E620971
CANUEL
LOUIS GEORG

No E.620971 Rank Private Name CANUEL, Louis Georges

Unit No.5 District Depot. Date of death 6th July, 1944.

Died at Parish of Ste-Odile, Rimouski, P.Q.

Cause Fractured skull due to motor accident.

Death occurred on strength of Forces.H.Q. 869-C-6040

N/K Mr. Arthur Canuel Relationship Father

Address Rimouski Co., P.Q.

Remains buried in Ste-Odile Cemetery

Rimouski, P.Q.

Grave Location

CHK

CONTRACTORS ROLL FOR THE SOLDIER'S GRAVE DESPATCHED DEC 3 1945

MILITIA BOOK M.1

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No.....

Surname (Capitals).....

Christian Names in full.....

k M. 1 (Part I) Revised 1-10-42
42 (5040-2 & 5232)
39-1672

RVICE BOOK

tia Book M. 1 (Part II)
active service.)

ther than those on page 24
M. 1, connected with the
orm of Will) is to be made
f the Officer Commanding
mpany to which the man

ntries will be initialled by

TO SOLDIER

lly **responsible** for the safe

this book on your person
service.

ook whenever called upon to
ry authority, viz.: Officer,
ilitary Policeman.

ake any entry in this book
n of Will on page 24; see
3), and disobedience of this
us offence.

at any entry is lacking or
he book, you will report the
itary superior.

retain this book after dis-
rvices, but should you lose
not be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E 620 971

Surname (in capitals) CANUEL

Christian Names (in full) Louis Georges

Date of Birth 30-9-1921

Place of Birth Rimouski, Quebec, P.Q.

Citizenship Francais

Trade on Enlistment Cultivateur

Nationality of Father at Birth Francais

Nationality of Mother at Birth Francais

Religion Catholique Romaine

Enlisted at Rimouski, P.Q.

Date 5-2-42

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

Signature of Soldier

Signature of Officer A. Forsyth Capt.

Place Quebec, P.Q. Date 26-5-43.

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Arthur Canuel	
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING
such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

Rimouski Co. Rimouski, P.Q.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
5/2/42	Private			W Doughty

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under:—

.....

.....

.....

.....

.....

.....

Date..... .....

Commanding.....

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

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Ecole Burale du	Bimouski Quest, P.Q.	1928 @ 1934	

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

Deceased 6-7-44

AWARDS—CANADIAN ARMY (ACTIVE) M

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
CANUEL,	Louis Georges	E-620971	Pte.		

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 1939-45	249 6-2-50.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO Mr. Arthur Canuel (father)

ADDRESS Rimouski West, Rimouski Co., Que. 3-2-50

(2) MEMORIAL CROSS
WIDOW

ADDRESS

(3) MEMORIAL CROSS
MOTHER

ADDRESS

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 1864

(2)

(3)

K. 15332*

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
15M-6-44 (4470)
H.Q. 1772-39-1677

E.R.

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. E-620971 Rank Pte. DECEASED.

Surname CANUEL

Christian names Louis Georges

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

Unit or Corps # 5 Dist Depot Date of Enlistment (CA) 5 Feb 42

Date of Discharge 6 Jul 44 Total Service (CA) ..... yrs. ..... days

Place of Discharge Lauzon. P.Q. Military District No. 5

---

1. **DESCRIPTION AT DATE OF DISCHARGE**

Age 23 years ..... months

Height 5 feet 9 inches

Complexion dark

Eyes grey

Hair light brown

Descriptive marks:

Appendectomy scar

Intended place of residence .....
(Street and Number)

.....
(P.O., City or Town, etc.) (Province)

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

---

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

.....

DECEASED.

Authority for discharge "D E C E A S E D"

(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.)

No reference to Conduct is to be made on the discharge certificate.

3.

(a) Decorations and Gallantry Awards awarded during previous wars. .....

.....

.....

(b) Medals and Decorations earned during the present war. .....

.....

.....

.....

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

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

---

4. **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 in para. 6 and that I have received:—

My discharge certificate.
*War Service Badge "General Service Class" No.....
*(Strike out if not applicable).

(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.

---

5. I have impartially enquired into all matters concerning this discharge brought before me in accordance with Regulations, and the discharge is hereby confirmed.

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

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

---

6. **Reservations referred to at Para. 4**

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

.....

.....

.....

(*Doit être remplie en triplicata*)

M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. F-45,578 Matricule E/620972

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 5
2. Nom (Majuscules d'imprimerie) GAMEL
3. Prénoms en entier LOUIS DE ~~GONZAGUE~~ Georges
4. Adresse actuelle RIMOUSKI CO. RIMOUSKI P.Q.
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) RIMOUSKI (Ville ou canton)
6. Date de naissance 30 SEPTEMBRE 1921 7. Confession religieuse CATHOLIQUE ROMAIN
8. Signalement: Taille 5'9" Poids 142 Yeux GRIS Cheveux CHATAINS
   Teint BRUN Marques particulières CICATRICE APPENDICULAIRE
9. Marié, célibataire, veuf? CELIBATAIRE
10. Plus proche parent ARTHUR GAMEL (Nom) Degré de parenté FERE
    RIMOUSKI CO. RIMOUSKI P.Q. (Adresse)
11. Profession ou emploi ~~AO~~ CULTIVATEUR
12. Service naval, militaire ou aérien antérieur NIL
    (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? NON ~~AO~~ ~~AOI~~ Pour l'armée de terre? NON (Arme)
    Pour l'Aviation? OUI
14. Emploi dans une industrie de guerre, le cas échéant OUI

Ls George Gamel
(Signature de la recrue)

(Signature et grade de l'officier enrôleur)

RIMOUSKI, LE 5 FEVRIER 1942
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 55 à RIMOUSKI P.Q. Date 5-2-42

A accompli ..... jours d'instruction élémentaire.

(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° A.I.T.C. A-13 à VALCARTIER CAMP. P.Q. Date

A accompli 56 jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? X

Est passé dans REGT DE QUEBEC Date JUN 10 1942
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire

ÉTAT DE SERVICE de CANUEL (Nom) LOUIS GEORGES (Prénoms) N° matricule E-620971

APTITUDES

1. Navales, militaires ou aériennes NIL
2. Commerciales ou professionnelles NIL
3. Civiles ou de métier CULTIVATEUR
4. Techniques NIL

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: 6 1ère Année (Années achevées) — Graduation ou immatriculation: NIL (Spécifier)
7. *Collège ECOLE RURALE DE RIMOUSKI OUEST P.Q.
8. *Université NIL (*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

5. Langue maternelle FRANCAISE Quelles autres langues parlez-vous? AUCUNE Lisez-vous et écrivez-vous? OUI Savez-vous conduire une automobile? NON

Savez-vous réparer un moteur? NON Expérience culinaire? NON Passe-temps favori? PATIN

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport: Date	Rapport: Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation: Daté le
		PASSE du dépôt central de la L.M.R.N. N°						
5-2-42	NRMA 5	ATTACHED TO CASTC 55 FOR ALL PURPOSE	PTE	5-2-42	CASTC 55	RIMOUSKI	D.O. # 23	10-2-42
7-4-42	" "	Cease to be attached to T.C. No.55, on transfer to A-13, Valcartier	"	7-4-42	" "	" "	Part 11 No.62	7-4-42
		ATTACHED TO A.I.T.C. A-13 ON TRANSFER FROM: Rimouski	"	8-4-42	A.I.T.C. A-13 VALCARTIER CAMP, P.Q.		84	APR 9 1942
		SOS R [illegible]	"	6-6-42			137	10-6-42
		TOS HOME DEF	"	6-7-42	A.I.T.C. A-13 VALCARTIER CAMP, P.Q.		137	10-6-42
		CEASES TO BE ATTACHED TO A.I.T.C. A-13 ON TRANSFER TO: Regt Quebec	"	16-6-42			137	10-6-42
		TOS sur transfert au Regt de Que	"	11-6-42	R de Q	Québec	do 15	19-6-42
		Granted an Agric. leave of 6 months	"	6-8-42	R.de Q	Valc.	" 38	12-8-42
		R.O. 1935 (Aut: Q-13-40-31 d/24-7-42						
		S.O.S. sur transfert au M.D. 5 Quebec	"	19-8-42	R.de Q	Valc.	" 38 40	19-8-42
		Granted extl of Post'nt from 7-2-43 to 1-4-43	"	"	5 DD	QUE	307	26-12-42
		Ext Post'nt from 2-4-43 to 6-8-43 AUTH Q 13-40-31 d/20-1-43	"		"	"	18	22-1-43
		Exte ns. of Post'nt wef 7-8-43 to 6-2-44	Pte	7-8-43	"	"	" 166	14-7-43
		Post'nt return at 0800 2-2-44	"	2-2-44	"	Laugnn	DO 28	3-2-44
		Agric leave wef 6-2-44 to 6-8-44 Auth Q/39-C-2444 I	"	6-2-44	"	"	" 31	7-2-44

		Granted extl of Post'nt from 7-2-43 to 1-4-43	"	"	5 DD	QUE		307	26-12-42
		Ext Post'nt from 2-4-43 to 6-8-43 AUTH Q 13-40-31 d/20-1-43	"		"	"		18	22-1-43
		Exte ns. of Post'nt wef 7-8-43 to 6-2-44	Pte	7-8-43	"	"	"	166	14-7-43
Post'nt return at 0800 2-2-44			"	2-2-44	"	Lauonn	DO	28	3-2-44
Agric leave wef 6-2-44 to ~~69~~ 6-8-44 Auth Q/39-C-2444 L			"	6-2-44	"	"	"	31	7-2-44
		Ext. of leave without pay to 6 Feb. 45. AUTH: Q:-39-C-2443 d/12 Jul.44.	Pte	7 Aug. 44.	5 D.D.	LAUZON	D.O. 170		18 Jul.44.
		S.O.S. died 8	-	6jul44	-	-	- 182		lauhg44

N° matricule.....Grade.....Nom.....Prénoms.....

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
5-2-42	P XR-224 NEGATIF	7-2-42	VACCIN T.A.B.T.-1	4-2/44	Y.O.B. P U L H E M S 21 / / / / / / /
7-2-42	URINE & REFLEXES:- NO [illegible]	7-2-42	2.	4-2-44	X-ray chest neg. 2.M.H. 2975
		28-2-42	3.		
		21-3-42			

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	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 primaire 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.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER H.620071 RANK CANADIAN Private SERVICE UNIT #5 D.D.

NAME CANUEL, Louis Georges.

DATE OF BIRTH 30-8-21 DATE OF ENLISTMENT

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Arthur Canuel,

ADDRESS Rimouski Co., Rimouski, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Death Report H.Q. 869-C-6040 DATE 8-7-44

CASUALTY DETAILS

Died as a result of fractured skull due to motor accident, while on farm leave.

Records show that this soldier served in Canada only.

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 21-9-44

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

To be made out in duplicate

M.F.M. 110
200M—2-41 (9401)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name CANUEL LUDIS ~~DE GONZAGUE~~ GEORGES
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank E-620971

(3) Basic Training Centre C.A.B.T.C. 55 RIMOUSKI

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

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

N.A.

(7) Are you a widower?

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

Names and ages N.A.

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

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

Name

Postal Address N.A.

[SEE OTHER SIDE]

6

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to enlistment?.....

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

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....CANUEL ARTHUR
CULTIVATEUR RIMOUSKI-OUEST

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

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

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mde MARIE LOUISE LEPAGE(CANUEL)

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship.....

Full Name.....N.A.....

Postal Address.....

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

(18) Are you insured?.....NO.....

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

Have you made arrangements for payment of your Insurance Premium?.....N.A.....
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.

Date.....5-2-42.....

.....Jos Georges Canuel.....
(Signature of recruit)

MILITIA TRAINING CENTRE No. 55 FEB 11 1942 RIMOUSKI P.Q.

Officer Commanding.....(J. A. COUILLARD) MAJOR, OFFICIER COMMANDANT, CENTRE D'ENTRAINEMENT 55, RIMOUSKI, P.Q.

Date.....

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

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE

(Army)

F/

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. E/620971 (Regt. No.) PTE (Rank) CANUEL Louis Georges (Name (surname first)) R (A or R) 23 (Age) (Med. Cat.)

French (Main Language) (Other Language(s)) Reception Centre, M.D. No. 5. (Place (Unit) Interviewed) (Date Interviewed)

II. Revised Examination "M"

CF 7458 (Place Tested) 3-2-44 (Date Tested) E.G.FAUTEUX Lieut. (By Whom)

57 (Total) V (Group) Subtests 9 (1) 6 (2) 8 (3) 8 (4) 8 (5) 5 (6) 5 (7) 8 (8) Subtotals 23 (1-3) 16 (4-5) 18 (6-8) French. (English or French)

Other Tests

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

III. Educational Background

IV. Occupational Background

V. Military Background

VI. Other Personal History and Appraisal

VII. Recommendations

(Signed) .....
Army Examiner

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

Further Information and Follow-up

GD

Q.G.869-C-6040 (WSG-G)

le 26 juin 1945

Madame,

Relativement à votre demande de gratification de service de guerre, je vous informe que la Loi de 1944 sur les indemnités de service de guerre stipule que les bénéfices prévus par ladite Loi seront payables aux membres des forces en raison de leur activité de service dans lesdites forces pendant qu'ils étaient engagés ou qu'ils avaient l'obligation de servir sans limitation territoriale, ou en raison du temps passé en activité de service dans les Aléoutiennes.

En vertu des prescriptions de l'arrêté en conseil C.P. 792 du 6 février 1945, les membres des forces appelés en vue d'accomplir du service, des fonctions ou de l'instruction en conformité de la Loi de 1940 sur la mobilisation des ressources nationales, ont droit aux bénéfices prévus par la Loi de 1944 sur les indemnités de service de guerre pour les périodes passées à l'instruction ou en service dans le Royaume-Uni et/ou dans les théâtres d'opérations de l'Europe et/ou de la Méditerranée, ou pendant qu'ils se rendent du Canada auxdits endroits et qu'ils reviennent au Canada.

Comme le service de votre fils n'entre pas dans la catégorie décrite ci-dessus, les bénéfices prévus par la Loi ne sont pas payables dans votre cas.

Veuillez agréer, madame, mes respectueuses salutations.

Pour le trésorier-payeur général,
(A.R. Mortimore), brigadier,

Mme Arthur Canuel,
Rimouski Ouest,
Comté de Rimouski, P.Q.

2995

FORM No. 1

Register No. D-8520 Nominal Roll No. D-180

To: P.M.G. H.Q. File No. 869-C-6040

N. R. M. A.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

CR

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-620971	Pte	CANUEL,	LOUIS, GEORGES

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 5 FEB 42	T.O.S.	T.O.S.
S.O.S. 6 July 44 MD S-	S.O.S. MD	S.O.S. MD
Total Days 883	Total Days	Total Days

Total Service 883 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	883	697	186
Overseas Service	Nil	—	—
Totals	883	697	—
Add Non-qualifying Service			697
Total Service	883	—	883

EMBARKATION DETAILS:

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

REMARKS:

N.R.M.A.
NO SERVICE IN
THE ALUTIAN ISLANDS
or O/S.

Computer's Signature J. L. O'Heany

Checker's Signature [illegible]

Date Computed 17 April 45

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

for C. L. LAURIN, P. Bastow Capt
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
4/A W.O.P.	6 Aug 42	1 FEB 44	Incl.		545
2/A W.O.P.	6 FEB 44	6 FEB 45	Incl.	367	
DIED, IN, ACCIDENT	(Remission)		6 July 44	215	102
				Total	697

Overseas: T.O.S. ..... T.O.S. ..... T.O.S. .....

S.O.S. ..... S.O.S. ..... S.O.S. .....

				Total	

OFFICIAL CANADIAN ARMY ~~OVERSEAS~~ CANADIAN CASUALTY NOTIFICATION (DEATH)

NUMBER E.620971 RANK Private SERVICE UNIT #5 DD

NAME Canuel, Louis Georges.

DATE OF BIRTH 30-9-21 DATE OF ENLISTMENT

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Arthur Canuel

ADDRESS Rimouski Co., Rimouski, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Death Report H.Q. 869-C-6040

CASUALTY DETAILS DATE

Died as a result of fractured skull due to motor accident, while on farm leave. 6-7-44

Records show that this soldier served in Canada only.

COPY OF ORIGINAL

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 d/21-9-44 14-4-45

DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

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

No C. of Inquiry
Died on farm leave due to automobile accident.
O.C.

#5 District Depot
Quebec

Director of Estates

Regimental No. E.620971 Rank Private

CANUEL Louis Georges
Surname Christian Names

Unit #5 D.D.

Date of Death 6-7-44 Place of Death Canada

Next-of-kin Arthur Canuel Relationship Father

Address Rimouski Co., Rimouski, Quebec.

M.F.M. 5 Copy M.F.M. 110 herewith

Will No record of Will (MFM10) in record office to date.

Date 4010-44

ESTATES BRANCH
OCT 9 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

JEC:DM

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

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
E-620971	Private	CANUEL	Louis Georges.

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
No.5 District Depot.	6th July 1944.		R.C.

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Fracture of the skull due to a motor accident.	Arthur CANUEL Father.- Rimouski, Que.

12

11. LOCATION OF UNIT AT TIME OF CASUALTY
Lauzon, Que.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Rimouski, Que.	Rimouski, Que.	Grave..... Plot. No. 1 Row 3rd.	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2613
50m.—11-22
H. Q. 1772-39-1453