V3888
BENOIT
JOSEPH BERTR

N.S. P.126425 SEP 1 [illegible]

N.S. CANADA

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

2

Section A—GENERAL INFORMATION

1. (a) Print name in full [illegible] (b) Reg'l. No. K3888
2. (a) Arm of service (b) Unit (c) Rank
3. (a) Date of birth (b) Have you any dependents? (c) Place of residence at time of enlistment
4. (a) Place of enlistment (b) Date of enlistment

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school (b) Were you attending school or college up to the time of enlistment?
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.)
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?

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) (b) At time of enlistment of what trade union or professional society were you a member?

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 Address
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 (b) Number of years' experience at this occupation with any employer
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?
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

O.H.F. RECEIVED

DATE [illegible] 194.... SIGNATURE

Copy To:
VWD
ES

SEP 19 1941

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Alphonse Benoit,
204 Manseau St.,
Ville St.Joseph,
DRUMMONDVILLE? Quebec.

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

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

and the following number quoted:—

H.Q. NS V-3888 FD 1005

ESTATES BRANCH
MAR 15 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 26 1945

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

BENOIT, Joseph Bertrand Alphonse, Cook,

V-3888 R.C.N.V.R.

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

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

H. R. Wade.
Lieut.-Commander, R.C.N.V.R.
for Director of Estates.

HRW/HO

M.F.W. 77
16M-10-44 (5854)
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	INFORMANT'S STATEMENT: 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.....		M.Alphonse Benoit, décédé le 10 avril 1914		
4	Mother of the Deceased..... X		Mme Ernestine Boisclair Benoit	67 ans	204 rue Manseau, Ville S.Joseph, Comté de Drummond, Qué.
5	Brothers of the Deceased	Full Blood	Charles Edouard Benoit	40 ans	Ville S.Joseph, Cté de Drummond, Qué.
			Rodrigue Benoit	34 ans	Ville S.Joseph, Cté de Drummond, Qué.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mathilda Benoit	41 ans	Ville S.Joseph, Cté de Drummond, Qué.
			Mme Elizabeth Benoit Beaulieu	38 ans	Jonquière, Qué.
		Half Blood			
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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	J.Alphonse Bertrand Benoit
9	Date of his birth.	5 juin 1914
10	Place and date of his marriage.	célibataire
11	Place and date of his parents' marriage.	S.Zéphirin de Courval, Cté d'Yamaska 24 juin 1902

PARTICULARS OF DOMICILE

12	Place where deceased was born.	S.Cyrille de Wendover, Cté de Drummond
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* Cap de la Madeleine, Qué. 1932 à 1941 *(b)* Trois-Rivières, Qué. 1920 à 1932 *(c)* S.Cyrille, (Drummond),Qué. 1914 à 1920 *(d)*
14	Nature of employment before enlistment.	cuisinier
15	State whether he owned the premises in which he lived, and, if so, where situated.	Il ~~xxx~~ ne possédait aucune propriété.
16	Name place where deceased stated he intended to make his permanent home.	Ville S.Joseph, comté de Drummond, P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Oui.
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?	célibataire
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	non
20	Amount of War Savings Certificates held by deceased. Indicate where located.	aucun
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	aucun
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Mutual Life Ins. Co. of New York $1000. payable à la mère du défunt Mme Ernestine Boisclair Benoit, bénéficiaire.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	aucun

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.	aucun
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.	Il n'y a aucun service de chanté actuellement.

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

(PLEASE TURN OVER)

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

* mother of the deceased.

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

Ernestine Benoit Boisclair (Signature of Informant)

204 rue Marseau

Ville St. Joseph, Cté de Drummond (Address)

P.Q.

St. Simon n.f. witness.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Mme Ernestine Boisclair.....

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

Dated at S.Simon de Drummond this 13th day of March 19 45.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. St. Simon n.f. Qualification Notary Public

Address S.Simon de Drummond, Qué.

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

X. Ray Paid
29/12/41

Can. B. 207

100 M—11-40 (7881)
N.S. 815-2-207

CANADA

Certificate of Medical Examination of Officers, Men and Boys

NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and **forwarded to the Naval Secretary, Department of National Defence, Ottawa.**

I, the undersigned, have examined Alphonse BENOIT

‡candidate for entry as Asst. Cook, (S)

and I believe him to be *{in all respects fit for His Majesty's Service. / unfit for His Majesty's Service for the reason stated below.} He has signed the Certificate given below in my presence.

‡ Strike out if inapplicable. * Delete one.

This examination has been made in accordance with the current Instructions as to Medical Standards.

Age {Years / Months (a)	Weight without Clothes (b)	Height with Bare Feet (c)	General Development (d)	Chest Girth (e)	Vision by— (i) Snellen's Types (ii) Colour Vision (f)	Vaccinated or revaccinated for Small Pox (Date)	Lungs, Heart, etc. (h)	Abdomen, Hernia, etc. (i)	Limbs and Joints (k)	Skin (l)	Ears and Hearing (m)	Testes, Varicocele, etc. (n)	Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc. (o)	Anus, Hæmorrhoids, etc. (p)
	lbs.	ft. ins.		inches (a) maximum / (b) minimum / (c) mean	right eye / left eye / *colour vision									
24 y.	138	5'1"	Good.	(a) 35- (b) 33 (c) 34	6/12. 6/12 Colour Blind	Vac. childhood	normal	normal	normal	normal	normal	Scrotal tumour (Hydrocele) Right.	Upper. Irregular. Inferior. Normal	Normal

*If colour vision is not normal by Ishihara test. degree of colour blindness to be indicated.

Red-Green colour Blind. She can. Distinguish. Gross colours

X-ray { Not taken. / Approved. / Positive. / Doubtful.

X. Ray: J.H. 1184 DEC 2 1941 X-RAY CHEST - NEGATIVE

Write in the appropriate notation, and any remarks necessary.

CERTIFICATE TO BE SIGNED BY CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, †*Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. ‡I am willing to undergo, after entry, such dental treatment, vaccination, or inoculations as may be authorized.

Alphonse Benoit
Signature of Candidate

† The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.
‡ Strike out if inapplicable.

When a Candidate is subject to a defect or disability, the following information is to be inserted:

This Candidate is the subject of: Scrotal Tumour: Hydrocele Right.

*{which renders him medically unfit for service, / not considered of sufficient importance to cause his rejection, he being desirable in other respects.

* Delete one.

IF REJECTED insert here UNFIT in block letters

Dated at Quebec, the 1st of December 1941 19

Examining Medical Officer

(*Rank*) Maj

N. V. 5

50M—1-41 (8973)
N.S. 815-11-5

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME BENOIT OFFICIAL NO. V 3888

CHRISTIAN NAMES Joseph Bertrand Alphonse MARRIED, SINGLE OR WIDOWER Single

PERMANENT ADDRESS	RELIGION
77 Notre Dame Street, Cap de la Madeleine, P.Q.	R.C.

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
5th June 1914	Town St Cyrille de Wendover County Province Co, Drummondville	Mother ; Ernestine BENOIT same Address,
*Original Nationality of: Father Canadian Mother "		

*If not the son of natural born British parents, particulars to be given at foot of next page

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet 5 Inches 9	Inflated 35 Deflated 33 Mean 34	Brown	Grey	Dark	Vaccinated left arm,

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
	Coook,

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
~~Div. Strength~~ 3rd August 1941	Asst . Cook,	Quebec

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

(1) That I am a British Subject domiciled in Canada.

(2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.

(3) That * (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

* (b) I served in not applicable, for the period shown, and attach my record of service, in corroboration of this statement.

*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

(c) I have never been rejected for or discharged from any of His Majesty's Forces on account of unfitness.

(4) That the particulars contained above are correct and true according to the best of my knowledge and belief.

(5) On being enrolled as a member of the Quebec Division of the Royal Canadian Naval Volunteer Reserve, I undertake to bind myself:—

(a) To serve from the date thereof for the duration of hostilities, being subject to the provisions of the Naval Service Act, and of the Regulations made in pursuance thereof for the government of the Royal Canadian Naval Volunteer Reserve, and to the customs and usages of His Majesty's Canadian Naval Service.

(b) To report for active service if called upon in time of war or emergency, and, if called into active service, to serve ashore or afloat as may be directed, according to where my services are required.

(c) To keep in good repair and condition the articles of uniform and any articles of outfit which may be issued to me and to return them to the nearest Divisional Commanding Officer or to Training Headquarters prior to my discharge or when required so to do by any authorized person, or to pay compensation for any loss or damage thereto other than fair wear and tear; and also not to wear such uniform or outfit (which is and remains the property of the Crown) except when on naval duty.

(d) To undergo vaccination or re-vaccination, or inoculation, as considered necessary by the appropriate authorities.

Dated this 3rd day of August, 1941

Signature of applicant Alphonse Benoit

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this 3rd day of August, 1941

John L. Hope

~~Signature of and rank~~ of Attesting Officer.

Lieut. R.C.N.V.R.

(D) OATH OF ALLEGIANCE

I, Joseph Bertrand Alphonse BENOTT, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Britannic Majesty, His heirs and successors according to law.

Signature of Applicant Alphonse Benoit

Witness John L. Hope

Date 3rd August, 1941 Rank Lieut. R.C.N.V.R.

The Oath of Allegiance may be administered by a Commissioned Officer of the Naval Service.

(E) CERTIFICATE OF ATTESTING OFFICER

Joseph Bertrand Alphonse BENOIT having been duly enrolled to serve in the Royal Canadian Naval Volunteer Reserve Force, I have caused his name and every prescribed particular to be recorded in the Record Book of the Quebec Division of the R.C.N.V.R. or in the appropriate official documents.

John L. Hope

~~Lieut. R.C.N.V.R.~~ Attesting Officer.

3rd August, 1941 194 R.C.N.V.R. Division (or other establishment) Quebec

NOTE.—This form when completed and when the particulars on it have been noted in the Divisional Commanding Officer's Record Book, is to be forwarded to Headquarters, Ottawa, for custody.

The Certificate of medical examination, B-207, and certificates of previous service are to be sent to Headquarters, Ottawa, with this form.

Certificates of previous service will be returned after they have been examined at Headquarters, Ottawa.

DEPARTMENT OF VETERANS AFFAIRS

D OF D 24-11-44

AWARDS NAVY

WAR SERVICE RECORDS

D.D.

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BENOIT	Joseph Bertrand Alphonse	Ck. (S)	V-3888	FILE No.

WAR SERVICE BADGE (CLASS) No. Nil

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Atlantic Star C.V.S.M. & Clasp War Medal	3094

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Nov, 45 "SHAWINIGAN"

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP

REGN. NO 499

(1) MEDALS

PERSON ENTITLED TO Mrs. Alphonse Benoit - Mother

ADDRESS: 204 MANSEAU St.,
Ville St. Joseph,
DRUMMONDVILLE, Que

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. A. Benoit

ADDRESS: 204 Manseau St., Ville St. Joseph,
Drummondville, Que.

(3) 26-3-45

N.V. 17
15M—4-40 (4717)
N.S. 815-11-17

195 / 12 7.1.43

O.H.F.

CERTIFICATE of the SERVICE of

Joseph Bertrand Alphonse BENOIT

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters	R.C.N.V.R. Division	Official Number V 3888
HALIFAX	QUEBEC,	"
		"

Date of Birth 5th June, 1914

Place of Birth St Cyrille de Wender, Co. Drummond,

Place of Residence 77 Notre Dame St. Cap de la Madeleine

Trade brought up to Cook

Religion R.C.

Name and Address of Nearest Relative or Friend (in pencil)

Mother: Ernestine Benoit
same address

Can Swim:—P.P.T. Date ..... 19..... Signature ..... Rank .....

P.S.T. Date ..... 19..... Signature ..... Rank .....

PARTICULARS OF SERVICE

Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment
3rd May 1941	3rd August 1941	Duration of Hostilities	Asst. Cook

MEDALS, DECORATIONS, etc.

Date of Award	Date of Presentation	Nature of Decoration
	24 Feb 44	Canadian Voluntary Service medal & Clasp 1939-43 Star - Prov. Award.

PERSONAL DESCRIPTION

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry	5	9	37	155	Brown	Grey	Dark	Vaccinated left arm,
On re-enrolment—6 years' Service								
On re-enrolment—12 years' Service								
Further Description if necessary								

TRANSFER BETWEEN DIVISIONS

From	To	Date

TRANSFER—LISTS A AND B

List	Date	Authority

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE
				Divisional Strength			
1941	Quebec Div R.C.N.V.R.			Asst/cook	3 Aug	30 Nov	
				Active Service			
1941	H.M.C.S. Montcalm			Asst/cook	1st Dec	1 Feb/42	
1942	H.M.C.S. "Montreal"			Asst. Cook	2 Feb. '42	30 Mar. '42	
1942	Stadacona			Asst. Cook	31 Mch '42	30 apl 42	
	H.M.C.S. "Cornwallis"			— " —	1 May 42	25 May 42	
	Stadacona			— " —	26 May 42	2 June 42	
	Cornwallis			— " —	3 June 42	30 Aug '42	
				Cook(s)	31 Aug '42	22 Jan '43	
	Stadacona (Quesnel)		✓	— " —	23 Jan '43	23 May '43	
	Stadacona			— " —	24 May '43	23 June '43	
	Stadacona (Shawinigan)		✓	— " —	24 June '43	24 Nov. '44	D.D.

Wounds Received in Action, Hurt Certificates, Meritorious Service, Special Recommendations, Prizes or other Grants

Date	Details	Captain's Signature
31 May '43	Issued I.C.T. D/# 375397	2590 4

5 Mch. 44 28-0 annual leave D.N.H.

NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	LEDGER List	LEDGER No.	RATING	FROM	TO	CAUSE OF DISCHARGE

EXAMINATIONS, NOTATIONS, QUALIFICATIONS			RECORD OF RATING		
Date	Particulars	Captain's Signature	Rated	Date	Authority for Advancement or Reason for Disrating to be stated
3rd August, 941	Identity card N. S. Issued # 36255	K. L. Johnson			
5 June '42	Passed prof. Cook (S)	[illegible] Clark			

Name Joseph Bertrand Alphonse BENOIT **Conduct**

SECOND CLASS FOR CONDUCT (Inclusive Dates)		CHARACTER, ABILITY IN RATING ON COMPLETION OF TRAINING, DISCHARGE FROM THE SERVICE, AND ANNUALLY, 31ST DECEMBER, WHILE MOBILIZED			
From	To	Character	Efficiency in Rating Noting Substantive Rating in Brackets	Date	Captain's Signature
		V.G.	Mod (Asst Cook)	31 Dec'41	K.L. Johnson
		V.G.	Sat (Cook(S))	31 Dec'42	G.W. Arnold
		V.G.	Sat (Cke(S))	31 Dec '43	E.P. Baffry
		V.G.	Sat (Cook(S))	24 Nov. '44	E.V. Bentam

R.C.N.V.R.
GOOD CONDUCT AND GOOD SERVICE BADGES

Date	G.S.B. or G.C.B.	1st, 2nd, 3rd	Granted, Deprived, Restored

TIME FORFEITED

Date	P., D.C., C.P., or W.T.	No. of Days	
		Awarded	Served

VERIFICATION FORM
CAMPAIGN STARS, DEFENCE MEDAL, WAR MEDAL, C.V.S.M. and CLASP.
NAVAL GENERAL SERVICE MEDAL (1915).

NAME IN FULL BENOIT Joseph Bertrand alphonse RANK/RATING Cook (S) OFF.NO. V-3888 ADDRESS

SHIP	SERVICE FROM	SERVICE TO	SERVICE DAYS	AREA	QUALIFYING PERIODS IN DAYS FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS MEDALS	✓ 1 2	ELIGIBLE FOR AWARDS OF
Montreal	3.2.42	30.3.42	56									1939-45	1	Star
Tuesnel	23.1.43	23.5.43	121	atlantic								ATLANTIC	1	Star
Shawinigan	24.6.43	24.11.44	520	atlantic								FRANCE G.		
Discharge Missing presumed Dead: To Date: 24.11.44												AFRICA		
												PACIFIC		
												BURMA		
												ITALY		
												DEFENCE		
												C.V.S.M.	2	@ Clasp
												" CLASP		
												WAR 1945	1	Medal
												WAR 1915		

VERIFIED BY L. Lehert

VERIFIED BY P. Gadbois

VERIFIED BY

DIR. OF PERSONNEL RECORDS.

"Comwallis"

A/S 1/12/41
3/8/41

Shawnigan
24/6/43

C.N.S. 264 (S. 536D.)
50M-11-40 (7813)
N.S. 815-9-264

Name Joseph Bertrand Alphonse BENOIT

Sub-Rating and Seniority Asst. Cook Non-Sub. .....

O.N. V-3888 S.B. No. ..... W.B. No. .....

Joined Ship ~~2nd February, 1942~~ 26/5/42 from ~~H.M.C.S. "Montcalm"~~ "Comwallis"

Engagement: Period Duration Expires .....

Date of Birth 5th June, 1914 Religion Roman Catholic

Character V.G. Efficiency Sat. Date 28/3/42

Badges ..... Class for Conduct ..... Class for Leave .....

Date due for: Next Badge .....

Progressive Pay .....

L.S. & G.C. Recommended .....

Advancement.	Wishes to Pass?	Recommended?	Date Qualified?
Educ. Test Pt. 1	.....	.....	.....
Higher Educ. Test.	.....	.....	.....
Professonal for higher Sud-rating	.....	.....	.....
do Non-Sub.	.....	.....	.....

Any Non-Service Attainments .....

.....

Swimming Qualification .....

Athletic capabilities .....

General Remarks (including intelligence, energy, initiative, powers of command).

Tries hard, works well; learns quickly.
Keen enough.

H.M.C.S. "MONTREAL" N R Campbell

Officer of Division.

Date 30th March Lieutenant R.C.N.V.R.

Notes:—(1) This form is to be kept for each rating by the Officer of his Division.
(2) The form is to be completed to date, and signed by the Officer of the Division before the rating changes his Division or Ship.
(3) On a rating changing his Ship or Establishment, Form S.264 is to be transferred with his other papers for the information of the next Officer of Division.

MRR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

[illegible] Bertrand Alphonse BENOIT
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. 3083

FILE NO. [illegible]

DATE 2 Mai/45

SERVICE NO. V3888

FINAL RANK OR RATING Cook(S)

DATE OF DISCHARGE 24 Nov/44

Mr. Alphonse Benoit,
[illegible] rue Manseau,
Ville St. Joseph, Comte Drummond, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 24 Nov/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1026/30 EQUAL TO 34 COMPLETE PERIODS AT $7.50	255.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 641 LESS 6 INELIGIBLE DAYS, EQUAL TO 635 DAYS @ 25c. PER DAY	158.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY	$ 1.95	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.45	
	ADDITIONAL PAY H.L.M.	$ .25	
		$	
		$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83	
	TOTAL	$ 4.48 ×7 = $ 31.36	
	NO. OF DAYS 635/183	×$ 31.36	108.82
D. WAR SERVICE GRATUITY			522.57
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	Nil
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE			522.57

MAY 3 1945 1945 1945 1945

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ _____ OF $ =$ 522.57

Cheque 11815- 21/5-45

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
SJD	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	21/5/45

SERVICE REPRESENTATIVE

for Dir. Naval Pay Accting.

CANADA

Department of National Defence
Naval Service
Ottawa, Canada.

OUR FILE N.S. 4000-32,
PERS.(N) "N"/4.
YOUR FILE

3136

ATTENTION: Mr. E. Heppenstall

14 November, 1947.

MAIN FILE
CHARGED TO
SINCE
REC'D. CENTRAL REGISTRY
NOV 17 1947
REFERRED TO A.D.R.
V-3888

FROM: Director of Personnel Records,
Naval Service Headquarters,
OTTAWA, Ontario.

TO: Director of War Service Records,
Department of Veterans Affairs,
#8 Temporary Building,
OTTAWA, Ontario.

With reference to your verbal request the following are casualties in the Canadian Naval Forces whose place of residence on enlistment is Cap-de-la-Madeleine, Quebec.

NAME, RANK/RATING, OFFICIAL NO. UNIT.	PLACE OF DEATH	PLACE OF RESIDENCE ON ENLISTMENT.
BENOIT, Joseph Bertrand Alphonse. Cook (S), V-3888, R.C.N.V.R.	At sea. Missing, presumed dead from H.M.C.S. "SHAWINIGAN".	77 Notre-Dame Street, CAP-DE-LA-MADELEINE, Quebec.
WATSON, Matthew Engine Room Artificer, A-1258, R.C.N.R.	At sea. Missing, presumed dead from H.M.C.S. "BRAS D'OR".	19 Mercier Street, CAP-DE-LA-MADELEINE, Quebec.

L Aakins.
for (S.R. HANRIGHT),
LIEUT. CDR. (S), R.C.N.,
DIRECTOR OF PERSONNEL RECORDS.

H.Q. 1010
250M—2-46 (2212)
N.S. 7570-H.Q. 1010

ESTATES BRANCH

H.Q.N.S.V-3888 FD.1005

12th November, 1945.

Mrs. Ernestine Benoit,
204 Manseau Street,
Ville St.Joseph,
Drummond Co., P.Q.

BENOIT, Joseph B.A., Cook (S)(Deceased)
No. V-3888, R.C.N.V.R.

Dear Mrs. Benoit:

Distribution can now be made of the amount of money here at credit of your late son.

The total amount available to this Branch for distribution is $14.17, and is made up as follows:-

Balance of pay and allowances	$ 2.95
Credit for Kit Upkeep Allowance, Hard Lying Money, and Grog Money	2.82
Refund of Seventh Victory Loan Bond	8.40
TOTAL	$14.17

The whole amount will be paid to you as sole beneficiary named in your son's Will on file here.

Treasury has been requested to forward to you a cheque in the amount of $14.17, and on receipt of same would you kindly sign and return the enclosed form to the Director of Estates, Department of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

(L.M. Firth) Colonel,
Director of Estates.

HRW:MS
Encl.1

042097

69 #986.

ACCOUNTS OF MEN DISCHARGED

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name BENOIT, Joseph *Rating* Cook (S)

Official No. V-3888 *H.M.C.S.* Stadacona *List* 12-11/10

*Who** D.D. *on the* 24th November, *19* 44

	$	cts.
Net sum due on ledger on account of Wages	2	95
Proceeds of sale of Effects charged against Wages, brought from the other side		
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side		
Found amongst Effects		
Debts collected §		
Cash debited in the Accountant Officer's Cash Acct		
If in debt in ledger, amount to be stated (in red ink)		
Rate of allotment (in words) AP 30.00 New Nov.8.40 charged to Oct. Nov.		
Name of ship from which transferred SHAWINIGAN (Stadacona)		
Total† CREDITOR	2	95

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. STADACONA amounting to a net balance† CREDITOR of TWO dollars Ninetyfive cents. disposed of by Official Receipt No.162-090690 Stad.Div.1A March/45 Quarter.

Dated on board H.M.C.S. Stadacona at Halifax, N.S.

this 13th day of April 19 45

Approved

A/CAPTAIN RCNVR Commanding Officer.

Lieut. Cmdr.(S), RCNVR Accountant Officer

Supply

Initials of the Assistant Accountant Officer

For Use at Headquarters. $.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

Date.....19.....

*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".

§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M—10-40 (7450)
H.Q. N.S. 815-9-45

Noted
D.N.P.A.
24-4-45
C.D

ACCOUNT OF SALE OF THE EFFECTS

SOLD before the Mast, the.....day of.....19.....

TO WHOM SOLD		PARTICULARS	Charged in Ledger		Paid for in Cash	
No. Ship's Book in consecutive order	NAME (If any are not sold, state how they are to be disposed of)					
		Total proceeds of sale carried to account on the other side				

.....{Lieutenant or Officer who attended at the sale of the Effects.

The whole of the Effects which were left by the person named on the other side, are enumerated in the above Account and on the other side thereof.*

.....Signature

.....Rank

.....Signature

.....Rank

When the effects are those of an Officer, this statement is to be signed by two of his messmates; when they are those of a Petty Officer, Seaman or Boy, it is to be signed by the Executive Officer and by the Master at Arms or a Ship's Corporal.

Six copies to be rendered to Naval Service Headquarters

Persnl translation 3/4/45 2/8 FD 5'29

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

426073

H.M.C.S. "SHAWINIGAN" at sea.

Name Joseph Bertrand Alphonse BENOIT
(Christian names in full)

Rank of Rating Cook (S) Official No. V-3888 R.C.N.V.R.
(If unknown, date of first entry)

Place of Birth St. Cyrille de Wender, Co. Drummond. Date of Birth 5 June, 1914.

Occupation in Civil Life Cook Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) Active Service 1 Dec., 1941 - 24 Nov., 1944.

Date of Death 24 November, 1944. Place of Death At sea

Cause of Death Enemy action. Ship lost at sea.
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Ernestine Benoit Relationship Mother
Address 204 Manseau St.,
Ville St. Joseph, Drummondville, P. Q.

Date on which the above was informed by Ship Not known.

Date on which death was registered with local Officials Not known.

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality Not known.

Place of Burial -- (if known) Date of Burial -- (if known)

Location, Number, etc., of grave -- (if known)

Undertaker employed -- (if any)

If borne for discipline only, date D.S.Q. or invalided --

H. R. Taylor
Commanding Officer,

11/4 1945

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

Noted & NPA
MMS
16/4

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

WILL

C.N.S. 545
60M—7-43 (866)
N.S. 815-9-545

(1) I, Joseph Bertrand Alphonse Benoit, of the Town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Drummondville, in the County District of Drummond

Province of Quebec, Clerk
(Civil Occupation)

at present serving in His Majesty's Canadian Ship Shawinigan
do hereby revoke all former wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto

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

My mother, Mrs. Ernestine Benoit, 204 Manseau St.,
St. Joseph, Drummondville, Quebec, all my estate

(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

Relationship, names and addresses of residuary beneficiaries.

(4) I appoint Mrs. Ernestine Benoit 204 Manseau St. Drummondville, Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of October
19..44

Signed, published and declared by the above-named testator as and for his last will and testament in the presence of us both present at the same time, who at his request and in his presence have hereunto subscribed our names as witnesses.

J. B. Benoit
(Name)

Cook V3888
(Rank or Rating) (Official No.)

First witness sign here.

(5) Signature H. F. Baird

Civil Address 173 Northumberland St. Fredericton, N.B.

Civil Occupation Forest Engineer.

Second witness sign here.

Signature A. Henri Duval

Civil Address 705 Des Seigneurs. Montréal Que

Civil Occupation Checker

(Beneficiaries are not to be Witnesses.)

[OVER]

NOTE

(1) Example: I, John Charles Jones, of H.M.C.S. *Snowberry*.

(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 testator will date the Will and sign same. Two witnesses must sign in the presence of the testator, 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.

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, an officer or rating 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.

ESTATES BRANCH NATIONAL DEFENCE
MAR 15 1945
OTTAWA
Ont.

8L4

HDC/GS S.N. V-3888, PERS.(N) 'N' 5

62

RECOMMANDEE

Ottawa, le 28th août 1945.

Madame,

Pour faire suite à ma lettre du 15 février 1945, je vous informe que le ministère peut maintenant fournir de plus amples renseignements touchant la perte du navire sur lequel était votre fils. Je vous transmets donc les détails suivants qui vous intéresseront sans doute.

Le "SHAWINIGAN" a quitté Sydney, N.-E., le 24 novembre 1944 pour escorter un navire marchand jusqu'à Port-aux-Basques, Terre-Neuve, et il est arrivé en vue de Port-aux-Basques la même nuit. Conformément aux ordres reçus, il devait ensuite patrouiller la région toute la nuit, puis rencontrer le même navire marchand le lendemain matin et revenir avec lui à Sydney.

Le navire marchand est arrivé à Sydney sans escorte dans la nuit du 25 novembre et, après s'être assuré que le "SHAWINIGAN" ne s'était pas montré au rendez-vous désigné pour servir d'escorte, en conformité des instructions, on a fait des recherches et constaté la disparition du "SHAWINIGAN".

Le ministère était alors d'avis que le navire avait été torpillé par un sous-marin ennemi dans la nuit du 24 au 25 novembre 1944, car on savait que des sous-marins opéraient dans cette région. Depuis, cette hypothèse a été confirmée par des preuves de source allemande. Bien qu'on n'eût trouvé aucun survivant, les recherches ultérieures permirent de découvrir quelques cadavres que la marée avait transportés à une certaine distance de la région où l'on savait que le "SHAWINIGAN" naviguait. Par conséquent, nous ne pouvons pas établir de façon exacte l'endroit où le navire a été coulé; toutefois, d'après les témoignages des Allemands et les calculs du ministère, on est d'avis que l'incident s'est produit dans les environs de la limite de trois milles au large de Channel Head, près de Port-aux-Basques, Terre-Neuve.

Veuillez agréer, madame, mes respectueuses salutations.

Le secrétaire du Conseil naval,

Despatched by Sec. N. B.
Date 29.8.45
Time 1400

Mme Alphonse Benoit,
204, rue Manseau,

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: AT SEA

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

	Years	Months	Days
(a) In hospital or institution			
(b) In municipality where death occurred			
(c) In Province			
(d) In Canada (if immigrant)			

3. NAME OF DECEASED

Surname: BENOIT (Block letters)

Given names: Joseph Bertrand Alphonse

Do not write in this space

4. RESIDENCE

Street: Notre Dame Street No. 77

Official name of civil municipality or township: Cap de la Madeleine

Municipal county: Province: P.Q.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Canadian	Canadian	Single

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): St. Cyrille de Wendover, Drummondville, P.Q.

11. DATE OF BIRTH: June (Month) 5th (Day) 1914 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
30	5		....hrs. or....min.

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: Restaurant

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: No burial

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November, (Month) 24th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) MISSING, PRESUMED DEAD,

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b) when the ship in which

due to

(c) he was serving, H.M.C.S.

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

"SHAWINIGAN", was lost while on operational duty at sea.

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....19....

State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide....Date....19.... (State which)

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

H.B. Money

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

Paymaster Commander (S) R.C.N.R.
Director of Personnel Records.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Naval Service Headquarters,
Ottawa, Ont.

St. Joseph Drummondville
26 février 1943

BUREAU FOR TRANSLATIONS
DEPT. OF NATIONAL DEFENCE
FEB 28 1945
Rec'd.....

Secrétaire de la Marine

C'est avec
peine que j'ai reçu votre
lettre du 13 février me
disant que vous n'aviez pas
eu d'autre nouvelles de mon
fils Joseph Bertrand Alphonse
numéro officiel V 3888 j'aurai
toujours garde une espé-
rance je crois qu'il faut
se résigner que tout est
bien fini — — — —
Je vous demande si vous
avez un service dans
ses cas là et me dire s'il ont
péri de jours ni de nuit et
vers qu'elle heure de plus

plus s'il vous voulez en envoyer
un souvenir il nous avait
fait agrandir le portrait
de la corvette Shawinigan
pour l'apporter quand il vien-
drait nous voir je suppose
que tout est disparu ce ~~ses~~
serait pour moi un grand
souvenir — — — —

Je vous remercie de toutes
les sympathies que la
marine a bien voulu parta-
ger avec moi

Une mère encensolable

Inde Alphonse Benoit
204 Lamoreau
St Joseph
Drummonville

P Que

ERM

32

N.S. V-3888, F.D. 192 PERS(N)

15th February, 1945.

THIS IS TO CERTIFY that according to official information Joseph Bertrand Alphonse Benoit, Cook (S), Official Number V-3888, Royal Canadian Naval Volunteer Reserve, is missing, presumed dead to date the 24th of November, 1944, when the ship in which he was serving, H.M.C.S. "SHAWINIGAN", was lost while on operational duty at sea.

SECRETARY, NAVAL BOARD.

N.S. V-3888 F.D. 192 (PERS.N.)

February, 1945.

THIS IS TO CERTIFY that according
to official information Joseph
Bertrand Alphonse Benoit, Cook (S),
Od

SERVICE

O.N. ~~V-2822~~ V-3888

25

NAME BENOIT, Joseph Bertrand Alphonse.

PRESENT RANK/RATING: Cook (S).

DATE TAKEN ON ACTIVE SERVICE: 3.2.42.

SERVICE

SHIP OR ESTABLISHMENT	FROM	TO
HMCS Montcalm	3.2.42	
Montreal (Est)	3.2.42	29.3.42
Stadacona	30.3.42	1.5.42
Cornwallis	2.5.42	26.5.42
Stadacona	27.5.42	1.6.42
Cornwallis	2.6.42	22.1.43
Quesnel	23.1.43	23.5.43
Stadacona	24.5.43	23.6.43
Shawinigan	24.6.43	

IMPORTANT

(WILL): No.

NAME & ADDRESS OF NEXT OF KIN: MOTHER:
Mrs Alphonse BENOIT,
204 Manseau St.,
Ville Saint Joseph,
Drummondville, Que.

HAS DISCHARGE FOR ANY REASON BEEN PREVIOUSLY APPROVED? No.

REASON:

DATE:

INITIALLED Ja.

DATE 6.12.44

SECTION: V.R/3.

(TO BE COMPLETED IN INK)

P.126426

QUESTIONNAIRE FOR CANDIDATES

FOR ENTRY IN THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE.

DEPT. OF NATIONAL DEFENCE
SEP 15 1941
CANADA
N.S. 113 B 2191

Name (in full) Joseph Bernard alphonse Benoit

Date and place of birth 5th June 1914 St Cyprien de Napierville
(Birth certificate, declaration by parents or affidavit as to date of birth must be attached)

Permanent place of residence 77 Notre Dame Cap de la Madeleine

Nearest town to residence (if living in country) Cap de la Madeleine

Are you a British subject? Yes

Are you single, married or a widower? Single

In what capacity do you wish to enrol? Asst Cook
(See standards of qualification in attached pamphlet)

Present occupation or trade? Cook
(Attach any testimonials or recommendations)

Do you belong to any Naval, Military, Reserve or Territorial Force? no

Have you ever served with such forces? Give dates and details..... no

Have you ever been discharged from any of H.M. Forces as medically unfit? No

Have you ever offered to serve in any of H.M. Forces and been rejected? No

What is your weight? 5:9" What is your height? 150

What is your chest measurement (not inflated)? 33

Are you free from all physical defects or malformation, and not subject to fits? Yes

Are you willing to be vaccinated or re-vaccinated and inoculated as considered necessary by the appropriate authorities? Yes

I hereby declare that the above answers are true in every respect

Signature Alphonse Benoit

Date 3rd July 1941

Address 77 Notre Dame Cap de la Madeleine Que.

Jean Marie Fillion
(Witness to Signature)

This is to certify that I have personally seen the birth certificate of thos applicant or a sworn declaration as to his date of birth. This date of birth, legaly, is 5-6-1914.

J. L. Hoste Lieut
for Commanding Officer.

P.1.

V3888 OFFICIAL NUMBER | NAME BENOIT (Surname) Joseph, Bertrand Alphonse (Given Names) | OFFICIAL NUMBER V3888

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year
Quebec Div. Str.	Asst. Cook.	3	8	41		V.G.	Sat:	31	12	42
Montcalm.	" "	3	2	42	Active Service.	V.G.	Sat.	31	12	43
Montreal. (Est)	" "	3	2	42		V.G.	Supr.	24	11	44
Stadacona	" "	30	3	42						
Cornwallis	" 2	2	5	42	187413					
Stadacona	" "	27	5	42	(132484)					
Cornwallis	" "	2	6	42.	(139845)					
"	Cook (S)	31	8	42	249A#24875					
Quesnel	" "	23	1	43	DRD H-488					
Stadacona	" "	24	5	43	DRD H-1546					
Shawinigan	" "	24	6	43	DRD H-1881					
DISCHARGED	" "	24	11	44	"Missing" per Casualty List.					
					Presumed Dead, per Casualty List. #-124.					

Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year

GENERAL REMARKS

X-Ray approved
Rockhead Hospital-3-4-42--
23-4-42
Rockhead Hospital-11-6-42--17-6-42
Rockhead Hospital-17-10-42--17-10-42.
Approved to pay difference of pay as Leading Cook (S) while carrying out the duties from 22-7-43. (249A #A-4792).

Canadian Memorial Cross:
MOTHER: Mrs. Alphonse BENOIT
204 Manseau St.,
Ville St. Joseph,
DRUMMONDVILLE, Que.

DATE OF BIRTH DY	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU MAIN	SUB	RELIGION	ED	PERM RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
03	6	14	12	779	0	10	2	2	12	01	0	12	0	18	94

ENLIST DATE DY	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
03	08	41	3	02	42						2550	0	18	94

SENIORITY DY	MO.	YR.	STR CAT.	NON-SUB A	B	M ST	CODED	CHECKED
31	08	42	13	00	00		WS	ER

V3888 OFFICIAL NUMBER | FILE NUMBER 113-B-2191 | OFFICIAL NUMBER V3888

NAME BENOIT (Surname) Joseph, Bertrand, Alphonse (Given Names) DATE OF BIRTH 5th June 1914

PLACE OF BIRTH St Cyrille de Wendover,Co Drummondville OCCUPATION Cook

RELIGION R.C. EDUCATION Commercial Course

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 77 Notre-Dame Street, Town Cap de la Madaleine Province, etc Quebec

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
3	8	41	H.O.

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5' 9"	Brown	Grey	Dark	Vaccinated left arm.

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	To

NEXT OF KIN RELATIONSHIP (in pencil) Mother b.44 NAME (in pencil) Mrs Alphonse Benoit

ADDRESS (in pencil): Street and No. 204 Manseau St., Ville LaSalle Town Drummondville Province, etc. Quebec

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars
24	2	44	C.V.S.M.(R&C)1939-43 Star.(A10273)

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
5	6	42	Passed Prof. for Cook(S)

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

C.M.
NO. M-52757
DATE

SECOND CLASS FOR CONDUCT

From	To

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

Date (in figures) Day	Month	Year	Days Forfeited: Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

O.H.F. received

W.S.G. APPLICATION 6-43 RECEIVED

G.L.

H.Q. 35—30M—5-41 (337)
N.S. 815—7-35