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23 Jun 45

Cdn Sec 2 Ech HQ 21 Army Gp

#### Attn: Casualty & Effects Sec

#### D-86351 L/Cpl CHOMYCHYN J.P.C. (RHC) BW

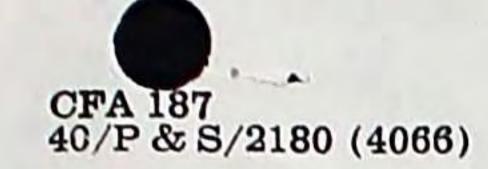
- The m/n was killed in action approximately 25 Jul 44 in France. A brother at present on strength of HQ 13 CBR Bn would like to know the disposition of the m/n soldier's personal effects.
- The principal known effects were:
  - Waltham Wrist Watch
  - Shaeffers Pen
  - Gold Ring with initials JPC
  - Ronson Lighter
- The parents of the m/n soldier have notified his brother that to date they have not received any of the m/n effects.
- Any information with regards to the disposition of the m/n soldier's effects will be appreciated by this H.Q.
- Would it be possible to receive a photograph of his grave which we understand is located at St. Andre Sur La Mer.
- For your infm and consideration please.

W.H.??????Capt for (V.W. HUGMAN) Lt. Col E.D.

Commanding 13 CBR Bn 3 CBR Gp

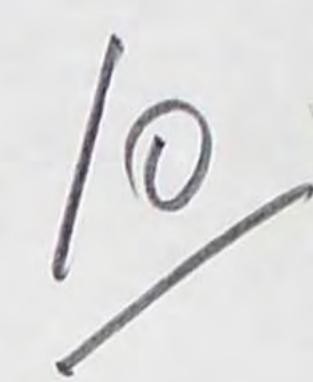
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### ESTATES BRANCH INVENTORY



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

HECKED BY	C-5591 Pte Mur L-17349 Cpl De	doch N.J.	DA'I	E 6 Dec 44	••••••••••••
Glengarry & badg Wrist watch DESC Flashlight Pr. socks Pr. swim trunks Cap badge	70				

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

TRIPLICATE — with effects.

MS Bridge Con KSD

13th March, 1946.

Mr. Daniel Chomyshyn,
Box 71,
Malartic, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D86315 Lance Corporal Joseph Peter Chomyshyn, have been carefully exhumed from the original place of interment and reverently reburied in grave 5, row D, plot 3, 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.

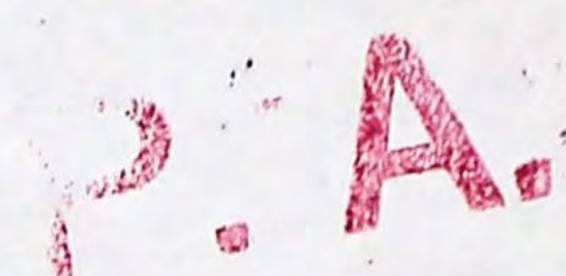
The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will 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.

710

# VERIFICATION FORM WAR SERVICE MEDALS 1959-45



Rank on Discharge
Authority for Discharge or Retirement Deceased  Served in:  Canada from 3-6-42 to 27-3-42  from to  United from 28-3-42 to 5-7-44  Kingdom from to  Italy from:  Northwest Europe from 6-7-44 to 25-7-45 Killed action  action  from to
Canada from 3-6-42 to 27-3-42  from to  United from 28-3-42 to 5-7-44  Kingdom from to  Italy from:  Europe from 6-7-44 to 25-7-45  Canada from 3-6-42 to 27-7-45  To 5-7-44  To
United from 28-3-42 to 5-7-44 Kingdom from to  Italy from: to  Northwest Europe from 6-7-44 to 25-7-44 Killed action  from to
United from 28-3-42 to 5-7-44 Kingdom from to  Italy from: to  Northwest Europe from 6-7-44 to 25-7-44 Killed action  from to
Italy from:  to  Northwest Europe from 6-7-74 to 15-7-44 Killed action  from to
Italy from:  to  Northwest Europe from 6-7-74 to 15-7-44 Killed action  from to
Italy from to  Northwest Europe from 6-7-44 to 15-7-44 Killed action  from to
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Northwest Europe from 6-7-44 to 25-7-44 Killed action  from to to
Europe from 6-7-44 to 25-7-44 Killed action  from to to
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Eligible for award of:
1939 - 45 Star
Italy Star
France-Germany Star
Defence Medal
War Medal
Canadian Volunteer Service Medal
with Clasp
Verified by Cana Jame
N. R. Date JUN 25 1946
Carded 3 1946

### Estates Form "P. 4"

## DISTRIBUTION OF SERVICE ESTATES

ARMY

NameCHOMYSHYN Surname		•••••••••••••••••••••••••••••••••••••••	No	D-86315
L/Cpl	Unit C.A. 0/5		D	25-7-44 ate of Death
		AMOUNT	W. S. G. L.P.C\$	368.48
	Date9-5-46		Other Credits	
			Total	409.71
			Prev. dist. This dist.	368.48

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Daniel Chomyshyn, 101 St. Louis Ave., Malartic, P.Q.  (Sole beneficiary per will)	368.48
		P4. TO TREAS.  P4. TO TREAS.	

WEG

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$368.48
CLASSIFIE	BY		EXAM	INED BY	
	1			For Ch	ief Treasury Officer

(E. M. FIRTH) Colonel Director of Estates

DISTRIBUTION APPROVED AND AUTHORIZED

AUDITED FOR PAYMENT

3 Cal

#### DISTRIBUTION

SERVICE NAVY AIR FORCE C.E.F. NO: D- 86 315 RANK K/gol. ds DATE OF DEATH 25-9-44 W.S.G. 368-48 Daniel Chumpshyn OTHER CREDITS. 41.23 101 St. Louis ane., TOTAL. 409.71
halastie, Inelu Pres Dist 41.23 Dole henef under hill! This Dist 368.48

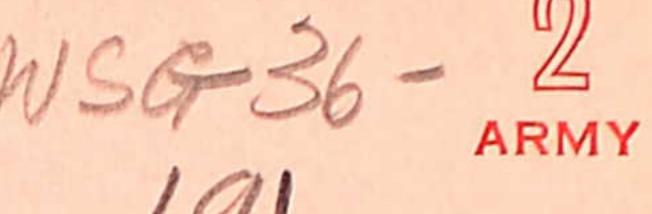


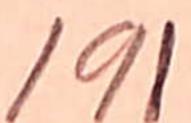
NAME

#### DEPARTMENT OF NATIONAL DEFENCE

ARMY AIR FORCE

#### STATEMENT OF WAR SERVICE GRATUITY





Josep	h Peter
(CHRISTIAN	and the same of th

CHOMYSHYN (SURNAME)

D-21309 REGISTER NO. 405-0-12471 FILE NO. DATE

PAYEE Director of Estates

SERVICE NO.

12-4-46 D-86315

**ADDRESS** 

FINAL RANK OR RATING 25-7-44 25-7-44 DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 784 EQUAL TO 26 COMPLETE PERIODS AT \$7.50 195.00

B. QUALIFYING OVERSEAS SERVICE

No. of Days 486 LESS 4 INELIGIBLE DAYS, EQUAL TO 482

DAYS @ 25c. PER DAY

120.50

315.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

ADDITIONAL PAY

\$ 1.60 \$ 1.25

\$ 2.85 ×7 = \$ 19.95 TOTAL NO. OF DAYS 486 X\$ 19.95

52.98

368.48

D. WAR SERVICE GRATUITY

OVERPAYMENT OF

DEPENDENTS' ALLOWANCE 1/30 OF \$

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

E. DEDUCTIONS

368.48

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

MAY

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

TREASURY DATE CHECKED BY er mingham

SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME SOS EPH LETER (HOMYSHYN Register Now (Christian Names) (Surname)		
PAYEE'S NAME DIRECTOR OF ESTATES File No. 44.  (Christian Names) (Surname) Date.	25-C-/	24/11
ADDRESS	7-863/	3
Final Rank	4/CPL	
DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44 Date of Discha	rge. 2.57.	-44
	AMOU \$	INT
A. TOTAL QUALIFYING SERVICE No. of day 784 = Periods @ \$7.50	195	00
B. QUALIFYING OVERSEAS SERVICE		
No. of days		
equal	120	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	315	50
Daily Rate of Pay \$		
Subsistence Allowance \$		
Additional Pay \$		•
Dependents' Allowance 1/30 \$ \$		
TOTAL \$2.85 ×7 = \$ /9.95		
No. of Days 486 × \$ // 95	52	98
D. WAR SERVICE GRATUITY Computed By	368	48
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$		
(2) D.A. & A.P. \$		
Other Deductions \$		
Entered By  Secul		
F. AMOUNT PAYABLE  (This amount is payable inmonthly instalments of \$each)	368	48
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)		
\$× 30 = \$		
REMARKS		

Malartec Sur. 20 march 1946

FILISITIS

CD1654.

MAR 23 1946 Paymaster General N.D. H. Q. MAR PAYMASTER

WAS GENERAL

WAS G. Branch Ottawa Catario. Dear Sers: In regard to my son D86315 4/clh CHOMYSHYN Joseph Peter who was killed in action on 25 th July 1944; I would bevery greatiful if you would make an application for his gratuities and forward the application, ormoney to me. Os I am not familiar with this procedure I did not file at claim until my son (D-132385 HEPL CHOMYSHYN Michel andrew) arrived from overseas told me that am entitled to his gratuities. Hoping to hear from you in regard to this matter, I he main. Jours truly. Daniel Chomishipa - BOX 7/ MALARTIC, QUE.

							1888
		F	ORM No. 1				
Regil Tr No. C.	D. 16J	-4		Nominal Roll	No.	0-5	73
ro: P.M.G.			F	I.Q. File No.		405-0-12	47.1.
		CANADIAN					
			ation of S				
		WAR	SERVICE GR	ANT			
Regt. No. Rank	when S.S.	Su	rname		A STATE OF THE PARTY OF THE PAR	Christian Name	in Full
D86315 2/CF	2.	CHOM	VSH YN			105EPH, 1	ETER.
REASON FOR TERMINATI							
1st Enlistment		DECEPS	ED.		C	ARO	(
2nd Enlistment			•••••••••••			ARO	(
3rd Enlistment					C	ARO	(
		BOE	al Service				
1st Enlistm	ENT	2N	D ENLISTM	ENT		3RD ENLIS	MENT
:0.s. 3 June :	42	T.O.S			T.C	).S	
0.s. 25 Jul 44	MD0/s	s.o.s		.MD	S.C	).S	MD
r.o.s. 3 June : 5.0.s. 25 July  Cotal Days	784 V	Total Days			Tot	tal Days	•••••••••••••••••••••••••••••••••••••••
Total Service							84 65AY
				Total Serv	ice	Less Non-qualifying Service	Net Service
Western Hemisph	ere			7	98	· /	298
Overseas Service	The state of the s			48	6	/	486
Totals				78	4		784
Add Non-q	ualifying Ser	vice	•••••••••	•••••••	.,		<i>V</i>
Total Ser	vice	•••••••••••					784
MBARKATION DETAILS:						No. of the last of	
1. Date S.O.S. Over	seas2	- Jul 44	2	Date S.O.S.	Over	seas	D
REMARKS:							
		Busine Brand				25 Jul 4	14
Computer's Signatur	re	Commission of the	×				7

This man served as 2 Rma from 20 may 42 - 2 gune 42 Reg 20 D 705-220,

500M—11-44 (6012) H.Q. 1772-45-8

Date Computed 10 Zaly 45 CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown begein

DIRECTOR OF RECORDS.

#### Details of Non-Qualifying Service

#### Western Hemisphere-

Forfeits for	From	То	Effective Date	Days	Total
•••••••					17.50
••••••					
•••••••••••••••••••••••••••••••••••••••	••••••••••••				
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. /				Total	

CASUALTIES ONLY	
For purpose of W.S.G.	Register No. C.D. 1654
Casualities include death subsequent to discharge.	File No. 405-C-12471
WAR SERVIC	E GRANTS ACT 1944
	Ottawa 6th February, 1946
To: Chief Treasury Officer, Dependents' Allowance and Ass	
Service No. D-86315	
Name <u>Jos Peter</u> <u>Chom</u> Christian Name Surn	yshyn, ame
Please supply the following infor named at the time of his discharg duplicate along with the file to	mation in respect of the marginally e or death and return this form in the undersigned.
	Kuthie
	(K. W. RICE) Captain, for Paymaster-General. Name Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Mil \$ Mil
If no D.A. in issue, list names, address and relationship of per-	Mes Willie Cloudshyn 2000
be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.	
Amount of overpayment of dependent allowance and/or assigned pay dedufrom the War Service Gratuity and name of person to whom paid.	actible
	Et Beidnes
	For Chief Treasury Officer, D.A. & A.P. Branch

194\_\_\_

Overpayments of D.A. and/or A.P. recovered from W.S.G.

C.T.O., D.A.&.A.P.

Malartice, Sue. any 27/45. Department of polional Defence. Estates Branch. allowa, Dear Sira. I receive The farcel of my birekers personal Effects and must say it was pretty least breaking to open up a parcel such as that and and en the condition it was in. To sur knowledge te had some lonely things that the family gave him which me would have leked very much to have gotten back for keep sakes but instead they send back a moldy backing suit- toren gloves - a wrist watch warch naething and I'm quete sure not even his - lalong with few other moldy and renote ahtecles. Ilank after energiality at Love so for as mail is concerned as my morders blad do not read or write brosegh English lucky enough boat times cause I me sure if she had seen that parcel it definitely inaula have sent her to the hospital I don't know whose to blame but all I have to pay is to get parcels like that is better not to get any at all. I dreally like to know furt what did happen to the nice things to get from us but no doubt I de never know or understand. I also get a letter concerning his show Savings Certification which I will send out shortly I have one brother over seas yet, who has been over there for nearly three years

and haint been hame for fairy Christmasses and say he whant be home for this gove. The Sung office work and I feel that comething lan be done about gettery him back home especially after igner me løst one bracker. I knaft there are arkers that have lost their loved ones but for us to its been a tonely and moderable fine years. They re are Steel some that have her in the dernices for years and never been over Durely they clauded take the place of those hoys over there that really track the ine exceld rully trake use of him at home funt as well as the army sould and it would certainly take a land off my mind being the only one at home. I lope this litter gets some consideration as it would be greatly appreciated. yours very buly. Mos 4. Thompshyn.

lmw.

#### ARMY

Name:	CHOMOSHYN	Joseph P	No.:	D-86315
	Surname	Christian Names		
T./ C-7		C.A. ofs		25-7-lik
Rank		Unit	Da	ate of Death
		AN	MOUNT	
			。 L. P. C	41.23
		Date: 16-5-45	Other Credits	
			Total	41.23

SHARE REI	LATIONSHIP	NAME AND ADDRESS	Management of the second secon	AMOUNT
A11	MA	niel Chomyshyn, Ol St. Louis Ave. LARTIC, Quebec. Sole beneficiary under wi	11).	\$ 41.23
	P	4. TO TREAS. 17-8-4 BE FORWARDED BY REG. 1	5 au	

AUTHOI	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$41.23
CLASSIFIED BY			EXAM	INED BY	

Original Signed by

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT



Mr. Daniel Chomyshyn,
Box 71, Malartic, P. Q.

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

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

and the following number quoted:-

H.Q405-C-12,471 FD 168

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

30 Sep 194 4

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

CHOMYSHYN

Joseph P., L/Cpl

NO. D.86315

Canadian Army

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

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

GHF/BBS

SATURDAY TO SHATELY

Morgan Copy Director of Estates.

M.F.W. 77 6-44 (4878) 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 deceadever had in each of the degrees specified below:

egrees	RELATIVES required to be accounted for		INFORMANT'S STATEMENT				
of Rela- tion- ship			NAME IN FULL  of any Relative, if any, in each degree  specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative		
1	Widow of the D	eceased	Nil.				
2	Children of the dates of their	Deceased and Births					
		Lapla.	Tripesole Hills	CNGFI			
			vera estame) signatore				
3	Father of the D	eceased	Dan 6 homyskyn.	49.	Malastic, Lu		
4	Mother of the I	Deceased	nellie Chomyskyn.	41	Halastec. Lu		
5	Brothers of the Deceased	Full Blood	Chomyshyw. Michael Andrew	22.	Averseas.		
		Half Blood					
6	Sisters of the Deceased	Full Blood	anne Chamyshyn.	24.	Malartic, Lu		
		Half Blood					
7	Names of brothers of the full or the Deceased, who as death of each.	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children		
				-,			

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	The state of the s	
8	Full names of the deceased.	Joseph Peter Chompsayn.
9	Date of his birth.	april 3rd 1922.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Cabalt- movember 16th 19
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Calact.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quehec (6 years). (b) akitibe, (6 years). (c) (d)
14	Nature of employment before enlistment.	assey Crusker-man.
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	hat known.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	80.00 (In aur passession)
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	no,
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attacked hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Government nor is it chargeable against the service estates	in excess of those authorized in the Regulations is not payable

#### DECLARATION

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the statement of the deceased.
N.B.—To be signed in full in the oresence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.    Malantee   Manuel Choungshyn   Signature of Informant
CERTIFICATE
I hereby certify that to the best of my knowledge and belief. That
See above. Daniel Chrynychyn Name of listhe* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.
above described. The above Declaration was made by the Informant and signed in my presence.
Dated at Diglartic this 9th day of January 1945
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Com  Signature of Clergyman, Deques Original  Qualification Commissioner or Notary Public or Com  Commissioner or Notary Public or Com  Commissioner or Com  Com  Commissioner or Com  Com  Com  Com  Com  Com  Com  Com
of His Majesty's Forces.  Address Adalailie, Du
NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its

proper place in the Statement opposite.

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

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

He have often heard him mention of buying war bonds or to have boughten them but have no record of them

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[SEE OTHER SIDE]

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

-				
IN	STR	TIC	TIC	NS

(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) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

	Name of Officer or Other Rank CHOMESHYN Joseph Peter (Surname first—Christian names in full—Block capitals)
(2)	Regimental or Official Number and Rank Private D.86315
(3)	Unit 2nd Bn. The Black Watch (RHR) of CanA.
(4)	Are you married?
	(a) Full name of your wife
10000	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons:
110	<u></u>
	Are you a widower?
(8)	Have you any children?
	Names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regularly
	supporting them
	•••••••••••••••••••••••••••••••••••••••
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized
710	Name
	Postal Address
(10)	Have you a common-law wife whom you have been regularly supporting and publicly representing as your
	wife for at least two years immediately prior to appointment or enlistment?
	If so, state her full name and postal address

(11)	Is your father alive?YesIf so state name and address, occupation. Daniel Chomyshyn
	Malartic, Quebec, Canada Corusher
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial
	support?
(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
	Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?
(14)	Is your mother alive?YesIf so, state name and addressMrs. Nellie Chomyshyn
	Malartic, Quebec. Canada.
(15)	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her prior to
	appointment or enlistment
	Also state reason why she has no other means of support; if partially supported by you, what is your reason
	for not providing full support?
(17)	Are you contributing to the support of any dependents, other than those shown above? 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
	Full Name
	Postal Address
	Amount contributed monthly during the past six months
(18)	Are you insured?
	Have you made arrangements for payment of your Insurance Premium?  If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.
	I hereby certify that the information given by me on this form is correct in each and every particular.
	Date 26 May 42 (Sgd.) J.P. Chomyshyn (Signature of officer or man)
	(Sgd.) G.M.Knuth (?) Lieut. A/Adj
N.B	Date 26 May 42  for Officer Commanding 2nd Bn. The Black Watch (RHR) of Canada C. A  (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.)

	(1)	I, Joseph Peter Chomyshyn, of the Town (Name in Full) (City, Town, Village, Township)
Address in civil life.		of Malartic , in the County District of Abitibi
		Province of Quebec , Assayer 2nd Bn., The Black Regimental No 2.220 , Unit Watch (RHR) of Canada eby CAe toke 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	(2)	I GIVE, DEVISE AND BEQUEATH unto My Mother. Mrs.Nellie Chomyshyn residing at Malartic, Que., ALL MY ESTATE.
	(	
Relationship,	(3)	I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
address of residuary beneficiaries.		of whatsoever kind and wheresoever situate unto
address of residuary		of whatsoever kind and wheresoever situate unto
address of residuary		of whatsoever kind and wheresoever situate unto
address of residuary	(4)	of whatsoever kind and wheresoever situate unto
address of residuary		I appoint
address of residuary	Sign	I appoint (Name) (Address)  (Civil Occupation) (Civil Occupation) (Civil Occupation) (Name) (Address) (Civil Occupation) (Name) (Address) (Civil Occupation) (Civil O
address of residuary	Sign	I appoint (Name) (Address)  (Civil Occupation) , to be the Executor of this my Last Will.  (Civil Occupation) Executrix  IN WITNESS WHEREOF I have hereunto set my hand this Address of the same time who in his presence, at his request, and in the presence of ach other have hereunto subscribed
First witness	Sign	I appoint (Name) (Address)  I appoint (Name) (Address)  (Civil Occupation) To be the Executor of this my Last Will.  (Civil Occupation) To be the Executor of this my Last Will.  IN WITNESS WHEREOF I have hereunto set my hand this Address to med and acknowledged by the Testor, in the presence of us present at the same time who in his presence, at its request, and in the presence of each other have hereunto subscribed for names as witnesses.  Signature Repair are Verdum, for Civil Address 700 Eggs are Verdum are Verdum, for Civil Address 700 Eggs are Verdum are Ver

# BATTLE CASUALTY CASUALTY SECTION EXTRACT FORM

	Mes	sage Received from21-CA\$-2740	
This Space			
is for			
the			Theatre
RED X	Tim	e Message Received	
See Below		NT D	
	Date	Message Received22Aug44	
Regimental No.	Rank	Name	Full Christian Names
D86315	L/Cpl.	CHOMYSHYN, Jose	ph Peter.
UnitB1	ack Watel	I a	SERIAL
		CASUALTY PARTICULARS	
NOW	REPORTED	KILLED 25 JUL 44.	
Prev	. reporte	KILLED 25 JUL 44. ed Missing 28 Jul 44. A-475	"A"482
	1		
Hospital Admitted To			
Hospital Transferred	Го		
Hospital Discharged I	From		
TATEODEM A ATO		L A J.J.,	DE ATM OF TAAD DISTRICT
IMPORTANT—AIW	ays Give Ful	Address and Relationship of all Next of Kin—IN	PLAIN CLEAR PRINTING
Next of Kin	М	Daniel CHOMYSHYN, Relat	ionshipFather
		101, St. Louis Ave., Malart	ic,PQ
Note: If the Next			4
u. S. A. MARK			
in UPPER LEF		ш	
SQUARE		Home TownSame	• • • • • • • • • • • • • • • • • • • •
IMPORTA	NT	Cable No9640	
		Inland Tel. No	
CFA 48			
CFA 48 40/P & S/1568 (6218)		Verific	eation Clerks Signature

FORM	6
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### DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in is spac

1. PLACE Muni-tipe TIME FIRED (France) Official name civil municipe county ty or towns	e of oali- ship	Place an X over the word which applies to this municipality or this territor City   Town   Village   Parish   Township
DEATH Street No.		Hospital or Institution
2. LENGTH (a) In hospital Years Months Days (b) In municipality where tion death occurred	Months	Days   Years   Months   Days   (d) In Canada   Years   Months   Days   (if immigrant)   Years   Months   Days
3. NAME Surname. CHOMSHVIII	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
DECEASED Given names. JOSODI POLOT.	write in this space	22. Date of death
Street		23. I HEREBY CERTIFY that I attended deceased from
4. D Official name of civil municipality or township.		
Municipal county Province Province		and last saw halive on
5. SEX   6. NATIONALITY   7. RACIAL ORIGIN   8. Single, Married, (Citizenship)   Widowed or Divorced		I 24. CAUSE OF DEATH
(Write the word)		Give disease, injury or complica- tion which caused death, not the mode of dying, such as heart failure, due to
9. If married give name of wife or husband of deceased		Morbid conditions, if any, giving (b)
10. BIRTHPLACE Ont ario		order proceeding backwards from due to immediate cause).
(Province or Country)  11. DATE OF BIRTH		Other morbid conditions (if impor-
(Month) (Day) (Year)  12. AGE OF   Years   Months   Days   If less than one day old		tant) contributing to death but not causally related to immediate cause.
DECEASED 23hrs. ormin.		If a communicable disease is (a) Date of appearance
13. Trade, profession or		give (b) Duration of diseasedays
kind of work, as spinner, teamster, office clerk, etc.  14. Kind of industry or		25. If a woman, was there a puerperal condition?
business, as cotton-mill, lumbering, bank, etc		26. Was there a surgical operation? Date of 19
15. Date deceased last spent in this occupation occupation		
17. NAME  18. BIRTHPLACE (Province or Country)		State findings
FATHER Daniel Chomyshyn		Accident, suicide or homicide
MOTHER (Maiden Name)		Manner of injury(How sustained)
19. Place of burial, cremoval		Specify whether injury occurred in industry, in home, or in public place
		industry, in home, or in public place
20. Date of burial		SignedM.D.
or church	28. Sign	Address Date Date 19
cipality of (c) Municipal	(cur	nature of person who fills in the form ate, coroner, hospital authority, etc.)  29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
TSIS County	him of the second	Januar C.S.
(d) Date	This sign	ature authorizes the collector to accept this form as authentic.  (Voir l'autre côté pour le français)

Mr. Daniel Chomyshyn, Box 71, Malartic, Quebec.

Dear Mr. Chomyshyn:

It was with deep regret that I learned of the death of your son, D86315 Lance Corporal Joseph Peter Chomyshyn, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

received, your son 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.

Yourshajs interesty,
Adjutant - General

SEP 7 - 1944

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

/EMADO

6

#### CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NU PER D-86315

RANK Lance Corporal

SERVICE UNIT 1st Battalion Royal Highland Regiment of Canada (C.A.)

NAME CHOMYSHYN, Joseph Poter

DATE OF BIRTH DAY

April.

Date Enlisted: 3-6-42

MARITAL STATUS

Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON

M.F.M. 1, 2 & 5 RELATIONSHIP

ADDRESS BOX 71, Malartio, Quebec.

NAME **ADDRESS** 

Mr. Daniel Chomyshyn,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER (MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords 9640

H.Q. 405-0-12,471

CASUALTY DETAILS Killed in action

25-7-44

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

OFFICER I/C RECORDS

No D. 86315 Rank L/Corporal Name CHOMYSHYN, Joseph Peter Unit Black Watch (R.H.R.) Date of death 25th July, 1944. Died at France. Killed in action. Cause Death occurred on strength of Forces H.Q. 405-C-12471 Relationship Father Mr. Daniel Chomyshyn, NK Address Box 71, Malartic, Quebec. Remains buried in St. Martin de Fontenay France. Cemetery 024602

Grave location

OUER-

BURIAL REPORT TO N.K.MAR 13 1946
RETURN TO BUR. OF STAT. JUN 20 1949

ROYAL MESSAGE DESP'D. DEC 8 1944|
CAN. MESSAGE DESP'D. 16-9-44

Temp B R sent to N

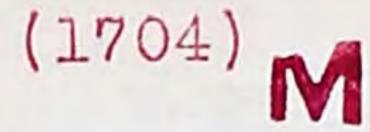
Photographs
Despatchen
AUG 1 4 1947

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

Grave 5, row D, plot 3. ... WHI & CR Form Desperon 1946

(1) MEDALS PERSON		N W Y	NACOTATOAD
ENTITLED T	Daniel CHOMYSHYN (FATHER)	(1)	MORIAL BAR
ADDRESS:	101 St. Louis Ave., Malartic, P.Q.		E DESP 3MO
(2) MEMORIAL	CROSS	KEG.	N. NO
WIDOW		(2)	
ADDRESS:			
(3) MEMORIAL C	CROSS		DESP. NOV 3 1944
MOTHER	Mrs. Nellie CHOMYSHYN, (MFM5) (ENGLISH)	(3)	REGN No. 5-279
(1704)		(3)	
ADDRESS:	Box 71, MALARTIC, Que.		

#### AWARDS—CANADIAN ARMY (ACTIVE)



FB 500M-1-44 (3467) H.Q. 1772-45-8

			FILE NO. 405-C-12471
CHOMYSHYN, Joseph Peter	D-86315	L/Cpl.	Black Watch (R.H.R.)
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

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				
	1380 18-1-50			

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

#### MILITIA ACT

### THE NATIONAL RESOURCES MOBILIZATION ACT, 1940



#### N.R.M.A. PERSONNEL

## ENROLMENT FORM

N.R.M.A. Serial Number of Notice of Call. E=86723. Regimental Number. D-70	5220
1. Taken on Strength of No. 4. N.R.M.A. Clearing Depot. Temporary "G" Training	
2. Surname (Block Letters) CHOMYSHYN	
3. Christian Names (in full) JOSEPH PETER	
4. Present Address	
5. Place of Birth Canada Ontario Cobalt	
6. Date of Birth 3 April 1921 7. Religion—Denomination Ukrainne	
8. Physical Description: Height 5' 5' Weight 122 Eyes brown Hair 11gh	t brown
Complexion fair Identification marks scar on back, wacc it arm	
9. Married, Single, Widower? Single	
10. Next-of-Kin Daniel Chomyshyn Relationship Father	
(Name) Malartic, Quebec, anada	
(Address)  11. Trade or Occupation Crusher	
12. Previous Naval, Military or Air Service	
(State Units and Dates of Service)	
13. Preference, if any, for, R.C.N.? Army? Xes R.C.A.F.?	•••••
(Arm of Service)	••••••
14. Employment in War Industry, if any	
Joseph Pater Chonyshyn (Signature of Man)  Med Leet (Signature and Rank of Enrolment Of Man)  May 26 th  (Date of Signature)	fficer)
(Date of Signature)	
TRAINING CENTRE PARTICULARS	
A. Attached to Basic T.C. No. at Date	••••••
Completed	
(Date, Signature, and Rank of Recording Officer)	
B. Attached to Advanced T.C. No. at Date Date	•••••
Completed	
Qualities of Leadership, Positive Becoming Evident? Dormant?	••••••
Transferred to	•••••
(Date, Signature and Rank of Recording Officer)	•••••
C. Medical Category on acceptance at Basic Training Centre	

F	RECORD OF SE	ERVICE of(Surname)	CHOMYSHYM	***************************************	PH PETER			Regimen	tal Number	
		QUALIFICA		(Christi	an Names)	EDUCA	TIONAL QUA	TEICATIONS		
1. Naval,	Military, or Air.			6. High	School)			raduation )		
2. Busines	s or Professional	l	None		r	(years completed)		or triculation		cify)
3. Trade	or Civil	•••••••••••••••••••••••••••••••••••••••	Assayor		ge	No				
4. Technic	cal	tch Daltch	None		ersity	No	•••••			•••••
5. Langua	ges, etc(mo	ther tongue)	ak?Can read and write	?EnglåshCa	drive a car?.		motor?	leted, and degrees ob Cooking exp	tained to be shown) perience?	Hobby? Spor
	All N.	R.M.A. Personnel will	be taken on as Private soldiers, appoi	intments and promo	tions to highe	r rank to be sl	nown as provi	ided in the spa	ace below.	
Date	Report   From whom received	Record of Promotions, Reduc	tions, Transfers, Casualties, Reports, etc., from date take on Strength of Field Force	en Rank Shown	Effective Date	Unit	Place		Authority	
	Trom whom received		R.M.A. Clearing Depot No. 4 and	••••••		Tomp	TATO CLE TO	Part II D.O. N	o. Cas. List, etc.	Dated
28-5-42	2RHC	T.O.S. Temp. T	• C • "G"	Pte.	26-5-42	Temp T.C."GW	Wes'T Bcks. Wes't	2 RHC P	t.II 7	28-5-42
18-6-42			. Clearing Depot No. 4	Pte.	17-6-42	T.C."G"	Bcks.	2 RHC P	t.II 16	18-6-42
••••••••		Regimental No.	C.A.S.F. and alloted (A.F.) D-860/5'	••••••••••••						0
7-7-42	2 RHC	The above ent	ry is amended ro read: on attesting AF. and	11	2-6-42	11 11	11 11 -	II II Pr	TII No. 23	7-7-42
••••••••		allotted regi	on attesting AF, and mental no. D-86315							
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	ORIGINAL DUPLICATE TRIPLICATE	Checked			servations	M.F.M. 2 A.F.B. 271 500M—7-41 (1131) H.Q. 1772-39-1645
	(To be completed in triplic	cate. Copy designation	to be shown by strikin	g out terms not app	plicable.)	11.02. 1112-03-1010
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	TIFC					
EN THE PARTY OF	1. Surname		GHOMYSHIYM		COL	MPLETED
	2. Christian Names		Joseph Poter	1 1 44		
	3. Present address		and the shift and an arrange		ada	••••••
	4. Date of birth		.S.Apral. los			
	5. Place of birth	Country)	(County or Province		(Town or Township)	
	6. Religion (state de	nomination)	Roman Cathol	ic		
	7. Trade or Calling		Aaaayay		••••••••••••	
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	8. Married, Widower	or Single				
	9. Name of next of k	in	Mr Janiol	Grown February		
	10. Relationship		* acher		Chasi	hame
	11. Address of next of		Malartic.			
	12. Do you belong to,		SECTION AND ADDRESS OF THE PROPERTY OF THE PRO	CONTROL OF THE PROPERTY OF THE		
	N.R.M.A.	TEMP. T.G.	(If Yes, Give Unit and Da		2 JUNE 42	D-700880
	13. Have you served in	n (a) an Active For	mation or Unit of Tl	he Canadian Arm	y?(Yes or N	
		(If Yes, Give Regim	ental No. and Unit)	(b)	Any other Naval,	Military, or Air
	Force?	No	No) (If Yes, specify Unit	and Period of Service)		
	14. Did you serve dur			<b></b>		
		(If Yes, spe	cify Regimental No., Unit	and Dates of Service)	•••••••••••••••••••••••••••••••••••••••	
			TO BE MADE BY	PART I		
THE PARTY OF	above particulars are Army so long as an experiod of demobilizatione year, provided His	true, and I hereby mergency, i.e., war, on after said emer	invasion, riot or ins gency ceases to exis	any Active For surrection, real of t, and in any ev	mation or Unit o r apprehended, ex	f The Canadian ists, and for the
	Date 3 J	JNE 1942	Joseph	h Pleen	(Signature of recruit)	Ju
	I,declare) that I will be	faithful and bear t	rue allegiance to His	do sincerely Majesty.	promise and swe	ear (or solemnly
			TE, JUSTICE OF	0		
					2	
	The above questions I have taken care entered as replied to,	ons and answers were that he understand and the said recruit	re then read to the read do the read and sign	ecruit in my presend that his answard the declaration	ence. er to each question on and taken the	n has been duly
	at/belows	this	12.	.day of	Car	19
			Onion	the for	Signature of Many or Attesti Officer or Rank or appoint	ACCOUNT LANGUE TO THE PARTY OF
	N.B.—ATTENTION IS ABOVE	DRAWN TO THE F	ACT THAT ANY PERBLE TO A PENALTY	SON MAKING A OF SIX MONTH	FALSE ANSWER	TO ANY OF THE

Rec	ord of Service of	(Surname)	(Christian Names	PETER	••••••••	••••••••••	Regimental NumberL	-0.6.51.5
		QUALIFICATIONS			EDUC	ATIONAL QUAL	FICATIONS	
Military		None	High Schoo		No		Graduation )	
Business of	r Professional	None	Collegiate	J	(years completed	i)		(specify)
Trade or C	Civil	Assayer	*College		No	· · · · · · · · · · · · · · · · · · ·		
Technical		None	*Universi	ty	No			
Languages	Engl	ish Polish & Ukrainne		tution courses or we	No	egrees obtained to be		
All enlisted	d personnel will b	e taken on as Private soldiers, appointments and promotions to high					SHOWIT	
	Report			C BHO WH as p		space below.	Authority	
Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
7-6-12	4 DD	Joined on appointment Habing been attested AF, at Westmount. Que.						
		is TOS on having been discharged from the						•••••••••••••••••••••••••••••••••••••••
	127	CA(R) and having relinquished his CA(R) status and regimental numbers D-705220, is						
		allotted regimentak numbers D-86315, and						•
		is shown as SOS on transfer to his Unit 2nd Bn, BW, (RHR) Can. CA. Westmount. Que.	Pte	3-6-42	4 DD	MTL.STH.	4DD. PT 11.#145	17-6-42
1, 1	- 4 A LI	······································	2	18/6/42	2RHc	WESTM'T.	ZRAC A. IT No. 16	10/1/1
20/6/42		T.O.S. ON TRANSFER FROM No. 400 MONTREAL SONA,		18/6/42,	ZKMC	BARRACKS	2KMC 17.11/10.16	18/6/42.
18/42.	2841	Pt H 10-16 of 15/6/42 and & seal inf	2-6-67	2-6-4	2.	l 1	1, >> 23	7-25
19-12-	42 2 RHC	Granted (14) daya Burlough under R.O. 234	7					
		plus 48 hours Leave under R.O. 1880 from						
		13 Dec.42 until 28 Dec.42 (total 16 days) Granted (56) days ration allowance.						
		Address: Malartic, Q.e. Transportation Warrant No.A-203793	Pte	13 12-	42 2RHC	Talifax.	N.S. 2RIC Bt.II	108-A 12-12
		Transportation warrant No.A-200730	1,00	10 12				
2-2-43	2 RHR	Next-of-kin(s, address is changed from						
		Malartic, Que. to 101 St. Louis, Ave.,					•• •• •• • • • • • • • • • • • • • • • •	
		Malartick Que.	Pte.		11	11	" 1 16-A	28-1-43
		For addition.	al entries use M.F.I	M. 1 and 2 (a)				
	יים עם יים							
	1 3 - S	Sp. Feb.	7.	2. 4.	<u></u>	i- i- io	f. e. d. c. b. a. 1	Pla Pla
	ナキナナ		Vis	Cor	Ide	Rui Var Nas	Age Rhe Bro Kid Sto	ne i
	2 4 4	en din A	est n	nple	Pa ntifi	oture icos t tro	ney nacl	n fu
	5, 1	Dark Slas	neas	noix	rt 2	e ve	tis of bor b	rt 1
	PC	ses ve, rem	uren	는 (S)	n m	ins	s or se	•
	2 cu) -1	en the ties outh	nent	13	nfo		pleu thma der c	OH
	1/1/1/1	right. and and conge (conge examicatego catego Brief	H		0 1		ro lis	3 8 0

#### CERTIFICATE OF MEDICAL EXAMINATION

Name in full. CHOMYSHYN JOSEPH PETER	Pla	e Mtl.	
PlaceMtl.		e 26 May 42.	
Part 1. Information obtained from the re		•	
1. Age21 2. Have you ever suffered from an		liseases?	
a. Rheumatism		no	
b. Tuberculosis or pleurisyno		no	
c. Bronchitis or asthma		no	
d. Heart diseaseno	n. Nervous or m	ental diseaseno	
e. Kidney or bladder diseaseno		no_	
f. Stomach or bowel troubleno		ne	
g. Ruptureno		r worn glasses?	
h. Varicose veins	r. Are you now received	or have you in the past disability pension or ion? If so, give	no
i. Foot troubleno.	details	ion? If so, give	
j. Nasal troubleno	Joseph 7	Eles Chony	shyn
		Signature of Ap	oplicant.
Part 2. Information obtained by medical		THE RECRUIT MUST BE	STRIPPED
1. Identification marks or scars. (If operative obtain his local vac. left am - Scars on back			
2. Height		pour	nds. Good
4. Complexion Fair Eyes Brown Hair Fair	5. Development	Fair	Fair
c ol - 4	inches	URINE/4581	. 1 001
Hair Fair  6. Chest measurement—Girth on full expansion 33  Range of expansion 3	inches	TO ATT 121	1105
Trange of expansion		- KAI	
		ightcv 20 left	cv 20
- With Glasses— rightleft	o. Hearing, r	1g110	
	ad an arramination	oro og followe	
10. The abnormalities (congenital and pathological) four COLOR VISION ISHIHARA (CN) EARS			
		R. W.G. DALPE.	
Enlarged inguinal rings; impulse	on coughing	, but no hernia	
······································			
D42 W11	a diagona montion	ad in Onestion 2 Part	1 except as
Part 3. We, the examiners, find no evidence of the reported in the remarks. We have examined the Recruit	in accordance with	n the pamphlet "Physica	al Standards
and Instructions for the medical examination of recruits"	and he is found fit	for Category	
Special remarks when category lower than A	Underweigh	t.	
11/1	Par 2006	11 9000	stu Sul
J.M. ROU	SSETEMEAPT.	P.E. BOURGE	Allemiliar D.
VACCINATIONS, INOCULATIONS, BOARDS, R.	ECLASSIFICATION OF M	IEDICAL CATEGORY	
Date Brief details and signature	Date	Brief details and signature	
1 R 1943 CAT. Pi BY BOARD William			
5-42 Vac Caffeed Caff			
-5-42 YABTI-COS			
3-7-42			
2-43 Digth 104. 1cc Read aff			••••••

405-2-12,471

RECORDS OFFICE OVERSEAS.

# CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CROMYSHYN, Joseph Peter.	PLACE & DATE OF BIRTH Cobalt, Ontario.
RANK L/Cpl.	REGIMENTAL NO. D-86315
UNIT Black Watch.	NEXT OF KIN & ADDRESS FATHER.
	Mr Damiel CROMYSHYN
	101, St. LouissAve., Malartic P.Q.
PARTICULA	ARS OF HOSPITALISATION CANADA.
DATE OF ADMISSION	NAME & LOCATION OF HOSPITAL
DIAGNOSIS	
PARTICU	LARS OF DEATH.
DATE OF DEATH 25 Jul 44.	PLACE OF DEATH NO INFORMATION AVAILABLE
HRS	
CAUSE OF DEATH KILLED ( Prev.	reported missing)
PARTICU	LARS OF BURIAL
DATE OF BURIAL	CEMETERY
PLOT NO GRAVE	
DEATH CERT.NO	
RELIGION Roman Catholic.	
	DATE 21 SEP 45  M. BLUTEAU (CAPT)  for COLONEL,  O i/c Records.
extracted from Eurial Records.	CANADIAN MILITARY HEADQUARTERS.

extracted from Eurial Records, RECORDS OFFICE OVERSEAS, ACTON, LONDON W.3.

12th June, 1945.

Mr. Daniel Chomyshyn, Box #71, Malartic, P.Q.

Dear Sir:

Information has now been received from the overseas military authorities that your son, D86315 Lance Corporal Joseph Peter Chomyshyn, was buried with religious rites in a temporary grave located at St. Martin de Fontenay, approximately five miles South of Caen, in the Department of Calvados, (Normandy), France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

BB

20

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

REGIMENT   1 R.H.C. Squadron, Troop   Battery or Company
Officer's Personal No. (if known) } D86315 Rank L/C.11.
Surname Christian Names J.S.F.
Died Date 255 July 44 Place France.
Cause of Death* K/A
Nature and Date of Report
By whom made Cdn Sec. CHQ 2nd Echelon 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 St. Martin de Fontenay France. Date 14 Aug. 44 By whom reported C.F. 1. R.H.C.
State whether he leaves $\int (a)$ in Army Book 64
$\mathfrak{a}$ Will or not $\{b\}$ 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 Belguim Signature of Officer in charge of Section Surghfulled Laget.  Adjutant-General's Office at the Base
15 October 44 for Officer i/c
Cdn Sec GHO 2nd Ech 21 A Gp.

4D

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

	Unit2NDE	IN THE BLACK WATCH (RHR.)	OF CAN	. CRegime	ntal Numbe	erD- 86315
1	Surname	CHOMVSHVN	(17) Re	egiment or C	orps	Unit (Battn., etc)
	Christian Names					M.F.M.2
		itment.				
0.		ank				•••••••••••••••••••••••••••••••••••••••
	giving de	ate				• • • • • • • • • • • • • • • • • • • •
	*To be entered in pencil to facilitate alteration		75.			
4	Place of birth		(18) N	[edical		
	Date of birth as declared on at		. (10)	20012001		
0.			C	ategory	Date	Authority
6.	Date of enlistment	3 June 1942	H	A	26-5-	42
7.	Place of enlistment	Westmount Barracks	A STATE OF THE PARTY OF THE PAR			
		t. Malartic, Quebec, Canad				
9'.	(B) Special conditions (if any)	of enlistment or rate of pay				
			3.			
10.	(C) Any subsequent variations	of conditions of service				
11.	Religion	ROMAN CATHOLIC				
		N/A	(19) Ne	ext of kin (er	itries to be	made in pencil)
	Trade on enlistment					
14.	Corps, trade and grade			A		1 felle
15.	(D) Qualifications		111	M. Clane	es on	onyenya, com
16.	(E) Miscellaneous entries			101pxte	Lagro 1	and of
			11	ralaru	e, The	
. 4			(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.

Rej	port	(b)	Record of all casualties regarding promotions (acting, temporary, local	(d)	(e)	• (f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			E.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 2.7.222243				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
••••••			TRANSFER ON 28 20043				
			AND DISEMBARKED ON FORMY				
		50/12	TOO 50121150043	211	50043	Pte	43- 72 446
505		5C IPU	SOS to RHC.	U.M.	17 Jun 43	Pto	9.6 19 Juny
	OC.	THE.	granted leath hats of Por of \$1.50 Per diens	Field	Muay 43	» Lē	53-27 aug 43
	D.C.		adm, to 18 7 of anit.		10700 43		67-18 70543.
			1. 0.5. to 5 C. S. Rl on ablus to Las		10 700 43		67-18 870543
		SCIPU	all from found auth to Toron dind from 13/18	HUK	15 Zen 43	Pla	220-19 940043
		J-1/10	and let BA lap	UK	1120043	PTE	222 /9movs
		5.C.I.R.V.	9 dys PL will ma to 7 Jan 44	VK	29 Dec 43	pt	1. 19au 44.
505		5.C.IR.U.	to RHC 2 Div.	UK	170Feb 44	Pto	36 18 Feb 4
••••••	o.c	IRHC	1.0.5. from 5 C. P.R. V. auth Demand 70 6681	/	187et 44	alpho 100	79-9 hunes
••••••		·····	15 le L/ LPL		10 Jan 44	NUAL.	20 -/16 Jun 44
		Emba	erked U.K. J. Disembarked France	6 July	4.4	i efte	3.7-14. Huly 4.4
elled D	0 #H6/44 ×		soltof-White Sur		28/-1/4	Left	44 - 6 ang 44
303	0/8/44	7 6 Red	Resident Daw		26 100		29 23 111
••••••		1.77.4.C.	505 Killed in Action	Greld	35 July 44	2/ Cys	18/44
			······································				
			······································				
			······································				

### THE CANADIAN PENSION COMMISSION

## MEMORANDUM

ToPension Medical Examiner,Qt.tawa	Ottawa, September 26, 1944.
FromHead Office	

D-86315 - I. Cpl. Chomyshyn, Joseph P. P. & N. H. 316 -J.

The Department of National Defence, Army, officially reports that the marginally named was reported - Killed in action,

on the 25-7-44, on service Overseas.

His next of kin is reported as - (Father)
Mr. Daniel Chomshyn,
Box 71,
Malartic, Que.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to - Mrs. Nellie Chomyshyn,
Box 71,
Malartic, Que.

(Relationship not stated)

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/EG.

E. Clewes,

for Canadian Pension Commission.

		-	-	-	-
Regimental	TT	1)_	. SHE	1.5	-
Regimental	NO	Art	0	103	
Technicit	T. O				

Rank Pte.

Sheet No. 1

M.F.M. 1 & 2 (a) 250M—5.42 (4722) H.Q. 1772-39-1646

Name CHOMYSHYN, Joseph Peter.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority		
Accord of Frontonoms, Reductions, Casameres, Casameres, Reports, Co.	Ttank bhown	Ellective Date	Omt	Place	D.O. Number	Dated	
19-2-43 2 RHC Having qualified in accordance with Art.146 F.R.&.I. (Can.) as amended by 0.0. 486 of 1942, is eligible to							
receive rate of pay of \$1.40 per diem.		1-1-43	2 RHC	Halifax, N.S.	. 22-A	4-2-43	
9-3-43 2 RHC Granted Embarkation Leave from 23-2-43 until 28-2-43 under R.O. 699 (4) and is entilled todraw ration allo	) W &						
under R.O. 699 (4) and is entitled todraw ration allo of (50¢) per diem for (6) days under Art. 196 (4) F.R.S.I.(Can.) T.W.NO.A219612	Pte.	23-2-43	11	11 11	37	23-2-43	
25-3-43 2 BHC C.A.CA.F.) CANABA UN oberseas.	910	27-3-43	11	11 11	59	27-3-4	
EMBARKATION ON. 2.7.722							
T.O.S. C.A.(A.F.) OVERSEAS ON							
TRANSFER ON							
AND DISEMBARKED ON AND DISEMBARKED ON							
T.O.S 5 C.I.R.U. 5 apry 3	Pte :	samy 3	50194	215	×3	Zemy 3	
			,				

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

#### INSTRUCTIONS.

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

Compared the contraction of the little and a contract of the c

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related to the south him one or the termination

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

(1)	Name CHOMYSHYN JOSEPH PETER
	(Surname first—Christian names in full—Block capitals)
2)	Regimental Number and Rank Private 2 - 205220
3)	Basic Training Centre Temporary "G" Training Centre Westmount Barrac
1)	Are you married?
5)	If married, state,
	(a) Full name of your wife n/a
EL STATE OF THE PARTY OF THE PA	Considerations of the contract
	(b) Present postal address of wife n/a
6)	If married, have you been regularly supporting your wife? If not—state reasons
	n/a
100	Are you a widower?
8)	Have you any children? n/a Number of boys. Girls.
	Names and ages n/a
9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
	larly supporting them
	larly supporting them
7 V	•••••••••••••••••••••••••••••••••••••••
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.  Name  N/A
	Postal Address
The same	
	[SEE OTHER SIDE]

entral Programme And Programme and Andrew Company of the Company of the Company of the Company of the Company

The contract of the contract o

	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
11	senting as your wife for at least 2 years immediately prior to enlistment?
	If so, state her full name and Postal Address
1)	Is your father alive?Yes.
	If so, state name and address, occupation. Daniel Chomyshyn  Malartic, Quebec, Canada Crusher
	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?n/a
	If sole or partial support of father who is a widower, totally incapacitated from earning a living
	—state what amount per month you have given him prior to enlistment
	Also state reason he has no other means of support—if partially supported by you, what is your
	reason for not providing full support?
14)	Is your mother alive?
	If so, state name and address. Mrs Nellie Chomyshyn
15)	If your mother is a widow, are you her sole or partial support?
16)	If sole or partial support of widowed mother-state what amount per month you have given her
	prior to enlistment
	your reason for not providing full support? n/a
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 enlistment.  If so, state the following particulars:—
	Relationshipn/a
	Full Name
	Postal Address
1000	Amount contributed monthly during the past six months
(18)	Are you insured?
	If so, in what Company? n/a (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?
	I hereby certify that the information given by me on this form is correct in each and every particular.
	Joseph Peter Chonsylyn (Signature of recruit)
	May 26th, 1942 (Signature of recruit)
	Date May 26th 1942  (Signature of recruit)  Splendern. Lint. for

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

CACII	ALT	ICC	CTC
CASU	ALI	ES,	EIC.

		CASUALI	IES, EIC.	Hard Hard
PART I		ATURE AND PARTICULARS		IF IN HOSPITAL NOTE NAME
16-	18-6-42.	Tos 2nd.Bn.Th	e B.W. (RHR)	CA wef 18-6-42.
		P. & A. LED. AGREES		JUL 1.8194
23	7-7-42	Pt. 11 ord.# 16	1/18-6-42 is	amd. to read wef
108 A	12-12-142	ant de 14 du Faul	1 / 48 La 1V	13-25 Aly 42- 8
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16 A	28 gan 43	teddren met g	Maralatice	langed to
	HISUPP	MANIA	2000	w. 4.7. 27 manh 43
0 7.	27 Man 43 2 n	48 Wetch		w. 2.7 manch 43
43.	19.6.43 Sc	55 CIRU from Canas	7. C. W	. e. 1.17.6.42.
39/3A	21/6/43 To	3 to RHC fun	5 CIRM.	me \$ 1.17.6.42.
B062178	27/0/1/2 20	crute par 1.56 wel	1 Mar 43.	Table .
67/5cPP.	13.19.43. 80	SIRME TO NOSCOLLE	Py web. 10.	Pi. 43. on adm to NO B

M. F. M. 300M-5-41 ( H. Q. 1772-3 No.D-18	323-4)	RANK	HERL PAC NAM	E	CH	OMYSHY	N Jos	eph Pete	.//	RRIED
PLACE O	F ENLIST	MENT	Westmo	unt	,	Que.	-1	DATE AF 1	8-6-42	
					RA	TE OF PA	Y			
D. O. NO.	DATE	RANK	GROUP	P. F. A. S		DAILY	PEN. DED.	RE	MARKS	
		PTE				1.30				
22A	4 FEB 43	1 6	meriases	l Cay		1.40		WTF.1-9	an 43.	
				0		1.50		00,00	ear 43	
		ASSIGN	MENTS				DEPEND	ENTS' ALLOW	ANCES	NO.
AS	SIGNEE		EFFECTIVE	AMOL	ТИТ	TOTAL	DATE APPLICATION FOR WARDED	N RELATIONSHIP	AMOUNT	EFFECTIV
Thus I	rellie	Chenna	ohun	3	20	1 NO V43	•			
1 mail	Larlie	Que	mer +3	20						
0.9	· Bux 7	11								
Sub des						1 t				
5TH Victoriloans IN			1NOV1/3	16	80					
6th Un	long a	sam	May 44	8	40					
OUTFIT C CLOTHIN REHABIL	ITATION			AID O			OR MILITIA	OF PENSION UN PENSION ACT (1	910) \$	P.A.

## CONTINUATION CARD M.F.M. 14

Reg	gimental No	Name
Part	II D.O.	DADTICILIADE OF CACHALTY
No.	Date	PARTICULARS OF CASUALTY .
272.	19-11-43.	105 from RHC on adoute 13 Sen unf 11 Rouge
63/100	23 00 43	9 days P. J. & R. a. from 30 Sept 4 9 Oct 43.
	1.1.44	9 days PL+ Rafron 29 Dec to 7 Jan 44
		awarded CVSM & clash wes 15 Jan +4
36	18-2-04	loot RHC wy 19-2-44
eA	21:2:44	TOSIANC from 501AV wal 18/2/44
GR.	10-4-44	PL 30 MAR DY TO 8 APR US (RA)
		APPTO (A/4004) WEF 29 MAY 40
30/3/E	16 JUHUS	TS DE (4/cm) WEF 10 JUNIO
37/1F	HHICHH	End Mt. S/2/44 Maent. France b/2/44
b R	78/1/HH	205 to x. b. List (- RHC) Tomosming Will 28/7/44
M F M 144		
M.F.M.—14A 40/P&S/67(3129)		

01 .	NT.	4	
Sheet	No		 

## POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2 DISCHARGED ADMITTED UNIT HOSPT. DISEASE OF INJURY Hospt. CAS. LIST No. REMARKS Day | Mo. | Year Day | Mo. ; Year 10 11 43 15 11 43 5 Contusion of rt. knie ... Sare knie n. A. D. 1). 2. uf ( Bl. Wata) 13 can. Gen. missing 28-7-44 Killed 25-7-44

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999) Rank Pt.e.

Sheet No......

M.F.M. 1 & 2 (a) 250M—5-42 (4722) H.Q. 1772-39-1646

# Name CHOMYSHYN, Joseph Peter.

			1 1 11/2			Authority
Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	D.O. Number	Dated
7.0.0.17. A						
19-2-43 2 RHC Having qualified in accordance with Art.146 F.R.&.I. (Can.) as amended by G.O. 486 of 1942, is eligible to						
receive rate of pay of \$1.40 per diem.	Pte.	1-1-43	2 RHC	Halifax, N.S.	22-A	4-2-43
9-3-43 2 RHC Granted Embarkation Leave from 23-2-43 until 28-2-43						
under R.O. 699 (4) and is entitled todraw ration allow	•					
of (50¢) per diem for (6) days under Art. 196 (4)		25-2-43			7,77	23-2-43
F.R.&.I.(Can.) T.W.NO.A219612	1 00 .	20 2 10				
25-3-43 2 RHC SOS on proceeding oberseas.	11	27-3-43	11	17 17	5.9	27-3-43
S.O.S. C.A.(A.F.) CANADA ON						
EMBARKATION ON27 Man 73	•••••					
T.O.S. C.A.(A.F.) OVERSEAS ON						
TRANSFER ON28 Man +3.						
AND DISEMBARKED ON. # APRIL 43						
7.0.S. — 5 C.I.R.U. 5 aps 4?	04	5-0-110	, - 0 , 0 ,	, , , ,		
SOS SOS PHO	-D-	100 45	5-C1RU	0/2	75	1012543
TOS TOS Sem 5°C/RU	P	June 73	RI6 (2)	0.75	20	1 / Some 4.3.
19stot Doile Role 81.50	Q)	de 12	Bh	1111	4.3	12 1 3
att lab bend auth to Is & on disch him # 13 Can Gen Hook	Pte	15/11/15 43	581019	9)11	22A	11 MMC 113
1/ 505 505 405 EIRU on adm 40 13 Ban Gosp.	PHe	10 Won 43	Blk w	UR	67.	18cm 43
TOS. TOS From PHE. FU. on adm to 13-Bola Son Idosp		11 NOY 43	5 CIRU	MK	222	19 NOV - 45
Gos to Black Water 13 bon you Idosp	PHe	10 Non 43	Behw	MK.	67	18 Mon 43.
	Me	17 Such 44	OCIRU	UK	36	18 Fel 44
TOS TOS From SCIRU	Pa	18 het 44	Black Wate	ZUK	10	25 Feek 44
AWARDED THE CANADIAN YOLUNTEER SERVICE MEDAL AND CLASP						
x63 10 Ro, AISI O.PL.	DTE	29malle	RIAMA	tel 111	20	9/1
	<i>V</i>	x././//	a Cacriory a	1010		Junit

Regimental No		Sheet No				
Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
Record of Fromotions, Reductions, Transfers, Casuarties, Reports, etc.					D.O. Number	Dated
La Le L/00)	17/4/92/	10 Juny 44	RHR	6 15.	30	16 Juny
Embarked aton. 5 July		1//			and the second transfer of the second	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF
Disembarked at France on blylun	1/Cpl	28 Jul 44		21A Sp AEZ	19475	
205 to x6 lest / PHC - missing	L/ Col	28 Jul 44	PHB	212 60	49	9444
Reverted to Pte. Fodisi R. Ray Pay \$1,50						
Killed Killed	h/ Cpl	25 Jul 44	RHof4.	AEF	482	35 ang 44
Sacrado La Caranto						
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