

**K45832**  
**ANCTIL**  
ALFRED HUBER



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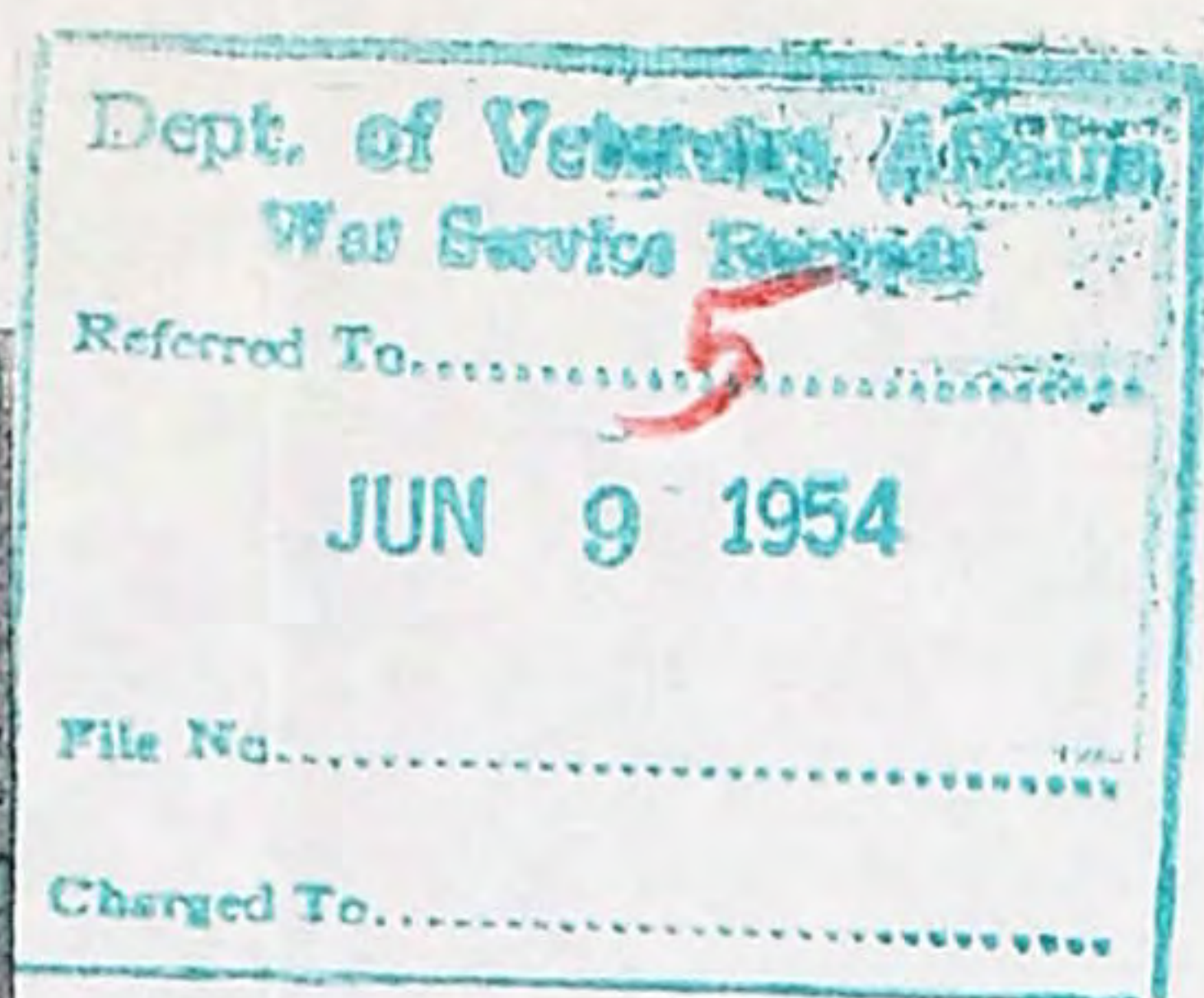
EXHIBITION CONTENT

The Pennell

EXHIBITION CONTENT

The Pennell





Mr. Paul Anctil  
1226 - 3<sup>rd</sup> Ave. South.  
Lethbridge.  
Alberta.

Dear Sirs:

I am regarding my father  
the deceased Alfred Hubert Anctil.  
Register no. D-25168, file no. 35-A.  
Service no. K-45832, rank. sgt. Date  
of discharge. 30.9.43. and would  
appreciate your help in letting me  
know if any personal insurance, (life)  
was carried by same above mentioned  
person. I understand that the  
army takes note of all insurances  
when you enter.

I trust in your co-operation.

Thanking - you.

Yours Truly.

Mr. Paul Anctil.





DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE

**STATEMENT OF WAR SERVICE GRATUITY**

6

ARMY

K-45832

DECEASED

NAME	Alfred Ribort (CHRISTIAN NAMES)	AKOTIL (SURNAME)	REGISTER NO. D-25108
PAYER'S NAME	Mr. Paul Anoteli		FILE NO. 30-1
ADDRESS	651 - 5th St. S., Lethbridge, Alta.		DATE 17.9.52
			SERVICE NO. H-45082
			FINAL RANK OR RATING Sgt.
			DATE OF DISCHARGE 30.9.48

DATE OF TERMINATION OF OVERSEAS SERVICE		DATE OF DISCHARGE
<b>A. TOTAL QUALIFYING SERVICE</b>		\$ 120.00
NO. OF DAYS	303	Equal To 18 COMPLETE PERIODS AT \$7.50
<b>B. QUALIFYING OVERSEAS SERVICE</b>		
NO OF DAYS	LESS	INELIGIBLE DAYS, EQUAL TO
		DAYS @ 25c. PER DAY
<b>SUB TOTAL</b>		
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>		
DAILY RATES AT DISCHARGE		
PAY		\$
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE		\$
ADDITIONAL PAY		\$
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$
TOTAL		\$ X7 = \$
NO. OF DAYS	183	X\$
<b>D. WAR SERVICE GRATUITY</b>		120.00
<b>E. DEDUCTIONS</b>		
OVERPAYMENT OF	PAY AND ALLOWANCES	\$
	DEPENDENT'S ALLOWANCE AND ASSIGNED PAY	\$
OTHER DEDUCTIONS		\$
<b>F. AMOUNT PAYABLE</b>		120.00
(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF \$ EACH)		40.00
<p style="font-size: 0.8em;">G251-007167 YOUR PORTION IS 1/3 OF 120.00 = 40.00</p>		

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

**G. MONTHLY INSTALMENT NOT TO EXCEED** DAILY RATE OF PAY AND ALLOWANCES \$ X30 \$

**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
[Signature]	[Signature]

TREASURY	
CHECKED BY	DATE
[Signature]	[Signature]

SERVICE REPRESENTATIVE



File No. 405-A-6054

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. 11-45832 Name ANCTIL, Alfred Herbert

Rank on Discharge Sgt. Date of Discharge 30-9-43

Authority for Discharge or Retirement R 0 1029(10)

Served in:

Non-qualifying service

Canada from 13-5-42 to 30-9-43 DECEASED -

from \_\_\_\_\_ to \_\_\_\_\_ 21-4-44

United Kingdom from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Italy from \_\_\_\_\_ to \_\_\_\_\_

Northwest Europe from \_\_\_\_\_ to \_\_\_\_\_

----- from \_\_\_\_\_ to \_\_\_\_\_

----- from \_\_\_\_\_ to \_\_\_\_\_

Eligible for award of:

~~1939-45 Star~~ \_\_\_\_\_

~~Italy Star~~ \_\_\_\_\_

~~France-Germany Star~~ \_\_\_\_\_

~~Defence Medal~~ \_\_\_\_\_

Canadian Volunteer Service Medal NE

with Clasp \_\_\_\_\_

War Medal 1939-45 OK ✓



Verified by D. Kupp

Date 7-1-47

Carded JAN 9 1947

H.A. 165

**NO RIBBON DESPATCH**



LIONEL R. TELLIER, B.L., LL.B.  
Barrister, Solicitor & Notary

Q3  
17-6

LEGAL, ALBERTA

June 12, 1944.

Director of Records,  
Department of National Defence,  
No. 8 Temporary Bldg., Carling Ave.,  
Ottawa, Ontario

Dear Sir:

Re: Anctil A.H. No K45832.

Mrs. Marie Anctil has just handed me your letter of the 25th of May. I wish to enclose the information asked for in that letter.

When the above mentioned was buried she was at the time a patient at the Essondale Hospital, B.C. She has now been discharged from the hospital and is now living at Legal.

Mrs. Anctil advises me that she does not know the name of the cemetery in which the above mentioned was buried.

I trust that this is satisfactory.

Yours very truly,

  
LIONEL R. TELLIER

LRT/GC

45'





# Department of National Defence

Ottawa, Canada,

25th May, 1944.

Mrs. Mary Anctil,  
Prov. Mental Hospital,  
Essondale, B.C.

Dear Madam:-

With reference to the regretted death of the late soldier noted below, will you please note that it is desired for the purpose of completing records in his respect to obtain full particulars relating to his death and burial.

If this grave is situated within the Dominion of Canada, authority exists for the erection of a memorial on the grave at the expense of the Canadian Government. Will you, therefore, kindly complete and return this form, an addressed envelope, which requires no postage stamp, being enclosed for your convenience.

Yours truly,

Director C.L. Laurin, Colonel;  
~~W.E.L. Coleman, Lieut. Col.~~  
~~Officer in Charge~~ of Records,  
for Adjutant-General.

No K.45832 Rank Sergeant Name Alfred H. ANCTIL  
 Unit R.C.O.C. Date of Death 21-4-44. Religion R.C.  
 Next of kin Marie Anctil Relationship widow  
 Address Regal, Alta  
 Place of death Vancouver, B.C. Cause Cancer, I believe  
 Name of Cemetery I do not know  
 Cemetery located at Vancouver, B.C.  
 Location of grave in cemetery \_\_\_\_\_  
 Is this grave marked in any way? No  
 Remarks and description of marker, if any \_\_\_\_\_

Signature of informant Maria Anctil  
Address Regal, Alta

44



Shaughnessy Hospital,  
Vancouver. B.C.  
November 29th. 1944.

Mrs Marie Anctil,  
Morinville. Alta.

Dear Madam:

K-45832 H. Anctil.  
-----



Authority has now been received from the  
Director of Estates, Dept. National Defence, Ottawa,  
to turn over to you the effects of your late husband,  
and same are being forwarded to you today as per  
list below:-

- 1 White Metal Watch.
- 1 Discharge Certificate.
- 1 Yellow Metal Ring.
- Correspondence.
- 1 Razor & Brush.
- 1 pr. Glasses.
- 1 Fountain Pen.
- 1 Pencil.
- 1 Pocket Book.
- 1 Hat.

Yours truly,

A handwritten signature in dark ink, appearing to read "J. Cranke". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

J. Cranke.  
for District Administrator.

Copy to Director of Estates.

Your letter Nov. 23. file 405-A-6054

42



**DISTRIBUTION OF SERVICE ESTATES**

TL

Estates Form "P. 4"

ARMY

Name: ANOTIL, Hubert No.: E. 45832  
 Surname Christian Names  
 Rank Pte. Unit P.D. Date of Death 21-4-44

AMOUNT

Date: 14-12-44  
 L.P.C. .... \$ 34.05  
 Other Credits.....  
 Total..... 34.05

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	<p align="center">Mrs. Marie Anctil,                      MORINVILLE, Alta.,</p> <p align="center">(Sole beneficiary under will)</p>	34.05

**TO BE FORWARDED BY REG. MAIL DIRECT.**

P4. TO TREAS. 19/2/45 P4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$34.05
CLASSIFIED BY Original Signed by <b>K. L. McCUAIG</b>			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



Mrs. Marie Anctil  
c/o Mrs. N. Boisvert,  
Legal, Alberta

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

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

and the following number quoted:—

H.Q. 405-A-6054

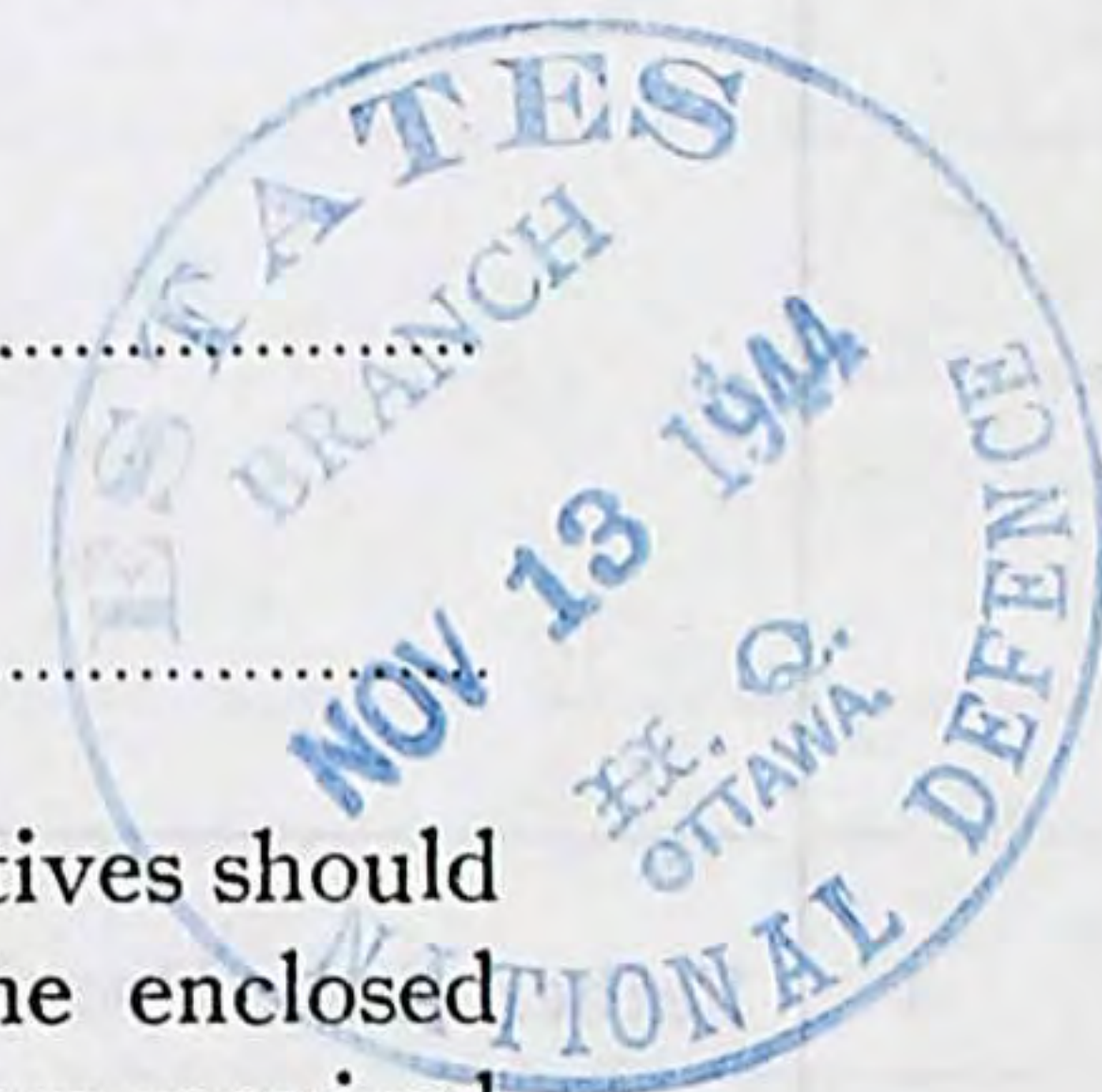
DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

August 30, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

Pte. Alfred H. ANCTIL, No. K.45832,

C.A.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

RGP/JMcF

Director of Estates.

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## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT																																						
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative																																				
1	Widow of the Deceased.....1	Mrs. Marie ANCTIL	40	Morinville Alberta																																				
2	Children of the Deceased and dates of their Births.....7	<table border="1"> <thead> <tr> <th>Name</th> <th>Date of birth</th> <th>Age</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Germaine</td> <td>28th March/26</td> <td>18</td> <td>- 97th Street Edmonton, Alberta</td> </tr> <tr> <td>Theresa</td> <td>10th Dec./30</td> <td>14</td> <td>Morinville Alberta</td> </tr> <tr> <td>Paul</td> <td>29th April/31</td> <td>13</td> <td>Morinville Alberta</td> </tr> <tr> <td>Albert</td> <td>19th Jan./37</td> <td>7</td> <td>Morinville Alberta</td> </tr> <tr> <td colspan="4"><u>DECEASED</u></td> </tr> <tr> <td>Delphis</td> <td></td> <td>7 months-</td> <td>August, 1923</td> </tr> <tr> <td>Henry</td> <td></td> <td>- birth -</td> <td>January, 1924</td> </tr> <tr> <td>Armand</td> <td></td> <td>11 months-</td> <td>January, 1927</td> </tr> </tbody> </table>	Name	Date of birth	Age	Address	Germaine	28th March/26	18	- 97th Street Edmonton, Alberta	Theresa	10th Dec./30	14	Morinville Alberta	Paul	29th April/31	13	Morinville Alberta	Albert	19th Jan./37	7	Morinville Alberta	<u>DECEASED</u>				Delphis		7 months-	August, 1923	Henry		- birth -	January, 1924	Armand		11 months-	January, 1927		
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Henry		- birth -	January, 1924																																					
Armand		11 months-	January, 1927																																					
3	Father of the Deceased.....1	Mr. Delphis ANCTIL	80	Died - 1941																																				
4	Mother of the Deceased.....1	Mrs. Selina ANCTIL	78	Died - 1942																																				
5	Brothers of the Deceased	<table border="1"> <thead> <tr> <th>Full Blood</th> <th>Half Blood</th> </tr> </thead> <tbody> <tr> <td>Mr. Jos ANCTIL Mr. Pamphile ANCTIL Mr. Maxime ANCTIL Mr. Andrew ANCTIL Mr. Gerard ANCTIL</td> <td></td> </tr> </tbody> </table>	Full Blood	Half Blood	Mr. Jos ANCTIL Mr. Pamphile ANCTIL Mr. Maxime ANCTIL Mr. Andrew ANCTIL Mr. Gerard ANCTIL		The ages of these people are not known.	Quebec City Que. The remainder of these brothers are living in the U.S. but their addresses are not known.																																
Full Blood	Half Blood																																							
Mr. Jos ANCTIL Mr. Pamphile ANCTIL Mr. Maxime ANCTIL Mr. Andrew ANCTIL Mr. Gerard ANCTIL																																								
6	Sisters of the Deceased	<table border="1"> <thead> <tr> <th>Full Blood</th> <th>Half Blood</th> </tr> </thead> <tbody> <tr> <td>Mrs. Eugenie St. Pierre Mrs. Yvonne Vervyne Mrs. Mrene Casavant.</td> <td></td> </tr> </tbody> </table>	Full Blood	Half Blood	Mrs. Eugenie St. Pierre Mrs. Yvonne Vervyne Mrs. Mrene Casavant.		St. Pamphile Quebec Morinville Alberta Legal Alberta.																																	
Full Blood	Half Blood																																							
Mrs. Eugenie St. Pierre Mrs. Yvonne Vervyne Mrs. Mrene Casavant.																																								
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children																																					
		N.A.																																						



ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Hubert Alfred
9	Date of his birth.	7th October, 1898
10	Place and date of his marriage.	Legal Alberta - 27th June, 1922
11	Place and date of his parents' marriage.	Unknown.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Panphile Quebec, Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) 20 years in Alberta. (b) 9 years in British Columbia (c) (d)
14	Nature of employment before enlistment.	Garage Mechanic
15	State whether he owned the premises in which he lived, and, if so, where situated.	Renting home.
16	Name place where deceased stated he intended to make his permanent home.	Morinville Alberta.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No will other than Military.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	N.A.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NIL
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NIL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NIL
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No other assets whatsoever.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Military Funeral

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

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DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* WIFE of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Marie Anctil (Signature of Informant)
Marimillatta (Address)

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Marie ANCTIL

\*See above. { Name of informant } is the\* wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Marimille this 28th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Victor Confal (Signature)
Justice of Peace (Qualification)
Marimille Alta (Address)

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

OTHER PARTICULARS





CANADA

DEPARTMENT OF  
PENSIONS AND NATIONAL HEALTH

OTTAWA, 17th May, 1944.

*405-A-6054*  
*Gramer 19/5*

IN YOUR REPLY REFER TO FILE NO.  
35-A

The Administrator of Estates,  
Dept. of National Defence,  
308 Sparks Street,  
OTTAWA, Ontario.



RE: K-45832 - ANCTIL, Alfred H.

Attached hereto you will find a report from our Vancouver office covering this man's decease on the 21st ultimo, from which you will note they are reporting a Trust Fund balance of \$34.05 and as there are dependents within the meaning of the Pension Act, our District Office is being instructed to forward this amount to you for disposal.

I would just like to call your attention to the point that the widow is an inmate of the Provincial Mental Hospital, Essondale, B.C. and that the three children are at present in the custody of Mrs. Emma Boisvert, Legal, Alta. to whom this Department paid additional allowance for administration on their behalf during the man's recent period of treatment.

*E.C. Forrest*

E.C. Forrest,  
for Chief Administrative Assistant.

ECF/LMF  
Encl.

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Shaughnessy Hospital,  
Vancouver. B.C.  
.....1944.

Chief Administrative Assistant,  
Dept. Pensions & National Health,  
Daly Building, Ottawa, Ont.

May 2nd. 1944.

(a) Reg. No. K-45832 ..... Rank... Bte .....  
Name... Alfred H. ANCTIL ..... C.O.C.B.C. .....

(b) The marginally noted died at... Shaughnessy Hospital, Vancouver .....  
on the 21st. March 1944. ..... at time of death.....  
*April* ..... Medical Classification

(c) Cause of death..... Myosarcoma of right kidney .....

X. (d) Name, address, relationship of Next of Kin.....  
widow Mrs Mary Anctil, Provincial Mental Hospital, Essondale:  
children (3) staying with Mrs Emma Boisbert, Legal, Alta .....

X (e) Will..... Nil ..... (Copy to be retained on District file)

(f) Inventory of effects in duplicate..... as per list attached .....

(g) Statement re disposal of clothing... Held in stores .....

(h) Disposal of cash..... Trust Fund 3-B... \$34.05 .....

(l) Statement of expenses (Burial Account) Home Funeral Chapel: \$87.50 .....

Name and address of party paying additional expenses not borne by  
the department.

.....

(j) Location of grave... 6-28-8 Soldiers Plot: Mt. View Cem. .....  
Rev. Father Madden. No Registration Card.  
Vancouver.

X. (See above (d) and (e) ..... Assistant District Administrator.  
If not known it should be stated that File and Effects have been  
searched, and there is no information available relating to same.

*Handwritten signature and initials*

*Handwritten number 30*



Read this whole Form and Instructions  
on the other side before commencing to  
complete.

# WILL

M.F.M. 10  
200M-6-41 (693)  
H.Q. 1772-39-1056

(1) I, Alfred Hubert ANCTIL, of the City  
(Name in Full) (City, Town, Village, Township)

Address in  
civil life.

of Vancouver, in the County of of  
District

Province of British Columbia, Canada Motor Mechanic  
(Civil Occupation)

Regimental No. K 45832, UNIKI DISTRICT DEPOT (VANCOUVER), BC hereby revoke  
all former Wills by me made and declare this to be my LAST WILL.

Relationship,  
names and  
address of  
beneficiaries,  
and what  
each is to  
receive.

(2) I GIVE, DEVISE AND BEQUEATH unto My Wife

Marie ANCTIL, Legal, Alberta, Canada

All my Estate for her own use

ABSOLUTELY

Relationship,  
names and  
address of  
residuary  
beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,  
of whatsoever kind and wheresoever situate unto g

(4) I appoint Marie ANCTIL, Legal, Alberta, Canada  
(Name) (Address)

Housewife, to be the ~~Executor~~ Executrix of this my Last Will.  
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of May  
1942

Signed and acknowledged by the Tes-  
tator, in the presence of us present at  
the same time who in his presence, at  
his request, and in the presence of  
each other have hereunto subscribed  
our names as witnesses.

Hubert Anctil  
(Signature of soldier)

First witness  
sign here.

(5) Signature

Civil Address 1531 Haro St., Vancouver, B.C., Canada

Civil Occupation Stenographer

Second witness  
sign here.

Signature

Civil Address 954-20th St., West Vancouver, B.C., Canada

Civil Occupation Stenographer

(Witnesses are not to be beneficiaries.)

[OVER]

26



THE CANADIAN PENSION COMMISSION

405-A -6054

MEMORANDUM

To.....The Officer i/c Records.....  
Department of National Defence,  
From.....The Canadian Pension Commission.....

OTTAWA, May 12, 1944.

K-45832, Sgt. Alfred H. ANCTIL,  
A-21 COCTC.

Director of Records  
A. G. Branch.  
MAY 19 1944  
Nat. Defence Hqr  
Ottawa - Canada.

The marginally named

Died 21st of April, 1944.

Next of Kin Mrs. Mary Anctil, (widow)  
Prov. Mental Hospital,  
Essondale, B. C.

In the opinion of the  
Commission, death ~~was not related to service~~  
~~with the forces~~ due to pre-enlistment  
condition - Aggravated during service  
in Canada, but not pensionable under  
Section 11-2.

*Noted  
A.G.  
Will attached*

MM. for *M. Masich*  
Died on strength. Canadian Pension Commission.

*25*



DEPARTMENT OF NATIONAL DEFENCE

ARMY

Application For War Service Badge - "General" "Service" Class

I... Anctil, Alfred Hubert hereby make application "General" (Name in Full- In BLOCK LETTERS) for War "General Service Badge," Service, and do hereby declare that I have not previously been issued with a "Service Class" Badge.

I enlisted in Royal Canadian Ordnance Corps and served on Active Service in the present War as follows:-

Table with columns: DATE, From, To. Rows: In Canada (13 May, 1942 to 30 September, 1943), In England (nil), Elsewhere (nil).

and was honourably discharged or retired from the- Canadian Army (A.F.) on 30 September, 1943. (State Unit, and whether Naval, Military or Air) (Date of Discharge)

I am in possession of (Certificate of Service) (Discharge Certificate)

Regimental No. K-45832

Rank. Sgt.

Unit. A-21, C.O.C., T.C. Barriefield Camp, Ontario. (Signature of Applicant) Alfred Hubert Anctil

Address. Legal, Alberta. (Number and Street) (Town or City) (Province)

The applicant should complete the form above this line, striking out items not applicable to his particular case. This badge may only be issued to a person who has honourably ceased to serve. (Space below reserved for Departmental entries)

Qualified (Documents checked) Not Qualified (Reason)

Badge No. Issued (Signature of Issuing Officer)

( Rank, Name, Appointment, Service, Naval, Militia or Air)

Note: This form should be completed by soldier at time of Discharge and forwarded to Officer i/c Records (Awards), National Defence Headquarters, Ottawa. Full street numbers must be given; "General Delivery" except where there is no Postal Delivery, is not sufficient.



DUPLICATE

OCCUPATIONAL HISTORY FORM 604-1 (1)

ORIGINAL Records  
DUPLICATE  
TRIPLICATE

M. D. XI JUN 1-1 1942

28th Observed

Date 14.5.42

M.F.M. 2  
A.F.B. 271  
500M-7-41 (1131)  
H.Q. 1772-39-1645

B.2

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

K45832

Unit No. XI DISTRICT DEPOT (VANCOUVER) A. Regimental Number

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

- 1. Surname ANCTIL
- 2. Christian Names Alfred Hubert
- 3. Present address 7 A. West Hastings, Vancouver, B. C. CANADA
- 4. Date of birth October 7th 1898
- 5. Place of birth CANADA QUEBEC ST. PANPHIL  
(Country) (County or Province) (Town or Township)
- 6. Religion (state denomination) Roman Catholic
- 7. Trade or Calling Motor Mechanic
- 8. Married, Widower or Single Married 27 JUNE 20th July 1928
- 9. Name of next of kin Marie ANCTIL
- 10. Relationship Wife
- 11. Address of next of kin Legal, Alberta CANADA
- 12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?  
No  
(If Yes, Give Unit and Dates of Service)
- 13. Have you served in (a) an Active Formation or Unit of The Canadian Army?  
No (b) Any other Naval, Military, or Air Force?  
(If Yes, Give Regimental No. and Unit) (Yes or No)  
No (If Yes, specify Unit and Period of Service)
- 14. Did you serve during the Great War 1914-1918?  
No  
(If Yes, specify Regimental No., Unit and Dates of Service)

CORPS ALLOTTED BY A.A.E. Date AUG 11 1942 Corps Recor

FINGERPRINTED PHOTOGRAPHED

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date MAY 13 1942 WITNESS [Signature] (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Alfred Hubert ANCTIL, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty

[Signature] (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Vancouver, B. C., Canada, this 13th day of May 1942

For [Signature] Lt. Col. C.J. Loat (Signature of Magistrate, Justice or Attesting Officer) Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

WB



ANCTIL

Alfred Hubert

K45832

Record of Service of

(Surname)

(Christian Names)

Regimental Number

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... *No*  
 Business or Professional..... *Gas Station & Garage 7 Yrs. Monriavill, Alta.*  
 Trade or Civil..... *Motor Mechanic 24 Yrs.*  
 Technical..... *No*  
 Languages..... *Speaks reads & writes French fluently*

High School } *Gr. 8 St. Panphila Pub. School*  
 or } *St. Panphail, Quebec.*  
 Collegiate }  
 \*College..... *No*  
 \*University..... *No*

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

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.

Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
14-5-42	Adj. T.	Joined on appointment T.O.S. No XI District Depot C.A. (A)	Pte.	13-5-42	#XI R.D. Vanc.		Part 2 #114	14-5-42 ★
11-6-42	"	SOS/XI DD on posting to 110CA(B)TC TOS No. 110 CA (B) TC, VERNON, B.C.	"	12-6-42	"	"	#140	13-6-42
		SOS No. 110 CA (B) TC, VERNON, B.C. TO A-21 BARRIEFIELD	"	JUN 13 1942	110 CA (B) TC, VERNON, B.C.		142	JUN 14 1942
		TOS A-21 TC for AP from 110 BTC	"	AUG 11 1942	No. 110 CA (B) TC, VERNON, B.C.		192	AUG 11 1942
		Qualified Mo. Mech. Veh. B. Gr. B. Grade I Qualified as driver I. C. Class I. excluding motorcycles	"	1-10-42	#2100C TC		366	9-11-42
		Granted Grades pay Group "B" To be A/Cpl. with pay and allowances of rank whilst employed with Technical Training Wing (Automotive School) and to complete establishment at A/21 COCTC	"	25-11-42	"	"	COH 280	25-11-42
		Granted New Years leave from 29-12-42 to 2-1-43	"	1-10-42	"	"	COH 282	27-11-42
		Granted furlough from 4-1-43 to 17-1-43 and issued with Trans. Warr. #326832	A/Cpl.	5-12-42	"	"	D.O. #292	8-12-42
			"	18-12-42	"	"	D.O. #301	18-12-42
			"	19-12-42	"	"	D.O. #302	19-12-42



**CERTIFICATE OF MEDICAL EXAMINATION**

Name in full ANCILL Alfred Hubert Place Vancouver, B. C., Canada.  
 Place Vancouver, B. C., Canada. Date Feb. 18th 1942

**Part 1. Information obtained from the recruit.**

1. Age 43 2. Have you ever suffered from any of the following diseases?
- |                              |            |   |            |
|------------------------------|------------|---|------------|
| a. Rheumatism                | <u>NO</u>  | k. Ear disease  | <u>NO</u>  |
| b. Tuberculosis or pleurisy  | <u>NO</u>  | l. Eye disease  | <u>NO</u>  |
| c. Bronchitis or asthma      | <u>NO</u>  | m. Fits   | <u>NO</u>  |
| d. Heart disease             | <u>NO</u>  | n. Nervous or mental disease  | <u>NO</u>  |
| e. Kidney or bladder disease | <u>NO</u>  | o. Syphilis   | <u>NO</u>  |
| f. Stomach or bowel trouble  | <u>YES</u> | p. Gonorrhoea   | <u>NO</u>  |
| g. Rupture                   | <u>NO</u>  | q. Have you ever worn glasses?  | <u>YES</u> |
| h. Varicose veins            | <u>NO</u>  | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>NO</u>  |
| i. Foot trouble              | <u>NO</u>  |   |            |
| j. Nasal trouble             | <u>NO</u>  |   |            |

*Alfred Hubert*  
 Signature of Applicant.

**Part 2. Information obtained by medical examination.**

**THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).  
Two laparotomy scars (see below)
2. Height 5 feet 8 $\frac{1}{2}$  inches. 3. Weight 156 pounds. Good  
Fair  
Poor
4. Complexion medium Eyes grey 5. Development good
- Hair brown
6. Chest measurement—Girth on full expansion 38 $\frac{1}{2}$  inches.  
 Range of expansion 4 inches.
7. Vision, right 20/200 left 20/200  
 With Glasses— right 20/40 left 20/40 8. Hearing, right C.V. 20 left C.V. 20
9. Condition of mouth and teeth upper and lower full dentures
10. The abnormalities (congenital and pathological) found on examination are as follows:  
(f) 1934-Laparotomy for pain in rt. flank unrelated to meals, irreg. in occurrence. Was thought to be "Ulcer" (?) but none found. Appendectomy 1934 (separate operation) Eats regular diet now and no complaints for 1 year now. Checked by Mayo clinic 1935 for same complaint and told it was nothing. (g) Glasses since childhood. Exam-Urine, drums, reflexes normal. Soft and slight obesity, other wise NAD.

**Part 3.** We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A-1 *S. Evans Capt.*  
 Special remarks when category lower than A. See P. and NH, 13-4-42 confirming neg. exam.

Certified true copy

*J. E. Coy*  
 F.E. COY *Member* RCAMC C.G.G. MACLEAN *Member* RCAMC S. EVANS *Capt. Member* RCAMC  
 VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
<u>11.5.42</u>	<u>X-RAY CHEST NEG.</u> <i>[Signature]</i>	<u>19/8/42</u>	<u>Re-Examined Category</u> <i>[Signature]</i> <b>Confirmed</b>
<u>11.5.42</u>	<u>41237</u> <u>Re-Examined. Cat. Bx</u> <i>S. Evans</i>		
<u>15-5-42</u>	<u>VACC &amp; TABT. 1</u> <i>[Signature]</i>		
<u>20-6-42</u>	<u>T.A.B.T. II</u> <i>[Signature]</i>		
<u>1/17/42</u>	<u>TABT 13</u> <i>[Signature]</i>		
<u>28/Jan/43</u>	<u>Pulmonary findings 2 1 1 3 1 4 9</u> <i>[Signature]</i>		



Regtl. No. **K45832** Rank **Pte.** Surname **ANCTIL** Christian Name **Alfred Hubert**

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; 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 of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>A.M.H.</i>		<i>31</i>	<i>8</i>	<i>43</i>	<i>14</i>	<i>9</i>	<i>43</i>	<i>Abdominal Tumor</i>	<i>14</i>	<i>T.D.P. &amp; M.H. R.D. 3151 Cat E</i>	<i>MEK</i>

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



# CANADIAN ARMY PROCEEDINGS ON DISCHARGE



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

Regimental No. K-45832	Rank Sgt.
Surname ANCTIL	
Christian name Alfred Hubert <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Unit or Corps Royal Candian Ordnance Corps	
Date of discharge 30th. September, 1943.	
Place of discharge Barriefield Camp, Ontario.	Mil. Dist. No. 3.
1. DESCRIPTION AT DATE OF DISCHARGE	
Age 44 years 11 months	Descriptive marks Two laparotomy scars. <i>Deceased 21-4-44 405-A-6054</i>
Height 5 feet 8 1/2 inches	
Complexion Medium	
Eyes Grey	
Hair Brown	
Trade Motor Mechanic	
Intended place of residence } <small>(To be given as fully as practicable: i.e., mailing address)</small>	Legal, Alberta. <small>Street and Number</small> P.O., City or Town, etc.  <small>Province</small>
2. The above-named man is discharged in consequence of Unable to meet the required Military Physical Standards. Authority for discharge R.O. 1029 (10) & R.O. 3151 <small>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.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.	3. Conduct while in the service has been, according to the records, etc. <i>good.</i>
	<small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.) <i>Motor Mechanic. Qualified Fitter <del>Group</del> Group A Grade I</i>	

(OVER)

X  
5.4.52  
AS



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

5A. Service Button (Class and number.....)  
(If and when authorized)

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

6. Medals and Decorations.....

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

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

(Place) Barriefield Camp, Ont. .....  
(Date) 29th. September, 1943. .....  
*[Signature]* Capt.,  
(P.H. Martin) Adjutant,  
For Commandant, A-21, C.O.C., T.C.  
Commanding Barriefield Camp, Ontario.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Barriefield Camp, Ont. .....  
(Date) 29th. September, 1943. .....  
*[Signature]* (Signature of Soldier)  
*[Signature]* (Signature of Witness)

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

9. Statement of Service

(Date of enlistment—Canadian Army) ..... 13 May, 1942. .....

(Date of discharge—Canadian Army) ..... 30 September, 1943. .....

(Total Service—Canadian Army) ..... 1 ..... years ..... 141 ..... days

10. Confirmation of Discharge

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

(Place) Barriefield Camp, Ont. .....  
(Date) 29th. September, 1943. .....  
*[Signature]* Capt.,  
(P.H. Martin) Adjutant,  
For Commandant, A-21, C.O.C., T.C.  
Commanding Barriefield Camp, Ontario.







No K.45832 Rank Sargeant Name ANCTIL Alfred Hubert

Unit R.C.O.C. Date of death 21st April 1944

Died at Shaughnessy Hospital, Vancouver, B.C.

Cause Myosarcoma of right kidney.

Death WAS Due. CPC, d 12-5-44 HQ 405-A-6054 12-5-44

N/K Mrs. Mary Anctil Relationship Widow

Address Prov. Mental Hospital, Essondale B.C.

Remains buried in Mountain View Cemetery

Vancouver B.C.

Grave location Block 6, Plot 28, Lot 8.

**CHK**

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED NOV 22 1945



To be made out in duplicate

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

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

INSTRUCTIONS.

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

- (1) Name of Officer or Other Rank..... ANCTIL  
(Surname first—Christian names in full—Block capitals)  
ALFRED HUBERT
- (2) Regimental or Official Number and Rank..... K 45832 Pte.
- (3) Unit..... No. XI DISTRICT DEPOT (VANCOUVER) A. Z.
- (4) Are you married?..... Yes
- (5) If married, state,  
(a) Full name of your wife..... Marie ANCTIL
- (b) Present postal address of wife..... Legal, Alberta, Canada
- (6) If married, have you been regularly supporting your wife? If not—state reasons.....  
Yes
- (7) Are you a widower?..... No
- (8) Have you any children?..... Yes Number of boys..... Two Girls..... Two  
Names and ages..... Germaine 16 years Thereze 12 years  
Paul 11 years Albert 5 years
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... Yes

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

Name..... Marie ANCTIL

Postal Address..... Legal, Alberta, Canada

[SEE OTHER SIDE]



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

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

(11) Is your father alive?.....NO

If so, state name and address, occupation.....N/A

(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 appointment or 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.....Celine MERCIER  
St. Pamphil, Quebec, Canada

(15) If your mother is a widow, are you her sole or partial support?.....NO

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or 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?.....NO  
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....N/A

Full Name.....N/A

Postal Address.....N/A

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

N/A

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

If so, in what Company?.....N/A

(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.

*Hubert Corbett*  
(Signature of officer or man)

Date.....14-5-42

*W. A. Leech* Capt.

For Officer Commanding 25th DISTRICT DEPOT (VANCOUVER) A. F.

Date.....14-5-42

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



Regimental No. K-45832 Rank A/S.C.T.

Sheet No. 2

M.F.M. 1 & 2 (a)  
250M-5-42 (4722)  
H.Q. 1772-39-1646

Name ANCTIL A.H.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
To be <u>Majt.</u> with P. & A. D. rank whilst employed with <u>Tech. Sing. Wing A-21</u>	<u>A/Sgt.</u>	<u>1-1-43</u>	<u>A-21</u> <u>C.O.C.T.C.</u>	<u>B. Field</u>	<u>55</u>	<u>5-3-43</u>
<u>Confirmed in rank of "Cpl" - R.O. 2987</u>	"	<u>1-4-43</u>	"	"	<u>90</u>	<u>14-4-43</u>
<u>Donated blood to Can. Red Cross - Type of blood O.</u>	"	<u>11-4-43</u>	"	"	<u>91</u>	<u>15-4-43</u>
<u>Qualified "Ditch M.V." - Group A of <u>1st Div. I.</u></u>	"	<u>13-4-43</u>	"	"	<u>98</u>	<u>23-4-43</u>
<u>Confirmed "Sgt." - In accordance with R.O. 2987</u>	<u>Sgt.</u>	<u>26-4-43</u>	"	"	<u>104</u>	<u>30-4-43</u>
<u>Admitted to the Kingston Mil. Hospital</u>	"	<u>29-6-43</u>	" c	"	<u>156</u>	<u>30-6-43</u>
<u>Donated blood to the Canadian Red Cross, Type O</u>	"	<u>27-6-43</u>	"	"	<u>163</u>	<u>8-7-43</u>
<u>Discharged from Kingston Mil. Hospital</u>	"	<u>23-7-43</u>	"	"	<u>181</u>	<u>27/7/43</u>
The m/n is discharged from the Canadian Army (AF) under the provisions of R.O. 1029, para 10 unable to meet the required military physical standards, and is struck off strength A-21 C.O.C.T.C. HOME ADDRESS <u>Legal, Alberta</u> Referred to D.P. & N.H. UNDER R.O. 3151 for further treatment.	"	<u>30-9-43</u>	"	"	<u>235</u>	<u>29-9-43</u>
The m/n having served more than six months continuous service in the A.F. is entitled to draw \$35.00 Clothing Allowance	<u>Sgt.</u>	"	"	"	"	"
The m/n having served the required 183 days, is granted rehabilitation grant	"	"	"	"	"	"
Date of enlistment <u>13-5-42</u> Date of discharge <u>30-9-43</u> No. of days service <u>506</u>	"	"	"	"	"	"



REINFORCEMENT  
TRAINING RECORD

Reg'tl No. K-45832 Name ANCTIL A.H.

Unit R.C.O.C. Rank Pte

No. of weeks' training completed. 6

General standard attained. Q

(a) Military efficiency.	<u>Fair</u>	(b) Conduct	<u>Good</u>
(c) Leadership	<u>Fair</u>	(d) Rifle Range Course (A, Q or C)	<u>Q</u>
(e) Other remarks			

Rank Warrant Capt.

Basic Training Centre No. 110 C.A. (B.T.C. Vernon B.C.)

No. of weeks' training completed.

General standard attained.

(a) Military efficiency	(b) Conduct
(c) Leadership	
(d) Other remarks	

Rank.....

Advanced Training Centre No.....



## QUALIFICATION

Subject	Date		BASIC T.C.		Date		Initials Coy. Comdr.
			Initials Coy. Comdr.	Subject			
Drill	27-7-42	Q	ES	S.A.T., L.M.G.	25-7-42	Q	ES
Physical Training	27-7-42	Q	ES	P.A.G., T.O.E.T.	23-7-42	Q	ES
First Aid	23-7-42	Q	ES	P.A.G. Gas Chbr. Test	23-7-42	Q	ES
Marching	27-7-42	Q	ES	Fieldcraft	27-7-42	Q	ES
Rifle, T.O.E.T.	30-6-42	Q	ES	Map Reading	23-7-42	Q	ES
S.A.T. A.Tk. Rifle (Boys)				Fundamental Trng.	27-7-42	Q	ES
S.A.T. A.A. (Rifle & L.M.G.)	3-8-42	Q	ES	P.A.D.			
S.A.T. Pistol				Army Wrestling			
Bayonet Fighting	27-7-42	Q	ES				

Subject	Date	Standard reached	ADVANCED T.C.		Date	Standard reached	Initials Coy. Comdr.
			Initials Coy. Comdr.	Subject			
Drill							
Physical Training							
Marching				Field Craft			
Map Reading				Field Training			
Fundamental Training				Field Engineering			
Protection against Gas				Digging and Wiring			
P.A.D.				Cooking in the Field			
Bayonet Fighting				Driver M/C			
Rifle, T.O.E.T.				Driver I/C			
“ “ Classification				Driver Tractor			
L.M.G. T.O.E.T.				Driver Tank			
“ “ Classification				Driver Bren Carrier			
S.A.T. Anti-Aircraft				Signals V.T.			
A.Tk. Rifle T.O.E.T.				Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
“ “ Classification				Cooking			
Mortars 2" T.O.E.T.				Clerk-Typing			
“ “ Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
“ “ Practices							
V.T.J.D. & F.O.				Courses Taken			
J.D. Test				Other Qualification			
Range Finding T.O.E.T.							
Range Takers Test							
Grenade, Rifle							
Grenade, Hand							

T.O.E.T. Date completed to be shown.

Signal Classification and date to be shown.

Standard Reached Where no regulation Standard is given in manuals, the following will be used:—

A—Above average—Q—Qualified.

C—Requires further training to bring up to Q.

Classification To show Standard and date—if not classified Last Practice fired to be shown.



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full AVETIL ALFRED ROBERT (b) Reg'l. No. K 45832
2. (a) Arm of service Army (b) Unit No. XI DISTRICT DEPOT (VANCOUVER) A. P. (c) Rank P F 5
3. (a) Date of birth 7-10-98 (b) Have you any dependents? 5 (c) Place of residence at time of enlistment 24 HASTINGS
4. (a) Place of enlistment Vancouver (b) Date of enlistment 13 8 42

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 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.) Grade 8
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?..... (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 (b) What languages do you read well? English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) working (b) At time of enlistment of what trade union or professional society were you a member? 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 Canadian Pacific Railway Address Vancouver
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation machinist (b) Number of years' experience at this occupation with any employer 6 months
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?..... (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?..... (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.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanic, Motor

DATE 14-5-42 194 SIGNATURE Robert Avetil



R.C.O.C.

TRADE TRAINEE.

XI DD

5

I. Regt. No. K 332 Rank Pte. Unit X1 D.D. Date 19-6-42

Name ANCTIL Hubert Age 43 Place of Birth St. Pamphil, P.Q.

Date of Enlistment 13-5-42 Place of Enlistment Vancouver, B.C. Depot 11 DD

Languages spoken English French Recruit A A Med. Cat. B2 Place 110 CA(B)TC.

II. M. Test			Other Tests	Date	Place	Score	Grade
Date <u>16-5-42</u>			Name or Type				
Test	Score	S.M.					
1	6		SUB-TOTAL				
2	5		S.M.				
3	6						
4	8		SUB-TOTAL				
5	26		S.M.				
6	5		SUB-TOTAL				
7	10		S.M.				
8	9						
Total	75	S.M.	GRADE				
9							

III. Military Background

None.

IV. Educational Background

7 yrs. schooling in P.Q., completed grade 7 public school. Left school at age 13.

V. Occupational Background

24 yrs. as motor-mechanic on his own and for auto dealers. Ford and General Motors dealers. The balance of time (on leaving school), was spent on farms. Drving tractors etc.

VI. Arm Desired

Work in Arm Desired

VII.

Married. Four children. Father deceased. Six brothers - occupations not known. No Sports. Hobby - machines, etc. Reads fiction and magazines. Good health. B2 - eyes and operations. Five foot six; 170 lbs.



VIII. Summary

Is interested in following trade. French-Canadian bi-lingual. Intelligence appears to be much higher than indicated on "M" test; schooling through Grade 7. Steady, dependable type. Note age and category.

IX. Suggestions R.C.O.C. TT Motor Mechanic.

X. Signature of Interviewer

*L. F. Selby*  
L. F. Selby, Lieut.

N.C.O.

*DE*

Officer

D. Elstow Smith, Capt., AAE

XI. Action Taken

TO A-21 BARRIEFIELD

Date of Action

11-8-42

Follow-up

Nov. 14th., 1942,

Qualified as Motor Mechanics Veh. B. Group B - Grade 1.  
Effective 1-11-42 at A21 C.O.C.T.C. Barriefield, Ont.





29

*Rebours  
mercier*

Mrs. Celine Mercier  
St. Paphil, Quebec

*Incorde in*

R	ST. PAVIL, QUEBEC
	ORIGINAL No. 22195



MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS Mrs. Margaret Demers (Sister)  
PERSON ~~Mrs. Marie Anctil~~ Deceased (Widow)  
ENTITLED TO

Legal, 11-5-49  
~~Morinville, Alberta. Feb. 45~~

ADDRESS

(2) MEMORIAL CROSS

WIDOW Mrs. Marie Anctil (English)

2005

ADDRESS Legal, Alberta.

(3) MEMORIAL CROSS

MOTHER Mrs. Celine Mercier (English)

2005

ADDRESS St. Pamphil, Quebec.  
 DECEASED (MFM 5) (MFW 77)

REGISTRATION No. DATE OF DESPATCH  
**MEMORIAL BAR**  
 DATE DESP.....  
 (1)  
 REGN. NO. 1344

DESP. OCT 10 1946  
 (2) REGN No. 22194

Returned 28/10/46  
 (3)

CROSS ERASED  
 DESP. OCT 10 1946  
 REGN No. 22195



21-4-44

P.D.  
AWARDS-CANADIAN ARMY (ACTIVE)

2005

M

RHL

ANCTIL, Alfred Hubert		K.45832	Sgt.	FILE No. 405-A-6054
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT R.C.O.C.

WAR SERVICE ELIGIBLE

Desp. Nov 16, 1943

BADGE

Regn No. 51357

(CLASS) G.S.C.

No. 048222

DATE DESPATCHED:

ADDRESS: Legal, Alberta.

T. of S. Can. 44 - 5'8 $\frac{1}{2}$ " - Grey - Brown

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal 1939-45 ✓✓	<del>221-6.10.49</del> MEDALS RETURNED UNDELIVERED AND RET'D TO STOCK
	4870 12-5-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)



~~“CANADIAN ARMY” (A).~~  
**CANADIAN ACTIVE SERVICE FORCE**

M.F.M. 7 A  
25M-5-40 (5240)  
H.Q. 1772-39-1653

# DISCHARGE CERTIFICATE

This is to Certify that No. E-45832 (Rank) Sgt.

Name (in full) ARCTIL ALFRED ROBERT enlisted in  
the Royal Canadian Ordnance Corps, Canadian Army (A.P.)  
**CANADIAN FIELD FORCE** at #11 District Depot, on the 13th.  
day of May 1942.

He served in Canada;  
and is now discharged from the service by reason of Unable to meet the required  
Military Physical Standards R.O. 1029 (10) & R.O. 3151.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

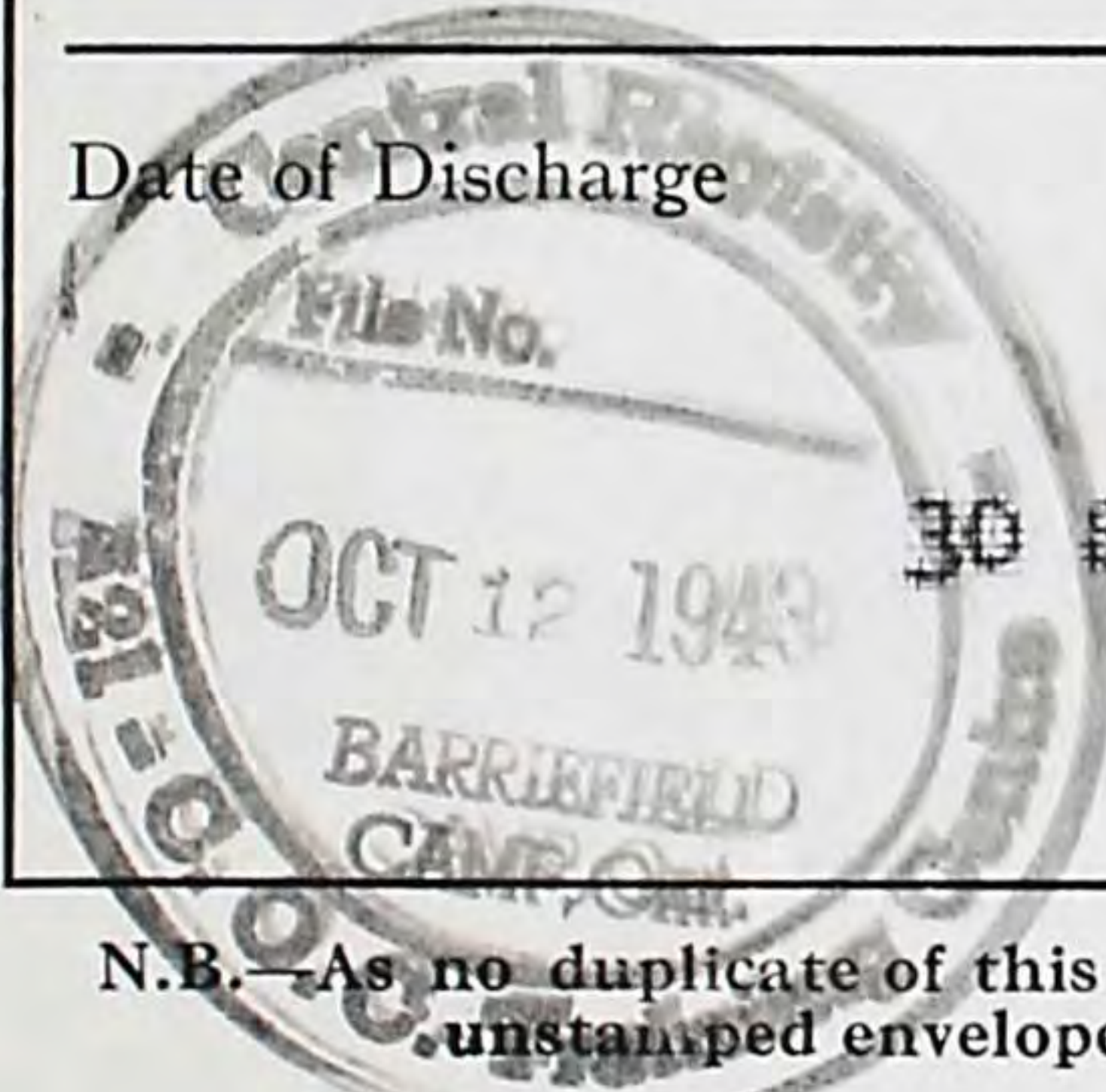
Age..... <u>44 years, 11 months.</u>	Marks or Scars.....
Height..... <u>5 feet, 8 1/2 inches.</u>	<u>Two laparotomy scars.</u>
Complexion..... <u>Medium</u>	<u>Conduct while in the Service has</u>
Eyes..... <u>Grey</u>	<u>been good according to records etc</u>
Hair..... <u>Brown</u>	<u>Qualified Fitter M.V. Group A Grade 1</u>

Alfred Robert Arctil  
Signature of Soldier

[Signature] Capt.  
Issuing Officer  
(P.H. Martin) Adjutant,  
For Commandant, A-21, C.O.C., F.C.  
Barriefield Camp, Ontario.  
Rank

Date of Discharge 30 September, 1943.

Date 29 September 1943.



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)