E106666
SIMARD
HENRI

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

Rgt de Hull — Regt de Hull

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

DEPARTMENT OF NATIONAL DEFENCE

(Army)

not available

Personnel Selection Record

9 — INFANTRY (R)

R.C.A. Medium F. Wing
Arm or Corps

R. de Hull
Trade (if Tradesman or Trade Trainee)

N.C.O. Material
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
~~E-600,769~~ 106666	~~Pte~~ Cpl	SIMARD, Henri-Joseph	"R"	20	A-1

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	Nil	T.C. 51, Chicoutimi	9-12-42

II. Revised Examination "M" AF. 22913 — Chicoutimi (Place Tested) — 21-11-42 (Date Tested) — R.S. Amiot, Lt. (By Whom)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1-3	4-5	6-8	English or French
133	III	17	10	14	26	16	12	14	24	41	42	50	French

Other Tests

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

III. Educational Background

DECEASED

Completed 9th Grade in 9 years.

IV. Occupational Background

Labourer

V. Military Background

Nil

VI. Other Personal History and Appraisal

Father alive; Sick
Oldest of a family of 9 children.
Single. - Never used liquor.

Stability good.
Intelligence good.

VII. Recommendations

R.C.A. Medium French Wing — N.C.O. Material

(Signed) .....
Army Examiner
CA(B)TC 51, Chicoutimi, P.Q.

M.F.M. 196
100M—8-42(5607)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

E-600768, Pte SIMARD, H.J. (3rd Inf) A-13 September 23,43

Rifleman. Suitable for Operational Unit H.D.

(P.A.FOURNIER) Capt.
Army Examiner, A-13.

Vernon, B. C. 25-Apr-44.

Enrolled 20-Nov-43. Basic trg at at Chicoutimi. Adv. at Valcartier. TOS Fus. du Sherbrooke, 22-Feb-44. TOS Regt. de Hull, Apr-44. Employed throughout as rifleman. MFM 6 - clear. No hospitalization. Courses: NCO and Jr. Leaders - Ql in both. Mountain Warfare at Terrace. Enlisted active Apr-44 for overseas service.

Recommendation: (1) Suitable for overseas service, CIC operational, as non-tradesman.

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

(J.R.Wilkinson) Lieut.,
AE, HQ, 13 CIB.

---

13 CIB-England-18 June 44
SOS to X-4 List- R.de Chaud. (Auth. CMHQ- AT 238)

A.L.Doucette-Capt. SPO

MÉMORANDUM POUR

Mme Deliska Simard,

13, rue Durham,

Bagotville, P.Q.

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

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

et de citer le numéro suivant:

Q.G. 405-S-25,514 FD.383

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ce 21 sept. 194 4

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

ESTATES BRANCH
SEP 29 1944
H.Q. OTTAWA
NATIONAL DEFENCE

SIMARD, Henri Joseph, Soldat,

No. E.106666, Armée Canadienne

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

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

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

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

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

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

[illegible],

pour Le directeur des successions.

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		~~Suinard Delisla Mde~~		
4	Mère du défunt.....		Suinard Delisla Mde.	43	13 rue Durham Bagotville
5	Frères du défunt	Frères germains	Raymond	16	"
			Carlille	13	"
			Gérard	9	"
			Rosaire	8	"
		Demi-frères	Jacques	6	"
6	Sœurs du défunt	Sœurs germaines	Lauretta	24	"
			Pierrette	20	"
			Jeannine	11	"
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant — Aucun		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Suinard Henri-Joseph
9	Date de sa naissance.	11 Avril 1922
10	Lieu et date de son mariage.	Célibataire
11	Lieu et date du mariage de ses parents.	7 Janvier 1919 Bagotville

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Bagotville
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Quebec (b) Canada (c) (d)
14	Nature de son emploi avant son engagement.	Trine-Keeper
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	à Bagotville avec sa mere, ses freres, ses soeurs

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	—
19	Avait-il un compte d'épargnes dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé.	non
20	Montant des certificats d'épargne de guerre que possédait le défunt.	non
21	Montant des bons de la victoire que possédait le défunt.	non
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	Metropolitan life # 83 xx Dme Delicka Simard
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	Intestat

AUTRES DÉTAILS

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

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

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* mère du défunt.

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

..... Signature du déclarant

13 rue Durham, Bagotville. Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

*Voir plus haut

Madame Delisle Simard, Nom du déclarant

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

Daté à Bagotville ce 27ème jour de septembre 1944

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public. J. Eug. Dumbleau. Titre Sec. Trésorier

Adresse Bagotville. Lilla Bagotville.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

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

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

Le montant de $83. retiré de la Metropolitan Life corresponds au montant des primes versées plus l'intérêt soit $12.50 en 1941 - 25. en 1942 - 25. — en 1943 et 12.50. en 1944

FINGERPRINTED & PHOTOGRAPHED ~~.....~~ O. H. F. COMPLETED

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

~~ORIGINAL~~ DUPLICATE ~~TRIPLICATE~~ { Copy designation to be shown by striking out terms not applicable.

M.F.M. 2
(Combining M.F.M. 103)
750M—4-43 (9375) (786-828)
H.Q. 1772—39—1645

Corps INFANTRY Regimental Number E 106666

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. SIMARD (Surname) Henri, Joseph (Christian Names)
2. Present Address Bagotville Quebec Canada
3. (a) Date of birth 11 Apr 1922
   (b) Place of birth Canada (Country) Quebec (County or Province) Bagotville (Town or Township)
4. (a) Place of birth of Father Canada Quebec Bagotville
   (b) " " " " Mother Canada (Country) Quebec (County or Province) Quebec (Town or Township)
5. Nationality French Canadian
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Catholic
7. Trade or calling (a) Laborer (a) Name and address of last employer: Aluminun Plant of Canada Arvida Quebec, Canada
   (b) How long employed 2 years
9. Married, Widower or Single Single If married, how many children N/A
10. Name of Next-of-Kin Mrs. Deliska Simard 11. Relationship Mother
12. Address of Next-of-Kin Bagotville, Quebec Canada
13. Previous Service (Navy, Army or Air Force) Units and dates N R M A Soldier from 20 Nov 42 until 13 Apr 44 (E-600768) (Fus de Sher C A)
14. (a) Former war service N/A
    (b) In the armed forces of what country
    (c) Dates of such Service
15. Decorations and medals, if any N/A
16. I do solemnly declare that the above particulars are true Fus. Simard Henri-Jos.

Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I)
R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Terrace, B.C. this 14th day of April 1944

Lt. Le Roy Capt.,
Les Fusiliers de Sherbrooke CA. (A)

{ Signature of Magistrate, Justice Attesting or Enrolling Officer.
{ Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Henri Joseph, SIMARD, hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 14 Apr 44 Fus. Simard Henri-Jos.
(Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness Lt. Le Roy Capt (Name) (Rank) Fus. Simard Henri-Jos. (Signature of Recruit)

19. **The above named recruit has made and signed the declaration and taken the oath before me.**

at Terrace, B.C. this 14th day of April 1944

Lt. Le Roy Capt. (Signature of Magistrate, Justice or Attesting Officer.)

Les Fusiliers de Sherbrooke CA. (A) (Office or Rank and Unit or appointment)

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

5408
18
3) 4N44
1111111

Record of Service of SIMARD (Surname) Henri Joseph (Christian Name) Regimental Number

QUALIFICATIONS

Military: nil

Business or Professional: nil

Trade or Civil: Laborer

Technical: nil

Languages: French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: ~~xix~~ 9 years (years completed)

Graduation or Matriculation: ~~xxxxxx~~ (specify)

*College: St. Alphonse, Bagotville, Que.

*University: nil

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

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
		To receive $1.50 per diem	Pte.	20 May 43	TC 51	Chicoutimi	D.O. No. 97	20 May 43
		T.O.S. on Enlistment from NRMA(E 600768)	"	14 Apr. 44	F de S	Field	2nd Ech. 55	28 Apr. 44
		S.O.S. to 1 Bn. R. de Hull	"	18 Apr. 44	"	"	" " 55	28 Apr. 44
		T.O.S. from 1 Bn. Fus. de Sher.	"	19 Apr. 44	R de H	"	" " 49	28 Apr. 44
		Granted Emb. Leave to 19-5-44	"	9-5-44	"	"	2	4-5-44
		Att. to D.D.S. f.a.p. except pay	"	5-5-44	"	"	2	4-5-44
		Ceases att. D.D.S. f.a.p. except pay	"	19-5-44	"	"	3	21-5-44
		S.O.S., C.A. Canada	"	26 May 44	"	U.K.	7	3 June 44
		T.O.S., C.A. Overseas	"	27 May 44	"	"	"	"
		Disembarked	"	3 June 44	"	"	"	"
		~~T.O.S.~~						
		S.O.S. to x 4 List R de Chaud.	Pte	16 June 44	1 Bn R de Hull	UK	11	19 June 44
		Killed	Pte	18 July 44		AEF	A 474	30 July 44.
		Embarked U.K.		10 July 44	x 4 List			
1/20		Disembarked France	Pte	11 July 44	Regt De Chaud	21 a Gp	24	24 July 44
		T.O.S. from x 4 List R de C.	Pte	13 July 44.	R de C.	21 a Gp.	51.	5 Aug 44.
		S.O.S. x 4 List x R de C		12 July 44	x 4 R de C	21 A Gp.	28	4 Aug 44.

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname SIMARD Christian Names Henri Joseph

Reception Centre Terrace, B.C. Military District 11 Date 14 Apr 44

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 22 Eyes (Colour) Green Hair Fair Height 5-6 Weight 154

Identification marks and scars

22. Urinalysis (a) Albumen Neg (b) Microscopic (if albumen positive) (c) Sugar Neg

" recheck (a) " (b) " " (c) Blood sugar

23. X-Ray No. 42558 Laboratory Montreal Report Neg

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble No

(b) Nose, throat, sinus or ear trouble No

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/ 20 Lt. 20/20

(with glasses) Rt. 20/ 20 Lt. 20/ 20

Hearing (C.V.) Rt. 20' Lt. 20'

Ears (Drums) Rt. Neg Lt. Neg

Nose Neg Throat Neg

Sinuses Neg

Remarks and Diagnosis

Pulhems grading H 1 E 1

[signature] R.C.A.M.C.

(Signature E.E.N.T. Specialist)

24. (Cont'd)

(c) Any broken bones or other injuries No

Head injuries No

(d) Spinal trouble No

(e) Foot trouble No

(f) Operations No

(g) Ruptures No

(h) Kidney or bladder trouble No

(i) Gonorrhoea No

(j) Varicose veins No

(k) Haemorrhoids No

(l) Rheumatism or joint trouble No

26. Cranium Neg

Spine Neg

Extremities Neg

Hernia Neg

Genito-Urinary Neg

Rectum Neg

Varicose Veins Neg

Feet Neg

Abdominal Neg

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

[signature] R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis ..... No

(n) Bronchitis or other lung trouble ..... Chronic congle

(o) Asthma or Hay Fever ..... No

(p) Heart Disease ..... No

(q) Rheumatic Fever ..... No

(r) Kidney Disease ..... No

(s) Stomach, Bowel or Rectal trouble ..... No

(t) Diabetes ..... No

(u) Goitre ..... No

(v) Syphilis ..... No

(w) Fits or fainting ..... No

(x) Nervous disorders ..... No

(y) Have you been in the Active Army in this war? ..... No

(z) Are you now or have you in the past received disability pension or compensation? ..... No

Lmard Kenni-Jos.
(Signature of Recruit)

Kerhauge's capt. R.C.A.M.C.
(Witnessed by)

27. Physique :

Good X Fair ..... Poor .....

Chest :

Full expansion 35½ Range of Expansion 2½

Lungs : Neg

Heart : B.P. Systolic 118 Diastolic 78

Abdomen Neg

Skin Neg

Glandular Systems Neg

Remarks and Diagnosis :

PULHEMS Grading P 1

Kerhauge's capt. R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis :**

Pulhems grading M 1 S 1

Kerhauge's capt R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

Year of Birth	P	U	L	H	E	M	S
22	1	1	1	1	1	1	1

This category (or profile) is not to be changed. See note (c).

Stéphanie Capt. R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
21Nov42	T A B T (1) Stéphanie Capt.	14Avr44	1	1	1	1	1	1	1	
12Dec42	T A B T (2)									
9Jan43	T A B T (3)									
21Nov42	Vaccination									

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

NRMA SOLDIER ATTESTED FOR GENERAL SERVICE

No E.106666 Rank Private Name SIMARD, Henri Joseph,

Unit Regt. de la Chaudiere Date of death 18th July, 1944.

Died at France

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-S-25514

N/K Mrs. Deliska Simard, Relationship Mother.

Address 13 Rue Durham, Bagotville, P. Q.

Remains buried in Cemeter

Beny-Sur-Mer France.

Grave location Plot XXX Grave 15.

CHK

OVER

BURIAL REPORT TO N.K. FEB 12 1946

RETURN TO BUR. OF STAT. MAR 5 1945

ROYAL MESSAGE DESP'D AUG 13 1944

CAN. MESSAGE DESP'D. 11-8-44

REBURIAL

Beny-sur-Mer Canadian Military Cemetery
Beny-sur-Mer, France.

Grave 11, row E plot 16

HI & CR Form Despd. JAN 22 1947

Photographs
Despatched
AUG 1 1947

18-7-44

FB

AWARDS—CANADIAN ARMY (ACTIVE) (1665)

M

500M—i-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-25514

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SIMARD, Henri Joseph	E-106666	Pte..	Regt. de la Chaud.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Deliska Simard Mother

ADDRESS: 13 Durham Street, Bagotville, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Deliska SIMARD, (FRENCH)

(1665) ADDRESS: 13 rue Durham, BAGOTVILLE, Que.

2851-13-3-50

MEMORIAL BAR (1)

DATE DESP.....

REGN. NO 4107

(2)

DESP. OCT 16 1944

REGN No. 3319

(3)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER R106666 RANK Private SERVICE UNIT Le Regiment de la Chaudiere (CA)

NAME SIMARD, Henri Joseph

DATE OF BIRTH 11th April 1922 DATE OF ENLISTMENT 14-4-44

MARITAL STATUS Single RELIGION R.C.

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

ADDRESS 13 rue Durham, Sorel, P.Q.

NAME ADDRESS D.A.B. Mrs. Delisle Simard

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8448

CASUALTY DETAILS Killed in action H.Q. 405-S-25,514 DATE 18-7-44

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 1-8-44

DIRECTOR OF RECORDS

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

LF

6

COPY FOR DOCUMENT FILE

KILLED 18-7-44

E ~~600768~~ Simard H.J.

No. Name 106666 [illegible]

Sqn., Battery, or Company "B"

Corps ~~Les Fusiliers de Sherbrooke C.A.~~ Regt de Hull C.A. C/C.

Date of enlistment 20 nov 42

G.C. Badges

Tradesmen's Rates of Pay

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. Two

Signature O.C. Company, etc. [illegible] Gauthier Major

Character

M.F.M. 6 (A.F.B.122) 750M—12-42 (7537) H.Q. 1772-39-1652

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				First sheet destroyed 20 mai 43					
Chicoutimi	3 jul 43	Fus.		Conduct to the prej of good order and milt disc. in that he left his bren on parade ground A.A. sec 40	Capt. M. Duclas	Aedonish	5 jul 43	Major R. Marion	
In the field							17/6/44	[illegible]	

(P.T.O.)

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

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.

(*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 SIMARD HENRI JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank E 600768 Pte

(3) Basic Training Centre No 51 Chicoutimi Que

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N A

(*b*) Present postal address of wife NA

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

(7) Are you a widower? No

(8) Have you any children? NA Number of boys NA Girls NA

Names and ages NA

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

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

Name NA

Postal Address NA

[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 enlistment? NO

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address, occupation EDMOND SIMARD BAGOTVILLE CTE CHICOUTIMI QUE . NOT WORKING

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? SOLE 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 enlistment $ 150.00 per month

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

(14) Is your mother alive? YES

If so, state name and address DELISCA (BRUNETTE) SIMARD BAGOTVILLE CTE CHICOUTIMI QUE

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

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

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? SAME AS ABOVE

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

If so, state the following particulars:—

Relationship / 3 sisters

Full Name Loretta , Pierrette, Jeannine, Simard

Postal Address Bagotville Que.

Amount contributed monthly during the past six months Same as above

(18) Are you insured? YES

If so, in what Company? METROPOLITAIN CO NUMBER NOT KNOWN
(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.

Henri Jos Simard
(Signature of recruit)

Date 23-11-42

Officer Commanding (J. Landry) Lt.-Col.
C.A.(B)T.C. No: 51

Date 3-12-42

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.

État de service du N° E-600768
Statement of the Service of No.

Grade Caporal
Rank

Feuille N° 1
Sheet No.

Nom SIMARD, Henri-Joseph.
Name

M.F.M. 1 & 2 (a) Fr.
20M—11-40 (7978)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
		~~Verra [illegible] pour toutes fins sup~~ ~~relat. le n.w.f. du C.I.F.51, [illegible]~~ ~~à 21st. Inf. Bde. Group, Valcartier, Que.~~	~~Cpl.~~	~~13-8-43~~	~~F.C.51~~	~~Chic.~~	~~O.P.11 No. 146~~ 5	~~13-8-43.~~ 4
		SOS from F.C. 51 on transfer to A/1 t.c. A-13 Valcartier	"	13-8-43	"	Valcartier	O/S II No. 14 &	13-8-43.
		Att'd for pay w.e.f. 6-8-43 and for all purposes w.e.f. 13-8-43. T.W. # A-614955	"	13-8-43	A-13	VALCARTIER	/197	16-8-43
			"	23-12-43	"	"	308	22-12-43
		s.o.s. on transfer to serial 1047	"	17 feb 44	"	"	40	16 feb 44
Att. to	M.D. W.S. ,	F.A.P. ex pay (6th M.W. Course)	"	15 Mar 44	"	Fiedd	2Ech #37	22 Mar 44
	ceases att	to MWS fap exc pay	"	1-4-44	"	"	" 46	104-44
		S.O.S. as NRMAsoldier on enlistment in CA(A) and alloted Reg. No. E 106666	Pte.	13 Apr.44	P.W.R.	"	" 56	26 Apr.44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

E-106666

Unit C.A.(B)T.C. NO 51 Regimental Number ~~E-600763~~

1. Surname SIMARD
2. Christian Names HENRI JOSEPH
3. *Substantive Rank and Appointment ~~Pte~~
   *Acting Temporary or Local Rank Fus.
   giving date 18 Feb 44
   *To be entered in pencil to facilitate alteration.
4. Place of birth Bagotville Que.
5. Date of birth as declared on attestation 11-4-22
   (A)
6. Date of enlistment 20-11-42 ("A" 14 Apr 44)
7. Place of enlistment Chicoutimi Que T.C 51.
8. Residence at time of enlistment Bagotville Que
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Bricklayer Helper
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries Jnr Leaders School Methods of Coaching Course.

$1.50 per diem — 20 May 43

(17) Regiment or Corps	Unit (Battn., etc)
NRMA	
NRMA CL DPT 5	

(18) Medical

Category	Date	Authority
A 1	20-11-42	page 1 MFM 103 ~~S.M.B.~~
22 1111111	30/7/43	MFM 103
conf'd	14 Apr 44	MFM 2

(19) Next of kin (entries to be made in pencil)
Edmond Simard (father)
Bagotville Cte Chicoutimi Que
Canada

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		T.C.5.	A/Cpl Chicoutimi		8Jul43	A/Cpl	Do no 126 d/8 Jul 43.
	A-13	FdeSher	T.O.S. as Pte.	Field	18Feb44	Fus	D.O. No 27 d/7 Mar 44
		FdeSher	Att to Mtn Warfare School F.A.P. except pay (6th Mtn Warfare Cse)	Field	15Mar44	Fus	D.O. No 37 d/22 Mar 44
		FdeSher	Ceases att. to MWS FAP ex. pay.	Field	1 Apr44	Fus	D.O. No 46 d/10 Apr 44.
		FdeSher	SOS NRMA on enlistment in Cdn Army Active. Allotted Regt'l No E-106666	Field	13Apr44	Fus	D.O. No 55 d/28 Apr 44.
		FdeSher	TOS on attestation.	Field	14Apr44	Fus	D.O. No 55 d/28 Apr 44.
		FdeSher	SOS to 1 Bn R. de Hull	Fie,d	18Apr44	Fus	D.O. No 55 d"8 Apr 44.
	O.C.	HULL	T.O.S. from 1 Bn. Fus de Sher	"	19-4-44	"	D.O. 49 d/28 Apr 44
	"		Granted Ent. Leave to 19-5-44	"	9-5-44	Pte	D.O. 2 d-4-5-44
	"		Att. to D.D.S. f.a.p. except pay	"	5-5-44	"	D.O. 2 d-4-5-44
	"		Ceases att. D.D.S. f.a.p. except pay	"	19-5-44	"	D.O. 3 d-21-5-44
			S.O.S., C.A. Canada	U.K.	26 May 44	"	D.O. 7 d-3 June 44
			T.O.S., C.A. Overseas	"	27 May 44	"	"
			Disembarked	"	2 June 44	"	"
			~~T.O.S.~~				
	T.C.5.		Granted daeley Rate 150 per deem	U.K.	20-5-43	Pte	Do-97. 20 May 44
	R de Hull		SOS to X4 list/R de Chaud	Field	15-6-44	Pte	DO #11 d/19-6-44
	X4	RdeChaud	11Bn TOS from R de Hull	Field	19Jun44	Pte	23--Jun 44
	~	~	~ SOS to R de Chaud	~	12Jul	~	28-1944
	Chaud		TOS fus x4 Chaud	~	13 Jul 44	~	51/44
	Chaud		SOS Killed in action	~	18 Jul 44	~	61/44.

(*Doit être remplie en triplicata*)

FINGERPRINTED & PHOTOGRAPHED

M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

DUPLICATE

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. F-104246 Matricule E 600768

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 5
2. Nom (Majuscules d'imprimerie) SIMARD
3. Prénoms en entier HENRI JOSEPH
4. Adresse actuelle BAGOTVILLE CTE CHICOUTIMI QUE
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) CTE CHICOUTIMI BAGOTVILLE (Ville ou canton)
6. Date de naissance 11-4-22 7. Confession religieuse CATHOLIQUE ROMAINE
8. Signalement: Taille 5' 6" Poids 141 Yeux BRUNS Cheveux CHATAINS
   Teint MEDIUM Marques particulières NIL
9. Marié, célibataire, veuf? CELIBATAIRE
10. Plus proche parent EDMOND (Nom) SIMARD Degré de parenté PERE
    ~~BAGOTVILLE~~ BAGOTVILLE CTE CHICOUTIMI QUE (Adresse)
11. Profession ou emploi HELPER BRICKLEUR
12. Service naval, militaire ou aérien antérieur NIL (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? NON Pour l'armée de terre? NON (Arme)
    Pour l'Aviation? OUI
14. Emploi dans une industrie de guerre, le cas échéant OUI

Henri-Jos Simard
(Signature de la recrue)

(Signature et grade de l'officier enrôleur)

23-11-42 194
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 51 à CHICOUTIMI QUE Date 20-11-42

A accompli 60 jours d'instruction élémentaire.

15-4-43. (Date, signature et grade de l'officier enregistreur) (M.L.T. Duclos) Lieut.

B. Versé au C.I. supérieure N° A-13 à Valcartier Date 3-8-43

A accompli Néd jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....

Est passé dans ..... Date .....
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

24 Jan 44 Madeau Lt
(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire A 1

OCCUPATIONAL HISTORY FORM HAS BEEN COMPLETED.

ÉTAT DE SERVICE de SIMARD (Nom) HENRI JOSEPH (Prénoms) N° matricule E 600768

Course at School of Instruction, A.I.T.C., A-13, Valcartier, Que. du 5 février au 6 mars, 1943. - 58.4% "C"

Bourse: Can. Junior Leaders School, Mégantic, Que.- Qualifié "Q -1"

Cours "Methods" A-13 Valcartier, 15 au 19-6-43 "Qual. "A".

APTITUDES

1. Navales, militaires ou aériennes NIL
2. Commerciales ou professionnelles NIL
3. Civiles ou de métier HELPER BRICKLEUR
4. Techniques NIL
5. Langue maternelle FRANCAISE Quelles autres langues parlez-vous? OUI Lisez-vous et écrivez-vous? OUI Savez-vous conduire une automobile? OUI

Savez-vous réparer un moteur? NON Expérience culinaire? NON Passe-temps favori? THEATRE

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie — 9 ième années (Années achevées) — Graduation ou immatriculation — Certificat 6 ième années (Spécifier)
7. *Collège ST-ALPHONSE RAGOTVILLE QUE.
8. *Université NON

(*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport Date	Rapport Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation Daté le
		PASSE du dépôt central de la L.M.R.N. N°						
		A ttaché au C.I.E. 51 pour toutes fins	Pte	20-11-42	T.C.51	CHIC.	O.P.II NO 171	23-;11-42
		A la permission de prendre congé du 29-12-42 au 2-1-43 incl.	"	29-12-42	"	"	O.P.II "o 186	18-12-4 2
		Est en mission à Valcartier pour un cours d'instruction. Effectif à 1800 hrs le 4-2-43. Aut: Q-13-5-1 (G) d#16-1-43	"	4-2-43	"	"	O.P.11 No. 25	5-2-43
		Ayant complété son entrainement comme recrue "R", cesse d'etre attaché au C.I.E. 51 pour toutes fins, est rayé du N.R.MA. CL. DPT. 5, et est versé dans l'Armée Territoriale du C.I.E.51, a.e.d. 18-2-43. Aut: Q-13-49-4 (D.A.)	"	18-2-43	"	"	O.P.11 No. 35	18-2-43.
		Ayant complété son entrainement comme re-xer recrue "R", est attaché comme membre H.D. sur H.W.E. du C.I.E.51, pour toutes fins, a.e.d. 19-2-43. Aut. Q:13-49-4(D.A.)	"	~~18~~ 19-2-43	"	"	O.P.11 No. 32	18-2-43.
		Est de retour de Valcartier pour suivre un cours d'instructeur, depuis 1330 hres le 6-3-43	"	6-3-43	"	"	O.P.11 No. 47	10-3-43.
		Est envoyé au S-6, Canadian Junior Leaders School, Mégantic, Que, pour suivre un cours d'instructeur a.e.d. 1730 hrs	"	3-4-43	"	"	O.P.11 No. 66	7-4-43.

	Est de retour de Valcartier pour suivre un cours d'instructeur, depuis 1330 hres le 6-3-43	"	6-3-43	"	"	O.P.11 No. 47	10-3-43.
	Est envoyé au S-6, Canadian Junior Leaders School, Mégantic, Que, pour suivre un cours d'instructeur a.e.d. 1730 hrs le 3-4-43. Auth: Q;-13-48-3A (G) d/30-3-43	"	3-4-43	"	"	O.P.11 No. 66	7-4-43.
	Ayant complété 4 mois de service continu et ayant rempli les conditions mentionnées dans l'Ordre de Service Courant No. 2772, est autorisé $1.40 par jour a.e.d. 1-4-43. à retirer Auth: Art. 144 (F.R.&.I.(Can)	"	1-4-43	"	"	O.P.11 No. 76	20-4-43.
	Ayant complété 6 mois de service continu et ayant rempli les conditions mentionnées dans l'O.S.C. No. 2772 est autorisé à retiere la solde de $1.50 par jour, a.e.d. 20 mai 1943. Aut. Art 144 F.R.&.I. (Can)	"	205-43	"	"	O.P.II No. 97	2055-43
	Est de retour du S-6, Canadian Junior Leaders, School, Mégantic, Qué, à 1030 hrs. le 21 mai 1943, où il a suivi un cours d'instructeur.	"	21-5-43	"	"	O.P.II No. 98	21-5-43
	En mission au A.I.T.C. A-13 Valcartier a.e.d. 14 juin 1943, pour un cours de "~~xxxxxxxx~~ "Coaching". Auth Ar.t Q-13-5-1- (G) d/ 7 juin 1943.	"	14-6-43	"	"	O.P.II No 113	15-6-43
	De retour d'un cours de "Coaching" au A-13 Valcartier, depuis 0830 hrs le 19-6-43.	"	19-6-43.	"	"	O.P.11 No. 120	25-6-43.
	Promu A/Cpl. avec paie a.e.d. 8-7-43	A/Cpl.	8-7-43	"	"	O.P.11 No. 126	8-7-43.
	Congé du 16-7-43 au 29-7-43 incl. (14 jrs)	"	16-7-43	"	"	O.P.II No.132	15-7-43.
	CEASES TO BE ATTACHED TO A.I.T.C. A-13 ON TRANSFER TO: Serial 1067.	"	17-2-44	A.I.T.C. A-13	VALCARTIER CAMP, P.Q.	40	16-2-44
	T.O.S. from A13 C.I.T.C.	"	18-2-44	Fur de Shw	Field	2 Ech # 27	7-3-44

N° matricule E-600768 Grade ~~Pte~~ Cpl. Nom SIMARD Prénoms HENRI JOSEPH

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
2-12-42	Rayon-XO Ng. o. 42-558	21-11-42	VACCIN T.A.B.T.-1 2. 3.		
21-11-42	URINE & REFLEXES:- NORMAL	21-11-42			
30/7/43	Y.O.B. P U L H E M S 22 1 1 1 1 1 1	12-12-42			
		9-1-43			

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Sortie de l'hôpital Jour	Mois	Année	MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER [redacted] RANK Private SERVICE UNIT Le Regiment de la Chaudiere (Ch)

NAME SIMARD, Henri Joseph

DATE OF BIRTH 11th April 1922 DATE OF ENLISTMENT 14-4-44

MARITAL STATUS Single RELIGION R.C.

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

ADDRESS 13 rue Durham, Regotville, P.Q.

NAME ADDRESS D.A.B. Mrs. Deliska Simard

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8448 H.Q. 405-8-25,514

CASUALTY DETAILS Killed in action DATE 18-7-44

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 1-8-44

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

LF

Capt

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.

Ottawa, le 11 Aout, 1944

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre fils, le soldat Henri Joseph SIMARD, matricule E-106666, qui a donné sa vie au service de sa patrie en France le 18 juillet 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

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

Nous rendons hommage au soldat Simard pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

Major - General
Adjutant - General

AUG 7 1944

(H.F.G. Letson),
major-général.

Mme Déliska Simard,
13, rue Durham,
Bagotville, Qué.

Form No. 1

2367

Register No. D-6060

Nomjnal Roll No. 125

H.Q. File No. 405-S-25514

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
E-106666	Pte	SIMARD,	HENRI, JOSEPH

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 14 APR 44	T.O.S.	T.O.S.
S.O.S. 18 JUL 44 MD o/s	S.O.S. MD	S.O.S. MD
Total Days 96	Total Days	Total Days

TOTAL SERVICE 96 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	43	—	43
OVERSEAS SERVICE	53	—	53
Totals	96	—	96
Add Non-qualifying Service			—
TOTAL SERVICE			96

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 18 JUL 44 (TOS o/s 27 MAY 44)

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
18 July 44

Computer's Signature J. St. Cleary

Checker's Signature R. Kenny

Date Computed 28 Feb 45

N.R.M.A. SERVICE
20 NOV 42 TO 13 Apr 44
Regtl No = E-600768
TOTAL DAYS = 511
No Service in Aleutians or Overseas

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.

4

Form No. 1

Register No. D-6060 Nominal Roll No. 125

H.Q. File No. 405-S-255144

TO: P.M.G.

N.R.M.A.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
E-600768	PTE	SIMARD,	HENRI, JOSEPH

Reason for termination of Service:

1st Enlistment To join C.A(A) FORCE CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 20 NOV 42	T.O.S.	T.O.S.
S.O.S. 13 APR 44 MD	S O S. MD	S.O.S. MD
Total Days 511	Total Days	Total Days

TOTAL SERVICE 511 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	511	—	511
OVERSEAS SERVICE	Nil	—	—
Totals	511	—	—
Add non-qualifying Service			—
TOTAL SERVICE			511

EMBARKATION DETAILS:

1. Date S.O.S. Overseas Nil

2. Date S.O.S. Overseas

REMARKS:

N.R.M.A.
NO SERVICE IN
THE ALUTIAN ISLANDS
Or Overseas

Computer's Signature J.F. Cheevers

Checker's Signature R. Kennedy

Date Computed 28 Feb 45

T.O.S. C.A(A) FORCE
14 April 44
Regtl No - E-106666
N.R.M.A. Service shown
on C.A.(A) Force Form

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

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

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Henri Joseph SIMARD
(PRÉNOMS) (NOM)

Nom du Paye - Mme Deliska SIMARD,
ADRESSE 13 Durham St.,
Bagotville, Chicoutimi Co.P.Q.

No DU REGISTRE D-6060
No DU DOSSIER 405-S-25514
DATE 29-3-45
No MATRICULE E-106666
GRADE DÉFINITIF Pte.
DATE DE LIBÉRATION 18-7-44

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ 18-7-44

	$	¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION		
NOMBRE DE JOURS 96/30 ÉQUIVALANT À 3 PÉRIODES COMPLÈTES @ $7.50	22	50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION		
NOMBRE DE JOURS 53 MOINS 6 JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À 47 JOURS @ 25 CENTS PAR JOUR	11	75
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION		
TOTAL	34	25

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

SOLDE	$ 1.50	
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT	$ 1.25	
SOLDE SUPPLÉMENTAIRE	$	
	$	
	$	
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ 25.00	$ .83	
TOTAL 3.58	3.58 X7 = $ 25.06	
NOMBRE DE JOURS 53/183	X$ 25.06	7 26

RECEIVED
APR 4 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE		41 51
E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS	$	
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE	$	
AUTRES DÉDUCTIONS	$	
F. MONTANT PAYABLE		
(CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE $ 41.51 CHACUN)		41 51

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET E. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS $ X30 $

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR
KRM	

TRÉSOR

VÉRIFIÉ PAR	DATE
M. G. Thibault	6.4.45

Kurt Rue Lt
REPRÉSENTANT MILITAIRE

△ TU

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: SIMARD (Block Letters)

Given names: Henri Joseph

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Bagotville,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 11th, (Day) 1922. (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
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) 18th, (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 CASUAL
CANADIAN ARMY

MAR 5 1945

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

Signature

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.

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

WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, SIMARD HENRI JOSEPH (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Bagotville, in the County District of Chicoutimi

Province of Quebec, Labourer (Civil Occupation)

Regimental No. E.106666, Unit Regt de Hull, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my mother Mrs Delisca Simard Bagotville, P.Q. "All my Estates"

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 Mrs Delisca Siamrd (Name) Bagotville, P.Q. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 23 day of April 1944.

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

Simard Henri Jos. (Signature of soldier)

First witness sign here.

(5) Signature Blair L.

Civil Address 113 Brewster Sherbrooke Ext. P.Q.

Civil Occupation Mouleur.

Second witness sign here.

Signature R Bourgault

Civil Address Tudor Que

Civil Occupation Manager

(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 with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

WILL RECEIVED IN DOCUMENT SECTION
MAY 26 1944
RECORD OFFICE
NAT. DEF. H. Q.

MAY 25 1944

MILITIA BOOK M. 1

[illegible]

H.Q. 1772-39-1622

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

N'OUBLIEZ PAS

D'avertir aussitôt votre commandant de tout changement dans le nom, l'adresse ou le degré de parenté de votre plus proche parent.

Ceci est très important pour vous-même et votre plus proche parent.

200 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

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 safe 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 the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

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.

(I) **SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION**

Regtl. No. E- ~~600768~~ 106666 R&P

Surname (in capitals) SIMARD

Christian Names (in full) Henri - Joseph.

Date of Birth 11- 7- 22

Place of Birth Bagotville. Que

Citizenship Canadian.

Trade on Enlistment Brick Layer.

Nationality of Father at Birth British (French Can.

Nationality of Mother at Birth British (French Can.

Religion Roman Catholic

Enlisted at Chicoutimi, Que

Date 20- 11- 42

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

Signature of Soldier Simard H. J.

Signature of Officer Dr Devers Capt

Place Chicoutimi Date

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	deceased Edmond Simard	30-1-42	Bagotville. Que.
	Mother	Mde. E. Simard		Bagotville, Que. Canada
3rd	*Brothers and Sisters	Julien Simard		" " "
		Raymond Simard		" " "
		Gabriel Simard		" " "
		mlle Lauretta Simard		" " "
		" Guirette Simard		" " "
		" Jeannine Simard		" " "
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
20-11-42	Pte		171-42	Dr Dwelles Capt
8-7-43	Cpo.		126-42	G.A. Croydon Lieut
21-2-44	Sus	On Transfer		

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed Basic Trng in accordance with Standard Syllabus The 18-2-43 T.C. 51. Chicoutimi, Que.

Dr Dwelles Capt

Qualified in addition as under:—

Advanced Training Completed as per Standard Syllabus (Brick Layer)

Date 24/8/43 G.A. Croydon Lieut

Commanding 4/2 T.C. 3 Inf Coy A.13 A17C

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Q.I. S.L.S. Megantic	21/5/43	G.A.E.
NCO Course Q.I.	6/3/43	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	Cl. 1	Rifle		G.A.E.
1943	Cl. 1	L.M.G.		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Gd Elem. Schl	Lantville	1958	G. C.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
		AIL	1/73 9/		G. C.

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
20-1-42.	7-4-43	L/Telleman	G.A. Croydon Lieut
8-4-43.	28-1-44	Cpl.	

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
28-12-42	A-1	Med Board		D. d'Amours Capt
2-12-42		X-Ray 42-558		
14-4-44.		22:1-1-1-1-1-1-1-1		
		Y.O.B. P U L H E M S		
		22 1 1 1 1 1 1 1		

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O...

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O...

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
24 May 44	✓		3F.	[signature] Capt
17 Jun 44	✓		1F (Simh	[signature] Maj.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. - 1	21-11-42	
— 2	12-12-42	O. d'Amours
— 3	9-1-43	Capt
TABT ½ cc	10-6-44	GLt
Shick Test	10-6-44	GLt
Typhus 1 cc	10-6-44	GLt
" 1 cc	17-6-44	GLt.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
21-11-42	O. d'A. Capt
19 JUN 44	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
NCO's course "Q.I"	6-3-43	M Duclos Capt
Coaching "A"	14-6-43	M Duclos Capt
RAY # 42558	2/12/42	G A E Craig Lieut
M. Test - 135	—	G A E Craig Lieut
Issued Service Strip 1	28-6-44	[illegible] Capt
Typhus 1 cc	24-6-44	[illegible]

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at NDHQ

30th April 44

Signature of Officer.

Rank or Appointment.

H J Rutledge Lieut

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. 106666 Pte / E- ~~600 468~~

Surname (Capitals) Simard

Christian Names in full Henri-Joseph

QG 405-S-25514 DR 2(c).

le 12 février 1946.

Madame,

Dès renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Henri Joseph SIMARD, matricule E-106666, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 11, rang E, lot 16, du cimetière militaire canadien de Beny-sur-Mer, à Beny-sur-Mer en France. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assurée qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

Mme Déliska Simard,
13, rue Durham,
Bagotville, Qué.

/MA

P.A.

File No 405-S-25514

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E106666 Name Simard, Henri Joseph.

Rank on Discharge Pte Date of Discharge 18-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	20-5-43	to 26-5-44	
	from		to	
United Kingdom	from	27-5-44	to 10-7-44	
	from		to	
Italy	from		to	
Northwest Europe	from	11-7-44	to 18-7-44	(1K/a)
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by Annette Routhier

Date AUG/16 1946

Carded AUG 16 1946 AD

IIA 165

NO RIBBON DESPATCH

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 ..... E-106666 Pte. Simard H. J. (Deceased) .....

RECEIVED FROM ..... Ie Regiment De La Chaudiere .....

CHECKED BY ..... F-52241 Gnr. Drake R.E.
B-126252 Pte. Sialofsky A. ..... DATE ... 11 Aug 44 .....

1	Leather Wallet		
1	Prayer Book		
1	Red Identification Disc		
1	Rosary		
	Snapshots		
1	Identification Card MFM 182		
1	Red Cross Receipt		
2	Canadian 4 Cent Stamps		
1	Religious Purse with Scapulars and Medals		
1	Small Map Book		
3	Songs (Words only)		
1	Catholic Identification Card		
1	MBM 1 Parts 1 and 11 to Officer i/c Estates		
1	MBM 1 Part 111		

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

TRIPLICATE — with effects.

..... M.A. Cathcart Capt. .....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
18 AUG 1944
BRANCH
HEADQUARTERS

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

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

District.....

Dispersal Area.....

Regtl No. E.106666 Rank and Name Simard, H.J. Pte.

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

(~~Transfer or~~ Discharge).....to.....on 18th July 19 44.

Reason Death. Authority : C.C.L. "A"474. d/30th July 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 Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account		68
First Monthly Payment AR. d/11th July 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			Allowances (Give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (Give particulars) :			Cash Effects. J.V.735	5	98
To Balance Cr Free	25	69			
To Balance Cr Deferred			By Balance Dr		
Total	53	16	Total	53	16

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

Remarks:

1. Assigned Pay $23.00 (M) Stopped eff. August, 44.

Compiled by L.G. Waldron.

Checked by Cooper

Date 20th January, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

A.R.

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: SIMARD (Surname) Henri J. (Christian Names) No.: E.106666

Pte. (Rank) C.A. C/3 (Unit) 18-7-44 (Date of Death)

AMOUNT

L.P.C. $ 25.69

Date: 1-5-45

Other Credits

Total 25.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Deliska Simard, 13 Durham Street, BAGOTVILLE, Chicoutimi Co., P. Q. (Sole beneficiary under will)	25.69 R

P4. TO TREAS. 7-5-45 OW

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$25.69

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2