E9138
COURNOYER
JOSEPH CLEME

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Received 19 Aug 41 Checked WG "E" Card Observations

1077
4-7-40.

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 REGIMENT DE LA CHAUDIERE. (CASF) Matricule Regimental Number E-9138

01
PTE

~~Original~~
Duplicata
~~Triplicata~~

Original
Duplicate
Triplicate

Killed
Ch. A. 371
28 Dec 43.

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

1. Nom Surname COURNOYER
2. Prénoms Christian Names JOSEPH Clément DD 28 D.A. 26 JAN 42
3. Adresse actuelle Present Address Yamaska-Est, P.Q., Co. Yamaska, CANADA.
4. Date de naissance Date of birth 17 septembre 1915.
5. Lieu de naissance Place of birth CANADA. (Pays)—(Country) PR. QUEBEC. (Comté ou province)—(County or Province) Paroisse St-Vincent, Paul MONTREAL (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) CATHOLIQUE-ROMAINE
7. Métier ou profession Trade or Calling Commis de bureau.
8. Marié, veuf ou célibataire Married, Widower or Single Célibataire
9. Nom du plus proche parent Name of next of kin Willie Cournoyer
10. Parenté de celui-ci Relationship Père
11. Adresse du plus proche parent Address of next of kin Yamaska-Est, Co. Yamaska, P. Québec, Canada.
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)

Ley

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

Je, soussigné, Clément Cournoyer, 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 5 juillet 1940 TÉMOIN ~~[illegible]~~ J. Langlais Capt. L'E Cournoyer
(Signature de la recrue)

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

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

L'E Cournoyer
(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 Valcartier ce 5 em jour de juillet 1940

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

LE REGIMENT DE LA CHAUDIÈRE (MIT)
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

FINGER PRINTED

Occupational history form completed.

État de service de ..... Courmoyer JOSEPH Clément ..... Matricule E-9138
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires ..... Nil
Military

Professionnelles ou commerciales ..... Nil
Business or Professional

5674 — Civiles ou de métier ..... Commis de bureau
Trade or Civil

Techniques ..... Nil
Technical

026-3 — Langues ..... Français et Anglais
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies High School or Collegiate ..... 14 années (années complétées—years completed)

Graduation ou (or) Immatriculation Matriculation ..... Brevet Sup. Ecole Normale. (Spécifier—Specify)

*Collège Ecole Yamaska-Est, P.Q., Collège Boucherville, P.Q., Collège Victoriaville, puis Berthierville, Ecole Normale Rigaud, (les Pères St-Viateur)

*Université Nil
University

Dimplôme commercial de 9ième année également.
(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.

1/4

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
4-7-40		Affecté lors de son enrôlement / Joined on enlistment — Taken on Strenght R. CHAUD. C.A.S.F.	PTE	4-7-40	R. CHAUD	Valcar	167	5-7-40
24/3/41		Promoted A/Cpl w.e.f. 15/9/40					229	17/9/40
Cancelled 20174d/15 July 40		~~Promoted A/Sgt w.e.f.~~					~~167~~	~~5/7/40~~
		Tradesmen pay Group "6" as clerk w.e.f. 4/7/40 Art.146 (1) F.R.&I. Auth. G-23-2-4-11 H.Q. 8th. Inf. Bde. 8-6-5.					15	26/2/41
30-12-40		Xmas leave & furlough from 1945 hrs	30-12-40	to 1600 hrs	18-12-41		277	27-12-41.
4-7-41		embarkation leave from 21.00	4-7-41	till 16.00	18-7-41		80	9-7-41
~~4-8-41~~		~~Proceeding Overseas~~	~~Pte~~	~~20-7-41~~	~~Chaud~~	~~Aldershot~~		

Amended 20 24 30/11/41 21

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) COURNOYER Joseph Clement — Date 4-7-40

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

1. Age 24

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

J. Cournoyer
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) nil

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).
Cic. sur la rotule gauche

2. Taille (Height) 5 pieds (feet) 2 pouces (inches).
3. Poids (Weight) 133 livres (pounds)
4. Teint (Complexion) bruns Yeux (Eyes) bruns 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) 38½ pouces (inches) Degré d'expansion (Range of expansion) 2½ pouces (inches)
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 supérieur
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:
Réflexes, oreilles, urine normaux.

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

et il peut être classé dans la catégorie A

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

(Président)—(President) (Membre)—(Membre) W. M. Pfeiffer, M. D. (Membre)—(Member)

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.)

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
6 JUIL 1940	X-RAY CHEST - NEGATIVE. Ch. Lafrenaye Cpl Hosp	4-9-40	Tetanus T. & C.M.
24-3-40	Vaccin	3-11-41	Re-Board A
24-3-40	T.A.B.	13-9-41	TAB
24-3-40	Tetanus	16.10.42	TABT ½ cc.
1-8-40	T.A.B.		
21-8-40	T A B.		

JOSEPH

Matricule E-9138 Grade Pte Nom Cournoyer Prénoms Clément.
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			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

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

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: Clement COURNOYER (b) Reg'l. No. E-9138
2. (a) Arm of service: Army (b) Unit: Le Regt de la Chaudiere (c) Rank: Cpl.
3. (a) Date of birth: 17-9 Sept. (b) Have you any dependents? No (c) Place of residence at time of enlistment: Yamaska Est P.Q.
4. (a) Place of enlistment: Quebec (b) Date of enlistment: 4-7-40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 22 years (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 11 years Public School
7. If you attended a university, give name of university and standing or degree secured: 4 years Classic 3 years University.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? No

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: Willie Cournoyer Address: Yamaska Est P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Merchant
20. (a) Your specific occupation: Bookeeper (b) Number of years' experience at this occupation with any employer: 2 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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: No (b) Where was it located? Nil
23. (a) Number of years engaged in this business: Nil (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Nil

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? Nil (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? Nil (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

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.) Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Teacher High School.

DATE 10-5-41 194

SIGNATURE H. Cournoyer Cpl.

Statement of the Service of No. E.9139 Rank Sheet No. 4.

Name COURNOYER, J.C.

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
	108.	TOS R22R X-3 List from R22R on adm. to			X List			
		70 5 C.F.A. Clerk 'C'	A/Cpl.	6 Aug 43	R22R	NA	14-A	17 Aug 43
		SOS C.A. (UK) on embarkation 27 Jun 43 TOS C.A. (M) 28 Jun 43						
		Disembarked 13 Jul 43	A/Cpl.		XL R22R	NA	15A	19 Aug 43
		Adm. to 5 C.F.A.	A/Cpl.	5 Aug 43	R22R	NA	37	17 Aug 43
		Adm. to 54 Gen Hosp.	A/Cpl.	8 Aug 43			26 Oct 43 C.L.	
		Disch 15 Gen		24 Aug 43			25 Sep 43 C.L.	
		Posted from R22R X-3 to R22R X4 List (BD)			X List			
		on disch Hosp.	A/Cpl.	31 Aug 43	R22R	NA	21-A	8 Sep 43
		Disch from 1 C.C.D. (Clerk Gp. 'C' Pay $1.50 "		31 Aug 43	X List R22R	NA	21A	8 Sep 43
		Reverts to rank of Pte regt'l.	Pte.	9 Sep 43	X List R22R	NA	24A	22 Sep 43
SH		AWL A.A.15(1) Awd. 14 days F.P. Total forf. 16 days pay	Pte.	22 Oct 43	X List R22R	NA	34A	10 Nov 43
	108	TOS from R22R X4 List (4 Bn) Clerk 'C'	Pte.	7 Nov 43	R22R.	NA	57	20 Nov 43
		Killed C.M.F.		14 Dec 43			28 Dec 43 C.L.A. 371	

Statement of the Service of No. E 9138 Rank Pte Sheet No.

Name Cournoyer Clément

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
		Landing Leave (W. W.)	A/Cpl	7/11-8-41	R de C	U K	2	21 Aug 41
		Confirmed in rank of Cpl.	Cpl	12 Sept 41	R de C	U K	9	12 Sept 41
		Ceases to draw T R of pay Class C Clerk	Cpl	21 July 41	R de C	U K	12	30 Sept 41
S.O.S.	Amendes	~~SOS to 3 Div HU~~	~~Cpl~~	~~11 Oct 41~~	~~R de C~~	~~U K~~	~~15~~	~~13 Oct 41~~
	Amendment	S.O.S. to 3 CDI H.U 8 oct 41 not 11 oct 41	Cpl.	8 oct 41	R. de C.	U.K.	22	14 nov 41
		Att to 2 C I H U (f.a.p.)	Cpl	8/11 Oct 41	R de C	U K	15	13 Oct 41
		Reverts to pte at own request	Pte	1 Oct 41	R de C	U K	15	13 Oct 41
		T.O.S. from R. de Chaud. (Field Unit)	"	9 oct 41	3 CDI H.U.	U.K.	1	10 Oct 41
		Pt II Orders No. 12 d/30 Sept. 41 is amended to read 1 Oct. 41, instead of 21 July 41.	"	1 Oct 41	R de C.	U.K.	18	28 Oct. 41.
		On Com. (Q.G) to Frensham Bks	"	30 Dec 41	3 C Di R U	U.K.	71	31 Dec 41.
		Cease to be on Com. as Q/G.	"	10 Jan 42	"	"	9	12 Jan. 42.
		1st & 2nd P.L. (W.W.) 16-30 Jan. 42	"	16 Jan 42	"	"	13	16 Jan 42
		Admitted 15 Gen Hosp.	"	18 ~~Jan~~ Feb. 42	"	U.K.	42	19 Feb. 42.
		Discharged 15 Gen Hosp.	"	25 Feb. 42	"	U.K.	48	26 Feb. 42.
		On Cmd to H.Q. 2 Cdn Div.	"	12 Mar 42	"	"	62	14 Mar 42
		Placed under Stoppages of Pay from 18 Feb 42 to 25 Feb 42 (8 dys) FR&I 222(1)(b)(ii)	"	18 Feb. 42	"	"	81	7 April 42

Statement of the Service of No. E 9138 Rank Pte Sheet No. 3

Name Cournoyer, C.

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
		~~Ceased Cmd to H. Q. 2 Cdn. Div.~~	~~Pte~~	~~17 May 42~~	~~3 CDIRU~~	~~U.K.~~	~~117~~	~~19 May 42~~
		3rd Bde Leave	Pte	12 June	3 CDIRU	UK	140	15 June 42
Cancelled DO-3.		~~4th + 5th Pl. 18 Dec to 31 Dec 42~~	~~Pte~~	~~18 Dec 42~~	~~3 CDIRU~~	~~UK~~	~~302~~	~~22 Dec 42~~
		Granted 14 days P/L + 48 hrs (16 days)	Pte	18 Dec 42 2 Jan 43	3 CDIRU	UK	3	5 Jan 43.
		SOS to 6 CIRU	Pte	31 Jan 43	" "	"	26 D	31 Jan 43
		att Sap to 3 CIRU (1 Feb to 5 Feb 43)	Pte	1 Feb 43	3 CIRU	UK	1	1 Feb 43
		TOS from 3 CIRU	"	1 Feb 43	6 CIRU	"	5	5 Feb 43
Cancelled by DO-37		~~Posted to Unit Headquarters~~	~~"~~	~~"~~	~~"~~	~~"~~	~~86~~	~~17 Feb 43~~
		To be a/epe with pay	A/CPL.	"	"	"	17	18 Feb 43
		Granted daily reg'l. rate of $1.50	C	1 Jan 43	6 CIRU	C	50	31 Mar 43
		Ceases Appt. A/Cpl.	Pte.	20 May 43	6 CIRU	UK	93	20 May 43.
SOS.		SOS to 1 C.S.B.D.	Pte.	20 May 43	6 CIRU	UK	93	20 May 43.
	TOS	TOS R22R X-4 from 6 CIRU	Pte.	21 May 43	X List R22R	UK	2A	29 May 43.
		Qual Clerk 'C'	Pte.		6 CIRU	UK	73	26 Apr 43.
		Trades pay Clerk Gp. 'C' on Reinf.	Pte.	1 Feb 43	6 CIRU	UK	73	27 Apr 43.
		Appt'd. A/Cpl.	A/Cpl.	1 Jun 43	X List R22R	UK	3A	19 Jun 43.
SOS		SOS to R22 R	A/Cpl.	21 Jul	X List R22R	UK	12A	8 Aug 43.
	TOS.	TOS from R.22R. X-4 List (4 Bn) Clerk 'C'	A/Cpl.	22 Jul 43	R22R	NA	36	10 Aug 43.
SOS.		SOS to R22R X-3 List on adm. to 70 CFA Clerk 'C'	A/Cpl.	5 Aug 43	R22R	NA	37	17 Aug 43.

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No. W. 9138 Rank A/Cpl. Sheet No.

Name Cournoyer. A. C.

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
		Adm 7/o. 5 CFA.	A/Cpl.	5 Aug 43	R22R	Nil.	37	17 Aug 43.
		Adm. #5H Gen Hosp.	A/Cpl	8 Aug 43			CL 260ct43	
		Disch. 15 Gen.		24 Aug 43			CL 25 Sept 43	
		Posted from R22R X3 LIST. To R22R X4 LIST (RD) on disch Hosp.	A/Cpl.	31 Aug 43	X LIST R22R	NA	21-A.	8 Sept 43.
		Disch from ICCD. (Clerk typist "C" pay $1.50	A/Cpl.	31 Aug 43	X LIST R22R.	NA	21-A	8 Sept 43.
		Reverts to ~~rank~~ rank of Pte reqd	Pte	9 Sept 43	X list R22R	NA	24-A	22 Sept 43.
(C80)		AWL AA15(1). Awd 14 days FP. Total forf 16 days pay	Pte	22 Oct 43	X LIST R22R	NA	34A	10 Nov 43
SOS		SOS to R22R	Pte	6 Nov 43	X list R22R			
(C80) made up to 30 Jan 44	TOS	TOS from R22R X4 List (4 Bn) Clerk "C"	Pte	7 Nov 43	R22R	NA	57	20 Nov 43
SOS		SOS. Killed CM7	Pte	14 Dec 43	R22R	NA	CL A371 6128 Dec 43	31 Dec 43.

Statement of the Service of No. E 9138 Rank Sheet No.

Name Cournoyer Joseph Clement

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

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
Change of Name		to "Joseph Clement Cournoyer"	Pte	—	3/D.I.R.U	U.K	280 A	26 Nov. 42
cancelled	Do 3/5 Jan 42	~~P/Leave to 31 Dec 42~~	Pte	18 Dec 42	3/D.I.R.U.	U.K.	307	22 Dec 42
		P/Leave 14 days to 2 Jan 43	Pte	18 Dec 42	3/D.I.R.U	U.K.	3	5 Jan 43
S.O.S		S.O.S to 6 C.I.R.U	Pte	31 Jan 43	3 D.I.R.U	U.K	26A	31 Jan 43
	T.O.S	T.O.S from 3/D.I.R.U.	Pte	1 Feb 43	6 C.I.R.U	U.K	5	5 Feb 43
		A.W.L. taken up to 3 C.I.R.U to 6 Feb 43	Pte	1 Feb 43	3/C.I.R.U 6 C.I.R.U	U.K. U.K	9	9 Feb 43
		Posted to Unit Headquarters	Pte	1 Feb 43	6/C.I.R.U	U.K	16	17 Feb 43
	cancelled D.O.							
37	15 Mar 43	~~To be a/Cpl with pay to cover voyage on draft as an N.C.O~~	~~Pte~~	~~1 Feb 43~~	~~6/C.I.R.U~~	~~U.K~~	~~17~~	~~18 Feb 43~~
		Granted Rate of Pay 150	A/Cpl	1 Jan 43	6 C.I.R.U	U.K	50	31 Dec 43
		Ceases Appt: A/Cpl.	Pte	20 May 43.	6 C.I.R.U	U.K.	93.	20 May 43.
S.O.L.		S.O.L. to C.S.B.D.	Pte.	20 May 43	6 C.I.R.U	U.K.	93	20 May 43.
T.O.S.		T.O.S. R22R. X-4 from 6 C.I.R.U.	Pte	21 May 43.	X List R22R. ~~C.S.B.D.~~	U.K.	2.A.	29 May 43.
		Qual Clerk "C" Trades Pay Clerk Gp "C" on Rein.	Pte	1 Feb 43.	6 C.I.R.U	U.K.	73	26 Apr 43 27 Apr 43.
		Appt'd A/Cpl.	A/Cpl	1 June 43	X. List R22R.	U.K.	3A.	19 June 43.
S.O.S		S.O.L to R22 Reg Clerk "C"	A/Cpl.	21 July	X 4 ST R22	U.K	12-A	8 Aug 43
	T.O.S	T.O.S from R52 X-4 list (4 BN) Clerk "C"	A/Cpl	22 July 43	R22R	N.A	35	10 Aug 43
S.O.S		S.O.S. to R22R X-3 List on adm to 5 C.I.H.	A/Cpl	5 Aug 43	R22R	N.A	37	17 Aug 43.
T.O.S.		T.O.S. R22R X-3 list from R22R on adm to 5 C.I.H. Clerk "C"	A/Cpl.	6 Aug 43	X List R22R	N.A	14-A	17 Aug 43.
		S.O.S. C.A. (U.K) on embarkation 22 June 43						
		T.O.S. C.A. ( ) 28 June 43	A/Cpl		X.L R22R	N.A	15 A	19 Aug 43
		Disembarked 13 Jul 43						

Statement of the Service of No. E 91.38 Rank Pte A/cpl (wp) Sheet No.

Name Cournoyer C

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	✓	Landing leave (w. w)	A/cpl	11 7 Aug 41	Rde Chaud	UK	2	21 Aug 41
	✓	Confirmed Cpl	Cpl	12 Sept 41	Rde C	UK	9	12 Sept 41
	amended D.O. 18 1 Oct 41 ✓	Ceases to draw TR of Pay, Class C Clerk	Cpl	21 July 41	Rde C	UK	12	30 Sept 41
S.O.S.	amended DO22 14/11/41 ✓	S.O.S. to 3 Dw HU	Cpl	8 ~~11~~ Oct 41	Rde C	UK	15	13 Oct 41
	T.O.S. ✓	TOS from Rde C	Cpl	9 Oct 41	3 DWHU	UK	1	10 Oct 41
	cancelled DO20 14/11/41	~~Gtt to 21 HU (Jap)~~	Cpl	8 ~~11 Oct 41~~	~~Rde C~~	~~UK~~	~~15~~	~~13 Oct 41~~
	✓	Reverts to pte at own request	Pte	1 Oct 41	Rde C	UK	15	13 Oct 41
	✓	Pro. on Comd and is attd for d&q. while on duty as Quartering Guard to Frensham Quarters	Pte	30 Dec 41	3 DIRU	UK	71	31 Dec 41
	✓	Ceases to be on Comd and ceases to be attd as above	Pte	10 Jan 42	3 DIRU	UK	9	12 Jan 42
	✓	1st & 2nd Priv Leave (WWP) to 30 Jan 42	Pte	16 Jan 42	3 DIRU	UK	13	16 Jan 42
	✓	Admitted to 15 Gen Hospital	Pte	18 Feb 42	3 DIRU	UK	42 CL 21 Feb 42	19 Feb 42
	✓	Discharged from 15 Gen Hospital	Pte	25 Feb 42	3 DIRU	UK	48 CL 27 Feb 42	26 Feb 42
	✓	Proceeded on command to H.Q. 2 Cdn. Div.	Pte	12 Mar 42	3 DIRU	UK	62	14 Mar 42
	✓	Att'd RQ. Disc & Spl duty from 2CDIRU	Pte	13 Mar 42	FMR	UK	14	25 Mar 42
	✓	Stoppage of Pay 7R&I-222 (1)(b)(ii) to 25 Feb 42	Pte	18 Feb 42	3 DIRU	UK	81	7 Apr 42
	✓	Adm to 10 Cdn Fld Amb	Pte	28 Apr 42	F.M.R.	U.K.	26	5 May 42
	✓	Disch from 10 Cdn Fld Amb	Pte	29 Apr 42	F.M.R.	U.K.	26	5 May 42
	✓	Rtnd from on Comd to H.Q. 2 Cdn Div.	Pte	17 May 42	3CDIRU	UK	117	19 May 42
	✓	3rd P/Leave to 19 June 42	Pte	12 June 42	3 DIRU	UK	140	15 June 42

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. J. Willis COURNOYER (FATHER)

ADDRESS: YAMASKA E.,
Yamaska Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marie-Reine Cartier (COURNOYER),

ADDRESS: Yamaska East, Yamaska Co., P.Q.

5379-29-10-49

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 4359

(2)

DESP. FEB 18 1944
REGN No. 45-56

(3)

(O.C.L.-418) AWARDS—CANADIAN ARMY (ACTIVE) (1540)

M.J.A.

M 100M—10-41 (2195) H.Q. 1772-45-8

FILE NO. 405-C-14833

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
COURNOYER, Joseph Clement	E.9138	Pte.	Regt. de Que.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	
Defence Medal War Medal ~~CVSM & Clasp~~	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E.9138 RANK Private SERVICE UNIT The Royal 22E Regiment (C.A.)

NAME COURNOYER, Joseph Clement.

DATE OF BIRTH
DAY 17th MONTH September YEAR 1915

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Willie Cournoyer,

ADDRESS Yamaska East, Yamaska Co., Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4124 H.Q. 405-C-14,033

CASUALTY DETAILS Killed in Action. DATE 14-12-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 7-1-44

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

H.Q.405-C-14,833 (Records-C)

/AG

le 14e Janvier, 1944.

Monsieur,

Je regrette profondément de vous faire savoir que votre fils, le soldat Joseph Clément Cournoyer, numéro matricule E-9138, a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 14 décembre 1943.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que dès que nous recevrons des détails supplémentaires, 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 Cournoyer pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

JAN 12 1944

(H.F.G. Letson),
major-général.

M. Willie Cournoyer,
Yamaska est,
Comté de Yamaska, Qué.

MEMORANDUM POUR

Monsieur Willie Cournoyer,
Yamaska Est,
Cté Yamaska, Qué.

P

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.C. 405-C-14,833 FD. 386

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

le 26 janvier 1944

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

COURNOYER, Joseph Clément, Soldat,
No. E.9138, C.A.

ESTATES BRANCH
JAN 28 1944
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, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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 "observations supplémentaires", à la page 4.

(D.M. Firth) Lt.-Col.,
L'administrateur des successions,

par (O. Godbout) Capitaine.

OG/CGL.

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

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.....		Nil		
2	Enfants du défunt et dates de naissance.....		Nil		
3	Père du défunt.....		J. Willie Courroyer	55	Yamaska Est P.Q.
4	Mère du défunt.....		Marie Reine Cartier	51	Yamaska Est P.Q.
5	Frères du défunt	~~Frères~~ germains	Jules Courroyer	29	1150 rue Labelle Montreal
			Marcel "	22	St Jude Co Ste Hyacinthe P.Q.
			Denis "	20	Yamaska Est P.Q.
		~~Demi-~~ frères	Raymond "	18	"
			Etienne "	17	"
			Pierre "	8	"
6	Sœurs du défunt	~~Sœurs~~ germaines	Annette Courroyer	27	Yamaska Est P.Q.
			Simonne "	19	décédée
			Therese "	16	"
		~~Demi-~~ sœurs	Berthe "	15	"
			Claire "	13	"
			Lucie "	10	"
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Yvonne Courroyer — Noms et âges de leurs enfants, le cas échéant		25 mars 1921 — Adresse de leurs enfants
			Therese "		5 oct 1921
			Berthe "		14 avril 1921
			Camille "		10 oct 1931

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Jos Charles Clement Courroyer
9	Date de sa naissance.	17 septembre 1915
10	Lieu et date de son mariage.	Nil
11	Lieu et date du mariage de ses parents.	Nil

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Montreal
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Quebec, durant le temps (b) (c) (d)
14	Nature de son emploi avant son engagement.	Réparations de machine à coudre
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Nil
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Yamaska Est.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	Pas que je sache
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-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?	nil
19	Avait-il un compte d'épargnes 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.	Pas à ma connaissance
20	Montant des certificats d'épargne de guerre que possédait le défunt.	
21	Montant des bons de la victoire que possédait le défunt.	200.00 (d'après une lettre du 6 dec. 44) achetés en mai 1943 see our letter 4/2/44
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. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	nil
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	Non

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.	Pas à ma connaissance do do
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?	

(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)

*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* Père du défunt.

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

J.W. Courroger — Signature du déclarant

Yamaska Est — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

*Voir plus haut

J.W. Courroger — Nom du déclarant

est le/la* père du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Yamaska ce 27 ème jour de Janvier 194 4

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

P.E. Bourneau — Titre Notaire

Adresse Yamaska, P. Qué

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.

(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 OBSERVATIONS SUPPLÉMENTAIRES.

M.F. M 10a
10 M—1-40 (3574)
H.Q. 1772-39-1657

VOIR INSTRUCTIONS AU VERSO.

FORMULE DE TESTAMENT

(1) Je, Joseph Clement Cournoyer (Nom au long), de la paroisse de Yamaska est, dans le Comté / District de Yamaska, Province de Quebec., commis de bureau (Occupation civile), N° matricule E9138, Unité Reg't Chaudiere, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à Willie Cournoyer mon père
Yamaska est Co. Yamaska, P.Q. Canada
Tous mes biens

Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme Marcel Cournoyer (Nom)
Yamaska est Co. Yamaska, P.Q. (adresse) exécuteur de mon présent testament.

(5) Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

En foi de quoi j'ai signé ce 9 ème jour de Juillet A.D. 1940

Signature du premier témoin: Homer Malenfant
Bureau de Recrutement. (Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: F. Lahaie Sgt.
22-6 Rue Quebec City (Adresse)

J. Le Cournoyer (Signature du soldat)

(VOIR AU VERSO)

To be made out in duplicate.

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.

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(1) Name of Officer or Soldier COURNOYER CLEMENT
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number E-9138

(3) Unit LE REGIMENT DE LA CHAUDIÈRE (MIT)
C. A. S. F.

(4) Are you married? No.

DISTRICT PAY OFFICE
RECEIVED
JUL 25 1940
M. D. No. 5 Quebec.

(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? No

(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? NO

If so, state her full name and Postal Address NIL

(11) Is your father alive? Yes

If so, state name and address WILLIE COURNOYER
YAMASKA EST? CO YAMASKA. QUE. CANADA

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? NO.

(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? MARIE REINE CARTIER (COURNOYER)

If so, state name and address Yamaska est Co. Yamaska, Que. Canada

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

(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? NO

If so, in what Company? NIL

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

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.

L. L. Cournoyer
(Signature of officer or man)

Date 9-7-40

JUL 23 1940

Date

Officer Commanding
LE REGIMENT DE LA CHAUDIÈRE
C. A. S. F.

9 Nov 43

Temporary.
Part I.

DEAD
E-9138
COURNOYER R.J.C.

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.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E-9138

Surname (in capitals) JOSEPH- CLEMENT.

Christian Names (in full) COURNOYER.

Date of Birth 17 SEPT- 1915

Place of Birth MONTREAL. P. QUE.

Trade on Enlistment PROFESSEUR.

Nationality of Father at birth CANADIEN-FRANÇAIS

Nationality of Mother at birth CANADIENNE-FRANÇAISE.

Religion CATHOLIQUE- ROMAIN.

Enlisted at VALCARTIER.

Date 4 JUILLET- 1940

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

Signature of Soldier J. C. Cournoyer

Signature of Officer [illegible] Capt

Place En Campagne Date 9 Nov 43.

(II) 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	Joseph Wellie Courroyer	4 Nov. 43
	Mother	Mde Marie-Reine Courroyer née Cartier	4 Nov 43
3rd	(older) *Brothers and Sisters	Jules Courroyer	4 Nov 43
	(older) *Brothers and Sisters	Yvonette Courroyer	" "
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
Yamaska Est. P. Que.
Yamaska. Est. P. Que.
Canadian Merchant Navy. Yamaska Est. P. Que.

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TYPHUS 1 C.C.	28-11-43	Y. W.
Typhus 1 CC	7 Dec	[illegible]

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer

(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

CANADA

QUOTE NO. H.Q. 405-C-14,833 (Records-C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

F.T.

Mr. Willie Cournoyer,
Yamaska East,
Yamaska Co., P.Q.

Dear Sir:

I deeply regret to inform you that your son, E.9138 Private Joseph Clement Cournoyer, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 14th day of December, 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,

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

JAN 12 1944

(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

DISTRIBUTION OF SERVICE ESTATES

WL

Estates Form "P. 4"

ARMY

Name: COURNOYER, Joseph G., No.: R.91738
Surname Christian Names

Rank: Pte., Unit: C.A. O/S, Date of Death: 14-12-43

AMOUNT

L.P.C. ..... $ 190.05

Date: 31-5-44

Other Credits .....

Total 190.05

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Father	J. Willie Cournoyer, YAMASKA Rest, Yamaska Co., Que., (Sole beneficiary under will)	190.05 R
		TO BE FORWARDED BY REG. MAIL DIRECT.	
		P4. TO TREAS. 14-12 mw	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$190.05

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

CFA 187
40/P [redacted]30 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME E-9138 Pte. Cournoyer J.C. - R. 22e R. (Dec'd)

RECEIVED FROM H.Q. # 1 C.K.S.D.
H-64818 Pte. Davidson E.

CHECKED BY C-96325 Pte. Desormeaux J.M. DATE 26, Jan. 44

1	Kit Bag, marked with Name & No.	Coll 1764
1	Battle Dress Complete (Removed)	17 - 6 - 44
1	Tobacco Pouch	
11	Books (Personal)	
1	Kit Bag Handle (Damaged)	
1	Lock	
	" No Inventory received with Effects"	
1	1 map of manchuria.	returned 29 - 8 - 44 1 pcl (money)

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

H.E. Fuhrer Capt
for OC 1 Cdn KSD

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

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

District.....

Dispersal Area.....

Regtl No. E.9138. Rank and Name Cournoyer, C. Pte.

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

(~~Transfer or~~ Discharge).....to.....on 14th December, 19 43.

Reason Death. Authority: C.C.L. "A"371. d/28 Dec 43.

The following is a statement of the account of the above-named from 1st Dec to 31st Dec 19 43. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	155	25
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	30	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars):					
			Def Pay Interest.	6	30
			Cash Effects. J.V.1650.	4	25
To Balance Cr Free 062	100	05			
To Balance Cr Deferred	90	00	By Balance Dr		
	140.	05			
Total	220	05	Total	220	05

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

Remarks:

Assigned Pay $30.00 Stopped eff. 1st January, 1944.

ESTATES BRANCH JUL 10 1944 H.Q. OTTAWA. NATIONAL DEFENCE

Compiled by B.M. Wadsworth.

Checked by A.R.Black

Date 15th June, 1944

Certified correct E. Hill
for Chief Treasury Officer, Overseas

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 Clement (CHRISTIAN NAMES) COURNOYER (SURNAME)

REGISTER NO. D-20482
FILE NO. 405-C-14833
DATE 9-3-46
SERVICE NO. E-9138
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 14-12-43

PAYEE M. Willie COURNOYER,
ADDRESS Yamaska Est.,
Yamaska - P. Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 14-12-43

		$	¢
A. TOTAL QUALIFYING SERVICE	1230 NO. OF DAYS 1243/30 EQUAL TO 41 COMPLETE PERIODS AT $7.50	307.50	
B. QUALIFYING OVERSEAS SERVICE	No. of Days 862 LESS 13 INELIGIBLE DAYS, EQUAL TO 849 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	212.25	
		519.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$ .25		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 3.00 X7 = $ 21.00		
NO. OF DAYS 862/183	X $ 21.00	98.92	
D. WAR SERVICE GRATUITY		618.67	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		618.67	

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
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
Birmingham	8/5/46

SERVICE REPRESENTATIVE

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

Register No. C.D. 1449

File No. 405-C-14833

WAR SERVICE GRANTS ACT 1944

Ottawa 31 January, 1946

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

Service No. E-9138

Name Joseph Clement, COURNOYER,
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
(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.		$
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.	Willie Cournoyer father	30.00
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 deductible from the War Service Gratuity and name of person to whom paid.		

8. 2 1946.

Chisholm
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.

Form No. 1

TO: P.M.G.

C.D. 1449

H.Q. File No. 405-C-14833
Register No. C.D. 1449
Case No.

Lee No - D-573

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

105C

Regt. No.	Rank when SOS	SURNAME	CHRISTIAN NAME IN FULL
E9138 ✓	Pte ✓	Cournoyer ✓	Joseph Clement ✓

Reason for termination of Service: MED.UNFIT-CARO 37 (10) (____) (_____) Enlistment
MED.UNFIT-CARO 1029(10) (____) (_____) Enlistment

Killed in action ✓

_____ C.A.R.O. ____ ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 4 Jul 40 ✓	T.O.S.	T.O.S.
S.O.S. 14 Dec 43 ✓ M.D. 5	S.O.S. M.D.	S.O.S. M.D.
Total days 1259 ✓	Total days	Total days

TOTAL SERVICE 1259 ✓ DAYS

WESTERN HEMISPHERE

Total Service	381 ✓	DAYS
Less non-qualifying service (See details reverse side)	nil ✓	DAYS
NET SERVICE - Western Hemisphere	381 ✓	DAYS

OVERSEAS SERVICE

Total Service	878 ✓	DAYS
Less non-qualifying service (See details reverse side)	16 ✓	DAYS
NET SERVICE - Overseas	862 ✓	DAYS

REMARKS:

KILLED IN ACTION
14 Dec 43

Computer's Initials J MacLachlan
Checker's Initials P.B.
Date 26 Oct 44

J. Arthur Capt
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
			TOTAL		

OVERSEAS

AWL	AS SHOWN ON M.F.M.2.		22 Oct 43	2	
AA 15(1)			22 Oct 43	14	16
			TOTAL		16

EMBARKATION DETAILS

1.
T.O.S. 20 Jul 41
S.O.S. 14 Dec 43

2.
T.O.S. ....
S.O.S. ....

TOTAL SERVICE OVERSEAS 878 DAY:

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOSEPH CLEMENT COURNOYER (Christian Names) (Surname) — Register No. D 20 482

PAYEE'S NAME MR. WILFRID COURNOYER (Christian Names) (Surname) — File No. 405-C-14833

ADDRESS YAMASKA EST, YAMASKA, P.QUE. — Date 9-3-46

Service No. E 9138

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 14-12-43 — Date of Discharge 14-12-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 124/30 = 4 1 (13) Periods @ $7.50	307	50
B. QUALIFYING OVERSEAS SERVICE No. of days 862 less 13 Ineligible days, equal 849 Days @ 25c. per day	212	25
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 ✓ Subsistence Allowance $ 1.25 ✓ Additional Pay $ 25 ✓ Dependents' Allowance 1/30 $ — $ — TOTAL $ 3.00 / × 7 = $ 21.00 / No. of Days 862/183 × $ 21.00 /	519	75
	989	50
D. WAR SERVICE GRATUITY Computed By Monty ✓	618	67
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ — (2) D.A. & A.P. $ — Other Deductions $ — Entered By JGW ✓		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	618	67

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 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: COURNOYER (Block letters)

Given names: Joseph Clement

4. RESIDENCE

Street: No:

Official name of civil municipality or township: Yamaska East.

Municipal county: Yamaska 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: September (Month) 17th (Day) 1915 (Year)

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

OCCUPATION

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

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	Cournoyer Willie	
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: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 14th (Day) 1943 (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**....

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

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

Director of Records. Dept. of National Defence.

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)

NOV 24 1944