Larue
Louis Rolland

Received FEB 18 1941 Checked A.E.M. "E" Card ✓ Observations

~~ORIGINAL—ORIGINAL~~
~~DUPLICATA—DUPLICATE~~
~~TRIPLICATA—TRIPLICATE~~

M.F.M. 1. (Fr.)
2 M—11-36 (9359)
H.Q. 1772-45-18

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

85

Unité (Unit): Les Fusiliers Mont-Royal. Grade (Rank): Lieutenant.

N° personnel (Personal No.): Nom (Name):

SERVICE ACTIF

TROUPES CANADIENNES DE CAMPAGNE
CANADIAN FIELD FORCE
ACTIVE SERVICE

FORMULE DE DECLARATION DES OFFICIERS
OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

LARUE

1. Nom (Surname): Laue.
2. Prénoms (Christian Names): Louis Rolland.
3. Adresse actuelle (Present address): 961 Cherrier. MONTREAL P.Q.
4. Date de naissance (Date of birth): 4 août 1888 1912.
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Québec (Comté ou province)—(County or Province) Montréal (Ville ou canton)—(Town or Twp.)
6. Religion (Religion (state denomination)): R.C.
7. Profession ou emploi (Profession or occupation): Décorateur. (DRAFTSMAN).
8. Marié, veuf ou célibataire (Married, widower or single): Marié.
9. Nom du plus proche parent (Name of next of kin): L. Laue.
10. Parenté de celui-ci (Relationship): Père.
11. Adresse du plus proche parent (Address of next of kin): 3842 St. Hubert. MONTREAL P.Q. ASL Sgt
12. (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi (State unit of Active Militia in which you are serving or have served): Les Fus. M. R.
    (b) Grade actuel (Present rank): Lieutenant.
13. Quel service de guerre antérieur avez-vous accompli? (State particulars of former war service): Néant.

Je, LOUIS ROLLAND LARUE, déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans les troupes canadiennes de campagne si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.

I, ... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Field Force if, when and so long as required.

Date: 4 Sept 1939 — L. Rolland Laue Lieut. (Signature et grade)—(Signature and rank)

CERTIFICAT DU COMMANDANT
CERTIFICATE OF OFFICER COMMANDING

La demande du (The application of) Lieutenant Louis Rolland LA RUE (grade et nom) (rank and name) qui désire être nommé (for appointment to the) aux Les Fusiliers Mont-Royal (Unité) (Unit), avec le grade de (with the rank of) Lieutenant et affecté au poste (and appointment) Intelligence Officer, a été — was / ~~XXXXXXX est~~ ~~XXXXXXX is~~ recommandée. Cette (recommended, appointment) nomination, devant prendre date le (to date from) 4 septembre 1939, a été approuvée. (~~XXX has been approved.~~) ~~XXXX est recommandée~~ (~~XXXX is recommended~~) pour être approuvée. (for approval.)

Autorisation (Authority):

(Signature du Commandant)—(Signature of O.C.) Lt. Col. (Grade)—(Rank)

Date: Sept. 4th 1939 — Les. Fus. M.R. (Unité)—(Unit)

Etat de service de / Record of Service of: LA RUE (Nom)—(Name): Louis Rolland

Unité de la milice active / Active Militia Unit: Les Fusiliers Mont-Royal

Grade / Rank: Lieutenant — Date du grade / Date of Rank: 28 apr 39

Grade le plus élevé mérité par examen / Highest Rank for which qualified by examination: capitaine — Ecole de guerre / Staff College: non

Langues / Languages: Anglais Francais — Cours d'état-major de la milice / Militia Staff Course: non

Diplômes d'université ou de collège / University or College Degrees: Ecole des Beaux Arts (Graduated) — Cours supérieur / Advanced Course: non

Instruction ou aptitude technique civile (indiquez en détail) / Civil Technical Training or qualifications (specify): nil

Autres aptitudes militaires ou cours spéciaux (indiquez en détail) / Other military qualifications or special courses (specify): "A" Wing C.S.A.S.

Rapport — Report: Date	Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Daté le — Dated
5006 11/9/39	F.M.R.	Affecté lors de sa nomination / Joined on appointment — Taken on Strength - Fus. M.R. CASF	Lieut.	11 sep. 39	F.M.R.	Montreal	17/39	11 sep. 39
9/11/39	F.M.R.	Certificate of mil. Educ.	capt.	9/11/39	F.M.R.	"	77/39	10/11/39
28/3/40	"	Furlough after 6 months service	Lt.	28/3/40	"	"	78/40	28/3/40
18/12/39	"	Detailed for Course P.T. @ Aurval 6th Thursday	"	18/12/39	"	"	109/39	18/12/39
10/4/40	"	" " " " @ St. Jean	"	10/4/40	"	"	93/40	10/4/40
36 3/5/40	"	Returned from C.T. Course at St Johns	Lieut.	3/5/40	"	"	113/40	4/5/40
8/6/40	F.M.R.	Detailed for Course - Overseas. Embarkation - Canada.	Lieut.	8/6/40	F.M.R.	Montreal	140/40	8/6/40

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

Recevez-vous ou avez-vous deja reçu une pension ou compensation pour invalidite. Si oui, donnez details.

Non

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) La Rue, Louis Rolland — Date Sept. 4th, 1939.

PARTIE 1. Renseignements obtenus du candidat.
Part 1. Information obtained from the applicant.

1. Age 27 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumatisme (Rheumatism) — No
b. Tuberculose (Tuberculosis) — No
c. Bronchite ou asthme (Bronchitis or asthma) — No
d. Affection cardiaque (Heart disease) — No
e. Maladie du rein ou de la vessie (Kidney or bladder disease) — No
f. Gastrite intestinale (Gastro-intestinal) — No
g. Hernie (Rupture) — No
h. Varices (Varicose veins) — No
i. Pieds plats ou déformés (Flat or deformed feet) — No
j. Affection nasale (Nasal trouble) — No
k. Maladie des oreilles (Ear disease) — No
l. Maladie des yeux (Eye disease) — No
m. Epilepsie (Epilepsy) — No
n. Maladie nerveuse ou mentale (Nervous or mental disease) — No
o. Syphilis — No
p. Gonorrhée (Gonorrhœa) — No
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) — No

L. R. La Rue
(Signature du candidat)—(Signature of applicant)

Observations des examinateurs (Examiners remarks re above)

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.
Part 2. Information obtained by medical examination. The applicant must be stripped

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).)

2. Taille (Height) 5 pieds (feet) 8½ pouces (inches). 3. Poids (Weight) 143 livres (pounds)

4. Teint (Complexion) Fair — Yeux (Eyes) Brown — Cheveux (Hair) Fair

5. Développement (Development) { Bon —Good / Passable —Fair / Médiocre—Poor }

6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36½ pouces (inches) Degré d'expansion (Range of expansion) 1 pouces (inches)

7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20 — 8. Ouïe, oreille droite (Hearing, right) O.K. gauche (left) O.K.

9. Condition de la bouche et des dents (Condition of mouth and teeth)

10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)

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

et il peut être classé dans la catégorie

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

Anatole Plante M.D. (Président)—(President) — J Gray Henderson M. D. (Membre)—(Member) — C. T. Lundon M. D. (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
5-12-39	Re: Exam + immunizations OK. A Anatole Plante M.D.	26-2-40	Tetanus Toxoid 1cc C. T. Lundon
		16-5-40	Dental exam - C P Gabany
2-12-39	T.A.B. C P Gabany - major		
4-12-39	Eye colour test C-N. C P Gabany		
15-11-39	X Ray chest negative C P Gabany		
15-11-39	T.A.B. C P Gabany - major		
11-11-39	3 C P Gabany -		
2-12-39	C P Gabany		

Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité. Si oui, donnez détails.

Grade..... Nom..... Prénoms.....
Rank Surname Christian Name

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered 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 du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

M192 Regiment R. Fus. H9613

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (P
500M—8-39 (
H.Q. 1772-45-1

Unit: Les Fusiliers Mont-Royal, C.A.S.F. Regimental Number:

1. Surname: LA RUE
2. Christian Names: Louis Rolland
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Capt.
   giving date: 27 Apr 41

*To be entered in pencil to facilitate alteration.

4. Place of birth: Montreal, P.Q.
5. Date of birth as declared on attestation: 4 aout 1912
   (A)
6. Date of enlistment: 4 septembre 1939
7. Place of enlistment: Montreal, P.Q.
8. Residence at time of enlistment: 961 Cherrier Mtl.
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: C.R.
12. If married, state date: 17 Octobre
13. Trade on enlistment: Decorateur (DRAUGHTSMAN)
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: Les Fus. M.R. C.A.S.F.

Unit (Battn., etc):

(18) Medical:

Category	Date	Authority
"A"	4/9/39	Med. Bard Mtl.

(19) Next of kin (entries to be made in pencil): Manuel La Rue — Père — 3842 St-Hubert Mtl PQ

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

NOTES—

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

(a) Report: Date	(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	
22-6-40			Att for all purposes to Adv Gen Dep	Aldershot	22-6-40	Lieut	Pt II 162	
23-6-40			On VMT Kingston On Thames		23-6-40		Pt II 163	
		Returned from " " " " "			27-7-40	"	" 185	31.7.40
			Proceeded on Instructional Duty. 1 Corps (R) Inf Regiment	Bordon	8-8-40	"	" 189	9-8.40
			Granted leave of absence	Aldershot	30.7.40 4.8.40	"	" 185	31.7.40
			Authorized to draw subsistence allowance	Kingston on Thames	6.8.40	"	" 190	10.8.40
			Returned from instructional duty to 1 Inf HQ.	Aldershot	31.8.40	"	" 202	1.9.40
			Ceased to be attached for all purposes					
			Proceeding to Tadworth Barracks		4.9.40	"	205	4.9.40
20-10-40	27-10-40	F.M.R.	Privilege Leave 7 days	Aldershot	20-10-40	Lieut.	P.T. II 13-40	25-10-40
4-11-40	R.O.	"	T.O.S. 1st Bn. Fus. M.R. ceased on abt					
			Party Fus M.R. ceasing to exist	Eng.	4-11-40	"	R.O. 264/40-6.11.40	
25/11/40	O.C.	"	Proceeded to a Divisional Gas School.	"	25/11/40	"	3/28-11-40	
7 Dec. 40	"	"	Returned from Command	"	30 Nov. 40	"	8/11 Dec. 40	
10 Dec. 40	C.C.	"	Admitted to 15 Gen. Hosp.	"	7 Dec. 40	"	9/12 Dec. 40	
28 Dec. 40	"	"	Transferred from 15 Gen. Hosp. to Garrons	"	21 Dec. 40		1/3 Jan. 41	
30 Dec. 40	"	"	Discharged from Convalescent Depot.	"	31 Dec. 40	"	2/8 Jan. 41	
4 Jan. 41	"	"	S.O.S. to H.Q. 6 Corps Inf Bde	"	6 Jan. 41	"	2/8 Jan. 41	
25 Jan. 41	"	400 Bde.	Granted Privilege leave 9 days	"	23 Jan. 41	"	5/31 Jan. 41	
4 Feb. 41	"	" "	To join Fus M.R.	"	6 Jan. 41	"	6/7 Feb. 41	
4 Feb. 41	"	"	To be Liaison Officer 400 Bde and att. to 1st M.R. for admin		6 Jan. 41	"	6/7 Feb. 41	
20/3/41	"	"	Cease to be att. for admin to Fus M.R.	"	17/3/41	"	13/21-3-41	
20/3/41	"	"	Liaison Officer ceases	"	17/3/41	"	13/21-3-41	

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps: Les Fusiliers Mont-Royal Regimental Number:

Substantive Rank: Surname: Larue Christian Names: Louis Roland

Acting Temporary or Local Rank: Captain
(To be entered in pencil to facilitate alteration)

(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
16/5/41	HQ	6 Bde.	att. to F.M.R. for rations	Eng.	16/5/41	Lieut.	24/23-5-41
16/5/41	"	"	Ceases to be att. to Liaison Officers Course				
			on completion of C.M.H.Q. Course No. 726	"	16/5/41	"	24/23-5-41
4/6/41	"	"	To draw additional pay as Liaison				
			Officer 1st 6 Bde.	"	6/1/41	"	26/6-6-41
8/7/41	"	"	Ceases to be att. to F.M.R. for rations	"	8/7/41	"	52/11-7-41
30/10/41	"	"	Relinquishes the appt. of Liaison				
			Officer and ceases to be seconded	"	30/10/41	"	52/7 Nov. 41
30/10/41	"	"	Ceases to draw additional pay as				
			Liaison Officer	"	30/10/41	"	52/7 Nov. 41
31/10/41	"	F.M.R.	T.O.S. from No 6 C.I.B.	"	31/10/41	"	62/14 Nov. 41
29/12/41	"	"	att. f.a.f. except Pay to E.S.S.E.				
			Command School while at or to				
			Coy Comds. School	"	28/12/41	"	2/8-1-42
27-1-42	"	F.M.R.	To be captain	"	27-1-41	Capt.	8-6-2-42
30-1-42	"	"	Ceases att. F.A.F. to C.-I.E. transmit sick				
			on return from Inf. Coy. Comds. course	"	27-1-42	"	8-6-2-42
		S.O.S.	To No 2 Cdn. Div. Inf. R.U. on account to				
			#1 Gen. Hosp.		17-2-42	"	12-27-2-42
	T.O.S.	T.O.S.	#2 C.D.I.R.U. from F.M.R. field unit &	"	18/2/42	"	27/2/42 Do.
			on addm. to #1 Cdn Gen Hosp.				
		#2 C.D.I.R.U.	Disch. from #1 Cdn Gen Hosp.	Wittley	5/3/42	"	55 6/3/42
S.O.S.			S.O.S. to F.M.R. fld unit	"	9-3-42	"	72 26-3-42
T.O.S.		F.M.R.	T.O.S. from No 2 C.D.I.R.U. (auth. CAN.02E				
			Unit Reinf.)	"	10-3-42		16-20-3-42
		"	S.O.S. to 6 C.I.B.	"	21/7/42	"	41/31-7-42
		6 C.I.B.	T.O.S. from F.M.R.	"	22/7/42	"	32/24-7-42
		"	To draw Cuba Regt'l Pay as L.O.	"	22/7/42	"	32/24-7-42

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
22/7/42	OC	FMR	PL4 ~~to~~ 22/7/42	Td	15/7/42	Capt.	42 d/6 Aug 42
		6 CIB	SOS "X" of Has MR	"	19-8-42	"	38 d/29 Aug 42
	"	"	Embarked for France (Jubilee Op)	"	18 Aug 42	"	40 d/8 Sep 42
		"	Disembarked having returned from France	"	19 Aug 42	"	40 d/8 Sept 42
			T.O.S. X-List FMR	"	20/8/42	"	4/20-10-42
	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	1-29 Jan 44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Captain

SERVICE UNIT 6th Infantry Brigade (CA)

NAME LARUE, Louis Rolland

DATE OF BIRTH
DAY 4th MONTH August YEAR 1912 Enlisted: 4-9-39

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. L.E.Larue

ADDRESS 906 Est Boul St.Joseph Montreal,P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED Mrs. Marcelle Larue,Wife 3475 Northcliffe Ave.N.D.G.Montreal,P.Q. ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6815 H.Q.550-12-83

CASUALTY DETAILS

Previously reported missing in action now for official purposes presumed killed in action

DATE 19-8-42

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

OFFICER I/C RECORDS

PER 6

COPY FOR DOCUMENT FILE

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

Name LA RUE, L R

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
21.1.42	R.O. 1514	To be Capt	Capt	27 April 41	FMR	UK	8	6 Feb 42
		Admitted 1st General	Capt	14 Feb 42	FMR	UK	CL 21.2.42	
		SOS to 2CDIRU on admission 1st General	Capt	14 Feb 42	FMR	UK	12 ✓	28 Feb 42
	T.OS	TOS to 2CDIRU from FMR field unit	"					
		On adm. to #1 cdn gen Hosp	"	18-2-42	#2CDIRU	Witley	D.O	49 ✓ 27-2-42
		Disc. from #1 cdn gen Hosp	"	5-3-42	"	"	"	55 6-3-42
S.O.S		S.OS to FMR fld unit	"	9-3-42	"	"	"	70 26-3-42
		TOS from 2CDIRU	Capt	10 Mar 42	7MR	UK	16	20 Mar 42
		SOS to HQ 6CIB	Capt	21 July 42	7MR	UK	41	31 July 42
		TOS from 7MR	Capt	22 July 42	HQ 6CIB	UK	32	24 July 42
		SOS to X List Missing (Jnt Ops) believed Killed	Capt	19 Aug 42	HQ 6CIB	UK	38	29 Aug 42
		Embl. in UK for France	Capt	18 Aug 42	HQ 6CIB	UK	40	8 Sep 42
		S.O.S., C.A. Canada 9 June 40						
		T.O.S., C.A. Overseas 10 June 40						
		Disembarked 21 June 40	Lt.					
		T.O.S. 22 June 40	~~Capt~~	22 June 40	7MR	UK	48	4 Sep 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Presumed Killed in Action (Jnt Ops)	Capt	19 Aug 42	HQ 6CIB	UK	CGA 454	14 June 46

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

Name.....

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
SOS		SOS to HQ 6 CIB	Lieut	6 Jan 41	FMR	UK	2	8 Jan 41
	TOS	TOS from FMR	Lieut	6 Jan 41	6 CIB	UK	6	4 Feb 41
		P/leave	Lieut	23 29 Jan 41	6 CIB	UK	6	4 Feb 41
		to be Liaison Officer 6 CIB	Lieut	6 Jan 41	6 CIB	UK	6 ✓	4 Feb 41
		Att'd FMR for R"	Lieut	6 Jan 41	6 CIB	UK	45 ✓	26 Sept 41
		Ceases to be Att'd FMR for "R"	Lieut	14 Mar 41	6 CIB	UK	13 ✓	21 Mar 41
Qual Q	Cert 8.5.41	On Comm and Liaison Officers Course	Lieut	14 Mar 41	6 CIB	UK	13 ✓	21 Mar 41
		Att'd FMR for 'R'	Lieut	16 May 41	6 CIB	UK	24 ✓	23 May 41
		Ceases to be Att'd to Liaison Officers Course Brasenose College: CMHQ Course 126	Lieut	16 May 41	6 CIB	UK	24 ✓	23 May 41
		To draw additional pay as Liaison Officer	Lieut	6 Jan 41	6 CIB	UK	26 ✓	6 June 41
2		Ceases to be Att'd FMR for 'R'	Lieut	3 July 41	6 CIB FMR	UK	32 ✓ 46 ✓	11 July 41
23 Aug 41	RO 916	to be Liaison Officer HQ 6 CIB to be secd	Lieut	13 June 41	6 CIB	UK	35 ✓	31 July 41
16.7.41	RO 826	to be L/Officer in A/capacity 6 Jan - 14 March 41 and from 20 May 41	Lieut	6 Jan - 17 Mar 20 May 41	6 CIB	UK		
		Att'd FMR for 'R'	Lieut	6 Jan 41	6 CIB	UK	45	26 Sept 41
		SOS to FMR Ceases to be secd app as L.O. Relinquishes	Lieut	30 Oct 4	6 CIB	UK	52 ✓	4 Nov 41
21.1.42	RO 1514	Ceases to be secd & vacates appt'mt of L.O. Ceases to draw additional pay as L.O		30 Oct 41	6 CIB	UK	52	4 Nov 41
		TOS from HQ 6 CIB	Lieut	31 Oct 41		U.K	62 ✓	14 Nov 41
		Add'd (FAP) except pay to E&SE Command Schl on return from Inf Coy Commdrs Course	Lieut	28 Dec 41	FMR	UK	2 ✓	8 Jan 42
		Ceases to be Att'd E&SE Command Schl.	Lieut	27 Jan 42	FMR	UK	8 ✓	6 Feb 42

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

Name La Rue Louis Rolland

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
22-6-40		Att for all purposes to Can Gen Base Depot	Lieut	21-6-40	CGBD	Aldershot	Pt II 162	22-6-40
23-6-40		On M.T. course Kingston on Thames.	"	23-6-40			Pt II 163	23-6-40
	Amended by 9220 27.9.40	Returned from " " " "	"	~~27~~ 28.7.40	"	"	O/ 185	31.7.40
		Proceeded on Inst. Duty 1 Can (R) Inf. H.U.	"	8.8.40	"	Border	189	9.8.40
		Granted leave of absence	"	30.7.40 to 4.8.40	"	Aldershot	185	31.7.40
		Authorized to draw Subsistence allowance	"	6.8.40	"	Kingston on Thames	190	10.8.40
		Returned from Instr. duty to 1 Inf. H.U.	"	31.8.40	"	Aldershot	202	1.9.40
		Cease to be attached for all purposes on proceeding to Tidworth Barracks (Fus M.R)		4.9.40	"	"	205	4.9.40
		Att'd for "R" to 1 Can Gen Hospital	Lieut	4 Sept 40	FMR	UK	1	4 Sept 40
		Ceases to be Att'd 1 Gen Hosp for 'R'	Lieut	20 Oct 40	FMR	UK	13/40	25 Oct 40
		P/leave.	Lieut	20 27 Oct 40	FMR	UK	13/40	25 Oct 40
		Returned to Unit after P/leave. (Ceasing to exist)	Lieut	27 Oct 40	FMR	UK	14/40	31 Oct 40
		TOS 1st Battn FMR advance party	Lieut	4 Nov 40	FMR	UK	261/40	4 Nov 40
		Proceed to Div Gas Schl.	Lieut	25 Nov 40	FMR	UK	3	28 Nov 40
		Returns from Command	Lieut	30 Nov 40	FMR	UK	8	11 Dec 40
		Admitted 15th General.	Lieut	7 Dec 40	FMR	UK	9	12 Dec 40
		Transf from above to Garrisons	Lieut	31 Dec 40	FMR	UK	1	3 Jan 41
		Discharged from Can Depot	Lieut	31 Dec 40	FMR	UK	2	8 Jan 41

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
10M — 11-36 (9359)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES TROUPES CANADIENNES DE [redacted] SERVICE ACTIF

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE

INSTRUCTIONS

ACTIVE SERVICE

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de Campagne Actif
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.A.S.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Nom de l'officier ou du soldat LaRue Louis Rolland
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule
Regimental Number.

(3) Unité "Les Fusiliers Mont-Royal" C.A.S.F.
Unit.

(4) Etes-vous marié? Oui
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier née : Marcelle Noël
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse 961 rue CHERRIER, Montréal, P.Q.
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? Oui
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ////////////////
If not — state reasons.

(7) Etes-vous veuf? Non
Are you a widower?

(8) Avez-vous des enfants? Non
Have you any children?

Si oui, faites connaître le nombre des garçons et des filles ////////////////
If so, give number of boys and girls

Donnez aussi leur nom et leur âge ////////////////
Also their names and ages

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them
////////////////

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Nom ////////////////
Name

Adresse postale ////////////////
Postal Address

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?

Non

Dans l'affirmative, donnez son nom en entier et son adresse postale ////////////
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? Oui.
Is your father alive?
Si oui, donnez son nom et son adresse L.E. La Rue ..... Asst-Régistrateur de
If so, state name and address.

Montréal. — domicile : 3842 rue St- Hubert, Montréal, P.Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? Non
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne SERVICE ACTIF ////////////
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the C.E.F. C.A. S. F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance ////////////
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? Oui
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Laurenza Proulx,
If so, state name and address.

3842 St- Hubert, Montréal, P.Q.

(15) Si votre mère est veuve, êtes-vous son seul soutien? Non
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne SERVICE ACTIF
If sole support of widowed mother — state what amount per month you have given her prior to joining C.E.F. C.A. S. F.

////////////

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance ////////////
Also state reason why she has no other means of support.

(17) Etes-vous assuré? Assurance résignée en 1938
Are you insured?

Si oui, dites dans quelle compagnie? Great-West Life Ins. Co.
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? /////
Have you made arrangements for payment of your Insurance Premium?

Si non, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.
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.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

R. Pollard LaPrel Pvt.
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date 4 septembre 1939.

Officier Commandant Lt. Col. Les Fus. A. R.
Officer Commanding

Date Sept. 4th 1939

Montreal, September 5, I938.,

HEADQUARTERS,
Military District No.4
I254 Bishop St.

c/o Q.M.S. V.J. Myatt
Room 307.
Montreal, P.Q.

Gentlemen,

A few months ago I was awarded a commission of 2/lieut in the " Fusiliers Mont-Royal" (65 th' Regiment).

Previously to that I was a cadet in the C.O.T.C. (University of Montreal) where after three years of serious studies I obtained, in I936, my certificat "A" (No. 85288).

However there seems to be some doubts about my true name, since my admission in the F.M.R. Regt,.

Upon that matter, our Adjutant received a letter from the Headquarters, asking if I "L.R. La Rue " was the same person corresponding to the name of "L.R. de Launay La Rue".

And that was the fact as I agreed. Lately Q.M.S. V.J. Myatt spoke to me about the same thing and asking this time to produce my Birth Certificat.

As asked, I am please to furnish you with that Birth Certificat and a few explanations.-

That certificat giving my name as L.R. La Rue it is natural to ask how and why I am using that other name: de Launay La Rue?

That's a very old story! That later name is really our family's. The attached documents will sufficiently prove it.-

And it was legally used by my ancestors until my grand'mother's death.

Why did her sons put it aside? I don't see any reason other than humility or indifference!

Though, I was not given my complete and true name to my birth, it is just the same and it is my right I presume to wear it. After all a name is an heritage that no one has the right to depart from!

Let me hope, Gentlemen, that these long explanations and the documents attached will clear up the matter,.

Yours' respectfully,

L. Rolland La Rue

L.Rolland La Rue.
3842 St-Hubert, St.
Montreal.P.Q.

Montreal, 18 mars, 1938.,

Lieutenant-colonel Paul Grenier, E.D.
Officier commandant
Les Fusiliers Mont-Royal".,
Montreal.P.Q.

Cher monsieur,

Dès le début, permettez-moi de vous remercier pour l'accueil bienveillant et toutes les courtoisies dont je fus honoré à nos dernières entrevues.

Il m'a fait plaisir de rencontrer messieurs les officiers,et,en visitant vos quartiers,deréaliser le bon esprit qui y règne!

Comme vous le savez, j'avais en me présentant des préférences pour le 65'; déja je suis très heureux de mon choix.

Cependant, je comprends qu'il ne suffit pas d'avoir choisi pour être automatiquement accepté.

Conséquemment, monsieur le commandant, je vous prie, de considérer cette présente lettre comme " demande" pour l'obtention d'une commission d'officier dans votre régiment; les " Fusiliers Mont-Royal".

Permettez-moi de répéter que je suis qualifié du C.O.T.C de l'U., de Montréal.

J'espère donc de tout coeur obtenir cette faveur,.

L. Rolland La Rue

L. Rolland La Rue,.
3842 St-Hubert.,

Prop par: Capt. Capt Chaput
Sec par Lieut Capt. Trudeau.

O.C., Les F.M.R.

DUPLICATE COPY

ACTIVE MILITIA OF CANADA

READ INSTRUCTIONS ON BACK

H.Q. .....

M.D. 4. M. 11-L-622

*Recommendation for { Appointment to / ~~Promotion in~~ / ~~Transfer to~~ } * ..... { Squadron, Battery or Company } * Les Fusiliers Mont-Royal. ..... Regiment

Headquarters at ..... Province of ..... Date ..... 193.....

1 Present Rank	2 (The Whole name in full, Surname last) (IN BLOCK CAPITALS)	3 Profession or Occupation	4 Residence and Post Office Address IN FULL	5 Native Country (If born abroad state if British Subject)	6 Date of Birth	7 Married or Single	8 Military Qualification: Qualified for rank of	9 Military Qualification: Branch of Service Number and Date of Certificate	10 Rank for which Recommended	11 Appointment to date from	12 How Vacancy was caused
-	LOUIS ROLLAND LA RUE	Interior Decorator	3482 St. Hubert	Canada	4/8/1912	S	Lieut. Infantry	"A" Inf. COTC. 85288 11-3-36 MO.359/36.	2/Lieut	27/4/1938	

13 Particulars of Education: Colleges or Schools Attended	DATES From	DATES To	Nature of Course	Degrees or Educational Certificates Obtained
St. Louis Mile End	1918	1928	General	Graduated- Matriculation.
St. Louis Terrebonne	1928	1930	Science & Commerce	-
Ecole Beaux Arts, Montreal	1930	1936	Fine Arts	

14 Particulars of active service. (See instructions on reverse side of Form.)

(Ex-Cadet, U. of M. C.O.T.C.)

MEDALS AND DECORATIONS

15

I certify that I am a British Subject and that the above particulars of myself are correct.

I am willing to accept this appointment.

L. Rolland La Rue
(Signature of Appointee)

Date 4th May, 1938

{ Signature of O.C. Sqn., Bty. or Coy. } .....

Date .....

{ Signature of O. C. Regt. } P. Grenier
(P. Grenier) Lieut-Col.
O.C. Les Fus. Mont-Royal.

Date 4th May, 1938

Recommended and Forwarded. R.O. Alexander
(R.O.Alexander), Brigadier,
District Officer Commanding

Military District No. 4.

Place Montreal, P.Q.

Date 5th May, 1938.

(Medical Certificate on reverse side must be completed)

This space for use at National Defence Headquarters only

Extract No. .....

Date .....

Canada Gazette No. .....

Date .....

M. B. 287
10M—4-37
H.Q. 1772-39-49

INSTRUCTIONS

READ THE INSTRUCTIONS CAREFULLY

†*Strike out the term not applicable. The Squadron, Battery, Company or similar formation to which the appointee is to be posted, transferred, etc., should be shown in all cases where units of the Regiment or Brigade, etc., are not centralized.

Under appropriate Columns information in accordance with the following must be inserted.

COLUMN No. 1—Whether holding any rank in the Canadian Militia, the Military or Air Forces of the British Empire. If so, rank, unit and force to be shown.

No. 2—Christian name (or names) and surname to be clearly inserted in full (surname last), particular attention to be given to correct spelling.

No. 3—The actual profession or occupation to be stated.

No. 5—If a naturalized British subject, how naturalization was obtained to be stated.

No. 6—Accuracy is essential as to the day, month and year of birth; verification may be necessary at a later date.

Nos. 8 and 9—All qualifications to be inserted.

No. 10—If a provisional or supernumerary appointment, it must always be so stated.

No. 11—Except under very special circumstances, appointments will not be antedated prior to the date of recommendation. If an antedate is recommended the reason therefor must accompany this Form.

No. 12—How vacancy was caused must be given, i.e., vice "————" promoted, transferred or retired as the case may be. "To complete establishment" is not correct after the establishment has once been completed.

No. 14—Particulars of active service. To include information as to actual theatre of war in which services were performed, with dates.

No. 15—The person recommended must sign his name, showing that he consents to the appointment or promotion.

No. 16—Medical Certificate to be completed in compliance with paragraph 126 K.R. (Canada), 1926.

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a—In all instances this recommendation must be sent direct by the Squadron, Battery or Company Commander to the Officer Commanding the Regiment for his recommendation to the Officer Commanding Division or District.

b—In all instances "Transfer Receipt" of Stores must accompany the recommendation for promotion, or the resignation of an Officer Commanding a unit.

c—For full instructions see "The King's Regulations and Orders for the Canadian Militia, 1926".

MEDICAL CERTIFICATE

CERTIFIED that the Candidate has been medically examined in accordance with instructions laid down in Appendix No. 6, Regulations for the Canadian Medical Service, 1923, and has been found fit for Category ....A....

Date ....5/4/38....

....E. Hawkes Major R.A.M.C....
Signature of Medical Officer

TRIPLICATE

ARMÉE ACTIVE DU CANADA

DÉCLARATION SUPPLÉMENTAIRE POUR LES OFFICIERS

(Applicable également aux infirmières)

Nom LARUE LOUIS ROLLAND Grade Lieutenant

Unité Les Fusiliers Mont Royal C.A.S.F. Numéro individuel

Je, soussigné, Louis Rolland LARUE.

étant officier dans la Milice canadienne et, par ma déclaration en date du 4 ieme jour de septembre., m'étant déclaré prêt à servir dans l'Armée Active du Canada quand et aussi longtemps que j'en serai requis, déclare en outre que je suis prêt à faire du service actif dans l'Armée Active du Canada partout au Canada aussi bien que en dehors du pays et outre-mer, pendant la durée de la présente guerre aussi bien que durant la période de démobilisation subséquente, si Sa Majesté requiert ainsi mes services.

Témoin [illegible] Lt. Col. R. Rolland Lee Lt.

Signature et grade de l'officier

Date 3 oct.39

REMARQUE. — Cette déclaration doit être faite en triple exemplaire dont un exemplaire devra être joint à chaque duplicata et triplicata original de la déclaration d'officier, Formule M.F.M. 1 Fr.

2. Si la formule M.F.M. 1 Fr. a déjà été transmise au bureau des archives du Quartier général de la Défense Nationale, l'original de cette déclaration lui sera communiqué pour y être adjoint.

M.F.M. 1 (x) Fr.
2M — 9-39

No _____ Rank Captain Name LARUE, Louis Rolland

Unit ~~H.Q. G. C.J.B.~~ (FOS. MONT ROYAL) Date of death 19th Aug., 1942.

Died at FRANCE

Cause For official purposes presumed Killed in action.

Death occurred on strength of Forces. HQ 558-12-83 d _____

N/K Mr. L.E. Larue Relationship Father

Address 906 St. Joseph Blvd., East, Montreal, P.Q.

Remains buried in _____ Cemetery

Grave location BROOKWOOD MEMORIAL

CHK

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. JAN 22 1945

ROYAL MESSAGE DESP'D. JUN 30 1944

CAN. MESSAGE DESP'D. 26/6/44