

E30762
EVANS
JOSEPH

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numérisés. Ne pas les déplacer.

ATTESTATION

DUPLICATE

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT "A" SQN., 7/X1 HUSSARS. REGTL. No. 3-401087
DANVILLE, QUE.

1. Surname? (Block letters) EVANS
2. Christian names? ERWIN JOSEPH
3. Present address? DANVILLE, P.Q.
 Phone No.
4. Date of Birth? 11-11-22
5. British subject? YES
6. Occupation? FARM LABOURER
7. Religion? ANGLICAN
8. Next of Kin EARLE GIFFORD
9. Relationship? UNCLE
 Address DANVILLE, QUE.
10. Previous Naval, Military or Air Force Service
 (Give particulars, qualifications, etc.)
NONE

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 6" Weight 128 Chest max. 35" min. 33"
 Descriptive marks NONE

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him Fit Category "A"
 Date 4-6-41 Signature Francis McCaffery, Lt. RCAMC.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Erwin Joseph Evans do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

Signature of Witness Napoleon StOurs Signature of Man Erwin Joseph Evans
 Dated this fourth day of June 19 41 at Danville, Que.

CERTIFICATE OF ATTESTING OFFICER

The recruit 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 by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

William McCullough, 2/Lt.

Signature of Magistrate, Justice of Peace, or Attesting Officer

2

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

M.F.B. 235d
80M—3-40 (4392)
H.Q. 1772-39-1545

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

H.Q. 405-E-1304
R. 4 (B).

23rd September, 1947.


Mrs. Mary Lefebvre,
Asbestos, Quebec.

Dear Mrs. Lefebvre:

Information has just been received from military authorities in the Far East that the remains of your brother, E30762 Rifleman Joseph Erwin Evans, have now been interred in grave 11, row B, plot 1, of the Canadian Section in Sai Wan Military Cemetery, Hong Kong. This is a recognized military burial ground which 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 H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

/TMA



REBURIAL RETURN
OF
CANADIANS

142

No. E-30762 Rank. Rfn. Name. EVANS Initials. J.E.

Unit Royal Rifles of Canada Location Report. 62 GC MTM CON 6

Means of Identification. Known place of burial

Date of Death. 26. 12. 41 Date of Reburial.

Exhumed from Stanley Cemetery 1.D. 11

Place of Reburial: Sai Wan Military Cemetery, Hong Kong.

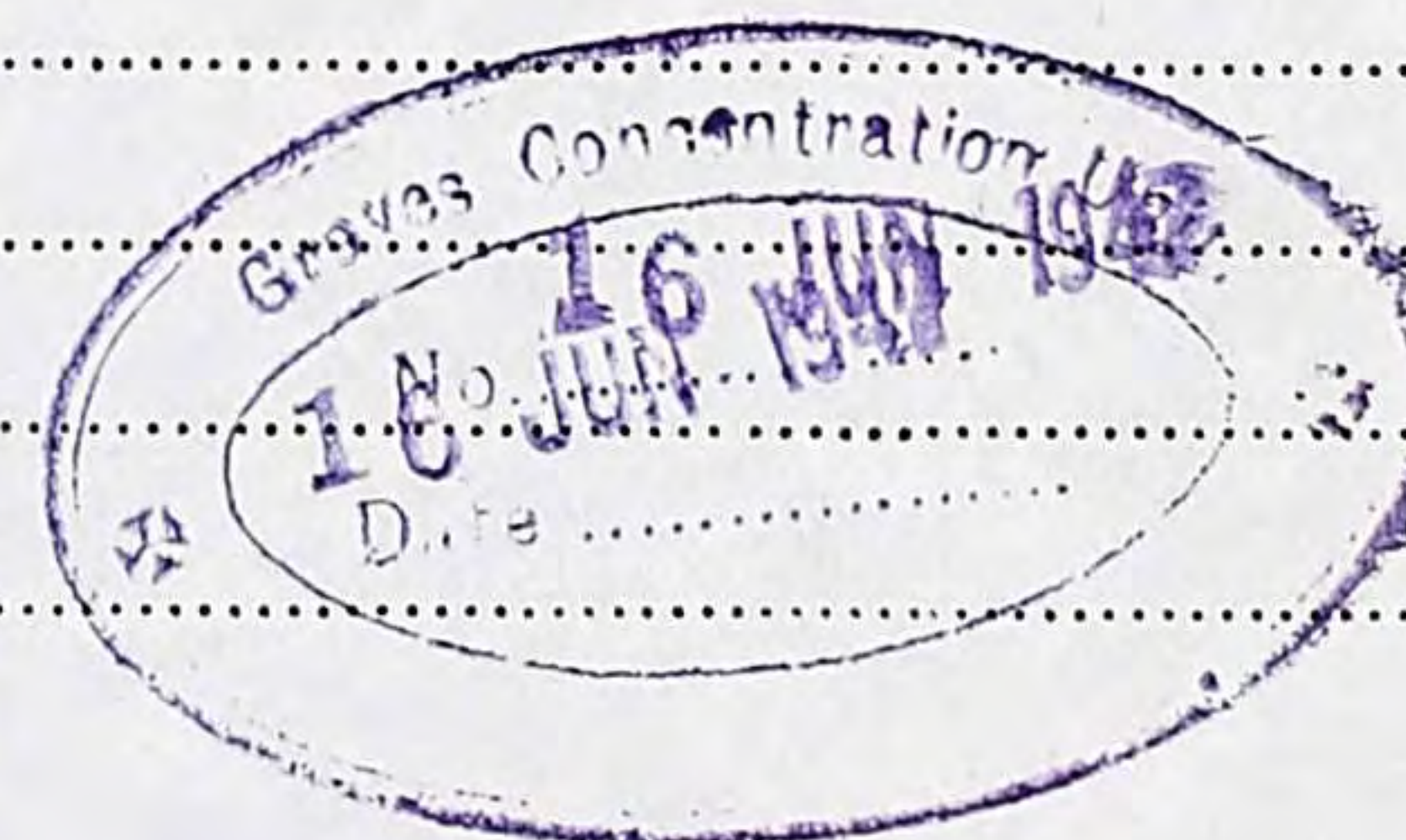
Remarks: Canadian Section.

Plot FIRST

Row B

Grave 11

Signed *[Signature]* Unit



DISTRIBUTION OF SERVICE ESTATES **ARMY**

MH
Estates Form "P. 4"

Name EVANS, Surname Joseph E. Christian Names No. E-30762

Rfn. C.A. O/S Rank Unit Date of Death 25-12-41

AMOUNT
W.S.G. 50.28
L.P.C. \$ 523.69
Other Credits 299.66
Total 873.63
Prev. dist. 821.55
This dist. 52.08

Date 7-5-46

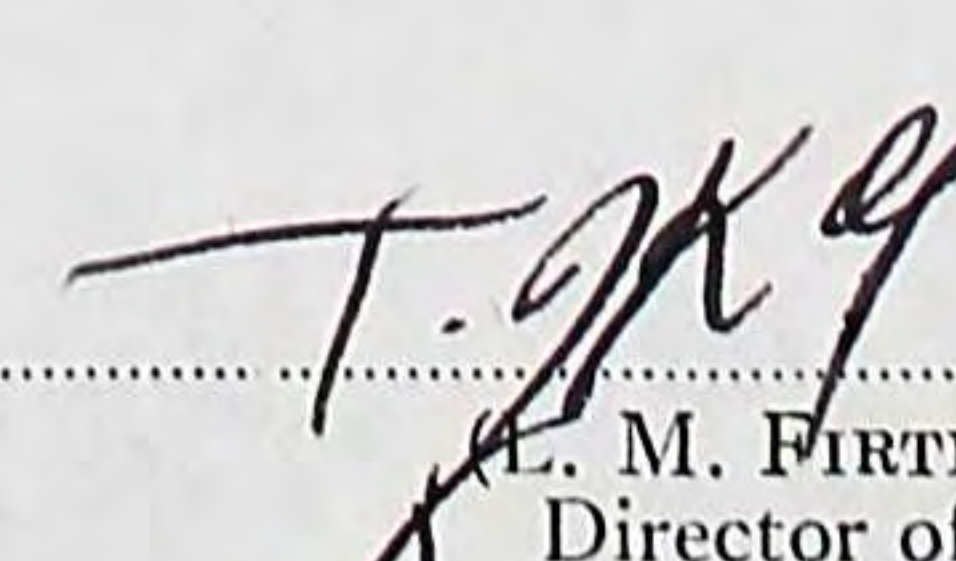
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	Brother	Earl Evans, Asbestos, Que. R.R. #1.	10.41
1/5	Brother	Harry Evans, (as above)	10.41
1/5	Sister	Mrs. Mary Lefebvre, (as above)	10.42
1/5	Sister	Miss Mildred Evans, 2026 Mansfield St., Montreal, P.Q.	10.42
1/5	Sister	Miss Rita Evans, C/o Mrs. Edmond Lefebvre, R. R. #1, Asbestos, Que.	10.42
		(As next of kin entitled)	

P4. TO TREAS.
MAY 14 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$52.08
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


 L. M. FIRTH Colonel
 Director of Estates
 AUDITED FOR PAYMENT



These are the addresses of
Erwin Evans' Sisters & Brothers.

Earl Evans.
Asbestos.
P. Que.

Harry Evans.
Asbestos
P. Que.

Mildred Evans.
20 26 Mansfield St.
Montreal
P. Que.

Rita Evans
Asbestos.
P. Que.

To Mrs Edmund Lefebvre R.R. No 1.

Mrs Mary Lefebvre.
R.R. No 1
Asbestos. P. Que.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

W 4.873 2
10976 ARMY

DECEASED
MEMBER'S
NAME

Joseph Erwin
(CHRISTIAN NAMES)

EVANS
(SURNAME)

REGISTER NO. D-15768
FILE NO. 405-E-1304
DATE 11-2-46
SERVICE NO. E-30762
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 26-12-41

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 26-12-41

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 120 EQUAL TO 4 COMPLETE PERIODS AT \$7.50

\$ 30.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 60 LESS INELIGIBLE DAYS, EQUAL TO
SEE PAR. 2 OVERLEAF FOR EXPLANATION DAYS @ 25c. PER DAY

15.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.30
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.00
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.30 X 7 = \$ 16.10
NO. OF DAYS 60 X \$ 16.10
183

45.00

5.28

D. WAR SERVICE GRATUITY

50.28

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

50.28

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

KRM

TREASURY

CHECKED BY

DATE

V. Birmingham

8/3/46

Kurhuert
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOSEPH ERWIN EVANS
(Christian Names) (Surname)

Register No. D-15768

PAYEE'S NAME DIRECTOR OF ESTATES
(Christian Names) (Surname)

File No. 405-E-1304

Date 11-2-45

ADDRESS

Service No. E-30762

Final Rank BFMN

DATE OF TERMINATION OF OVERSEAS SERVICE 26-12-41

Date of Discharge 26-12-41

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE			
No. of day	<u>180</u> = <u>4</u> Periods @ \$7.50		
	30		
B. QUALIFYING OVERSEAS SERVICE			
No. of days	<u>60</u> less <u>✓</u> Ineligible days,		
	equal <u>60</u> Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE			
Daily Rate of Pay	\$ <u>1.30</u> ✓		
Subsistence Allowance	\$ <u>1.00</u>		
Additional Pay	\$ <u>✓</u>		
Dependents' Allowance 1/30	\$ <u>✓</u>		
TOTAL	\$ <u>2.30</u> × 7 = \$ <u>16.10</u>		
No. of Days	<u>60</u> × \$ <u>16.10</u>		
	183		
D. WAR SERVICE GRATUITY			
Computed By	<u>Isates Mantey</u>		
E. DEDUCTIONS			
Overpayment of			
(1) Pay & Allowance	\$		
(2) D.A. & A.P.	\$		
Other Deductions	\$		
Entered By	<u>✓</u>		
F. AMOUNT PAYABLE			
(This amount is payable in monthly instalments of \$ each)			
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)			
\$ × 30 = \$			

REMARKS DATE S.O.S. now 26/12/41

Hong Kong

FORM No. 1

Register No. D-15768Nominal Roll No. D-386

To: P.M.G.

H.Q. File No. 405-E-1304

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-30262	Pt. M. N.	EVANS	JOSEPH ERWIN

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased CARO..... ()

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>29 Aug 41</u> ✓	T.O.S.	T.O.S.
S.O.S. <u>26 Dec 41</u> MD o/s	S.O.S. MD	S.O.S. MD
Total Days <u>120</u> ✓	Total Days	Total Days

Total Service

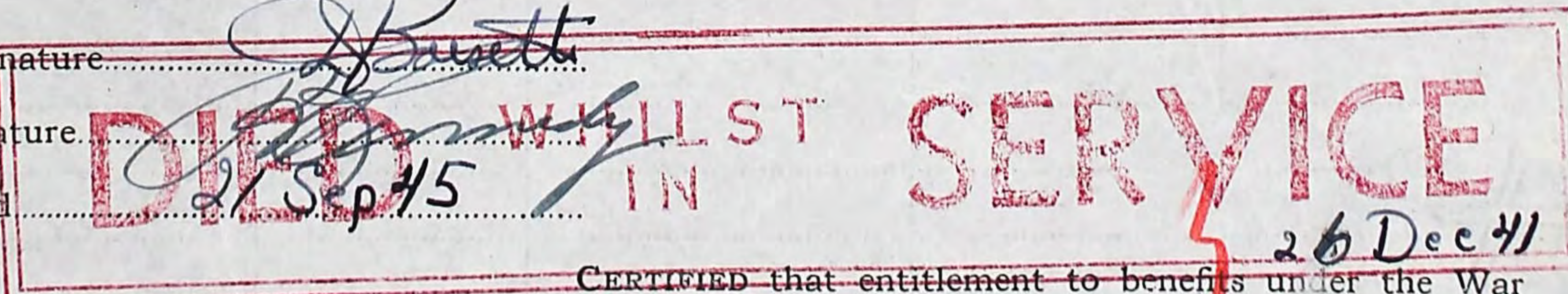
120 ✓ DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>60</u>	—	<u>60</u> ✓
Overseas Service.....	<u>60</u> ✓	—	<u>60</u> ✓
Totals.....	<u>120</u> ✓	—	<u>120</u> ✓
Add Non-qualifying Service.....			—
Total Service.....			<u>120</u> ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 26 Dec 41 ✓ 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... [Signature]Checker's Signature..... [Signature]Date Computed..... 21 Sep 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.

386

CASUALTIES ONLY

For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.15768

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 17th. Sept. 194 5

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. E-30762

Name Jospeh E. Evans
Christian Name Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

(K.W. Rice) Captain,
for(A.R. Mortimore) Brigadier,
Paymaster-General.

Name Amount

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

If no D.A. in issue, list names and
relationship of persons in receipt
of A.P. who may be classed as
Dependents under W.S.G. Act, 1944
and amount of monthly assignment

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

Sept 27 1945

W. Purgeon
For Chief Treasury Officer,
D.A. & A.P. BRANCH

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

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

_____ 194 _____

_____ for C.T.O.

D-15768

Gches too
Sept. 5/1945

Paymaster General
Ottawa.



Dear Sir.

I have a brother
killed at Hong Kong. (Grans
Joseph E. Pte. No. 30762
Canadian Army). and I think
the War Service Gratuities
must be due to him. Would
you please give infor-
mation.

Mrs Edmond J. Lebrun
Ashes Rd
RR No 1 Que.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30762

RANK RIFLEMAN

SERVICE UNIT ROYAL RIFLES
OF CANADA

NAME EVANS, JOSEPH ERWIN

DATE OF BIRTH 11-11-23

DATE OF ENLISTMENT 25-8-41

MARITAL STATUS SINGLE

RELIGION ANGLICAN

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

ADDRESS SISTER
ASBESTOS, QUE.

NAME
ADDRESS
D.A.B.

MRS. MARY LEFEBVRE,

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

H.Q. 405-E-1304

DIED OF WOUNDS

DATE 26-12-41

AMENDED AS TO DATE OF DEATH

HONG KONG

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 22-11-45

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

DIRECTOR OF RECORDS

5

COPY FOR C. R. FILE

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

405-E-1304
D.R. 2(b)

22nd November, 1945.

Mrs. Mary Lefebvre,
Asbestos, Que.

Dear Mrs. Lefebvre:

With reference to previous correspondence from this Headquarters concerning the death of your late brother, I deeply regret to inform you official information has now been received that E30762, Rifleman Joseph Erwin Evans, died of wounds at Hong Kong of the 26th day of December, 1941.

Please be assured that should additional information be received concerning your late brother's death or burial, it will be communicated to you without delay.

Yours truly,



(C.L. Laurin) Colonel,
Director of Records,
For Adjutant-General.

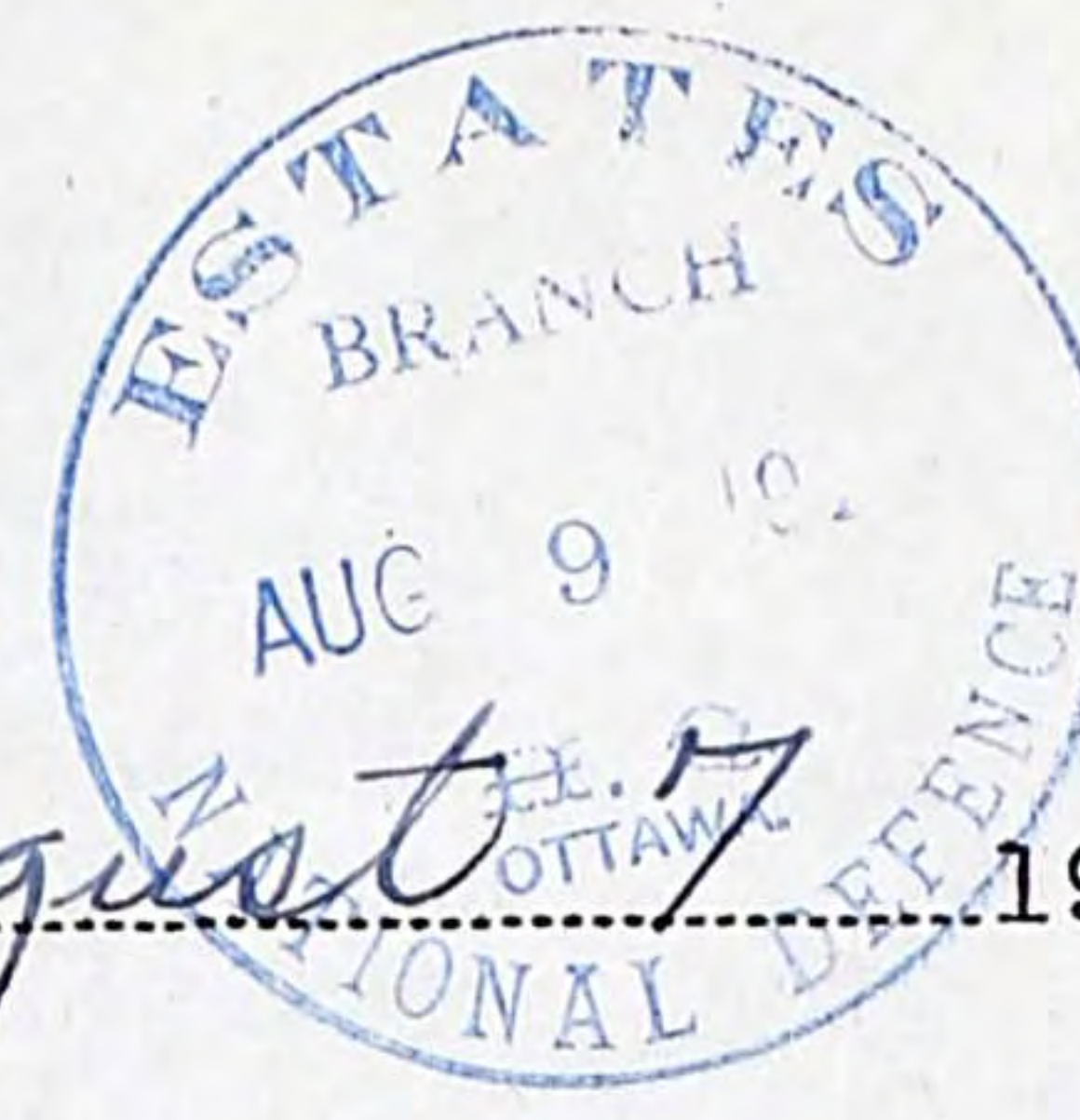
GR/HSM

12/22/45

Department of National Defence

Ottawa, Canada

Date August 7 1944



Received payment from the Treasury Branch of the amount mentioned below. This payment is in connection with the share in the Service estate of the above mentioned deceased to which the below named minor(s) is (are) entitled in the amount set opposite each name, and is to be applied for such minor(s) benefit.

<u>MINOR</u>	<u>AMOUNT</u>
Rita Evans	\$96.31

EVANS, Jos. E., Pte. (Deceased)
No. E.30762, C.A.

Leo F Coakley
Signature

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

CP

Name: EVANS Jos. E. No.: E30762
Surname Christian Names

Pte. C. A. O/S 25-12-41
Rank Unit Date of Death

AMOUNT

Date: May 27/44

L.P.C.....\$ 521.89
Other Credits..... 299.66
Total..... 821.55
Prev. dist. 339.96
This " 481.59

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	Brother	Earl Evans, Asbestos, Que.	R 96.32
1/5	Brother	Harry Evans, (As above)	R 96.32
1/5	Sister	Mrs. Mary Lefebvre, R. R. #1, Asbestos, Que.	R 96.32
1/5	Sister	Mildred Evans, (As above)	R 96.32
1/5	Cousin	Leo F. Coakley, Box 136, Asbestos, Que.	R 96.31
(for benefit of 1 minor) (As next of kin entitled)			
TO BE FORWARDED BY REG. MAIL DIRECT.			
P4. TO TREAS. 31/7			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	481.59
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

AMENDED

CANADIAN ARMY (A) LAST PAY CERTIFICATE

M.F.D. 930A
750M-9-43 (1730)
H.Q. 1772-39-1548

Regtl. No. E 30762 Rank and Name PTE. EVANS J.E.
of ROYAL RIFLES OF CANADA Unit, on XXX DEC. 29th 1942
(Transfer, Posting or Discharge) to ON OR ABOUT HQ 54-27-70-14
(Unit and Station)
Reason for discharge DECEASED Authority April 10th 1944

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$.....has been paid by the Treasury Officer, Military District No.....

REMARKS:

- State (1) Date of appointment or enlistment.....
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted?.....
(3) Has assignment of pay been made?.....If so, amount \$.....
Effective date.....
(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction \$.....

Amended in accordance with change in date of recorded casualty

The following is a statement of the account of the above named from 1st to 31 Dec 1942
the inclusive date of transfer, posting or discharge.

Dr.			Cr.		
PARTICULARS	AMOUNT		PARTICULARS	AMOUNT	
	\$	c.		\$	c.
Balance Dr. from last account.....			Balance Cr. from last account.....	434	20
First Monthly Payment.....			Regimental Pay <u>31</u> days at \$ <u>1.30</u>	40	30
Casual Payments.....			Tradesmen's Pay..... days at \$.....		
Payment on Transfer, Posting or Discharge.....			Additional Pay (Give particulars)		
Assigned Pay.....		 days at \$.....		
Regimental Charges.....			Allowances (Give particulars)		
Public Stoppages (Give particulars):		 days at \$.....		
<i>Credit additional to amount already paid.</i>			By Interest @ 3% from		
			April 1-42 to Dec. 31-42	7	09
To Balance Cr. (To be paid by new unit)	481	59	By Balance Dr. (To be deducted by new unit)		
Total	481	59	Total	481	59

N.D.H.Q. OTTAWA
(Place)

APRIL 13th 1944
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

for CHIEF TREASURY OFFICER
Paymaster or Accounting Officer
ARMY SERVICES

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH

Ottawa, Canada

Date. *Sept 17* 1943

Received this date from the Administrator of Estates cheque
of the Receiver General of Canada, payable to my order for the
sum of SIXTY-EIGHT-----x/100 Dollars. (\$68.00),
being that portion of the Service estate of the belowmentioned
deceased representing one shares of \$68.00 ~~each~~ legally devolving
upon persons under the age of twenty-one years, being.....
....sister..... of the deceased, now under the care and custody
of me ^{her} ~~their~~ cousin . I undertake with the Department of National
Defence, Ottawa, Canada, to use the amount of ~~one~~ of such shares
for the benefit of ~~each~~ of such minors entitled thereto, namely:-

Rita Evans

all residing with me at Box 136, Asbestos, Quebec.

Lev. F. Cookley
.....
Signature

EVANS, Joseph Erwin, Rfmn. (Deceased)
No. E-30762, C. A.



DISTRIBUTION OF SERVICE ESTATES

MC

Estates Form "P. 4"

ARMY

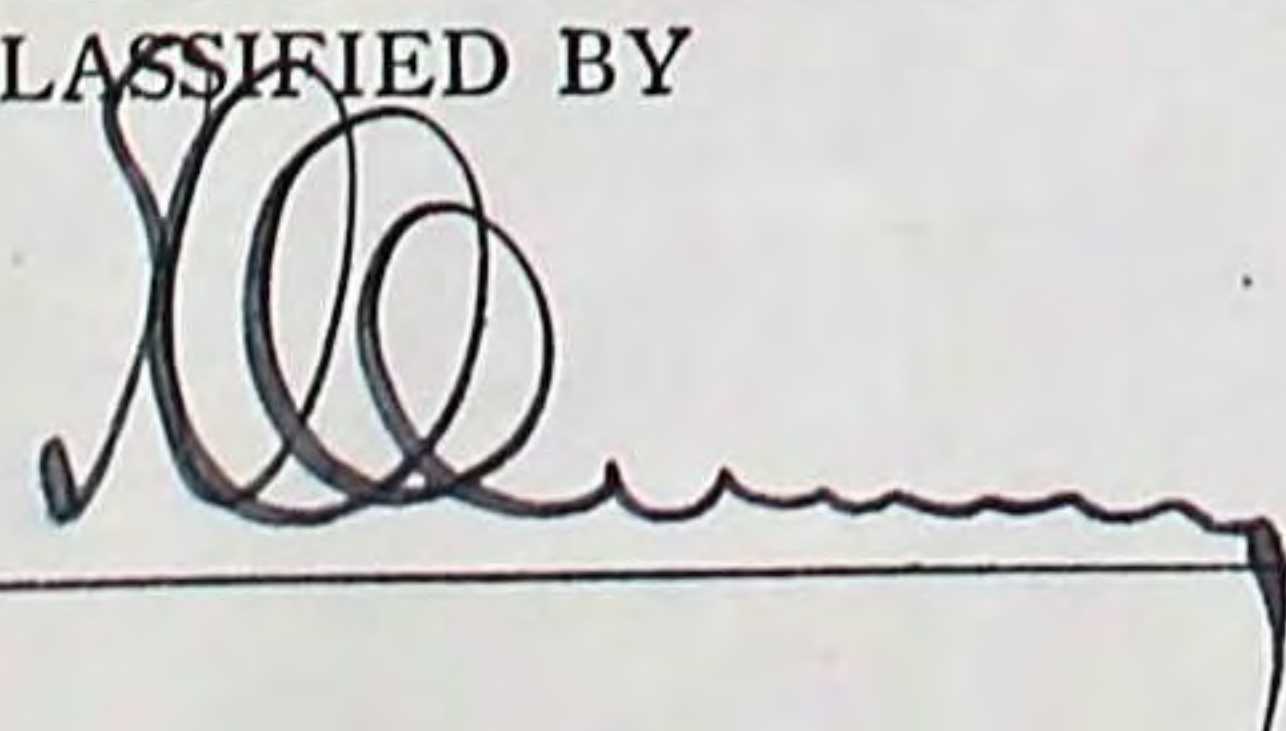
Name: EVANS Surname Joseph E. Christian Names No.: E. 30762

Rank Pte. Unit Royal Rifles of Canada Date of Death 25-12-41

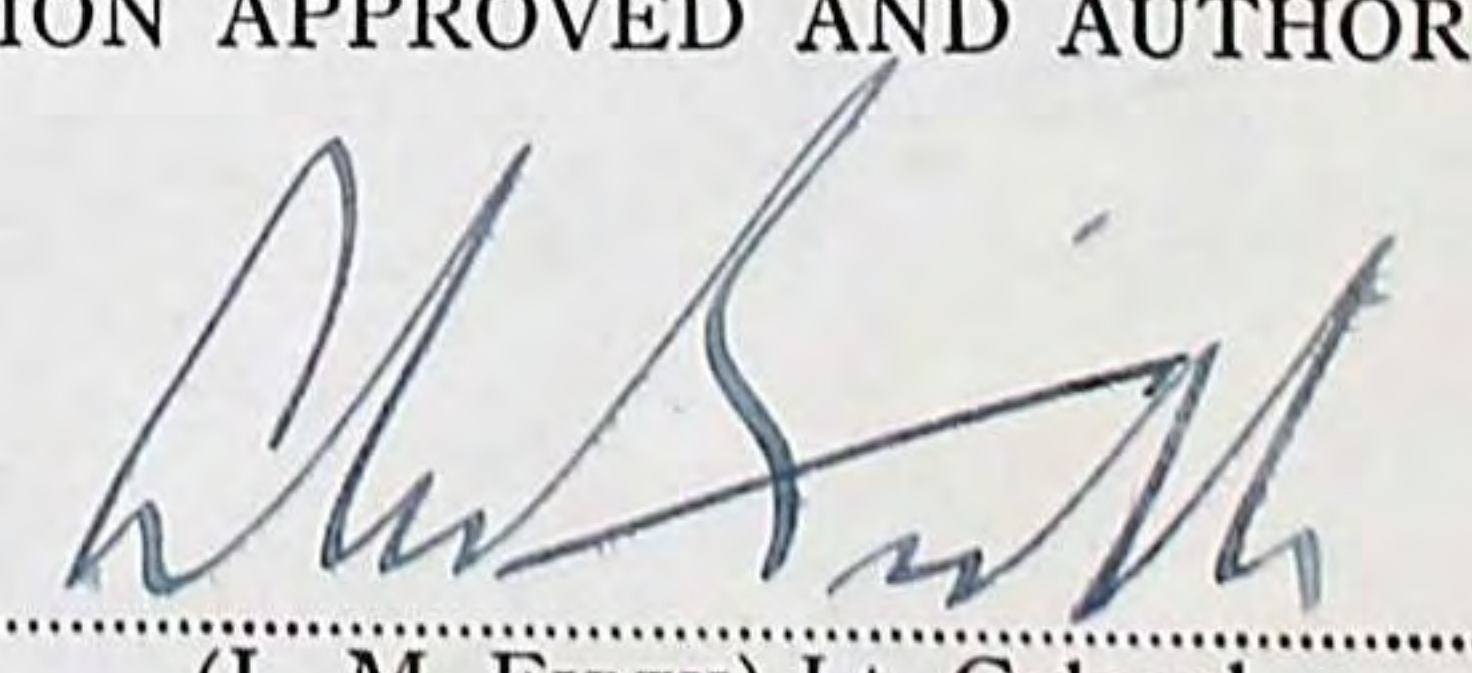
AMOUNT

Date: 20-8-43
L.P.C.....\$ 40.30
Other Credits..... 299.66
Total..... 339.96

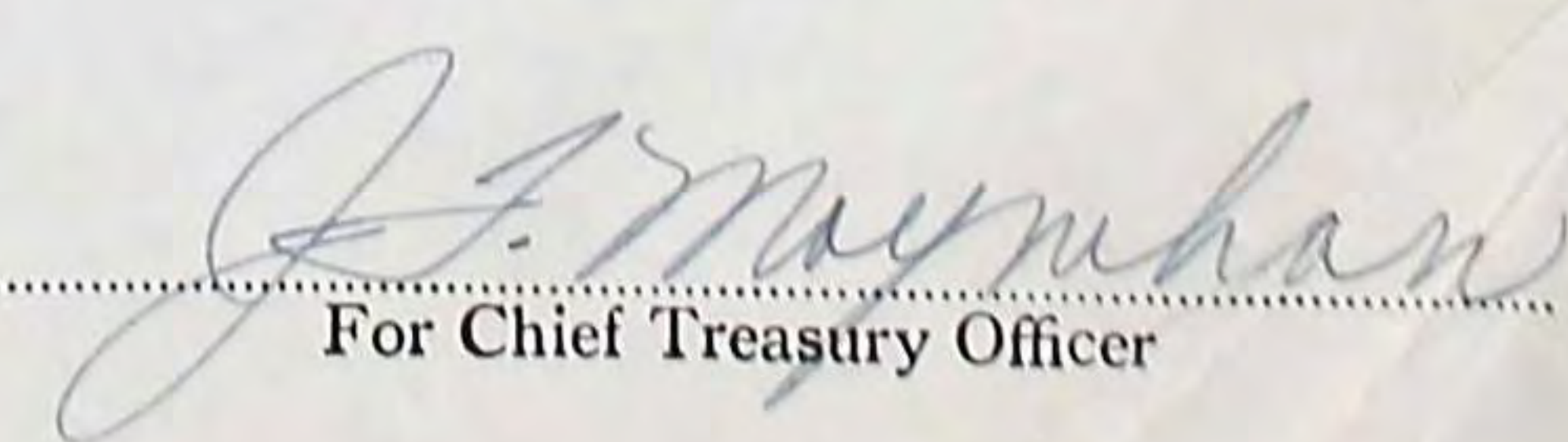
SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/5	Brother	Earl Evans, Asbestos, Que.	67.99 R
1/5	Brother	Harry Evans, (as above)	67.99 R
1/5	Sister	Mrs. Mary Lefebvre, R.R. #1, Asbestos, Que.	67.99 R
1/5	Sister	Miss Mildred Evans, (as above)	67.99 R
1/5	Cousin	Leo. F. Coakley, Box 136, Asbestos, Que. (for benefit of 1 minor) (as next of kin entitled.)	68.00 R

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	339.96
CLASSIFIED BY 			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED


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

AUDITED FOR PAYMENT


For Chief Treasury Officer

Asbestos June 9th/43

9
Sup National Defence
Army
Estate Branch.
Ottawa.



Dear Sir's
your letter of June 4th

Les. H. Leakley is a Cousin of mine.
Son of Wm Leakley's my uncle
whom I have lived with since I was
four months old. Les is my executor
in my father's estate.

My share of my brother Joseph. Erwin
can be paid to Les. It will be all right -

Thank you

Miss Rita Evans.

Bvt 136.

Asbestos. P. Inc

Evans, Joseph Erwin, R.F.M.N.
No. C. 30762, Royal Rifles of Canada. Ashcroft
March. 25, 1943

Department of National Defence.
Ottawa.



Dear Sir

In answer of your letter of March the 10th, concerning, Erwin Evans. mother's share, he was suppose to get this money only when of age, which was to be next October, but the man that bought the place has payed to the bank, the money that was coming to him. I don't know yet if law will allow us to touch that money till he would become of age.

I would be pleased of your assistance if ~~our~~ charge would be made, -

Yours Truly,
Mrs Mary Lefebvre

MEMORANDUM FOR

P. 64

Mrs. Edmond Lefebvre,

R. R. No. 1,

Asbestos, Quebec.

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

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

and the following number quoted:—

H.Q. 405-E-1304 FD 410

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

January 29, 1943

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Rfmn. Joseph Erwin EVANS, No. E.30762

Royal Rifles of Canada,

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

(L.M. Firth) Lt.-Col.,
Administrator of Estates.



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 inquired for	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.....		Single			
2	Children of the Deceased and dates of their Births.....		none			
3	Father of the Deceased.....		John Evans	42	dead Sept. 1938	
4	Mother of the Deceased.....		Wonetta Lifford	26	" Aug. 1926	
5	Brothers of the Deceased	Full Blood	2	Carl Evans	28	Ashcroft
		Half Blood		Harry	23	Que
6	Sisters of the Deceased	Full Blood		Mary Lifford	26	Ashcroft
		Half Blood		Inglis Evans	24	Que
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.			Rita Evans	18	
				none		
			Names and ages of their children (if any)		Address of their children	
			Thae Evans		Single — ✓	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....	✓		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	✓		

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Erwin Joseph Evans
11	Give the month and year of his birth.	October 1922
12	Where and when were his parents married?	married in 1912, Montreal St Mary's Church St. Charles
13	If deceased was married, state place and date of marriage.	Single
14	Did he leave a Will? If so, a copy should be attached hereto.	none except if one made for the Government before he left for overseas
15	Did he leave a bank account? If so, give full particulars.	THE CANADIAN BANK OF COMMERCE #126 61 Asbestos Commere bank about \$155.55 due my Uncle Mervin of Asbestos, Que. on his mother's share of her estate
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	Asbestos RR No 1 Que.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Asbestos Que Canada
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Quebec, Canada,
20	What was the nature of his employment?	Farmer
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	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.	X no
24	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. (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, 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.)	X no

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; 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.

Mrs Mary Evans Telford

Signature of Informant

CERTIFICATE

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

*See above

{ Name of Informant } is the * of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Asbestos this sup day of March 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Samuel Carbed

Qualification

Notary

Address

143 rue Roi Asbestos

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 enquired after is stated in its proper place in the Statement opposite.

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

No file

Acheson
Jan. 23. 1943.

Admiral of Estates
Department of National Defence
Ottawa.



Dear Sir

405-E-1304
Cov. 5/1/43

I have received a telegram and also other letters announcing the death of my brother, Rifleman Joseph Ervin Ervin, K 30762, The Royal Rifles of Canada.

I would kindly ask you to return me all personal papers, money, back pay and finally anything belonging to this departed soldier. If circumstances do not permit you to do so now, would you please tell me when.

Could you also inform me where this soldier has been buried, or if it is still unknown.

Yours Truly
Mrs. Edmund Lefebvre
RR No 1

Acheson
Que.

upto date no information
wherever has come in
as to the place of burial

To be made out in duplicate

M.F.M. 5
150M-7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, 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 unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank.....EVANS, Joseph Erwin......
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank.....E 30762, Rifleman.....

(3) Unit.....Royal Rifles of Canada......

(4) Are you married?.....No.....

(5) If married, state,

(a) Full name of your wife.....

(b) Present postal address of wife.....

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

(7) Are you a widower?.....No.....

(8) Have you any children?.....No..... Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? **No**.....

If so, state her full name and Postal Address.....
.....
.....

(11) Is your father alive? **No**.....

If so, state name and address, occupation.....
.....

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

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

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

(14) Is your mother alive? **No**.....

If so, state name and address.....
.....

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? **No**.....

This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....
.....

(18) Are you insured? **No**.....

If so, in what Company?.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Erwin Evans

(Signature of officer or man)

Date **29-8-41**.....

?

Officer Commanding **O.C. RRC Wings.**

Date **29-8-41**.....

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

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county IN THE FIELD (HONG KONG)		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	
2. LENGTH OF STAY		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
3. NAME OF DECEASED		Surname EVANS Joseph Erwin (Block letters)		Given names		Do not write in this space	
4. RESIDENCE		Street Danville,		No.		Hospital or Institution	
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)	
M.		Quebec.		Quebec.		Single.	
9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country) Quebec.							
11. DATE OF BIRTH November 11th, 1923. (Month) (Day) (Year)							
12. AGE OF DECEASED Years 18 Months ? Days ? If less than one day oldhrs. or.....min.							
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Farmer.							
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 Deceased.							
MOTHER (Maiden Name)							
19. Place of burial, cremation or removal							
20. Date of burial.....19.....							
21. PLACE OF REGISTRATION OF THIS BURIAL							
(a) Name of parish or church.....							
(b) Civil municipality of.....							
(c) Municipal county.....							
(d) Date.....19..... (Month) (Day) (Year)							
22. Date of death December 8th/25th, 41. (Month) (Day) (Year)							
23. I HEREBY CERTIFY that I attended deceased from19..... 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 in action.							
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... (c).....							
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (b)..... (c).....							
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days							
25. If a woman, was there a puerperal condition?.....							
26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....							
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide.....Date.....19..... (State which) Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place.....							
Signed.....M.D. Address.....Date.....19.....							
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) J. B. Ladine 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)							

for Director of Records, Dept. of National Defence.

104 Sparks Street,

5th December, 1942.

Mrs. Mary Lefebvre,
Asbestos, Quebec.

405-E-1304
Re: E.30762 Rfn. EVANS, Joseph E.
Royal Rifles of Canada "C" Force

Dear Mrs. Lefebvre:

The official lists of the Canadian prisoners of war at Hong Kong, furnished by the Japanese Government through the International Red Cross, have been coming in at intervals by cable during the past month. Some little time has now elapsed since the last list was received and it would appear likely that few, if any, more names will be reported.

The next-of-kin of all the known prisoners of war have now been officially advised, and I regret very much to see that the name of your brother of whom nothing has been heard since the fall of Hong Kong, is not among them. Every effort is being made to obtain definite information regarding those who are still missing and the International Red Cross has been asked to obtain all available particulars about them from the Japanese Government. You will be advised promptly as soon as there is anything to report.

I am sorry indeed that I cannot give you better news at this time, or offer any encouragement that might help to relieve your anxiety, but if there are any questions in your mind regarding which you would care to write to me, please do not hesitate to do so.

Yours very truly,

F.W. Clarke, Lt.Col.

405'E 1304

104 Sparks Street,

15th January, 1943.

Mrs. Mary Lefebvre,
Asbestos,
Quebec.

Dear Mrs. Lefebvre:

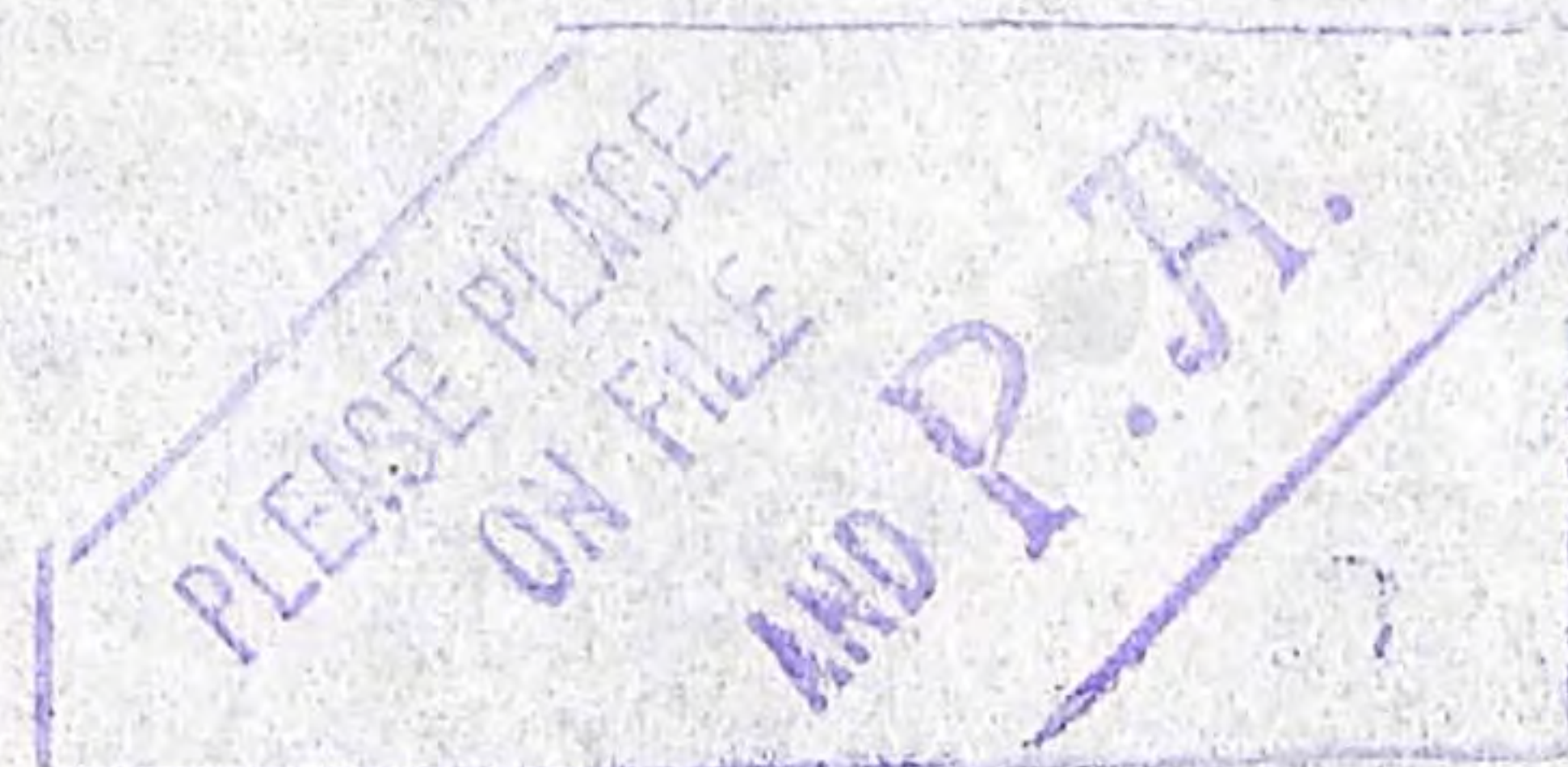
I wish to express to you my deep sympathy in the loss of your brother E-30762 Rfn. Joseph E. Evans who, as you have now been officially advised, has died of wounds. I know that you will derive some comfort from the fact that he laid down his life bravely for his country.

You will already have received from National Defence Headquarters a pamphlet containing information regarding pension regulations, disposal of personal effects, and other matters.

Please feel free to write to me if there is anything in connection with which you think I can be of any assistance to you.

Yours very truly,

F.W. Clarke, Lieut.-Colonel.



OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **E30762** RANK **Rifleman** SERVICE UNIT **The Royal Rifles of Canada**
 NAME **EVANS, Joseph Erwin**

DATE OF BIRTH DAY **11th** MONTH **November** YEAR **1923**

MARITAL STATUS **Single**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Sister**
 ADDRESS **Asbestos, Quebec**

NAME **Mrs. Mary Lefebvre**
 ADDRESS
 D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
 (IF SOLDIER
 MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **SBC303 HQ405-E-1304**
 CASUALTY DETAILS **Died of Wounds, Hong Kong**

DATE **On or After**
Dec. 8th, 1941

Between 8th
& 25th Dec., 1941

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 **11-1-43**

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

File No 405-E-1304

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-30762 Name EVANS Joseph Edwin
Rank on Discharge Private Date of Discharge between 8th & 25 Dec 41.
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying
service

Canada from 29-8-41 to Oct 41
from _____ to _____

United Kingdom from _____ to _____
from _____ to _____

Italy from _____ to _____

Northwest Europe from _____ to _____

Hong Kong Dec 41 8th 25th 12-41 died of wounds.
----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star OK

Pacific OK

~~Italy Star~~

~~France-Germany Star~~

~~Defence Medal~~

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK



Verified by D Foster

Date 8-7-46.

Carded JUL 9 1946

M.R.D.

No E.30762 Rank Rifleman Name EVANS, Joseph Erwin
Unit Royal Rifles of Canada Date of death ~~29-12-42~~
~~8-25-13-41~~ 26-12-41
Died at Hong Kong
Cause Died of wounds
Death occurred on strength of Forces.HQ 405-E-1304 d
N/K Mrs. Mary Lefebvre Relationship Sister
Address RRH/ Asbestos, Quebec.
Remains buried in Tweed Bay Hospital Cemetery
Hong Kong
Grave location

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. **SEP 23 1947**

RETURN TO BUR. OF STAT. 24-5-43

ROYAL MESSAGE DESP'D. **JAN 25 1943**

CAN. MESSAGE DESP'D.

JAN 23 1943

REBURIAL

Sai Wan Military Cemetery,
Hong Kong.

Grave 11, row B, plot 8.

Photographs

Despatched

MAR 19 1948

IWGC Quest Form Desp'd 10-1-49.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS PERSON

ENTITLED TO Mr. Earl EVANS (BROTHER)

ADDRESS: R. R. #1,
ASBESTOS, P.Q.

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased.

ADDRESS:

3471-22-3-50

MEMORIAL BAR

(1)
DATE DESP

REGN. NO

2282

(2)

(3)

8-1-43
(O.C.L.-244)

AWARDS—CANADIAN ARMY (ACTIVE)

100M—10-41 (2195)
H.Q. 1772-45-8

EVANS, Joseph Erwin

E.30762

Rfn.

FILE NO.

405-E-1304

Que. Regt.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star
Pacific Star
War Medal
CVSM & Clasp

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Prepared by: FL

Checked by : B.P.

--ORIGINAL--
DUPLICATE
--TRIPLICATE--

M.F.M. 2
A.F.B. 271
75M-4-42 (4278)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit. ROYAL RIFLES OF CANADA (A/F) Regimental Number. E-30762

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname..... EVANS

2. Christian Names..... Joseph Erwin

3. Present address..... Danville, Que.

4. Date of birth..... 11th November, 1923

5. Place of birth. Canada Quebec Asbestos
(Country) (County or Province) (Town or Township)

6. Religion (state denomination) Anglican

7. Trade or Calling..... Farmer

8. Married, Widower or Single..... Single

9. Name of next of kin..... Mrs. Mary Lefebvre

10. Relationship..... Sister

11. Address of next of kin..... Asbestos, Que.

12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?.....
..... 7/11 Hussars (RF) Camp, 1941
(If Yes, Give Unit and Dates of Service)

13. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... (Yes or No)
..... No (b) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit) Force? No
(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918?.....
..... No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date. 29th Aug. 1941 (Sgd) Erwin Evans
WITNESS: (Sgd) R.A. Nadeau, DD MD 5 (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

..... (Sgd) Erwin Evans (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit 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 recruit 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, and the said recruit has made and signed the declaration and taken the oath before me,

at. Danville, Que. this 29th day of August 1941

..... (Sgd) E.S. McMannis Lt.-Col.
..... O.C. 7/11 Hussars
{ Signature of Magistrate, Justice
or Attesting Officer.
{ Officer or Rank and Unit
or appointment.

N.B.—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

.....Regimental Number.....E-30762

EDUCATIONAL QUALIFICATIONS

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
		Having been attested is T.O.S. of R.R. of				La Citadelle		
		C. (A/F) 29 Aug 41, as attached to DD #5	Rfn.	29 Aug 41	#5 D.D.	Quebec	209	2 Sep 41
		S.O.S. on proceeding to R.R. of C.,						
		Valcartier Camp	"	15 Sep 41	"	"	220	15 Sep 41
		T.O.S. Serial 1042 on trans. from D.D. 5	"	16 Sep 41	R.R. of C.	Valcartier	195	17 Sep 41
		EMBARKED CANADA-SAILING LIST NO 966 "C"	FORCE	27 Oct 41				
		Reported prisoner of war	"	25 Dec 41	R.R. of C.	Ottawa	A.O. 15	10 Sep 45
		Awarded C.V.S.M. & Clasp	"	29 Dec 42	"	"	A.O. 16	10 Sep 45
		Awarded 1939-45 Star	"	8 Dec 41	"	"	A.O. 16	10 Sep 45
			"	26 Dec 41	Amended by	"	A.O. 53	29 Jan 46
		S.O.S. died of wounds	"	29-Dec-42	"	"	A.O. 14	7 Sep 45

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....EVANS, Erwin.....Place Quebec, P.Q.....
Place.....Danville, P.Q.....Date 29 Aug 41.....

Part 1. Information obtained from the recruit.

1. Age 18 17 2. Have you ever suffered from any of the following diseases?

- | | | | |
|-----------------------------------|----|--|----|
| a. Rheumatism | no | k. Ear disease | no |
| b. Tuberculosis or pleurisy..... | no | l. Eye disease | no |
| c. Bronchitis or asthma..... | no | m. Fits | no |
| d. Heart disease..... | no | n. Nervous or mental disease..... | no |
| e. Kidney or bladder disease..... | no | o. Syphilis | no |
| f. Stomach or bowel trouble..... | no | p. Gonorrhoea | no |
| g. Rupture | no | q. Have you ever worn glasses?..... | no |
| h. Varicose veins | no | r. Are you now or have you in the past
received disability pension or
compensation? If so, give
details | no |
| i. Foot trouble | no | | |
| j. Nasal trouble..... | no | (Sgd) Erwin Evans | |

In July 1941 for NPAM Cat. "A".

Part 2. Information obtained by medical examination.

1. Identification marks or scars. (If operative obtain history).

None

2. Height 5 feet 6 inches. 3. Weight 130 pounds. Good
4. Complexion fair Eyes blue 5. Development good ~~Fair~~
Hair red ~~Poor~~
6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 4 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right 20/20 left 20/20 8. Hearing, right C.V. 15 left C.V. 15
9. Condition of mouth and teeth Good condition.
10. The abnormalities (congenital and pathological) found on examination are as follows.....
Urine, ears, and reflexes, normal.
SEP 1 - 1941 X-RAY CHEST - NEGATIVE (Sgd) ? ? Capt.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as stated in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards

and Instructions for the medical examination of recruits" and he is found fit for Category.....**A**

Special remarks when category lower than A.....

(Sgd) Lorenzo Martel, Capt. (Sgd) (Dr. A.R. Gregoire) (Sgd) ? H. Stevenson
President Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			<p><u>CERTIFIED TRUE COPY OF MFM2.</u></p> <p><i>J. G. Kaynes.</i></p> <p>Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 5 Nov</p>

Rank.....Rifleman Surname.....EVANS.

Christian Name.....Joseph Erwin

[illegible]

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

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full EVANS, JOSEPH ERWIN (b) Reg'l. No. E 30762
2. (a) Arm of service ARMY (b) Unit ROYAL REGIMENT (c) Rank RECV
3. (a) Date of birth 11-11-21 (b) Have you any dependents? NO (c) Place of residence at time of enlistment DANVILLE PQ
4. (a) Place of enlistment DANVILLE QUE. (b) Date of enlistment 25-8-41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 YEARS (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 5th GRADE HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured NA
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NIL

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? NA
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked NA (b) State how long you had worked at this trade or occupation NA
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified NA
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment NA
15. Give details of last employer, if any: Name NA Address NA
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NA
17. (a) If your last employment was in a business of your own, state nature and address of business NA (b) Date of discontinuing it NA

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer STANLEY TAYLOR Address DANVILLE PQ
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) FARMER
20. (a) Your specific occupation FARMING (b) Number of years' experience at this occupation with any employer 4 YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice NA (b) Where was it located? NA
23. (a) Number of years engaged in this business NA (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? GENERAL
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 4 (c) In what provinces did you have experience? QUE PQ

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NO
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form RCMT

DATE

25-8-41

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SIGNATURE

Erwin Evans