E14380
DEMERS
AMEDE

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

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité (Unit) 2nd Div. Amm. Coy. RCASC/CASF

Matricule (Regimental Number) E-14380

Original
Duplicata
Triplicata

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

01 PTE

WSG COMPLETED

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) DEMERS
2. Prénoms (Christian Names) AMEDE
3. Adresse actuelle (Present Address) 301 Rue St-George, Levis, P.Q. Canada
4. Date de naissance (Date of birth) 27 Mars 1911
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) P.Q. (Comté ou province)—(County or Province) Frontenac (Ville ou canton)—(Town or Twp.) Ste-Martine de la Courcelle
6. Religion (State denomination) Roman Catholic
7. Métier ou profession (Trade or Calling) Chauffeur
8. Marié, veuf ou célibataire (Married, Widower or Single) Celibataire
9. Nom du plus proche parent (Name of next of kin) ~~Joachat Demers~~
10. Parenté de celui-ci (Relationship) ~~Frere~~
11. Adresse du plus proche parent (Address of next of kin) ~~Lac Megantic, Co. Megantic, P.Q. Canada~~

See Change

12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) Non
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) Nil
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?) Nil

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Amédée Demers, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 8th April 1940 — Sgt Ouellette

amedee Demers
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Amédée Demers, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

amedee Demers
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Quebec ce 10 jour de Avril 1940

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

2nd Div. Amm. Coy. RCASC/CASF
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

FINGERPRINTED

État de service de / Record of Service of: DEMERS (Nom—Surname) AMEDE (Prénoms—Christian Names)

Matricule / Regimental Number: E-14380

APTITUDES
Qualifications

Militaires / Military: None

Professionnelles ou commerciales / Business or Professional: None

Civiles ou de métier / Trade or Civil: Chauffeur

Techniques / Technical: None

Langues / Languages: Français

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies / High School or Collegiate: Nil (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: Nil (Spécifier—Specify)

*Collège: Ecoles de campagne (5 ans)

*Université / University: Nil

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
	6102 -							
8-4-40	—	2nd Div. Amm. Coy.	Driver	10-4-40	RCASC	Quebec	1 o s	10-4-40
25-5-40	—	Proceeded to Camp Borden	Driver	25-5-40	RCASC	Quebec	#144 (b)	25-5-40
16-10-40 XXXXXX	—	Proceeded from Camp Borden, Ont. to Horse Palace C.N.E. Bldgs., TORONTO Ont.	Dvr.	16-10-40	RCASC	TORONTO		
3-9-40	1	Forfeits' pay 5 days	"	3-9-40 XXXXX	"	Camp Borden	# 240	
16-9-40	—	Forfeits' pay 2 days	"	16-9-40	"	"	# 253	
12-12-40		Proceeded from Canada to Overseas (Auth: 22-13 Dated: 9-12-40	"	12-12-40	"	Toronto	# 333	12-12-40
28-12-40	S.O.S.	of CASF Cana da on embarkation at Halifax N.S.	"	14-12-40	"	Aldershot	# 2	28-12-40
30-12-40	T.O. S.	of CASF Overseas on disembarkation at Glasgow Scotland 25/12/40	"	15-12-40	"	"	# 3	30-12-40

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) DEMERS AMEDE — Date 8/4/40

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 30 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumatisme (Rheumatism) Oui
b. Tuberculose (Tuberculosis) Non
c. Bronchite ou asthme (Bronchitis or asthma) Non
d. Affection cardiaque (Heart disease) Non
e. Maladie du rein ou de la vessie (Kidney or bladder disease) Non
f. Gastrite intestinale (Gastro-intestinal) Non
g. Hernie (Rupture) Non
h. Varices (Varicose veins) Non
i. Pieds plats ou déformés (Flat or deformed feet) Non
j. Affection nasale (Nasal trouble) Non
k. Maladies des oreilles (Ear disease) Non
l. Maladie des yeux (Eye disease) Non
m. Epilepsie (Epilepsy) Non
n. Maladie nerveuse ou mentale (Nervous or mental disease) Non
o. Syphilis Non
p. Gonorrhée (Gonorrhœa) Non
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) Non

Amedee Demers
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Aucune

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).) Poignet gauche
2. Taille (Height) 5 pieds (feet) 5 1/4 pouces (inches).
3. Poids (Weight) 125 livres (pounds)
4. Teint (Complexion) Clair — Yeux (Eyes) Bleus — Cheveux (Hair) Blonds
5. Développement (Development) Bon — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35 pouces (inches) — Degré d'expansion (Range of expansion) 3 pouces
7. Vue, œil droit (Vision, right) 20/20 — œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) W.V. 20 — gauche (left) W.V. 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Traitement
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:) Aucune

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A)

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
8/4/40	Reflexes Urine, ouïe, vision normal.	29-4-40	I.A.B. 3
		1-6-40	Tetanus Toxoid 1 c.c.
8-4-40	X-Ray of Chest: Neg		
16/4/40	TAB 1		
23/4/40	TAB 2		
"23/4/40	Smallpox		
23/4/40	Tetanus Toxoid 1 CC		

Matricule / Regtl. No. E-14380 Grade / Rank Driver Nom / Surname Demers Prénoms / Christian Name Amédé

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

Statement of the Service of No. E. 14380 Rank Pte Sheet No. 2

M.F.M.1 & 2A
40/P & S/119

Name DEMERS. AMEDE

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		LANDING LEAVE	Pte	16-1-41	2. Div. Amm.	Fld.	No. 4	18-1-41
		(1) Priv. leave to 2/5/41	Pte	25 April 41	2D. Amm.	Fld	26	30 April 41
Aug 22/41	1B.C.M.	6 Months Det. forfeit. 186 Days Pay (AA See No)	Pte	22 Aug 41	2D Amm	UK	47	5 Sept 41
S.O.S		to RCASC. HU.	Pte	22 Aug 41	2D Amm	UK	47	5 Sept 41
	T.O.S.	TOS. from. 2 Div Amm Coy	Pte.	23 Aug 41	RCASC HU	UK	101	17 Sept 41
		Released from Det BKS. 61 dys remission	Pte.	22 Dec 41	2D AMW ASC RU	UK	8 24.	20 Feb 42 24 Dec 41
S.O.S.		S.O.S. to 2 Cdn Div Amm Coy	Pte	26 Dec 41.	ASC, RU	UK	26	26 Dec 41
	T.O.S.	TOS from RCASC HU	Pte	27 Dec 41	2d Amm Coy	UK.	65	31 Dec 41
		P/Leave to 23 Feb 42 W.O.W.	Pte	16 Feb 42	2D A. Coy	UK	11	12 Mar 42
		Priv leave to 10 June 42. FTW	Pte.	3 June 42	2D A Coy	UK	26	19 June 42
		P.P. to 16 Sep 42	Pte.	9 Sep 42	2DA 4 Coy	U.K	43	2 Oct 42
		P/Leave to 9 Dec 42	Pte	2 Dec 42	2DA 4 Coy	UK	55	24 Dec 42
SOS		SOS to 2 Div Tp coy RCASC	Pte	25 Jan 43	2DA 4 Coy	UK	4 A	25 Jan 43
	TOS	TOS from 2 Div Amm 4 Coy RCASC	Pte	26 Jan 43	2DT Coy	UK	1	26 Jan 43
		P/Leave. to 25 Mar 43.	Pte	16 Mar 43	2D T Coy	U.K.	9	26 Mar 43.
		6 months Prof pay $1.50	Pte.	1 Jan 43	2D T Coy	U.K.	10	1 Apr 43.
Change of N/K: Mrs Emelda Demers (Sister) 295 Brun St Auburn Maine 20 USA								4 June 43.
		att to 1 B.O.D. Recc. fap	Pte	1/20 May 43	2 Cdn Div Tp Coy	UK	19	28 May 43
		Attd fap to 1 BOD RCOC to 24 JUN 43	Pte	13 JUN 43	2CD Tp Coy	UK	25	9 JUN 43

Statement of the Service of No..... Rank..... Sheet No.....

M.F.M.1 & 2A
40/P & S/119

Name.....

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Qual Drv I/C (W)	pte	12 Sept 43	2 Div Trps Coy	UK	35	17 Sept 43
M30		add to C, RASC (W) III fap to 17 Nov 43	pte	12 Nov 43	2 CDTPS Coy	UK	45	26 Nov 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	M62	Awd Good Conduct Badge	pte	28 Jan 44	2 Div Trps Coy	UK	14	8 Apr 44
	Movt 10031 4/18 Jul 44	Embarked UK 5 July 44	pte	—	2 CDTCoy	21 Army	29	12 July 44
		Disembarked France 18 July 44	"	—	"	"	"	"
Deceased 10 May 45								
		Died	Pte.	10 May 45	2 Div Trps Coy.		Cas L. 6.1895	12 May 45
		Qual Driver Mech HV "C"	Pte	23 Apr 45	2 CDTrpsCo	21 Cdn Gp	20	9 June 45
		Granted Trade pay Driver Mech HV "C"	Pte	23 Apr 45	2 CDTrpsCo	21 Cdn Gp	20	9 June 45

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps: RCASC Regimental Number: E-14380

Substantive Rank: Surname: DEMERS Christian Names: A

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

(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 1 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 shown
	2 Div Tps Coy		Awarded Canadian Volunteer Service Medal and Clasp	U.K.	15 JAN. 44	Pte.	4-22 JAN. 44
	"	"	Awarded 1 S.C. Badge.	"	28 Jan 44	"	14- 8 Apr 44
	Embarked U.K. 5 Jul 44 Disembarked France 8 Jul 44			"	—	"	29- 12 JUL 1944
	2 Div Tps Coy RCASC		SOS to X-3 List RCASC	Fd	9 MAY 45	Pte	20/MAY 45
	X3 RO 1 SC.		FOS 5/[illegible] 2 CMD	"	10 May 45	—	115/45
			SOS. Deceased	"	10 May 45	"	221/45

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit 2nd. Div. AMM. COY. R.C.A.S.C. C.A.S.F. Regimental Number E- 14380

Released

1. Surname DEMERS
2. Christian Names AMEDE
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Driver
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Ste. Martine P.Q. (de la Courcelle)
5. Date of birth as declared on attestation 27-3-1911
   (A)
6. Date of enlistment 8-4-40
7. Place of enlistment Quebec. P.Q. Can.
8. Residence at time of enlistment 301 Rue St. Georges Levis. 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 Driver.
14. Corps, trade and grade
15. (D) Qualifications Dr 1.c.(w)
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.A.S.C. C.A.S.F. R C A S C

Unit (Battn., etc): 2 Cdn Div Amn Coy 2 DIV TPS COY

(18) Medical

Category	Date	Authority
"A"	8-4-40	Medical Board

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

Miss Emelda Demers (Sister)
295 Broad St.,
Auburn, Maine, U.S.A.

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

CFEF	1st	2nd	Mor 5	Seere
MD	MD		YGB	Disp

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 1940	(a) From whom received	(b) Unit AmnCoy 2CdnDiv	(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 1940	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
26-12-40		Release	Proceeded Overseas auth T-S-22-13 d/19-12-40	TORONTO	12-12-40	O.R.	#333
28 Dec	Pt.11	"	SOS-CASF Canada on embarkation at HALIFAX,N.S.on 14 Dec 40.	On Board T/Ship	14 Dec	Pte	Pt.11.O.#2,D/28-12-40.
			TOS-CASF Overseas on transfer on 15 Dec 40 and disembarkation at GOUROCK, Scotland on 25 Dec.40.		15 Dec		
1941		~~G.H.C.~~ " Glasgow			1941		
18 Jan	~~Pt.11~~ 3011	~~2 Ech.~~	Granted Landing Leave 0800 hours 16Jan41 to 21Jan41.	Tournai	16 Jan	Pte.	Pt.11.O.#4,d/18Jan41.
26 Apr 41	OC.2Div.Amn. Coy.	RCASC.	Leave:0800hrs25Apr/0800hrs2May41.	Field	25Apr41	Pte.	26,d/30Apr41.
	"	"	S.O.S. to R.C.A.S.C. Mobil Maint	"	28 Aug 41	"	D.O. 47/41
	"	"	Sent by F.G.C.M. to 8 mos. Det. Remitted 2 mos. Forfeits 186 days pay A.R. Sec 40	"	"	"	" "
		RCASC	T.O.S. 2D.A.C. sentence 6 months det	Farnleigh	22 Aug 41	Pte	D.O. 101-17 Sep 41
		CASC RU	Released from Mil Prison & Det Bks (Remiss 61 days)	UK	22 Dec 41	"	D.O. 24-24 Dec 41
	"	"	SOS to 2 Div Amm Coy.	"	26 Dec 41	"	D.O. 26-26 Dec 41
	OC	2 Div Amn Coy	TOS from 1 RCASC-44	FIELD	27-12-41	"	65 31-12-41
1-2-42	"	"	Released Ft Darland Det Bks - remitted 61 days.	"	22-12-41	"	8 20-2-42
17 feb 42	—	—	Leave P.2 - W.O.V.R. -	— 16	23 feb 42	—	11 - 13 mar 42 -
	2 C.D.A.C.	RCASC	Redesign 2 CDAC (H Coy) Release		1 mar 42 -		10 6 mar 42
	"	"	7 Days P.L. (F.I.3) to 16.9.42	U.K.	9.9.42	"	43 - 2 Oct 42
	"	"	7 Days P.L. to 9 Dec 42	"	2 Dec 42	"	55 - 24 Dec 42
	"	"	S.O.S. to 2 Cdn. Div. Tps. Coy,	"	25 Jan 43	"	4 - 25 Jan 43
	2 Div Tps Coy		T.O.S. from 2 Cdn. Div. Amn. Coy.	"	26 Jan 43	"	1 - 26 Jan 43
	"	"	9 days PL	"	16 Mar 43	"	9 - 26 Mar 43
			Granted Daily Rates of Pay of $ 1.50 per diem	"	1 Jan 43	"	10 - 1 Apr 43
	"	"	att fap to 1 BOD to 20 May 43	"	11 May 43	"	19 - 28 May 43
	"	"	9 Days PL	"	1 June 43	"	21 - 11 June 43
	"	"	att. f.a.p. to 1 B.O.D., R.C.O.C., to 24 June 43	"	13 June 43	"	25 - 9 Jul 43
	"	"	att. f.a.p. to 1 B.O.D., R.C.O.C., to 11 Jul 43	"	4 Jul 43	"	26 - 16 Jul 43
	"	"	att. f.a.p. to 1 B.O.D., R.C.O.C., to 7 Aug 43	"	1 Aug 43	"	30 - 13 Aug 43
	"	"	Qual Inst 1C (W)	"	11 Sep 43	"	35 - 17 Sep 43
	"	"	Att fap to CRASC "Wheels III" to 17 Nov 43.	"	12Nov43	Pte	45 - 26 Nov 43

10-5-45

AWARDS—CANADIAN ARMY (ACTIVE)

M

E. G.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-13,466

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DEMERS,	Amedee	E-14380	Sol.	R. C. A. S. C.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
War Medal, 1939-45	569-3.11.49
~~CVSM & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP

REGN. NO 861

(1) MEDALS

PERSON ENTITLED TO Mrs. Emelda DEMERS (SISTER)

ADDRESS: 295 Brud St.,
Auburn, Maine, U.S.A.

(2) MEMORIAL CROSS

WIDOW Single.

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased (M.F.M.5)

(3)

ADDRESS:

P.A.

File No. 405-D-13,466

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 14380 Name Demers, Amedee

Rank on Discharge Pte Date of Discharge 10-5-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 10-4-40	to	14-12-40	
	from	to		
United Kingdom	from 15-12-40	to	5-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 6-7-44	to	10-5-45	(apoplexy cerebral) (deceased)
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by Annette Routhier

Date 9-9-46.

Carded SEP 10 1946

HA 165

NO RIBBON DESPATCH

16th May, 1945.

Miss Emelda Demers,
295 Brud Street,
Auburn, Maine, U.S.A.

Dear Miss Demers:

It was with deep regret that I learned of the death of your brother, E14380 Private Amedee Demers, who died while in the Service of his Country in the Western European Theatre of War on the 10th day of May, 1945.

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.

Yours sincerely,

Mem x Nil
18-5-45

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

)EMA

8

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E-14380 RANK Private SERVICE UNIT R.C.A.S.C. (C.A.)

NAME DEMERS, Amedee

DATE OF BIRTH 27-3-11 DATE OF ENLISTMENT 10-4-40

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME ADDRESS D.A.B. Miss Emelda Demers,

ADDRESS 295 Brad Street, Auburn, Maine, U.S.A.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 9174A H.Q.405-D-13,466 DATE 10-5-45

CASUALTY DETAILS Died - As result of Cerebral Apoplexy.
(Ordinary Casualty)

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE

O/S with R.C.A.S.C. 17-5-45

DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

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

9642

OFFICE OF THE CHIEF OF LABORATORY
217TH (US) GENERAL HOSPITAL
814TH HOSPITAL CENTER
APO 887, US ARMY

NAME: Demers, Amedee ASN: E14380 STATUS: Private

AGE: 34 SEX: Male RACE: White NATIVITY: Canada

ORGANIZATION: Con Div. R.C.A.S.C.

ADMITTED: 9 May 1945 DIED: 10 May 1945, 1630 hours

AUTOPSIED: 11 May 1945, 1530 hours.

CLINICAL DIAGNOSIS: Apoplexy, cerebral, cause undetermined.

CLINICAL HISTORY

This patient was admitted in a coma from the 9th General Dispensary. No history was obtainable as the patient never recovered consciousness. There was no evidence of injury of head or spine. Examination showed a right hemiphlegia. The patient expired at 1530 hours 10 May 1945, before he had been in this hospital twenty-four hours. Laboratory findings were negative.

ANATOMIC DIAGNOSIS

CARDIO-VASCULAR SYSTEM: Thrombosis, left middle and posterior cerebral arteries and circle of Willis; etiology undetermined.

CENTRAL NERVOUS SYSTEM: Infarction, acute anemic, left cerebral hemisphere and pons, secondary to thrombosis of cerebral arteries.

PROTOCOL

EXTERNAL DESCRIPTION:
The body is that of a well developed, well nourished white male estimated to be 35 years of age and to weigh 170 pounds. Body heat is absent and rigor mortis is present. The body measures 167 cm in length. There is marked dorsal lividity and some subcutaneous discoloration in both groins. The scalp hair is light in color, short and shows marked receeding at the temples. Bile stained fluid exudes from the nose and mouth. The pupils are regular and equal and the eyes are blue in color. Identification tags about the neck bear the following data; E14380, PTE, A Demers, R.C. Cdn. On the anterior surface of the left forearm is a nude female figure having a serpent entwined about the body. Tattooed in blue, red, and green pigment. The chest, abdomen and lower extremities are essentially unchanged. The penis is uncircumcised and the testicles are in the scrotum. There is a linear series of intermittent excoriations over the anterior surfaces of the right shin.

HEAD: On reflecting the scalp no changes of note are seen in the subcutaneous tissue. The dura is tense and somewhat opaque. The brain is essentially symmetrical. The convolutions are flattened and the sulci narrow. The pia-arachnoid

Quote No. 10/DEMERS A/1

CANADIAN MILITARY HEADQUARTERS

(Est 6)

CANADA

TELEPHONE: ABBEY 9090
TELEGRAPHIC ADDRESS: "CANMILITRY," LESQUARE
CABLE ADDRESS: "CANMILITRY" LONDON

2, COCKSPUR STREET
(TRAFALGAR SQUARE)
LONDON, S.W. 1

30 Aug 45

ESTATES BRANCH
SEP 4 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Director of Estates,
Department of National Defence,
Estates Branch,
OTTAWA, Canada

E14380 Pte DEMERS A. (Died 10 May 45 (AEF))

1. The m/n died at No 217 American General in Paris, France.

2. Advice has been received from Headquarters Quartermaster Depot Q-290, Personal Effects & Baggage APO 513, U.S. Army that the sum of $2.42 which was found among his effects has been sent in error to Army Effects Bureau, Kansas City 1, Mo. and that these funds may be received by writing to this bureau.

3. Would you please contact the Army Effects Bureau and request that this sum of $2.42 be turned over to you for credit to the m/n's estate. The file number of this reference at Quartermaster Depot Q-290 is No 284674.

R J Lamon Capt

(R.J. LAMON) Capt.,
For officer i/c Estates,
CANADIAN MILITARY HEADQUARTERS

/HW

OR INSTRUCTIONS SEE OTHER SIDE

FORM OF WILL

M.F.M. 10
3'M—1-40 (3574)
H.Q. 1772-39-1656

(1) I, AMEDE DEMERS (Name in Full), of the Militia of Camada, in the County/District of Quebec.P.Q.M.D.No 5, Province of Quebec, Journalier (Civil Occupation)

Regimental No. E/14380, Unit 2nd.Div.R.C.A.S.C., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Names and address of beneficiaries

(2) I GIVE, DEVISE AND BEQUEATH unto

Mlle Emelda Demers
Genest St.
Lewiston,Maine
U.S.A.

" All my personal belongings and whatever money may be due to me "

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

Nil

(4) I NOMINATE, CONSTITUTE AND APPOINT Mlle Emelda Demers, (Name), Lewiston,Maine U.S.A. (Address), to be the Executor/Executrix of this my LAST WILL.

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.

First witness sign here (5) ..... (Address) (Witnesses are not to be beneficiaries)

Second witness sign here. ..... (Address)

IN WITNESS WHEREOF I have hereunto set my hand this 25th day of April, A.D. 19 40

Amede Demers
(Signature of Soldier)

(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, do hereby etc.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Jones, all my estate for her own use absolutely", in which event, strike out clause (3). If more than one beneficiary, set out what each is to have, such as

"my wife, Mary Jones $.....00, and my household goods and effects",
"my brother, Thomas Jones, $.....00",
"my sister, Margaret Jones, $.....00",
"my friend, John Smith, $.....00",

and any personal gift, if desired.

(3) If balance of estate is to one person, name that person such as "my wife, Mary Jones, for her own use absolutely", or "unto my mother and father, equally", or as desired.

(4) Fill in name of Executor or Executrix, "John Doe, 24 Smith Street, Blankville, Ontario", or, if Executrix "Jane Doe", and address. A beneficiary or legatee under the Will may be appointed Executor or Executrix.
It is not necessary to appoint Executor or Executrix if your estate consists *only* of pay, allowances, kit and personal belongings.

(5) Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full address. Be sure to have soldier date the Will and sign his regular signature.

(6) Do not appoint a soldier as your Executor.

ESTATES BRANCH
JUL 27 Rec'd
H. Q.
OTTAWA
NATIONAL DEFENCE

#6.

FORM No. 1

Regis[redacted] No. C.D. 1459 Nominal Roll No. D-573

H.Q. File No. 405-D-13466

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
E14380	PTE.	DEMERS.	AMEDE.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DIED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 8 Apr 40	T.O.S.	T.O.S.
S.O.S. 10 May 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1859	Total Days	Total Days

Total Service 1859 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	251	7	244
Overseas Service	1608	125	1483
Totals	1859	132	1727
Add Non-qualifying Service			132
Total Service			1859

own

EMBARKATION DETAILS: TOS O/S. 15 Dec 40.

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

REMARKS:

Computer's Signature C W Mee Sgt

Checker's Signature

Date Computed 11 Aug 45

DIED WHILST IN SERVICE

DIED - 10 May 45

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
Forf.			3 Sept 40		5 ✓
Forf			16 Sept 40		2 ✓
				Total	7

DIED [illegible]

Overseas: T.O.S. 15 Dec 40 T.O.S. — T.O.S.

S.O.S. 10 May 45 S.O.S. — S.O.S.

Det. F.G.(N)			22 Aug 41	186	186
Rem			22 Dec 41	(61)	125 ✓
				Total	125 ✓

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Amedée Demers (Christian Names) (Surname) — Register No. D-19868

PAYEE'S NAME Estate (Christian Names) (Surname) — File No. 405-D-13466

Date 15-2-46

ADDRESS — Service No. E-14380

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 10-5-45 — Date of Discharge 10-5-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1727}{30}$ = 57 Periods @ $7.50	427	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1483 less 17 Ineligible days, equal 1466 Days @ 25c. per day	366	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ .25 Dependents' Allowance 1/30 $ ✓ $ ✓ TOTAL $ 3.00 × 7 = $ 21.00 No. of Days $\frac{1483}{183}$ × $ 21.00	794	00
	170	18
D. WAR SERVICE GRATUITY Computed By Gates	964	18
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	964	18

G. Monthly instalment not to exceed *daily rate* of Pay &,Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

Wrong number periods

100M—9-45 (8069)
H.Q. 1764-81-3

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name DEMERS (Surname) Amedee (Christian Names) No. E.14380

PTE (Rank) C.A. O/S (Unit) 10-5-45 (Date of Death)

AMOUNT

L.P.C. $ 1,082.26

Date 21-2-46

Other Credits 2.66

Total 1,084.92

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
		CHEQUE TO HAVE NON CONVERTABLE ENDORSEMENT	
All	Sister	X Emelda Demers 295 Broad St., Auburn, Maine, U.S.A.	1,084.92
		(Sole beneficiary under will)	
		P4. TO TREAS. 6-3-46, QM	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	1,084.92

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

NR-247

S-19
TR-[illegible]

Successions

chap. 80

PROVINCE QUEBEC

6 mars 1947.
date

BUREAU DU REVENU — REVENUE BRANCH

Succession de / Estate of: DEMERS, Amédée

Dossier No / File No.: 195439

3

Domicile: Piopolice

Date du décès / Date of death: May 10th, 1945.

Actif déclaré / Assets declared	$ 2,049.10		
Actif additionnel / Additional Assets	$		$
Dettes déclarées / Debts declared	$		
Dettes désavouées / Debts disallowed	$		$
		Surplus	$ 2,049.10

DISTRIBUTION

Collateral:

Imelda Demers	$ 2,049.10	(4 & 1.08)	5.08	104.09
			DUTIES:	$ 104.09

c/o Mr. Arthur A. Legendre, notary,
Auburn,
Maine, U.S.A.

LM/JB

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name DEMERS (Surname) Amedée (Christian Names) No. E-14380

Pte. (Rank) C.A.O/S (Unit) 10-5-45 (Date of Death)

AMOUNT W.S.G. 964.18
L.P.C. $ 1082.26

Date 18-3-47 Other Credits 2.66

Total 2049.10
Prev. Dist. 1084.92
Shares Retained 853.01
This Dist. 111.17

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Creditor	Collector of Provincial Revenue Provincial Revenue Offices Government Building Quebec City, P.Q. Chq # B.46-10137 d/ 19-3-47 rec'd from CTO Army 19-3-47 TO BE SENT TO ESTATES BRANCH	111.17
%		SHARES RETAINED For future distribution	853.01

P4 to Accounts 19/3/47

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	111.17

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

50M—5-46 (9153)
H.Q.1772-45-27

PROVINCE OF QUEBEC

CERTIFICATE OF PAYMENT OF SUCCESSION DUTIES

File No.

195,439

Considering the declarations and other documents of record at the Revenue Office of the Province of Quebec, I, the undersigned, hereby certify that payment has been made of the succession duties exigible under the laws of the Province, by reason of the transmission owing to the death on the MAY 10, 1945 of M PTE AMEDEE DEMERS in his lifetime of PIOPOLIS

of the property hereunder described as follows, to wit:

WAR SERVICE GRATUITY $964.18

BALANCE OF SERVICE PAY AND ALLOWANCES $1082.26

Signed, sealed and delivered at Quebec, this MAR 26 1947 19

Revenue Officer specially authorized

S-33
TR-M-14

PROVINCE QUEBEC

REVENUE BRANCH

CERTIFICATE OF SUCCESSION DUTIES

Succession _____

IMPORTANT DOCUMENT

QUEBEC

S 15
19

Open

PROVINCE QUEBEC

BUREAU DU REVENU — REVENUE BRANCH

No. 820

District 3

ESTATES BRANCH MAR 28 1947 D. Q. OTTAWA NATIONAL DEFENCE

ESTATES BRANCH MAR 10 1947 D. Q. OTTAWA NATIONAL DEFENCE

Successions

chap. 29

Dossier No
File No.
195439

Estate DEMERS, Amedee

E14380

c/o Mr. Arthur A. Legendre, Notary,
Auburn,
Maine, U.S.A.

Doit au GOUVERNEMENT de la PROVINCE de QUEBEC
Dr. to The GOVERNMENT of the PROVINCE of QUEBEC

March 6th, 1947.
Date du compte—Date of account

Succession de / Estate of: DEMERS, Amedee

Domicile: Piopolice

Date du décès / Date of death: May 10th, 1945

Droits payables / Duties payable: $ 104.09

INTÉRÊT — INTEREST

En faisant remise ajouter l'intérêt à 5% à compter du / When remitting add interest at 5% from ... November 10th, 1945

TOTAL..... $

LM/JB

MAR-24-47 188542

Important—Prière de faire remise par traite ou chèque accepté à l'ordre du "Trésorier de la Province" payable au pair à Québec. et de l'adresser, avec la présente facture, au "Bureau du Revenu, Hôtel du Gouvernement, Québec". Un reçu officiel vous sera émis sur paiement.

Important—Payment to be made by bank draft or accepted cheque payable to the order of the "Provincial Treasurer." at par. Quebec. and mailed to the "Provincial Revenue Offices, Government Building, Quebec". An official receipt will be issued upon payment.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name DEMERS AMEDEE No. F-14380
Surname Christian Names

Pte. C.A. O/S 10-5-45
Rank Unit Date of Death

AMOUNT W.S.G. 964.18
L.P.C. $ 1082.26

Date 31-3-47

Other Credits 2.66

Total 2049.10
Prev. Dist. 1196.09
This Dist. 853.01

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	SISTER	Miss Emelda Demers, c/o First Auburn Trust Co., Auburn, Maine, U.S.A. (Sole beneficiary under will.) (Please include address of payee on face of cheque.) P.4 to Treas 1/4/47	848.77 (American Funds)

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	853.01

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

30M—1-46 (8630)
H.Q. 1772-45-27

CANADIAN MILITARY HEADQUARTERS

OVERSEAS CDN RECORDS OFFICE

P.A.

/K

405-D-13,466

P.A.

GRAVES REGISTRATION FORM

Name DEMERS, Amede Place and Date of Birth QUEBEC. 27 Mar 1911

Rank Pte. Regtl No. E-14380

Unit 2 Div Tps Coy., RCASC Next of Kin Sister: Emelda DEMERS,

Address 295 Brud St. Auburn, MAINE, U.S.A.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 10 May 45 Place of Death No Information

Hrs .....

Cause of Death Apoplexy Cerebral

PARTICULARS OF BURIAL

Date of Burial No Information Cemetery No Information

Death Cert No. ..... Location of Cemetery .....

Date of Regn of Death Cert ..... Plot No. ..... Row ..... Grave .....

Religion Roman Catholic

Date 15 November 1945

(M . BLUTEAU) CAPT

For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
OVERSEAS CDN RECORDS OFFICE,
ACTON, LONDON, W.3.

8/29 CF A319
40/P & S/2987 (6705)

21 fév 1950

Marsboro
Co Frontenac
P.Q.

ESTATES BRANCH
FEB 24 1950
H. Q.
OTTAWA
NATIONAL DEFENCE

Department of National
Defence army

Je vous écrie un mot
pour m'informer du petit
paquet que vous avez
envoyez en mon nom
qui est Miss Emelda Pennors
~~Je~~ Auburn Maine
295 Broad St

Je veut vous dire que je
suis changé de place je
demeure en Canada à la
adresse que est Emelda Pennors
Marsboro
Co Frontenac
Province

Une réponce si est possible Jue.
Bien a vous
Miss Emelda Pennors

16-3

Marsboro
Comte Frontenac
P.Q.

Mars 13 - 1950

Ministère de la Défence
National Ottawa

ESTATES BRANCH
MAR 16 1950
H. Q.
OTTAWA
NATIONAL DEFENCE

Par suite a votre lette que j'ai reçu la semaine dernière d'été du 6 Mars, 1950, a propo d'un Colis qui a été envoyer au Etat Unie. Et Appresent je demeur au Canada

Le Colies envoyer à été reçu au Etat Unie Et renvoyer au Canada a Mon Adresse Marsboro Conté Frontenac
P.Q.

que je n'ai pas reçu ici au Canada, qui me ferait un grand plaisir de le recevoir, si ça serait posible de le retracé,

C'est moi "Emelda Demers, qui est sœur du défunt Pte Amedée Demers qui porte le No. E14380 Corp or dept R.C.A.S.C décédé le 10 Mai - 1945

Votre Mer

Je ne s'ait pas si autre renseignement vous serait nessaire, veiller me le me le demandé. Votre tout dévoué

Mrs Emelda Demers
Marsboro Comté Frontenac
P.Q.

3/45 [redacted]FM 510
[redacted]0/P&S/254 (8550)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. E14380 Rank and Name DEMERS. A. Pte.

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

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

Reason Death Authority : CCL."C" 1895 d/12th May.45.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	1076	63
First Monthly Payment AR38/3.5.45.	89	40	Regimental Pay 31 days at $1.50	46	50
Casual Payments AR44/7.5.45.	33	53	Tradesmen's Pay 31 days at $ 25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay			Allowances (give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (give particulars) :			D.P.Int:	62	11
To Balance Cr Free	93	06			
To Balance Cr Deferred	977	00	By Balance Dr		
Total	1192	99	Total	1192	99

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

Remarks

The above statement has been compiled from Treasury Records. the latest paybooks not being available.

Compiled by C.A.Brown.

Checked by E. M. Fawcett

Date 5th Oct.45. 19.....

Certified correct E. Richardson
for Chief Treasury Officer, Overseas

MW

Mrs. Emelda Demers,
295 Brud Street,
Auburn, Maine, U.S.A.

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-D-13,466 FD 429

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

May 29 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

DEMERS, Amédee, Pté. E.14380

Canadian Army

ESTATES BRANCH JUL 31 1945 OTTAWA NATIONAL DEFENCE

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.

Col.

Director of Estates.

RGP/HO

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		Never married		
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Pierre Demers		Deceased, April 7,1916 Ste.Martine,P.Q.(Fontenac
4	Mother of the Deceased		Melanie Morin Demers		Deceased July 20, 1927 St.Sebastien,P.Q.(Fontenac)
5	Brothers of the Deceased	Full Blood	Josephat Demers	48	Lac Megantic, P.Q.
			Adrien Demers	47	Sabattus Road, Lewiston, Maine.
			Henri Demers	43	Piopolice, Co.Frontenac P.Q.
			Alphonse Demers	37	4 Chestnut St., Lewiston,Maine.
			Francois Demers	45	Piopolice.Co.Frontenac P.Q.
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Rosalie Demers Baillargeon	50	Piopolice, Co.Frontenac P.Q.
			Emilina Demers Laflamme	41	57 Maple St., Lewiston Maine
			Delima Demers Lachance	38	St.Hubert, Co.L'Islet, P. Q.
			Imelda Demers	31	295 Broad Street, Auburn, Maine.
		Half Blood	None		
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
	None				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Amedee Demers
9	Date of his birth.	March 27, 1910
10	Place and date of his marriage.	Never married
11	Place and date of his parents' marriage.	Ste.Martine, P. Q. Canada

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Ste.Martine, P. Q. Canada de Courselle
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ste.Martine, P.Q.Canada until 1918 (b) St.Juste, Co.Bellechasse, P.Q.Canada Ultil 1921 (c) St.Sebastien, P.Q.Beauce,Canada until 1924 (d) Piopolice, Co.Frontenac,P.Q.Canada until enlistment
14	Nature of employment before enlistment.	Lumberman and Farming
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Piopolice, Co. Frontenac, P. Q. Canada

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	In a letter fom him dated Oct.25,1942 written in England, he informed me that he had made a Will in my favor.
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?	No
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?	None
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Unknown if any.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Unknown if any.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	None
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.	Died overseas

(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

* Sister .....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.

Imelda Demers ..... Signature of Informant

295 Broad Street, Auburn, Maine. U.S.A. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Imelda Demers

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

Dated at Auburn Maine U.S.A. this 28th day of July 19 45

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

Arthur A. Legendre ..... Qualification Notary Public

Arthur A. Legendre My commission expires July 21, 1950.

Address 63 Broad Street, Auburn, Maine. U.S.A.

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

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: DEMERS (Block letters) — Given names: Amedee

4. RESIDENCE — Street: St. George — No.: 301 — Official name of civil municipality or township: Levis — 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: March (Month) 27th (Day) 1911 (Year)

12. AGE OF DECEASED — Years: 34 — 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.: Chauffeur

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)	Deceased	

19. Place of burial, cremation or removal: France

20. Date of burial: ..... 19.....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ..... (Month) ..... (Day) ..... 19..... (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (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 a result of

due to

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

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**

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

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

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

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 23 1945

Director oo Records, Dept.of National Defence

NO. E. 14380 Rank Private Name DEMERS, Amedee

Unit R. C. A. S. C. Date of death 10th May, 1945.

Died at France

Cause Died-As result of Cerebral Apoplexy.

Death occurred on strength of Forces H.Q. 405- D-13466

N/K Miss Emelda Demers, Relationship Sister

Address 295 Brud Street, Auburn, Maine, U.S.A.

Remains buried in Paris (Clichy) Communal Cem. France Cemetery
MR S.0448 sheet 8 1/250,000 GSGS 4042

CHK

Grave location

OVER

BURIAL REPORT TO N.K. FEB 11 1947

RETURN TO BUR. OF STAT. NOV 23 1945

ROYAL MESSAGE DESP'D. JUN 8 1945

CAN. MESSAGE DESP'D. MAY 29 1945

REBURIAL

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

Grave 1, Row F, Plot 28.

AUTH. IWGC HI & CR FORM.

HI & CR Form Despd. FEB 11 1947

Photographs
Despatched
AUG 19 1947

10M-1-45 (M-4608)