E5315
CHARTIER
PHILIPPE

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14.12.44

1862 M

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

AWARDS—CANADIAN ARMY (ACTIVE)

FILE NO. 405-C-28184

CHARTIER, Philippe	E;5315	Pte.	Lanark & Renfrew
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 France & Germany Star Defence Medal War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DEDECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Miss Florence CHARTIER (Sister)

ADDRESS: Windsor Mills, Quebec.

(1)
MEMORIAL BAR
DATE DESP
REGN. NO 1332

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mme. Laudis Chartier FRENCH

1862

ADDRESS: Windsor Mills Co., Richmond, Que. (MFM5)

(3)
DESP. MAR 3 1945
REGN No. 15402

7399-18-1-50.

MILITIA BOOK M. 1.
40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE
AND
PAY BOOK

44.

2 3

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
22-MAY 44	✓		PROPHY-	RW Matchett Major

---

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E. 5315

Surname (in capitals) Chartier

Christian Names (in full) Philippe

Date of Birth 7. Jan. 1914

Place of Birth St. Francois Co. Richmond P.Q.

Trade on Enlistment Labourer.

Nationality of Father at birth French Can.

Nationality of Mother at birth " "

Religion R. C.

Enlisted at Quebec. P.Q.

Date 23. Feb. 1940

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier

Signature of Officer V.A. Buckley 2 Lieut.

Place Field Date 17 March 43

Transcribed from previous pay book

(II) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	André Chartier		Megantic Co. Richmond P.Q.
	Mother			
3rd	*Brothers and Sisters N of KIN	FLORENCE CHARTIER		Windsor Mills P.Q
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
26 Feb. 40	Pte.	D.O. 43 D/24 Feb. 40		W.H. Buckley (Lt.)

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) ~~*except that he requires further training in:—*~~*

11 wks. Basic Training
(Canada).
Transcribed from previous pay book.

Qualified in addition as under :—

Date.

* If no further training required, strike out words in italics and initial.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
6yrs. Elementary School	26 Feb 40	N A Buckley Lieut.
D.M. Chamber	29 May 42	
Transcribed from previous pay book		
T.T. by S.T.T.B as	D.O 174	A B Bunning Capt
STOREMAN T.E.D. 2-	11 14-7-43	
FAILED.		

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
23 Feb. 40	A.	Medical Board	WA Buckley Lieut
24 Feb. 40	A.	X. Ray chest neg.	
23 Oct. 40	A.	Recheck	
Transcribed from previous pay book			

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O...

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O...

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
C.U. Repair	18 July 40	W A Buckley Lieut.
Transcribed from previous pay book		

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	1-3-40	Transcribed
3	7-3-40	from previous
	16-3-40	pay book
Tet. Tox. 1cc 1	1-3-40	
Tet Tox. 1cc 2	9-4-40	WH Buckley
Tet. Tox 3	28-9-40	Lieut
T.A.B. ½ cc	15-3-41	
T.A.B.T. ½ cc	26-6-42	
TABT ½ cc JUN 17 1943		J H Balgum
Typhus. 1. C.C.	7-2-44	2.44 21-2-44
TYPHUS 1cc.	30-5-44	W.H. Rosenfield Capt.
TABT ½ cc	13-6-44	
TYPHUS, 1cc	9-10-44	J.M.F.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
1 March 1940	W A Buckley (Lt)
Transcribed from	previous pay book
14-2-44	W.H. Rosenfield Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
Granted leave w/w.	8 Jan. 41	Transcribed
Priv. leave. w/w	5 June 41	from previous
M: Test Comp.	26 Dec. 41	pay book.
Q. Card. Comp.	26 Dec. 41	WH Buckley
3rd Priv leave w/w	3 Feb. 42	Lieut.
P. Leave from	DO 127	J R Domin Lt
7-6-43 to 16-6-43		
Awarded one good	w.e.f.	
Conduct Badge DO 159 27-8-43	22-8-42	
FINGERPRINTED—CAIB		
Awarded Cdn Vol	D.O. 8	J R Domin Lt
Service Medal & Clasp	d/15/1/44	
Part III P.B. Issued	19/1/44	
P. Leave from	D.O. 24	J R Domin Capt
14 to 22 Mar 44	d/24/3/44	
Cdn. Army Identity		
Card Issued	14.4.44	J R Domin Capt
Authorized to wear one		W A Buckley
silver three red Service	7-6-44	Capt
Chevrons C.R.O. 4413		

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Transferred from RCEME to CIC wef. 8.10.44 D.O.1 d/10.10.44.		

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No.　　　　Rank　　　　Name

states that he has executed a Will and that the same has been deposited with
at

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M.........received and forwarded to the Officer i/c Records at

W. A. Buckley
Signature of Officer.
Rank or Appointment. Lieut.

Signature of Officer..........
Date Certificate or Will extracted..........

Dept..........
To whom sent..........

To whom sent..........
Dept..........

Date Certificate or Will extracted..........
ature of Officer..........

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL
(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature)　GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature)　GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

Received. MAY. 31 1940.......... Checked ✓ .... Card ✓ .... Observations 0 ✓

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 ~~ROYAL~~ 22e ~~REGIMENT~~ (CASF) C-C
Unit

Matricule E-5315 -
Regimental Number

~~Original~~
Duplicata
~~Triplicata~~

WSG
COMPLETED

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

Original
Duplicate
Triplicate

01
PTE

OCCUPATIONAL HISTORY FORM COMPLETED

C.A.A.

1. Nom / Surname: CHARTIER
2. Prénoms / Christian Names: PHILIPPE
3. Adresse actuelle / Present Address: WINDSOR CO. RICHMOND P.Q.
4. Date de naissance / Date of birth: 7 JANVIER 1914
5. Lieu de naissance / Place of birth: CANADA (Pays)—(Country) QUEBEC (Comté ou province)—(County or Province) CO. RICHMOND ST-FRANCOIS (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): CATHOLIQUE ROMAINE
7. Métier ou profession / Trade or Calling: JOURNALIER
8. Marié, veuf ou célibataire / Married, Widower or Single: CELIBATAIRE
9. Nom du plus proche parent / Name of next of kin: ANDRE CHARTIER
10. Parenté de celui-ci / Relationship: PERE
11. Adresse du plus proche parent / Address of next of kin: MEGANTIC ~~WINDSOR~~ CO. RICHMOND P.Q. ✓ Se change
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? NIL
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: NIL
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada? NIL (Indiquez l'unité et la date de l'enrôlement) (Give unit and date of attestation)

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

Je, soussigné, PHILIPPE CHARTIER, 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 23 FERVIER 1940
Benoit Taschereau témoin

Philippe Chartier
(Signature de la recrue)

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

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

Philippe Chartier
(Signature de la recrue)

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

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

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

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

à QUEBEC ce 23 ieme jour de FEVRIER 1940

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

O.C. REGIMENTAL DEPOT R. 22 R. (CASF
(Titre, grade et unité ou emploi)

P

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

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

FINGERPRINTED—CAIB

État de service de CHARTIER PHILIPPE
Record of Service of (Nom—Surname) (Prénoms—Christian Names)

Matricule E-5315
Regimental Number

APTITUDES
Qualifications

Militaires NIL
Military

Professionnelles ou commerciales NIL
Business or Professional

Civiles ou de métier J URNALIER
Trade or Civil

Techniques NIL
Technical

Langues FRANCAIS ANGLAIS
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies 6 Années
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation NIL
Matriculation (Spécifier—Specify)

*Collège Sacre Coeur Windsor Co. Richmond 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		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	
Date	Reçu de From whom received						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. Part II D.O. No. Cas. List, etc.	Daté le Dated
8253		Affecté lors de son enrôlement Joined on enlistment						
		T.O.S. of the depot	Pte	23-2-40	R.22.R.	Quebec	D.O. PT 11 No. 43	1940
		S.O.S. of the depot on attachment to Training Center M.D..5	"	27-2-40	"	"	D.O. PT 11, No. 45	1940
29-2-40	R22eR	T.OS. C.I.(R)T.C. (Attached)	"	28-2-40	"	"	D.O.PT.2 No.46	29-2-40
11-5-40	C.I(R)T.C.	Ceases to be attached to C.I(R)T.C.	"	11-5-40	C.I(R).T.C.	"	" " 107	11-5-40
		Transferred. R22R C.A.S.F.	PTE	11-5-40	R22R	Quebec	106	11-5-40
		Embarked H.M.T. "Duchess of Bedford"	do	11-5-40	do	Halifax	110/1a	24-5-40
		Landed Liverpool	do	21-5-40	do	England	do	do
		T.O.S. on transf from 2 I.C. M.D.5	do	do	do	Eng.	do	do

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: CHARTIER PHILIPPE — Date: 23-2-40

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

1. Age: 26
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

Philippe Chartier
(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: 160 livres / pounds
4. Teint / Complexion: clair — Yeux / Eyes: bruns — Cheveux / Hair: bruns
5. Développement / Development: bon (Bon —Good; Passable —Fair; Médiocre —Poor)
6. Tour de poitrine—Circonférence, pleine expansion / Chest measurement—Girth on full expansion: 39 pouces / inches — Degré d'expansion / Range of expansion: 4 pouces
7. Vue, œil droit / Vision, right: 20-20 — œil gauche / left: 20-20
8. Ouïe, oreille droite / Hearing, right: W.V. 20 — gauche / left: W.V. 20
9. Condition de la bouche et des dents / Condition of mouth and teeth: dentier en haut, Dental treatment
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:

(GEO. ST-AMAND) Lieut-Col. (Président)—(President) — J.C. Rothwell (J.C. ROTHWELL) Capt. (Membre)—(Member) — R.H. Levie (R.H. LEVIE) Capt. (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
23-2-40	Ears, reflexes and urine normal.	29.9.40 13.3.41	A.T.T. T.A.B.
24-2-40	X ray chest Neg. [illegible] Capt.		
1-3-40	Vacc: Tetanus 1cc		
1-3-40	T.A.B. P. Roy		
7-3-40			
16-3-40	3		

9-4-40 Tetanus [illegible] R Roy

PTE

E 5315 ✓
Regt'l. Number

CHARTIER
~~CHARTIER~~
Last Name

PHILLIPE
First Name

CARDS PUNCHED

Middle Names

Soldiers Qualification Card

MT ~~Attd #3 Det RCOC~~

1 CBOD

Unit No 1 ~~Can. Ordnance~~ Holding Unit

CODED

1 Corps R.C. O.C.

2 Nationality 08 Canadian | By Birth ✓ | By Naturalization | Country of Birth Canada

3 Racial 2 Origin French Canadian

4 / Language spoken in home: French ✓ Other .... English ....

5 Age 29 27 11/12 7/1/14

6 Height 5'10"

7 Weight 160

8 Silhouette ☐ 1 ☐ 2 ☐ 3 ☐ 4

Eyes: 9 4 Colour of Brown

10 Acuity ☑ 1 ☐ 2 ☐ 3

10 Glasses No

11 Colour Vision ☒ 1 ☐ 2 ☐ 3 ☐ 4

12 Hearing: Acuity ☑ 1 ☐ 2 ☐ 3

13 Speech Defects ....

14 Handedness ☑ R ☐ L ☐ A

15 / Med Category A.

Cause ....

Attitude to own health reasonable To Medical attention ....

Health History ....

16 Education Level: Illiterate .... E 8 .... S .... (Grade completed)

Conduct during school life ....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. .... (Course)
At .... From—To .... Completed ....

21 2. .... (Course)
At .... From—To .... Completed ....

22 3. .... (Course)
At .... From—To .... Completed ....

Other trades papers, Diplomas Certificates or Qualifications ....

23 Languages: Spoken fluently English & French
02 11 Written well English & French

24 Main occupation: Description General Helper repair shop

3544 Estimate of skill average

Duration (from—to) Jan 1938 Nov 1939 Weekly Wage 18.00

Employer's Name and Address Canada Paper Co
Windsor Mills Que

50"M" Test	Score	SM	F
1	12		S. Tot. 23
2	3		SM
3	8		
4	6		S. Tot. 10
5	4		SM
6	7		S. Tot. 21
7	5		SM
8	9		
Tot.	54	SM	Grade E-
9			

51 OTHER MENTAL
Test ....
Score .... L. Grade ....
Date ....

52 MECHANICAL
Test ....
Score .... Grade ....
Date ....

52 CLERICAL APT.
Test ....
Score .... Grade ....
Date ....

53 TRADE TEST
1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER
Test FHR
Score .... Grade C- C+
Date Oct/41

25 Second Most Important Occupation: Description:
9620 Restaurant Waiter Estimate of skill average
Duration (from—to) 1937-38 Weekly Wage 10.00
Employer's Name and Address Gems Lunch
Montreal, Que

26 Third Most Important Occupation:
.... Estimate of skill ....
Duration (from—to) .... Weekly Wage ....
Employer's Name and Address ....

Trade Union or Professional Society ....

Vehicles: 27 Heavy Truck .... 28 2 Light Truck W 29 2 Auto W 30 Motorcycle ....
31 Farm Tractor .... 32 Tracked Vehicle .... 33 Power Launch .... 34 Aeroplane ....
35 Accident Prone No.

Farming Experience: Wide .... Limited ....
District .... Type ....

Job promised after discharge No. By whom? Name ....
Address ....
Other provision for post-discharge occupation ....
.... Type of work desired Mechanical
Occupational history: Ambitious .... Accidental ✓
Stable .... Erratic ....

36 Material Status: M .... S ✓ W .... D .... Sep. ....
2 Marital Problems .... (Remarks)
Age of wife .... Wife's attitude to Service .... Wife's Health ....
37 No. of Children .... No. Brothers 3 No. Sisters 4
Position in family 7 38 No. Dependents 1.
Relationship of Dependents sister
Status of home in childhood Broken - separation - age 14)

39 Hobbies: Photography M .... S .... Radio .... Engines ....
Mechanics .... Other ....
40 Sports: (1) Hunting (2) Fishing (3) ....
J F 3 Team Games and Position (1) Baseball - field (school only)
(2) .... (3) ....
41 Ability to Entertain: Music: String .... Brass ....
Woodwind .... Percussion .... Piano .... Vocal ....
Theatrical .... Other ....

7 JUL 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted Feb 23/1940 Place Enlisted Quebec P.Q.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
23/2/40-11/5/40	Canada	Inf	R.22R	Pte	Basic Infantry Training	
11/5/40-29/10/41	~~Canada~~ ENG	INF	R.22R.	Pte.	section member	
29/10/41	v	R.C.O.C	No 1. C.O.H.U.	Pte	Fatigues	

A

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions .... Hospitalization ....

Number Civil Convictions .... Minor Offender 1/2 .... Occasional Offender .....

Chronic Major Offender .... Chronic Minor Offender .... Occasional Offender ....

49 Psychiatric ☑ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1) Mechanic 340 .... (2) Electrician 177

Remarks re Outstanding or Limiting Factors

Well placed at present, would be unable to handle course ADG (Org) Alloc

Cap Js

Attitude to Interview: Antagonistic .... Overanxious .... Co-operative ✓ .... Indifferent ....

Reason for Joining Cdn. Army (if ascertainable) Out of employment.

48 Suggested Possibilities for Employment (1) ....
.... (2) ....

Tests Indicated: 2nd Mental .... Mech. Apt. .... Clerical Apt. ....
Other Apt. .... Pers. .... Trade Test as ....

Interviewed by D.W.R. Dodge D.W.R. DODGE LT. .... Date 26/12/41
Reviewed by .... Date ....

Statement of the Service of No. E 5315 Rank Private

Sheet No.

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

Name Chartier P.

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	T.O.S.	T.O.S. from Inf. Base Depot	Pte	19-6-40	2/C.I.F.U.	Bordon	D.O. 21	19-6-40
S.O.S.		S.O.S. To Royal 22 Reg.	Pte	22-6-40	2/C.I.F.U.	Bordon	D.O. 23	22-6-40
	T.O.S.	T.O.S on transfer from # 2 2 H M	Pte	23 June 40	R22R	UK	9	26 June 40
		Inf. Qualif pay FR22 149 (11 (A)	Pte	20 Aug 40	R22R	UK	29	28 Aug 40.
		S.O.S., C.A. Canada 11/5/40	Pte	11-May 40	R22R	UK	6	7 Feb 41
		T.O.S., C.A. Overseas Halifax 12/5/40						
		Disembarked Liverpool 21/5/40	Pte	21 May 40	R22R	UK	6	7 Feb 41
		T.O.S.						
S.O.S.		S.O.S. to 10rd H.M.	Pte	29 Oct 41	R22R	UK	51	7 Nov 41.
	T.O.S.	T.O.S. on voluntary transfer from						
		H.Q. 3 Cdn. Inf. Bde.	Pte.	31 Oct. 41.	#1 CORU	Bordon	72	1 Nov. 41.
		Leave P3 No F.T.W. 24 Feb. to 3 Mar. 42	"	24-2-42	#1 CORU.	"	47	24-2-42.
		Admitted to 15 Gen Hosp	"	1-4-42	"	"	78	1-4-42
		Disch from " " "		3-4-42	"	"	81	3-4-42
		Att'd fap to #2 Detach	"	20-4-42	"	"	95	21-4-42
DO 179		~~Back to #2 Detach att to #1 Inf depot~~ BOD	"	~~15-7-42~~	..	"	~~174~~	~~15-7-42~~
		SOS + C att to #2 Det DO 186 1-8-42	"	~~13~~ 12-7-42	"	"	179	24-7-42
	TOS	From 1 CORU	"	13-7-42	Sp MT Stores Inf. 2 Det	UK	DO 3(B)	14-7-42
		SOS to #1 CBOD	"	14-7-42	Sp MT Stores Inf. 2 Det.	UK	DO 3(C)	14-7-42
	T.O.S.	from 2. R.C.O.C.	"	15-7-42	1 CBOD	UK	1	25-7-42

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

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

Name..

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Leave Priv; 7 days; w/ ration allow	Pte	24-9-42 1-10-42	# 1CBOD	UK	43	8-10-42
		Att. to C.O.D. for empl. & trng. ~~(not pay & att. to 8 Bn. RAOC for R. & Q.~~	Pte	19-10-42	"	UK	53	22-10-42
		See Change N of K. (See Page 1)	Pte	2 Dec 42	1CBOD	U.K.	D.O. 83	2 Dec 42.
		CTBA to COD for empl & trng	"	16 Dec 42	"	"	D.O. 98	22 Dec 42.
		Priv Leave 72 hrs with ration allce	Pte	22 ~~25~~ DEC 42	1CBOD	U.K.	D.O. 20	25 Jan 43.
		Leave Priv 7 days + 72 hr (10 days Ration Allow.	"	4 ~~14~~ Feb 43	"	"	D.O. 43	19 Feb 43
		Att fap except pay to 11 Br B.O.D	"	21 Feb 43	"	"	" 48	25 Feb 43
		CTBA fap ex pay to 11 Br. BOD	"	15 Mar 43	1CBOD	U.K.	D.O. 68	22 Mar 43.
		Granted increased pay $1.50	"	1 Jan 43	"	"	" 75	30 Mar 43.

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

Unit Royal 22nd Regiment CASF

Regimental Number E 5315

1. Surname CHARTIER
2. Christian Names PHILIPPE
3. *Substantive Rank and Appointment Private
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth St.Francois Co.Richmond Quebec
5. Date of birth as declared on attestation 7 janvier 1914
   (A)
6. Date of enlistment 23 fevrier 1940
7. Place of enlistment Quebec
8. Residence at time of enlistment Windsor,Co.Richmond
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Catholique Romain
12. If married, state date Single.
13. Trade on enlistment Journalier
14. Corps, trade and grade
15. (D) Qualifications G.D.
16. (E) Miscellaneous entries
Canada Trades Qualifications
Cnd Trades Pay-nil

(17)

Regiment or Corps	Unit (Battn., etc)
R.22eR.	
C.I.C.	

(18) Medical

Category	Date	Authority
A.	23/2/40	M.F.M.-2.

YEAR BIRTH	P	U	L	H	E	M	S

(19) Next of kin (entries to be made in pencil)
Miss Florence Chartier (Sister)
Windsor Falls.
Quebec
Canada.

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

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

(a) Report Date	 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	
			T.O.S. of the Depot	Quebec	23-2-40	Pte	D.O. 43	1940
			S.O.S. on the Depot on					
			attachment to Training Centre M.D.5	"	27-2-40	"	D.O. 45	1940
29-2-40	R.22R.	R.22R.	T.O.S. C.I.(R)T.C. (attached)	"	28-2-40	"	D.O. 46	29-2-40
11-5-40	C.I.(R)T.C.	C.I.(R)T.C.	Ceases to be att to C.I.(R.)T.C.	"	11-5-40	"	D.O. 107	11-5-40
		R.22R.	Transferred to R.22R. C.A.S.F.	"	11-5-40	"	D.O. 106	11-5-40
		"	Embarked H.M.T. Duchess of Bedford	Halifax	11-5-40	"	D.O. 110/14	24-5-40
		"	Landed Liverpool	England	21-5-40	"	"	"
		1/I.B.D.	S.O.S. to 2/Can Inf. Hol. Unit	Bordon	18-6-40	"	D.O. 132	17-6-40
		2/C.I.F.U.	T.O.S. fr. Inf. Base Depot	"	19-6-40	"	D.O. 21	19-6-40
		"	S.O.S. to Royal 22 Reg.	"	22-6-40	"	D.O. 23	22-6-40
26.6.40		R22eR	T.O.S. from No 2 Cdn. Inf. Holding Unit	✓	23.6.40	✓	# 9. d/ 26 Jun 40	
28.8.40		✓	Forfeits 2 days' pay for A.W.L.	✓	20.8.40	✓	# 29. d/ 28 Aug 40	
	R.O.112	✓	Embarked "Duchess of Bedford"	Halifax	11 May 40	Private		
	✓	✓	S.O.S. C.A.S.F. Canada		✓	✓		
	✓	✓	Disembarked Liverpool	England	21 May 40	✓		
	✓	✓	T.O.S. C.A.S.F. Overseas	✓	12 May 40	✓	# 6. d/ 7 Feb 40	
23 Jun. 41	O.C.	✓	Granted 7 days Privilege Leave	✓	5 Jun 41	✓	# 30. d/ 4 Jul 41.	
30 Oct. 41	✓	✓	S.O.S. to No 1 Ordnance Holding Unit	✓	29 Oct 41	✓	# 51. d/ 1 Nov 41	
		#1 CORU	TOS on vol. tfr. from H.Q. 3 Cdn. Inf. Bde.	Bordon	31 Oct. 41	Pte.	D.O. 72 - 1 Nov. 41.	
		#1 CORU.	Leave P3 no F.T.W. 24 Feb. to 3 Mar. 42	"	24-2-42	"	47 24-2-42	
			Admitted to 15 Gen. Hosp	"	1-4-42	"	78 - 1-4-42	
			Disch'd from " " "		3-4-42	"	81 4-4-42	
			Attd f/ps to #2 Detach	"	20-4-42	"	95 21-4-42	
		#2 RCOC	attached R.A.P. from #1 C.O.R.U.	Bordon	20-4-42	Pte.	D.O. 67 20-4-42	
		~~#1~~ "	5th Priv. Leave to 28-5-42	"	21-5-42	"	" 86 22-5-42	
	S.O.S.	1 CORU	And t/att. to #2 Det. D.O. 186 1-8-42	UK	12 ~~13~~-7-42	"	179 24-7-42	
	T.O.S.	2 Det.	From 1 CORU	UK	13-7-42	"	D.O. 3(B) 14-7-42	
	S.O.S.	— " —	To #1 C.B.O.D.	UK	14-7-42	— " —	D.O. 3(C) 14-7-42	
	T.O.S.	1 CBOD	from 2 Det RCOC	UK	15-7-42	Pte.	D.O. 1 25-7-42.	
		1 CBOD	Leave Priv. 7 days; w/ration allow	UK	24-9-42 1-10-42	Pte	D.O. 43 8-10-42	
		1 CBOD	Att. to C.O.D. for empl. & trng. ~~& Att. to 8 Bn. RAOC for R & Q.~~		19-10-42	Pte	D.O. 53 22-10-42.	
		1 CBOD	See Change M of K. (See Page 1)	U.K.	2 Dec 42	Pte	D.O. 83 - 2 Dec 42.	
		1 CBOD	CTBH to C.O.D. for empl. & trng	"	14 Dec 42	Pte	D.O. 98 22 Dec 42.	
		1 CBOD	Leave 72 hrs with ration allce	U.K.	22 Dec 42	Pte	D.O. 20 - 25 Jan 43.	
		1 CBOD	Leave Priv 7 days + 72 hrs (10 day Ration allce	U.K.	2 Feb 43		43 - 19 Feb 43	

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 CHARTIER, Phillipe (b) Reg'l. No. E 5315
2. (a) Arm of service Army (b) Unit BOD RCOC (c) Rank Pte
3. (a) Date of birth 7 Jan 1914 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Richmond, Que.
4. (a) Place of enlistment Quebec, Que. (b) Date of enlistment 23 Feb 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school Not stated (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.) 8th 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? English-French (b) What languages do you read well? English-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 Canada Paper Co. Address Windsor Mills, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Paper mfgrs.
20. (a) Your specific occupation Repair shop - helper (b) Number of years' experience at this occupation with any employer 1
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? 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.) Machinist
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 10 May 1943

SIGNATURE for Officer i/c Records CMHQ

File-No 405-C-28184

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. E5315 Name Chartier, Philippe

Rank on Discharge Pte. Date of Discharge

Authority for Discharge or Retirement Deceased

Served in:

					Non-qualifying service
Canada	from	23-2-40	to	11-5-40	
	from		to		
United Kingdom	from	12-5-40	to	28-9-44	
	from		to		
Italy	from :-		to		
Northwest Europe	from	29-10-44	to	14-12-44	Killed in action
---------	from		to		
---------	from		to		

Eligible for award of:

1939 - 45 Star OK

Italy Star
France-Germany Star OK
Defence Medal OK
War Medal OK
Canadian Volunteer Service Medal with Clasp OK

M

Verified by Edna Lauve

Date JUL 5 1946

Carded JUL 9 1946

NRD

HA 165

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH
Municipal county IN THE FIELD (ITALY)
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 CHARTIER (*Block letters*)
Given names Philippe

4. RESIDENCE
Street No.
Official name of civil municipality or township Windsor Mills
Municipal county Richmond 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 (Month) January (Day) 7 (Year) 1914

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

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc. Labourer
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	CHARTIER Andre	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal Italy

20. Date of burial 19

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church
(b) Civil municipality of
(c) Municipal county
(d) Date (Month) (Day) 19 (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death (Month) December (Day) 14 19 (Year) 44

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)
due to Killed in action

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 (State which) Date 19
Manner of injury (How sustained)
Nature of injury
Specify whether injury occurred in **industry, in home, or in public place**

OVERSEAS CASUALTY
CANADIAN ARMY

JUN 13 1945

Signed M.D.
Address Date 19

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
C.S.
This signature authorizes the collector to accept this form as authentic.

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

(Voir l'autre côté pour le francais)

Director of Records, Dept. of National Defence.

No. E.5315 Rank Private Name CHARTIER, Philippe

Unit Lanark & Renfrew Scottish Regt. Date of death Dec. 14, 1944.

Died at Italy

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-C-28184

N/K Miss Florence Chartier Relationship Sister

Address Windsor Mills, Que.

Remains buried in 5th Canadian Armoured Division Cemetery
Villanova, 7 miles West of
Ravenna, Italy.

Grave location Plot 6, Row A, Grave 2.

CWK ✓

BURIAL REPORT TO N.K. AUG 25 1945

RETURN TO BUR. OF STAT. JUN 13 1945

ROYAL MESSAGE DESP'D. JAN 31 1945

CAN. MESSAGE DESP'D. FEB 21 1945

HI & CR Form Despd. OCT 19 1946

Photographs Despatched MAY 17 1947

5M-10-44 (M-4414)

F.T.

9th January, 1945.

Miss Florence Chartier,
Windsor Mills, Quebec.

Dear Miss Chartier:

It was with deep regret that I learned of the death of your brother, E5315 Private Philippe Chartier, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 14th day of December, 1944.

From official information we have received, your brother 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,

8

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

/EMA

Director of Estates

Regimental No. E-5315 Rank Pte.

CHARTIER Philippe
Surname Christian Names

Unit The Lanark & Renfrew Scottish (CA)

Date of Death 14 Dec 44 Place of Death OVERSEAS (Mediterranean)

Casualty Details Killed in action

Next-of-kin Miss Florence CHARTIER Relationship Sister

Address Windsor Mills, Que.

M.F.M. 5 Excerpt herewith

WILL No record of Will in Record Office todate

Date 17 Jan 45

10

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

JEC/SLG

405-C-28184
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.5315, Private Philippe CHARTIER, of the Lanark and Renfrew Scottish Regiment, Canadian Army, was killed in action on the 14th of December, 1944.

(R.T.E. Hicks-Lyne) Colonel,
Acting Director of Records.

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

Department of National Defence,
Ottawa, Canada.
January 23rd, 1945.

405-C-28184

FIELD SERVICE

Army Form B2090A

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: LAN & REN SCOT REGT
Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: E5315
Rank: Pte

Surname: CHARTIER
Christian Names: P.

Died — Date: 14 Dec 44
Place: Italy
Cause of Death*: Killed in action

Nature and Date of Report: 3011c d/16 Dec

By whom made: Unit

* 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: Not received
Date:
By whom reported:

State whether he leaves a Will or not
(*a*) in Army Book 64: No
(*b*) as a separate document: No

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: Field 17 Jan 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: E Maflen Capt

for Officer i/c
Cdn Sec GHQ 2nd Echelon AFHQ

16

1830/2/GHQP/11-42

QUOTE No. H.Q. 405-C-28184 D.R. 2(D)

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T. 23rd August, 1945.

Miss Florence Chartier,
Windsor Mills, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your brother, E5315 Private Philippe Chartier, have been buried in grave 2, row A, plot 6, of 5th Canadian Armoured Division Cemetery, Villanova, seven miles West of Ravenna, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

B.B./EMA

2
2

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E.5315 RANK Private SERVICE UNIT The Lanark & Renfrew Scottish (C.A.). Regiment

NAME CHARTIER, Philippe

DATE OF BIRTH DAY 7th MONTH January YEAR 1914 Enlisted: 23-2-40

MARITAL STATUS Single RELIGION--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister NAME Miss Florence Chartier,

ADDRESS Windsor Mills, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 4769A H.Q. 405-C-28.184

CASUALTY DETAILS DATE

Killed in action 14-12-44

MEDITERRANEAN

O/S with Royal 22nd Regt.
S/L 148

7

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 7-1-45

BTC

OFFICER I/C RECORDS

Gn. 5

COPY FOR C.R. FILE

405-C-28184

EEB

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CHARTIER, Philippe

PLACE & DATE OF BIRTH Quebec. 7 Jan 1914

RANK Pte.

REGTL NO E-5315

UNIT Lan and Ren Scot Regt. AAI.

NEXT OF KIN & ADDRESS Sister.
Miss Florence CHARTIER.
Windsor Mills, Quebec.
Canada.

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH ~~7 Jan 1914~~ 14 Dec 44

PLACE OF DEATH ITALY

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL 16 Dec 44.

CEMETERY Villanova 5 CAD cemetery No. 11 Sh. 89/111 MR. 452418

PLOT NO 6 ROW NO A GRAVE NO 2

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION RC

DATE 20 Oct 45.

(M.BLUTEAU) Capt.,
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Mademoiselle Florence Chartier,
Windsor Mills,
Québec.

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

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

et de citer le numéro suivant:

Q.G. 405-C-28,184 FD.376

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

23 janvier 1945

ESTATES BRANCH
JAN 31 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

CHARTIER, Philippe, Soldat,

E.5315, Armée Canadienne.

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

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

OG/GC

major

pour Le directeur des successions,

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

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt				
2	Enfants du défunt et dates de naissance				Died 7/9/45 sister d. 28/9/45
3	Père du défunt		André Chartier	90	Hospice du Sacré-Coeur Sherbrooke
4	Mère du défunt		Mde André Chartier	75	Windsor Mills Qué.
5	Frères du défunt	Frères germains	Wilfrid Hormisdas Lucien	38 32 34	St-Cyrille de Wendover R.R. no 1 Windsor Mills Qué. Windsor Mills Qué.
		Demi-frères	Alphonse Leopold	55 50	Farnham Qué. 1050 Bernard Montréal Apt. 2
6	Sœurs du défunt	Sœurs germaines	Alice Mde Yvonne Bachand Adorina Florence	44 42 40 36	Windsor Mills Qué. St-François X. de Brompton 20 St-Jacques Ouest Apt. 1 Montreal Windsor Mills Qué.
		Demi-sœurs	Mde Romeo Provost Died 14/7/45 leaving 11 children	48	Lac Mégantic
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) Hector	54	Adresse de leurs enfants 15 avril 1931 no children so sister d. 24/7/45

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Philippe Chartier
9	Date de sa naissance.	6 janvier 1914
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	St-Camille de Wolfe 2 octobre 1900

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St-François Xavier de Brompton
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Québec (b) (c) (d)
14	Nature de son emploi avant son enrôlement.	
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	—
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Windsor Mills

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	je crois que oui à Québec avant son départ pour outre-mer
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	Métropolitan $500. Alice Chartier
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	$60.00 Alice Chartier Florence Chartier

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

DÉCLARATION

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

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* soeur du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Florence Chartier Signature du déclarant

Windsor Mills Que. Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache demoiselle Florence Chartier Nom du déclarant

*Voir plus haut

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

Daté à Windsor P.Q ce 29e jour de janvier 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté. Chanoine J.A. Senecal Titre curé

Adresse Windsor P.Q.

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

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

To be made out in duplicate. **ORIGINAL** M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 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) Name of Officer or Soldier CHARTIER PHILIPPE

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

(2) Regimental Number E-5315

(3) Unit ROYAL 22e REGIMENT (CASF)

(4) Are you married? NIL

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NIL

(8) Have you any children? NIL

If so, give number of boys and girls NIL

Also their names and ages NIL

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name NIL

Postal Address NIL

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NON

If so, state her full name and Postal Address NIL

(11) Is your father alive? OUI

If so, state name and address ANDRE CHARTIER

WINDSOR CO. RICHMOND P.Q.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. NIL

Also state reason he has no other means of support NIL

(14) Is your mother alive? OUI

If so, state name and address MME LAUDIS CHARTIER

WINDSOR Mills CO. RICHMOND) P.Q.

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. NIL

Also state reason why she has no other means of support NIL

(17) Are you insured? OUI

If so, in what Company? METROPOLITAN LIFE

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Philippe Chartier
(Signature of officer or man)

Date 24 Fevrier 1940

Geo Guimond
(GEO. GUIMOND) Major,
Officer Commanding Regimental Depot
Royal 22e Regimnt (CASF)

Date 24 Fevrier 1940

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME **Philippe** (CHRISTIAN NAMES) **CHARTIER** (SURNAME)

PAYEE Miss Florence CHARTIER,
ADDRESS Windsor,
Richmond Co. - P.Q.

REGISTER NO. D-8853
FILE NO. 405-C-28184
DATE 21-6-45
SERVICE NO. E-5315
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 14-12-44

DATE OF TERMINATION OF OVERSEAS SERVICE 14-12-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1740 NO. OF DAYS 1765 / 30 EQUAL TO 58 COMPLETE PERIODS AT $7.50	435.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 1676 LESS 25 INELIGIBLE DAYS, EQUAL TO 1651 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	412.75
	847.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY $ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ ________ $
TOTAL $ 2.75 X7 = $ 19.25
NO. OF DAYS 1676 / 183 X$ 19.25 — 176.30

RECEIVED
JUN 26 1945
WAR SERVICE GRATUITY DIVISION,
ARMY TREASURY

D. WAR SERVICE GRATUITY	1024.05
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	1024.05

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $__________ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

AT

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
D Cochrane	26-7-45

SERVICE REPRESENTATIVE

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY HG

Name CHARTIER (Surname) Philippe (Christian Names) No. E.5315

Pte. (Rank) C.A.O/S (Unit) 14-12-44 (Date of Death)

Date 7-12-45

AMOUNT

L.P.C.	$ 27.09
Other Credits	
Total	27.09

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs. Florence Chartier, WINDSOR MILLS, P.Q. (xx next of kin for distribution)	$27.09 R

P4. TO TREAS. 10-1-46, QM

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$27.09

CLASSIFIED BY P.

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

n.R-216

MFM 510
40/P & S/254 (3444)

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

District............

Dispersal Area............

Regtl No. E5315 Rank and Name CHARTIER. P. Pte.

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

(~~Transfer~~ or Discharge)............ ~~to~~ .... on 14th.December. 1944.

Reason Death Authority : C.C.L."A" 528 d/29th Dec.44.

The following is a statement of the account of the above-named from 1st Dec. to 31st.Dec. 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account		59
First Monthly Payment			Regimental Pay 31 days at $1.50	46	50
Casual Payments			Tradesmen's Pay ......days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars)......days at $		
Assigned Pay	20	00	Allowances (Give particulars)......days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
To Balance Cr Free	27	09			
To Balance Cr Deferred			By Balance Dr		
Total	47	09	Total	47	09

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

Remarks:

Assnd Pay $20.00 (S) Stopped eff Jan.1945.

Compiled by B.Mc.Kercher.

Checked by OMBurns

Date 28th June.1945. 19......

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW
M

Form No. 1

Register No. D-8853

Nominal Roll No. D-187

H.Q. File No. 405-C-28,184

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-5315.-	Pte	CHARTIER.-	PHILIPPE -

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. 23 FEB 40 -	T.O.S.	T.O.S.
S.O.S. 14 DEC 44 MD O/S.	S.O.S. MD	S.O.S. MD
Total Days 1757 -	Total Days	Total Days

TOTAL SERVICE 1757 - DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	89 -		89 -
OVERSEAS SERVICE	1678 -	2 -	1676 -
Totals	1767 -	2 -	1765
Add Non-qualifying Service			2 -
TOTAL SERVICE			1767 -

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 14 DEC 44 -

2. Date S.O.S. Overseas

REMARKS: KILLED IN ACTION

14 DEC 44 -

Computer's Signature

Checker's Signature R Lemoine

Date Computed 9 Mar 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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff.Date	Days	Total
		nil			

TOTAL

OVERSEAS

T.O.S. 12MAY40 T.O.S. ______ T.O.S. ______

S.O.S. 14DEC44 S.O.S. ______ S.O.S. ______

A.W.L.			20 Aug 40 -		2 -

TOTAL 2 -

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

202

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY

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

No., RANK and NAME E.5315 Pte. Chartier P. (Dec'd)

RECEIVED FROM Cdn 2nd Ech 2x AAI

CHECKED BY B.131628nSgt. Smith, E. L. DATE 1 Mar 45

AND D.86044 Pte. Morris, H. A.

	Snapshots		
1	Photo, in frame (small)		
1	pr Swim Trunks & Top		
1	Pocket Flashlight		
1	Greeting Card		
	Personal Cards		

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

QUADRUPLICATE—with effects.

E Smith Sgt
for OC 1 Cdn KSD