E106747
DESROCHER
LEO

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DISTRIBUTION OF SERVICE ESTATES

ARMY HG

Estates Form "P. 4"

Name DESROCHERS Leo No. E.106747
Surname Christian Names

Pte. C.A.O/S 10-3-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 145.37

Date 20-11-45

Other Credits

Total 145.37

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Anna Desrochers, B.P. 89, Windsor Mills, RICHMOND CO., P.Que. (Sole beneficiary under will)	$145.37 R

P4. TO TREAS. 10-12-45, Q.M.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$145.37

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

3/45A MFM 510
40/P&S/254 (8550)

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

District.....

Dispersal Area.....

Regtl No. E106747 Rank and Name DESROCHERS. L. PTE.

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

(~~Transfer~~ or Discharge)..... ~~to~~..... on 10th Mar.45. 19.....

Reason Death Authority: C.C.L." A" 555 d/16th Mar.45.

The following is a statement of the account of the above-named from 1st Mar: to 31st Mar: 19 45. the inclusive date of transfer or discharge.

Dr				Cr		
Particulars		Amount		Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	96	97
First Monthly Payment				Regimental Pay 31 days at$ 1.50	46	50
Casual Payments				Tradesmen's Pay.....days at.....$		
Payments on Transfer or Discharge				Additional Pay (Give Particulars)..... .....days at.....$		
Assigned Pay						
Regimental Charges				Allowances (give particulars).....days at.....$		
Public Stoppages (give particulars):						
				D.P. Int:		50
To Balance Cr	Free	63	97			
	Deferred	80	00	By Balance Dr		
	Total	143	97	Total	143	97

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

Remarks

A.P. $16.80 (7th V.L.) Can: eff Nov.44.

ESTATES BRANCH OCT 10 1945 OTTAWA DEPARTMENT OF NATIONAL DEFENCE

Compiled by C.A.Brown.

Checked by L Broughton

Date 20 Sep.45. 19.....

Certified correct E Adamson
for Chief Treasury Officer, ~~Overseas~~

MW

FORM No. 1

Register No. C.D 1463 Nominal Roll No. D-573

H.Q. File No. 405-D-20670

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
E106747	PTE.	DESROCHERS.	LEO.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Died of Wounds. ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 22 June 44.	T.O.S.	T.O.S.
S.O.S. 10 Mar 45 MD 015.	S.O.S. MD	S.O.S. MD
Total Days 262	Total Days	Total Days

Total Service ..... 262. ..... DAYS.

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	151	4	147
Overseas Service	111	Nil.	111
Totals	262	4	258
Add Non-qualifying Service			4
Total Service			262

EMBARKATION DETAILS: TOS o/s. 20 Nov 44.

1. Date S.O.S. Overseas 10 Mar 45 2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST IN SERVICE

O/W Mee Sgt – DIED OF WOUNDS. 10 MAR. 45.

Computer's Signature ..... O/W Mee Sgt

Checker's Signature ..... L Kennedy

Date Computed ..... 13 July 45.

N.R.M.A. SEVICE

UNDER REGT. No E62807

FROM 26 Aug 42 TO 21 June 44

SEE ATTACHED FORM No 1

FOR N.R.M.A. SERVICE

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL.	30 Sep 44	3 Oct 44			4

FORM No. 1

N.R.M.A.

Register No. C.D. 1469 Nominal Roll No. D-593

H.Q. File No. 405-D 20 670

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
E626807	PTE.	DESROCHERS,	LEO

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Re Enlist Can Army Active CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 26 Aug 42	T.O.S.	T.O.S.
S.O.S. 21 June 44 MD 5	S.O.S. MD	S.O.S. MD
Total Days 666	Total Days	Total Days

Total Service 666 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	666.	7.	659
Overseas Service			
Totals	666.	7	
Add Non-qualifying Service			7
Total Service			666

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature A W Mee Sgt

Checker's Signature

Date Computed 13 July 45

ACTIVE SERVICE

UNDER REGT. No E106747

FROM 22 June 44 TO 10 Mar 45.

SEE ATTACHED FORM No 1

FOR ACTIVE SERVICE

N.R.M.A.

NO SERVICE IN or O/S THE ALUTIAN ISLANDS

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

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

500M—11-44 (6012)
H.Q. 1772-45-S

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

747

No., RANK and NAME .....E-106474 Pte Desrochers L. ..... Dec'd

RECEIVED FROM .....Cdn 2nd Ech 21 Armr Group

CHECKED BY .....B-81759 Sgt Graves J.G. ..... DATE .....16 Apr 45.....

AND .....B-6410 Pte Shaw R.V. .....

1	Red "I" Disc.		
1	Pen (Luxor).		
1	Leather Wallet.		
43	Souvenier Coins		
8	GermanNotes.		
1	Crucifix .		
1	Plastic Trinket.		

730

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

QUADRUPLICATE—with effects.

B Graves Sgt
.....
for OC 1 Cdn KSD

10-3-45 — — AWARDS—CANADIAN ARMY (ACTIVE) M (1925) E.G.

500M—1.44 (3467)
H.Q. 1772-45-8

FILE No 405-D-20,670

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
DESROCHERS, Leo	E-106747	Sol.	Le R.de Maisonneuve

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. Anna DESROCHERS (MOTHER)

ADDRESS: Windsor Mills,
Cte. de Richmond, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER MME. Anna DESROCHERS, (FRENCH)

(1925)

ADDRESS: WINDSOR MILLS, Cte de Richmond Wolfe, Que.

285-8-14-3-50

(1) MEMORIAL BAR
DATE DESP
REGN. NO 1902

(2)

(3) DESP. MAY 4 1945
REGN No. 18408

(To be completed in triplicate)

M.F.M. 103
125M—4-42 (4203)
H.Q. 1772-39-1828

MILITIA ACT
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

S.V.

DUPLICATE

N.R.M.A. Serial Number of Notice of Call F-01457 Regimental Number E-650807

1. Taken on Strength of No. 6 N.R.M.A. Clearing Depot District Depot

2. Surname (Block Letters) DESROCHERS

3. Christian Names (in full) Leo.

4. Present Address Windsor Mills Que de Richmond Wolfe P.Q.

5. Place of Birth U.S.A. New-Hampshire Berlin
(Country) (County or Province) (Town or Township)

6. Date of Birth 15 Nov 1922 7. Religion—Denomination Catholique Romaine

8. Physical Description: Height 5'6½ Weight 160 Eyes Bleus Hair Brun

Complexion Bon Identification marks Nil

9. Married, Single, Widower? Celibataire

10. Next-of-Kin Mde Anna Desrochers Relationship Mere
(Name)
Windsor Mills Que de Richmond Wolfe P.Q.
(Address)

11. Trade or Occupation Shipman

12. Previous Naval, Military or Air Service Nil
(State Units and Dates of Service)

13. Preference, if any, for, R.C.N.? Army? [illegible] R.C.A.F.?
(Arm of Service)

14. Employment in War Industry, if any Nil

Leo. Desrochers
(Signature of Man)

R. J. McCarthy Capt
(Signature and Rank of Enrolment Officer)

16 Aout 42
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 54 at Montmagny Date 19-9-42

Completed 58 Days Basic Training.

17-11-42 B. Mitchell Capt.
(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. ..... at ..... Date .....

Completed ..... Days Advanced Training.

Qualities of Leadership, Positive ..... Becoming Evident? ..... Dormant? .....

Transferred to ..... Date .....
(R.C.N. formation or unit of the C.A., R.C.A.F.)

.....
(Date, Signature, and Rank of Recording Officer)

C. Medical Category on acceptance at Basic Training Centre .....

RECORD OF SERVICE of Dearochers (Surname) Leo (Christian Names) Regimental Number E-626807

QUALIFICATIONS

1. Naval, Military, or Air NIL
2. Business or Professional NIL
3. Trade or Civil Shipman
4. Technical NIL
5. Languages, etc. FRANCAIS (mother tongue) Can speak? ANGLAIS Can read and write? OUI Can drive a car? OUI Repair a motor? NON Cooking experience? OUI Hobby? Golfe

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate 7 ans (years completed) Graduation or Matriculation NIL (specify)
7. *College College de Sacre-Coeur Windsor Mills P.Q.
8. *University NIL

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

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force.	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. 5 Reported [illegible] the 26-8-42 & attached to this depot for all purposes	Pte	26-8-42	5 D.D.	Que.	D.O.210	3-9-42
		S.O.S. from this depot on proceeding to C.A.B.T.C. Montmagny No 54 P.Q.	"	12-9-42	"	"	D.O. 223	18-9-42
19-9-42	D.D. 5	Att. to C.A.(B) T.C.-54 for all purposes	Pte	19-9-42	T.C.-54	Mont'y	Part(11)No.113	18-9-42
18-11-42	" "	Ceases to be att. to T.C.# 54 on transfer to RCASC A-19 BORDEN, Ont.	"	17-11-42	" "	" "	" " " 137	18-11-42
18-11-42	Mont'y.	Attached to A.19 R.C.A.S.C.(ADV)T.C. (R.Recruits) for a/p	"	18-11-42	RCASC TC	C.Borden	PT. II OR #117	19-11-42
		Admonished for;-AWL (6 days,9 Hrs.,45 Mins.) Forfeits 7 days Pay and Allowances.	"	29-12-42	"	"	Pt.II Ord. #4	7-1-43.
		Qualified Driver (I.C.) Class III Wheel	"	18-1-43	"	"	Pt.II Ord. #13	21-1-43.
		Ceases to be attached to A-19 for a/p on attachment to No. 11 Dist. Coy. RCASC for a/p	"	10-2-43. xxxxxxxx	"	"	Pt. II #24	10-2-43.
19-2-43		Att'd to #XI Dist. Coy. RCASC for A/P.	"	11-2-43	"	Vancouver	Pt. II O. #18(15a)	16-2-43
19-3-43		Posted from Vancouver to Nanaimo	Private	16-2-43	#XI Dist. Coy. RCASC	Nanaimo	Pt. II O. #19(16f)	19-2-43
2-4-43		Has completed six months service in the Canadian Army and [illegible] is entitled to receive Rates of [illegible] Pay in accordance with CARO 2272 of 1943 & G.O. 486/42	"	26-2-43	"	"	Pt. II O #30(22b)	23-3-43
			"	"	"	"	"	"

		S.O.S. (Sup to Estab) No.XI Dist Coy RCASC on posting to Pacific Command RCASC No.3 Depot	"	11-2-43	"	"	D.O. 33		27-3-43
		T.O.S. (Sup to Estab) Pacific Command RCASC No. 3 Depot	"	12-2-43	P.C. RCASC	"	D.O. 1		28-3-43
		Granted leave with pay for period 30 Mar 43 to 4 Apr 43 and furlough from 5 Apr 43 to 18 Apr 43 and ration allowance from 30 Mar 43 to 18 Apr 43 incl. and transportation warrant No. A 35882 from Nanaimo B.C. to Windsor Mills & return	#	30-3-43	"	"	D.O. 5		9-4-43
		Attached to 28 Gen Trans. Coy RCASC for pay.	"	1-5-43	no. 3 Depot	nanaimo	PC, LI O, # 5		20-5-43
		To be Lance Corporal with pay w.e.	L/Cpl.	1-7-43	"	"	" " 17		21-7-43
		TOS to cover vacancy No. 3 Depot RCASC W.e.	"	21-7-43	"	"	" " 17		21-7-43
		S.O.S. No #3 Depot RCASC Nanaimo B.C. on posting to No.9Depot RCASC Port Alberni B.C. w.e.	"	31-8-43	"	"	" " 28		18-9-43
		Cease to be attached to 28 Gen.Trans. Coy.RCASC for pay w.e.	"	30-9-43	"	"	" " 28		18-9-43
		Ceases to be attached to 6th Cdn.Div.Misc.Units	"	31-10-43	No.9	Pt-Alberni	18		31-10-43
		Attached to30th A.A. Regt.R.C.A. for pay	"	1-11-43	#	"	18		31-10-43
		Granted Payment of allowance in lieu of ration & quarters art 199(I) F.R. & I for 1/II/43 to 30/11/43	"		"	"	19-1		2-11-43
		Entitled to receive payment of subsistance allow. for period 1-12-43 to 31-12-43	"	1-12-43	"	"	27		29-12-43.
		Ceases to be attached to 30 AA Regt RCA for pay	"	8-1-44	"	"	30		11-1-44
		Attached to Camp Commandent P. Alberni Mil Comp for pay	"	9-1-44	"	"	30		11-1-44
		Ceases to be attached to No 5 NRMA Clearing Depot on being posted as a member R.C.D. of the Canadian Army	"	18-11-43	"	"	D.O. 21		18-11-43.
		Ceases to be a member R.C.D. on becoming an N.R.M.A. Soldier.	"	1-12-43	"	"	24		2-12-43.

Regtl. No. [illegible] Rank Pte Surname [illegible] Christian Names Leo

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
26-8-42	URINE & REFLEXES:- [illegible]	26-8-40	X Ray neg G. [illegible] Capt RCAMC H.L. 1534		
2-9-42	VACC. G. [illegible] CAPT. RCAMC				
2-9-42	T.A.B.T. [illegible] CAPT. RCAMC		Y.O.B. P U L H E M S		
2-9-42	[illegible] CAPT. RCAMC	2 Dec. 43	22 1 1 1 1 1 1 1		
17-10-42	B [illegible] CAPT. RCAMC				

STATION	Date of Arrival at Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of Days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Received ~~OCCUPATIONAL HISTORY~~ FORMS COMPLETED. Checked ✓ Card ✓ Observations

NFM 10 completed
NFM 5 completed

~~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 R.C.A.S.C. Regimental Number E106747

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

WSG COMPLETED

01 PTE

1. DESROCHERS (Surname) LEO. (Christian Names)
2. Present Address Windsor Mills Cte. de Richmond Wolfe, P.Q.
3. (a) Date of birth 15 March 1922
   (b) Place of birth U.S.A. (Country) New Hampshire (County or Province) Berlin (Town or Township)
4. (a) Place of birth of Father Canada. Quebec. Kingsey Falls.
   (b) " " " " Mother U.S.A. (Country) New Hampshire (County or Province) Manchester (Town or Township)
5. Nationality Canada.
   (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) Roman Catholic.
7. Trade or calling (a) Shipman (a) Name and address of last employer: Canada Paper Mills. Windsor, Quebec.
   (b) How long employed 15 Months.
9. Married, Widower or Single Single If married, how many children N/A
10. Name of Next-of-Kin Mrs. Anna Desrochers 11. Relationship Mother.
12. Address of Next-of-Kin Windsor Mills Cte de Richmond Wolfe P.Q.
13. Previous Service (Navy, Army or Air Force) Units and dates ~~NDX~~ E626807, N.R.M.A. from 26 August 1942 to 22 June 1944.
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 Leo. Desrochers
    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 Port Alberni, BC this 22nd day of June 1944

L.M. Goodenough
Camp Administrative Officer
Alberni Military Camp

{ 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, Leo .Desrochers, 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 22 June 44 Leo. Desrochers (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness L.M. Smith (Name) Lt (Rank) Leo. Desrochers (Signature of Recruit)

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

at Port Alberni, BC this 22nd day of June 1944

L.M. Goodenough (Signature of Magistrate, Justice or Attesting Officer.)
Camp Administrative Officer
Alberni Military Camp (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.

FINGERPRINTED—CAIB

5094
10
29 NOV 44
4
1
NOV 44
1111111

Record of Service of DESROCHERS (Surname) LEO (Christian Name) Regimental Number E106747

QUALIFICATIONS

Military NIL

Business or Professional NIL

Trade or Civil Shipman

Technical NIL

Languages FRENCH ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 7 years. Public School (years completed)

Graduation or Matriculation: NIL (specify)

*College College of Sacred Heart, Windsor Mills, P.Q.

*University

* (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
		Qualified Driver (IC) Class III Wheeled.	Pte.	18-1-43	RCASC TC	C.Borden	Pt. II Ord #13	21-1-43
		Entitled to receive $1.50 per day.	Pte.	26-2-43	11 Dist Coy. RCASC.	Nanaimo	Pte.II ord 30 (226)	23-3-43
		Lance Corporal with Pay.	L/Cpl.	1-7-43	No.3 Depot	Nanaimo	Pte.II Ord #17.	21-7-43
		Granted furlough with pay 5 May 44 to 18 May 44	L/Cpl.	5-5-44	No. 9 Depot	Pt.Alberni	Pt. II Ord. #20	4-5-44.
		T.O.S. atst. General Service from NRMA	Pte.	22-6-44	No.9 Dep.	"	#27	27 Jun 44.
		To be Lance Corporal with pay.	L/Cpl.	22-6-44	"	"	#27	27 Jun 44.
		Granted 4 days Embarkation leave for the period 25 to 28 Sept incl.	L/Cpl.	25-9-44	"	"	#47	29 Sep 44
		Ceases to be att. to Camp Admin. Officer for Pay.	L/Cpl.	28-9-44	"	"	#47	29 Sep 44
		Relinquishes appointment of L/Cpl. w/e 28 Sep 44 and reverts to rank of Pte. w/e 29 Sep 44 and draw $1.50 per diem.	~~L/Cpl.~~ Pte	28-9-44	"	"	#47	29 Sep 44
		S.O.S. to No. 1 Trg. Brigade, N.S.	~~L/Cpl.~~ Pte	28-9-44	"	"	#47	29 Sep 44
T.O.S. TRG. BD. GP. DEBERT N.S.			PTE.	29-SEP-44	Trg.Bd.Gp.Debert	N.S.	299	7-10-44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname DESROCHERS Christian Names Leo

Reception Centre Alberni Military Hosp Military District Pac. Command Date 26 Jul 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) Blue Hair dark brown Height 5'6¼" Weight 176

Identification marks and scars Oval scar inner left leg

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

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

23. X-Ray No. HL 1334 Laboratory Quebec P.Q. 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. Neg Lt. Neg

Nose Neg Throat Neg

Sinuses Neg

Remarks and Diagnosis

Pulhems grading H 1 E 1

..... R.C.A.M.C.

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

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

..... R.C.A.M.C.

(Signature of Surgeon)

For use when required (a) 7 mm I MT/M

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

Geo. Desrochers.
(Signature of Recruit)

A.L. Bruce Capt R.C.A.M.C.
(Witnessed by)

27. Physique:

Good X Fair — Poor —

Chest:

Full expansion 41 Range of Expansion 2

Lungs: Neg

Heart: B.P. Systolic 128 Diastolic 80

Neg

Abdomen Neg

Skin Neg

Glandular Systems Neg

Remarks and Diagnosis:

PULHEMS Grading P 1

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

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

Pulhems grading M 1 S 1

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).

A.L. Bruce 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.
26-8-42	Urine & Reflexes - Normal.									
2-9-42	Vacc.									
2-9-42	T.A.B.T. I.									
25-9-42	T.A.B.T. II.									
17-10-42	T.A.B.T. III.									
26-8-42	X-Ray Neg H.L. 1534.									
12-5-44	T A B T & Typhus									
20-8-44	Typhus & Chest Xray									

A.L. Bruce Capt

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.

N.R.M.A. Soldier attested General Service.

F-91437 DECEASED RCASC TRADE TRAINED AE, DD5 cook.

I. Regt. No. ~~E-62680~~ E106747 Rank Pte Unit N.R.M.A. Date 15 MAR 22

Name DESROCHERS, Leo Age 20 Place of Birth Berlin. N.H.

Date of Enlistment 26-8-42 Place of Enlistment Quebec Depot DD-5

Languages spoken Franc+Angl. R. Recruit X Med. Cat. A-1 Place Quebec

II. M. Test 18719 Date 26-8-42 Other Tests Name or Type

Test	Score	S.M.	
1	14		SUB-TOTAL 40
2	12		S.M.
3	14		
4	17		SUB-TOTAL 31
5	14		S.M.
6	12		SUB-TOTAL 42
7	9		S.M.
8	21		
Total	113	S.M. F	GRADE IV
9			

Date	Place	Score	Grade
		26 JUL 44	

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

III. Military Background ENL. 22 JUN 44

Nil.

IV. Educational Background

9th grade in 9 years.

V. Occupational Background

Cook 2 years, 3 months cook at Canada Paper Club for 96 men.

VI. Arm Desired — Work in Arm Desired

VII.

Father alive.
The youngest out of a family of 6 children.
Single.

VEry seldom uses liquor.

Stability: good. Intelligence: good.

Keen lad. Has experience as cook. Speaks eng.& french.

M.F.M. 196
50M—7-42 (5144)
H.Q. 1772-39-1916

VIII. Summary

IX. Suggestions

R.C.A.S.C. Cook.Trade trainee.

X. Signature of Interviewer

N.C.O. Officer
(Lt. Philippe Rousseau-Lt.)
A.E., C.A.B.T.C. 54

XI. Action Taken

Date of Action

Follow-up

Port Alberni, B.C. 4 Jul 44.
Military Background:
Enrolled NRMA 26 Aug 42. Basic trg at Montmagny, P.Q. and adv trg at Camp Borden. Posted to RCASC at Nanaimo with #3 Depot, RCASC. Employed at Petrol Point as issuer. Qual. Driver I/C Class III. No courses. Enlisted G.S. Jun 44. Appointed L/Cpl Jul 43.

Appraisal:
This man is a tall and solid L/Cpl who has been in the Army nearly 2 yrs. Seems to have made a good adjustment to military life. Has good learning ability and with his civilian experience has proven a good man. Very much interested in his present work for which he is well qualified. Does not want to leave his branch of the service. Cheerful and good humoured fellow and is well adapted to life in this part of the country.

Recommendation:
Suitable for Overseas Service RCASC / General Duty.

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

(B.J. Beaugrand-Champagne) Capt.,
Army Examiner, Camp Nanaimo.

Nanaimo, B.C. 15 Sep 44
Referred to A.E. prior to despatch overseas.

MILITARY BACKGROUND
Reposted to #9 Depot, RCASC, Port Alberni and 4 Aug 43 and has been employed to date as Issuer at Petrol Point. MFM 6 has 1 AWL (Dec 42).

RECOMMENDATION
Suitable for overseas service in CIC (operational) - Driver.

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

(L.J. Drago) Capt. A.E.
Camp Nanaimo.

4 CITR - 30 Nov 44 - Suitable for Fld. - Qual Drv. I/C. III (W).

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit ~~N.R.M.A.~~ Regimental Number ~~E-626807~~ E 106747

1. Surname DESROCHERS
2. Christian Names Leo
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 1 July 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth New-Hampshire U.S.A.
5. Date of birth as declared on attestation 15-3-1922
   (A)
6. Date of enlistment ~~26-8-42~~ 22 Jun 44
7. Place of enlistment QUEBEC P.Q.
8. Residence at time of enlistment WINDSOR MILLS P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion ROMAN CATHOLIC
12. If married, state date
13. Trade on enlistment SHIPMAN
14. Corps, trade and grade
15. (D) Qualifications Dw VC (W)
16. (E) Miscellaneous entries

GD

(17) Regiment or Corps	Unit (Battn., etc)
C/C	

(18) Medical BOARD

Category	Date	Authority
A-1	26-8-42	D.M.O.M.D.5
YOB PULHEMS	2 Dec 43	Page 4 MFM 103
22 1111111		
22 1111111	26 JUL 44	PAGE 4 MFM 2

(19) Next of kin (entries to be made in pencil) Mere
Mde. Anna Desrochers
Windsor Mills
P.Q.

(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
			Qual Dw 1/c (W)		18-1-43	Pte	# 13/44
			Rate of Pay $1.50		26-2-43	"	# 30/44
			Relinquished Apt 4/cpl.		28-9-44	"	# 47/44
			Admonished F.O.F. 4 days Pay AWL 3 days 5 hrs		6-10-44	"	# 299/44
		4 CITR	SOS Cdn Army (CAN) on Emb	U.K.	19	Nov 44	" 25/44
		"	TOS " " (O/S)	"	20	Nov 44	" "
		"	Disembarked in U.K.	"	28	Nov 44	" "
		"	Reported for duty to 4 CITR	"	29	Nov 44	" "
		4 CITR	SOS TO X-4 LIST CIC (AUTH: UKAG /26)	U.K.	28	Jan 45	" 23/45
			EMBARKED U.K. 28 Jan 45 DISEMBARKED N.W.E.		31 Jan 45		
			T.O.S. X4 LIST Inf Gen Small (10 BN.)		29 Jan 45	Pte	4/45
	X-4 (13 Bn)	I.G. Un	SOS to R. de Mais	N.W.E.	4 Feb 45	Pte	42/45
19 Feb 45	OC	R de Mais	TOS from X4 List Inf Gen Small	Field	5 Feb 45	"	Do 9/45
17 Mar 45	"	"	SOS to X3 List R de Mais	"	9 Mar 45	"	Do 16/45
	X3	"	TOS from Mais	"	10 Mar 45	"	35/45
	"	"	S.O.S. Deceased (Died of Wounds)	"	10 Mar 45	"	37/46

39

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: F-91437

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

DIVISON "F" QUEBEC
Reçu le 8 Août 1942.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms DESROCHERS (Nom de famille) Léo (Prénoms) (Ecrire en lettres moulées)

Lieu de naissance Berlin N.H. (Ville, cité ou village) Province canadienne (ou autre pays) N.H. Etat U. Date de naissance 15 Mars 1922

Résidence fixe Windsor Mills (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) Québec. (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non

Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non

Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non

Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non (Oui ou non) Si oui, de quelle source?

Localité Windsor Mills (Ville, cité ou village) Province Québec Date 4 Août 1942.

Signé: LéooDesrochers.

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 6½ pouces. 2. Poids 145 livres.
3. Teint bon Couleur des yeux bleu 4. Constitution moyenne {Vigoureuse / Moyenne / Débile} Biffer mentions inutiles.
   Couleur des cheveux bruns
5. Périmètre thoracique à l'ampliation maxima 36 pouces.
   Étendue de l'ampliation 2 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit D 15-12 pds Œil gauche D 15-12 pds
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit --
   Œil gauche --
7. Acuité auditive: Oreille droite 20-; 12 pds Cérumen Oreille gauche 20-12 pds cerumen
8. Bouche et dents 1 molaire devrait être extraite. Amygdales hypertrophiées.
   Indiquer la nature et l'emplacement de toutes dents artificielles nul
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité

TROISIÈME PARTIE

Catégorie approuvée Dr. R.E. Div. "F".

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" oui
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

Signé:
Signature Dr. Raoul Morissette D.M. (Médecin examinateur)
Adresse Windsor Mills Québec
Date 8 Août 1942.

Copie certifiée conforme à l'original.

(Important — Voir au verso)

N.W.S. Formule N° 1A-FR

21/C

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

CATEGORIE: "A1"

HL-1534 AUG 26 1942

X RAY CHEST - NEGATIVE

Urine; oreilles; reflexes: Normaux

Signature G.A. Grondin Capt.

Médecin militaire du Centre d'instruction militaire

G.A. GRONDIN Capt. RCAMC.

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction.....

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) DESROCHER Leo (b) N° matricule B-626807
2. (a) Arme N.R.M.A. (b) Unité N.R.M.A. (c) Rang Pte
3. (a) Date de naissance 15-3-1922 (b) Avez-vous des personnes à votre charge? Nul (c) Domicile au moment de l'enrôlement Windsor Mills P.Q.
4. (a) Lieu d'enrôlement QUEBEC P.Q. (b) Date d'enrôlement 26-8-42

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 15 (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Nul
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7ieme Annee
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Nul
8. (a) Êtes-vous déjà entré en apprentissage? Nul (b) Si oui, dans quel métier? Nul (c) Avez-vous complété votre apprentissage? Nul (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? Nul
9. (a) Quelles langues parlez-vous couramment? Francais (b) Quelles langues lisez-vous facilement? Anglais

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) En emploie (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Union International

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Jack Bagnanne Adresse Windsor Mills
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Canada Paper
20. (a) Genre précis de votre occupation Shipper (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Oui (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Oui (c) Désirez-vous retourner à votre ancien emploi? Oui

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? NUL (b) Vous croyez-vous apte à exploiter une ferme? NUL (c) Si oui, dans quel genre de culture? NUL
25. (a) Êtes-vous né sur une ferme? Nul (b) Nombre d'années d'expérience effective dans la culture? NUL (c) Dans quelles provinces avez-vous acquis votre expérience? NUL

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? NUL
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) NUL
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Electricien

DATE 1 Septembre 194 2 SIGNATURE Leo Desrochers

File-No 405-D-20670

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. F106777 Name Desrochers Leo.

Rank on Discharge Pte Date of Discharge 10-3-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 18-1-43	to	19-11-44.	
	from	to		
United Kingdom	from 20-11-44	to	31-1-45.	
	from	to		
Italy	from :-	to		
Northwest Europe	from 1-2-45	to	10-3-45	Died of Wounds
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

---.-.-.----- _____

~~Italy Star~~ _____

France-Germany Star OK ✓

~~Defence Medal~~ _____

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓

with Clasp OK.

M

Verified by M R Legault

Date JUL 3 1946

Carded JUL 3 1946

NRD

HA 165

F.T.

23rd March, 1945.

Mrs. Anna Desrochers,
Windsor Mills,
Cte. de Richmond Wolfe, Quebec.

Dear Mrs. Desrochers:

It was with deep regret that I learned of the death of your son, E106747 Private Leo Desrochers, who gave his life in the Service of his Country in the Western European Theatre of War on the 10th day of March, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

14

405-D-20670
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.106747, Private Leo DESROCHERS, of Le Regiment de Maisonneuve, Canadian Army, died on the 10th of March, 1945, of wounds received in action.

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

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

Department of National Defence,
Ottawa, Canada.
April 3rd, 1945.

21

Received

CASUALTY WING EXTRACT

"A" "B" 430 "C" "PW" DATE 22 MAR 45

NAME DESROCHERS, LEO AUTH SER/268/28

RANK PTE.

RGT. NO. E106747 THEATRE AEF

UNIT REGT DE MAIS

HOSPITAL PARTICULARS

ADMITTED _____ DATE _____

TRANSFERRED _____ DATE _____

DISCHARGED _____ DATE _____

DIAGNOSIS CAUSE OF DEATH:GSW (R) PEN LT CHEST

FOR THE DAILY UNIT & CONSOLIDATED LIST ____ ADMISSION _____

FOR THE DAILY LIST ONLY _____ DISCHARGE _____

CASUALTY CARD MADE(Yes or No) YES PROGRESS REPORT _____

CLERK'S INITIALS OR NUMBER 57 DEATH _____

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT-OF-KIN PARTICULARS

RELATIONSHIP ~~XXX~~ CANADA

NAME & ADDRESS _____ HOME TOWN _____

SERIAL NO. _____

CABLE TO OTTAWA NO. 7418A INLAND TELEGRAM NO. _____

...-...- v V v...-...-

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

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

Message Received from 21/CAS/7568

.....

Time Message Received.....

Date Message Received 12 MAR 45

Theatre AEF

Regimental No.	Rank	Name	Full Christian Names
E 106747	PTE	DESROCHERS	~~KKK~~ LEO

Unit REGT DE MAIS

SERIAL

"A" 555

CASUALTY PARTICULARS

DIED OF WOUNDS 10 MAR 45

PREV REP WOUNDED 9 MAR 45 A554

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

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

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

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

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

MRS ANNA DESROCHERS

Next of Kin..... Relationship MOTHER

WINDSOR MILLS CTE DE RICHMOND

WOLFE QUE CANADA

.....

.....

Home Town .....

Cable No. 70674

Inland Tel. No. .....

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

IMPORTANT

15 Mar 1922
Berlin, New Hampshire, U.S.A.
R.C.

4/20A CFA 48 40/P & S/1568 (6847)

Verification Clerks Signature

CANADA

QUOTE NO. H.Q. 405-D-20670 D.R. 2(C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,
17th July, 1946.

F.T.

Mrs. Anna Desrochers,
Windsor Mills,
Cte de Richmond Wolfe, Que.

Dear Madam:

Information has just been received from overseas that the remains of your son, E106747 Private Leo Durocher, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row H, plot 5, of Nijmegen Canadian Military Cemetery four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

KD

NAT. DEF. A-168-A
3,000M—11-43 (2777)
H.Q. 1772—39—376

Director of Estates

Regimental No. ~~E-626807~~ E-106747 Rank Private

DESROCHERS Leo
Surname Christian Names

Unit Le Regt. de Maisonneuve (CA)

Date of death 10-Mar-45 Place of Death Overseas (Western European Theatre)

Casualty Details Died of Wounds

Next-of-kin Mrs. Anna Desrochers Relationship Mother

Address Windsor Mills, Cte. de Richmond Que.

Will Will dated 27-Jul-44 herewith.

Date 9-Apr-45

ESTATES BRANCH APR 10 H.Q. OTTAWA NATIONAL DEFENCE

EXCERPT OF M.F.M.5 dated 27-Jul-44

(1) Are you married? No Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? Yes If so, state name and address

Phillip Joseph Desroches

Windsor Mills Que.

(3) Is your mother alive? Yes If so, state name and address

Anna Dube Desroches

Windsor Mills Que, Cte de Richmond Wolfe

(4) Are you insured? Yes If so, in what company?

Metropolitan Life

JEC/MW

ESTATES LIAISON

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E-106747 (E-626807) RANK Private SERVICE UNIT Le Regiment de Maisonneuve, (C.A.)

NAME DESROCHERS, Leo

DATE OF BIRTH DAY 15th MONTH March YEAR 1922 Date Enlisted: 22-6-44

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS Windsor Mills, Cte de Richmond Wolfe, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 7067A H.Q.405-D-20,670

CASUALTY DETAILS Died of wounds DATE 10-3-45

F.T.

WESTERN EUROPEAN THEATRE OF WAR

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

MR D/S with 4 CITR S/L4446

DATE 22-3-45

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

NO E.106747 Rank Private Name DESROCHERS, Leo

Unit Regt. de Maisonneuve Date of death 10th Mar., 1945.

Died at Germany

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-D-20670

N/K Mrs. Anna Desrochers Relationship Mother

Address Windsor Mills, Cte de Richmond Wolfe, Que.

Remains buried in Germany Cdn Mil Cem 925527 Bedburg Cemetery
Plot 1 Row 28, Grave 7

CHK

Grave location

OVER

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (GERMANY)

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: DESROCHERS (Block letters)

Given names: Leo

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Windsor Mills

Municipal county: Richmond Wolfe 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): U.S.A.

11. DATE OF BIRTH: March (Month) 15th (Day) 1922 (Year)

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

OCCUPATION

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

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	DESROCHERS Phillip Joseph	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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

27

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: March (Month) 10th (Day) 19 45 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause

Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of wounds received

due to

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

(b) in action

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 .... (State which) Date ....19....

Manner of injury .... (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY

Signed .... **M.D.**

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

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

[signature] C.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 francais)

JUN 4 1945

Director of Records, Dept of National Defence

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Anna Desrochers,
Windsor Mills,
Cté Richmond, Québec.

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

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-D.20,670 FD.337

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

17 avril 1945.

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

DESROCHERS, Léo, Soldat,

E.106747, Armée Canadienne.

ESTATES BRANCH
28
H.Q.
OTTAWA
NATIONAL

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

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 "remarques supplémentaires", à la page 4.

/GC

pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

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.....	Philippe Desrochers	61	—
4	Mère du défunt.....	Anna Desrochers	57	Windsor Mills, Qué
5	Frères du défunt — Frères germains	Philippe Desrochers	34	Valcartier (Camp) Qué.
		Eugène Desrochers	25	Borden Ont. (camp)
		Alfred Desrochers	28	Windsor Mills (Qué
	Frères du défunt — Demi-frères			
6	Sœurs du défunt — Sœurs germaines	Mde Laura Frechette.	31	Windsor Mills (Qué
		Violette Desrochers	29	Windsor Mills (Qué
	Sœurs du défunt — Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux	Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	E 106-747 Pte Léo Desrochers
9	Date de sa naissance.	Mars 15 -1922
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	Whitefield N.H. 5 septembre 1910

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Berlin N. H.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Québec (b) Windsor Mills (c) (d) Richmond 22 ans
14	Nature de son emploi avant son enrôlement.	Manufacture de sacs papier
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Chez Anna Desrochers

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-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?	non
19	Avait-il un compte d'épargne 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. Désirez-vous qu'il soit administré avec le compte de solde?	rien
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Oct 18/1944 No 1 Inf. Trg. Bn. Debert N.S
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	—
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.	1 assurance-vie Métropolitan $1.250. bénéficiaire Anna Desrochers
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	—

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
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.	1 service de 2e classe $40.00 Payé par Anna Desrochers

(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 tous les renseignements contenus dans cette formule 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, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mde Anna Desroches (Signature du déclarant)

B.B.P. 2089 Winnipeg Que' (Adresse)

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Mme Anna Desroches (Nom du déclarant)

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Winnipeg Que' ce 27 jour de Avril 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mgr Rauscher Titre Com. C. Legion

Adresse Winnipeg, Que'

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge 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 REMARQUES SUPPLÉMENTAIRES.

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, Leo Desrochers., of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Windsor Mills, in the County ~~District~~ of Richmond

Province of Quebec, Shipper.
(Civil Occupation)

Regimental No E106747, Unit R.C.A.S.C., 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, Anna Dube Desrochers, Windsor Mills, Cte de Richmond Quebec all my estate."
Wolfe

a.g.p. Lmsl L.L

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~~

Lmsl L.L a.g.p.

(4) I appoint Morrissette, Raoul, Windsor Mills, Que
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 27th day of July 19 ~~44~~

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.

L. Desrochers.
(Signature of soldier)

First witness sign here.

(5) Signature Lm Smith
Civil Address 29 Harrowby Ave. St Vital. Winnipeg Man
Civil Occupation Bank clerk

Second witness sign here.

Signature A.G. Paige
Civil Address 2539 Trinity Street, Vancouver, B.C.
Civil Occupation Stenographer

(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.

RECEIVED
D OF RECORDS
FEB 16 1946
WILL SEC.
N. D. H.Q.

AUG 21 1944

ESTATES
BRANCH
APR 10 194
H. Q.
OTTAWA.
NATIONAL DEFENCE

WILL RECEIVED IN
DOCUMENT SECTION
AUG 22 1944
RECORD OFFICE
NAT. DEF. H. Q.

To be made out in duplicate

M.F.M. 110
200M—2-42 (3610)
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.

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(1) Name Desrochers Leo
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank E-6.26807 Pte

(3) Basic Training Centre N.R.M.A.

(4) Are you married? NIL

(5) If married, state,

(*a*) Full name of your wife NIL

NIL

(*b*) Present postal address of wife NIL

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

NIL

(7) Are you a widower?

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

Names and ages

NIL

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

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

Name

Postal Address NIL

[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? NIL

If so, state her full name and Postal Address NIL

11) Is your father alive? OUI

If so, state name and address, occupation mr Philippe Desrochers

Adresse Inconnue

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

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

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

14) Is your mother alive? OUI

If so, state name and address Mde Anna DDesrochers

Windsor Mills X Cte de Richmond Wolfw P.Q.

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

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

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

(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 NIL

Full Name

Postal Address

Amount contributed monthly during the past six months

NIL

(18) Are you insured? OUI

If so, in what Company? Metropolitain Life
(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.

Leo. Desrochers
(Signature of recruit)

Date 1-9-42

A/Lieut Capt

Officer Commanding (F.C. MAGEE) LT COL

Date 1-9-42 COMMANDING # 5 Dist Depot

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.

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Leo (CHRISTIAN NAMES) DESROCHERS (SURNAME)

REGISTER NO. D-19869
FILE NO. 405-D-20670
DATE 15-2-46
SERVICE NO. E-106747
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 10-3-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 10-3-45

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 258/30 EQUAL TO 8 COMPLETE PERIODS AT $7.50	60.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 111 LESS 18 INELIGIBLE DAYS, EQUAL TO 93 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	23.25	
		83.25	
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 111/183 X $19.25		11.68	
D. WAR SERVICE GRATUITY		94.93	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		94.93	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
[illegible]	M.F.K.

TREASURY

CHECKED BY	DATE
G. Pelletier	22/2/46

[signature] SERVICE REPRESENTATIVE

If you do not wish to draw
amount desired opposite da

FEB. 15.....

FEB. 28.....

MAR. 15.....

MAR. 31.....

APR. 15.....

APR. 30.....

MAY 15.....

MAY 31.....

JUNE 15.....

JUNE 30.....

JULY 15.....

JULY 31.....

VERIFIED
DATE 12.6.45 BY FCB

PERIOD

From 1 Dec. 1944 To MAR 10 1945

MILITIA BOOK M. 1

PART II

Régiment de Maisonneuve

50M—4-43 (9644)
H.Q. 1772-39-1672
K.P. 79767

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

DON'T FORGET
Report immediately to your Commanding Officer any changes in name, address or relationship of your Next-of-kin.
This is essential in the interests of yourself and your next-of-kin.

Reg. No. E- ~~62687~~ 106747

Surname (Capitals) DESROCHERS

Christian Names in full LEO

spit

PARTICULARS OF SOLDIER

Regimental Number ~~E-226807~~ 106747

Name in full (surname first) DESROCHERS LEO

Date of Attestation

State whether married, widower or single SINGLE

If married after enlistment, state date of marriage:

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):

MRS. ANNIE DESROCHERS (MOTHER)
WATTAPEHAM BLOCK, WINDSOR MILLS, QUEBEC, CANADA

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay: Effective date:

(a) $ 16 80 1-11-44

(b) $

(c) $

(d) $

Name, address and relationship of assignee:

(a) 7th V. Loan Bond

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Date	Signature of Paymaster
1-7-43	Lance Corporal	17	21-7-43	[signature]
29-9-44	Private	47	29-9-44	[signature]

4

DAILY RATE OF PAY

Rate of Pay in Issue		Date Effective	Signature of Paymaster
$	c.		
1	60	1-7-43	[signature]
1	50	29-9-44	[signature]

5

Soldier's Signature Desrochers, Leo.

Book opens on Dec 1/44 Balance Cr. or Dr. $ 0.32

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay
Dec 1/44	Bals. Br't Forward	32 De			
30 Nov	AR 136		-/10/-	2 24	
Dec	Credit	46 50			16 80
18 Dec	AR 144		3-10-0	15 65	
28-12-44	A.R. 148		2/1	9 16	
Jan	Credits	46 50			16 80
	Totals	92 68		27 05	33 60

Balances only will be carried forward.

Paymaster's Signature: A G Dickins Lieut.

Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
	-32		A G Dickins
	2 56		M. Arsch Capt
3 00		24 14	J. Drapeau Capt.
		8 49	J. Drapeau Capt
	67		M. Arsch Capt
3 00		26 03	M. Arsch Capt
6 00			

BALANCE AGREES WITH ... HRY P. & A. LEDGER
DATE 19/11/44 INITIALS [illegible] FOR T. O. M. D. S.

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
Jan	Bals. Br't Forward	32 03				6 00		26 03	M.F.
5	AR 68		200 BF	5 07	✓			20 96	M. [illegible] Capt
15-1-45	AR. 158		2/-/-	8 94	✓			12 02	[illegible] Capt
28 Jan	" 168		200 BF	5 07	✓			6 95	[illegible] Capt
	Fed Pay	42 00			16 80	3 -		29 15	[illegible]
12/2/45	AR 73		30 Gldr	8 38	✓			20 77	[illegible]
	MAR PAY	46 50			16 80	3 -		47 47	[illegible]
Adj Ass Pay					84 00	68 00		63 47	Adjusted after Treasury Audit
Def. Pay Int.		50						63 97	Adjusted after Treasury Audit
	Totals								13 9/45.

Balances only will be carried forward