E106735
SAVARD
JOSEPH

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

M. B. M. 1 (Fr.)

2500—10-42 (5043)

Q.G. 1772-39-1672

ARMÉE CANADIENNE

LIVRET INDIVIDUEL

DE

SERVICE ET DE SOLDE

(1) NOM ET SIGNALEMENT DU SOLDAT LORS DE L'ASSERMENTATION

Matricule ~~E 611~~ ~~[illegible]~~ E106735

Nom (en majuscules) SAVARD

Prénoms (en entier) JOSEPH

Date de naissance 22 oct 1921

Lieu de naissance Lauretteville Que

Nationalité Can fran

Métier ou profession lors de l'enrôlement Cultivateur

Nationalité du père à sa naissance Can. fran

Nationalité de la mère à sa naissance " "

Religion R. C.

Enrôlé à Lauzon

Date 9-4-42

Détails sur le service antérieur (s'il y a lieu), c-à-d. matricule, corps ou régiment, et durée du service.

Signature du soldat Joseph Savard

Signature de l'officier [illegible]

Endroit Prince George B.C. Date 6 Dec 43

(IV) PLUS PROCHE PARENT VIVANT

Tout changement connu, ainsi que la date de ce changement doivent être dûment notés et transmis par le commandant de l'unité au Chef des archives militaires

NOTE.—**Les inscriptions faites sur ces pages n'ont aucune valeur en droit comme TESTAMENT (voir aux pages 20-23)**

Plus proche degré de parenté		Noms	Date	Dernière adresse connue au complet
1er	Epouse			
	Enfants			
2e	Père	Pierre Lavard		Jeanette vve Dubois
	Mère			
3e	*Frères et sœurs			
4e	Autres parents (mentionner la parenté)			

* Spécifier s'il s'agit de frères plus jeunes ou plus âgés.

(V) GRADE et EMPLOI

Date	Grade et emploi	Grade effectif, temporaire, intérimaire ou local (avec ou sans solde)	Décision (Partie II)	Signature de l'officier

(VI) Certificat, applicable à toutes les armes, qui doit être rempli et signé par le commandant du bataillon, etc., avant que le soldat se rende outre-mer

A FINI SON INSTRUCTION (élémentaire et spéciale à son arme) *sauf qu'il a besoin de se perfectionner en:—*

Completed Basic & Advance Training According To Regulations.
H.L. Beegron Capt.

Possède en plus les aptitudes et connaissances suivantes:—

Date .....

Commandant .....

* Si le soldat ne requiert pas une instruction plus étendue, biffez les mots en italiques et initialez.

(VII) DÉTAILS DE L'INSTRUCTION MILITAIRE

Cours et écoles. Spécialités. Natation, etc., résultat, No de brevet ou d'autorisation. (On peut se servir de deux lignes pour chaque inscription)	Date	Signature de l'officier

(VIII) COURS DE TIR D'ARMES PORTATIVES

Année	Classification	Genre d'arme	Si le programme n'a pas été achevé, indiquer les séries tirées	Signature de l'officier
Jun 44	II	Rifle		F.X. Bergeron Capt
Jul 44	II	L.M.G.		F.X.B

(IX) INSTRUCTION GÉNÉRALE

Brevet, spécialités, etc. No de brevet ou d'autorisation (On peut se servir de deux lignes pour l'inscription)	Lieu	Date	Signature de l'officier
6e année			

10

(X) APTITUDES PROFESSIONNELLES

(Pour les hommes qui ont réussi les épreuves professionnelles)

Métier	Groupe	Classe	Décision Partie II	Date	Signature de l'officier

11

(XI) EMPLOI AU COURS DU SERVICE

Période		Nature de l'emploi	Observations et signature du commandant de la compagnie, etc.
Du	Au		
		Rifleman	
		2 Bn	

Doit inclure (1) l'emploi régimentaire, (2) comme artisan, (3) comme spécialiste; ex: signaleur ou mitrailleur

(XII) CLASSEMENT MÉDICAL

Date	Catégorie ou classe	Examinateur médical des recrues, ou autre autorité médicale	Date de la dernière visite	Signature du médecin
9-4-42	A1	M.F.M. 103		
		Y.O.B. P U L H E M S		
13-11-43		21 1 1 1 1 1 2 1		

(XIII) PRESCRIPTION OPTIQUE

	Vision sans lunettes	Sph.	Cyl.	Axe	Vision avec lunettes	Centre ophtal. N° de la monture (ou mesures)	Date de l'examen Date de la fourniture
D							
G							

Signature du médecin.............................

	Vision sans lunettes	Sph.	Cyl.	Axe	Vision avec lunettes	Centre ophtal. N° de la monture (ou mesure)	Date de l'examen Date de la fourniture
D							
G							

Signature du médecin.............................

(XIV) DÉTAILS DES SOINS DENTAIRES

Date	Requis	Achevé	Spécification Employez les abréviations et symboles autorisés	Signature du dentiste
6 Apr. 44 ✓			P.U.D	N. Barlow Lt.
24/5/44 ✓			1-PUD & P.L.D Px	[illegible]

(XV) APPAREILS CHIRURGICAUX FOURNIS

Détails	Date	Signature du médecin

(XVI) INOCULATIONS PRÉVENTIVES

Nature du vaccin, "T.A.B.", contre le choléra, la peste, etc.	Date	Signature du médecin
TABT/1	28-4-42	J Ray Capt
/2	19-5-42	
/3	6-6-42	
-"- 1/2 cc	10-6-44	[illegible]
Typhus 1 cc	10-6-44	[illegible]
-"- 1 cc	17-6-44	[illegible]
-"- 1 cc	24-6-44	[illegible]

(XVII) VACCINATION

Date de la vaccination	Signature du médecin
28-4-42	J Ray Capt
21 July 44	

(XVIII) INSCRIPTIONS DIVERSES

(Inscriptions pour lesquelles il n'a pas été prévu d'espace ailleurs)

NOTE.—Les inscriptions sur cette page n'ont aucune valeur légale comme TESTAMENT

Détails	Date	Signature de l'officier
X Ray Chest: Neg.	13-4-42	J Ray Capt
fingerprinted at Shelburne NB		[illegible]
and photographed	10 OCT 42	R.O. Lt.
Schick Test = Neg	10-6-44	[illegible]
2 service chevron	9 APR. 44.	R.O. Lt -

5. En rédigant un testament il ne convient pas d'y faire des altérations. Si, cependant, des altérations son faites par le soldat dans son testament, les deux témoins et lui même doivent alors apposer leurs initiales dans la marge, vis à vis les altérations. Tout changement aux dispositions d'un testament fait antérieurement peut toujours être fait au moyen d'un nouveau document appelé codicille; ce document doit référer au testament antérieur, et après avoir mentionné les changements désirés il doit être daté, signé et attesté de la même façon que le testament lui-même.

6. Un testament entièrement nouveau peut être fait en tout temps, et dans ce cas, ce dernier testament révoque ou annule tout testament fait précédemment. Les lois de toutes les provinces du Canada, sauf une seule, et de la plupart des pays de langue anglaise prescrivent que le mariage contracté postérieurement à la date d'un testament a pour effet de révoquer ce testament. Par conséquent, un soldat, immédiatement après son mariage, doit faire un nouveau testament, afin qu'advenant son décès, sa succession puisse être distribuée suivant ses volontés telles qu'exprimées dans son testament.

7. Le testament d'un soldat en service actif n'est pas nul du fait qu'à la date où il a été fait, il n'était pas âgé de 21 ans.

CERTIFICAT

J'ai reçu la formule M.F.M.....et l'ai remise au chef des archives militaires à

.....
Signature de l'officier
Grade ou emploi

Date de l'extraction du certificat ou du testament.....

Envoyé à C.M.H.Q. London

Signature de l'officier A. Bergeron Capt.

Unité ou département Records

Date de l'extraction du testament.....

Envoyé à.....

Signature de l'officier.....

Unité ou département.....

Ne doit servir que lorsque le soldat est au service actif. Le testament qui apparaît à la page 24 ne doit pas servir tant que le soldat n'a pas été appelé pour le service actif.

FORMULE ABRÉGÉE DE TESTAMENT

(Rédigez le testament sur la page suivante)

Si un soldat au service actif ou qui a été appelé pour le service actif désire faire un testament abrégé, il peut le faire sur la page suivante. **Ce testament doit être écrit entièrement de sa main, et signé et daté par lui.** Le nom et l'adresse en entier des personnes qu'il désigne comme bénéficiaires, ainsi que le montant d'argent ou les articles personnels qu'il désire leur léguer, doivent être clairement spécifiés. **L'inscription seulement du nom d'un bénéficiaire sur la page suivante sans aucune mention du legs fait audit bénéficiaire n'a aucune valeur en droit.**

Suit un spécimen de testament par lequel tous les biens sont laissés à une seule personne:—

En cas de décès, je lègue tous mes biens et effets à ma mère, Madame Marie Bernard, 099, rue Montcalm, Montréal.

(Signature) GEORGES BERNARD,
Matricule N° 0000
Royal 22e Régt.

Daté le 5 août 1936.

Suit un spécimen de testament par lequel les biens sont laissés à plus d'une personne.

En cas de décès, je lègue $10.00 à mon amie, Mademoiselle Rose Chevalier, 01, rue Laval, Québec, $5.00 à ma sœur, Mademoiselle Jeanne Bernard, 099, rue Montcalm, Montréal, et le résidu de mes biens à ma mère, Madame Marie Bernard, 099, rue Montcalm, Montréal.

(Signature GEORGES BERNARD,
Soldat, Mat. 00, Royal 22e Régt.

Daté le 5 août 1936.

Livret de Milice M. 1

PARTIE I

25M—10-42 (5043)
Q.G. 1772-39-1672

ARMÉE CANADIENNE

Livret Individuel de Service

(Pour le service actif)

No matricule E-106735

Nom (en majuscules) SAVARD

Prénoms en entier JOSEPH

Rgt de Hull

DECEASED

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

INFANTRY — Arm or Corps

Trade (if Tradesman or Trade Trainee)

RIFLEMAN — Work in Arm (if Non-Tradesman)

I. E-106735

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
~~E-6111~~	PTE.	SAVARD, Joseph	R	23	

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
FRENCH		FUS. DU ST. L.	17 Nov 43.

II. Revised Examination "M"

Place Tested — 23 July 42. Date Tested — By Whom

84 Total — V Group

	1	2	3	4	5	6	7	8
Subtests	12	6	1	22	17	5	11	11

Subtotals	1–3	4–5	6–8
	18	39	27

French — English or French

Other Tests

Y.O.B	P	U	L	H	E	M	S
21	1	1	1	1	1	2	1

III. Educational Background

Completed Grade V (Quebec) 7 to 14 years.
Liked school but left to help out at home.

IV. Occupational Background

Farming nearly all his life.
Sailor - 2 summers.
Airport labourer - 5 months.

V. Military Background

N.R.M.A. 9 April 42. Basic and Advanced training at Valcartier with the Fus. du St. L. No courses. Draws $1.50 per day. Presently rifleman. Crime sheet clear.

VI. Other Personal History and Appraisal

Height - 5'5½". Weight - 150 lbs. Says his health is good.
Born at Lorettéville, P.Q. 22 Oct 1920.
Single. Parents living. Has two brothers and four sisters all in good health.
Hobbies - Nil.
Sports - likes all sports.
Reading - fiction of all kinds.
Clubs - nil.
Music - dance music is favorite, likes piano and guitar.
Recreation - movies, writing letters.
Church - R.C. Regular attendant.
Says he smokes but does not drink.

Savard is a likeable cooperative soldier of average learning ability and good stability. He says he does not care too much for the army but he seems to have had a normal adjustment to army life. He is quite keen and lively, answers questions clearly and concisely and appears to have the mental capacity to continue as an infantry man.

VII. Recommendations

(1) Suitably employed as infantry man.
(2) Suitable for continued training in infantry if passed by the medical board.

(Signed) L.J. Drago, Capt.
Army Examiner

L.J. Drago, Capt.

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

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

13 CIB- England 20 Jul 44
SOS to X4 List CIC- 'R de Mais.)Auth.Adv.HQCRU-Reinf.demand 3041)

A.L.Doucette-Capt.SPO

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Pierre Savard,
Rang St. Claude,
Loretteville, Que.

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.Q. 405-S-26,124 FD 405

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

ESTATES BRANCH JAN 24 1945 H.Q. OTTAWA NATIONAL DEFENCE

January 17, 1945

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

SAVARD, Joseph, Pte.

No. E.106735 C. A.

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.

CS/MK

C. A. Stevenson Capt
ICO
Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		nil, il était céibataire		
2	Children of the Deceased and dates of their Births.....		nil		
3	Father of the Deceased.....		PIERRE SAVARD	60	R.R.No 3, LORETTEVILLE
4	Mother of the Deceased.....		Aurea Barbeau-Savard	60	,,
5	Brothers of the Deceased	Full Blood	Oscar Savard Edouard Savard		R.R.No 3, Loretteville, Montreal
		Half Blood			
6	Sisters of the Deceased	Full Blood	Antoinette Savard, épouse de Jos. Morin Cecile Savard, épouse de Joseph Martel Blanche Savard, épouse de Paul Pilon Therse Savard, épouse Ernest Bédard		Montreal, Québec, Québec, Loretteville,
		~~Half~~ Blood	Philomene Savard,		Loretteville
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	SAVARD, JOSEPH
9	Date of his birth.	3 octobre 1920
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Loretteville, P.Q.
13	State, in order, the Province, ~~State~~ and/or County in which he resided before enlistment and the period of time in each.	(a) Province of Quebec, (b) County of Quebec, (c) (d) since his birth
14	Nature of employment before enlistment.	matelot sur navire
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	Loretteville. P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Pas à ma connaissance,
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?	non marié
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?	non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	pas à ma connaissance,
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Le défunt avait souscrit deux Bons de Victoire de $50,00, mais ils n'ont jamais été reçus.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance $109,00 Pierre Savard,
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	aucune

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	non
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Oui, j'ai payé moi-meme, pour Service $75,00

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

(PLEASE TURN OVER)

DECLARATION

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

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

* PERE - - - - - - - - - - - - of the deceased.

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

Pierre X Savard { Signature of Informant

R.R. No 3. Forestville P.Q. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief PIERRE SAVARD

See above. - - - - - - - - - { Name of informant } is the PERE - - - - - - - of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Loretteville this 22 ieme day of janvier ------- 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Adelard Kearney Ptre Qualification Notary.

Address 104, rue Racine, LORETTEVILLE, P.Q.

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

M.F.M. 2
(Combining M.F.M. 103)
1,000,000—12-43 (3115)
H.Q. 1772—39—1645
K.P. 96

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

FOR USE OF N.D.H.Q. ONLY	
Date Received	
Checked	
Carded	
Hollerith	

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

Corps Infantry

CANADIAN ARMY

Regimental Number E-106735

ENROLMENT AND ATTESTATION PAPER

1. SAVARD, (Surname) Joseph (Christian Names)
2. Present Address Rang St-Claude, LORETTEVILLE, Que., Canada
3. (a) Date of birth 22 October 1921
   (b) Place of birth LORETTEVILLE, Que., Canada (Country) (County or Province) (Town or Township)
4. (a) Place of birth of Father LORETTEVILLE, Que., Canada
   (b) " " " " Mother ST GERARD MAJELLA, Que., Canada (Country) (County or Province) (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) R.C.
7. Trade or calling Sailor waiter
8. (a) Name and address of last employer Capt Arthur CARON address: QUEBEC
   (b) How long employed six months
9. Married, Widower or Single single If married, how many children
10. Name of Next-of-Kin Pierre Savard 11. Relationship father
12. Address of Next-of-Kin Rang St-Claude, LORETTEVILLE, Que., Canada
13. Previous Service (Navy, Army or Air Force) Units and dates
    NRMA Soldier (E611122) 9-4-42 to 25-4-44
14. (a) Former war service N/A
    (b) In the armed forces of what country N/A
    (c) Dates of such Service N/A
15. Decorations and medals, if any N/A
16. I do solemnly declare that the above particulars are true

Joseph Savard
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

WSG COMPLETED

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 Nanaimo Camp BC this 29th day of April 1944

A.A. Levesque Lt
(A.A. LEVESQUE) Captain
Fusiliers du St-Laurent

{ 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, JOSEPH SAVARD, 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 29th April 1944 Joseph Savard (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness W. Racine Lieut (Name) (Rank) Joseph Savard (Signature of Recruit)

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

at Nanaimo Camp BC this 29th day of April 1944

A.A. Levesque Lt (Signature of Magistrate, Justice or Attesting Officer.)
(A.A. LEVESQUE) Captain
Fusiliers du St-Laurent, CA (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.

TO BE FILLED IN BY DISTRICT DEPOT	
Fingerprinted	✓
Photographed	
Occupational History Form Completed	✓

5408
10
3 JUN 44
1111121

Record of Service of SAVARD (Surname) Joseph (Christian Name) Regimental Number E-106735

QUALIFICATIONS

Military: Nil
Business or Professional: Nil
Trade or Civil: Farmer
Technical: Nil
Languages: French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Nil (years completed)
Graduation or Matriculation: Grade 6 (specify)
*College: Nil
*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.

This column for checking purposes only	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.	Dated
	Granted new rate of pay of $1.50 per diem	Pte	1 Jun 43	FSL	Shelburne	PTO #49	5 Jun 43
	granted 14 days furlough with R.A. T.W.	"	16 Oct 43	"	Wainwright	" #218	14 Oct 43
	T.O.S. on attestation from NRMA Soldir	"	29 Apr 44	"	Field	" 54	3 May 44
	SOS to 1 Bn. Regt de Hull	"	30 Apr 44	"	"	" 54	— " —
	TOS from F.S.L.	"	1 May 44	R de Hull	"	" 56	5 May 44
	Granted Emb. Leave to 19-5-44	"	9-5-44	"	"	2	4-5-44
	Att. to D.D.5 f.a.p. except pay	"	5-5-44	"	"	2	4-5-44
	Ceases att. D.D.5 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	"	2 June 44	"	"	"	"
	~~T.O.S.~~						
	SOS SOS to X.4 list R de M.	Pte.	20 July 44	1 Bn R de Hull	21 Agp.	24.	19 July 44
	TOS TOS. X 4 list 13 Bn. from R de Hull.	Pte.	21 July 44.	R de M.	21 AGp.	28	2 Aug 44
	SOS. to X4L to FMR.	Pte	25 July 44	RDEM	219	32	30 Aug 44.
	TOS. FROM X 4 list R de M.	"	26 July 44.	F.M.R.	21 AGp.	64.	25 Aug 44.

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname SAVARD Christian Names Joseph

Reception Centre Nanaimo, B.C. Military District XI Date 29 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 23 Eyes (Colour) Brown Hair Fair Height 5' 5½" Weight 145

Identification marks and scars Nil

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

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

23. X-Ray No. 488 Laboratory #5 DD 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

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

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/- Lt. 20/-

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

Ears (Drums) Rt. - Lt. -

Nose No Throat Nil

Sinuses Nil

Remarks and Diagnosis

Pulhems grading H 1 E 1

R. Gauthier Capt R.C.A.M.C.

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

26. Cranium Nil

Spine Nil

Extremities Nil

Hernia Nil

Genito-Urinary Nil

Rectum Nil

Varicose Veins Nil

Feet Good

Abdominal Nil

Remarks and Diagnosis Nil

Pulhems grading P 1 U 1 L 1

R. Gauthier Capt 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 ..... No .....

(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 .....

Joseph Savard
(Signature of Recruit)

A/Lt Duverny Capt.
(Witnessed by) R.C.A.M.C.

27. Physique :

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

Chest :

Full expansion 38 Range of Expansion 36

Lungs : Nil

Heart : B.P. Systolic - Diastolic -

Nil

Abdomen Nil

Skin Good

Glandular Systems Nil

Remarks and Diagnosis :

PULHEMS Grading P 1

R. Gauthier Capt
(Signature of Physician) R.C.A.M.C.

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

Pulhems grading M 2 S 1

R. Gauthier Capt
(Signature of Psychiatrist) R.C.A.M.C.

Part III

29. Profile to be assigned.

Year of Birth	P	U	L	H	E	M	S
21	1	1	1	1	1	2	1

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

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

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

30. (b) Changes or confirmation in present 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.
Xx28-4-42	VACC.& TABT 1	29-4-41	1	1	1	1	2	1		R.S. Capt
19-5-42	TABT 2									
6-6-42	TABT 3									
23-3-43	TABT ½ c.c.									

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

NRMA SOLDIER ATTESTED FOR GENERAL SERVICE

Regimental No. E-106735 Rank ..... Sheet No. .....

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

Name Savard Joseph

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M139	Killed		4 Aug 44			A480	19 Aug 44.
	Embarked. UK.	Rte	24 July 44.	Rde M.X.L.	21 A.Gp.	30.	16 Aug 44.
	Disembarked France.		25 July 44.				
TOS.	TOS from X-4. Rde M.	Pte.	26 July 44.	F M R.	21 Agp.	64.	25 Aug 44
SOS.	SOS killed in action.	Pte.	4 Aug 44.	F M R.	21 Agp.	66	31 Aug 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
200M—4-43 (9533)
H.Q. 1772-39-1649

PART I (For all ranks)

Unit N.R.M.A. 5 Regimental Number ~~E-611,122~~ E-106735

1. Surname Savard
2. Christian Names Joseph
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 9-4-42
   *To be entered in pencil to facilitate alteration.
4. Place of birth Loretteville, Que.
5. Date of birth as declared on attestation 22-10-21
   (A)
6. Date of enlistment 9-4-42
7. Place of enlistment Lauzon, Que
8. Residence at time of enlistment St Claude, Loretteville Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion RC
12. If married, state date
13. Trade on enlistment Cultivateur (FARMER)
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

New rate of pay $1.50 per diem W.E.F. 1-6-43.

(17) Regiment or Corps: Inf. R.

Unit (Battn., etc.): F.S. Laurent Co

(18) Medical

Category	Date	Authority
"A-1"	9-4-42	M.F.M. 103A p. 1
1111121	17-11-43	" " p. 4.
6 conf	29-4-44	MFM 2.

(19) Next of kin (entries to be made in pencil)
Mr. Pierre Savard, father
Loretteville (Rang St Claude)
P.Q. 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
		F.S.L.	T.O.S. f.a.p. to F.S.L. from T.C. 53	Vale.	12-4-42	Fus	D.O. 31 d/13-4-42
		"	New rate of pay $1.50 per diem	Mulgrave	1-6-43	"	D.O. 130 d/2-6-43
		"	SOS NRMA SOLDIER on enl. in CA(A) and all. Reg. No.	FIELD	28-4-44	"	D.O. 55 d/4-5-44
		"	TOS ON ATTESTATION	"	29-4-44	"	do
		"	SOS to R de Hull	"	30-4-44	"	do
		Re de Hull	TOS from F.S.L.		5 May 44		5 May 44
		Hull	Granted Emb. 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 Jun 44
			T.O.S., C.A. Overseas	"	27 May 44	"	" "
			Disembarked	"	2 Jun 44	Pte	" "
			~~T.O.S.~~				
~~19-7-44~~	~~O.C.~~	~~"~~	~~SOS to 13 Bn 2 C.A.R.C.~~	~~"~~	~~20-7-44~~	~~"~~	~~D.O. 24 d-19-7-44.~~
19-7-44	"	"	SOS to X-4 List R. de Mais.	"	20-7-44	"	D.O. 24 d-19-7-44.
X4	R de Mais	13 Bn	Tos from R de Hull	"	21 Jul	"	28 1944
			Embarked U.K. 24 Jul 44 Disembarked		25 Jul 44		30 1944
	"	"	SOS to Fus MR	"	25 Jul 44	"	32 - 44
		FusMR	TOS from X-4 List R DE MAIS	Fd	26JUL44	Pte	64d/25AUG 44
		FusMR	SOS KILLED IN ACTION	Fd	4AUG44	Pte	66d/31AUG44

CASUALTIES, ETC.

PART II D. O No.	DATE	E-611122 rte Savard Joseph
48	10-4-42	TOS C.A.B.T.C. 53 Lauzon Que. ∅ w.e.f. 9-4-42
48	10-4-42	SOS C.A.B.T.C. on trf to Fusiliers St-Laurent w.e.f. 11-4-42
31-13-4-42		TOS(MHD) Fusiliers du St-Laurent, wef, 12-4-42
139--	10-9-42	On command all purp. Shelburne Def. wef, 8-9-42.
172	15-9-42	Attached to H.Q. Shelburne Defencesfor pay 9-9-42
34	31 Mar 43	Leave & furlough from 89-3-43 to 26-3-43 (incl.)
64	16 June 43	Ceases To be att'd. To H.Q.S.D. for Pay 16 June 43 on return To Unit.
64	16 June 43	Increased rate of pay of $1.50 per diem 1 June 43.
145-19-6-43		Back duty to Unit, w.e.f. 17 June 43
148d/23-6-43		Granted 96hrs, leave & Rat'All. fr; 23 to 26-6-43
218	d/14-10-43	14 days furlough, 6 days trav. time & rat'all fr; 16-10-43 to 4-11-43inc.
255d/13-12-43		"R" Recruit to N.R.M.A. wef. 1-12-43
		SOS. Fus du St Laurent on tr to Regt do Hull w.e.f. 30-4-44
2	4-5-44	Granted 10 days embarcation leave C.P.A. from 9 to 18-5-44
7	25-5-44	S.O.S. Can army (Canada) 26-5-44 Disembark U.K. - 2-6-44
		T.O.S. Can army (oversea) 27-5-44
60	23-4-44	SOS NRMA on enlistment in C.A.A. 30-4-44
		TOS C.A.A. on attestation 1-5-44
24	19-7-44	SOS, R. de Hull to X-4 List R. de Mais, wef 20-7-44

16th Period

No. E-~~611122~~ 106735 RANK Pte NAME Sa vard Joseph

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT Lauzon Que DATE 9-4-42

RATE OF PAY

D.O. No.	DATE	RANK	DAILY RATE	REMARKS
48	10-4-42	Pte	1.30	Reported at 1300 hrs 9-4-42
64	16 June 43	Fus.	1.50	1 June 43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Pierre Savard	1-12-42	20 00	
Rang St. Claude			
Loretteville, P.Q.			
~~Victory Bond - May to Oct/43~~		~~8 40~~	~~28 40~~
~~5th [illegible] to [illegible] Oct~~		~~8 40~~	~~[illegible]~~
6th V.L.B. MAY to Oct 44		8 40	28 40

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
N/A.	Father	—	

*DELETE WORDS WHICH ARE INAPPLICABLE

M.F.M. 111
100M—2-41 (9405)
H.Q. 1772-39-1801

No E.106735 Rank Private Name SAVARD, Joseph

Unit Fusiliers Mont-Royal Date of death 4th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-26124

N/K Mr. Pierre Savard, Relationship Father

Address Rang St. Claude, Loretteville, P.Q.

Remains buried in Cemetery

CHK ✓ BAYEUX MEMORIAL

Grave location

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. DEC 3 1946

ROYAL MESSAGE DESP'D. SEP 21 1944.

CAN. MESSAGE DESP'D. 6-9-44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mr. Pierre Savard — Father

ADDRESS: Rang St. Claude, Loretteville, P.Q.

(2) MEMORIAL CROSS

WIDOW: Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Helene Savard, (FRENCH)

(D696) (M.F.M.5.)

ADDRESS: Rang St., Claude, Loretteville, Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 9412

(2)

(3)

DESP. NOV 6 1944

REGN No. 5510

4-8-44

AWARDS—CANADIAN ARMY (ACTIVE) (1696)

M

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-26,124

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SAVARD	Joseph	E-106735	Pte.	Fus.Mont.Royal

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal CVSM with clasp	1320, 13-2-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

D39-S-1816

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 SAVARD JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank E611122 Pte

(3) Basic Training Centre C.A.(B)T.C. 53

(4) Are you married? non

(5) If married, state, n/a

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? non

(8) Have you any children? non Number of boys n/a Girls n/a

Names and ages

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

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

Name n/a

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment? non

If so, state her full name and Postal Address n/a

(11) Is your father alive? oui

If so, state name and address, occupation Cultivateur

Lorette ville St. Claude Co. Montmorency, P.Q.

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

(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 non

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

(14) Is your mother alive? oui

If so, state name and address Helene Barbeaux

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

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

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? n/a

(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 n/a

Full Name

Postal Address

Amount contributed monthly during the past six months n/a

(18) Are you insured? oui

If so, in what Company? Metropolitain

(Give number of policy)

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

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.

(Signature of recruit)

Date 2 Nov 42 Shelburne, N.S. Savard J.

Officer Commanding J. R. Dubé capt

Date 2-11-42

Fusiliers du St. Laurent C.A. (A)

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.

le 8 septembre, 1944

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Joseph SAVARD, matricule E-106735, qui a donné sa vie au service de sa patrie en France le 4 août 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 Savard pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

AUG 30 1944

(H.F.G. Letson),
major-général.

M. Pierre Savard,
Rang St-Claude,
Loretteville, Québec.

/RB

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: SAVARD. (Block letters)

Given names: Joseph.

Do not write in this space

4. RESIDENCE

Street: No:

Official name of civil municipality or township: Lorettеville.

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October (Month) 22nd, (Day) 1921. (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.: Sailor waiter.

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	SAVARD, Pierre.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Body not recovered.

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: 19 (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 4th. (Day) 1944. (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?

OVERSEAS CASUALTY CANADIAN ARMY

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

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

[signature] L.S.

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.

DEC 3 1946

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, SAVARD Joseph (Name in Full), of the Lorretteville (City, Town, Village, Township)

Address in civil life.

of ....., in the County / District of Montmorency

Province of Quebec, ... (Civil Occupation)

Regimental No....., Unit....., 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 father Mr.Pierre Savard, Rang Ste-Claude, Lorretteville Co. Montmorency, Que. all my Estate.

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 Mr. Pierre Savard, Rang St-Claude, Lorretteville, Que. (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 29 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.

Joseph Savard (Signature of soldier)

First witness sign here.

(5) Signature [signature]
Civil Address 326½ Richelieu Quebec
Civil Occupation Student

Second witness sign here.

Signature [signature]
Civil Address 151 St.Patrick Quebec
Civil Occupation Clerk

(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 29 1944
RECORD OFFICE
NAT. DEF. H. Q.

RECEIVED
D OF RECORDS
FEB 22 1946
WILL S. C.
N. D. H. Q.

Le Curé de St-Ambroise
LORETTEVILLE
QUE.

18 Mars 1943

A qui cela concerne

Je certifie par la présente que
Joseph Savard, E. 611, 122, est le fils
de Pierre Savard, Cultivateur du
rang St-Claude, dans la paroisse
de St-Antoine de la Jeune Lorette;
qu'il a toujours travaillé avec
la femme de son fils avant l'été
appelé sous les drapeaux; que Pierre
Savard son fils engagé de 0-8 ans;
que ce dernier possède une ferme
de 25 arpents en culture, et des terres
à bois d'environ 100 arpents, et qu'il
a besoin d'aide pour continuer
de cultiver sa ferme et exploiter ses
terres à bois.

J. Cha Dumas ptre
Curé

NATIONAL DEFENCE BUREAU FOR TRANSLATIONS
Rec'd 18-5-43
Ref'd

Shelburne N-S

5 avril 1943

Officier commandant

des Engagés du St. Laurent-

Mulgrave N. Ecosse

BUREAU FOR TRANSLATIONS
bm
Rec'd 18-5-43
Ret'd 21-5-43
NATIONAL DEFENCE

Cher Monsieur

S.V.P. considérez la présente comme demande de congé d'agriculture.

J'ai toujours travaillé sur notre ferme et désire la conserver actuellement mon père est invalide et par le fait même incapable de faire les dur travaux de la ferme c'est pourquoi je demande

un cierge d'agriculture
pour ne pas que mon
bien dépérisse.

Espérant que ma
demande recevra un accueil
favorable. Je demeure, monsieur,
votre devoué

E 6/11122 Fus. Savard. J.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4 ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph (CHRISTIAN NAMES) SAVARD (SURNAME)

PAYEE: Mr. Pierre SAVARD,

ADDRESS: Rang St. Claude, Loretteville, Que.

REGISTER NO. D-23202

FILE NO. 405-S-26124

DATE 13-6-46

SERVICE NO. E-106735

FINAL RANK OR RATING Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 4-8-44

DATE OF DISCHARGE 4-8-44

A. TOTAL QUALIFYING SERVICE NO. OF DAYS 98 (30) EQUAL TO 3 COMPLETE PERIODS AT $7.50	$ 22.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 70 LESS 8 (90) INELIGIBLE DAYS, EQUAL TO 62 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	15.50
	38.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 70 (183) X$ 19.25	7.36
D. WAR SERVICE GRATUITY	45.36
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	45.36

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
GJC	[illegible]

TREASURY	
CHECKED BY	DATE
V Birmingham	15/6/46

G. L. Mathews Cy

SERVICE REPRESENTATIVE

File No 405-5-26.124

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. E-106735 Name SAUARD Joseph

Rank on Discharge Pte. Date of Discharge 4-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	1-6-43	to 26-5-44	
	from		to	
United Kingdom	from	27-5-44	to 24-7-44	
	from		to	
Italy	from		to	
Northwest Europe	from	25-7-44	to 4-8-44 K/A.	
----------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star ok ✓

---------- ----------

~~Italy Star~~ ----------

France-Germany Star ok ✓

Defence Medal N.E. ✓

War Medal O.K. ✓

Canadian Volunteer Service Medal ok ✓

with clasp ok d GP

M

NO RIBBON DESPATCH

Verified by R. Renaud

Date 10-8-46

Carded AUG 10 1946

IIA 165

MUNICIPALITÉ DE LA PAROISSE DE ST AMBROISE
DE LA JEUNE LORETTE
COMTÉ DE QUÉBEC

AD. L'HEUREUX N. P.
Sec. Trés.

LORETTEVILLE, 25 mars - - - - - - 1943

Je soussigné, EMILE DROLET, Maire de la municipalité de la paroisse de St Ambroise de la Jeune Lorette, (Cultivateur,) certifie que je connais personnellement monsieur PIERRE SAVARD, cultivateur, de cette municipalité,

Je sais que monsieur Pierre Savard est seul sur sa terre depuis le depart de son fils, JOSEPH SAVARD, pour l'armée, et qu'il est plutot malade, et qu'il est très difficile pour lui de cultiver sa ferme et de faire la coupe du bois comme il avait l'habitude de faire,

Emile Drolet

MAIRE,

Assermenté devant moi à Loretteville
ce 6 avril 1943

Adelard L'Heureux
J.P.

BUREAU FOR TRANSLATIONS
Rec'd 18-5-43
Ret'd 24-5-43
NATIONAL DEFENCE

3/45 MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. R.106735 Rank and Name Savard J. Pte.

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

(Transfer or Discharge) ..... to ..... on 4th August 19 44

Reason Death Authority : C.C.L. "A" 480 d/18th Aug. 44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	29	14
First Monthly Payment			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	20	00			
Regimental Charges			Allowances (give particulars) .....days at $		
Public Stoppages (give particulars) :					
To Balance Cr Free	55	64	By Balance Dr		
To Balance Cr Deferred					
Total	75	64	Total	75	64

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

Remarks

Assigned Pay of $20.00 (F) stopped effect September 1944.

Assigned Pay of $6.40 (6th V.L.) cancelled effect May 1944.

Compiled by F. Gough

Checked by [signature]

Date 15th March 19 45

SIS.

Certified correct [signature]
for Chief Treasury Officer, Overseas

DISTRIBUTION OF SERVICE ESTATES

VS

Estates Form "P. 4"

R. C. A.

Name: SAVARD (Surname) Joseph (Christian Names) No.: E.106735

Pte (Rank) C. A. C/S (Unit) 4-8-44 (Date of Death)

AMOUNT

L. P. C. ..... $ 55.64

Date: 4-7-45

Other Credits .....

Total 55.64

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Pierre Savard, R.R.# 3, Lorettville, P.Q. (Sole Beneficiary under will)	55.64 R

P4. TO TREAS. 25-8-45 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9999	731	00	00	001	$ 55.64

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2