D71593
PAQUETTE
RENE

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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-71593 Pte Paquette R. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY G-52743 Pte McDonald S.J.
G-5591 Pte Patterson L.K. DATE 8 Dec 44

1	Cigarette Case	
1	Leather Wallet	
1	Pen & Pencil Set In Case (Watermans)	
1	Neck Chain	
1	Ring	
1	Calander	
1	Blood Donors Card	
	Newspaper Clipping	

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

L K Patterson Pte
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
11 DEC 1944
BRANCH
HEADQUARTERS

CONTINUATION CARD M.F.M. 14

Regimental No. D 71593 Name Paquette R.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
5	30.1.44	Awarded CVSM & Clwe f 15.1.44.
13	25.3.44	Gr P.L & RA wef 1 & to 27.2.44
		change of address N.O.K. 400 Guilford Ave Montreal Que.
29	12.7.44	Embarked UK 4 Jul 44 Disemb France 5 Jul 44
34	18-8-44	SOS ESR to X list wef 29 Jul 44 Killed in action

M.F.M.—14A
40/P&S/67 (3400)

C. M. 14
300M-5-41-(323-4)
H. Q. 1772-39-1662

SP marring

~~MARRIED~~
~~WIDOWER~~
*~~SINGLE~~

NO. D-71593 RANK Rfn. NAME PAQUETTE, Rene "D"

PLACE OF ENLISTMENT Montreal, P.Q. DATE 16-8-40

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
13	16-8-40	Rfn.		A. S.	1.30		TOS VRC wef. 16-8-40
21	21-1-43	Rfn.			1.40		wef. 1-1-43
55	24-2-43	Rfn.			1.50		wef. 24-2~~4~~-43

~~Next of Kin Joseph Paquette (Brother) 774 Lagauchetiere, Montreal P.Q.~~

N. of K. MRS. ROLANDE PAQUETTE ~~Montreal P.Q.~~

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
(WSC)	Jul. 42	1.00	
Rolande Paquette (wife)			
~~4900 St. Denis Apt. 4~~		25.00	26.00
Montreal, P.Q. Cda.	Mar. 43	~~23.00~~	~~24.00~~
~~400 Guilford Ave~~			
~~Montreal Que~~ 10800 ST HUBERT AVE MONTREAL QUE.			

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
19-2-43	Wife	~~35.00~~ 36 40	3-2-43

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT (1910) $, P.A.

OCCUPATIONAL FORM COMPLETED

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
13	16-8-40	TOS VRC wef. 16-8-40	
125	29-10-41	AWL Forf. 6 days pay.	
187	10-8-40	AWL 0130 hrs. 8-8-42 / to 2325 hrs. 17-8-42, Forf. 21	
201	27-8-42	days & 10 days. Total forf. 31 days pay & $21.21 Costs.	
27	27-1-43	Granted Furlough &R.All..50¢(31-1-43 to15-2-43)16 days	
28	28-1-43	Granted permission to marry Miss. Rolande Vileneuve	
49	18-2-43	Married on 3 Feb. '43	
73	14-3-43	Granted leave &R.All.50¢(14-3-43 to 17-3-43)4dys	
77	18-3-43	Qualified driver 1C - Cl. III wef 12-3-43	
85	26-3-43	SOS VRC all purposes on Transfer to #1 Transit Camp eff. 26-3-43	
79	27-3-43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 27-3-43	
90	8/4/43	PROCEEDED OVERSEAS 8/4/43	
6	19/4/43	T.O.S. C.A. (OVERSEAS) ON TRANSFER T.O.S. 8 CDN. INF. REINF. UNIT. 18/4/43	
112	17/6/43	S.O.S. 3 CDN. DIV. INF. REINF. UNIT to E.S. F.d.U.n wef 17/6/43	
33	19.6.43	TOS ESR from 3 CIRU wef 18.6.43	
45	10-9-43	Gr. Priv Leave 6-7 to 4-8-43	
57	28/10/43	Gr. P.L.&R.A wef 15 to 24/10/43.	

Received Exmd. MAY 20 1942 Checked D. R. O. E OCCUPATIONAL HISTORY FORM Card ✓ COMPLETED Sept. 1944 Observations

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

MFM 88 MADE Aug. 1941

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

Unit VICTORIA RIFLES OF CANADA-C.A.S.F. Regimental Number D-71593

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

DUPE

IDENTITY CARD
MADE Sept. 1942
HANDED OUT Oct. 1942

1. Surname Paquette
2. Christian Names Rene
3. Present address 4169 Laval St., Montreal, P.Q. Canada
4. Date of birth 11 Mar. 1917
5. Place of birth Canada (Country) P.Q. (County or Province) Drummondville (Town or Township)
6. Religion (state denomination) R.C.
7. Trade or Calling Sewing Machine Mechanic
8. Married, Widower or Single ~~Single~~ Married (Do.49/43)
9. Name of next of kin ~~Alphonse~~ Rolande (Do.49/43) Paquette
10. Relationship ~~Father~~ Wife (Do.49/43)
11. Address of next of kin ~~4169 Laval St.~~ ~~4900 St-Denis St (DO 49/43)~~, Montreal, P.Q. Canada

DATE CHANGE

12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No (If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? No (Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, René Paquette do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 AUG 16 1940 René Paquette (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

René Paquette (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 MONTREAL, QUE. this 16th day of Aug 1940

T. H. Winslow Capt {Signature of Magistrate, Justice or Attesting Officer.

VICTORIA RIFLES OF CANADA-C.A.S.F. {Office or Rank and Unit or appointment.

WITNESSED

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 **Paquette** (Surname) **Rene** (Christian Names) Regimental Number D-71593

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: ~~Nil~~ SEWING MACHINE MECHANIC

Technical: Nil

Languages SPEAKS: English French

Educational Qualifications

High School or Collegiate: Nil (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

6 YRS - PUBLIC SCHOOL

*(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 T.O.S. VICTORIA RIFLES OF CANADA-C.A.S.F.	Rfm.	16-8-40	V.R.C.	Montreal	Pt. 2 R.O.13	16-8-40
27-12-40		Proceeded from Montreal, Que. in Party No 10.	✓	27-12-40	✓	✓	Pt. II D.O. #113.	26-12-40
1-1-41		Arrived St Johns Nfld in Party No 10	✓	1-1-41	✓	St Johns	Pt II D.O. ✓	6-1-41
7-3-41		Granted 14 days furlough	"	7-3-41	"	"	Pt II DO 29	4-3-41
13.5.41		Admitted Station Hospital	—"—	12-5-41	—"—	AIRPORT, NFLD.	Pt. II. DO. 59.	13.5.41
29-9-41		Proceeded from Airport Nfld	—"—	29-9-41	—"—	—"—	Pt. II DO. 116	29-9-41
6-10-41		Arrived Valcartier Que	—"—	7-10-41	—"—	Valcartier	Pt DO 118	6-10-41
7/11/41		Proceeded from Valcartier	—	17/10/41	—	Valcartier	Pt. II D.O. 127	7/11/41
7/11/41		Arrived Nanaimo	—	22/10/41	—	Nanaimo	" " "	7/11/41
29.10.41		4 days pay for AWL FROM: 2359/15-10-41 TO: 0730/17-10-41 Forfeiture 6 days pay. - AWL	—"—	24.10.41	—"—	—"—	Pt. II. DO. 125	29.10.41
		Discharged Station Hospital		17.5-41	—"—	Airport	61	22.5.41
20-12-41		STOPPAGE 10¢ PAY. BARRACK DAMAGES	"	20-12-41	"	"	PT.11. DO. 145	20-12-41

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

Name in full

Part

1. Age

a. Rheuma

b. Tuberc

c. Bronchi

d. Heart d

e. Kidney

f. Gastro-

g. Rupture

h. Varicose

i. Flat or

j. Nasal t

Colour

ISHIH

Part

1. Identif

Sca

2. Height.

4. Comple

6. Chest m

7. Vision,

9. Conditi

10. The abn

Part 3

reported in

and Instruc

Special rem

Date	
10-9-40	
23/7/41	

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Paquette Rene Date 14 August 1940

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

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

René Paquette
Signature of Applicant

Colour Vision
ISHIHARA Ear drums scarred. URINE N
CN Reflexes normal. X-RAY N

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar left side neck.

2. Height 5 feet 7¾ inches. 3. Weight 140 pounds.

4. Complexion Fair Eyes Brown 5. Development Good (Good / Fair / Poor)

Hair Fair.

6. Chest measurement—Girth on full expansion 32 inches.
Range of expansion 2 inches.

7. Vision, right 20-20 left 20-30 8. Hearing, right W.V. 20 left W.V. 20

9. Condition of mouth and teeth Teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows

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

W. H. [illegible] Lt Col — President
William Cohen Lt. — Member
B. Fortier m.d. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
10-9-40	Vacc. Modified Reaction	30-10-41	TABT - ½cc A.L. Gordon Capt
	T.A.B / 3 10-9-40, 17-9-40, 25-9-40	15-9-42	T-ABT ½cc [illegible]
	Allen Temple Lieut		
	Tetanus Toxoid 1cc 10-9-40	19 FEB '43	Re-Exm-Cat. A [illegible]
	1cc 23-10-40	13-3-43	Re-Exam-Cat. A [illegible]
23/7/41	Re-examined Cat. unchanged. A.L. Gordon Lt		

Regtl. No. D-71593 Rank Rfm. Surname Paquette Christian Name Rene

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	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, 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
AIRPORT. NFLD.	29.4.41	12	5	41	21	5	41	Acute Bronchitis	10	Discharged to unit.	Allen Temple Capt.

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

Statement of the Service of No. D-71595 Rank Rfn

Name PAQUETTE Rene

Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

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
5301 –		SOS on attachment for all purposes to No.1 Embarkation Transit Camp, Debert, N.S.	Rfn	26-3-43	VRC	Sussex	85	26-3-43
—		SOS #1 Transit Camp for Pay	"	27-3-43	#1 T.C.	Debert	84	2 Apr 43
—		S.O.S. on proceeding O/S	"	8 apr 43	"	"	90	8 apr 43
—		S.O.S. C.A. (CANADA) ON EMBARKATION	Pte	8 apr 43	3 CIRU	UK		
/		T.O.S. C.A. (OVERSEAS) ON TRANSFER Reinf for R.C.R	"	9 apr 43	" "	"		
—		Disembarked in UK	"	17 apr 43	" "	"	62	19 apr 43
		T.O.S. 3 CDN. INF. REINF. UNIT	Pte	18 apr 43	3 CIRU	UK		
S.O.S.		SOS to Essex Scottish Regt	Pte	14 June 43	3 C.I.R.U	U.K.	112	14 June 43
	T.O.S.	T.O.S. from 3 CIRU	Pte	18 June 43	Essex Scot Regt	UK	33	19 June 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CHANGE N of K		~~Mr Joseph Paquette, (brother) 4441, Lajeunesse St., Montreal, Quebec, Canada.~~			E.S.R.	UK	8	16 Feb 44
~~Verified~~ ~~N of K~~		MRS RENI PAQUETTE (WIFE) ~~4683 ST. DENIS STREET~~ – MONTREAL – P.Q. Canada.			ESR	UK	14	1 apr 44
Add N Kin		To MRS ROLANDE PAQUETTE (WIFE) ~~400 GILFORD ST. EAST MONTREAL, Que. Can.~~			Essex Scot R	UK	22	27 May 44
Address N of Kin		Mrs Rolande Paquette (Wife) 10800 St Hubert Str. Montreal P.Q. Can.			ESR		27	1 July 44
M 106		Embarked at ... UK ... on 4 Jul 44 Disembarked at France on 6 Jul 44	Pte		ESR	HAG	29	12 Jul 44
		Killed	Pte	29 Jul 44	ESR	AEF	A477	12 Aug 44

Statement of the Service of No. D-71595 Rank RFN Sheet No. 1

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name PAQUETTE RENE

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
4-3-42		GRANTED 14 Days FURLOUGH. TW # A 83403	RFN.	7-3-42	VRC	Nanaimo.	PT.11. DO. 54	4-3-42
5-8-42		Proceeded from Macaulay Camp, B.C.	"	3-8-42	"	Macaulay	Pt. 11 DO 186	3-8-42
27-8-42		AWL from 0130/8-8-42 to 2325/17-8-42	"	24-8-42	"	Dartmouth	Pt.II. Do.201	27-8-42
		Close arrest to 0830/22-8-42						
		Open arrest to 1100/24-8-42						
		Forfeits 10 days' payAWL(Art 149-1aFR&I)						
		Forfeits 21 days'pay (Art 149-2FR'I)						
		Forfeits $21.21 cost of apprehension(178-2)						
		Total forfeiture 31 days'pay and $21.21						
12-9-42		Proceeded from Dartmouth,,N.S.	"	7-9-42	"	"	Pt II DO 212	7-9-42
		Arrived Sussex, N.B.	"	8-9-42	"	Sussex	Pt II DO 213	9-9-42
11-10-42		Admittes Sussex Military Hospital	"	18-9-42	"	"	Pt.II. Do.242	11-10-42
16-10-42		Discahrged Sussex Military Hospital	"	16-10-42	"	"	Pt.II. Do. 246	16-10-42
I5-I-43		Entitled wear I silver 2 black chevrons	"	I/I/43	"	"	PT .II.DO. 3I5	I/I/43
21-1-43		Entitled to regimental rate of pay of $1.40 per diem CARO 2757 & 2772	"	1-1-43	"	"	21	21-1-43
27-1-43		Issued with T/W A-40656 Granted 14 days' furlough	"	31-1-43	"	"	27	27-1-43
28-1-43		Granted permission to marry Miss Rolande Villeneuve of Montreal, Que	"	28-1-43	"	"	28	28-1-43
18-2-43		Married to miss Rolande Villeneuve at Montreal, Que.	"	3-2-43	"	"	49	18-2-43
		Change of next of kin From to. Mrs Rolande Paquette,4900, St Denis St,Montreal, Que	"	3-2-43	"	"	49	18-2-43
24-2-43		Entitled to regimental rate of pay of $1.50 per diem CARO 2757 & 2772	"	24-2-43	"	"	55	24-2-43
		Qualified Driver IC Class III Wheeled	"	12-3-43	"	"	77	18-3-43
		Granted 4 days' embarkation leave Issued with T/W A-222434	"	14-3-4	"	"	73	14-3-43

Regimental No. P71595 Rank

Sheet No.

MFM 1 & 2a
40/P & S/119 (4398)

Name PAQUETTE R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated
LSOS deceased – Killed in Action	Pte	29 Jul 44	Essex Scott	21 A Gp	34	18 Aug 44

(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
27.12.40		URC	PROCEEDED FROM MONTREAL	MONTREAL	27.12.40	Rfn.	Pt II DO 113.
1.1.41			ARRIVED ST JOHN'S NFLD	ST JOHN'S	1.1.41		Pt II DO 2
29.9.41			PROCEEDED FROM AIRPORT NFLD	AIRPORT	29.9.41		Pt II DO 116
2.10.41			ARRIVED QUEBEC	QUEBEC	2.10.41		Pt II DO 118
		"	Posted to Cdn. Army O/S	Sussex	26-3-43	"	DO 85
		3 CIRU	S.O.S. C.A. (CANADA) ON EMBARKATION	3 CIRU	8-4-43	Rfn	62-19 APR 43
		"	T.O.S. C.A. (OVERSEAS) ON TRANSFER Reinf for RCR	"	9-4-43	"	
		"	Disembarked in UK	"	17-4-43	"	
		"	T.O.S. 3 CDN. INF. REINF. UNIT.	"	18-4-43	"	
SOS		"	SOS to Ess Scot R. (Fd) D med #449	"	17 Jun 43	"	112-17 Jun 43.
TOS		Essex Scot	TOS FROM 3 CIRU	U.K.	18 Jun 43	"	33 d/19 Jun 43
			Awarded Canadian Volunteer Service Medal and Clasp		15 JAN 44		5 JAN 44
1 Feb 44	BR	"	Next of kin verified	Field	—	Pte	8, 14 Feb 44
20 Mar 44	BR	"	Next of kin verified	"	—	Pte	14, 1 Apr 44
			Embarked U.K. 3 Jul 44 Disembarked France		5 Jul 44	"	30, 14 Jul 44
AFW 3014	Sec. 82	"	SOS Deceased (Killed in action)	"	29 Jul 44	Pte	34, 18 Aug 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

PART I (For all ranks)

Unit Royal Canadian Regiment VICTORIA RIFLES OF CANADA C.A. Regimental Number D-715-93

1. Surname PAQUETTE
2. Christian Names RENE
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth DRUMMONDVILLE QUE CANADA
5. Date of birth as declared on attestation 11 MARCH 1917
   (A)
6. Date of enlistment 16 AUGUST 1940
7. Place of enlistment MONTREAL QUE
8. Residence at time of enlistment MONTREAL QUE
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion ROMAN CATHOLIC
12. If married, state date 3 FEB 43
13. Trade on enlistment SEWING MACHINE MECHANIC
14. Corps, trade and grade
15. (D) Qualifications (Dr IC III Whld)
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
VICTORIA RIFLES OF CANADA	1st Bn.
Cdn Inf Corps	Royal Cdn Regt

(18) Medical

Category	Date	Authority
A.	14-8-40	MEDICAL BOARD
A	23-7-41	MFM 2 PAGE 3.
B MAR '43	13 MAR '43	RE-EXAM.

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

Mrs (Rolande) Paquette
400 Gilford St 6.
Montreal, P.Q., Canada.

(20) E D.O. 22/44
(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.

F.T.

Mrs. Rolande E. Paquette,
10800 St. Hubert Street,
Montreal, Quebec.

Dear Mrs. Paquette:

It was with deep regret that I learned of the death of your husband, D71593 Private Rene Paquette, who gave his life in the Service of his Country in France on the 29th day of July, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H.F.G. LETSON
Major - General
Adjutant - General

SEP 7 - 1944

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

/EMA

BBW

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

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

Message Received from 21/CAS/2194

Time Message Received

Date Message Received 8 AUG 44

Theatre AEF

Regimental No.	Rank	Name	Full Christian Names
D-71593	PTE	PAQUETTE	RENE

Unit ESSEX SCOTTISH

SERIAL 181

CASUALTY PARTICULARS

KILLED 29 JUL 44

"A" 477

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin MRS ROLANDE PAQUETTE Relationship WIFE

10800 ST. HUBERT ST. MONTREAL QUE CAN.

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

Home Town MONTREAL QUE CAN

Cable No. 8977

Inland Tel. No.

M80 M-12

Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

File No 405-P-15772

REBURIAL

NO D. 71593

RANK PTE

NAME PAQUETTE R.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 13 Row C Plot 1

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

F.T.
For Translation, please.

H.Q. 405-P-15772
D.R. 2 (C)

1st April, 1946.

Mrs. Rolande E. Paquette,
9463 Routhier Street,
Montreal, Que.

Dear Mrs. Paquette:

Information has just been received from overseas that the remains of your husband, D.71593, Private Rene Paquette, have now been carefully exhumed from the original place of interment and reverently reburied in grave 13, row C, plot 1, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

FBR/PIL

FBR.

Form No. 1

Register No. D.1728. ✓ Nominal Roll No. D-33. ✓

H.Q. File No. 405-P-15772 ✓

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D 75193 ✓	PTE	PAQUETTE. ✓	IRENE ✓

Reason for Termination of Service:

1st Enlistment Killed in Action ✓ CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 16 Aug 40 ✓	T.O.S.	T.O.S.
S.O.S. 29 July 44 ✓ MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 1444 ✓	Total Days	Total Days

TOTAL SERVICE 1444 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	966 ✓	Nil	966 ✓
OVERSEAS SERVICE	478 ✓	Nil	478 ✓
Totals	1444 ✓	Nil	
Add Non-qualifying Service			Nil
TOTAL SERVICE			1444 ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 29 July 44 ✓ 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 29 July 44 ✓

No Docs. Available.
Computed from Personal Files.

Computer's Signature W. Plaste

Checker's Signature Staunton

Date Computed 15 Dec 44

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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

OVERSEAS

T.O.S. 9 Apr 43 ✓ T.O.S. .... T.O.S. ....

S.O.S. 29 July 44 ✓ S.O.S. .... S.O.S. ....

			TOTAL	

File No 405-P-15772

P.A.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 71593 Name PAQUETTE RENE

Rank on Discharge Pte Date of Discharge 29-7-44

Authority for Discharge or Retirement Deceased

Served in:

					Non-qualifying service
Canada	from	16-8-40	to	27-12-40	
	from	3-10-41	to	8-4-43	
Nfld.		28-12-40		2-10-41	
United Kingdom	from	9-4-43	to	3-7-44	
	from		to		
Italy	from		to		
Northwest Europe	from	4-7-44	to	29-7-44	KIA.
----------	from		to		
----------	from		to		

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal ok

with clasp ok

M

Verified by Esther Foley

Date 31-7-46

JUL 31 1946

Carded AD

NO RIBBON DESPATCH

HA 165

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Rene (CHRISTIAN NAMES) PAQUETTE (SURNAME)

PAYEE ADDRESS: Mme. Rolande PAQUETTE, 9463 rue Routhier (12), Montreal, P.Q.

REGISTER NO. D-1728
FILE NO. 405-P-15772
DATE 17-8-45
SERVICE NO. D-71593
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 29-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE 29-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1380 NO. OF DAYS 1407 / 30 EQUAL TO 46 COMPLETE PERIODS AT $7.50	345.00
B. QUALIFYING OVERSEAS SERVICE No. of Days 478 LESS 27 INELIGIBLE DAYS, EQUAL TO 451 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	112.75
	457.75

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 $ 37.20	$ 1.24
TOTAL	$ 3.99 ×7 = $ 27.93
NO. OF DAYS 478 / 183	×$ 27.93

Supplement: 72.95

D. WAR SERVICE GRATUITY	530.70
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	530.70

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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
D. Cochrane	21.8.45

Leslie Capt
SERVICE REPRESENTATIVE

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.71593 RANK Private SERVICE UNIT The Essex Scottish Regiment (C.A.).

NAME PAQUETTE, Rene

DATE OF BIRTH 11-3-17 DATE OF ENLISTMENT 16-8-40

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME ADDRESS D.A.B. Mrs. Rolande E. Paquette,

ADDRESS 10800 St. Hubert St., Montreal, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Genrecords 8977 H.Q. 405-P-15,772

CASUALTY DETAILS Killed in action DATE 29-7-44

FRANCE.

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 23-8-44

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

BTC

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

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

To be made out in duplicate

M.F.M. 5

H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

---

(1) Name of Officer of Other Rank ..... Paquette Rene
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank ..... D-71593 Rifleman

(3) Unit ..... VICTORIA RIFLES OF CANADA-C.A.S.F.

(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? ..... Nil

(8) Have you any children? ..... Nil ..... 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 Guardian 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 Alphonse Paquette (Tinsmith)
4169 Laval St. Montreal P.Q.Canada

(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? No

If so, state name and address Nil

(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? No
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? Yes

If so, in what Company? Metropolitan Life Insurance Co.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
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.

René Paquette
(Signature of officer or man)

Date AUG 16 1940

T. H. Winslow Capt
Officer Commanding
VICTORIA RIFLES OF CANADA-C.A.S.F.

Date AUG 16 1940

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.

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

ARMY

Name: PAQUETTE (Surname) Rene (Christian Names) No.: D71593

Pte. (Rank) C.A. O/S (Unit) 29-7-44 (Date of Death)

AMOUNT

L.P.C. $ 27.13

Date: 10-7-45

Other Credits 1.00

Total 28.13

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Rolande Paquette, 9463 Routhier MONTREAL, P. Q. (sole beneficiary under will)	28.13

P4. TO TREAS. 10-9-45, gm

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$28.13

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.71593 Rank and Name Paquette R. Pte.

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

~~(Transfer or~~ Discharge)..... to..... on 29th July 19 44

Reason Death Authority: C.C.L. "A" 477 d/12th Aug 44.

The following is a statement of the account of the above-named from 1st July to 31st July 19 44 the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	10	99
First Monthly Payment AR d/3.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay $ 25.00 & $ 1.00	26	00	Allowances (Give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (Give particulars):			Cash Effects J.V. 1527		11
To Balance Cr Free	27	13			
Deferred			By Balance Dr		
Total	57	60	Total	57	60

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

Remarks:

Assigned Pay of $ 25.00 (W) Stopped eff. Aug. 44.

Assigned Pay of $ 1.00 (W.S.C.) Stopped Eff. Aug. 44.

Compiled by D.P. Maloney.

Checked by J.M. Burns

Date 2nd March 19 45

Certified correct [signature]
for Chief Treasury Officer, Overseas

M.L.

PAQUETTE
D-7159

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE
AND
PAY BOOK

PAQUETTE
D-71593

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
1 Aug 43		✓		A S Mackenzie

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-71593

Surname (in capitals) PAQUETTE

Christian Names (in full) Rene

Date of Birth 11 March 1917

Place of Birth Drummondville

Trade on Enlistment Sewing Machine Mechanic

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion R.C.

Enlisted at Montreal - Quebec.

Date 16 August 1940

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

Signature of Soldier René Paquette

Signature of Officer R.C. Williams Lieut. M.B.M.1

Place Sussex N.B. Date 15 March 1943

PAQUETTE
D-71593

(II) NEXT OF KIN

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

NOTE.—No entry in these pages has any legal

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife	Rolande Paquette		~~4683 St Denis St. Montreal P.Q.~~ ~~400 Decelles Ave. Montreal P.Q.~~ 10800 St. Hubert Ave, Montreal. P.Q.
	Children			
2nd	Father	Alphonse Paquette		H.H. 30 St. Dominique St. Montreal. P.Q.
	Mother			
3rd	*Brothers and Sisters	Juliette Charsotte		H.H. 36 St. Dominique St. Montreal P.Q.
		Joseph Paquette		5 x 53 St. Denis " " " "
		Germaine Bouchard		H.H. 47 St Dominique " " " "
		Alfred Paquette		6848 Chateaubriand " " " "
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

PAQUETTE
D-71593

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Qualified Driver A. III	18 Mar 43	[illegible] Lt
Tank & Inf. Trng		& MBM.
L.C.A. Trng	Sept 43	S.B.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1941	Rifle V		W.
"	LMG V		M.B.M.
1943	2nd	rifle	[illegible]
	1st	rifle open	[illegible]
	F	Bren	[illegible] Lieut.
17/8/43	2ND RIFLE	2-5	[illegible] Lt
	1ST RIFLE	1-[redacted] 3-4	
17/8/43	1ST Bren	2	[illegible] Lt
21-9-43	2ND "	1 83.	[illegible] Lt.

PAQUETTE
D-71593

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
9 yrs. Public School	Montreal	193x	W. M. B. M.

(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

PAQUETTE
D-71593

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
16-8-40	31-3-43	Regimental	W. M.B.M.1

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
14-8-40	A	Medical Board	W.
13-3-43	A	Re-Exam	M.B.M.1

PAQUETTE D-71593

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	10-9-40	R S C Williams Lieut. M.B.M. 1
3	17-9-40	
	25-9-40	
Tet. Tox. 1 c.c.	10-9-40	
" " 1 c.c.	23-10-40	
T.A.B.T. ½ c.c.	30-10-41	
T.A.B.T. ½ c.c	15-9-42	
T.A.B.T ½ cc	9-7-43	R D Thompson Capt
Typhus ¼ cc.	19-1-44	R D Thompson
Typhus ½ cc	27-1-44	R D T
" 1 cc	4-2-44	R D Thompson
T A B T ½ c c	30-5-44	R D T
Typhus. 1 c.c.	3-6-44.	R D T

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-9-40	W. M.B.M. 1
9-7-43	R D Thompson Capt
27-1-44 Immune	R D Thompson

(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

FINGERPRINTED—CAIB

Particulars	Date	Signature of Officer
Passed D & M. Gas Chamber	July 42	R S C Williams Lieut. M.B.M.
C.A.P. Gas chamber	28-4-43	
"Q" card complete	29-4-43	
"M" Test complete	29-4-43	
C.A.P. Chamber	26-7-43	C. J. Haines [illegible]
Malaria Pic.	Sept 43	
Trained soldier # 1.50		SB [illegible]
Booby Traps Trng Film	27/9/43	[illegible] Bradley [illegible]
Priv. Leave No. 2 (Warrant)	15-10-43	Hampton Capt
Awarded C.V.S.M. #5 pt2 orders And Clasp.	15-1-44	J Steele Capt
Privi. leave No. 3 (Warrant)	18-2-44.	J Steele Capt
Identification Card	17-3-44	J Steele Capt
Entitled to wear silver & 2 red service chevrons	2-6-44	J Steele Capt
Blood Group A II	19-5-43.	J Steele Capt

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Rolande Paquette (Widow)

ADDRESS: 10800 St. Hubert Street, Montreal, Que. Sep. 45

(1)

(2) MEMORIAL CROSS

WIDOW Mrs. Rolande E. PAQUETTE, (FRENCH)

1709

ADDRESS: 10800 St. Hubert St., MONTREAL, Que.

(2) DESP. DEC 4 1944
REGN No. 8707

(3) MEMORIAL CROSS

MOTHER (DECEASED) MFM5

ADDRESS:

(3)

MEMORIAL BAR

DATE DESP

REGN. NO 1894

29-7-44

AWARDS—CANADIAN ARMY (ACTIVE) 1709 M

500M—1-44 (3467) FB
H.Q. 1772-45-8

FILE NO. 405-P-15772

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
PAQUETTE,	Rene	D-71593	Pte.	Essex Scot. Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	
	6304 21/10/49

(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

1. (a) Print name in full RENE PAQUETTE (b) Reg'l. No. D. 71593
2. (a) Arm of service Army (b) Unit VICTORIA RIFLES OF CANADA (c) Rank Rfn.
3. (a) Date of birth 11 Mar. 19.. (b) Have you any dependents? yes (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal (b) Date of enlistment 16 Aug. 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 years Public School
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? 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 Benjamin Joseph (Can. Waste Co.) Address City Hall Ave., Mtl.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Dress Factory
20. (a) Your specific occupation Sewing Machine Mechanic (b) Number of years' experience at this occupation with any employer 5
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? no (b) Do you feel competent to operate a farm? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

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 Course at Technical School to learn Tool making & be so employed

DATE 12 Sept. 1941 SIGNATURE René Paquette

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Inf. (R) V.R.C.
Arm or Corps

Tr.
Trade (if Tradesman or Trade Trainee)

"Q" CARD COMPLETE
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D-71593	Rfn.	Paquette Rene	A	25	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English		

II. Revised Examination "M" B 78855

Sussex, N.B. (Place Tested) 19 Feb. 43 (Date Tested) W.M. Walton Lt. (By Whom)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
131	III	20	19	17	17	18	6	19	25	56	35	40	Eng.

Other Tests

III. Educational Background

Completed Grade 7 at Quebec. Attended 9 years.
Left school at age of 16 to go to work.

IV. Occupational Background

Worked as Clerk for 2 years.
Worked as Machine Mechanic for 5 years.

V. Military Background

Enlisted with V.R.C. 16 Aug. 1940.
Took Basic and Advanced training with this unit.
Conduct Sheet 4 entries.

VI. Other Personal History and Appraisal

Born at Drummonville, Quebec March 1917.
Height 5'7¼" Weight 140 lbs.
Parents living at Montreal.
5 brothers.
3 sisters.
Married Wife living at Montreal, Que.

Smokes moderate.
Drinks a little.

VII. Recommendations

Suitable for overseas.

Infantry (R.) V.R.C.
Tr

(Signed) W.M. Walton
Army Examiner

W.M. Walton Lieut.

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

APPLICATION FOR PERMISSION TO MARRY

(One copy only to be completed)

NOTE: Study the notes on page 2 before completing this application.

Date 25 JANUARY 1943

1. I, D.71593 (Number) RFN. (Rank) PAQUETTE (Surname) R. (Initials)
1ST. BN. VICTORIA RIFLES OF CANADA (Unit) CA. hereby apply for permission to marry MISS ROLANDE VILLENEUVE (Proposed wife's name in full) of 4900 ST. DENIS ST. MONTREAL - QUE. (Proposed wife's address in full)

2. I certify that the following particulars concerning myself and my proposed wife are true:—

(*a*) PARTICULARS OF SOLDIER:

(i) Date of birth 11 MARCH 1917

(ii) Date of enlistment 16 AUGUST 1940

(iii) In receipt of tradesmen's rates, Class

(iv) Marital Status (Strike out words inapplicable)—Soldier to initial:

Bachelor. RV.
~~Widower.~~
Name of deceased wife
Date of death of deceased wife

Divorced.
(*See* para. (5) of Routine Order and note on page 2 of this application, number (vi).)
Name of former wife
Date of divorce decree
Place where divorce granted

(v) Particulars of dependents in receipt of Dependents' Allowance, if any:
Name (or names) of dependents
Relationship of dependents
Amount of Dependents' Allowance
Amount of assigned pay
How, and by whom, dependents will be supported after marriage

N/A

(*b*) PARTICULARS OF PROPOSED WIFE:

(i) Date and place of birth 17 JULY 1921

(ii) How long you have known her 3 YEARS

(iii) Present nationality CANADIAN (FRENCH)

(iv) Name and address of nearest relative MR. VILLENEUVE (FATHER) 4900 ST. DENIS ST. MONTREAL - QUE.

M.F.M. 228
15M—8-42 (5588)
H.Q. 1772-39-1950

3. I solemnly state that I am Bachelor
(Bachelor, Widower, or Divorced Person)

as set out in para. 2 (*a*) of this application, and that I am legally free to marry Miss Rolande Villeneuve
(Name of proposed wife)

Rene Paquette
(Signature of applicant)

NOTES: (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer, must be attached to the application.

(ii) If the proposed wife is under the age of 18 years, the written consent of her parent or guardian must be attached to the application.

(iii) If the applicant is under the age of 19 years, the written consent of his parent or guardian must be attached to the application.

---

4. DECISION OF COMMANDING OFFICER

Permission granted

(See note at para. (vii) below)

Date 28 Jan 43 Signature [illegible]

Commanding 1st Bn V.R.C. C.A.

NOTES FOR ATTENTION OF COMMANDING OFFICERS

5. (i) After permission to marry has been published, this form will be forwarded, through the usual channels, to the Officer i/c Records, National Defence Headquarters, Ottawa, Ontario.

(ii) Attention is drawn to the Routine Order covering the subject of "Permission to Marry", viz: No. 2242.

(iii) The requirements of this form are for military purposes only. The parties to the proposed marriage (particularly when either one or both of them are under the age of 21 years) should consult a local solicitor, or other competent authority, upon the requirements necessary to conform to the civil laws of the country or province where the marriage takes place.

(iv) Where permission to marry is granted, such permission will not apply to a marriage to any person other than the woman whose name is given in para. 1 of this application.

(v) In the case of personnel declaring they have been divorced, the Commanding Officer will require them to produce the original divorce judgment, or a certified court copy thereof, before permission to marry may be granted.

(vi) The Part II Order showing that permission has been granted will include the name of the proposed wife.

(vii) In case of refusal for permission to marry, reasons will be stated by the Commanding Officer, in his own handwriting, in para. 4 above.

No D.71593 Rank Private Name PAQUETTE, Rene

Unit Essex Scottish Regt. Date of death 29th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-P-15772

N/K Mrs. Rolande E. Paquette Relationship Widow

Address ~~10800 St. Hubert~~ 9463 ROUTHIER Street, Montreal, P.Q.

Remains buried in Cemeter

~~MR 96/607 France.~~

CHK

Grave location

OVER

BURIAL REPORT TO N.K. APR 6 1946

RETURN TO BUR. OF STAT. FEB 28 1945

ROYAL MESSAGE DESP'D. AUG 30 1944

CAN. MESSAGE DESP'D. SEP 11 1944

REBURIED

Bretteville-sur-Laize Cdn Mil Cem
Bretteville-sur-Laize, France.

Grave 13, row C, plot 1.

HI & CR Form Despd. JAN 3 1947

Photographs
Despatched
SEP 19 1947

APR 25 1944

42 Previous Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 16 Aug 1940 Place Enlisted Montreal Que

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
16/8/40-8/4/43	Can	VRC	1st Bn	Pte	Rfn	
8/4/43	GB	RCR	3 CIRU	" Pte	Reinf.	

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
Dr 1/c (W)	Canada	18-3-43	Dr 1/c	Class III 832

A

46 Crime: Courts Martial Convictions ______ Major Offences ______ Minor Offences 1-5 CB.

Civil Convictions ______ Fines 27d. Pay awol. Hospitalization 3-44d.

2

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades **CONFIDENTIAL**

Designation	Degree of Proficiency	Date	Authority
Dr 1/c (W) 170	Class III	18-3-43	Standing Orders.

55 Type of Service Desired (1) Dr 1/c 170 (2)

Remarks re Outstanding or Limiting Factors

Deportment	Correct	This soldier is well built chap with good ability he is French Cdn educated in French speaks English fluently is NCO material.
Disposition	earnest	
Appearance (grooming)	neat	
Physical appearance	normal	
Map Reading	Fair	
Military Knowledge	Fair	
Mechanical Knowledge	Fair.	

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

Reason for Joining Cdn. Army (if ascertainable) Following his Friends Adventure.

48 Suggested Possibilities for Employment (1) Infantry. 123

(2) ______

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

Other Apt. ______ Pers. ______ Trade Test as ______

Interviewed by H Clements Capt. Date 19-4-43

Reviewed by ______ Date ______

Soldiers Qualification Card

CONFIDENTIAL

CODED

CARDS PUNCHED

Regt'l. Number	Last Name (Block letters)	First Name	Middle Names
D71593 ✓	PAQUETTE	RENE	

Unit: Essex Scottish (2) ~~3C1AU~~

1 Corps: R.C.R. 565 ~~HHH~~

2 Nationality: Canadian 08 By Birth: ✓ By Naturalization: Country of Birth: Canada.

3 2 Racial Origin: Father: French Cdn Mother: " "

4 2 Language spoken in home: French ✓ English Other

5 Age: 26/1 11 March 1917 6 Height: 5 ft. 7 3/4 in. 7 Weight: 140 8 Silhouette: 1 2 3 4

Eyes 4 9 Colour of: Brown 10 1 Acuity: ✓ 2 3 10 Glasses 11 Colour Vision: 1 2 3 4

12 Hearing: Acuity: ✓ 2 3 13 Speech Defects

14 Handedness: R ✓ L A 15 1 Med. Category: A

Cause

Attitude to own health: Reasonable. To Medical attention

Health History: Lame Back. (H3-44d.)

16 Education Level: Illiterate El. 7 (16 Sec. ( ) (Grade completed)

Conduct during school life

17 University or Institution 18 Professional	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training: 1. (Course) At From—To Completed ?

21 2. (Course) At From—To Completed ?

22 3. (Course) At From—To Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 11 67 Languages: Spoken fluently: French & English Written well: " "

24 Main occupation: Description: sewing machine mechanic.

7863 Estimate of skill: Good.

Duration (from—to) 1936-1940 Weekly Wage: $18.00

Employer's Name and Address: Cdn Waste Coy Montreal Que

50 "M" Test	Score P S.M.		Test 9 Score
1	20		Sub-total 56
2	19		S.M.
3	17		
4	17		Sub-total 35 S.M.
5	18		
6	6		Sub-total 50
7	19		S.M.
8	25		
Tot.	~~151~~ 141	S.M.	Grade C

51 OTHER MENTAL Tested in Canada

Test Score Grade Date

52a MECHANICAL APT. Test Score Grade Date

52b CLERICAL APT. Test Score Grade Date

53 TRADE TESTS

Trade and Grading	Date

54 OTHER Test Score Grade Date

25 Second Most Important Occupation: Description: Factory Hand. Clerk, odd jobs - tinsmith. 2952 3528

Estimate of skill: Fair.

Duration (from—to) 1935-1936 Weekly Wage: 8.00

Employer's Name and Address: Various employers. Montreal Que

26 Third Most Important Occupation: Estimate of skill

Duration (from—to) 1935- Weekly Wage

Employer's Name and Address

Trade Union or Professional Society

Vehicles: 27 2 Heavy Truck 10 28 2 Light Truck 10 29 2 Auto 10 30 Motorcycle

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Accident Prone: No.

Farming Experience: Wide Limited None ✓

District Type

Job promised after discharge? Yes By whom? Name: Cdn. Waste Coy

Job: machine mgr Address: Montreal Que.

Other provision for post-discharge occupation

Type of work desired: machinist.

Occupational history: Ambitious Stable ✓ Accidental Erratic

36 1 Marital Status: M ✓ S W D Sep.

Marital Problems: none

Age of wife: 21 Wife's attitude to Service: Fair. Wife's Health: Good.

37 No. of Children 38 No. of Dependents: one 1

Relationship of Dependents: wife.

No. of Brothers: 4 No. of Sisters: 3 Position in family: 3

Status of home in childhood: normal - mother died 1925

Religion -- RC.

39 Hobbies: Photography M S Radio Engines Mechanics Other

40 Sports: (1) (2) (3)

Team Games and Position (1) Baseball (Field.)

3 (2) (3)

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

TO BE COMPLETED IN DUPLICATE

MF M10
40/P & S/423 (3767) 3/18B

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

WILL

(1) I, René Paquette (Names in Full), of the MONTREAL (City, ~~Town~~, ~~Village~~, ~~Township~~)

Address in civil life.

of 4900 St DENIS, in the County / District of .....

Province of QUEBEC, MECHANIC (Civil Occupation)

C

Regimental No. D71593, Unit. Essex Scottish, 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 wife, Rolande Paquette 4900 St Denis Montreal, Quebec, all my estate and personal belongings

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~~

(4) I appoint Joseph Paquette 7741 Lafeunesse (Name) (Address)

Montreal, Que. Mechanic (Civil Occupation), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of January 1944

Signed and acknowledged by the Testator as and for his last will in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

René Paquette (Signature of soldier)

First witness sign here.

(5) Signature Walter H Pope.
Civil Address 1034 Hillcrest St. London, Ont.
Civil Occupation Student

Second witness sign here.

Signature R S Morgan
Civil Address 928 Dufferin Ave. London Ont.
Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only **one** beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If **more than one** beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

Receipt is Acknowledged

MAR 16 1944

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

WILL RECEIVED IN
DOCUMENT SECTION

MAR 17 1944

RECORD OFFICE
NAT. DEF. H. Q.

405-P-15772
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.71593, Private Rene PAQUETTE, of the Essex Scottish Regiment, Canadian Army, was killed in action on the 29th of July, 1944.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
October 11th, 1944.

405-P-15772

FIELD SERVICE MBR 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: Essex Scottish Regt — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-71593 — Rank: Pte

P.A.

Surname: Paquette — Christian Names: R

Died — Date: 29 July 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W 3014/ 82 10 Aug 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp

* 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: France Caen sheet 060/607 N — Date: 1 Aug 44

By whom reported: C.F.

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

(b) as a separate document: Not Received

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: France 8 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature] for Officer i/c Cdn Sec GHQ 2nd Ech 21 A Gp

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD(FRANCE)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: PAQUETTE (*Block letters*)

Given names: Rene

Do not write in this space

4. RESIDENCE

Street: Laval No. 4169

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March (Month) 11 (Day) 1917 (Year)

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

OCCUPATION

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

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	PAQUETTE Alphonse	
MOTHER (Maiden Name)		

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

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) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 29 (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action

due to

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

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance: ....19....

(b) Duration of disease: ....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: 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 28 1945

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

FORM No. 1

Regis[illegible] No.....

Nominal Roll No.....

H.Q. File No. H05 P 15772

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D71593	PTE	PAQUETTE	RENE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 16 AUG 40	T.O.S.	T.O.S.
S.O.S. 29 JUL 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1444	Total Days	Total Days

Total Service 1444 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	966	37	929
Overseas Service	478		478
Totals	1444	37	1407
Add Non-qualifying Service			37
Total Service			1444

EMBARKATION DETAILS: 105 9 APR 43

1. Date S.O.S. Overseas 29 JUL 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION

Computer's Signature [illegible]

Checker's Signature [illegible]

Date Computed 19 Feb 48

29 JUL 44

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

[illegible], Capt.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	15 Oct 41	17 Oct 41		2	
FORF			24 Oct 41	4	6
AWL	8 Aug 42	17 Aug 42		10	
~~Dwd CA~~	~~17 Aug 42~~	~~22 Aug 42~~		~~5~~	
Dat			24 Aug 42	21	31
				Total	37

Overseas: T.O.S. 9 Apr 43 T.O.S. T.O.S.

S.O.S. 29 July 44 S.O.S. S.O.S.

				Total	

MEMORANDUM FOR

Mrs Rolande E. Paquette,
10800 St.,Hubert St.,
Montreal, Que.
New address

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. 405-P-16, 772 FD 409

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 11, 1944

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

PAQUETTE, Rene Pte.

D71593 Canadian Army O/S

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

ESTATES BRANCH
NOV 10 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

C.W. Pybus Capt.
for Administrator of Estates.

CWP/DIS

M.F.W. 77
7500—6-42 (5113)
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 inquired for	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		Rolande E. Paquette	23	~~10800 St Hubert~~ 9463 Routhier Montreal 12 P.Q.
2	Children of the Deceased and dates of their Births		nil		nil
3	Father of the Deceased		Alphonse Paquette	61 ans	4430 St Dominique
4	Mother of the Deceased		Marie Blanche Paquette		Décédée 1924 à 39 ans - 22 août
5	Brothers of the Deceased	Full Blood	Joseph Paquette	35 ans	7741 Lajeunesse
			Alfred Paquette	31 ans	6848A De Chateaubriand
			Raymond Paquette	24 ans	4430 St Dominique
			Julien Paquette	22 ans	4430 St Dominique
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	Mde René (Juliette) ~~Paquette~~ Chauvette	37 ans	4436 St Dominique
			Mde Auguste (Germaine) Bouchard	33 ans	4227 St Dominique
			Mde Richard (Marguerite) Griffith	27 ans	1652 Sherbrooke est appt 3
		Half Blood	nil		
7	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
	nil		nil		nil

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

deceased ever

IN FULL
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St Dominique
St Dominique
brookest appt 3

children

OLLOWING

S IN FULL

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joseph, Henri, Raymond, René Paquette
11	Give the month and year of his birth.	12 mars 1917
12	Where and when were his parents married?	Montréal St Jean Baptiste church 21 août 1906
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Montréal St Jean Baptiste Church 3 fevrier 1943 non
14	Did he leave a Will? If so, a copy should be attached hereto.	None outside of army will.
15	Did he leave a bank account? If so, give full particulars.	no
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State *your own* postal address in full.	9463 Routhier Montréal

PARTICULARS OF DOMICILE

18	Where was deceased born?	Drummondville Québec
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Quebec Montréal since age 2
20	What was the nature of his employment?	General helps at Canadian Waist Repairing Sewing Machines
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Montreal

OTHER PARTICULARS

23	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.	
24	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. (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, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mme Rolande E. Paquette {Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief ....

*See above

.... { Name of Informant } is the* .... of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 19th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: Joseph A. Renaud C.C.S Qualification ....

Address 2083 St James West Montreal

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 enquired after is stated in its proper place in the Statement opposite.

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

This is the new address

Mme Rolande E. Paquette
9463 Routhier
Montréal
Québec.

99

TO BE COMPLETED IN DUPLICATE

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

MF M10 40/P & S/423 (3767) 3/18B

WILL

(1) I, RENE PAQUETTE (Names in Full), of the MONTREAL (City, ~~Town, Village, Township~~)

Address in civil life. of 4900 St DENIS, in the County District of ......

Province of QUEBEC, MECHANIC (Civil Occupation)

Regimental No. D71593, Unit ESSEX SCOTTISH, 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 wife. Rolande Paquette. of 4900 St Denis Montreal Quebec, All my estate and personal belongings

Original Received N.P.H.Q... MAR 16 1944

Relationship, names and address of residuary beneficiaries.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

(4) I appoint Joseph Paquette (Name) 7741 Lafeunesse Montreal Que (Address) MECHANIC (Civil Occupation), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of January 1944

Signed and acknowledged by the Testator as and for his last will in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

René Paquette (Signature of soldier)

First witness sign here.

(5) Signature Walter H. Pope.
Civil Address 1034 St William St. London. Ont.
Civil Occupation Student

Second witness sign here.

Signature R S Morgan
Civil Address 828 Dufferin Ave London Ont
Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only **one** beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If **more than one** beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

NATIONAL DEFENCE
ESTATES BRANCH
JAN 3 1945
H.Q.
OTTAWA