K69003
ASSELIN
MAURICE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

K 69003
Ass F.L in, M

MILITIA BOOK M. 1.

40/P&S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

ser

51-6472 A.F.W3084

Number A.F.W3084

Name .....

Rank ..... Religion .....

Arm .....

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

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

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

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number .....

Name .....

Rank ..... Religion .....

Arm .....

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

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

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. K 69003.

Surname (in capitals) ASSELIN

Christian Names (in full) MAURICE.

Date of Birth 2 APRIL 1912.

Place of Birth ST. NEREE. QUE. CANADA.

Trade on Enlistment STEEL WORKER.

Nationality of Father at birth FRENCH

Nationality of Mother at birth FRENCH.

Religion ROMAN CATHOLIC.

Enlisted at ~~10 Oct. 42~~ VANCOUVER B.C. CANADA.

Date 10. OCT. 42

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

Signature of Soldier M. Asselin

Signature of Officer H.O. Hall Lieut

Place IN THE FIELD. Date 29 APR 43.

(II) NEXT OF KIN

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

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

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

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
27 CARL AVE JEWETT CITY, CONNECTICUT. U.S.A.
66 ASHLAND ST. 27 ~~CARL AVE~~. JEWETT CITY CONNECTICUT U.S.A.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
1/10/42	PTE.		B2422 12-10-42	

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

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

8 WKS. ADV. TRG. A16.

Qualified in addition as under :—

Date.....

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
THROUGH "F" Coy ICIRU	29-4-43.	A Hall Lt

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1943	RIFLE	2ND	[signature]
1943	L.M.G.	1ST	[signature]

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
GRADE V.	QUEBEC CITY - QUE.	JUNE 1926	

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

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

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
8-10-42	A 1.	A. BEECH MSR. AINTHORP	
		CAPT. E.E. LATIMER M.B.	
11. MAR 43		CATEGORY CONFIRMED.	

(XI) PRESCRIPTION FOR GLASSES

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

Signature of M.O.....

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

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1	15.10.42	J.H. Hall Capt
TABT 2	7.11.42	
TABT 3	28.11.42	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15.10.42	

ARRIVAL IN U.K. 29 MAR 43.

(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
X RAY CHEST. NEG. #51677	8.10.42	J.H. Hall Capt
D.M. GAS CHAMBER.	1.12.42	
"M" TEST COMPLETE		
"Q" TEST COMPLETE.	15.4.43	

FINGERPRINTED—CAIB

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

Particulars	Date	Signature of Officer

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

Particulars	Date	Signature of Officer

(XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect,** and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate—

Certificate

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

.....
Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....

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

SHORT FORM OF WILL
(Write Will on next page)

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

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

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

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

114 8949

No K.69003 Rank Private Name ASSELIN, Maurice

Unit Seaforth Highrs. of Can Date of death 21st July, 1943.

Died at Sicily.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-A-6046 d 8-9-43

N/K Mr. Adelard Asselin Relationchip Father

Address 66 Ashland Street, Jewett City, Connecticut, U.S.A.

Remains buried in Cemetery

Sh.268-1, MR.339920. South of Leonforte, Sicily.

Grave location

CHK

OVER -

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 10 1944

RETURN TO BUR. OF STAT. 11-12-43.

ROYAL MESSAGE DESP'D. SEP 30 1943

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

H I & C R

Photographs
Despatched
MAR 14 1947

REBURIAL

Canadian Military Cemetery,
Agira, Sicily.

Plot B, Row D, Grave 182.

CR Form Despd. OCT 5 1946

R.C.

No. K-69003 RANK Pte. NAME ASSELIN, Maurice *Married / *Widower / *Single

Place of {*Appointment / *Enlistment} Vancouver B.C. Date of {*Appointment / *Enlistment} 10-10-42

RATE OF PAY

B.

D.O. No.	Date	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
242,	12-10-42	Pte.		A.S.	1.30			
					1.40	10/2/43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Adelard ASSELIN (FATHER)	21-Apr-43	20 00
66 Ashland St., JEWETT CITY, CONN., U.S.A.		
Total.....		

DEPENDENTS' ALLCES. No. Deps. 1

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

*Outfit / *Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

*Delete words which are inapplicable. CWV

M. F. M. 14
200M—5-42 (4676)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
242,	12-10-42.	TOS. No.X1 District Depot on attestation 10-10-42, and for duty and pay 10-10-42	
258	30.10.42	SOS NO X1DD A/P EXCEPT PAY 29.10.42 & FOR PAY 31.10.42 POSTED TO 110 CABTC A/P EXCEPT PAY 30.10.42 & I.C.F. PAY 1.11.42	
261	OCT 30 1942	TOS No. 110 CA (B) TC, VERNON, B.C., EFF. For Pay 1/11/42	OCT 30 1942
306	22-12-42	Xmas Leave 22-12-42 to 28-12-42. 6 days R.A.	
3	JAN 5 - 1943	SOS No. 110 CA (B) TC, VERNON, B.C., EFF.	JAN 5 - 1943
6	JAN 7 1943	T. O. S. A16 C.I.T.C. C.A.	JAN 6 1943
19	MAR 18 1943	S. O. S. A.16 C.I.T.C., C.A.	MAR 18 1943
		TOS C.A. (Os) wef. 23/3/43 & TOS I C.I.R.U. wef. 1/4/43	
50	3/4/43		
68	27.4.43	Re. Rates of Pay. 140 eff. 10/2/42	

Part II D.O.		PARTICULARS OF CASUALTY
No.	Date	

CONTINUATION CARD M.F.M. 14

Regimental No. K69003. Name ASSELIN. M.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
71	30.4.43	SOS I CIRU wef 29 APR 1943 to Sofcan.
30	4.5.43	TOS SH of C wef 30.4.43.
34	28.5.43	Inc Reg Rates $1.50 wef 10/4/43
		Prev leave 5 day Well R.A. 30 MAY to 4 Jun 43.
CR	23.7.43	S.O.S Fd Unit wef 21.7.43 Killed in Action

M.F.M.—14A

26-8-43
(O.C.L.-348)

AWARDS—CANADIAN ARMY (ACTIVE) M 1493

100M—10-41 (2195)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	FILE NO. / C.A.S.F. UNIT
Asselin Maurice	K69003	Pte.	B.C.Regiment 405-A-6064 XXXXX 6046

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal CVSM & Clasp	3017. 20/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Adelard ASSELIN (FATHER)

ADDRESS: 66 Ashland St., Jewett City, CONNECTICUT, U.S.A.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: VictoriaAsselin

ADDRESS: 66 Ashland St., Jewett City, Conn. U.S.A.

MEMORIAL
DATE DESP
REGN. NO 2871

(2)

3)

DESP. NOV 6 1943
REGN No. 3105

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF BRITISH COLUMBIA—REGISTRATION OF DEATH

Registered No.....
For use of the Registrar of Births, Deaths and Marriages only

1. PLACE OF DEATH { If in Rural Municipality ..... IN THE FIELD (SICILY) (Name)
If in City, Town or Village..... (Name) Street..... House No.....
(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In Municipality where death occurred.....(b) In Province.....(c) In Canada (if immigrant).....

3. NAME OF DECEASED ASSELIN (Surname) Maurice (Given name or names)

RESIDENCE No. 23 Street E. Hastings St. City, town, village or rural municipality Vancouver Province B.C.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. SEX	5. NATIONALITY (Citizenship)	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (*Write the word*)
M.			Single

8. BIRTHPLACE..... Quebec. (Province or Country)

9. DATE OF BIRTH..... April (Month) 2nd, (Day) 1912. (Year)

10. AGE in

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

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk** etc..... Steel Worker.

12. Kind of industry or business, as **cotton mill, lumbering, bank,** etc.....

13. Date deceased last worked at **this** occupation.....

14. Total years spent in this occupation .....

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME..... ASSELIN, Adelard

17. BIRTHPLACE..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE..... (Province or Country)

20. Signature of informant..... F.B. Rading
for Director of Records,
Address..... Dept. of National Defence.

Relationship to deceased .....

21. Place of Burial, Cremation or Removal..... Sicily.

Date of burial or removal.....

22. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH..... July (Month) 21st, (Day) 1943. (Year)

24. I HEREBY CERTIFY that I attended deceased from:

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

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

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.** .....

.....

OVERSEAS CASUALTY
CANADIAN army

25. If a woman, was the death associated with pregnancy?.....

26. Was there a surgical operation?.....Date of operation.....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 of injury.....19.....
(State which)

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

Nature of injury.....

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

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

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

28. District Registrar's Record Number.....

29. Filed.....19..... .....
(District Registrar)

Sec. 46—Vital Statistics Act makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Certificate of Registration of Death" and to file the same with the District Registrar who shall issue the burial permit.

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied

INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medica profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German. etc. **(The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)**

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, the entry should be **housewife.** For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant**—**private family, cook**—**hotel,** etc. For a person who had no occupation the entry should be **none.**

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner, weaver,** etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc.. should be stated as **grocery store, soap factory, cotton mill,** etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter, painter, machinist,** etc. A careful distinction should be made between **retail merchants** and **wholesale merchants.** The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman.** A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under **Group II** should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.

(d) Use always accepted terms for morbid conditions and never record mere symptoms.

(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.

(f) **Cancer.—In all cases the organ or part first affected should be specified.**

(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide** or **homicide,** and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) ——	due to (b) ——	due to (b) Acute appendicitis	due to (b) Operation	due to (b) Chronic nephritis
	due to (c) ——	due to (c) ——	due to (c) ——	due to (c) Strangulated inguinal hernia	due to (c) ——
II.	**II.**	**II.**	**II.**	**II.**	**II.**
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	——	——	——	Chronic interstitial nephritis	Chronic bronchitis

MEMORANDUM FOR

P. 64

Mr. Adelard Asselin,
66 Ashland St.,
Jewett City, Conn., U. S. A.

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

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

and the following number quoted:—

H.Q. 405-A-6046 FD.412

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 29, 1943

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

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

ASSELIN, Maurice, Pte.,

K.69003 C. A.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R.G. Phelan

(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP:MW

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Adelard Asselin	61	56 Ashland St Jewett City, Conn.
4	Mother of the Deceased.....		Victoria Asselin	58	56 Ashland St. Jewett City Conn.
5	Brothers of the Deceased	Full Blood	Ernest Asselin	38	56 Ashland St Jewett City Conn
			Arthur Asselin	36	Maple St. Jewett City Conn
			Amedee Asselin	34	56 Ashland St Jewett City Conn
			Joseph Asselin	33	44 Ashland St. Jewett City Conn.
			Louis Asselin	25	U. S. Army
			Albert Asselin	22	U. S. Army
			Raymond Asselin	15	56 Ashland St. Jewett City Conn.
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Yvonne Asselin Morin	37	Maple St Jewett City Conn
			Hudivine Tetreault	26	Green Hollow Road Moosup, Conn
			Victoria Davis	28	56 Ashland St. Jewett City Conn.
			Fernand Asselin	19	56 Ashland St Jewett City Conn
			Adrienne Asselin	17	56 Ashland St Jewett City Conn
			Claire Asselin	13	56 Ashland St Jewett City Conn
		Half Blood	None		

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
	Marie Asselin Jolin. Apr. 27, 1954	~~Marie~~ None	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	MAURICE ASSELIN
9	Date of his birth	APRIL 1. 1913
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	ST. NEREE, COUNTY BELLECHASE CANADA NOV. 22, 1904

PARTICULARS OF DOMICILE

12	Place where deceased was born.	ST. NEREE. P. Q. CANADA
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) CONN. U.S.A MAY 26, 1927 (b) RETURNED TO CANADA 1933 (c) AND RESIDED THERE CONTINUOSLY. (d)
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	NO
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?	NOT MARRIED
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.	NO
20	Amount of War Savings Certificates held by deceased.	NONE
21	Amount of Victory Loan Bonds held by deceased.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	NONE
23	Is application for Probate or Letters of Administration necessary (see page 1)?	NO

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.	NO
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.	NO

(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 elswhere 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)

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

*.....father.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

.....Adelard Anselin..... {Signature of Informant

.....Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief....Adelard.....

See above. ....Anselin.... {Name of Informant} is the....father....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Jewett City Conn. U.S.A. this 5th day of October 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public ....Lionel E Boucher.... Qualification ....Notary Public....

Address 64 Main St. Jewett City, Conn. U.S.A.

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

M.F.M. 510
40/P & S/[illegible] (1-43)

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

District.....

Dispersal Area.....

Regtl. No. K.69003 Rank and Name Asselin. M. Pte.

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

(~~Transfer~~ or Discharge).....to.....on 21 July 1943.

Reason Death/. Authority: C.C.I. "A"306 d/8 Aug 43.

The following is a statement of the account of the above-named from 1st July to 31st July 1943. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	17	78.
First Monthly Payment			Regimental Pay 31 days at $1-50	46	50
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars):					
B.C.I. 2/7/43.	17	88			
To Balance Cr. Free C 163	26	40			
To Balance Cr. Deferred			By Balance Dr.		
Total	64	28	Total	64	28.

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

Remarks:

Assigned Pay $20.00 stopped Eff. Aug 43.

CANADA
MAR 2 1944

Compiled by E. Wright.

Checked by [illegible]

Date 4th January, 1944.

Certified correct [illegible]
for Chief Treasury Officer, Overseas.

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L.P.C.
Prior to compilation of statement below.

Date	Unit	Payments	Amount Dr.		Amount Cr.		Paymaster's Signature
		Balance from L.P.C.					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr.		Cr.	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr.		Cr.		Signature of Paying Officer

Place of Embarkation.....
Date of Embarkation.....
Place of Disembarkation..... H.M. Transport.....
Date of Disembarkation.....

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Maurice ASSELIN (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Vancouver, in the County District of

Province of British Columbia, CANADA No. 11 D. Steel Worker A.F. (Civil Occupation)

Regimental No K69003, Unit No.11 District Depot A.F., do 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 Father, Adelard ASSELIN,
27 Carl Ave., Jewett City, Connecticut, U.S.A.

ALL MY ESTATE FOR HIS 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~~

(4) I appoint Adelard ASSELIN, 27 Carl Ave., Jewett City, Conn., U.S.A (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 14th day of October 19 42

Signed and acknowledged by the Testator, 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.

Maurice Asselin (Signature of soldier)

First witness sign here.

(5) Signature N. Drummy

Civil Address 1419 Pendrell St., Vancouver, B.C. CANADA

Civil Occupation Clerk

Second witness sign here.

Signature B C Norton

Civil Address 407 S. Hythe Ave., Vancouver, B.C. CANADA

Civil Occupation Insurance Inspector

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

M.F.M. 5
150M—1-42 (3165)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank ASSELIN
(Surname first—Christian names in full—Block capitals)
Maurice

(2) Regimental or Official Number and Rank K69003 Pte.

(3) Unit No. 11 DISTRICT DEPOT, A.F.

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A
Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

BM

(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? YES

If so, state name and address, occupation Adelard ASSELIN (Carpenter)
27 Carl Ave., Jewett City, Connecticut, U.S.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 Victoria ASSELIN
27 Carl Ave., Jewett City, Connecticut, U.S.A.

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

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

Maurice Asselin
(Signature of officer or man)

Date 13-10-42

L Pamelagne Capt.

For Officer Commanding No. 11 DISTRICT DEPOT

Date 13-10-42

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.)

ASSELIN M

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit ~~Infantry Bde~~ No. 11 DISTRICT DEPOT, A.F. Regimental Number K 69003

Seaforth Highlanders of Canada

	(17) Regiment or Corps	Unit (Battn., etc)
1. Surname ASSELIN	No. XI DISTRICT DEPOT A.F.	
2. Christian Names Maurice	#110 C.A.(B.) T.C. VERNON, B.C.	
3. *Substantive Rank and Appointment Pte	The Seaforth Highlanders of Canada.	
*Acting Temporary or Local Rank		
giving date		
*To be entered in pencil to facilitate alteration.		
4. Place of birth St Neree Quebec CANADA	(18) Medical	
5. Date of birth as declared on attestation April 2, 1912		
(A)	Category / Date / Authority	
6. Date of enlistment Oct. 10, 1942 BRITISH COLUMBIA	A-1 8-10-42. M.F.M. 2, Prt. 3.	
7. Place of enlistment Vancouver, B.C. CANADA.	Category Confirmed 11 MAR 1943 M 7 M 2	
8. Residence at time of enlistment 23 E. Hastings St., Vancouver, B.C. CANADA.		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion Roman Catholic		
12. If married, state date	(19) Next of kin (entries to be made in pencil) (Father)	
13. Trade on enlistment Steel Worker	Adelard Asselin	
14. Corps, trade and grade	66 Ashland Avenue	
15. (D) Qualifications	Jewett City,	
16. (E) Miscellaneous entries	Connecticut	
	(20) E. United States of America	
	(21) E.	
	(22) E.	

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	S.O.S	Cdn	Army (Can) 22 Mar 43				
	T.O.S.	Cdn	Army (O/S) 23 Mar 43				
	Disembarked		31 Mar 43				
	T.O.S		1 C.I.R.U.	UK	1 Apr 43	Pte	50 3 Apr 43
	O.C	1 C.I.R.U	Granted rate of pay $1.40 per deem	"	10 Feb 43	Pte	68 27 Apr 43
	S.O.S	"	To S.H.O/C (Fd	"	29 Apr 43	Pte	71 30 Apr 43
30Apr43	O.C. Seaforth		T.o.S. from 1 C.I.R.U.	Fd	30Apr43	"	30/43.
20 May 42	"	"	Granted daily rate of 1.50	FIELD	10 APR 42	"	34/42
	"	"	Leave to 4 June 43	"	30 May 43	"	37/43
			SOS CA (UK) ON EMBARKATION AT ..... ON 14 June 43				
							56/43
			SOS CA (M) ON TRANSFER ON 15 June 43 AND DISEMBARKED AT ..... ON 10 July 43				
		SHAC	S.O.S. (Killed in Action)	Field	21 July 43	Pte	43 4 Aug 43

DUPLICATE

Checked 30 th Grade ✓ Card ✓ Date Observations

OCCUPATIONAL HISTORY FORM COMPLETED

A1

ORIGINAL
DUPLICATE
TRIPLICATE

Deceased

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

K69003

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

~~Infantry Rifle~~

No. XI DISTRICT DEPOT (VANCOUVER) A. F.

Unit Seaforth Highlanders of Canada Regimental Number

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01 PTE

405-A-6046

1. Surname ASSELIN
2. Christian Names Maurice
3. Present address 23 E. Hastings St., Vancouver, B.C. BRITISH COLUMBIA CANADA
4. Date of birth April 2nd, 1912
5. Place of birth CANADA (Country) QUEBEC (County or Province) ST. NEREE (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Roman Catholic
8. Trade or Calling Steel worker
9. Married, Widower or Single Single
10. Name of next of kin Adelard ASSELIN
11. Relationship Father
12. Address of next of kin ~~27 Carl Ave., Jewett City, Connecticut U.S.A.~~ (see change Page 2) UNITED STATES AMERICA
13. 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)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No) No (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Maurice ASSELIN, 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.

OCT 10 1942

Date ..... Maurice Asselin
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Maurice ASSELIN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness ..... Maurice Asselin
(Name) (Rank) (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 OCT 10 1942 day of 19

Major T. Brayshaw — Signature of Magistrate, Justice or Attesting Officer.

O.C. Central Station No. XI Recruiting Detachment — Officer or Rank and Unit or appointment.

FINGERPRINTED

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

Rank R 2 B

0800 14/10/42 W.P.

CORPS. ALLOTTED BY A.A.E. Corps 9(R) Date JAN 5 1943

K69003

Record of Service of A SELIN (Surname) Maurice (Christian Names) Regimental Number

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS			
Military	No	High School or Collegiate	Gr. 5. St. Joseph School Quebec. (years completed)	Graduation or Matriculation	No (specify)
Business or Professional	No				
Trade or Civil	Steel worker 2 Yrs. Weaving Machine Operator 3 Yrs.	*College	No		
Technical	No	*University	No		
Languages	Speaks French				

*(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.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment						
~~Attached To #XI D.D. C.A. (A)~~ TOS #11 DD C.A.	Pte.	10-10-42.	#XI DD	Vancouver	Part 2, 242.	12-10-42.
SOS to #110 CA(B)TC for A/P except pay ~~xxx~~ 29-10-42 & for pay	"	31-10-42	"	"	#258	30-10-42
TOS No. 110 CA (B) TC, VERNON, B.C. for A/P except pay 30.10.42 for pay 1-11-42	"	OCT 30 1942	#110 C.A. (B.)	T.C. VERNON, B.C.	261	OCT 30 1942
No. 110 CA (B) TC, VERNON, B.C. TO A-16 CALGARY	"	JAN 5 1943	#110 C.A. (B.)	T.C. VERNON, B.C.	316	JAN 5 1943
TOS A16 CITC on trans. from 110 TC Infantry Rifle	✓	6 JAN 1943 ~~6 DEC, 1942~~	A16.CITC	Calgary Alberta	Pt. II No. 6	JAN 7 1943
AUTHORIZED TO WEAR G.S.BADGE. 10 & from 161150	"	3-2-43	"	"	" 37	3-2-43
Posted to Seaforths of Canada	✓	16-3-43	✓	✓	✓ 77	16-3-43
GRANTED EMBARKATION LEAVE: and authorized to draw ration allowance under A t. 196 (4) F.R.& I.	"	11-3-43 17-3-43	"	"	" 77	16-3-43
Change of Address of N/K to read: Adelard Asselin (Father) 66 Ashland Street Jewett City, Connecticut, United States of America	✓	17-3-43	✓	✓	✓ 79	17-3-43
SOS A16 ITC proc. on spec. duty overseas	✓	18 MAR 1943	✓	✓	✓ 79	18 MAR 1943

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ASSELIN Maurice Place Vancouver, B. C., Canada.

Date of Medical Examination Oct. 8th 1942

Part 1. Information obtained from the recruit.

1. Age 30 2. Have you ever suffered from any of the following diseases?

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

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Maurice ASSELIN in Maurice Asselin
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

Appendectomy 1937.

1. Identification marks or scars appendectomy scar
2. Height 5 feet 6 inches. 3. Weight 131 pounds.
4. Complexion medium Eyes brown Hair brown
5. Development good — Good / Fair / Poor
6. Chest measurement—Girth on full expansion 36 inches. Range of expansion 2½ inches.
7. Vision, right 20/20 left 20/20
   With Glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth good full upper denture
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis Urine, reflexes and ear drums normal
12. The abnormalities (congenital and pathological) found on examination are as follows:—
13. Chest X-Ray 8/10/42 Reg No. 57677 Laboratory at which taken SHAUGHNESSY MILITARY HOSPITAL

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

Special remarks when category lower than A

President	Member	Member
ALAN BEECH MAJOR RCAMC	A. WHITMORE CAPT. RCAMC	V.E.LATIMER M.D.
rank	rank	rank

Date Oct. 8th 1942

CERTIFIED TRUE COPY OF ORIGINAL DOCUMENT
Alan Beech
R.C.A.M.C., M.D. No. 11

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
OCT 15 1942	VACC & TABT Anderson Capt	11 MAR 1943	Category Confirmed D.R. Nelson Capt
NOV 7 1942	TABT 2		
NOV 28 1942	TABT 3		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

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

Regtl. No. K69003 Rank Pte. Surname ASSELIN Christian Name Marui ce

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

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

Regimental No. K 69003 Rank Pte Sheet No.

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

Name Asselin, M.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS Cdn Army (Can)	Pte	~~23~~ 22 Mar 43				
TOS Cdn Army (OS)	Pte	23 Mar 43				
Embarked		22 Mar 43				
Disembarked		31 Mar 43				
TOS ICIRU	Pte	1 Apr 43	ICIRU	UK	50	3 Apr 43
Granted a Regt'l pay $1.40	Pte	10 Feb 43	ICIRU	UK	68	27 Apr 43
SOS SOS to Seaforths of C Fd Unit	Pte	29 Apr 43	ICIRU	UK	71	30 Apr 43
TOS TOS from ICIRU	Pte	30 Apr 43	Seaforths of C	UK	30	4 May 43
5105- Gt'd daily Regt'l pay $1.60	Pte	10 Apr 43	SH of C	UK	34	28 May 43
Killed (A List 306)	Pte	21 July 43	SH of C		CL 8 Aug 43.	
SOS Deceased Killed in Action CM Force	Pte	21 July 43	SH of C	NA	43	4 Aug 43
SOS CA UK		14 June 43				
TOS CA M		15 June 43				
Disembarked	Pte	10 July 43	CH of C	NA	56	7 Oct 43

12

Jump completed 31/8/43 MF.

Regimental No.. Rank...................................... Sheet No.........................

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

Name..

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA AUGUST 9 1943

TO:- MR ADELARD ASSELIN
66 ASHLAND STREET
JEWETT CITY
CONNECTICUT U S A

562 REGRET DEEPLY K69003 PRIVATE MAURICE ASSELIN OFFICIALLY REPORTED KILLED IN ACTION TWENTYFIRST JULY 1943 STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Director of Records

PREPAID

OFFICER I/C RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

Quote No. H.Q. 405-A-6046 (Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

September 8, 1943.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. K.69003

Rank. Private

Surname. ASHELIN

Christian Names. Maurice

Address at time of enlistment. 23 East Hastings St., Vancouver, B.C.

Date of Birth. 2-4-12

Marital Status. Single

Nature of Casualty. Killed in Action 21-7-43

GR/AD S

Colonel,
Director of Records,
for Adjutant-General.

H.Q. 405-A-6046 (Records-C)

September 13, 1943.

Mr. Adelard Asselin,
66 Ashland Street,
Jewett City, Connecticut, U.S.A.

Dear Sir:

I deeply regret to inform you that your son, K.69003 Private Maurice Asselin, gave his life in the Service of his Country in Sicily on the 21st day of July, 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

SEP 10 1943

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

GR/AOS

The Administrator of Estates.

Regimental No. K.69003 Rank Private

ASSELIN (Surname) Maurice (Christian Names)

Unit Seaforth Highlanders of Canada

Date of Death 21-7-43 Place of Death Overseas

Next-of-kin Mr. Adelard Asselin Relationship Father

Address 66 Ashland Street, Jewett City, Connecticut, U.S.A.

M.F.M.5 Copy herewith.

Will Original Will d/14-10-42 herewith.

Date Sept. 20, 1943.

ESTATES BRANCH SEP 21 1943 H.Q. OTTAWA NATIONAL DEFENCE

HMG/KVB

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

DISTRIBUTION OF SERVICE ESTATES

ARMY

WW

Estates Form "P. 4"

Name: ASSELIN (Surname) Maurice (Christian Names) No.: K.69003

Pte. (Rank) C.A. O/S (Unit) 21-7-43 (Date of Death)

AMOUNT

L.P.C. ..... $ 26.40

Date: April 18, 1944

Other Credits .....

Total 26.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
		CHEQUE TO HAVE NON CONVERTABLE ENDORSEMENT	
All	Father	Adelard Asselin 56 Ashland St., Jewett City, Conn. U.S.A.	26.40
		(Sole beneficiary per will)	
		P4. TO TREAS. 22/4	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	26.40

CLASSIFIED BY

Original Signed by
E. W. QUINNEY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

File No 405-A-6046.

R E B U R I A L

NO K, 69003

RANK Private

NAME ASSELIN M.

NAME OF CEMETERY Canadian Military Cemetery.

LOCATION OF CEMETERY Agira, Sicily.

GRAVE LOCATION Plot B, Row D, Grave 182.

AUTHORITY 54-27-88-2 Vol. 12.
Reburial list.

405-A-6046
(Records G)

October 10th, 1944.

Mr. Adelard Asselin,
56 Ashland Street,
Jewett City, Conn., U.S.A.

No.-K.69003, Private M. ASSELIN

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been reburied in grave 182, row D, plot B of the new Canadian Military Cemetery at Agira, Sicily. This is a recognized burial ground.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. For obvious reasons it cannot now be stated when this work of permanent commemoration will begin, but you may rest assured that before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

J. B. Ladine

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

C.D. 4283

APPLICATION FOR WAR SERVICE GRATUITY BY DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the undermentioned deceased member of the Canadian Army.

(a) Surname ASSELIN

(b) Christian Names Maurice

(c) Regimental No. K-69003

(d) Rank at time of decease Pte.

RECEIVED MAY 18 1946 ARMY HEADQUARTERS OTTAWA

2. Please indicate below whether application is made as a dependent or otherwise by striking out the sentence which does not apply.

(a) ~~I am applying as a person who was dependent upon the above named soldier and to whom pay was assigned by him.~~

(b) There being no person dependent upon the above named I request that the War Service Gratuity form part of the soldier's estate and be distributed accordingly.

3. I hereby submit the following particulars in support of my application:-

(a) Surname Asselin Asselin

(b) Christian Names Adélard Victoria

(c) Relationship to deceased father mother

(d) Address in full Adélard Asselin
56. Ashland Street
Jewett. City. Conn

Yours truly,

Date May. 15. 1946

Adelard Asselin

(Signature of Applicant)

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Maurice (CHRISTIAN NAMES) ASSELIN (SURNAME)

REGISTER NO. D-22771
FILE NO. 405-A-6046
DATE 4-6-46
SERVICE NO. K-69003
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 21-7-43

PAYEE Mr. Adelard ASSELIN,
ADDRESS 56 Ashland St.,
Jewett City, Conn., U.S.A.

DATE OF TERMINATION OF OVERSEAS SERVICE 21-7-43

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 285 (30) EQUAL TO 9 COMPLETE PERIODS AT $7.50	67.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 121 LESS 15 INELIGIBLE DAYS, EQUAL TO 106 DAYS @ 25c. PER DAY	26.50
	94.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 X7 = $ 19.25 NO. OF DAYS 121 (183) X$ 19.25	12.73
D. WAR SERVICE GRATUITY	106.73
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE Cleared with Foreign Exchange Control Board	106.73

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
GJC	[signature]

TREASURY	
CHECKED BY	DATE
[signature]	13-6-46

[signature] Capt.
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MAURICE (Christian Names) ASSELIN (Surname) — Register No. D-22771

PAYEE'S NAME MR. ADELARD ASSELIN (Christian Names) (Surname) — File No. 405-A-6076

Date 4-6-46

ADDRESS 56 ASHLAND ST., JEWETT CITY, CONN. U.S.A. — Service No. K-69003

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 21-7-43 — Date of Discharge 21-7-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 285/30 = 9 Periods @ $7.50	67	50
B. QUALIFYING OVERSEAS SERVICE No. of days 121 less 15 Ineligible days, equal 106 Days @ 25c. per day	26	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	94	00
Daily Rate of Pay $ 1-50 Subsistence Allowance $ 1 25 Additional Pay $ / Dependents' Allowance 1/30 $ 4 $ 2 TOTAL $ 275 × 7 = $ 1925 No. of Days 121/183 × $ 1925	12	73
D. WAR SERVICE GRATUITY Computed By BG	106	73
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ / (2) D.A. & A.P. $ / Other Deductions $ / Entered By WJ		
F. AMOUNT PAYABLE CLEARED WITH FOREIGN EXCHANGE CONTROL BOARD (This amount is payable in ..... monthly instalments of $ ..... each)	106	73

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

$ ..... × 30 = $ .....

REMARKS

140M—2-46 (8758)
H.Q. 1064-81-3

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME K-69003 Pte. Asselin, M. (Killed in Action) "M"

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

CHECKED BY H-37449 Pte. M.O. Cathcart, DATE 11 Nov 43

1	Registration Card		
1	Bracelet (Three Penny Bits)		
1	Loose Three Penny Bit for Bracelet		
1	Cdn. Cent (Souvenir)		
1	Half Penny Piece (Souvenir)		
1	Leather Wallet		
1	Snap shot		
1	Sundry Document		

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

TRIPLICATE — with effects.

W.E. Fielmer, Capt
for OC 1 Cdn KSD

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 ASSELIN MAURICE (b) Reg'l. No. K69003
2. (a) Arm of service Army (b) Unit MW II DDAF (c) Rank PTE
3. (a) Date of birth 2. 4. 12 (b) Have you any dependents? (c) Place of residence at time of enlistment 23 E Hastings. Van
4. (a) Place of enlistment [illegible] (b) Date of enlistment 20-10-42

Section B—EDUCATION AND TRAINING

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

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 [illegible] Address [illegible]
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 [illegible] (b) Number of years' experience at this occupation with any employer [illegible]
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

DATE 14 10 42 194..... SIGNATURE [illegible]

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER K.69003 RANK Private SERVICE UNIT The Seaforth Of Canada (C.A.)

NAME ASSELIN, Maurice.

DATE OF BIRTH
DAY 2nd MONTH April YEAR 1912

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Adelard Asselin,
ADDRESS 66 Ashland Street, Jewett City, Connecticut, U.S.A. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2953 H.Q. 405-A-6046

CASUALTY DETAILS Killed in Action DATE 21-7-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 8-9-43

PL , OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE