W5019
BEAUCHEMIN
LEONNE

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MEMORANDUM FOR **P. 64**

Mr. Alfred Bernier,
238 Bergemont Street,
Quebec City,
P.Q.

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

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

and the following number quoted:—

H.Q. 1178-B-9 FD.2.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

March 17th 1942

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BEAUCHEMIN, Leonne, (Miss.)

No. W. 3019,

Volunteer,

Canadian Women's Army Corps.

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

L. M. Firth.

(L.M. Firth) Major,
Administrator of Estates.

ESTATES BR.
MAY 6 1942
K.Q.
OTTAWA.
NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	er Widow of the Deceased.....		Moise Beauchemin,	44	Montreal, P. Q.
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Alfred Bernier	77	238 Bergemont, Quebec, Que.
4	Mother of the Deceased.....		Delia Bordua	34	Dead May 18th 1904
5	Brothers of the Deceased	Full Blood	Frank Bernier	42	238 Bergemont
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Joseph Faille Mrs. G. Chabot, Mrs. E. Leclerc,	50 44 37	Central Falls, R. I. Highwater, P. Q. Fairview, Mass.
		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
		none	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

10	What is th
11	Give the m
12	Where and
13	If deceased
14	Did she leave
15	Did she leave
16	Is there any o made for the estate?
17	State *your own*
18	Where was dec
19	State, in order, deceased res last.
20	What was the n
21	Did she own the
22	Did she ever sta make his pe
23	Did the deceas *(a)* His ow *(b)* Servic An itemized a hereto, and "approved" particulars.
24	Have you or an part there amount pai (NOTE:—T and burial is n those expenses amount of such against the ser

ves that the deceased

ADDRESS IN FULL
surviving Relative, opposite his
ner name, and date of death
of each deceased relative

ontreal, P. Q.

3 Bergemont,
uebec, Que.
ad May 18th 1904

3 Bergemont

tral Falls, R. I.
nwater, P. Q.
rview, Mass.

ss of their children

E FOLLOWING

RESS IN FULL

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Leone Bernier Beauchemin
11	Give the month and year of his birth.	December 17th 1901
12	Where and when were his parents married?	Farnham, P. Q. February 1887
13	If deceased was married, state place and date of marriage.	Yes. In Shawinigan Falls October 2nd 1923
14	Did she leave a Will? If so, a copy should be attached hereto.	Yes. Already mailed to Dep't
15	Did she leave a bank account? If so, give full particulars.	
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State *your own* postal address in full.	Mrs. J. H. Beaumont, 856½ St Valier St., Quebec, Que.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Dudley, Mass.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	U.S.A. 8 years Canada 32 "
20	What was the nature of his employment?	C. W. A. C.
21	Did she own the premises in which she lived? If so, where?	No
22	Did she ever state verbally, or in writing, where she intended to make his permanent home?	No

OTHER PARTICULARS

23	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.	All debts will be paid by the estate.
24	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. (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, 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 the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*....Testamentary Executrix.....of the deceased.

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

Laurine F. Beaumont ..... {Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief....Dame Laurine F.....

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

Dated at.....Quebec.....this..5th.....day of.....May.....19.42.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public .....

Qualification.....Notary Public.....

Address...81, St-Peter Street, Quebec.

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 enquired after is stated in its proper place in the Statement opposite.

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

ORIGINAL
DUPLICATE
TRIPLICATE

DUPLICATE

M.F.M. 153
15M—8-41 (1489)
H.Q. 1772-39-1867

CANADIAN WOMEN'S ARMY CORPS

ENROLMENT FORM

Regimental Number W5019

1. *(a)* Surname Bernier-Beauchemin *(b)* Christian Names Léonne

2. Present Address 238 Bergemont

3. Date of Birth 17 Dec / 1901

4. Place of Birth USA (Country) Mass (County or Province) Dudley (Town or Township)

5. *(a)* Are you a British Subject? yes

   (b) Nationality of Parents at birth? *(i)* Father Canadian

   (ii) Mother Canadian

6. Religion Catholique

7. Are you single, married or a widow? Marié

8. Have you any dependents? If so, their relationship to you no
   Next of kin (father) Alfred Bernier Highwayman ca Brom 2nd

9. (If married.) *(a)* Is your husband serving with the Defence Forces of Canada? (give details) no
   (b) Is your husband receiving any pay, pension, wages or other emoluments from the Dominion Government? (give details)
   no

10. Are you in receipt of a pension from the Dominion Government (give details) no

11. Are you willing to be vaccinated and inoculated? yes

12. Do you understand that when employed by or in the service of or accompanying His Majesty's Military Forces when on Active Service, you may be liable to be subject to Military law and further that during a period of national emergency, you may by reason of your employment under this enrolment, become subject to such penalties as may then be prescribed by law for offences committed during your service yes (yes or no)

13. Do you understand that if, when in employment under this enrolment you are guilty of an act or neglect in breach of this enrolment or of any of the rules, regulations or instructions laid down from time to time for the Canadian Women's Army Corps, you will be liable to such punishments as are authorized in the Regulations for the Canadian Women's Army Corps? yes (yes or no)

14. Do you understand that, in the event of your becoming pregnant, you will, if an Officer, be retired, and if an Other Rank, be discharged? yes (yes or no)

DECLARATION TO BE MADE BY RECRUIT ON ENROLMENT

I, Léonne Bernier, do solemnly declare that the above particulars are true and that I engage to serve in the Canadian Women's Army Corps in Canada or abroad for the duration of the present war, and for a period of twelve months longer provided His Majesty should so require my services.

Date 19 décembre 1941 Léonne Bernier
Signature of Recruit

OATH TO BE TAKEN BY WOMAN ON ENROLMENT

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

Léonne Bernier
Signature of Recruit

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ENROLLING OFFICER

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

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

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

this 19 me day of décembre 1941

Marcelle Paradis 2/Lieut
Signature of Magistrate, Justice or Enrolling Officer

O/C Pl No 1. Coy H.
Office or Rank and Unit or appointment

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY RECRUIT AFTER ENROLMENT HAVING BEEN FOUND WILFULLY TO HAVE GIVEN FALSE PARTICULARS ABOVE OR HAVING MADE A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS, IS LIABLE, IF FOUND GUILTY, TO PUNISHMENT UNDER THE REGULATIONS OF THE CANADIAN WOMEN'S ARMY CORPS.

Record of Service of Bernier-Beauchemin Léonne Corps Number W-5019

(Surname) Christian Names

QUALIFICATIONS

Business or Professional

Trade or Civil L of T 18 years experience

Technical

Languages French & Eng Spoken

EDUCATIONAL QUALIFICATIONS

High School or Collegiate ..... (years completed) Graduation or Matriculation Self Taught (Specify)

*College

*University

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

Enrolled personnel will be taken on as Volunteers, appointments and promotions to higher rank to be shown as provided in the space below.

Date	Report from whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment.						
		1 Platoon "H" Coy.C.W.A.C. and						
		attached for restricted duties to R.C.O.C. M.D.5	Rec.	7/11/41	C.W.A.C.	Quebec	D.O.Part 11 No.6	14/11/12
18/11/41	G.O. Part 11-52	Authorized to draw subsistance allowance	Rec.	7/11/41	C.W.A.C.	Quebec	D.O.Part 11 No.15	2/12/41.
		Tos attached as:	Vol	19/12/41	C.W.A.C.	Quebec	D.O.Part 11 No.33	23/12/41.
		Hospital admitted - St. Sacrement-	"	18-1-42	C.W.A.C	"	D.O. 12	24-1-42
		Cease to draw Sub. allowance	"	20-1-42	"	"	D.O. 14	27-1-42
		S.O.S. deceased St-Sacrement- Hospital	Vol.	15-2-42	C.W.A.C	"	D.O. 26	16-2-42

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

Medical Exam

Important: must be

Former Occup

Identification

Past Illnesses

Vision—witho

Blood Pressu

Condition of

Full descripti

Remarks by

Category

President

Date	
7-1-41	E
19/12/41	
19/12/41	
8/7/43	

Medical Examiner's Remarks (Amplifying any positive findings respecting Medical History):—

.....

.....

.....

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.....

.....

CERTIFICATE OF MEDICAL EXAMINATION Recheck 7-11-41

Important: Sufficient clothing must be removed to permit of a complete and accurate examination. All defects must be recorded.

Former Occupation Housework Height 5 Ft. 4½ Ins. Weight 116 lbs.

Identification Marks Appendectomy scar

.....

Past Illnesses, Operations, Injuries Appendectomy 1918

.....

.....

Vision—without glasses—Rt. 20/ 20 Lt. 20/ 20 Vision—with glasses—Rt. 20/ Lt. 20/

Blood Pressure: S 130 D 90

Condition of Mouth and Teeth Good Plates

Full description of **any** defects or abnormalities.....

.....

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.....

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REMARKS by Medical Officer Hearing C.V. 20 C.V. 20

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.....

H6/1470 NOV 8 1941
X-RAY CHEST - NEGATIVE.

.....

Category "A"

President Ch. Officiating Chr Reserve AF Member Galbrondin, Capt. Adams/AF Member Yvette Brunette M.S. L.M.C.

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

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
7-11-41	Ears, nose, throat, reflexes normal. Galbrondin, Capt. Adams/AF		
19/12/41	Vaccination, Galbrondin, Capt Adams/AF		
19/12/41	T.A.B.T. 1° Galbrondin, Capt Adams/AF		
9/1/42	— 2° Galbrondin, Capt. Adams		
	3		

Regtl. No. W5019 Rank ~~Recruit~~ Volunteer Surname Bennis Christian Name Liam

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital (Death)			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied...	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
		18	1	42	15	2	42.		29		

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

Chgd W.D. to R.C.A.F. 5.45

AWARDS—CANADIAN ARMY (ACTIVE)

M

Cleared

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BEAUCHEMIN,	Leonne	W-5019 C.W.A.C.	~~PTE~~ VOLUNTEER	FILE No. 1178-B-9 1178-B-34

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
C.V.S.M.	
WAR MEDAL 1939-45	ew

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

REM. RAND LTD. 100M-9-46 (9565) H.Q. 1772-45-8 KARDEX SYSTEMS DIV. CAT. NO. K. 15332*

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP (1)
REGN. NO 4077

(1) MEDALS
PERSON ENTITLED TO Mrs. Laurine F. Beaumont, 22/3/50 (Executrix)

ADDRESS 856½ St. Valier St.
Quebec City, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS

Memorial Bar to:

Mrs. Frank Bernier,
11½ Hamel Street,
Quebec City, Que.

(3) MEMORIAL CROSS

MOTHER 3732-28-3-50

ADDRESS

(3)

K. 15332*

No W.5019 Rank Volunteer Name BEAUCHEMIN, Leonne

Unit C.W.A.C. Date of death 15th Feb., 1942.

Died at Quebec, P.Q.

Cause Peritoniticis.

Death occurred on strength of Forces.HQ 1178-B-9 d17-2-42

N/K Mr. Alfred Bernier Relationchip Father

Address 238 Bergemont Street, Quebec, P.Q.

Remains buried in Belmont Cemetery

Quebec, P.Q.

Grave location Lot 38 R 4, Section B

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED APR 21 1942

EXHIBIT "G"

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE
CANADA

M. F. D. 930A
500M—11-41 (2441)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

Regtl. or Official No. W5019 Rank and Name Volunteer Leonne Bernier-Beauchemin

of No.1 Pl. H Company, etc. Canadian Women's Army Corps Regiment, etc., on

(Transfer, Posting or Discharge) to VVVVVVVVVVVVVVVV (Unit and Station) on 15-2-42

Reason for discharge Deceased Authority: D.O. 26 d/26-2-42

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ has been paid by the Treasury Officer, Military District No. or Air Command.

REMARKS:

State (1) Date of appointment or enlistment 7-11-41

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted?

(3) Has assignment of pay been made? If so, amount effective date

(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction $

The following is a statement of the account of the above named from 1-2-42 to 28-2-42 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT	CR. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	22 58
First Monthly Payment		Regimental Pay 22 days at $ 1.30	5 40
Casual Payments	15 00	Tradesmen's Pay days at $ 0.95	20 90
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay		days at $	
Regimental Charges		Allowances (Give particulars) days	
Public Stoppages (Give particulars):		at $	
		Deposit to the credit of the Receiver General in Cash Deposit Receipt No.191	46 95
To Balance Cr. (To be paid by new unit)	80 83	By Balance Dr. (To be deducted by new unit)	~~95 83~~ XXXXX
Total	95 83	Total	95 83

ESTATES BRANCH AUG 4 1942 H.Q. OTTAWA NATIONAL DEFENCE

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

(J.E. BELANGER)-Lt. Col.
DISTRICT PAYMASTER M.D. 5
Paymaster or Accountant Officer.

QUEBEC
(Place)

17-2-42
(Date)

L'AN MIL NEUF CENT QUARANTE-DEUX, le vingt-huitième jour du mois de janvier.

DEVANT YVES MONTREUIL, Notaire pour la province de Québec, résidant et exerçant en la cité de Québec, soussigné, et en présence de Mesdemoiselles GEORGETTE CANTIN et JACQUELINE LEBLOND, domiciliées à l'Hopital St-Sacrement, cité de Québec, garde-malades graduées, témoins ici exprès mandés,

A COMPARU:-

Dame LEONNE BERNIER, domiciliée au numéro 238, Avenue Bergemont, St-Pascal Baylon, en la cité de Québec, et actuellement à l'Hopital du St-Sacrement, en la dite cité de Québec, épouse de Monsieur MOISE BEAUCHEMIN, de la cité de Montréal.

LAQUELLE déclare faire son testament comme suit:-

1.-Je recommande mon âme à Dieu et Le supplie de me faire miséricorde;

2.-Je révoque et annule tous autres testaments ou codicilles antérieurs à celui-ci;

3.-Je déclare être mariée en premières noces avec le dit MOISE BEAUCHEMIN, sous le régime de la séparation de biens suivant contrat de mariage exécuté devant Me GEO.E.LADOUCEUR, le ou vers le trente septembre 1923, à Shawinigan Falls;

4.-Je donne et lègue à LILIAN SALICIS, enfant de GEORGES SALICIS, un service à toilette en argent, complet, ainsi que tous mes bijoux, à l'exception de deux bagues, l'une avec pierre rouge et l'autre avec pierre jaune que je lègue à ma nièce SUZANNE CHABOT;

5.-Je donne et lègue à ma soeur BLANCHE BERNIER, épouse de GUSTAVE CHABOT, tout mon linge personnel, manteaux etc., sans aucune exception ni réserve, ainsi qu'un couch, deux chaises et un rug, et toute ma lingerie de maison m'appartenant;

6.-Je donne à mon frère FRANK la somme de cent dollars;

7.-Je donne mes meubles meublants à mon amie CECILE LAPIERRE;

8.-Je donne et lègue à Madame LAURINE FISET,épouse de HENRI BEAUMONT,et au dit HENRI BEAUMONT,mon camp à Miquick, comté de Portneuf.

9.-Je donne et lègue le résidu de mes biens à Madame LAURINE FISET BEAUMONT,que j'institue ma légataire universelle résiduaire et mon exécutrice testamentaire pour les fins suivantes:-

(a)Prendre possession de mes biens à mon décès,les vendre sans avoir a consulter qui que ce soit pour les prix et conditions qu'elle jugera à propos,en recevoir le prix et donner quittance,l'exemptant de faire inventaire et de donner caution,prolongeant ses fonctions jusqu'à l'accomplissement de mes volontés,payer mes dettes,mes legs particuliers,et remettre à HELEN SALICIS,une somme de quinze dollars par mois jusqu'à épuisement de la somme réalisée par mon exécutrice testamentaire.

(b)Employer dans le cas ou la dite HELEN SALICIS me prédécèderait ou décédait sans avoir retirée toute la somme réalisée,toute somme réalisée ou toute balance restant pour l'instruction et éducation de ma nièce SUZANNE CHABOT.

(c)Dans le cas ou Madame BEAUMONT ne pouvait accepter l'exécution de ce testament ou ayant commencé l'exécution de ce testament ne voulait plus ou ne pouvait plus continuer d'agir comme tel, je nomme son mari le dit HENRI BEAUMONT à ses lieu et place avec les mêmes pouvoirs.

Tous les legs faits par mon présent testament le sont à titre d'aliments et sous la condition d'insaisissabilité pour quelque cause que ce soit,les dits biens étant cependant cessibles et le produit d'iceux,s'ils étaient vendus,sera sujet à la même clause d'insaisissabilité,tout en demeurant cessible.

La part de tout légataire femme sera et demeurera sa propriété personnelle et séparée,échappera au contrôle de son mari et ne sera pas saisissable pour les dettes de ce dernier.

DONT ACTE FAIT ET PASSE en la dite cité de Québec,en l'Hopital du St-Sacrement,les jour,mois et an susdits,sous le

numéro dix mille deux cent trente-cinq des minutes du notaire soussigné,et après que lecture lui eut été faite de son dit testament par le dit Me YVES MONTREUIL,en présence des dits témoins,la testatrice a déclaré le bien entendre et comprendre,y persister comme contenant bien ses dernières volontés et l'a signé en la présence simultanée des dits notaire et témoins qui l'ont ensuite signé en la présence simultanée de la testatrice et des uns et des autres. Toutes les formalités requises pour la validité des testaments authentiques ayant été observées.

(SIGNE)"LEONNE BERNIER BEAUCHEMIN"

"JACQUELINE LEBLOND,G.M.G."

"GEORGETTE CANTIN,G.M.G."

"YVES MONTREUIL N.P."

VRAIE COPIE de la minute demeurée de record en mon étude.

Yves Montreuil N.P.

YVES MONTREUIL
NOTAIRE
QUÉBEC

No. 10,235

Québec, 28 janvier *19* 42

TESTAMENT

de

DAME LEONNE BERNIER

3ième Copie

YVES MONTREUIL
NOTAIRE
Québec, P. Q.

Pointée par .....

Vérifiée par .....

CORPS AUXILIAIRE PRÉFÉRÉ

CORPS AUXILIAIRE FÉMININ DE L'ARMÉE CANADIENNE	
CORPS AUXILIAIRE FÉMININ DE L'AVIATION CANADIENNE	

Réservé à l'usage du ministère.

Date de réception

Nov. 27/41

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

DEMANDE D'ENGAGEMENT COMME AUXILIAIRE RÉGULIÈRE DES FORCES ARMÉES CANADIENNES

" LISTE D'OCCUPATIONS "

Métiers et emplois des forces armées canadiennes dans lesquels des volontaires féminins compétents et physiquement aptes peuvent être enrôlés ou engagés par les ministères de la Défense après demande faite au ministère des Services nationaux de guerre.

NATURE DE L'EMPLOI

1. Comptable
2. Emploi administratif
3. Teneur de livres
4. Aide-cantinière
5. Cantinière
6. Nettoyeuse
7. Commis
8. Aide-cuisinière
9. Cuisinière
10. Première cuisinière
11. Aide-dentiste
12. Chauffeur (camions légers)
13. Dessinatrice
14. Assistante préposée au matériel
15. Ouvrière en tissus
16. Aide générale
17. Employée d'hôpital
18. Servante (hôpital)
19. Aide de laboratoire
20. Bibliothécaire
21. Aide-bibliothécaire
22. Mécanicienne
23. Messagère
24. Fille de table
25. Intendante de cercle d'officiers
26. Radiographe
27. Opératrice de T.S.F.
28. Secrétaire
29. Couturière
30. Sténographe
31. Comptable de magasin
32. Garde-magasin
33. Téléphoniste
34. Dactylographe
35. Garde bénévole
36. Servante de table

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "F"
DEC 3 1941
Min des Services Nationaux de Guerre
QUÉBEC, QUE.

Réservé à l'usage du ministère.

Numéro du code des occupations—

*(a) .....

*(b) .....

DEMANDE D'ENGAGEMENT COMME AUXILIAIRE RÉ DES FORCES ARMÉES CANADIENNES

* 1. Demande d'engagement comme ..... Chauffeur "Camions Leger" .....
(Voir la "Liste d'occupations" sur la feuille de couverture)

* 2. Nom ..... Bernier Leonne ..... M. Beauchemin .....
(Ecrire en caractères moulés) (Nom de famille) (Prénoms) (Si vous êtes mariée, indiquer les initiales de votre mari)

* 3. Adresse de votre domicile ..... 238 Bergemont St. Jules P2 ..... Adresse de votre place d'affaires .....
(Numéro, rue, cité, ville, village ou R.R., province) (Numéro, rue, cité, ville, village ou R.R., province)

4. Nom de fille, si mariée, veuve, séparée ou divorcée ..... Leonne Bernier .....

5. Depuis quand habitez-vous la cité, la ville ou le village ci-haut mentionné? ..... 15 .....
(Années) (Mois)

* 6. Date de naissance | Jour: 17 | Mois: Dec. | Année: 1901 | Taille ..... 5 ..... pieds ..... 4 3/4 pouces. Poids ... 126 .... livres.

	Lieu	Province	Pays
* 7. Lieu de naissance	Dudley	Mass	U.S.A.

* 8. Non-mariée (1) ..... Mariée (2) ..... Veuve (3) ..... Séparée (4) ..... x Divorcée (5) .....
Combien de personnes sont entièrement à votre charge? ..... aucune .....

* 9. Sujette britannique de naissance — Oui [ ] non [ ] — Par naturalisation — Oui [ ] non [ ] — Indiquez la date et le numéro de votre certificat de naturalisation .....
(Numéro) (Date)

Si vous n'êtes pas sujette britannique, indiquez votre pays d'allégeance ..... Canada .....

*10. Origine raciale .... Franco Americaine ..... *11. Religion ..... Catholique .....
(Mentionnez votre dénomination)

12. Si vous souffrez de quelque affection de la vue, de l'ouïe, de la parole, des membres ou de quelque autre infirmité, indiquez-en la nature ..... Aucune Affection .....

13. Si vous avez changé de nom autrement que par mariage, relatez les circonstances ..... non .....

14. Avez-vous déjà été traduite en Justice? ..... Si oui, quelle était l'accusation portée contre vous? ..... non ..... Quel a été le jugement du tribunal? ..... non .....
(Coupable) (Non coupable)

CERTIFICAT DE MORALITÉ

15. Donnez les noms, adresses et occupations de trois personnes (non parentes, dont l'une doit être votre patron actuel ou un ancien patron, si vous avez déjà travaillé) qui vous connaissent depuis quelques années et qui peuvent répondre de votre bonne conduite et de votre bonne réputation. Annexez ces certificats à cette formule.

	Nom	Adresse	Occupation
(a)	J.M. Elliott M.D.	220 Grande Allee	Medecin
(b)	A.T. Aubry	Anglo Co. Pulp Mills.	Rue
(c)	J.B. Villeneuve	312 St. Joseph	Rue Marchand.

*16. Fréquentez-vous une école supérieure ou une université? Oui [ ] 1 Non [x] — Occupez-vous un emploi? Oui [ ] 2 Non [x]

Indiquez le nom de l'école ou de l'université ..... (Nom) (Année) (Faculté)

Indiquez le nom et l'adresse de votre patron ..... (Nom) (Adresse)

Indiquez la nature de votre emploi .....

*17. Si vous êtes choisie, pourrez-vous servir immédiatement? Oui [x] Non [ ] — Sinon, quand pourrez-vous servir? ..... (Jour—Mois—Année)

*18. Etes-vous prête à servir— (a) n'importe où au Canada? Oui [x] Non [ ] — (b) n'importe où à l'étranger? Oui [x] Non [ ]

INSTRUCTION

19. Indiquez les écoles élémentaires ou supérieures, les collèges ou universités où vous avez étudié. Donnez approximativement la date d'entrée et de sortie dans chaque cas. Mentionnez tout sujet ou cours dans lequel vous vous êtes spécialisée, tout entraînement technique ou apprentissage que vous avez subi, les grades ou diplômes que vous avez obtenus et votre âge à la sortie définitive de l'école ou de l'université.

Maison d'enseignement	Date d'entrée	Date de sortie	Endroit	Spécialité	Diplôme obtenu
Ecole primaire					
Ecole secondaire					
Ecole commerciale					
Ecole technique					
Ecole du soir					
Ecole privée					
Université					

* NOTE.—Indiquez par le signe X le degré d'instruction le plus élevé que vous avez atteint.

Ecole primaire:	partielle		1	complète	x 2
Ecole secondaire:	partielle		3	complète	4
Université:	partielle		5	complète	6

*20. Parlez-vous et écriv

21. Donnez

Nom de votre employeur

22. Quel salaire ou traiten

*23. Quelle occupation vous

NOTE.—Votre réponse ET NON sur vo celles qui appara vous ne soyez bie seconde occupatio

*24. Pour quelle occupation

25. Relatez de quelle manie d'occuper efficacement l

..... 18 annees d

(Si vous n

*26. Faites-vous partie ou a

femmes à des méti

Indiquez le nom et l'ad

27. Depuis quand suivez-v ment? .....
(Années)

28. Détenez-vous un certifi

Indiquez-en la nature.

29. Avez-vous démissionné Si oui, indiquez les rais

30. Touchez-vous une pensi

Indiquez le montant qui

*31. Si vous êtes veuve, la n forces armées de Sa

de la présente guer

32. Si oui, donnez le nom a

(Nom a

AVEZ

VEUILLEZ POSTER V

IMPORTAN

D'ENGAGEMENT COMME AUXILIAIRE RÉGULIÈRE DES FORCES ARMÉES CANADIENNES

Réservé à l'usage du ministère.

*Numéro d'ordre ..Z..-..57.....

*Date .....

*Lieu .....

*Numéro du district électoral.....
(Indiquer le numéro du district électoral apparaissant à votre certificat d'inscription nationale.)

ger"..... (le de couverture)

Beauchemin..... s mariée, indiquer les de votre mari)

aires..... uméro, rue, cité, ville, village ou R.R., province)

.....

.....15..... (Années) (Mois)

ces. Poids...126....livres.

Pays .S.A.

...x Divorcée (5).....

.....

uez la date et le numéro re certificat de naturali-

..... (Numéro) (Date)

olique..... nnez votre dénomination) membres ou de quelque

.....

ances.....non..... 'accusation portée contre

.....non..... pable) (Non coupable)

lont l'une doit être votre naissent depuis quelques réputation. Annexez ces

Occupation

ecin.....

.....

hand.....

Oui Non

i? [ ] 2 [X]

de votre

..... (Adresse)

.....

vir? ..... (Jour—Mois—Année)

Oui Non

er? [X] [ ]

ous avez étudié. Donnez onnez tout sujet ou cours apprentissage que vous à la sortie définitive de

ialité	Diplôme obtenu
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

vez atteint.

2

4

6

*20. Parlez-vous et écrivez-vous correctement l'anglais?..... d'autres langues.....
le français..... .....
l'anglais et le français?.....oui..... .....
.....
.....

ÉTAT DE VOTRE EXPÉRIENCE

21. Donnez un état ininterrompu des divers emplois que vous avez occupés.

Nom de votre employeur	Adresse	Nature de votre emploi	Durée de votre emploi (Années) (Mois)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

22. Quel salaire ou traitement touchez-vous mensuellement?...aucun.....
(Ce renseignement sera traité confidentiellement.)

*23. Quelle occupation vous jugez-vous *le plus apte* à occuper?.....Chauffeur.....

NOTE.—Votre réponse doit être fondée sur votre instruction, votre expérience et votre entraînement, ET NON sur votre désir ou votre préférence. Choisissez l'occupation qui vous convient parmi celles qui apparaissent sur la feuille de couverture. N'indiquez qu'une occupation à moins que vous ne soyez bien qualifiée pour une occupation supplémentaire et, dans ce cas, n'indiquez cette seconde occupation qu'après avoir lu attentivement les qualités requises.

*24. Pour quelle occupation supplémentaire vous jugez-vous *bien* qualifiée?...Mecanicien.....

25. Relatez de quelle manière votre instruction, votre expérience et votre entraînement vous permettraient d'occuper efficacement l'emploi ou le poste que vous sollicitez.....
.....
.....18 annees d'experiences avec automobile.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
(Si vous n'avez pas suffisamment d'espace, attachez une feuille à cette page.)

*26. Faites-vous partie ou avez-vous fait partie d'une association ou d'un groupement qui prépare des femmes à des métiers ou emplois du genre de celui que vous sollicitez? Oui [ ] Non [X]

Indiquez le nom et l'adresse de ce groupement..... (Nom) (Adresse)

27. Depuis quand suivez-vous ou pendant combien de temps avez-vous suivi les cours de ce groupement?..... (Années) (Mois)

28. Détenez-vous un certificat ou diplôme émis par ce groupement?.....
Indiquez-en la nature.....

29. Avez-vous démissionné ou été forcée de démissionner d'un groupement de ce genre?.....
Si oui, indiquez les raisons.....

30. Touchez-vous une pension?..... Si oui, qui vous verse cette pension?.....
Indiquez le montant qui vous est versé mensuellement: $.....

*31. Si vous êtes veuve, la mort de votre mari a-t-elle été attribuée à son service actif outre-mer dans les forces armées de Sa Majesté ou des alliés de Sa Majesté durant la guerre de 1914-18 ou au cours de la présente guerre? Oui [ ] Non [ ]

32. Si oui, donnez le nom au long de votre mari et son numéro matricule.....
..... (Nom au long) (Numéro matricule)

AVEZ-VOUS RÉPONDU À TOUTES LES QUESTIONS?

VEUILLEZ POSTER VOTRE DEMANDE DANS L'ENVELOPPE AFFRANCHIE CI-JOINTE.

IMPORTANT: Vous devez signer l'attestation apparaissant au verso.
...ée si elle n'est pas dûment attestée.

1178-B-9(D.R.

CV/HB

- A R M E E -

le 25 février 1942.

Monsieur,

Relativement au décès de la volontaire Léonne Beauchemin, numéro matricule W.5019, je suis chargé de vous envoyer sous ce pli, pour que vous les conserviez, des renseignements pour l'information et la gouverne des familles des militaires de l'Armée canadienne décédés. Ces renseignements vous intéresseront sans doute et vous seront utiles.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant-général,

le chef des archives,

F.B. Lading

(W.E.L. Coleman) lieutenant-colonel.

M. Alfred Bernier,
238, rue Bergemont,
Québec, Qué.

pièces jointes

K.B.

H.Q.1178-B-9

March 3, 1942.

Chief Clerk,
Central Registry,
D.A. & A.P. Branch,
Records Storage Building,
Experimental Farm,
Ottawa, Ontario.

Re: W.5019, Volunteer Leonne BEAUCHEMIN
C.W.A.C.

Gentlemen:

Information has been received by this Department that the marginally noted died at Quebec City on the 15th of February, 1942. Cause of death is stated to have been Peritonitis.

The next-of-kin is recorded as her father, Mr. Alfred Bernier, 238 Bergemont Street, Quebec City, P.Q.

Yours truly,

for (W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

The Administrator of Estates

Regimental No. W.3019 Rank Volunteer

BEAUCHEMIN Leonne
Surname Christian Names

Unit Canadian Women's Army Corps

Date of Death February 15, 1942 Place of Death Quebec, P.Q.

Next-of-kin Mr. Alfred Bernier Relationship Father

Address 238 Bergemont Street, Quebec City, P.Q.

ESTATES BRANCH
MAR 13 1942
H.Q.
OTTAWA.
NATIONAL DEFENCE

M.F.M.5 No record of M.F.M.5 in Record Office to date.

Will Will deposited at Notary Yves Montreuil, 81 St.Pierre St., Quebec City, P.Q. Will No.10235, January 28th, 1942.

Date March 11, 1942.

Last Pay Certificate herewith.

W.E.L. Coleman

(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

EXHIBIT ~~Annex~~ A

QUEBEC, FEBRUARY 16th 1942.

INVENTORY OF PERSONAL EFFECTS OF THE LATE MRS. BERNIER W5019 C.W.A.C.

I Radio
I Furcoat (Raccoon)
I Shoes prs.
I Slippers-prs.
3 Pyjamas
2 Night gowns
I Woolies
I Panties
I Slip-black
I Girdle
I Brassiere
I Scarf
I Sweater
6 Hankies
I Hose
I Housecoat
I Modess
2 Cigarettes 50
I " 25
I Matches
I Knitting Khaki
I Book
I Candy
I Italian Balm
I Ponds
2 Helen Rubinstein
I Tooth powder
I " brush
2 Combs
I Listerine
I Sachet P.
I Deodorant
I Eau de Cologne
I Powder puff
I Ex-lax
I Sanitary belt
I Hairbrush

I Billfold
I Nail file
I pin
I Purse
2 Cigarettes Lighters
I Fountain pen
I Pills
I Watch wrist
I Compact
I Glasses
I Hairpins
I Cosmetic bag
I Mirror
I Suede shoe brush
I Canada badges
I Pills
I Overshoes (black)
I Hat (~~black~~)
1 BLACK DRESS (buried with)
1 Suitcase

Marcelle Delage O/C
(MARCELLE DELAGE)-
O/C NO. I PL H COY,
C.W.A.C.

Marcelle Paradis
(MARCELLE PARADIS)-
J/Cdr. Staff Officer,
C.W.A.C.

L/Cpl. LANTAGNE, Y.

PROCEEDINGS of a* Committee of Adjustment

*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should be attached to the end of the proceedings.

assembled at Quebec, P.Q.

on the 17th February 1942

by order of A.A. & Q.M.G., M.D. No.5.

for the purpose of dealing with the Service Estate of

No. W 5019, Volunteer Marie Antoinette Léone Bernier,

#1 Platoon H. Coy C.W.A.C. (AF), Quebec, Que who

died on the 15th February, 1942 as a result of
(peritoniticis

PRESIDENT

Capt. Marc Fillion, No.5 Det. R.C.A.P.C.

MEMBERS

Jr. Commander Marcelle Paradis,
#1 Platoon H Coy C.W.A.C. (AF)

2nd/Lieut. A.J. Dubois,
#5 District Depot (AF)

The committee having assembled pursuant to order, proceed to take action on the service estate of the deceased in accordance with Article 180 C.W.A.C. Regulations as amended under the following headings:

1. Personal effects.
2. Public Clothing and Equipment.
3. Last illness and funeral expenses.
4. Preferential charges (service debts).
5. Ordinary debts or claims.
6. Paymaster.
7. Last Pay Certificate.
8. Last Will and Testament.

and reports thereon as follows: 1. Personal effects.

R Personal Effects as per inventory annexed hereto (marked A) were secured and forwarded on February 23rd, 1942 to the Administrator of Estates, Dept. of National Defence, Ottawa, Ont; the keys of suit case, together with copy of the inventory by Registered Mail; the clothing, etc..., by Canadian National Express.

Amongst personal effects, was found Bank Pass Book of the deceased which was balanced up-to-date and is showing a credit balance of $5.74 as per attached certificate (marked B). Pass Book is also enclosed herewith.

ESTATES BRANCH MAR 19 1942 OTTAWA NATIONAL DEFENCE

M.F.B. 303
55M—4-40 (4530-1)
H.Q. 1772-39-133

2.- Public Clothing and Equipment:

Public Clothing and Equipment were secured, inventoried and returned to Quarter-Master Stores; there were no deficiencies.

3.- Last Illness and Funeral Expenses:

(a) Last Illness:
There were no expenses of last illness.
(b) Funeral Expenses:
Funeral expenses were incurred at Quebec P.Q. in the total sum of $232.20.

The account of "La Compagnie Hubert Moisan, Funeral Director, Quebec, P.Q. was for $161.20 and five copies of a bill for $75.00 payable under Article 179 (a) C.W.A.C. Regulations have been obtained and certified, and two copies lodged with the District Paymaster, M.D.#5 for payment (a copy of the bill is annexed hereto marked C)

The account of "La Fabrique Notre-Dame de Quebec" was for $53.00 and five copies of a bill for $15.00, payable under Article 179 (g) C.W.A.C. Regulations have been obtained and, certified and two copies lodged with the District Paymaster, M.D.#5 for payment (a copy of the bill is annexed hereto marked "D")

The deceased was buried in Belmont Cemetery, Quebec, Que in a family plot, and five copies of the account of "La Corporation du Cimetière Notre-Dame de Belmont" for opening and closing the grave and entrance fee for $18.00 payable under Article 179 (c) C.W.A.C. Regulations have been obtained and certified and two copies lodged with the District Paymaster M.D.#5 for payment (a copy of the bill is annexed hereto marked "E")

4.- Preferential Charges (service debts): nil

5.- Ordinary debts or Claims:

None have come to the Committee's notice.

6.- Paymaster:

The Committee has lodged with the Paymaster:

a) The sum of $46.95 found in the effects of the deceased (receipt therefore is annexed marked F)
b) Travelling Claims - nil
c) Deficiencies, public clothing and equipment: nil
d) Accounts for funeral expenses disposed as mentioned in para 3 (b) above.

7.- Last Pay Certificate:

Last Pay Certificate was obtained from the Paymaster showing the sums mentioned in para 6 (a) above and a balance at credit of $80.83, a copy therefore is annexed hereto marked "G").

8.- Last Will and Testament:

Last Will of the deceased is obtainable at the following address, on payment of necessary fees:

Yves Montreuil, Notary,
81 St. Peter St.,
Quebec, P.Q.

Signed at Quebec P.Q.
this thirteenth day of
March Nineteen Hundred
and Forty-Two.

PRESIDENT

(Marc Fillion) Captain,
#5 Detachment RCAPC (AF)

MEMBERS

(Marcelle Paradis) Jnr. Cdr.,
#1 Platoon H Coy CWAC (AF)

(A.J. Dubois), 2nd/Lieut.,
#5 District Depot (AF)

DISTRIBUTION OF SERVICE ESTATES

~~ARMY~~ RCL

Naval - Military - Air Force

Name ~~XXXXXX~~ ~~XCXCXCXCXX~~ No: 5

Surname: BERNIER-BEAUCHEMIN | Christian Names: Léonne, V. | W.3019

Rank: Volunteer | Unit: C.W.A.C. | Date of Death: 15/3/42

AMOUNT

L. P. C. $

Other Credits 80.83

Total 80.83

Date June 5, 1942

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all		85½ ~~85/12~~ Mrs. Laurine P. Beaumont, St. Valier St., Quebec, Que. (executrix named in will)	$80.83 R.

AUTHORITY

H.Q. F.E.No.	DIV.	EST.	VOTE	PRI	DA OR HQ SUB	OBJ.	AMOUNT
9999			C31	00	00	001	80 83
							80 83

CLASSIFIED BY — EXAMINED BY — FOR TREASURY OFFICER — TOTAL

Distribution approved and authorized

L.M. Firth

(L.M. Firth) Major,
Administrator of Estates.

AUDITED FOR PAYMENT

J.A. Barter.

for Chief Treasury Officer

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit C.W.A.C. NO. I PL H COY

Regt'l No. W5019 **Rank** VOLUNTEER

Name in full BERNIER- BEAUCHEMIN- LEONNE

Date and place of birth DUDLEY. MASS . U.S.A. DECEMBER 17th 1901

Married or single MARRIED

Enlisted, when and where NOVEMBER 8th 1941 AT QUEBEC CITY. P.Q.

Died
- **Date** FEBRUARY 15th 1942
- **Place** QUEBEC CITY. P.Q.
- **Cause of death** PERITONITICIS

Buried
- **Date** FEBRUARY 19th 1942
- **Name of cemetery** BELMONT. QUEBEC.
- **Location of cemetery** (FAMILY)

Whether he leaves a Will or not, and if so, where deposited WILL DEPOSITED AT NOTARY YVES MONTREUIL, 81 ST PIERRE ST.QUEBEC CITY. P.Q. WILL No.10235 JANUARY 28th 1942.

Statement as to existence of any personal effects STATEMENT ATTACHED ABOVE

Latest particulars as to Next of Kin (FATHER)-MR.ALFRED BERNIER.HIGHTWATER.CO.BROME.P.Q.
SINCE TWO MONTHS AT 238 BERGEMONT ST.QUEBEC CITY. P.Q.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

Marcelle Delage 2/Sub
(MARCELLE DELAGE)-
O/C NO. I PL H COY.
C.W.A.C. Officer Commanding

Secretary, Department of National Defence.

Forwarded, please.

(G.P.VANIER) - Brigadier,
D.O.C., M.D. No.5

Date 16 - 2 - 42

Date Quebec, P.Q. February 17th, 1942.

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

Dated Graves Reg.
B-3
B-2