAMME Marcel (b) Reg'l. No. D-66204
2. (a) Arm of service ARMY (b) Unit REG'T DE JOLIETTE CA (c) Rank PTE.
3. (a) Date of birth May 23/23 (b) Have you any dependents? NO (c) Place of residence at time of enlistment LAVALTRIE P.Q. CAN.
4. (a) Place of enlistment MONTREAL P.Q. CAN. (b) Date of enlistment Mar. 19/42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 Yrs. 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? — (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? FRENCH (b) What languages do you read well? FRENCH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer ABITIBI LUMBER CO. LTD. Address ABITIBI P.Q. CAN.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) LUMBER
20. (a) Your specific occupation WOODSMAN (b) Number of years' experience at this occupation with any employer 8 Yrs.
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? AGRICULTURAL
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 5 (c) In what provinces did you have experience? QUEBEC CAN.

Section G—MISCELLANEOUS

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

MAR. 20th. 43

DATE ..... 194..... SIGNATURE Marcel Laflamme

SERVICE AND CASUALTY FORM

Dead

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 Royal 22e Regiment Regimental Number D.66204

1. Surname LAFLAMME,
2. Christian Names Marcel.
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Ham-Sud, Quebec, CANADA.
5. Date of birth as declared on attestation 23 May 23. 24/6/43
   (A)
6. Date of enlistment 19 Mar 42.
7. Place of enlistment Noranda, Quebec, CANADA.
8. Residence at time of enlistment Lasarre, Que., CANADA.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic.
12. If married, state date
13. Trade on enlistment Labourer.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
"A"	19.3.42	

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

Mr Pierre Laflamme, father,
Lasarre, Quebec, Canada.

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

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	O.C.	1CDIRU	Embarked - Halifax.	Canada	24 Sep 42	Private	
	✓	✓	SOS Cdn. Army Canada.	✓	✓	✓	
	✓	✓	Disembarked - U.K.	England	7 Oct 42	✓	
	✓	✓	TOS Cdn. Army Overseas.	✓	25 Sep 42	✓	244/42
	✓	✓	Granted 7 days Privilege Leave.	✓	19 Oct 42	✓	259/42
	✓	✓	SOS to 6 C.I.R.U.	✓	31 Jan 43	✓	27/43
	✓	✓	TOS from 1 C.D.I.R.U.	✓	1 Feb 43	✓	1/43
	✓	✓	SOS to Royal 22e Regiment.	✓	18 Feb 43	✓	17/43
19 Feb 43	✓	✓	TOS from 6 C.I.R.U.	✓	19 Feb 43	✓	10/43
5 Apr 43	✓	✓	SOS to 6 Cdn. Inf. Reinf. Unit	✓	6 Apr 43	✓	18/43
		6CIRU	T.O.S. fr. R22R (FU)	U.K.	7 Apr 43	✓	56/7 Apr 43
		"	S.O.S. to 1CBRD (auth Draft Demand 266d/9 Jun 43)	"	16 Jun 43	✓	116 - 16 Jun 43
		R22R	TOS X-4 List (BD) from 6 CIRU	✓	17 Jun 43	✓	4/43
			SOS CA (UK) ON EMBARKATION AT ..... ON		29 Jun 43		
	TOS CA (M) ON TRANSFER ON 31 Jun 43 AND DISEMBARKED AT ..... ON				11 Jul 43	✓	7/43
		✓	Awd 14 days CB for AWL - Forfeits 2 days				
			pay 149(1)(a) absent 1 day 1 hr 59 min.	✓	14 Jul 43	✓	8/43
		R22eR	Posted to R22eR X4 List (4 Bn)	Field	20 Aug 43	✓	18/43
		✓ SOS	~~Att Dep~~ to R22eR	✓	24 Aug 43	✓	21/43
		R22eR	TOS from R22eR "X" 4 List, 4 Bn	✓	25 Aug 43	✓	50/43
		✓	Wounded in action	✓	6 Oct 43	✓	53/43
13 Aug 43	DCL - 87	✓	SOS - Deceased - Died of wounds	✓	✓	✓	53/43

Statement of Service of No. D 66204 Rank Sheet No.

Name Laflamme M.

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

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
5674		S.O.S., C.A. Canada 24. 9. 42						
		T.O.S., C.A. Overseas 25. 9. 42						
		Disembarked 7. 10. 42	30					
		T.O.S. 1CDIRU	Pte	8.10.42	1CDIRU	UK	244	9.10.42
Cancelled by DO 27 Supp 17		~~Adm to 2 C M C~~	~~Pte~~	~~10 Oct 42~~	~~1DIRU~~	~~UK~~	~~245~~	~~10 Oct 42~~
SOS	1/10 Feb 44	S.O.S to 6CIRU	Pte	31 Jan 43	1DIRU	UK	27	31 Jan 43
	TOS	T.O.S from 1DIRU	Pte	1 Feb 43	6CIRU	U.K	1	1 Feb 43
		att'd fap to 1CIRU & posted to 1 wing atting Battle Drill Coal	Pte	1 Feb 43	6CIRU	U.K	1	1 Feb 43
		Ceases to be att'd fap from 6CIRU	Pte	6 Feb 43	1CIRU	UK	7	8 Feb 43
SOS		SOS to R22R	Pte	18 Feb 43	6CIRU	UK	17	18 Feb 43
	TOS	TOS from 6CIRU	Pte	19 Feb 43	R22R	UK	10	23 Feb 43
		Date of birth verified now 23 May 24	Pte		R22R	UK	17	3 Apr 43
SOS		SOS to 6CIRU	Pte	6 Apr 43	R22R	UK	18	10 Apr 43
	TOS	TOS from R22R	Pte	7 Apr 43	6CIRU	UK	56	7 Apr 43
SOS		SOS To 1 CBRD	Pte	16 June 43	6CIRU	UK	116	16 June 43
	Tog	TOS R22X-Y List BD from 6CIRU	Pte	17 June 43	X List R22R	NA	4A	14 July 43
		Granted Reg'l rate of pay 1.50	Pte	1 Jan 43	R22R	UK	19	16 April 43
		Embarked & SOS Cdn Army UK	Pte	24 June 43				
		TOS Cdn Army (M)	Pte	30 June 43	X List R22R	~~NA~~	Y-A	23 July 43
		Disembarked	Pte	11 July 43				

Statement of the Service of No. D-66204 Rank ..... Sheet No. .....

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

Name Laflamme M

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
		Awd 14 days CB for an off under AA 15 (1) for 2 days pay.	Pte	19 July 43	x List R22R	NA	8 A	28 July 43
		SOS Died of Wounds	Pte	6 Oct 43			CLA 342 14 Oct 43	
C-80 SOS		SOS Deceased Died of Wounds C M Force	Pte	6 Oct 43	R22R	NA	53	23 Oct 43
	~~TOS~~							
SOS		SOS to R22R	Pte	24 Aug 43	x L R22R	NA	21 A	8 Sept 43
	TOS	TOS from x List R22R	Pte	24 Aug 43	R22R	NA	45	11 Sept 43

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

ORIGINAL
DUPLICATE
TRIPLICATE

Deceased

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit REG'T DE JOLIETTE CA Regimental Number D-66204

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname **Laflamme**
2. Christian Names Marcel
3. Present address LaSarre Quebec. **Canada**
4. Date of birth 23rd May ~~1924~~ 24 1923 *see change*
5. Place of birth Canada (Country) Quebec. (County or Province) Ham-Sud (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Labourer
8. Married, Widower or Single Single
9. Name of next of kin **Mr Pierre Laflamme**
10. Relationship **Father**
11. Address of next of kin LaSarre Quebec. **Canada**
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? **No**

(If Yes, Give Unit and Dates of Service)

13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? **No** (Yes or No)

(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? **No** (Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? **No**

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Marcel LaFlamme.**, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date **March 19th 1942** Marcel Laflamme
(Signature of recruit)

Witness J.H. Bradshaw

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Marcel LaFlamme.** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty

Marcel Laflamme (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at **Noranda Quebec.** this **19th** day of **March 1942** 19

J.H. Handley **Lt Col.** {Signature of Magistrate, Justice or Attesting Officer.

3rd Bn RCE C.A.(R). {Officer or Rank and Unit or appointment.

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

Record of Service of LAFLAMME (Surname) Marcel (Christian Names) Regimental Number D-66204

Qualifications

Military nil

Business or Professional nil

Trade or Civil Labourer

Technical nil

Languages French

Educational Qualifications

High School or Collegiate nil (years completed)

Graduation or Matriculation nil (specify)

*College nil

*University nil

6 Yrs.P.S.

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

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.

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 appointment						
20-3-42	DRO	No 4 District Depot CA	Pte	19-3-42	4DD	Mtl Sth	4DD Pt. 11-67	20-3-42
27-3-42	4DD	S.O.S. ON POSTING TO HIS UNIT, REG'T. DE JOLIETTE, WESTMOUNT, QUE.	"	27-3-42	"	" "	" " " 73	27-3-42
28-3-42	"	T.O.S for all purposes R. de J. w.e.f.	"	28-3-42	R. de J.	Montreal	Pt 11 no. 18	28-3-42
22-5-42	R. de J.	Promoted by O.C. to the rank of A/L/Cpl. 28-3-42	A/L/Cpl	16-5-42	R. de J.	Sussex	Part 11 No. 60	22-5-42
25-8-42	R. de J.	Reverted to his permanent rank of private at his own request w.e.f.	Pte.	25-8-42	R. de J.	Sydney	Part 11 No. 131	25-8-42
10-9-42	R. de J.	Granted 9 days special leave from 10-9-42 to 19-9-42 and special furlough warrant number A-198238 is auth. to draw .50¢ per diem in lieu of rations.	Pte.	10-9-42	R. de J.	Sydney	Part 11 No. 143	10-9-42
19-9-42	"	reported from special leave	"	19-9-42	"	"	Part II No. 150	20-9-42
20-9-42	"	S.O.S. Le Régiment de Joliette A(CA) proceeding overseas	"	20-9-42	"	"	Part II No. 150	20-9-42

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... LAFLAMME MARCEL ..... Place ..... Noranda Que

Place ..... NORANDA QUE ..... Date ..... March 17th 1942

Part 1. Information obtained from the recruit.

1. Age ..... 18/10 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	k. Ear disease	No
b. Tuberculosis or pleurisy	No	l. Eye disease	No
c. Bronchitis or asthma	No	m. Fits	No
d. Heart disease	No	n. Nervous or mental disease	No
e. Kidney or bladder disease	No	o. Syphilis	No
f. Stomach or bowel trouble	No	p. Gonorrhoea	No
g. Rupture	No	q. Have you ever worn glasses?	No
h. Varicose veins	No	r. Are you now or have you in the past received disability pension or compensation? If so, give details	No
i. Foot trouble	No		
j. Nasal trouble	No		

Marcel Laflamme
Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

URINE N

X-RAY N

1. Identification marks or scars. (If operative obtain history)

2. Height 5 feet 7½ inches. 3. Weight 139 pounds.

4. Complexion Dark Eyes Brown Hair Dk. Brown

5. Development Good / Fair / Poor

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20
With Glasses— right ..... left .....

8. Hearing, right CV 20 left CV 20

9. Condition of mouth and teeth Fair

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes Normal.
Ears Drums Normal
B.P. 128/64
X Ray Negative.
Urine. Negative

COLOR VISION (ISHIHARA) N

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A .....

S. T. MacKinnon, President — B. J. Nelson, Member — J. E. Lind, Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAR 20 '42	TAB. T. L. to Lieutenant Capt		
8-9-42	M. Dubeau Capt.		
MAR 20 '42	VACC L & R.		
8-9-42	Recheck: Cat A" M. Dubeau Capt.		

Regtl. No. D-66204 Rank Pte Surname LAFLAMME Christian Name Marcel

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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, 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 of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

PP.

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S ~~CANADIAN ARMY~~ IN RECORD OFFICE.

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

PROCEEDINGS ON DISCHARGE

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

Regimental No. D-66204 | Rank Pte. DECEASED.

Surname LAFLAMME

Christian name Marcel

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

Unit or Corps Royal 22e Regt.

Date of discharge 6 Oct. 43

Place of discharge Overseas. Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 28 years months

Height 5 feet $7\frac{1}{2}$ inches

Complexion Dark

Eyes Brown

Hair Dk. Brown

Trade Labourer.

Descriptive marks:

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

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

Province

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

Deceased.

Authority for discharge.....

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

To be in the handwriting of the Commanding Officer.

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

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

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

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

(OVER)

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

5A. War Service Badge

General Service

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

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

---

6. Medals and Decorations..... { .... } To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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

---

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

(Place).....

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

---

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

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

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

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

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

---

9. **Statement of Service**

(Date of enlistment—Canadian Army).....19 March 42.....

(Date of discharge—Canadian Army).....6 Oct. 43.....

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

---

10. **Confirmation of Discharge**

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

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

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