E4181
BOSSE
JOSEPH

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ROSS Joseph (b) Reg'l. No. R-4181
2. (a) Arm of service Army (b) Unit R 22 R (c) Rank Pte
3. (a) Date of birth 3 Jul 1917 (b) Have you any dependents? No (c) Place of residence at time of enlistment St.Helene,P.Q.
4. (a) Place of enlistment Quebec, P.Q. (b) Date of enlistment 25 Sep 1939

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 yrs (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.) 4th grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French (b) What languages do you read well? French

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? None

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

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 Ontario Paper Address Franklin,Nth.Coast
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Paper Merchants
20. (a) Your specific occupation Lumberjack (b) Number of years' experience at this occupation with any employer 7 yrs
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 (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
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.) Garage
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanician

DATE 2 June 3 194 SIGNATURE [signature] for Officer i/c Records, C.A.S.F.

MEMORANDUM POUR

Mme Marie Bosse,
Lac Des Aigles,
RIMOUSKI, P.Q.

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-B-2086 FD 445

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 29 septembre 1943

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

BOSSE, Joseph, Soldat.

No. E.4181, C.A.

ESTATES BRANCH OCT 11 1943 H.Q. OTTAWA NATIONAL DEFENCE

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

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

R. G. Phelan Capt.

(R.G. Phelan) Capitaine,
pour (L.M. Firth) Lt.-Colonel,
L'administrateur des successions.

RGP:JAB

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non.....				
3	Père du défunt.....		Bossi Georges.	65	Rue des Aigles.
4	Mère du défunt.....		Lesage Marie	55	" "
5	Frères du défunt	Frères germains	Maurice Bossi soldat Ernest " soldat Armand " travaille chez Lucien " marier Benoit " avec son père	20 25 24 21 17	Bredet. angleterre " Tranchée. Rue des aigles. " " " "
		Demi-frères	Fs Xavier " avec son père	11	" "
6	Sœurs du défunt	Sœurs germaines	Mazelle Bossi. M. Paule " Francine "	19 21 14	Rue des aigles. " " " "
		Demi-sœurs			
	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants
7					

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÉTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance).....			

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Bussi Joseph-
11	Indiquez le mois et l'année de sa naissance.	4 - août 1917
12	Où et quand ses parents s'étaient-ils mariés?	Notre Dame du Rosaire
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	/
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	/
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	/

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	Ste-Hélène. Kam
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	Québec
18	Combien de temps dans chacun d'eux?	toujours
19	Quelle était la nature de son emploi?	cultivateur
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	lac des aigles
22	Indiquez votre adresse postale au long.	lac des aigles Comté de Rimouski

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	oui, la mère.
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	/

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

Le défunt avait-il un compte de banque? Dans le cas échéant, donnez le nom et l'adresse et le montant en dépot.
Etait-il détenteur de certificats d'épargne de guerre, de bons de la victoire?

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

DÉCLARATION

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

.....la mère.....du défunt.

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

Marie Genevieve Bosse — Signature du déclarant

CERTIFICAT

Je, soussigné, certifie que, autant que je sache,..... Nom du déclarant

est le/la.....du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Rue des Aigles ce septième jour de octobre 1943

Signature du pasteur, prêtre ou magistrat. Edmond Lepage ptre. Titre curé

Adresse Rue des aigles, Comté Rimouski

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

Received JAN 23 1940 Checked DUPLICATE Card deceased 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) Royal 22ème Régiment C.A.S.F. Matricule (Regimental Number) E 4181

~~Original~~ Duplicata ~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

01 PTE

~~Original~~ Duplicate ~~Triplicate~~

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) BOSSE
2. Prénoms (Christian Names) JOSEPH
3. Adresse actuelle (Present Address) Ste-Hélène, Comté de Kamouraska, P.Q.
4. Date de naissance (Date of birth) 3 juillet 1917
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) Kamouraska, P.Q. (Comté ou province)—(County or Province) Ste-Hélène (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholique Romain
7. Métier ou profession (Trade or Calling) Conducteur de camions
8. Marié, veuf ou célibataire (Married, Widower or Single) Célibataire
9. Nom du plus proche parent (Name of next of kin) ~~Georges Bossé~~
10. Parenté de celui-ci (Relationship) ~~Père~~ SEE CHANGE
11. Adresse du plus proche parent (Address of next of kin) ~~Ste-Hélène de Kamouraska, P.Q.~~
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

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

OCCUPATIONAL HISTORY FORM COMPLETED

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

B Je, soussigné, Joseph Bossé, 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 25 septembre 1939 Guy Taschereau TÉMOIN Joseph Bossé
(Signature de la recrue)

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

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

Joseph Bossé
(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 La Citadelle, Québec vingt-cinquième jour de septembre 1939

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

(PERCY FLYNN) Lieutenant-Colonel
Commandant le Royal 22ème Régiment C.A.S.F.
(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.

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État de service de BOSSE (Nom—Surname) JOSEPH (Prénoms—Christian Names)
Record of Service of

Matricule E 4181
Regimental Number

APTITUDES
Qualifications

Militaires nil
Military

Professionnelles ou commerciales nil
Business or Professional

Civiles ou de métier conducteur de camions
Trade or Civil

Techniques nil
Technical

Langues Français
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies 9 années (années complétées—years completed)
High School or Collegiate

Graduation ou (or) Immatriculation Cours élémentaire (Spécifier—Specify)
Matriculation

*Collège Ecole Ste-Hélène, Comté de Kamouraska, P.Q.

*Université nil
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: Enlisted and posted to "B" xoy	Pte	25-9-39	R22e R CASF	QUEBEC	no 24 25-9-39	[signature]
	SOS	Can Embarked---H.M.T.AQUITANIA	Private	9-12-39	ditto	Halifax N.S.	86	21-12-39
T.O.S.	10/12/39	Landed-----GREENOCK	do	18-12-39	ditto	Field Scotland	86 6	7 Feb 41 21-12-39
18-1-40	M.O. Unit	Granted Sick Leave	do	18-1-40	do	England	16-3-d	18-1-40
		Admitted to Cambridge Hospital	do	29.12.39	do	do	29-1-40	2.2.40
		Discharged from do do	do	3.1.40	do	do	do	do
		On Command - King's Guard - attached H.Q. Coy, Holding Bn, Gren Guards, 1330 hrs to 2300 hrs.	"	16.4.40 to 21.4.40	"	"	Do 89	22.4.40.
cancelled by D.O. 58	26 Dec 41	~~On Command, Special Duty~~	~~Pte~~	~~18 Nov 41~~	~~R22R~~	~~U.K~~	~~D.O. 54~~	~~30 Nov 41~~
		To wear One Good Conduct Badge	Pte	25 Sept 41	R.22R.	V.K	56.	12 Dec 41.

Officer i/c Records
Royal Tr. Regiment

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) BOSSE JOSEPH — Date 25 septembre 1939

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

1. Age 22

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) — non
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

Joseph Bosse
(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).)
Aucune

2. Taille (Height) 5 pieds (feet) 10 pouces. (inches.)
3. Poids (Weight) 176 livres (pounds)
4. Teint (Complexion) Clair — Yeux (Eyes) Gris — Cheveux (Hair) Chatains
5. Développement (Development) Bon — (Bon—Good / Passable—Fair / Médiocre—Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 41 pouces (inches) Degré d'expansion (Range of expansion) 3 pouces
7. Vue, œil droit (Vision, right) 20/30 — œil gauche (left) 20/30
8. Ouïe, oreille droite (Hearing, right) Normal — gauche (left) Normal
9. Condition de la bouche et des dents (Condition of mouth and teeth) Bonne
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

Pierre Roy (Président)—(President) — J.O. Rutwell (Capt.) (Membre)—(Member) — Lorenz Martel (Lieut.) (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
14-11-39.	X-Ray of chest negative.		
16-11-39	Urine, sugar and reflexes normal. Cat A.	28-9-40	ATT. TAB
		22.3.41	
	Inoculation	4-11-39	
		14-11-39	
		21-11-39	Rent. Injection.
	V.V.C	21-11-39	

FEB 27 1940 A.V.Y. II

Matricule ..... Grade ..... Nom ..... Prénoms .....
Regtl. No. Rank Surname Christian Name

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: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	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

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

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

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

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
		from Coond to Wolfe						
SOS		SOS to R22R (Spec Inc) on return	Pte	4 Jun 42	1 DIBn	UK	133	6 June 42.
	TOS	TOS from 1 CDIBn	Pte	5 Jun 42	Spec Thru R22R	UK	26	13 June 42.
SOS		SOS to Royal 22 Reg (Specimen)	Pte	15 Jun 42	R22R	UK	27	17 June 42
	TOS	TOS from R22R Specimen	Pte	16 Jun 42	R22R	UK	27	17 June 42.
		Granted Reg'l Pay $1.50	Pte	19 Jan 43	R22R	UK	19	16 Apr 43
		To be A/L/Cpl	A/L/Cpl	6 Apr 43	R22R	UK	21	30 Apr 43
		Reverts to Pte at own Request	Pte	26 Apr 43	R22R	UK	24	22 May 43
Change of Address Next-Kin		mother Mrs Marie Bosse Lac D'aigles, Rimouski, Que, Canada	"	"	"	"	27	5 June 43.
SOS		SOS Cdn Army Embarked (UK)	Pte	15 Jun 43	R22R	UA	33	28 July 43.
	TOS	TOS Cdn Army (M)	Pte	16 Jun 43	R22R	UA	33	28 July 43.
		Disembarked	Pte	10 July 43	R22R	UA	33	28 July 43.
		Killed CM Force		6.8.43			C L317 17 Aug 43	
		Granted Trades rates Pay as Bricklayer "B"	Pte	8.6.43	"	N/A	42	30.8.43

Statement of the Service of No. E-4181 Rank Pte Sheet No.

Name BOSSE, Joseph

M.F.M. 1 & 2 (a)
700 M—8-39 (607)
H.Q. 1772-45-18

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
		To wear one Good Conduct Badge	Pte	25 Sep 41	R22R	U.K.	56	12 Dec 41
SOS		S.O.S. to 1 D.I.R.U.	Pte	18 Nov 41	R22R	U.K.	58	26 Dec 41
	~~T.O.S.~~	~~TOS from R.22 R. as unposted Reinf.~~ Cancelled	~~Pte~~	~~19 Nov 41~~	~~1DIRU~~	~~U.K.~~	~~1~~ #34.	~~2 Jan 42~~ 11-2-42
		On Command to 1 P/W Escort Det.	Pte	19 Nov 41	1DIRU	U.K.	1	2 Jan 42
12-2-42	Mc	TOS from #2 CDIRU Remained on cond	Pte	6-12-41	1/CDIRU	UK	#34.	11-2-42
	1st P/W E	Embark at Liverpool	"	22-12-41		"	4	1-1-42
	"	Disembark Halifax	"	2-1-42		Canada	4	1-1-42
	"	Embark Halifax	"	28-2-42		"	5	18-3-42
	"	Disembark Glasgow	"	9-3-42		UK	5	"
	"	Reported to 1st Base T D and att'd for R & Q	Pte	10-3-42		"	5	"
	"	Special Leave Canada		2-25-1-42		"	5	18-3-42
24-3-42	OC	Cease be on Comm. to #1 P/W E Det and cease						
		be att'd #1 CBTD for R & Q.	Pte	23-3-42	1CDIRU	UK	68	24-3-42
23-4-42	SOS	No 1CDIRU to R22R (FU) Spl Incr.	"	23-4-42	"	"	93	23-4-42
	TOS	TOS from 1 CD 2 RU	Pte	24 apr 42	R22R	UK	19	30 apr 42
SOS		SOS To 1 D1RU	Pte	17 May 42	R22R	UK	23	22 May 42
	DO121 25/5/42 TOS	TOS from R22R Spe Incr on Cond Wolfe Force	Pte	18 May 42	1 D1RU	UK	115	21 May 42
		Embarked UK	Pte	22 Dec 41	1 P/W Escort	UK	4	1 Jan 42
		Disembarked Canada	Pte	2 Jan 42	1 P/W Escort	UK	4	1 Jan 42

Statement of the Service of No. E 41181 Rank Sheet No.

Name BOSSE J

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

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
	T.O.S.	T.O.S from ICDIRU	Pte	5 Jun 42	R22R	UK	26	13 June 42
S.O.S		S.O.S to Royal 22 Reg (Spec Duc)	Pte	15 Jun 42	R22R	UK	27	17 June 42
	T.O.S	T.O.S from R.22R Spec Duc	Pte	16 Jun 42	R22R	UK	27	17 June 42
		Granted Regt'l Pay 50 per day	Pte	1 Jan 43	R22R	U.K	19	16 Apr 43
		To be a/l/cpl	a/l/cpl	6 Apr 43	R22R	UK	21	30 Apr 43
		Reverts to Pte at own request	Pte	26 Apr 43	R22R	UK	24	22 May 43
Cancelled D.31/5/43	D.O 26	~~Qual Bricklayer Grp B. Granted 1/- p.day~~	Pte	~~1 May 43~~	~~R22R~~	~~UK~~	~~24~~	~~22 May 43~~
CHANGE of ADDRESS N. of KIN.		MOTHER MRS MARIE BOSSE LAC D'ALGLES, RIMOUSKI, QUE, CANADA	—		R22R	UK	27	5 June 43
S.O.S		S.O.S Cdn Army Embarked	Pte	15 June 43	R22R	UK		
	T.O.S	T.O.S Cdn Army	Pte	16 June 43	R22R	M	33	28 July 43
		Disembarked	Pte	10 July 43	R22R	NA		
Imp. amended completed D.O 1A 21 Est 44 30/5/43 MF		Killed Cdn Force granted Bricklayer "B" ~~Pte~~		6 Aug 43			CL 317 17 Aug 43	
		~~Regraded~~ Trades rates Pay as ~~Cpl~~	Pte	8 June 43	R22R	NA	42	30 Aug 43

ce of No. E 4181 Ran

Name Basse J.

Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

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
S.O.S.	amended by D.O.4 23 Jan 42	S.O.S. to ~~2 D.I.R.U.~~ R22R	Pte	18 Nov 41	R22R	U.K	D.O. 58	26 Dec. 41
DO 34 11 Feb 42	TOS	~~2 O.S. from R22R on unposted Reinf.~~	Pte	19 Nov 41	~~1 D.I.R.U.~~	U.K	1	~~2 Jan 42~~
		On Com. to 1 P/W Escort Det.	Pte	19 Nov 41	1 D.I.R.U.	U.K	285 Supp 4	30 Nov 41 2 Jan 42
		On Com from 1 D.I.R.U.	Pte.	18 Nov 41	1 Cdn P/W Escort	U.K.	1	18 Nov. 41
	TOS	T.O.S. from R22R	Pte.	19 Nov 41	2/IHU	U.K	285 (Supp. 4)	30 Nov 41
SOS		S.O.S. on posting 1/D.I.R.U. (On Comm.)	Pte.	5 Dec 41	2/IHU	U.K	285 (" ")	30 Nov 41
5603	TOS	20S from 1 D.I.R.U. (Remain attd 1 P/W Escort)	Pte	6 Dec 41	1 D.I.R.U.	U.K	34	11 Feb 42
—		GRANTED SPECIAL LEAVE TO 25 JAN 42	PTE	2 JAN 42	1 P/W ESCORT DET	U.K	5	18 MAR 42
—		EMBARKED HALIFAX, CANADA	PTE	28 FEB 42	1 P/W ESCORT DET	U.K	5	18 MAR 42
—		DISEMBARKED GLASGOW, U.K	PTE	9 MAR 42	1 P/W ESCORT DET	U.K	5	18 MAR 42
1		CEASES TO BE ON COMMAND FROM 1 C.D.I.R.U.	PTE	23 MAR 42	1 P/W ESCORT DET	U.K	7	25 MAR 42
—		CEASES TO BE ON COMMAND TO 1 P/W ESCORT DET	PTE	23 MAR 42	1 D.I.R.U.	U.K	68	24 MAR 42
S.O.S.		S.O.S. to R22R (Spl Duties)	Pte.	23 Apr 42	1/D.I.R.U.	U.K.	93	23 Apr 42
	T.O.S.	T.O.S. from 1 C.D.I.R.U.	Pte	24 Apr 42	R22R	U.K	19	30 Apr 42
SOS		S.O.S. to 1 D.I.R.U.	Pte	17 May 42	R22R	U.K	23	22 May 42
Amended DO 121 25/5/42	T.O.S.	T.O.S. from R22R (Spl Duties) On Comm Wolfe force.	Pte	15 May 42	1 D.I.R.U.	U.K	115	21 May 42
		Embarked U.K.	Pte.	22 Dec. 41	1 P/W Escort	U.K.	4	1 Jan. 42
		Disembarked Canada	Pte.	2 Jan 42	1 P/W Escort	U.K.	4	1 Jan. 42
SOS		SOS to R22R (Spec Duc) on return from Coud to Wolfe	Pte	4 June 42	1 D.I.R.U.	U.K	133	6 June 42

Q.G.405-B-2086 R.4(b)

le 17 mars 1947.

Madame,

Je vous envoie sous ce pli une photographie de la tombe et du monument commémoratif qui marque la sépulture de votre regretté fils, le soldat Joseph BOSSE, matricule E-4181, inhumé dans la fosse 84, rang F, lot A, du cimetière militaire canadien, à Agira, en Sicile.

Toute erreur paraissant dans l'inscription sera corrigée au moment de l'érection de la pierre tombale permanente.

Veuillez agréer, madame, mes respectueuses salutations.

Pour l'adjudant général,

pièce jointe

(H.M.Jackson) lt-colonel,
directeur des archives.

Mme Marie Bosse,
Lac des Aigles,
RIMOUSKI, Qué.

/CS

CANADA

QUOTE NO. H.Q. 405-B-2086
R. 4 (B).

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. 14th March, 1947.

Mrs. Marie Bosse,
Lac Des Aigles,
Rimouski, Quebec.

Dear Mrs. Bosse:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E4181 Private Joseph Bosse, the location of which is grave 84, row F, plot A, Canadian Military Cemetery, Agira, Sicily.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

/EMA

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

File No 405-B-2086

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 4181 Name BOSSE JOSEPH

Rank on Discharge Pte Date of Discharge 6-8-43

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 25-9-39 to 9-12-39
from 23-12-41 to 28-2-42

United Kingdom from 10-12-39 to 22-12-41
from 29-2-42 to 15-6-43

Italy from 16-6-43 to 6-8-43 Killed in action

Northwest Europe from ____ to ____

-------- from ____ to ____

-------- from ____ to ____

Eligible for award of:

1939 - 45 Star OK

~~France-Germany Star~~

Italy Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by Arthur Fraby

Date 17-6-46 DA

Carded JUN 17 1946

NRD

HA 165

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. D-17227
FILE NO. 405-B-2086
DATE 27-12-45
SERVICE NO. E-4181
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 6-8-43

PAYEE Mde. Marie BOSSE,
ADDRESS Lac-des-Aigles,
Co. Rimouski, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-8-43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1412/30 EQUAL TO 47 COMPLETE PERIODS AT $7.50 (1410)	352.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 1268 LESS 2 INELIGIBLE DAYS, EQUAL TO 1266 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	316.50	
		669.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

DAILY RATES AT DISCHARGE

PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$ .50	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 3.25 X7 = $ 22.75	
NO. OF DAYS 1268/183	X$ 22.75	157.63
		826.63
D. WAR SERVICE GRATUITY		
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		826.63

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
V. Norton	4-1-46

Kirkpatrick Capt
SERVICE REPRESENTATIVE

1897

FRENCH

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOSEPH (Christian Names) BOSSE (Surname)

PAYEE'S NAME MDE. MARIE BOSSE (Christian Names) (Surname)

ADDRESS LAC-DES-AIGLES

CO. RIMOUSKI — P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-8-43

Register No. D-17227

File No. 405-B-2086

Date 26-12-45

Service No. E-4181

Final Rank PTE

Date of Discharge 6-8-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1412}{30}$ = 47 Periods @ $7.50	352	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1268 less ✓ Ineligible days, equal 1266 Days @ 25c. per day	316	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	669	00
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ .50		
Dependents' Allowance 1/30 $ ✓ $ ✓		
TOTAL $ 3.75 × 7 = $ 22.75		
No. of Days $\frac{1268}{183}$ × $ 22.75	157	63
D. WAR SERVICE GRATUITY	826	63
Computed By Monty		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By My		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	826	63

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

FORM No. 1

Register No. D17227

Nominal Roll No. D 452

H.Q. File No. 405-B-2086

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E 4181	PTE.	BOSSE.	JOSEPH.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in Action ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 25 Sept 39	T.O.S.	T.O.S.
S.O.S. 6 Aug 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1412	Total Days	Total Days

Total Service ..... 1412 .. DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	144	Nil	144
Overseas Service	1268	Nil	1268
Totals	1412	Nil	~~1412~~
Add Non-qualifying Service			Nil
Total Service			1412

EMBARKATION DETAILS: TOS O/S. 10 Dec 39. TOS O/S. 1 Mar 42.

1. Date S.O.S. Overseas 22 Dec 41 2. Date S.O.S. Overseas 6 Aug 43.

REMARKS:

Computer's Signature ..... A W Mee Sgt

Checker's Signature ..... [illegible]

Date Computed ..... 8 Nov 45

KILLED IN ACTION 6 Aug 43.

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

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

500M—11-44 (6012)
H.Q. 1772-45-S

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
			Jul		
				Total	

Overseas: T.O.S. 10 Dec 39. T.O.S. 1 Mar 42. T.O.S.

S.O.S. 22 Dec 41. S.O.S. 6 Aug 43. S.O.S.

			Jul		
				Total	

4 5 2

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

Register No. D.17227

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 6th Nov. 194 5

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

Service No. E.4181

Name J. Bosse.
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, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address 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.	Mrs Marie Bosse	2300
Names, address 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 deductable from the War Service Gratuity and name of person to whom paid.	Nil	

13/11 194 5

G Budnio
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 17221

W.S.G.

(22-10-45)

RECEIVED
OCT 31 1945
PAYMASTER GENERAL
R.C.A.S. Branch

TRANSLATION
(Oct. 29-1945)

Re- Pte. Joseph Bossé,
E/4181, R. 22nd R.-Deceased.

Sir:

There is something I cannot understand.

In June and July, some soldiers have drawn their gratuities; same is payable to the estate of deceased soldiers, and as far as I am concerned, I have received nothing.

This soldier died in Sicily; was my eldest son, and my support; his father died a year ago; I have 2 children, a girl,15, and a boy 13, and if I could have my son's gratuity, it would help me a lot.

I have been asking for that money several times. I hope that, this time, you will give my request favourable attention.

My son was a volunteer with 4 years'service.

Awaiting a reply, I .....

(SGD) Mrs. Georges Bossé, widow,
Lac-des-Aigles,
Co.Rimouski,QUE.

CHJ

Lac des aigles 22 octobre 1945

Nouvelle edifices de Larme -
Ottawa

DEPT. OF TRANSLATIONS
OCT 20 1945
OCT 31 19
DEFENCE

Une chose que je ne peu me expliquer
en juin et juillet tout soldat ont
obteme des gratification de guerre
même ceux qui on donner leur vie
sur le champ d'honneur moi jai reçu
aucune gratification de notre soldat
Joseph Bosse mort en exile cet enfant
etait mon plus vieux et soutien de
parent et en plus le père decede depuis
un an et je reste avec 2 enfants
une petite fille de 15 ans et un petit
garcon de 13 ans si etait possible
de me faire parvenir ces gratification
il a plusieurs fois que je men occupe
et il me semble que cet fois que je
serai bien comfortes

ce garcon est Joseph Bosse
E 4181 royal 22 em Reg
il a passé 4 ans dans l'armée
engagé volontaire

Donc j'attend une réponse
favorable

Votre devoue
Veuve Georges Bossé
Sœur des aigles Comte Raimond

P. 2.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name: BOSSE (Surname) Joseph (Christian Names) No.: E.4161

Pte. (Rank) Canadian Army Overseas (Unit) 6-8-43 (Date of Death)

AMOUNT

L.P.C. ..... $ 307.03

Other Credits .....

Total 307.03

Date: April 18, 1944

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Mr. Georges Bosse Lac des Aigles, Rimouski, Co., P.Q. (sole beneficiary per will)	307.03 R

P4. TO TREAS. 22/4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731 ~~837~~	00 01	00 ~~70~~	001 ~~000~~	307.03

CLASSIFIED BY

Original Signed by
E. W. QUINNEY

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

25M—9-43 (1913)
H.Q. 1772-80-2

CFA 187
40/P & [redacted]180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

24 2/44

No., RANK and NAME E-4181 Pte. Bosse J. (Killed in Action)("M")

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY R-6/818 Pte. Davidson E. DATE 7, Dec.

1	Cap Badge, R22Regt. U		
1	Medallion U		

1 Sum pol Wol
28 2/44 RJH

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

TRIPLICATE — with effects.

W.E. Fulmer, Lt/l
for OC 1 Cdn KSD

Estates

TRANSLATION
LL/HeL
27/9/43'

Lac des Aigles, September 18, 1943.

ESTATES BRANCH SEP 28 1943 H. Q. OTTAWA NATIONAL DEFENCE

Re: E-4181, Joseph Bossé deceased,
Royal 22nd Regt..

Dear Sir:

With reference to our marginally noted late son, I beg to point out that the monthly Dependent's Allowance paid to his mother was $20.00 and it seems to me that the payments should be continued since this soldier enlisted as family support, served in the Army for 4 years and finally gave his life. This should deserve some consideration.

I would like to know also if the soldiers having served on the Royal guard are protected by insurance before proceeding to the front.

As for his personal belongings it is not for me to look after that, but the body should be searched to see whether he has important papers. You know far better then I do where the soldiers are keeping their important papers. Here I cannot do anything and it is up to the Army to look after that, although it would be better if the parents attented to it if possible.

It is therefore up to the Army to see to it. I know our son was a brave soldier. Should any of his pictures be found on him, I would appreciate receiving them as a remembrance.

Thanking you for the words of sympathy sent on the occasion of the death of my child I beg to ask for any further information that might be secured and for a reply to my present letter.

(SGD) Mrs Georges Bossé,
Lac des Aigles,
County of Rimouski, P.Q.

NOTE: Please always write in French.

Lac des aigles 18 septembre
1943

Ministere de la defense
Nationale Ottawa canada

Monsieur

En ce qui rapport fait de
la mort de notre enfant
le militaire Joseph Bosse
E 41861 royal 22 em rey Canadien
je doit vous dire que la locasion
familiales verse a sa mère
a chaque mois etait de $20.00
vingt piastres par mois
il me semble bon de vous
dire quel doit se continuer
puisque le militaire lui même
etait engage comme soutien
de famille et aussi ce mili-
taire depuis 4 ans qui
a donner son service a
larme et même sa vie
que cela doit meriter quelques
chose de plus

aussi est-ce que ces garçon
qui on fait la garde royal
navait pas une assurance
avant de se rendre aup from
Tant que a ces effets personnelle
ce nest pas a moi de men
occupé ces de voir sur lui
sil avait pas des papiers de
consequance vous savez
bien plus que moi où le soldat
met ces papiers de consequance
ici moi je ne peu rien faire
ces prieres larme est oubligé a
differente choses mais ces
preferable quand ces les parents
peuve s'occupé de ces choses
Donc encore une fois de vous
occupe de tous ces choses ces
a larme de y voir je sais que
notre garçon etait un brave
Militaire si parfois vous
trouve sur lui quelques un
de ces portrait de me les
envoyer comme souvenir

Donc vous remerciant des
sympathies offert a la mort
de mon enfant le soldat
Joseph Bosse Le 4118 roy 22eme
Canadien
Donc si parfois quelques autre
nouvelles vous serait ensoyer
de me les retourner et de me
donner une reponse de
ce que je vous demande
Je me signe

A.B. de georges Bosse

Sac des aigles
Conte Ramouski
P.Q.

De toujours ecrire en français

BUREAU FOR TRANSLATIONS
SEP 27 1943
Rec'd
SEP 28 1943
Rec'd
NATIONAL DEFENCE

DUPLICATE

M.F.M. 10 (Fr.)
40M—8-39 (1706)
H.Q. 1772-45-18

FORMULE DE TESTAMENT N° 1

À l'usage du soldat qui désire léguer une partie de ses biens meubles à une personne et la balance à une autre personne

Je Joseph Bosse (nom en entier)

matricule E 4181 des troupes canadiennes de campagne

Royal 22e Regiment (Armee active du Canada)
(unité ou corps) (donner le nom de l'unité en entier)

révoque tous testaments que j'ai pu faire avant celui-ci et déclare que le présent testament exprime mes DERNIÈRES VOLONTÉS.

Je donne et lègue mes biens meubles comprenant Ma solde et tout ce que je possederai au moment de ma mort
(mentionner ici les biens meubles en entier)

à Mr. Georges Bosse
Lac des Aigles
Co. Rimouski P.Q.

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le **degré de parenté.**

entièrement et le reste de mes biens meubles et tout ce que je puis donner ou puis disposer

(mentionner ici le reste des biens)

à N11

Mentionner les noms et adresses de la personne ou des personnes à qui ces biens sont légués et le **degré de parenté.**

NOTE.—Si le soldat possède des **biens immeubles,** la formule 10A doit être remplie.

N.B.—Les biens meubles comprennent la solde, les effets, l'argent en banque, les certificats d'actions, etc., en un mot tout, sauf l'immeuble.

EN FOI DE QUOI j'ai ci-après apposé ma signature ce Vingt huitieme jour de Novembre A.D. 1939

IMPORTANT

La date et la signature du soldat doivent être écrites de sa propre main.

Joseph Bosse
(*Signature du soldat*)

Signé et reconnu par le testateur en notre présence; nous, en sa présence, et à sa demande, et en présence les uns des autres, avons ci-après apposé notre signature comme témoins.

Signature du 1er témoin L. Bouchard C.S.M.

Adresse en entier 46 St Eustache Ave

Signature du second témoin Raymond Levesque Cpl

Adresse en entier Citadelle

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE NO.

NAME BOSSE, Joseph DATE OF BIRTH 3rd Jul 1917. Ste-Helene, B.C.

RANK PRIVATE REGIMENTAL NO. E-4181

UNIT ROYAL 22nd REGIMENT NEXT OF KIN ADDRESS Mother

Mrs Marie Bosse

Lac D'Aigles,Rimouski, Quebec

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 6 AUG 43 PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL 6 Aug 43 CEMETERY Carcaci Sicily MR 681974.

DEATH CERTIFICATE NO LOCATION OF CEMETERY

PLOT NO DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS

RELIGION R.C.

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

MAR 30 1944

N.B. This burial report contains all information at present available, but is subject to revision by this Office.

Noted JS

W.E. Turpin, Capt
for (B.E.Willan) Capt.

For (R.T.E.Hicks-Lyne) Lt.-Colonel
Officer i/c Records
Canadian Military Headquarters.

CASUALTY SECTION EXTRACT FORM

Message Received from 02E/613

16 AUG 43

Time Message Received.....

Date Message Received 17 AUG 43

REGIMENTAL No.	RANK	NAME	FULL CHRISTIAN NAMES
E-4181	PTE	BOSSE	JOSEPH

UNIT ROYAL 22e REGT.
KILLED IN ACTION 6 AUG 43

41

CASAULTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. OR D.I.
(*This information must be clearly stated*)

Hospital Admitted to..... Date.....

Hospital Transferred to..... Date.....

Hospital Transferred to..... Date.....

Hospital Discharged from..... Date.....

FOR VERIFICATION CLERK

IMPORTANT — NEXT-OF-KIN — IMPORTANT

If next-of-kin is in CANADA—Give full Address and Relationship.
If next-of-kin is in U.S.A.—Give full Address and Relationship.
If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

NEXT-OF-KIN
MRS MARIE BOSSE

RELATIONSHIP
MOTHER

Address LAC D'AIGLES
RIMOUSKI
QUEBEC CANADA

Home Town STE-HÉLÈNE QUEBEC

Cable No. 3034

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

CHANGE

Card made

C.F.A. 48
40/P & S/1568 (1/43)

A.S. W Q W.
Verification Clerk's Signature.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (SICILY) | 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: BOSSE (Block letters)

Given names: Joseph

Do not write in this space

4. RESIDENCE

Street ..... No. .....

Official name of civil municipality or township: Ste-Helene,

Municipal county: Kamouraska, 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: July (Month) 3rd, (Day) 1917. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
26			..... hrs. or ..... min.

OCCUPATION

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

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	BOSSE, Georges	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Sicily.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church.....

(b) Civil municipality of.....

(c) Municipal county.....

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 6th, (Day) 19 43. (Year)

23. I HEREBY CERTIFY that I attended deceased from

..... 19..... to ..... 19.....

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

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

(b) .....

due to

(c) .....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

.....

.....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ..... 19.....

(b) Duration of disease ..... days

25. If a woman, was there a puerperal condition? .....

26. Was there a surgical operation? ..... Date of ..... 19.....

State findings ..... Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide ..... Date ..... 19.....
(State which)

Manner of injury .....
(How sustained)

Nature of injury .....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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

F. B. Racine

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.

405-B-2086

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: R22e Regt.

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: E-4181

Rank: Pte.

Surname: BOSSE

Christian Names: J.

Died — Date: 6 Aug. 43. Place: Sicily

Cause of Death*: Killed in action BC

Nature and Date of Report: AFW 3011B 6 Aug. 43.

By whom made: R22e Regt.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Carcaci, Sicily MR681974 Date: 6 Aug. 43.

By whom reported: CF R22e Regt.

State whether he leaves a Will or not

(a) in Army Book 64: Not received

(b) as a separate document: Not known no effects received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: North Africa 16 Sept. 43.

Signature of Officer in charge of Section Adjutant-General's Office at the Base: R E Sullerton Capt. for Officer i/c Cdn Sec GHQ 2nd Echelon North Africa

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

HQ.405-B-2086

/CV

14 Septembre 1943

Madame,

Je regrette profondément d'avoir à vous informer que votre fils, le soldat Joseph Bosse, numéro matricule E-4181, a donné sa vie au service de sa patrie en Sicile le 6e jour d'août 1943.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat. Vous pouvez compter que dès que nous recevrons d'autres détails, nous vous en ferons part.

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

Nous rendons hommage au soldat Bosse pour son vaillant sacrifice.

Veuillez agréer, madame, l'expression de mes sentiments distingués.

L'adjudant-général,

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

SEP 11 1943

(H.F.G. Letson),
Major-général.

Mme Marie Bosse,
Lac Des Aigles,
Rimouski, Qué.

CANADA

QUOTE NO. H.Q. 405-B-2086 (Records-C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

F.T.

OTTAWA, CANADA,

Mrs. Marie Bosse,
Lac Des Aigles,
Rimouski, Quebec.

Dear Madam:

I deeply regret to inform you that your son, E.4181 Private Joseph Bosse, gave his life in the Service of his Country in Sicily on the 6th day of August, 1943.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

P.L.

(H.F.G.Letson),
Major-General,
Adjutant-General.

GR/AOS

Nat. Def. A-168-A
1,000M—3-43 (9028)
H.Q. 1772-39-376

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E.4181 RANK Private SERVICE UNIT The Royal 22nd Regiment (C.A.)

[redacted]

NAME BOSSE, Joseph

DATE OF BIRTH

DAY 3rd MONTH July YEAR 1917

MARITAL STATUS Single

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

ADDRESS Lac Des Aigles, Rimouski, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3034 H.Q. 405-B-2086

CASUALTY DETAILS Killed in Action DATE 6-8-43

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 7-9-43

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

9-9-43
(O.C.L.-362)

AWARDS—CANADIAN ARMY (ACTIVE) (1490) M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-B-2086

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BOSSE,	Joseph	E.4181	Pte.	Infantry

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~Italy Star~~	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	2960 18-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Marie Bosse ~~George~~ BOSSE (FATHER)

ADDRESS: LAC DES AIGLES, Rimouski Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marie Bosse

ADDRESS: Lac des Aigles, Rimouski Co., Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 3146

(2)

3)

DESP. NOV 8 1943

REGN No. 3164

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 11 1944

RETURN TO BUR. OF STAT. 15-12-43.

ROYAL MESSAGE DESP'D. OCT 31 1943

CAN. MESSAGE DESP'D. 11-9-43.

H & CR Form Despd. OCT 11 1944

Photographs

Despatched

MAR 17 1947

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.
PlotA. Row F. Grave 84

No E.4181 Rank Private Name BOSSE, Joseph

Unit Royal 22e Regiment Date of death 6th Aug., 1943.

Died at Sicily.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-B-2086 d 7-9-43

N/K Mrs. Marie Bosse. Relationship Mother

Address Lac Des Aigles, Rimouski, P.Q.

Remains buried in Cemetery

Carcaci, Sicily. MR.681974.

Grave location

CHK ✓

OVER-

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
100M—2-43 (8404)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. E-4181 | Rank Pte DECEASED.

Surname BOSSE

Christian name JOSEPH

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Royal 22nd Regiment

Date of discharge 6 Aug. 1943

Place of discharge Overseas Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 22 years months

Height 5 feet 10 inches

Complexion Fair

Eyes Grey

Hair Lt. Brown

Trade Truck Driver

Descriptive marks:

Intended place of residence } Street and Number P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address) Province

2. The above-named man is discharged in consequence of

DECEASED.

Authority for discharge Deceased

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer.

3. Conduct while in the service has been, according to the records, etc.:

N.B.—See K.R. Can. 385. This will be assessed when practicable by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company, and will be read out to him.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. War Service Badge

General Service

Class and number.....
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

---

6. Medals and Decorations..... { .... }

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

---

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... .....*Commanding*.....

---

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the fourth page, and that I have received my discharge certificate.

(Place).....*(Signature of Soldier)*

(Date).....*(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

---

9. **Statement of Service**

(Date of enlistment—Canadian Army)..... 25 Sept. 1939

(Date of discharge—Canadian Army)..... 6 Aug. 1943

(Total Service—Canadian Army).....years.....days

---

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M.2).

Clothing and Equipment Statement (M.F.C. 800).

Proceedings on Discharge.

CANADIAN WOMEN'S ARMY CORPS

Charge Sheet (M.F.M. 155).

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 154).

Enrolment Form. (Duplicate and Triplicate M.F.M. 153).

Certificate of Examination (Duplicate and Triplicate M.F.M. 150).

Clothing and Equipment Statement (M.F.C. 800W).

Declaration to serve in Canada and beyond.

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

.....

Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

(Date)..... .....

(Signature of Soldier)

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. E-4181 Rank Pte Surname Bocci Christian Name Joseph.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R. 22e R.									Killed.	C/S. 6-8-43	G-317

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

Q: 2-B-203

ORIGINAL

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: Royal 22e Regiment CASF Regimental Number: E 4181

1. Surname: BOSSE
2. Christian Names: Joseph
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: St-Helene Co Kamouraska
5. Date of birth as declared on attestation: 3 July 1917
   (A):
6. Date of enlistment: 25 September 1939
7. Place of enlistment: Quebec
8. Residence at time of enlistment: St-Helene Co Kamouraska
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: Single
13. Trade on enlistment: Truck Driver
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps	Unit (Battn., etc)
R 22ebR CASF	

(18) Medical:

Category	Date	Authority
A	25-9-39	
A	14-11-39	
A	16-11-39	
T.A.B. inoculation 1	4-11.39	
" " 2	14.11.39	
" " 3	21.11.39	
Vaccin. Vir.	22.11.39	
A/Tetanos. 1/2	16.12.39 27.2.40	

(19) Next of kin (entries to be made in pencil):
~~George Bosse (Father)~~
~~St-Helene Co Kamouraska~~
Mrs Marie Bosse, mother,
(20) E Lac D'aigles, Kamouraska
(21) E
(22) E Ave., Canada.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			Embarked. Halifax, N.S..-H?M?T? "AQUITANIA."		9.12.39	Pte	D.O. Part II No 86 d/21.12.39
		R22R C.A.S.F.	Landed. Greenock Scotland		12.12.39	"	
21.12.39		"	Enlisted and posted to "B" Coy	Quebec, P.Q.	9.12.39	"	86
18.1.40		"	Granted sick leave from: 18.1.40 - 24.1.40	England	18.12.39	Pte.	12-3-d.
2.2.40		"	Admitted to Cambridge Hospital	"	29.12.39	"	29/1/e.
2.2.40		"	Discharged from Hospital	"	3.1.40	"	29/1/e.
22.4.40		"	Proceeded on Command	"	16.4.40	"	89/2.
22.4.40		"	Returned from "on Command"	"	21.4.40	"	89/2.
	R.O. 112	R22eR	Embarked S.S. Aquitania	Halifax	9 Dec 39	Private	
	✓	✓	S.O.S. C.A.S.F. Canada		✓	✓	
	✓	✓	Disembarked Greenock	Scotland	18 Dec 39	✓	
	✓	✓	T.O.S. C.A.S.F. Overseas	England	10 Dec 39	✓	#6.d/7 Feb 41
18 Nov 41	O.C.	R22eR	Proceeded on special duty	✓	18 Nov 41	✓	#54.d/30 Nov 41 Cancelled #58.d/2
15 Nov 41	✓	✓	Is entitled to wear one Good Conduct Badge	✓	25 Sep 41	✓	#56.d/12 Dec 41
Adm. Order No 208		R22eR	S.O.S. to 1 Cdn. Div. Inf. Reinf. Unit	✓	18 Nov 41	✓	#58.d/26 Dec 41
		1CDIRU	T.O.S. from Royal 22e Regiment	✓	19 Nov 41	✓	
		✓	On Command to P/W Camp	✓	19 Nov 41	✓	
		1ST P/W.E.	Embarked at Liverpool	~~22-12-41~~	22-12-41		D.O. 4/d 1-1-42
		1ST P/W.E.	Disembarked at Halifax	Canada	2-1-42		D.O. 4 d/1-1-42
		1ST P/W.E.	Embarked at Halifax	Canada	28-2-42		Pt. II No. 5 d/18-3-42
		1ST P/W.E.	Disembarked at Glasgow	U.K.	9-3-42		Pt. II No. 5 d/18-3-42
		1ST P/W.E.	Reported to 1st Base Transit Depot att for Rations & Quarters	U.K.	10-3-42		Pt. II No 5 d/18-3-42 Pt. II No 5 d/18-3-42
		"	Special leave	Canada	2-28 Jan 42		Pt. II No 5 d/18-3-42
24-3-42	O.C.	1CDIRU	Cease be on comm. #1 P/W E Det and cease be att'd #1 CBTD for R&Q	U.K.	23-3-42	Pte	68
23-4-42	O.C.	S.O.S.	No 1CDIRU to R22R (7-4) Spec Incr	"	23-4-42	Pte	93
25 Apr 42	O.C.	R22eR	T.O.S. "Spl Inc" from 1C.D.I.R.U.	England	24 Apr 42	Private	#19.d/30 Apr 42
15 May 42	A.O. 115	✓	S.O.S. to 1C.D.I.R.U.	✓	17 May 42	✓	#23.d/22 May 42
21-5-42	O.C.	T.O.S.	No 1CDIRU from R22R Spec Incr On Command to Wolfe Force	U.K.	18-5-42	"	118
6-6-42	"	S.O.S.	To R22R Spec Incr on return from W.F.	U.K.	4-6-42	"	133
	O.C.	R22eR	T.O.S. "Spl Inc" from 1CDIRU	England	5 Jun 42	✓	#23.d/26 Jun 42
15 Jun 42	P.O. 11/209	✓	S.O.S. to R22eR W.E.	✓	15 Jun 42	✓	
✓	✓	✓	T.O.S. from R22eR "Spl Inc"	✓	16 Jun 42	✓	#27.d/17 Jun 42
14 Apr 43	O.C.	✓	Granted Daily Rates of Pay of $1.50 per diem	✓	1 Jan 43	✓	19/43

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (8/42)

(PART 11)

Regiment or Corps... Royal 22e Regiment ..... Regimental Number..... E. 4181 .....

Substantive Rank..... Surname.... Bosse, ... Christian Names ... Joseph. .....

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 I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
21 Apr 43	O.C	R 22 e R	To be acting Lance Corporal	England	6 Apr 43	A/L/Cpl	21/43
26 Apr 43	✓	✓	Reverts to Pte at his own request	✓	26 Apr 43	Private	24/43
17 May 43	✓	✓	~~Qualified Bricklayer, Gp "B"~~	✓	~~1 May 43~~	✓	~~24/43~~ 27/43
✓	✓	✓	~~Qualified Trades pay as Bricklayer "B"~~	✓	✓	✓	~~24/43~~ 27/43
	✓	✓	Change of address N-of-K	✓	1 Jun 43	✓	27/43
			SOS [illegible] UK ON EMBARKATION AT ..... ON		15 Jun 43		
	TOS [illegible] ON TRANSFER ON 16 Jun 43 AND DISEMBARKED AT ..... ON				10 Jul 43	✓	33/43
16 Aug 43	DCL 32	R 22 e R	SOS - Deceased - "Killed in Action"	Field	6 Aug 43	✓	39/43

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	PART 11, D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
Sick Leave 18-1-40 - 24-1-40	12	18-1-40	7 days Subs. All ces
Adm Hosp 29-12-39			
Disch. Hosp. 3-1-40	29	2-2-40	
On Command Special Duty.		18-11-41	W.E.F 16-11-41
S.O.S. 1st C.D.I.R.U.	58	26-12-41	W.E.F. 18-11-41
Recom to Canada East Dist. P.W.	1	2-1-42	
SOS - R2eR - FU	93	23-4-42	
~~T.O.S. from ICDRU~~	20	~~1-5~~ 42	

~~B~~ S

NAME BOSSE JOSEPH

REGIMENTAL No. E4181 RANK ~~Private~~ ~~L/Cpl.~~ Pte

ENLISTED AT Quebec PROMOTIONS, ETC. AND DATE

DATE Sept 25 1939

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Bosse Georges RELATIONSHIP Father

ADDRESS OF Ste Helene Kamouraska

ASSIGNMENT OF PAY, $ ~~20.00~~ 23.00 1 Feb 43 ~~Now~~ stop w of 1 Aug 43 June 42 in mother's behalf.

ADDRESS Lac des Aigles Co Rimouski

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Yes

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 5 May 1942.

IN WHOSE FAVOUR ~~M. Georges Bosse~~

Mrs Marie Bosse (mother)

Lac des Aigles Co. Rimouski. O.Q.

M. F. M. 14

100M—9-39 (1873)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D.O. No.	PART 11, D.O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME
On Command / P/W. Escort	1	18 Nov 41	19 Nov 41
Embarked U.K.	4	1-1-42	22-12-41
Disembarked Canada	"	1-1-42	2-1-42
Embarked "	5	18-3-42	28-2-42
Disembarked U.K.	5	18-3-42	9-3-42
Special Leave (Canada)	5	19-3-42	2-25 Jan 42
Sub Allowance.			
Ceases to be on 1 p/w Escort	68	24.3.42	w/f 23.3.42
Sus to R22R w/f 23.4.42	92	23.4.42	
T.O.S. from I.C.O.R. i.u.	19	30-4-42	W.E.F. / 24-4-42.
Increased rate of pay.	19	16-4-43	w/f. 1-1-43 20 per chin
To be A/L/Cpl. w/f. 6-4-43	21	30-4-43	Traded pay cancelled
Revert to Road of Private 26-5/43	24	22-5-43	No. 26 31-5-43
Inscribed Bricklayer "B" EFF 1-5-43	24	22-5-43	
Promoted Trade S Fay "B" eff 1/5/42	24	22-5-43	eff 22-5-43

D.O. 33/28/7/43 S.O.S. Cdn Army U.K. 15 Jan 43

T.O.S. Cdn Army 16 Jan 43

Killed in action w/f. 6-8-43 C.R. d/6 Aug 43

Temporary R 22e R.

NAME Bosse J.

REGIMENTAL NO. E. 4181 RANK Pte

ENLISTED AT

PROMOTIONS, ETC. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, $ 20.00 C. ~~Nov 40~~ changed June 42 on Mother's Behalf.

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Yes.

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 5 May 1942.

IN WHOSE FAVOUR Mrs Marie Bosse (Mother)
Lac des Aigles - Co. Timiskaming. P.Q.

M. F. M. 14

50M—1-40 (3878)
H.Q. 1772-39-1662

Pour être fait en double exemplaire.
To be made out in duplicate.

ORIGINAL

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES ~~TROUPES CANADIENNES DE CAMPAGNE~~

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE ~~CANADIAN FIELD FORCE~~

INSTRUCTIONS

FORCE CANADIENNE (SERVICE ACTIF)

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de campagne.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Nom de l'officier ou du soldat ..... BOSSE JOSEPH
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule ..... E 41181
Regimental Number.

(3) Unité ..... Royal 22e Regiment (C.A.S.F.)
Unit.

(4) Etes-vous marié? ..... Non
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier ..... NIL
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse ..... NIL
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... NIL
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ..... NIL
If not — state reasons.

(7) Etes-vous veuf? ..... NIL
Are you a widower?

(8) Avez-vous des enfants? ..... NIL
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles ..... NIL
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge ..... NIL
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.
NIL

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom ..... NIL
Name.

Adresse postale ..... NIL
Postal Address.

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?

Non

Dans l'affirmative, donnez son nom en entier et son adresse postale NIL
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? Oui
Is your father alive?

Si oui, donnez son nom et son adresse Georges Bosse
If so, state name and address.

Ste-Helene de Kamouraska P.Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? Non
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne NIL
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the C.F.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance NIL
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? Oui
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Mme. Marie Bosse
If so, state name and address.

Lac des Aigles Rimouski P.Q.

(15) Si votre mère est veuve, êtes-vous son seul soutien? Non
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining C.F.F.

NIL

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance NIL
Also state reason why she has no other means of support.

(17) Etes-vous assuré? Non
Are you insured?

Si oui, dites dans quelle compagnie? NIL
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? NIL
Have you made arrangements for payment of your Insurance Premium?

Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.
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.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

Joseph Bosse
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date 25 Septembre 1939

Percy Flynn
(PERCY FLYNN) Lieut. Col.
Officier Commandant
Officer Commanding Royal 22e Regiment (C.A.S.F.)

Date 25 Septembre 1939

Spare
Prof

E4181 PTE. BOSSE. J.
R. 22e R.
KILLED IN ACTION 6 AUG. 1943
R.C.

...s is a temporary wooden Cross, which the Imperial
... Graves Commission will replace with a permanent
headstone after the cessation of hostilities."

M.B.M. 1 (Fr.)

40 P & S 279

MILICE CANADIENNE

Livre de Solde

ET DE

Service du Soldat

M.B.M. 1 (partie I) (Fr.)
40/P & S/279

LIVRE DE SERVICE DU SOLDAT

(Le livre de solde du soldat, M.B.M. 1
(partie II), sera délivré pour le service actif)

Toute entrée dans ce livre (autre que celles de la page 24 de cette partie du livre de milice M. 1, ayant trait à la formule abrégée de testament pour l'usage du soldat), doit être faite sous la direction du commandant de la compagnie, de la batterie ou de l'escadron auquel l'homme appartient ou est attaché.

Toute correction faite dans les entrées doit être signée des initiales d'un officier.

INSTRUCTIONS AUX SOLDATS

1. Vous serez tenu **personnellement responsable** du soin de ce livre.

2. Vous devez **toujours porter ce livre sur vous** lorsque vous êtes de service ou en activité de service.

3. Vous devez produire ce livre lorsque vous êtes appelé à le faire par des autorités autorisées telles qu'un officier, un officier à brevet, un sous-officier ou un membre de la police militaire ou civile.

4. Vous ne devez ni changer ni faire aucune entrée dans ce livre (sauf lorsqu'il s'agit de la formule abrégée de testament à la page 24 ; voir les instructions aux pages 20-23), et toute infraction à cet ordre sera considérée comme une offense grave.

5. Si vous croyez qu'une entrée n'a pas été faite ou a été faite incorrectement, ou encore si vous perdez ce livre, vous devez en avertir votre supérieur militaire immédiat.

6. Il vous sera permis de garder ce livre après votre libération comme un état de vos services, mais si, après votre libération, vous le perdez, il ne pourra pas être remplacé.

Killed
R 22 Regt

(I) NOM ET DESCRIPTION DU SOLDAT LORS DE L'ENRÔLEMENT

Matricule E. 4181

Nom (en majuscles) BOSSÉ

Prénoms (en entier) Joseph.

Date de naissance 3 Jul. 1917

Lieu de naissance Ste Hélène, Kam.

Métier ou profession lors de l'enrôlement Chauffeur.

Nationalité du père à sa naissance Can. Français

Nationalité de la mère à sa naissance do.

Religion Catholique Romain

Enrôlé à Quebec, P.Q.

Date 25-9-39

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

Signature du soldat Joe Bossé

Signature de l'officier Gaston Dallie Major

Endroit In the field Date 2 Mar 43

(II) PLUS PROCHE

Tout changement connu ainsi que la date de ce changement doivent être
gnement à l'officier en

NOTE.—Les entrées faites sur ces pages n'ont aucune valeur

Degré de parenté le plus rapproché		Nom	Date
ler	Epouse		
	Enfants		
2e	Père	M. Serge Bossé	
	Mère		
3e	*Frères et soeurs		
4e	Autres parents (mentionner la parenté)		

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

PARENT VIVANT

dûment notés, et le commandant de l'unité doit transmettre ce renseicharge des archives

légale comme TESTAMENT (voir aux pages 20-23)

Dernière adresse connue au complet

Mme Hélène Kozanecka PC

Killed
R 22e Regt

(III) GRADE et EMPLOI

Date	Grade et emploi	Grade définitif, temporaire, intérimaire ou local (avec ou sans solde)	Autorisé par la Partie II des Ordres du jour	Signature de l'officier
25-9-39	Soldat	D.	28/25-9-39	Gaston Dallée Major

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

A SUIVI L'INSTRUCTION (a complété le cours des recrues tel que spécifié pour l'arme du service à laquelle il appartient), *sauf qu'il requiert une instruction plus étendue en*—*

Cours de recrue complet.

Possède en plus les aptitudes et connaissances suivantes:—

Date.....

*Si le soldat ne requiert pas une instruction plus étendue, biffez les mots en italique et signez de vos initiales.

Killed
R 22e Regt

(V) DÉTAILS DE L'INSTRUCTION

Cours et écoles Spécialités. Natation, etc., faisant connaître les résultats	Date	Signature de l'officier
Vickers M.M.G	1941	Gaston Dallès Maj

(VI) COURS DE TIR AVEC ARMES PORTATIVES

Année	Classification	Si le cours de tir n'a pas été complété, spécifier les parties qui ont été exécutées	Signature de l'officier
1942	1st class	Rifle & bren	[illegible]

Killed
R 22e Regt

(VII) QUALITÉS ÉDUCATIONNELLES

Certificat, spécialités, etc.	Endroit	Date	Signature de l'officier
Ecole élémentaire	Ste Helene	29-8-42	Gaston Vallee major

10

(VIII) ÉTAT DES MÉTIERS EXERCÉS
(Pour les hommes seulement qui reçoivent la solde d'artisan)

Métier	Groupe	Classe	Observations lors de l'enrôlement, de la reclassification, du changement de métier, etc.	Date	Signature de l'officier

11

Killed
R 22e Regt

(IX) EMPLOI AU COURS DU SERVICE

Période		Nature de l'emploi	Observations et signature du commandant de la compagnie, etc.
Du	Au		
25-9-39	14-11-41	Entraînement	Gaston Dallée major
14-11-41	1-5-42	Escadre-Passonnier	
1-5-42			

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

12

(X) CLASSIFICATION MÉDICALE

Date	Catégorie ou grade	Examinateur médical des recrues, ou autre autorité médicale	Signature du médecin
25-9-39	A	Medical Board	Gaston Dallée major
14-11-39	A	Radiographie	
16-11-39	A	Ouïe, yeux, normal	
5-2-42	A	Reaffirmed	

13

Killed
R 22e Regt

(XI) PRESCRIPTION POUR DES VERRES

	Vision sans verres	Sph.	Cyl.	Axe	Vision avec verres	Centre ophtal.	Date de l'examen
D						No de la monture (ou mesures)	Date à laquelle les verres ont été fournis
G							

Signature du médecin.....

	Vision sans verres	Sph.	Cyl.	Axe	Vision avec verres	Centre ophtal.	Date de l'examen
D						No de la monture (ou mesures)	Date à laquelle les verres ont été fournis
G							

Signature du médecin.....

(XII) DÉTAILS AU SUJET DES FAUSSES DENTS FOURNIES

Détails	Date	Signature du médecin ou du dentiste
P.T.O. P.T.L. (coule)	9-4-42	Gerard Dallestampa

(XIII) DÉTAILS AU SUJET DES APPAREILS CHIRURGICAUX FOURNIS

Détails	Date	Signature du médecin

(XIV) INOCULATIONS PRÉVENTIVES

Nature du vaccin, "T.A.B.", contre le choléra, la peste, etc.	Date	Signature du médecin
T.A.B. 1	4-11-39	Gaétan Dallaire
T.A.B. 2	11-11-39	
T.A.B. 3	21-11-39	
Tétanos 1	16-12-39	
Tétanos 2	26-2-40	
A.T.T. 3	26-9-40	
T.A.B. ½ C.C.	22-3-41	
T.A.B.T. ½ C.C.	5-2-42	
T.A.B.T. ½ C.C.	23-1-43	

(XV) VACCINATION

Date de la vaccination	Signature du médecin
V-V 22-11-39	Gaétan Dallaire
6-10-42	Lieut.

(XVI) ENTRÉES DIVERSES

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

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

Détails	Date	Signature de l'officier
Disembarked England	17-12-39	Gaétan Dallaire
"C" card complete	13-5-42	Lieut.
"M" Test (Red) complete		
Free Leave	19-8-41	
Special Leave (Acadia)	25-1-42	
Left U.K.	22-12-41	
Arrived U.K.	4-3-42	

FINGERPRINTED—CAIB

A.F.W3084

Number E·4181

Name Bossé J.

Rank PTE Religion R.C.

Arm Inf. Corps.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number E·4181

Name Bossé J.

Rank PTE Religion R.C.

Arm Inf. Corps.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal.....

MILITIA BOOK M. 1

PART III

40/P&S/279 (11/42)

CANADIAN ARMY

Clothing and Equipment Statement

Regt. No. E.4181

Rank Rfn.

Name Bosse J.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody.

2. You will initial the end of the list of your kit to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.

2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.

3. On transfer of the individual the certificate at end of statement will be completed and signed.

4. This statement replaces Form M.F.C. 800 and adoptions thereof.

CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse	12
Battle dress, trousers	10
Cap or bonnet	7 3/4
Boots, ankle	9
Socks	11
Gloves	10
Facepiece, respirator	Normal
Greatcoat	8
Coveralls, combination	10
Jersey, pullover	Medium
Shirts, Angola, drab	40
Vest, woollen	40
Drawers, cellular	38
Drawers, woollen	38

ARTICLE	QUANTITY		
Anklets, web, prs.	1		
Blouses, Battle-dress	2		
Bonnet, tam-o'shanter			
Boots, ankle, prs.	2		
Boots, lumbermans, rubber, prs.			
Boots, rubber, high, prs.			
Bonnet, drab, Irish			
Cap, field service	1		
Cap, mechanic			
Cap, tank battalion			
Drawers, Cellular short, prs.	2		
Drawers, Woollen, prs.	2		
Gloves, knitted, drab, prs.			
Greatcoat, drab	1		
Jerkin, leather			
Jersey, pullover	1		

ARTICLE	QUANTITY		
Overalls, combination	1		
Shirts, angola, drab	2		
Shoes, canvas, prs.	1		
Trousers, battledress, prs.	2		
Vests, woollen	2		
Socks, woollen	4		
Badge, cap	1		
Badge, shoulder, " CANADA " prs.	3		
Badges, arm Tank Bn.			
Bag, kit, universal	1		
Braces,	1		
Brass, cleaning,			
Brush, button, brass	1		
Brush, clothes	1		
Brush, hair	1		
Brush, shaving	1		

ARTICLE	QUANTITY		
Brush, shoe, blacking	1		
Brush, shoe, polishing	1		
Brush, tooth	1		
Cap, comforter	1		
Comb, hair	1		
Discs, identity, sets with cord	3		
Dressing, field	1		
Fork, N.S. Table	1		
Holdall	1		
Housewife, complete	1		
Knife, clasp	1		
Knife, table	1		
Lanyard			
Razor, safety, with blade	1		
Patches, distinguishing, prs	3		

ARTICLE	QUANTITY		
Shorts, gymnasium	2		
Sponge,			
Spoon, N.S. Dessert	1		
Vests, cotton, gym.	2		
Towels, hand	2		
Unit titles, prs.	3		
Attachments, brace,			
Bag, ration	1	-	
Belt, waist	1		
Bottle, water	1		
Braces, W.E.	1		
Carriers, cartridges			
Carrier, waterbottle	1		
Case, pistol			
Cover, breech, rifle			

ARTICLE	QUANTITY		
Cover, Mess tin, rect.			
Frog, bayonet			
Haversack	/		
Helmet, steel	/		
Net, helmet camouflage	/		
Pack	/		
Pouches, Ammunition, pistol			
Pouches, Basic	2		
Pouches, utility			
Sling, rifle	/		
Straps, shoulder, haversack	2		
Straps, supporting, web	3		
Tins, mess rect	/		
Yoke			

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER.

Certified that the record detailed in the above statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE

Inspecting Officer	Soldier	Date