

GROUP

NAME LAFRANCE LUCIEN

Reg. No. D 639516 2806

Tr. Centre No. 4 DU

Clearing Depot No. 4

N.R.M.A.
Home

WILL REQUIRED

Contents

PROCESSED

H.Q. File No.

869-L-4503

WSG COMPLETED

05168 71103 B6

Non-Effective By

DECEASED

WILL REQUIRED
Q3
D.M. 3-45 (6864) H.Q. 1772-45-9 (K.9-30/42)

M. F. M. 103 or 103A (Enrol. Form)

M. F. M. 101 or 101A (Enrol. Form)

M. F. M. 82 or 82A (Enrol. Form)

N. W. .S 1AR or 1AR FR (Med. Exam)

M. F. B. 227 (Med. Board)

CASE HISTORY SHEETS

MORNING SICK REPORT (M. F. B. 292)

CONDUCT SHEETS

DECLARATION of C. of I.
(Copy of Record from M. B. 68)

M. F. M. 110 (Particulars of Family)

M. F. M. 30 or 30A (X-Ray Report)

M. F. D. 930A (Last Pay Certificate)

M. F. B. 350 or 350A DISCHARGE CERT. (Copy)

M. F. M. 7A or 7C DISCHARGE CERT. (Dup.)

M. F. B. 483 DESERTERS-DESCRIPTIVE RETURN OF

MFM 10

1 205 13465

X

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C.A.A.

1045

R de Joh

RETURN THESE DOCUMENTS TO WAR SERVICE RECORDS, DEPT. OF VETERANS AFFAIRS

RECEIVED

11/8/85 13-5

Bar

R.C.E.

TRADE-TRAINEE.

E-141024

I. Regt. No. J. 639516 Rank Pte Unit N.R.M.A. Date 3-10-42

Name LAFRANCE, Lucien. Age 28 Place of Birth St. Louis de Gonzague.

Date of Enlistment 2-10-42 Place of Enlistment Mtl-South, Que. Depot D.D.4

Languages spoken French R. Recruit A. "R" Med. Cat. "A" Place D.D.4

II. M. Test D.D.4 Other Tests Date 3-10-42 Name or Type

| Date | Place | Score | Grade |
|---------|-------------|-------|-------|
| Y.O.B.P | U L H E M S | | |
| 14 | 11111 | | |

ALLOCATED BUT NOT FULLY INTERVIEWED.

| Test | Score | S.M. |
|-------|-------|------|
| 1 | 13 | |
| 2 | 8 | |
| 3 | 14 | |
| 4 | 17 | |
| 5 | 12 | |
| 6 | 2 | |
| 7 | 6 | |
| 8 | 18 | |
| Total | 85 | |

| | | |
|-----------|----|------|
| SUB-TOTAL | 35 | S.M. |
| SUB-TOTAL | 29 | S.M. |
| SUB-TOTAL | 21 | S.M. |
| IV (F) | | |
| GRADE | | |

III. Military Background

None.
Attitude towards the army, fair..

IV. Educational Background

Grade V.
English: none at all.

V. Occupational Background

Carpenter: 12 years.

VI. Arm Desired

Sports: all.

Work in Arm Desired

VII.

Stability: fair.
Single
Health: good.
Can drive - 3 years experience.

M/D.

VIII. Summary

Stability: fair
Single.
Below average intelligence.

IX. Suggestions

R.C.E.

TRADE-TRAINEE.

(Carpenter)

X. Signature of Interviewer

N.C.O.

B. J. Beaugrand-Champagne
Officer
B. J. Beaugrand-Champagne

XI. Action Taken

Date of Action

Follow-up

SUITABLE FOR OPERATIONAL DUTY
DEBERT N.S.
8 Oct. 43

R. Reid (capt)

Suitable for Operational Duty R.C.E.

Prince George, B.C.

22 Nov. 43.

Drago Capt
(L.J. DRAGO) Capt., A.E.

Montmagny, P.Q.,
14-12-44.

YOB PULHEMS
14 1111111 14-12-44.

Presently with 15 Fd Coy R.C.E. Qualified Carpenter Gr. "C".
Of suitable age and Pulhems for Operational C.I.C. or R.C.E.

R.E. Bernier
(R.E. BERNIER)-Captain,
Army Examiner.

JMJ.

D.D.#5, Lauzon, P.Q.,
22 May 45.

14 1111111 19 Feb 45.

INTERVIEWED FOR RE-ALLOCATION:-

PRESENT SITUATION:- This man being of suitable age and Pulhems profile for operational duties, is therefore suitable for further military training as per D.H.Q.'s instructions.

RECOMMENDATION:-
1.- Suitable for further military training.
2.- Qualified Carpenter Gr. "C".
3.- French-speaking.

B-154
JMJ.

P. Dallaire
(P. Dallaire)-Lieut.,
Army Examiner.

D.D.No. 5 Lauzon, P.Q.

7 Jun 45

14-111111

This man is referred to D.P.O. for placement as per Q:S/015(DA)
d/31 May 45

Although his pulhems and age make him suitable for military training

RECOMM.: (1) Referred to D.P.O.
(2) Suitable for military training.

B-160
A.M.

J.M. Dorais
(J.M. DORAIS) Lieut.,
Army Examiner.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

1. (a) Print name in full LAFRANCE Lucien (b) Reg'l. No. D-639516
2. (a) Arm of service ARMY (b) Unit No. 4 H.S.M.A. (c) Rank Pte
3. (a) Date of birth 12 Feb. 1914 (b) Have you any dependents? No (c) Place of residence at time of enlistment St. Louis De Gonzague
4. (a) Place of enlistment Montreal South Que. (b) Date of enlistment 2 Oct. 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 5 yrs Public School
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Carpenter (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 3 yrs
9. (a) What languages do you speak fluently? Fr. (b) What languages do you read well? Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name..... Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Canada Car & Foundry Address Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) War Works
20. (a) Your specific occupation Machine Operator (b) Number of years' experience at this occupation with any employer 6 months
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NO
25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Same Trade. (Carpenter)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE 7 Oct. 42.....194.....

SIGNATURE Lucien Lafrance

To be made out in duplicate

M.F.M. 119
200M-241 (9404)
H.Q. 1773-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER
THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

- (a) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

(1) Name..... LAFRANCE
(Surname first—Christian names in full—Block capitals)

..... LUCIEN

(2) Regimental Number and Rank..... D-639516 Pte

(3) Basic Training Centre..... No. 4 D.D.

(4) Are you married?..... NO

(5) If married, state,

(a) Full name of your wife..... NIL

(b) Present postal address of wife..... NIL

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

..... NIL

(7) Are you a widower?..... NO

(8) Have you any children?..... NO Number of boys..... Girls.....

Names and ages.....

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

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

Name..... NIL

Postal Address.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....NIL

(11) Is your father alive?.....Yes

If so, state name and address, occupation.....Mr. Francois Xavier LAFRANCE -carpenter
St. Louis De Gonzague, Que., Canada.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NIL

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to enlistment.....NIL

Also state reason he has no other means of support—if partially supported by you, what is your reason for not providing full support?.....NIL

(14) Is your mother alive?.....Yes

If so, state name and address.....Mrs. Adrienne LAFRANCE
St. Louis De Gonzague, Que., Canada.

(15) If your mother is a widow, are you her sole or partial support?.....NIL

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

Also state reason why she has no other means of support—if partially supported by you what is your reason for not providing full support?.....NIL

(17) Are you contributing to the support of any dependents, other than those shown above?.....NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your enlistment.

If so, state the following particulars:—

Relationship.....

Full Name.....

Postal Address.....

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

(18) Are you insured?.....YES

If so, in what Company?.....La Sauvegarde Ins.Co.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Lucien Lafrance
(Signature of recruit)

Date.....6 Oct. 42

J. Beaulieu
Officer Commanding

Date.....6 Oct. 42

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

NO. 4 DISTRICT DEPOT A.F.

ORIGINAL
 DUPLICATA
 TRIPLICATA } Indiquer l'exemplaire en rayant
 les deux mots inutiles.

| | |
|------------------------|--|
| Reçu le | |
| Vérifiée le | |
| Consignée sur fiche le | |
| Hollerith | |

Corps Inf. **ARMEE CANADIENNE** N° matricule D-639516
FORMULE D'ENRÔLEMENT ET D'ENGAGEMENT

1. LAFRANCOIS, Lucien
 (Nom) (Prénoms)

2. Adresse actuelle St. Louis de Gonzague Quebec,

3. (a) Date de naissance 12 Feb 14
 (b) Lieu de naissance Canada, St. Louis de Gonzague Quebec,
 (Pays) (Comté ou province) (Ville ou canton)

4. (a) Lieu de naissance du père Canada Boharnois St-Louis de Gonzague
 (b) " " " de la mère Canada Boharnois St-Louis de Gonzague
 (Pays) (Comté ou province) (Ville ou canton)

5. Nationalité Canadien Français
 (A quel pays devez-vous maintenant allégeance.) Si vous êtes naturalisé, donnez le numéro du certificat, ainsi que la date et le lieu de son émission. Si vous n'êtes pas naturalisé, indiquez-le.

6. Religion (indiquez la confession) Catholique Romain

7. Métier ou profession Menuisier

8. (a) Nom et adresse du dernier employeur Mon père,
 (b) Durée de l'emploi 6 ans

9. ~~Marié, veuf ou~~ célibataire Si marié, combien d'enfants?

10. Nom du plus proche parent Mr. Francois Xavier II. Degré de parenté Père
Lafrance

12. Adresse du plus proche parent St. Louis de Gonzague, Quebec, P.Q.

13. Service antérieur (marine, armée ou aviation) unités et dates non

14. (a) Campagnes antérieures non
 (b) Dans les forces armées de quel pays? non
 (c) Indiquez les dates de ces campagnes non

15. Décorations et médailles, le cas échéant non L. Lafrance

16. Je déclare solennellement que les renseignements ci-dessus mentionnés sont vrais

Signature de la recrue, ou dans le cas d'un militaire appelé sous l'empire de la L.M.R.N. qui refuse de signer, signature de l'officier, en vertu de l'art. 8 (d) (1), R.S.A.R. 1941. [Signature] (Signature de la recrue)

16a. **CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER ENRÔLEUR OU CERTIFICATEUR.**
 J'ai averti le susnommé que s'il répondait faussement à quelqu'une des questions précédentes, il s'exposerait aux rigueurs de la loi.
 Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.
 Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment consignée telle qu'il l'a donnée,
 à LAUZON ce 17^{ie} jour de MAR 1945
[Signature] { Signature du magistrat, du juge de paix ou de l'officier certificateur ou enrôleur.
 Titre ou grade et unité ou emploi.

Original Enrolement 2 Oct 42

Les articles 17, 18 et 19 ne seront remplis que si le militaire s'engage pour le service général en tout lieu.

17. DÉCLARATION FAITE PAR L'ENGAGÉ À SON ASSERMENTATION

Je, soussigné, m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date (Signature de la recrue)

18. SERMENT PRÊTÉ PAR L'ENGAGÉ À SON ASSERMENTATION

Je, soussigné, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin (Nom) (Grade) (Signature de la recrue)

19. La recrue susnommée a fait et signé cette déclaration et a prêté le serment devant moi,
 à ce jour de 19.....
 (Signature du magistrat, du juge de paix ou de l'officier certificateur.)
 (Titre ou grade et unité ou emploi.)

N.B.—ON DÉSIRE SIGNALER QUE QUICONQUE REpond FAUSSEMENT, DE PROPOS DELIBERE, À L'UNE QUELCONQUE DES QUESTIONS PRÉCITÉES EST PASSIBLE D'UN EMPRISONNEMENT DE SIX MOIS.

À ÊTRE REMPLI AU DÉPÔT DE DISTRICT

| | |
|---|------------|
| Empreintes digitales prises le | <u>OUI</u> |
| Photographié le | |
| Formule d'antécédents professionnels remplie le | |

CERTIFICAT DE VISITE MÉDICALE

20. Nom Lafrance Prénoms Jacques

Centre de réception D.D. 5. 1. 1. P. District militaire No. 5 Date 19. 2. 40

La visite médicale se divise en trois parties. Les antécédents dans la partie I, article 24, (a) à (z), sont consignés par un médecin militaire. La partie II, comprenant les articles 25, 26, 27 et 28 est remplie par le spécialiste approprié. La partie III est remplie par le président de la commission médicale.

21. Age 31 Yeux (couleur) Bleus Cheveux Châtains Taille

Poids 5. 9" Marques particulières et cicatrices

22. ANALYSE D'URINE

(a) Albumine neg (b) Microscopique (en cas d'albumine) neg (c) Sucre neg

Contre-analyse (a) (b) (c) Sucre (sang)

23. Radiographie N° 148436 Laboratoire Rapport neg

Partie I. Antécédents

24. Avez-vous déjà souffert ou souffrez-vous actuellement de quelqu'une des maladies suivantes ?

(a) Affection des yeux non

(b) Affection du nez, de la gorge, des sinus ou des oreilles

Partie II. Examen médical

25. Les médecins militaires rempliront cette partie et inscriront "négatif" ou décriront leurs constatations positives.

Vue (sans verres rectificateurs)
droite 20/ 20 gauche 20/ 20

(avec verres rectificateurs)
droite 20/ gauche 20/

Ouïe (V.P.) droite VP20 gauche VP20

Tympan droit neg gauche neg

Nez neg Gorge neg

Sinus neg

Remarques et diagnostic

Cote PULHEMS H E

(S.S.A.R.C.)
(Signature du spécialiste pour les yeux, oreilles, nez et gorge.)

24. (suite)
(c) Fractures ou autres blessures

Blessures à la tête

(d) Affection de l'épine dorsale

(e) Mal aux pieds

(f) Opérations Pour les hémorroïdes

(g) Hernies

(h) Affection des reins ou de la vessie

(i) Gonorrhée non

(j) Varices non

(k) Hémorroïdes non

(l) Rhumatisme ou affection articulaire non

26. Crâne neg

Epine dorsale neg

Membres neg

Hernie neg

Organes génito-urinaires neg

Rectum neg (hémorroïdectomie 1944)

Varices neg

Pieds neg

Abdomen neg

Remarques et diagnostic

Cote PULHEMS P U L

(S.S.A.R.C.)
(Signature du chirurgien)

CERTIFICAT DE VISITE MÉDICALE (suite)

24. (suite)
- (m) Tuberculose *non*
 - (n) Bronchite ou autre affection pulmonaire *non*
 - (o) Asthme ou fièvre des foies *non*
 - (p) Affection cardiaque *non*
 - (q) Fièvre rhumatismale *non*
 - (r) Maladie du rein *non*
 - (s) Affection stomacale, intestinale ou rectale *non*
 - (t) Diabète *non*
 - (u) Goitre *non*
 - (v) Syphilis *non*
 - (w) Convulsions ou évanouissements *non*
 - (x) Troubles nerveux *non*
 - (y) Avez-vous servi dans l'armée active durant la présente guerre? *non*
 - (z) Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité? *non*

27. Le physique :

bon ~~Bon~~ *passable* médiocre

Poitrine :
 Pleine expansion *36"*
 Degré d'expansion *2 1/2"*

Poumons *neg*

Cœur : Pression artérielle
 Systolique *130*
 Diastolique *88*

Abdomen : *neg*

Peau *neg (acné)*

Systèmes glandulaires *neg*

Remarques et diagnostic :

Lucien Sébaste
 (Signature de la recrue)

J. Sibault, capt.
 (En présence de)

Médecin,
 (S.S.A.R.C.)

Cote PULHEMS P.....

(Signature du médecin) (S.S.A.R.C.)

28. Rapport du psychiatre : Remarques et diagnostic :

Cote PULHEMS M..... S.....

(Signature du psychiatre) (S.S.A.R.C.)

Partie III

29. Catégorie (ou cote médicale) à attribuer.

| Y.O.B. | P | U | L | H | E | M | S |
|-----------|----------|----------|----------|----------|----------|----------|----------|
| <i>14</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> |

Cette catégorie (ou cote médicale) ne doit pas être changée. Voir la note (c).

J. Sibault, capt.
 (Président de la Commission) (S.S.A.R.C.)

30. (a) Vaccination — Inoculations — Epreuves séro-diagnostiques à être parafées par le médecin.

30. (b) Le changement ou la confirmation de la présente catégorie (ou cote médicale) doit être signé par le médecin militaire ou par le président de la Commission médicale.

| Date | Ecrire sur une seule ligne et lisiblement. | Date | P | U | L | H | E | M | S | Signature du médecin militaire |
|-------------------|--|-------------------|----------|----------|----------|----------|----------|----------|----------|--------------------------------|
| <i>7-10-42</i> | <i>Vaccination TABT</i> | <i>19 Feb. 45</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>/</i> | <i>J. Sibault, capt.</i> |
| <i>22-10-42</i> | <i>"</i> | | | | | | | | | |
| <i>12-11-42</i> | <i>3</i> | | | | | | | | | |
| <i>22-1-44</i> | <i>TABT 1/2 PC</i> | | | | | | | | | |
| <i>17-6-44</i> | <i>Eyphus (2)</i> | | | | | | | | | |
| <i>15-6-44</i> | <i>Reich Test neg</i> | | | | | | | | | |
| <i>2-5-44</i> | <i>Eyphus (1)</i> | | | | | | | | | |
| <i>19 Feb. 45</i> | <i>Zyphus (3)</i> | | | | | | | | | |

NOTE : (a) Toute correction d'inscription doit être parafée par l'officier qui la fait.
 (b) (i) La catégorie (ou cote médicale) dans la partie III (29) ne doit pas être changée une fois attribuée.
 (ii) Tout changement subséquent de catégorie (ou cote médicale) doit être inscrit dans la Partie III (30) (b).
 (c) L'officier qui fait un changement doit indiquer son grade. Les corrections NE DOIVENT PAS être SUPERPOSÉES à l'inscription originale.

RE DOCUMENTED

LOI DE LA MILICE
LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

R.C.E.

OCCUPATIONAL HISTORY FORM COMPLETED 313 HRS.

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

M B M I issued

M F M IO COMPLETED

Records M. D. XI. JAN 7 1944 Observed. SEP 11 1944

° de série de l'avis d'appel L.M.R.N. E-141024 Matricule D-639516

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4

2. Nom (Majuscules d'imprimerie) LAFRANCE

3. Prénoms en entier LUCIEN

4. Adresse actuelle ST. LOUIS DE GONZAGUE QUEBEC CANADA

5. Lieu de naissance CANADA QUEBEC ST. LOUIS DE GONZAGUE
(Pays) (Comté ou province) (Ville ou canton)

6. Date de naissance 12 FEVRIER 1914 7. Confession religieuse CATHOLIQUE ROMAIN

8. Signalement: Taille 5-8 Poids 149 Yeux BLEU Cheveux FAIR

Teint FAIR Marques particulières SCAR: SUR LE FRONT

9. Marié, célibataire, veuf? CELIBATAIRE

10. Plus proche parent Mère ADRIENNE LAFRANCE Degré de parenté MÈRE

(Nom) ST. LOUIS DE GONZAGUE QUEBEC CANADA
(Adresse)

11. Profession ou emploi MENUISIER

12. Service naval, militaire ou aérien antérieur NIL
(Indiquer les unités et les dates de service)

13. Préférence pour la Marine? Pour l'armée de terre? OUI
(Arme)

Pour l'Aviation?

14. Emploi dans une industrie de guerre, le cas échéant. NIL

Lucien Lafrance
(Signature de la recrue)

R. P. S. ...
(Signature et grade de l'officier enrôleur)

2 OCT. 1942
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

C.A.(B)T.C. No. 43

A. Versé au C.I. élémentaire N° ... à ... Date 15-10-42

A accompli 61 jours d'instruction élémentaire.

15 DEC 1942
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ... à ... Date

A accompli ... jours d'instruction supérieure.

Qualités de chef, positives ... Deviennent manifestes? ... Latentes?

Est passé dans ... Date
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A"

ÉTAT DE SERVICE de LAFRANCE (Nom) LUCIEN (Prénoms) N° matricule D-639516

APTITUDES

DEGRÉ D'INSTRUCTION

1. Navales, militaires ou aériennes..... NIL
 2. Commerciales ou professionnelles..... NIL
 3. Civiles ou de métier..... CARPENTER
 4. Techniques..... NIL
 5. Langue maternelle..... FRENCH Quelles autres langues parlez-vous?..... NIL Lisez-vous et écrivez-vous?..... FRENCH Savez-vous conduire une automobile?..... YES
 Savez-vous réparer un moteur?..... NIL Expérience culinaire?..... NIL Passe-temps favori?..... BASEBALL

6. École secondaire } NIL Graduation } NIL
 ou } (Années achevées) } ou } (Spécifier)
 Académie } immatriculation }

7. *Collège..... NIL
 8. *Université..... 5 YRS. PUBLIC SCHOOL.
 (*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

| Rapport | | État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc. à compter du passage dans une unité constituée | Grade indiqué | Prenant date le | Unité | Endroit | Autorisation | |
|-----------------|--------------|--|---------------|-----------------|---------------|-----------------------------------|--|-----------------|
| Date | Reçu de | | | | | | N° Partie II, Ordres du jour. Liste des morts et blessés, etc. | Daté le |
| <u>7-10-42</u> | <u>DRD</u> | <u>PASSE du dépôt central de la L.M.R.N. N°</u> | | | | | | |
| | | <u>TOS NO.4 DISTRICT DEPOT CA.</u> | <u>PTE</u> | <u>2-10-42</u> | <u>4DD</u> | <u>MTL. STH.</u> | <u>4DD PT. II-242</u> | <u>6-10-42</u> |
| | | <u>SCS on trans. to CA(B)TC 43 Sherbrooke, Que. P e</u> | | <u>14-10-42</u> | <u>"</u> | <u>"</u> | <u>#248</u> | <u>14-10-42</u> |
| <u>15-10-42</u> | <u>TC-43</u> | <u>TOS AND ATTACHED FOR ALL PURPOSES</u> | <u>PTE</u> | <u>15-10-42</u> | <u>TC-43</u> | <u>SHERB.</u> | <u>PART II-224-B</u> | <u>15-10-42</u> |
| <u>15-12-42</u> | <u>TC.43</u> | <u>S.O.S. ON TRANSFER TO R.C.E.T.C. A-5, Petawawa, Ontario.</u> | <u>PTE.</u> | <u>15-12-42</u> | <u>TC.43</u> | <u>SHERB.</u> | <u>TC.43 Pt11 274-B</u> | <u>15-12-42</u> |
| | | <u>T.O.S. A5, C.E.T.C. FOR ALL PURPOSES</u> | <u>Sapper</u> | <u>16-12-42</u> | <u>E.T.C.</u> | <u>PETAWAWA D.O. # 117</u> | | <u>18-12-42</u> |
| | | <u>B.O.S. for all purposes to the 28th Field Coy. Spr.</u> | | <u>25-1-43</u> | <u>E.T.C.</u> | <u>PETAWAWA D.O. # 11</u> | | <u>26-1-43</u> |
| | | <u>TOS for all purposes from A-5 C.E.T.C.</u> | <u>Sapper</u> | <u>26-1-43</u> | <u>R.C.B.</u> | <u>VALCARTIER Pt. II Order 15</u> | | <u>2-2-43.</u> |
| | | <u>Attached to 3rd Bn R. De Mais for rations & quarters.</u> | <u>"</u> | <u>"</u> | <u>"</u> | <u>"</u> | | <u>"</u> |
| | | <u>Granted increase of pay at \$1.40</u> | <u>Sapper</u> | <u>2-2-43</u> | <u>R.C.E.</u> | <u>VALCARTIER Pt. 11 Order 18</u> | | <u>5-2-43.</u> |
| | | <u>SOS NEMA clearing depot on being TOS this unit Member RD</u> | <u>Sapper</u> | <u>26-1-43</u> | <u>R.C.E.</u> | <u>VALCARTIER Pt. 11 Order 28</u> | | <u>18-2-43</u> |
| | | <u>Cease to be attached to 3rd Bn R de Mais for rations & quarters</u> | | | | | | |
| | | <u>on being attached to 24 Coy. RCASC for rations & quarters</u> | <u>Sapper</u> | <u>20-2-43</u> | <u>R.C.E.</u> | <u>VALCARTIER pt. 11 Order 29</u> | | <u>19-2-43</u> |
| | | <u>Issued with furlough transport warrant #400115 to St. Louis de Gonzague, Québec</u> | <u>Sapper</u> | <u>1-4-43</u> | <u>RCE</u> | <u>Valcartier Pt. II Order 59</u> | | <u>1-4-43</u> |
| | | <u>Granted furlough from 2 Apr 43 to 15 Apr 43 Inclusive</u> | <u>Sapper</u> | <u>1-5-43</u> | <u>RCE</u> | <u>Valcartier Pt II Order 59</u> | | <u>1-4-43</u> |
| | | <u>Qualified as a Carpenter Group B Grade II</u> | <u>Sapper</u> | <u>14-4-43</u> | <u>RCE</u> | <u>Valcartier Pt. II Order 68</u> | | <u>14-4-43</u> |
| | | <u>Returned from furlough at 2200 hrs 15 Apr 43</u> | <u>Sapper</u> | <u>15-4-43</u> | <u>RCE</u> | <u>Valcartier Pt. II Order 70</u> | | <u>16-4-43</u> |

APPLICATION FOR

(See Notes on Page 4)

LEAVE OF ABSENCE UNDER R.O. 1935 DISCHARGE

Command, District, etc. 11

File Ref. 15/6-4-4

Date 21 Oct. 43

TO BE COMPLETED BY SOLDIER'S OR VOLUNTEER'S COMMANDING OFFICER

1. (a) Regimental No. Rank and Name D-639516 Spr LAFRANCE, L.
- (b) Name of Unit 15th Field Company R.C.E.
- (c) Date of enlistment or enrolment 2 Oct. 42
- Medical Category or Profile
- (d) Did he enlist for General Service after being enrolled under N.R.M.A.? No
- (e) Date T.O.S. above Unit 7 Oct. 43
- (f) Period of leave applied for 6 months
- (g) Present state of applicant's training Basic & part of advanced completed
- (h) How employed at present On parade
- (i) Conduct of applicant
 - (i) Good Good
 - (ii) Fair } Copy of M.F.M. 6
 - (iii) Poor } to be attached
- (j) Has any pay been assigned? No To whom? N/A
- Amount? N/A When first assigned? N/A
- (k) Is Dependent's Allowance paid? XXX No To whom? N/A
- Amount? N/A When first paid? N/A
- If no Dependent's Allowance, why? Has no dependents.
- (l) Is strength of Unit up to W.E.? Yes If in the negative, give particulars N/A
- (m) Supporting evidence attached hereto from disinterested parties, R.C.M.P., D.B.T., Physicians, etc.
 - (i) Father (iii) Doctor (v)
 - (ii) Mayor (iv)
- (n) Recommendation of O.C. Unit, with reasons, where not otherwise obvious.

Recommended. E. Sawl. Capt. Signature and Rank

Date of Recommendation 21 Oct. 43 Commanding T.N. 15th Field Coy. R.C.E.

2. TO BE COMPLETED BY FORMATION COMMANDER. TO BE COMPLETED BY GENERAL OR DISTRICT OFFICER COMMANDING.
 - (a) Recommendation Not Recommended (b) Recommendation NOT RECOMMENDED
 - Signature and Rank (A. R. Roy) Brig., Signature and Rank (H.N. Ganong) Maj-Gen.
 - Date 28 Oct. 43 Date 2 Nov 43
 - Commanding 15 Cdn Inf Bde. Commanding 6th Cdn Div.

INFORMATION SUPPLIED BY SOLDIER

3. Leave or Discharge to WAR INDUSTRY (employer's application to be attached)

- (a) Name of former Employer who is now asking for applicant's services
.....
- (b) Nature of Employer's industrial activity.....
- (c) Is the applicant a craftsman? (State fully experience and work as such).....
.....
- (d) Length of time soldier or volunteer formerly employed by employer (give dates).....
.....
- (e) Nature of applicant's employment before enlistment.....
- (f) If leave or discharge is granted to applicant, what will be,
 - (i) Nature of employment.....
 - (ii) Grading of employment.....
 - (iii) Rate of wages.....
- (g) What effort made by Employer to secure or train replacement?.....
.....
- (h) Period applicant's services will be required?.....

4. Compassionate leave or discharge for soldiers or volunteers returning to AGRICULTURE (applicable only if soldier was formerly engaged in agriculture and will return to such occupation if granted leave or discharge).

- (a) Owner of farm..... Relationship to Applicant.....
Location of farm.....
- (b) How long did applicant work on this farm prior to enlistment or enrolment.....
What dates?..... In what capacity, owner or employee?.....
- (c) Total acreage of farm.....
- (d) How much
 - (i) In pasture?.....
 - (ii) In wood?.....
 - (iii) Cultivated?.....
 - (iv) In grain?.....
 - (v) In hay?.....
 - (vi) In Summer Fallow?.....
 - (vii) In Fruit?.....
 - (viii) In vegetables?.....
- (e) Number of horses?..... Hogs?..... Sheep?.....
(Specify Kind)
Milch cows?..... Other Cattle?..... Poultry?.....
- (f) Value of farm \$..... Encumbrance?.....
Value of machinery \$..... Encumbrance?.....
Is farm operated by horses or power? (i.e., tractor, etc.).....
- (g) What assistance is or could be made available from neighbours, or relatives other than family on farm? What hired help, if any, is actually employed? If none, give reasons.
.....
.....

5. Compassionate leave or discharge for applicants returning to FISHING, (Applicable only if soldier was formerly engaged in fishing and will return solely to such occupation if leave or discharge granted).

- (a) Owner of fishing boat.....
- (b) Size of fishing boat.....
 How many men required to operate fishing boat?.....
- (c) Nature of fishing (deep sea, coastal, lake or river).....
 Place where fishing done.....
 Kind of fish caught and months when fishing normally done.....

6. Leave or discharge on GENERAL COMPASSIONATE GROUNDS other than for reasons under paras. 4 or 5.

- (a) Reasons for application..... Have flour mill, saw mill, carpenter's shop and funeral parlor to look after. Father is 68. Only one brother (18) at home to help.
- (b) Former occupation..... Was working for my father.
- (c) How does applicant intend to earn livelihood? (Nature of employment and name and address of employer)..... Will supervise enterprises for my father.
- (d) What guarantee has he of employment? (Wages and duration and place)..... No specific salary - At least 6 months - At St. Louis de Gonzague, Que.

(in cases of discharge submit documentary evidence required under R.O. 1145.)

7. PARTICULARS OF APPLICANT AND FAMILY

(a) Members of applicant's family living at home

| Age | Relationship | Occupation | Nature and Place | Wages per week | Health |
|-----|--------------|-------------|--|----------------|--------|
| 68 | Father | Supervisor | See para. 6(a) St. Louis de Gonzague Que. | - | Poor |
| 58 | Mother | Housekeeper | " | - | Poor |
| 18 | Brother | Helper | " | - | Good |
| 10 | Sister | Student | " | - | Good |
| 8 | Brother | Student | " | - | Good |

(b) Members of family not living at home. (State whether married or single in column M. or S.)

| Age | Relationship | Occupation | Nature and place including distance from applicant's home | Wages per week | M. or S. | Health |
|-----|--------------|-------------|---|----------------|----------|--------|
| 39 | Brother | Carpenter | St. Louis de Gonzague Que. | - | M | Good |
| 24 | Brother | Soldier | Canadian Army | - | S | Good |
| 36 | Sister | Nun | L'Epiphanie, Que. | - | S | Good |
| 32 | Sister | Housekeeper | Valleyfield, Que. | - | M | Good |

NOTE : If health of any of (a) is shown as other than good, a medical certificate will be attached showing length and nature of illness, degree of capacity for work, estimated date of recovery.

8. In what respect, if any, have conditions changed since enlistment or enrolment?..... **Father**
cannot hire help today.

9. (a) Did applicant receive "NOTICE-MEDICAL EXAMINATION" under N.R.M.A.?..... **Yes**

(b) Was application then made for postponement of training?..... **No**

(c) If applied for what was decision of National War Services Board?..... **N/A**

Name of Board..... **N/A**

(d) If no application made for postponement give reasons..... **Help could be found then -**
has become very scarce since.

(e) State fully any change in family circumstances since application made to Mobilization Board.....

N/A

10. State fully in what respect extreme hardship now exists to dependents. **Father is now 68**
and cannot look after all the work.

11. Detail financial circumstances of dependents, and in what respect these would be improved if Army pay and allowances suspended on grant of leave.

N/A

12. List periods of leave already given, excluding annual furlough or passes up to 6 days.....

NIL

13. I conscientiously believe and declare that the information above set out is true and hereby apply for:—

(a) Leave of absence without pay and allowances for a period of..... **6 months**

(b) ~~Discharge:~~

Date..... **21 October 1943**

Lucien LaFrance
Applicant's Signature

NOTES :

- (a) Delete word "leave" or "discharge" (whichever not applicable). Paras. and items not applicable will be entered "N.A."
- (b) Paras. 1, 2, and 7 to 13 inclusive will be completed in every case. Paras. 3, 4, 5 or 6 will be completed only as applicable.
- (c) Supporting evidence will be attached.
- (d) When application for extension of leave is made by a soldier or volunteer while on leave.
 - (i) This form will not be mailed to applicant for completion, but completed by Auxiliary Service or Investigating Officer.
 - (ii) If this form has already been completed, and filed it need not be again completed, but supporting documentary evidence alone will be sufficient. Any change of circumstances will be carefully set out.
- (e) When the application is for the purpose of assistance to a person other than an immediate member of the family, paras. 7 and 8 will also cover the members of the latter's family.

5. (c) S'agit-il de pêches sur les côtes ou à eau profonde, sur les lacs ou sur les rivières?..... Endroit où se fait la pêche?.....
 Le genre de poissons à pêcher et à quels mois ils le sont.....

6. CONGE BASE SUR MOTIFS DE COMMISERATION (GENERAL)

- (a) Raisons motivant la demande... *pour aider mon père avec moulin à scier & avec autres travaux dans sa boutique à soir.*
- (b) De quelle façon entendez-vous gagner votre vie? (Nature de l'emploi et nom de l'employeur)... *Travail de menuiserie & réparations générales. F. N. Lafrance, mon père.*
- (c) Quelles garanties vous offrent votre employeur?.....
 Salaire et durée de l'emploi? *mon entretien, tout le temps*
 A quel endroit travaillerez-vous? *à St-Louis de Longueuil, chez mon père.*

7. PRECISIONS SUR LE SOLDAT ET SA FAMILLE

(a) Membres de la famille du soldat demeurant à la maison

| Occupation | | | | |
|------------|----------|-------------------|---------------------|----------------|
| Age | Parenté | Nature et endroit | Salaire par semaine | Etat de santé. |
| 65 | le père | : | : | pas bon |
| 48 | la mère | : | : | de |
| 49 | la tante | : | : | de |
| 24 | la sœur | : | : | bon |
| 19 | " " | : | : | " |
| 12 | " " | : | : | " |
| 9 | " " | : | : | " |

(b) Membres de la famille demeurant à l'extérieur

| Occupation | | | | |
|------------|---------|--|---------------------|----------------|
| Age | Parenté | Nature et endroit incluant la distance de la maison du soldat. | Salaire par semaine | Etat de santé. |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |
| : | : | : | : | : |

Si l'état de santé de ceux désignés à la subdivision (a) est mauvaise, prière de joindre à la présente un certificat du médecin établissant la durée de la maladie, sa nature, le degré d'incapacité au travail de même que l'estimé du temps de la guérison.

8. Sous quel rapport, votre condition a-t-elle changée depuis votre enrôlement.....

9. Quand le soldat fut-il examiné par un médecin civil pour fin d'entraînement en vertu de l'Acte de Mobilisation des Ressources Nationales (i.e. avis- Examen médical.... *en septembre 1942*.....

Fit-il à cette époque sa demande pour l'obtention d'un délai?..... *non*.....

Si oui, quelle fut la décision du Bureau des Services Nationaux de Guerre?.....

..... Si non, pour quelle raison ne formula-t-il pas sa demande de délai?

parce que à ce temps-là, il avait un remplaçant.....

Enoncez en détail tous les changements survenus dans la famille du soldat depuis la demande qu'il avait formée devant le Bureau des Services Nationaux de Guerre.

10. Expliquez pleinement jusqu'à quel point peut être pénible présentement la situation des personnes qui dépendent du soldat. *mon père est seul & ne peut parvenir à faire tous les travaux & réparations de machines agricoles exigés par les besoins des cultivateurs*.....

11. Etablissez clairement la situation financière de ceux qui sont à sa charge en démontrant que l'obtention du congé demandé améliorerait leur sort.....

12. Donnez en détail la liste des congés déjà accordés en excluant les congés de un à six jours et les congés annuels..... *aucun*.....

13. Age? *28*..... ~~Marié ou~~ célibataire?..... Nombre d'enfants?.....

~~Age des enfants?..... La femme demeure-t-elle avec les parents du soldat?..... Si oui, où?.....~~

14. En conscience, je crois et déclare que tous les renseignements donnés ci-dessus sont vrais et formule par la présente ma demande de congé pour la période s'étendant du194.. à194...
Date.....
Signature du soldat requérant.

Note: Tous les paragraphes devront être remplis à l'exception des para. 3, 4, 5 et 6 qui ne devront l'être que dans les cas où il y aura lieu de la faire.

(b) Tous les documents apportés en preuve devront être attachés à la présente.

(c) Lors des demandes de prolongation de congé, (i.e. demande faite lorsque le soldat est en congé.

(i) Cette formule ne sera pas envoyée au soldat par le moyen de la poste mais plutôt complétée par quelque membre du service Auxiliaire ou autre officier préposé aux investigations.

(ii) Une fois la formule complétée et en filière, point n'est besoin d'en faire une autre. La production des documents apportés en preuve sera suffisante.

Tous changements, faits nouveaux produits devront être détaillés avec soin.

*Have application
Completed PLS
20/10/43*

Monsieur le Major J.M.L. LAFRANCE,
28th Field R.C.E.
Valcartier Camp,
Québec.

[Red signature]

Monsieur le Major,

Vous avez sous vos ordres mon fils, Lucien Lafrance, No D639516, appelé pour son service militaire en septembre 1943.

Mon commerce consiste en un moulin à farine et à scie, entrepreneur de Pompes funèbres, réparations de machines agricoles et une boutique de menuiserie pour l'utilité des cultivateurs, et chaque hiver, j'ai une grande quantité de bois de sciage; tout ceci nécessite l'aide de quatre employés, et actuellement je n'ai que l'un de mes fils qui s'occupe continuellement du moulin à farine, donc je ne puis suffire seul au reste. De plus j'ai 65 ans et ma santé ne me permet pas de faire toute ma part de travail, comme vous le prouve le certificat de mon médecin, et j'ai à ma charge une famille de sept personnes.

Je sollicite votre bienveillante coopération pour une demande d'un congé de 12 mois pour mon fils Lucien, dont les services me sont indispensables dans mes travaux de menuiserie, son emploi habituel, afin qu'il me soit possible de continuer ce commerce, nécessaire à l'entretien de ma famille et pour



répondre aux besoins des cultivateurs.

J'ose espérer, Monsieur le Major, que vous daignerez prendre ma demande en considération, et ainsi croyez à ma plus vive reconnaissance.

Votre très humble,

J. L. Laprance

St-Louis-de-Gonzague,
Co. de Beauharnois,
P.Q.

Assermenté devant moi,
ce 25 ième jour de sep-
tembre 1943.

Dominic Drouin Maire de Prefet
Maire.



St. ls. de Gonzague 24 Sept 43

Re) F. N. Lapance



Je, sous signé, déclare
très bien connaître, depuis
40 ans, m. Xavier Lapance
menuisier de St. ls. de Gonza-
gue, père de Lucien Lapance,
et que cet homme à cause
de sa déchéance physique
ne peut répondre aux nom-
breuses demandes des cul-
tivateurs pour réparages
et que son fils Lucien se-
rait un très grand se-
cours pour aider l'oeuvre
de l'agriculture, qui est
essentiel à la guerre.

Le tout humblement sou-
mi. Dr L. A. Paré

St. ls de Gonzague
24 Sept 43

R, Dme F. X. Lapance

Je, sous signé, déclare
bien connaître madame F. X.
Lapance, mère de Lucien
Lapance, de St. ls. de Gon-
zague, qu'elle est d'une
santé faible, d'une grande
taille mais ne pesant que
95 lbs. les nombreux tra-
vaux occasionnés par
une grosse famille ont am-
mené cette déchéance.

Dr. L. A. Paré



CREMERIE ST-LOUIS

D. DAOUST & FILS, PROP.

LAIT, CREME, BEURRE — BOIS, GRAINS, ENGRAIS
HUILE ET GAZOLINE*St-Louis de Gonzague**Sept 27/43**M. Le Mayor*

Plusieurs cultivateurs de ma paroisse viennent se plaindre qu'il ne sont plus capable de faire faire les réparations urgentes et nécessaires a leurs machines aratoires et faire sci leur bois de service dans leur parcs par suite de un manque de main
 Car M. F. L. Lafrance père tient une boutique de repassage Moulins à sci et à farine et est seul avec un autre de ses fils pour faire ce travail et M. Lafrance est age de 65 ans et malade.

Dans les circonstances je demande un congé pour son fils Lucien n° S. 639516 pour un an afin qu'il lui donne l'aide nécessaire pour faire son ouvrage

*Veuilly M. L. L.**Domini Doucet Maire & Procet*



House of Commons
Canada

MINISTERS OFFICE
MAR 5 1945
DEPT. N. D. OTTAWA.
931-85

Aubrey, Que.,

March 3, 1945.

MILITARY SECRETARIAT
MAR 8 1945
RECEIVED

Colonel McNaughton, Minister of
Defence,
Ottawa

My Dear Minister:

Re Lucien Lafrance - D639516 - Camp Lauzon, D.D.5, Que.

Maurice Laberge of St. Louis de Gonzague has asked me to use my influence to see if it would not be possible that he could have the abovementioned get a farm leave. All the necessary papers and documents are filed with his Officer in Command at Camp Lauzon D.D.5. For your information this man is working two hundred and twenty acres of land, has twenty-eight milk cows, forty-five head of cattle altogether, also hens and hogs, etc. His farm is situated near the D.I.L. and it is impossible to get help but this soldier has agreed to stay with him this summer if he can get a farm leave. Anything you can do in this case will be greatly appreciated.

Yours very truly,

Donald E. Black, M.P.,
Chateauguay-Huntingdon

*Arch
187
for state
gather*

MILITIA BOOK NO. 1

1914-15-16 (1914-15-16)
22 11 1914-15-16

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
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250M-10-42 (5040-2 & 5232)
H. Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II)
will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.
2. You will **always carry this book** on your person when on duty, and on active service.
3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regt. No. *D-639516*
 Surname (in capitals) *LAFRANCE*
 Christian Names (in full) *LUCIEN*
 Date of Birth *12-2-14*
 Place of Birth *St. Louis de Gonzague, Que. can.*
 Citizenship *British Subject*
 Trade on Enlistment *Maneuirist*

 Nationality of Father at Birth *Canadian*
 Nationality of Mother at Birth *Canadian*
 Religion *Roman Catholic*
 Enlisted at *Montreal South, Que.*
 Date.....
 Particulars of former service (if any) i.e. Regt. No., Corps or Regiment and period. } *NIL*
 Signature of Soldier *Lafrance L*
 Signature of Officer *[Signature]*
 Place *Valcartier, Que.* Date *1-10-43*

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

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

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

St. Louis De Gonzague. Que. Can.

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on pages 4 and 5 of this Book, but the Soldier must understand that the entries made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Record Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Soldier's Will should preferably be made out on the Will Form,—M.F.M. 10 (English) or M.F.M. 10a (French)—provided for that purpose and on which are also printed a number of helpful instructions. These forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form M.F.M. 10 or 10a should be carefully followed. The Soldier will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Soldier will also sign their respective names. If the Soldier cannot write, he will make his mark in the place

in the Will where his signature would ordinarily appear and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) may be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M. 10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and ther state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

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

No. _____ Rank _____ Name _____
states that he has executed a Will and that the same has been deposited with
at _____
Date _____

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. received and forwarded to
the Officer i/c Records at _____
Signature of Officer.
Rank or Appointment.

Signature of Officer
Date Certificate or Will extracted

Unit or Dept.
To whom sent

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

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

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

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936. Cameron Highlanders.

Date Will extracted

Signature of Officer

To whom sent

Unit or Dept.

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

WILL

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

Signature.....

Rank, Reg't Number.....

Date.....

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No.....

Surname (Capitals).....

Christian Names in full.....

9/22/45
Monsieur François X. Lafrance,
St Louis de Gonzague,
P.Q.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 869-L-9745 FD10

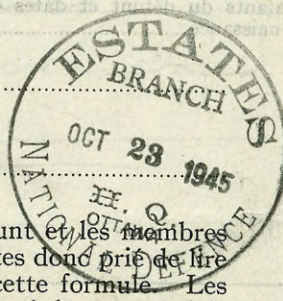
MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

5 octobre, 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

LAFRANCE, Lucien Sdt.

No. D639516, Armée Canadienne



il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le memorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

YC

Chas. Smith Col.

Le directeur des successions,

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

| Degrés de parenté | PARENTS à signaler | TÉMOIGNAGE DU DÉCLARANT | | |
|-------------------------|--|--|--|---|
| | | NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés | Age | ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé |
| 1 | Veuve du défunt..... | | | |
| 2 | Enfants du défunt et dates de naissance..... | | | |
| 3 | Père du défunt..... | F. N. Leprance | 67 | St-Louis de Gonzague |
| 4 | Mère du défunt..... | Adrienne Legault | 59 | St-Louis de Gonzague |
| 5 | Frères du défunt | Frères germains | Rosario 37 Leofoldo 26 Pierre 24 Raymond 11 | St-Louis de Gonzague Co Beauharnois Québec |
| | | Demi- frères | | |
| 6 | Soeurs du défunt | Soeurs germaines | Genevieve 36 Claire 27 M. Jeanne 32 Marfume 21 Marcelle 14 | St-Louis de Gonzague |
| | | Demi- soeurs | | |
| 7 | Noms des frères ou soeurs (ger- mains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux | Noms et âges de leurs enfants (le cas échéant) | | Adresse de leurs enfants |

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

| | | |
|----|---|-------------------------------------|
| 8 | Nom et prénoms du défunt. | Lafrance Lucien |
| 9 | Date de sa naissance. | 12 février 1915 |
| 10 | Lieu et date de son mariage. | _____ |
| 11 | Lieu et date du mariage de ses parents. | St-Louis de Gonzague 28 mai 1906 |

DÉTAILS DE DOMICILE

| | | |
|----|--|---|
| 12 | Lieu où le défunt est né. | à St-Louis de Gonzague |
| 13 | Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas. | (a) _____ (b) _____ (c) _____ (d) à St-Louis de Gonzague Comté Beauharnois. 3 ans 27 ans |
| 14 | Nature de son emploi avant son enrôlement. | Meneur |
| 15 | Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit? | _____ |
| 16 | Indiquer le lieu où le défunt entendait vivre d'une façon permanente. | _____ |

DÉTAILS DE LA SUCCESSION

| | | |
|----|---|---|
| 17 | A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre. | non |
| 18 | Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété? | _____ |
| 19 | Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? | _____ |
| 20 | Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent. | 2 de 500 \$ F. Lafrance St-Louis de Gonzague |
| 21 | Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent. | _____ |
| 22 | Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. | Alliance Nationale 1000 \$ Sous Garde F. Lafrance 1000 \$ |
| 23 | Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin. | _____ |

AUTRES DÉTAILS

| | | |
|----|---|---|
| 24 | Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails. | _____ |
| 25 | Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui. | Moi-même et une partie par le Gouvernement |

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Père du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

J. M. Lafrance

Signature du déclarant

St. Louis de Gonzague

Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Monsieur F. X.

Lafrance

Nom du déclarant

*Voir plus haut

est le/la* père du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à St. Louis de Gonzague, au vingt-deuxième jour de octobre 1943

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Omer Séguin

Titre curé

Adresse St. Louis de Gonzague, C. Blanchet, P. Rue

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

| | |
|----|---|
| 19 | Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? |
| 20 | Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent. |
| 21 | Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent. |
| 22 | Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. |
| 23 | Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin. |

AUTRES DÉTAILS

| | |
|----|---|
| 24 | Après son engagement, le défunt avait-il contracté les dettes: (a) pour ses propres loyers et pension pendant qu'il était dans les forces armées; (b) pour habits et équipement militaires. |
| 25 | Un état détaillé de chacun de ces comptes doit être annexé à cette formule et à la fois caractérisé et inscrit "approuvé" et signé par vous. Si vous les croyez inexacts, donnez les détails. |
| 26 | En ce que les frais indiqués ont été payés entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexer des états détaillés indiquant les montants payés et par qui. |

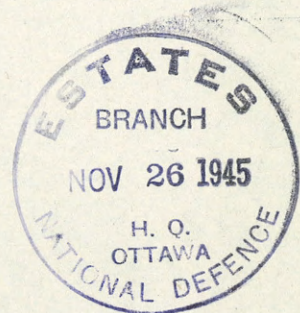
(REMARQUE.—Le gouvernement paye les frais indiqués, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais indiqués, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant lié par les règlements. Cependant, si le militaire n'est décédé que récemment, la différence ne sera pas payée par le gouvernement et il ne sera à la charge de la succession militaire du défunt.)

St. Louis de Gonzague Nov 21 1945

Department of National Defence Army
Division des Successions
Ottawa

D. G. 869-L-9745 F.D. 10

Re Sdr Lafrance Lucien décédé
no 639576



Messier

Ci inclut un reçu des effets personnels
de mon fils, que j'ai reçu il y a déjà quel-
que temps

Veuillez s'il vous plaît me faire parvenir
une copie du testament de mon fils
en date du 7 Octobre 1942

Votre tout dévoué

M. St. Lafrance

St. Louis de Gonzague

Cd Beauharnois

Que

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

WILL

M.F.M. 10
200M-6-41 (693)
H.Q. 1772-39-1656

I, Lucien LAFRANCE, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of St. Louis De Gonzague in the County of Chateauguy
District

Province of Quebec, Carpenter.
(Civil Occupation)

Regimental No. D-639516, Unit N.R.M.A., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY MATHER" Mr. Francois Xavier LAFRANCE.

L. L.

Residing at: St. Louis De Gonzague, Que., Canada.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

L. L.

(4) I appoint _____ (Name) _____ (Address)

_____, to be the Executer of this my Last Will.
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 7th day of October 1942.

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

Lucien Lafrance
(Signature of soldier)

First witness sign here.

(5) Signature [Signature]
Civil Address 16810 Avenue de la Paix
Civil Occupation Journaier

Second witness sign here.

Signature [Signature]
Civil Address 3694 Avenue de la Paix
Civil Occupation Armeur

(Witnesses are not to be beneficiaries.)

NOTE

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

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

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

6

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

GL

Name LAFRANCE Surname Lucien Christian Names No. D.639516

Rank PTF Unit 5 D.D. Date of Death 23-9-45

AMOUNT

L.P.C.....\$ 161.60

Date.....25-3-46..... Other Credits.....

Total..... 161.60

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|--------------|---|-----------------|
| All | Father | Francois Xavier Lafrance St. Louis de Gonzague Beauharnois Co., P.Que. | 161.60 <i>R</i> |
| (Sole beneficiary under will) | | | |
| DO NOT REMOVE FROM FILE | | | |
| N.R# 260 24. TO INCLAS 16-4-46 <i>QW</i> | | | |

| AUTHORITY | | | | | |
|------------------------|------|-----|----------------------------|------|--------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
| 9999 | 731 | 00 | 00 | 001 | 161.60 |
| CLASSIFIED BY <i>D</i> | | | EXAMINED BY | | |
| | | | For Chief Treasury Officer | | |

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

Reg. No. 67 4922 Nominal Roll No. 2806

To: P.M.G. H.Q. File No. 869-6-4508

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

| Regt. No. | Rank when S.O.S. | Surname | Christian Name in Full |
|----------------|------------------|-----------------|------------------------|
| <u>D639516</u> | <u>PTE</u> | <u>LAFRANCE</u> | <u>LUCIEN</u> |

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased CARO ()

2nd Enlistment..... CARO ()

3rd Enlistment..... CARO ()

Total Service

| 1ST ENLISTMENT | 2ND ENLISTMENT | 3RD ENLISTMENT |
|---------------------------------------|----------------------|----------------------|
| T.O.S. <u>2 Oct 42</u> ✓ | T.O.S. | T.O.S. |
| S.O.S. <u>23 Sep 45</u> MD <u>5</u> ✓ | S.O.S. MD | S.O.S. MD |
| Total Days..... <u>1088</u> | Total Days..... | Total Days..... |

Total Service 1088 DAYS

| | Total Service | Less Non-qualifying Service | Net Service |
|---------------------------------|---------------|-----------------------------|-------------|
| Western Hemisphere | <u>1088</u> | <u>69</u> | <u>1019</u> |
| Overseas Service | | | |
| Totals..... | <u>1088</u> | <u>69</u> ✓ | <u>1019</u> |
| Add Non-qualifying Service..... | | | <u>69</u> |
| Total Service | | | <u>1088</u> |

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... 23 Sep 45 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... Reginunman

Checker's Signature..... Webster

Date Computed..... 11 July 46

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

P. Placour
C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

N.R.M.A.
NO SERVICE IN
THE ALUTIAN ISLANDS

CANADA
OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **D.639516** RANK **Pte.** SERVICE UNIT **5 DD**

NAME **LAFRANCE, Lucien**

DATE OF BIRTH **12 Feb 14** DATE OF ENLISTMENT **2 Oct 42**

MARITAL STATUS **Single** RELIGION **R.C.**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

ADDRESS

Father

NAME
ADDRESS
D.A.B.

**Mr. Francois X. Lafrance,
St. Louis de Gonzague, P.Q.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS

(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

1162 d/24-9-45 H.Q. 869-1-9745

DATE

**Died at St. Charles Hospital, Quebec,
as result of Toxemia**

23-9-45

**Records indicate that this soldier served
in Canada only.**

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.T.

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.T.

YES/NO

DATE **26-9-45**

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

G. Robertson
DIRECTOR OF RECORDS

5

COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-D.O.C. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

NO. D. 639516 Rank Private Name LAFRANCE, Lucien

Unit Regt. de Joliette Date of death 23rd Sept., 1945.

Died at St. Charles Hospital, Quebec, P.Q.

Cause Toxemia.

Death occurred on strength of Forces H.Q. 405-L-9745

N/K Mr. Francois X. Lafrance Relationship Father

Address St. Louis de Gonzague, P.Q.

Remains buried in St. Louis de Gonzague Cemetery

St. Louis de Gonzague, P.Q.

Grave location

CHK

COUSIN'S ROLL FOR THIS SOLDIER'S GRAVE DISPATCHED APR 15 1946

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

19/4/50

ENTITLED TO Mr. Francois Xavier Lafrance, (father)

ADDRESS: St Louis de Gonzague,
Beauharnois Co., Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Adrienne Lafrance, (MFM5)(FRENCH)

1988

ADDRESS: ST. LOUIS DE GONZAGUE, Que.

4571-21-4-50

MEMORIAL BAR
(1)
DATE DESP
REGN. NO. 1869

(2)

(3)

DESP. OCT 22 1945
REGN No. 21491

(Death in Canada)

N.R.M.A.

CB.

23-9-45

AWARDS—CANADIAN ARMY (ACTIVE)

1988 **M**500M-1-44 (3487)
H.Q. 1772-45-8

| | | | |
|----------------------------|-----------------|-----------------|---------------------|
| | | | FILE NO. 869-L-9745 |
| LAFRANCE | Lucien | D-639516 | Sol. |
| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE |
| | | | 5 DD |
| | | | C.A.S.F. UNIT |

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|--------------------|---|
| War Medal, 1939-45 | , |
| | |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No. **D-059516** RANK **Private** NAME **LAFRANCE Lucien**

CASUALTIES, ETC.

| PART II D. O. | | NATURE AND PARTICULARS | IF IN HOSPITAL | NOTE NAME |
|---------------|----------|--|----------------|-----------|
| No. | DATE | | | |
| 144 | 22-12-44 | TOS CIC R de Jol from 15th Coy RCE | | 19-Dec-44 |
| 147 | 28-12-44 | Embark. Leave & R.A. from 20 to 26 | | Dec-44. |
| 3 | 5-1-45 | A.W.L. from 0830 hrs on 31-Dec-44. | | |
| 3 | 5-1-45 | SOS to DD 5 whilst A.W.L. wef 31-Dec-44. | | |
| 11 | 12-1-45 | TOS fr Regt de Joliette 1-1-45 whilst AWL | | |
| 31 | 3-2-45 | Ret. from AWL 0800hrs 22-1-45 | | |
| 39 | 12-2-45 | DO 28 31-1-45 insofar as it ref. to the u/n is am'd to READ: AWL 0830hrs 31-12-44 still 0830hrs 21-1-45. | | |
| 40 | 13-2-45 | Awd. a forf. 20 days pay for an off Sec. 15 (1) AA AWL fr 0830hrs 31-12-44 to 0800hrs 22-1-45 (abs. 21 days 23hrs 30mins) orf. 20 days pay, Forf. 22 days pay. Tot. forf 42 days days pay. 8-2-45. | | |
| 56 | 3-3-45 | Gr leave fr 23-2-45 to 29-2-45 | | |

CASUALTIES. ETC.

| PART II D. O. | | NATURE AND PARTICULARS | IF IN HOSPITAL | NOTE | NAME |
|---------------|---------|--|----------------|---------|------|
| No. | DATE | | | | |
| 84 | 4-4-45 | Gr leave fr 31-3-45 to 3-4-45 | | | |
| 143 | 8-6-45 | Adm. to Que Mil Hosp. wef 4-6-45 | | | |
| 236 | 25-9-45 | SOS Deceased at Hosp. S ^t Charles | | 23-9-45 | |

CASUALTIES, ETC.

D.639516 *Lafauce L.*

| Part II. D.O. | | Nature and particulars | If in Hospital note name |
|---------------|-------------|---|--------------------------|
| No. | Date | | |
| 59 | 1-4-43 | Granted Furlo from 2-4-43 to 15-4-43 | |
| 125A | 5-8-43 | <i>Assigned to be gtl. for A.S.P.C. P. Palawawa and off 2-8-43 on being att to 25th Fd Coy R.C.E. eff 5-8-43.</i> | |
| 130A | 13-8-43 | <i>Granted leave of absence 7 to 10-9-43</i> | |
| 162 | 1-10-43 | Inc. Rate of Pay to \$1.50 per diem wef 2-4-43 | |
| 165 | 6-10-43 | SOS to 15 Fd Coy RCE Debert NS FAP wef 6-10-43 | |
| 85 | 8 Oct. 43 | TOS 15th. Fld. Cy. RCE on trs. fr. 28th. Fld. Cy. RCE eff. 7 Oct. 43. | |
| 91 | 4 Nov 43. | Granted T/P. Carpenter Group C .25¢ eff 10 Oct. 43. | |
| 100 | 10 Dec 43. | Change fr HD to N.R.M.A. Eff 1 Dec 43. | |
| 102 | 22 Dec 43. | Ret All 9 Days Leave Xmas 21-29 Dec 43. | |
| 2 | 10 Jan 44. | A.W.L. fr 0600 Hrs 31 Dec 43. | |
| 3 | 14 Jan 44. | Ret fr AWL at 1540 Hrs 7 Jan 44. | |
| 4 | 18 Jan 44. | Forf 27 days pay fr AWL fr 30 dec 43 to 7-1-44 | 44 |
| 27 | 21 Apr. 44: | 21 dys FURLOUGH TR. Tiem R/A fr. 12 Apr. 44. | |
| 30 | 28 Apr. 44. | Granted 4 Days fr 3 May 44 to 6 May | |
| 35 | 12 May 44 | Admit Montreal, Hoap. Mil. (Sick) Eff 3 May 44. | |
| 34-26 | May 44 | Disch from Montreal Mil Hoap. eff 17 May 44. | |
| 53 | 30 Jul. 44 | Center Draw T/P carpenter 30 Jul. 44 | |
| 7 | 18 Dec 44 | S. O. R. REGT. JO LIETTE - 18 Dec 44 | |

#20 Training Period

No. D-639516

RANK

Pte

NAME

LAFRANCE

Lucien

MARRIED
WIDOWER
*SINGLE

PLACE OF ENLISTMENT

Montreal South, Que.

DATE

2-10-42

Mr. Xavier Lafrance (Father) **BATE OF PAY** St Louis de Gonzague Que.

| D.O. No. | DATE | RANK | DAILY RATE | REMARKS |
|----------|------------|------|--------------|-----------------------|
| | | | 1.30 1.40 | |
| PC 362. | | SPR. | | 2-2-43 |
| 162 | 1-10-43 | Spr. | 1.50 | wef 2-4-43 |
| 91 | 4 Oct. 43 | | 1.75 | Wef 4 NOV 43: |
| 53 | 19 Sep. 44 | | 1.50 | became T/P 30 Jun. 44 |

ASSIGNMENTS

DEPENDENTS' ALLOWANCES

| ASSIGNEE | EFFECTIVE DATE | AMOUNT | TOTAL | DATE APPLICATION FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFFECTIVE DATE |
|---------------------------------------|-------------------|--------|-------|----------------------------|--------------|----------------|----------------|
| 4 Victoria Park Road | 1-5-43 | | | | | | |
| N/A | | | | | | | |
| St Louis de Gonzague, Que. | | | | | | | |
| NK Mrs Francois Xavier Lafrance. | | | | | | | |
| (Father) | | | | | | | |
| St Louis de Gonzague, Que. | | | | | | | |

*DELETE WORDS WHICH ARE INAPPLICABLE

Occ form filled

M.F.M. 111
100M-2-41 (9405)
H.O. 1772-39-1801

CASUALTIES, ETC.

| PART II D. O | | |
|--------------|----------|---|
| No. | DATE | |
| 242 | 7-10-42 | TOS DD4 & posted to "B" Wing & assigned regimental no. wef 2-10-42. |
| 248 | 14-10-42 | SOS on trans to #43 Sherbrooke wef 14-10-42 |
| 224 | 15-10-42 | TOS T.C.43, on trans, from D.D.4, w.e.f. 15-10-42 |
| | | P. & A. L.E.D. AGREES NOV 1 6 1942 |
| 248 | 15-12-42 | Ceases to be att. this centre on trans. to R.C.E. A-5 Petawawa Ont. w.e.f. 15-12-42 |
| 117 | 18-12-42 | T.O.S. (A5) CETE Petawawa for all purposes from #43 CABTC Sherbrooke, P.Q. eff. 16-12-42 |
| 11 | 26-1-43 | SOS A-5 C.E.T.C. for all purposes on transfer to 28th Fld. Coy. Valcartier Que. effec 25.-1-43. |
| 15 | 2-2-43 | TOS 28th Fld. Coy. RCE on trans from A5 CET for all purposes eff. 26-1-43. |
| 15 | 2-2-43 | Att. 3rd Bn. R. de Mais for Rat. & Quar 26-1-43. |
| 18 | 5-2-43 | Increased rate of pay @ 1.40 per diem eff 2-2-43 |
| 28 | 18-2-43 | T.O.S. Member H.D. eff 26-1-43. |
| 29 | 19-2-43 | Ceases to be att. to 3rd Bn. R. de M. for R&Q eff 19-2-43 on being att to 24 Coy. RCASC eff 20-2-43 |
| 41 | 6-3-43 | Granted leave of absence from 13-2-43 to 16-2-43 |
| 59 | 1-4-43 | Issued with Furbo Trans Warr #A.400115 1-4-43 |

H.Q. 869-L-4503

CD 4922

M.F.B. 387
1,500M-443 (9433)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

D. 539516

L. LAFRANCE

R. S. & P

SECTION
DVA
2506

| CENTRAL REGISTRY | DATE | P. A. OR B. F. | INITIALS | REFERRED TO | FOR REMARKS | INITIALS | DATE |
|------------------|---------|----------------|----------|-------------|---|----------|--------------------|
| | | | | | (If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute") | | |
| NOV 1 1945 | 11/1/45 | PA | KSR | Admin | With Papers C.R. NOV 10 1945 With Papers C.R. MAR 8 - 1945 | | |
| MAR 11 1945 | 2/13/45 | PA | BEA | Admin | Cancelled | | |
| MAR 20 1945 | 9/3/45 | PA | CLP | Admin | With Papers C.R. MAR 15 1945 With Papers C.R. MAR 26 1945 | | |
| MAR 28 1945 | | | | Admin | translation of pass to DM for signature file | CLP | 28/3/45 |
| MAR 29 1945 | | | | D.M. | with Journal | JG | 31-3-45 |
| APR 2 1945 | 3/2/45 | PA | CLP | Admin | | WS | 2/4/45 |
| | 13/8/45 | PA | ER | DR Cas | Per Requisition C.R. AUG 11 1945 | | |
| | 12/9/45 | PA | ER | D. R. | Per Requisition C.R. SEP 11 1945 | | |
| | 14/7/46 | | Jas | DR | With Papers C.R. OCT 16 1945 | | |
| | | | | W.S.G. | Per Requisition C.R. JUL 2 - 1946 | | |
| | | | | DR | with Papers | ER | 8-7-46 |
| | | | | | D.A. & A.P. WITH PAPERS | | JUL 12 1946 |
| | | | | W.S.G. | JUL 17 1946 | | |
| | | | | (2) | PER P... | | 19 1950 |
| APR 21 1950 | 19 4/50 | PA | aL | JD | PER REQUISITION APR 26 1951 | | |
| MAY 1951 | 1/5/51 | pa | ML | WSR 3 | | | |

DO NOT WRITE BELOW THIS LINE

H.Q. 869-L-4503


CD 4922

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity of using it.

2. Central Registry should be notified whenever a file is passed direct to another branch.

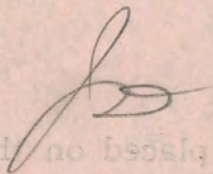
3. All outgoing letters should bear the official file number.



Medal to father

Mr. Francois Xavier Lafrance,
St-Louis de Gonzague,
Beauharnois Co., Que.

18 Apr 50



Medals noted
R3d (9/4/50)

H.Q.

869-L-9745

FALSE DOCKET
ARMY

No. 10

869 L - 4503

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA
D.639516 PTE.,

CROSS REFERENCE

G

LAFRANCE, LUCIEN

R.S. & P.

| CENTRAL REGISTER | DATE | P. A. OR B. F. | INITIALS | REFERRED TO | FOR REMARKS | INITIALS | DATE |
|------------------|------------|----------------|----------|-------------|-------------------------|----------|---------|
| | 30.11.45 | BF | G | Folder | Request | WZ | 2/10/45 |
| | 25/10 | J.A. | G | G | WITH PAPERS OCT 22 1945 | | |
| | | | | G | WITH PAPERS OCT 26 1945 | | |
| | 29/10 | PA. | EH | WZ | | G | 27/10 |
| | 22/10 | BF | G | G | WITH PAPERS NOV 7 1945 | | |
| | 30/11 | BF | AV | N | 00004 | G | 22/11 |
| | | | | G | WITH PAPERS NOV 26 1945 | | |
| | 15/12 | BF | NU | OV | 00004 | G | 5/12 |
| | 15/11 | BF | NU | OV | PER. B. F. DEC 16 1945 | | |
| | 7/2 | BF | G | OV | Per BF | | 20/12 |
| | 34/1 | BF | OV | OV | PER. B. F. JAN 13 1946 | | |
| | 15/13 | BF | OV | OV | PER. B. F. JAN 30 1946 | | |
| | 22/13 | BF | G | OV | WITH PAPERS MAR 4 1946 | | |
| | | | | OV | PER. B. F. MAR 15 1946 | | |
| | | | | OV | | | |
| | 15/5 | BF | G | G | Dist + 8C | A | 4-7 |
| | | PA | CC | QC | noted | G | 8/4 |
| | 9/5 | pa | G | G | Per B. F. MAY 10 1946 | | |
| | CR 20/5/46 | pa | G | | | | |

CLOSED

869-L-9745 F.D. 10

H.Q. FILE No. 869-L-9745

MAY 31 1946

Casualty Report— Date Received 2.10.45 Date Despatched La France, L. D 631 6

Will Service { Canada 7.10.42 } Beneficiary Francis Xavier LaFrance Civil { } father None { } Residing { Canada } Probate (or L of A) { } Elsewhere { }

Particulars of Family Form dated 6.10.42 None Life Insurance La Sauvagerie Ins Co

Form P. 64 Dated 23-10 5.10.45 By Father Single M Other N/K Depts nil Will nil Civil Estate W.S.C.

Table with columns: Action Taken, Date, App'd. Rows for Bank a/c, W.S.C., Bonds.

C. of A. Report 6-11-45 Approved Service Debts nil Service Will nil

L.P.C. \$ 161.60 JV. 10764 8/3/46

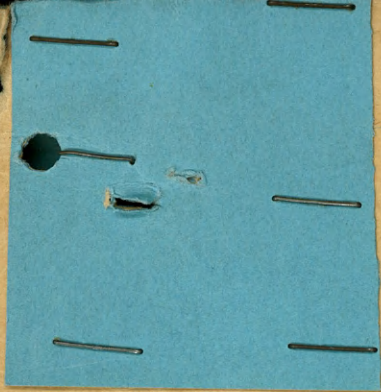
Amended Bank Credits

DISTRIBUTION To Father Bulk via (Pulmag 9774) Valuables via Letter as to, dated 27/10/45

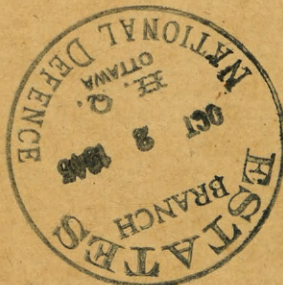
Total Cash \$ 161.60 To Father

Date of Despatch 8/4/46 \$ Francis Xavier LaFrance (paid)

Stamp: ADVICE RECEIVED APR 1 1946 NO WILL TIME OFF. NR 982



Handwritten notes in red and black ink, including the number '250' and some illegible characters.



Handwritten number '250' in the bottom left corner.

CASUALTIES ONLY

For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. CD.4922

File No. 869-L-4503
(WSG-G)

WAR SERVICE GRANTS ACT 1944

Ottawa 5th July 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D.639516

Name Lucien LAFRANCE
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice

(K. W. Rice) Captain,
for Paymaster-General.

| | Name | Amount |
|--|-------|--------|
| Names, address and relationship of persons in receipt of D.A. and amount of monthly award. | \$ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

16/7 1946

Cher
for Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. \$ _____

_____ 194 _____

For C.T.O.

DEPARTEMENT DE LA DEFENSE NATIONALE

DIVISION DES SUCCESSIONS

OTTAWA, CANADA

Date *Mai 5* 194*6*



Reçu ce jour un chèque du Trésor pour la somme de

..... CENT SOIXANTE ET UN-----60 Dollars (\$.....^{161.60})
100

en rapport avec la succession militaire du défunt mentionné ci-dessous.

LAFRANCE, Lucien, Soldat, (décédé)

D-639516, A.C.

J. N. Lafrance
.....
Signature

DIVISION DES SUCCESSIONS

8 avril 1946.

Monsieur François Xavier Lafrance,
 St Louis de Gonzague,
 Cté Beauharnois,
 P. Q.

LAFRANCE, Lucien, Soldat, (décédé)
 No. D-639516, Ar mée Canadienne

Cher Monsieur Lafrance,

Nous sommes maintenant en mesure de dis-
 poser du montant apparaissant au crédit de la succession militaire de
 votre fils.

Le montant à distribuer est de \$161.60 et
 est fait comme suit:

| | |
|--|----------|
| Argent trouvé parmi les effets personnels..... | \$ 13.60 |
| Reliquat de solde et d'allocations..... | 148.00 |

Le tout vous sera remis en votre qualité
 d'unique bénéficiaire au testament de votre fils.

Nous avons demandé au Bureau du Trésor de
 vous faire parvenir un chèque payable à votre ordre pour la somme de
 \$161.60. Sur réception du chèque vous voudrez bien signer et retourner
 à notre Division la quittance ci-incluse.

Votre dévoué,

(L.H.Firth) Colonel,

le Directeur des Successions.

OG/TD

Pc.adj.(2)

MEMORANDUM



DEPT. OF NATIONAL DEFENCE

Open
TO: Director of Estates
308 Sparks St.,
Ottawa.

T.C.19

OTTAWA, *Mar 11/46*

RE: *D639516. Phe Lafrance L.*

1. Herewith is copy of J.V. # *10764*
~~debiting/crediting~~ *161.60* the estate of the
m/n deceased member of the Canadian Army
necessitated by amended L.P.C. dated—
from *M.O. 5*

2. This account was previously trans-
ferred by J.V. #— dated—

J. McBride
(D.G. Whittle),
Chief Treasury Officer,
Army Services.

161.60
W.D.

DISTRIBUTION

SERVICE
NAVY
ARMY
AIR FORCE
C.E.F.

NAME Lafance Lucien

NO D 639516 RANK Pte

REGT: 5 D D DATE OF DEATH 23-9-45

all father

Francis Xavier Lafance W.S.G.
L.P.C. 161.60
OTHER CREDITS.

St. Louis de Gonzague

PAY TO: Beauharnois Co., TOTAL 161.60

P. Que.

low

(Sole beneficiary under will)

DIVISION DES SUCCESSIONS

7 mars 1946.

Monsieur F. X Lafrance,
St. Louis de Gonzague,
Cte Beauharnois,
P. Q.

LAFRANCE, Lucien, Soldat, (décédé)
No. D-639516, Armée Canadienne

Cher Monsieur Lafrance,

Nous accusons réception de votre lettre du
14 février.

Les seuls détails que nous avons en mains
concernant le reliquat desolde de votre fils sont ceux apparaissant à son Certificat de Dernière solde qui nous a été remis par les autorités de l'Unité. Vous trouverez donc sous pli une copie de ce document. L'item de \$13.60, d'après le rapport de l'Unité, constitue le montant trouvé parmi les effets personnels. Il nous est malheureusement impossible de vous fournir de plus amples renseignements à cet égard. Vous pourriez probablement les obtenir du Payeur-Général de l'Armée. Je tiens de plus à vous faire remarquer que le montant de \$161.60 apparaissant au Certificat n'a pas encore été confirmé par le Bureau du Trésor: c'est cette formalité qui nous empêche de procéder à la distribution. Nous devrions être informés sous peu de la confirmation, et nous procéderons alors immédiatement au règlement.

Votre dévoué,

OG/TD
Pc. adj.(1)

Major,
le Directeur des Successions.

St.Louis de Gonzague 14 Fevrier 1946

Division des Successions
Ottawa.



Messieurs.

Re: Lucien Lafrance. D-639516

Le 5 Decembre dernier je recevais votre lettre Q.G? 869-L-9745 FD 10 et une copie du Testament de mon fils Lucien pour laquelle je vous remercie.

Cette même lettre me disait que vous seriez bientôt en mesure de faire remise du montant entre vos mains. Je n'ai encore rien reçu.

Je désire avoir des détails sur le montant d'argent que mon fils avait en main lors de son entrée à l'hopital le 3 Juin et aussi ce qu'il avait lors de son décès le 23 Septembre, ainsi ce qu'il a retiré pendant son séjour à l'hopital.

Bien à Vous.

F. X. Lafrance

F.X. LAFRANCE
St.Louis de Gonzague,
Co. Beauharnois,
P.Q.

DIVISION DES SUCCESSIONS

5 décembre 1945.

Monseur F.X. Lafrance,
St Louis de Gonzague,
Cté Beauharnois,
P.Q.

IAFRANCE, Lucien, Soldat, (décédé)
No. D-639516, Armée Canadienne

Cher Monsieur Lafrance ,

Pour faire suite à votre lettre du 21
novembre, vous trouverez sous pli une photographie du
testament de votre fils.

Nous serons bientôt en mesure de vous
faire remise du montant entre nos mains et nous communi-
querons alors de nouveau avec vous.

Votre dévoué,

OG, TD
Pc.adj.(1)

Major,
le Directeur des Successions.

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

WILL

M.F.M. 10
200M-6-41 (693)
H.Q. 1772-39-1656

I, Lucien LAFRANCE, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of St. Louis De Gonzague in the County of Chateauguay
District

Province of Quebec, Carpenter.
(Civil Occupation)

Regimental No D-639516, Unit N.R.M.A., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto **"MY MOTHER" Mr. Francois Xavier LAFRANCE.**

L. L.

Residing at: St. Louis De Gonzague, Que., Canada.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

L. L.

(4) I appoint.....
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 7th day of October 1942.

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

Lucien Lafrance
(Signature of soldier)

First witness sign here.

(5) Signature

How Savelan
Civil Address 1810 Saint-Jacques
Civil Occupation Journealer

Second witness sign here.

Signature

Gene Racypagne
Civil Address 3694 St. Beesie Martel
Civil Occupation Accountant

(Witnesses are not to be beneficiaries.)

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

WILL

M.F.M. 10
200M-6-41 (608)
H.Q. 1772-39-1656

I, Lucien LAFRANCE, of the Village
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of St. Louis De Gonzague in the County of Chateauguay
District

Province of Quebec, Carpenter.
(Civil Occupation)

Regimental No D-639516, Unit N.R.M.A., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MY WATHER" Mr. Francois Xavier LAFRANCE.

Residing at: St. Louis De Gonzague, Que., Canada.

L. L.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

L. L.

(4) I appoint.....
(Name) (Address)

....., to be the Executer of this my Last Will.
(Civil Occupation) Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 7th day of October 1942.

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

Lucien Lafrance
(Signature of soldier)

First witness sign here.

(5) Signature

Henry Savelon
Civil Address 1810 Saint-Jacques
Civil Occupation Journaler

Second witness sign here.

Signature

Gene Racine
Civil Address 3694 St-Basile Montreal
Civil Occupation Armeur

(Witnesses are not to be beneficiaries.)



DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date

The Estates Branch has received the following personal effects of:

NAME
D639518, Pte. L. LAFRANCE

- | | |
|---|---|
| 1 wrist watch (Westfield) | 1 telegram "Mr. McDonald" |
| 1 key ring & 8 keys | 1 card Unemployment Ins. Commission |
| 1 ring (chrome) with initials L.L. | 1 post office certificate: no. 345 d/3 My45 |
| 1 pen knife | 14 photos (kodak) |
| 2 wallets, leather | 2 books of stamps: 46 cts. |
| 1 ticket, Montreal tramways | personal letters & prayers |
| 1 C.N.R. ticket: quebec-Montreal | |
| 1 drivers license, No. 180384 | |
| 1 lighter (Ronson) | |
| 1 key holder, leather | |
| 1 note book | |
| 1 card, Red Cross | |
| 1 comb | |
| 1 set pen & pencil (with holder) (Watermans) | |
| 1 F.S. cap blue, with R.C.E. badge | |
| 1 cotton bag | |
| 1 writing tablet & envelopes | |
| 18 packages Gillette blades | |
| 2 bicycle padlocks | |
| 1 tooth brush | |
| 1 prayer book | |

Received from ~~the estate of~~ Pte. L. LaFrance listed

SIGNATURE ... *L. LaFrance*

DATE REC'D ... *17 Nov. 1945*

DIVISION DES SUCCESSIONS

22 novembre 1945.

n Monsieur François Xavier Lafrance,
St Louis de Gonzague,
Cté Beauharnois,
P. Q.

LAFRANCE, Lucien, Soldat, (décédé)
No. D-639516, Armée Canadienne

Cher Monsieur Lafrance,

Vous trouverez sous pli un carnet de Banque
trouvé parmi les documents de votre fils. Vous constaterez que
la dernière entrée est du 12 juillet 1937. De plus, je
crois que la Banque Nationale est devenue depuis la Banque
Canadienne Nationale.

Votre dévoué,

OG/TD
Pc.adj.(1)

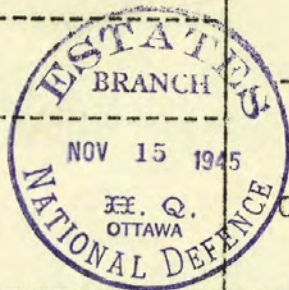
Major,
le Directeur des Successions.

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -

BT

TO ESTATES

Record Office



Ottawa 14 Nov 1945

D.639516 - Private Lucien LAFRANCE

Herewith Last Pay Certificate dated October 31st, 1945, which has now been received in Record Office relative to the marginally named soldier.

.....
C. L. Laurin

C. L. Laurin
Colonel
Director of Records

Q 39-L-7883.

CANADIAN ARMY (A)

M.F.D. 930A
200M-2-45 (6635)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

Regtl. No. D-639516 Rank and Name PTE LAFRANCE Lucien
of NO V DISTRICT DEPOT (CA) Unit, on
(Transfer, Posting or Discharge) to DECEASED on 1-10-45 194
(Unit and Station)
Reason for discharge..... Authority DO 236

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

- State (1) Date of appointment or enlistment..... 2-10-42
- (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 \$.....

Awaiting Q.M.S. Clearance

The following is a statement of the account of the above named from As per Oct. 45. to 194
the inclusive date of transfer, posting or discharge.

| PARTICULARS | DR. | | PARTICULARS | CR. | |
|---|-----|----|---|-----|----|
| | \$ | c. | | \$ | c. |
| Balance Dr. from last account..... | | | Balance Cr. from last account..... | 148 | 00 |
| First Monthly Payment..... | | | Regimental Pay..... days at \$..... | | |
| Casual Payments..... | | | Tradesmen's Pay..... days at \$..... | | |
| Payment on Transfer, Posting or Discharge..... | | | Additional Pay (Give particulars) | | |
| Assigned Pay..... | | | days at \$..... | | |
| Regimental Charges..... | | | Allowances (Give particulars) | | |
| Public Stoppages (Give particulars): | | | days at \$..... | | |
| | | | <u>Dep. Rec. Z-414</u> | 13 | 60 |
| To Balance Cr. (To be paid by new unit)..... | 161 | 60 | By Balance Dr. (To be deducted by new unit)..... | | |
| Total..... | 161 | 60 | Total..... | 161 | 60 |



QUEBEC P.Q.
(Place)
OCTOBER 31st 1945..
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.
(N. DERY) MAJOR RCAPC
PAYMASTER NO V DISTRICT DEPOT (CA)
Paymaster or Accounting Officer

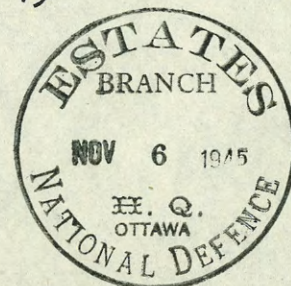


DEPARTMENT OF NATIONAL DEFENCE

ARMY

Quebec, 3 Nov. 45

Administrator of Estates,
Dept. of National Defence,
OTTAWA, Ont.



COMMITTEE OF ADJUSTMENT
D-639516 Pte. LAFRANCE, L.(Deceased)

1. The m/named died at Quebec Mil.Hosp on the 23 Sep 45. His personal effects were fwd to your branch by C.N. Express on the 16 Oct 45.
2. In Connection with the above enclosed please find proceedings (in duplicate) of the Committee of Adjustment assembled in this case.

(GEO. GUIMOND) Major
President 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 appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* **COMMITTEE OF ADJUSTMENT**

assembled at **Headquarters, M. D. No.- 5, Quebec.**

on the **2nd. day of october 1945**

Colonel J.E.G.P. Mathieu, D.S.O., E.D.

by order of **Commanding No.- 5, District Depot.**

for the purpose of **dealing with the Service estate of**

No.- D-639518- Pte. L. LAFRANCE, No.- 5, District Depot,

who died at Quebec Military Hospital, Quebec on the 23rd.

day of September 1945, as a result of Toxemia. Q:39-L-7863

PRESIDENT

Major GEO. GUIMOND,

R. 22e. R., Att. H.Q., M.D. 5

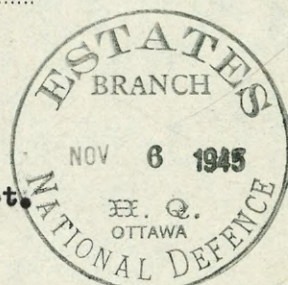
MEMBERS

Captain Y. LORTIE,

Att. No.- 5, District Depot.

Lieut. Y. NADEAU,

Att. No.- 5, District Depot.



The **Committee**.....having assembled pursuant to order, proceed to **take action on the Service estate of the deceased in accordance with F.R. & I. for C.A.S.F. (CANADA) Art. 221 as amended under the following headings:**

- 1.- Personal effects.**
- 2.- Public clothing and equipment.**
- 3.- Last illness and funeral expenses.**
- 4.- Preferential charges.**
- 5.- Ordinary debts or claims.**
- 6.- Paymaster.**
- 7.- Last pay Certificate.**
- 8.- Last Will and Testament.**

1.- PERSONAL EFFECTS as per inventory annexed hereto marked "A" were secured and forwarded on the 16 Oct. 45, to the Administrator of Estates, Dept. of National Defence, Ottawa, by C.N. Express.

M.F.B. 303

500M-12-42 (7535)
H.Q. 1772-39-133

Handwritten initials in red ink.

2.- PUBLIC CLOTHING AND EQUIPMENT; there were on deficiencies.

3.- (a) There were no expenses of last illness.

(b) FUNERAL EXPENSES were incurred at Quebec and St. Louis de Gonzague, in the total sum of \$ 125.00

(a) The account of La Compagnie HUBERT MOISAN, funeral directors, Quebec was for \$ 75.00 and being within the allowance authorized by F.R. & I. 220 (1) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto, marked "B"

(b) The account of F.X. LAFRANCE, funeral directors, St. Louis de Gonzague, Que. was for \$ 25.00 and being within the allowance authorized by F.R. & I. 220 (2) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster, for payment. A copy of the bill is annexed hereto marked "C"

(c) The deceased was buried in the parish cemetery of St. Louis de Gonzague, Que., and 5 copies of the account of La Fabrique de St. Louis de Gonzague, for the purchase at the prevailing rate of a single grave and for opening and closing the grave, a total of \$ 10.00 payable under F.R. & I. 220 (4) and (5) have been obtained and certified and 2 copies lodged with No.- 5, District Depot, Paymaster, for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto marked "D".

(d) A warrant: No.- 122755 was obtained for the transportation of the body from Quebec to St. Louis de Gonzague, Que.- F.R. & I. 220 (8)

(e) The services of a chaplain were not available and Revd. O. Seguin, attended as officiating clergyman and the account of La Fabrique de St. Louis de Gonzague, Que., was for \$ 15.00 and being within the allowance authorized by F.R. & I. 220 (7) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto marked "E"

INVENTORY
PERSONAL EFFECTS

"A"
G. Guimond
Major
President C. of Adjustment

D-639518 Pte L. LAFRANCE,
No 5 District Depot.

| | |
|------------------------------------|---------------------------------|
| 1 Wrist watch (Westfield) | 1 Styptic pencil |
| 1 Key ring & 8 keys | 1 Tube Shaving Cram "Palmolive" |
| 1 Box candies | 1 Writing tablet & envelopes |
| 1 Ring (Chrome) with initials L.L. | 18 Packages Gillet blades |
| 1 Pen Knife | 2 Bicycle padlocks |
| 1 Ray-book | 1 Tooth brush |
| 2 Wallets-leather | 1 Prayer book |
| 1 Ticket-Montreal Tramways | 1 Evangile St-Jean |
| 1 C.N.R. ticket: Quebec-Montreal | 1 Telegram "Mr McDonald" |
| 1 Driver license- No.180384 | 1 Card Unemployment |
| 1 Lighter (Ronson) | Insurance Commission |
| 1 Key holder-leather | 1 Post Office Certificate: |
| 1 Note-book | No.345 d/3 My 45. |
| 1 Card-Red Cross | 14 Photos (Kodak) |
| 1 Comb | 1 Pass book |
| 1 Set Pen & pencil (with holder) | (Banque Nationale) |
| (Waterman's) | 2 Books of Stamps: 46 cts |
| 1 Field service Cap-Blue | Personal letters & prayers |
| with R.C.E. badge | |
| 1 Cotton bag | |
| 1 Soap box & soap | |
| 1 Bottle lotion "Golgate" | |

G. Guimond

(GEO. GUIMOND) Major
President Committee of Adjustment

Quebec
15 Oct 45



ÉTABLIE EN 1882

Téléphone 4-2473

La Compagnie Hubert Moisan

DIRECTEURS DE FUNÉRAILLES

297, RUE ST-JOSEPH

"B"

Guohimond, moi
QUEBEC 24 Septembre 1945
CANADA.
President C. of Adjustment

DEPARTEMENT DE LA DEFENSE NATIONALE

DISTRICT MILITAIRE No. 5, Québec.

1945.
Septembre le 22.

Pour frais de Sépulture de Feu
Soldat Lucien Lafrance. D-639516.

Transport de Hop. Militaire.
Embaumement du corps.
Casket Vécuna Gris, int. de soie,
6 poignées, plaque gravée.
Double-Cerceuil pour transport.
Certificats de Décès.
Permis de Transport.
Transport à la gare Union.

\$75.00

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with contract or agreement authorized byor, if not by contract, the charges are fair and just. No item in this account has been previously certified by me for payment. I recommend payment.

Guohimond, moi

President Committee of Adjustment



Téléphone 1193 w 3

"C"
E. H. Vincent, mort

ST-LOUIS DE GONZAGUE, 26 septembre 1945

President C. of Apartment

M. RE- inhumation soldat LUCIEN LAFRANCE,

DOIT A F. X. LAFRANCE,

::: MENUISIER et MEUNIER :::

Entrepreneur de Pompes Funèbres

Intérêt de 7 Pour Cent chargé après 3 mois

| | | | |
|----------|---|------|----|
| sept. 26 | Transport de Valleyfield à St-Ls-de-Gonzague, chambre mortuaire, cor- billard, tapis etc., | \$60 | 00 |
|----------|---|------|----|

I certify that the services specified in this receipt have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with contract or agreement authorized by or, if not by contract, the charges are fair and just. No item in this account has been previously certified by me for payment. I recommend payment.

E. H. Vincent, mort
President C. of Apartment

"D"
E. Guimond, Major
President C. of the Regiment

Dû à la Fabrique de
St-Jouis de Longueue, la
somme de dix dollars (\$10.00)
pour achat, frais d'ouverture
et de fermeture de la fosse
du soldat L. Lafrance.
Matricule D - 639518.

La Fabrique de St-Jouis
de Longueue, P. Q.
par Omer Guimond, the
curé

I certify that the services specified in this account have
been actually performed, that they were necessary in
the interest of the public, and that the charges made are
in accordance with contract or agreement authorized by
..... or, if not by contract, the charges are
fair and just. No item in this account has been previously
certified by me for payment. I recommend payment.

E. Guimond, Major
Commanding Royal 22^e Regiment
President C. of the Regiment

"E"
Geo. Guimond, ^{major}
Président C. d'Asperement

Dû à la Fabrique de St-Jouis
de Gonzague la somme de
quinze dollars (\$ 15.00)
pour le prêtre qui a officié
au service du soldat L.

Japance, Matricule D-639518.

La Fabrique de St-Jouis
de Gonzague. P. L.

par Omer Séguin, J^{re} curé

I certify that the services specified in this account have
been satisfactorily performed, that they were necessary in
the interest of the public, and that the charges made are
in accordance with contract or agreement authorized by
.....or, if not by contract, the charges are
fair and just. No item in this account has been previously
certified by me for payment. I recommend payment.

Geo. Guimond, ^{major}
Commanding Royal 22^e Regiment.
Président C. d'Asperement



CANADA

"F"
Co. Guineas, No. 1
President C. of Adjustment

IN REPLY PLEASE QUOTE
No. 5 D.D. (L-3302) PM

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Quebec, October 15th 194 5.

RECEIVED FROM

Committee of Adjustment.
D-639316 Pte LAFRANCE L.

The sum of thirteen dollars and sixty cents.
which has been deposited to this ex-soldier's
account.

Noel Dery
(NOEL DERY) Major RCAPC.
Paymaster No. 5 District Depot. CA

- 4.- PREFERENTIAL CHARGES:- Nil.
- 5.- ORDINARY DEBTS OR CLAIMS:-
None have come to the Committee's notice.
- 6.- The Committee has lodged with the PAYMASTER:-
(a) The sum of \$ 13.60, found in the effects of the deceased. Receipt therefore is hereto annexed marked "F"

(b) The funeral account to be paid by the Government.
- 7.- LAST PAY CERTIFICATE was obtained from the Paymaster, showing the sums mentioned in para 6 (a) above and a balance at credit of \$ 161.60, a copy whereof is annexed hereto.
- 8.- LAST WILL :- Nil record in Unit, of any Will.

ah.

FINDING IF REQUIRED:—

Signed at

Edouard, King
(Signature)

PRESIDENT

Quebec

R. 22. R. A. H. H. A. M. D. S
(Unit)

this *3rd* day of

Quebec
(Signature)

November 1945

St. Joseph's
(Unit)

MEMBERS

Wadeau
(Signature)

No. 5 District Depot
(Unit)

Opinion of
Commanding
Officer:—

*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 appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* **COMMITTEE OF ADJUSTMENT**

assembled at **Headquarters, M. D. No.- 5, Quebec.**

on the **2nd. day of october 1945**

by order of **Colonel J.E.G.P. Mathieu, D.S.O., E.D.**

Commanding No.- 5, District Depot.

for the purpose of **dealing with the Service estate of**

No.- D-639518- Pte. L. LAFRANCE, No.- 5, District Depot,

who died at Quebec Military Hospital, Quebec on the 23rd.

day of September 1945, as a result of Toxemia. Q:39-L-7863

PRESIDENT

Major GEO. GUIMOND,

R. 22e. R., Att. H.Q., M.D. 5

MEMBERS

Captain Y. LORTIE,

Att. No.- 5, District Depot.

Lieut. Y. NADEAU,

Att. No.- 5, District Depot.



The **Committee**.....having assembled pursuant to order, proceed to **take action on the Service estate of the deceased in accordance with F.R. & I. for C.A.S.F. (CANADA) Art. 221 as amended under the following headings:**

- 1.- Personal effects.**
- 2.- Public clothing and equipment.**
- 3.- Last illness and funeral expenses.**
- 4.- Preferential charges.**
- 5.- Ordinary debts or claims.**
- 6.- Paymaster.**
- 7.- Last pay Certificate.**
- 8.- Last Will and Testament.**

1.- PERSONAL EFFECTS as per inventory annexed hereto marked "A" were secured and forwarded on the 16 Oct. 45, to the Administrator of Estates, Dept. of National Defence, Ottawa, by C.N. Express.

2.- PUBLIC CLOTHING AND EQUIPMENT; there were on deficiencies.

3.- (a) There were no expenses of last illness.

(b) FUNERAL EXPENSES were incurred at Quebec and St. Louis de Gonzague, in the total sum of \$ 125.00

(a) The account of La Compagnie HUBERT MOISAN, funeral directors, Quebec was for \$ 75.00 and being within the allowance authorized by F.R. & I. 220 (1) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto, marked "B"

(b) The account of F.X. LAFRANCE, funeral directors, St. Louis de Gonzague, Que. was for \$ 25.00 and being within the allowance authorized by F.R. & I. 220 (2) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster, for payment. A copy of the bill is annexed hereto marked "C"

(c) The deceased was buried in the parish cemetery of St. Louis de Gonzague, Que., and 5 copies of the account of La Fabrique de St. Louis de Gonzague, for the purchase at the prevailing rate of a single grave and for opening and closing the grave, a total of \$ 10.00 payable under F.R. & I. 220 (4) and (5) have been obtained and certified and 2 copies lodged with No.- 5, District Depot, Paymaster, for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto marked "D".

(d) A warrant; No.- 122755 was obtained for the transportation of the body from Quebec to St. Louis de Gonzague, Que.- F.R. & I. 220 (8)

(e) The services of a chaplain were not available and Revd. O. Seguin, attended as officiating clergyman and the account of La Fabrique de St. Louis de Gonzague, Que., was for \$ 15.00 and being within the allowance authorized by F.R. & I. 220 (7) 5 copies have been obtained and certified and 2 copies lodged with No.- 5, District Depot Paymaster for forwardal to the District Paymaster, M.D. 5, for payment. A copy of the bill is annexed hereto marked "E"

INVENTORY

PERSONAL EFFECTS

D-639518 Pte L. LAFRANCE,

No 5 District Depot.

"A" *G. Guimond*
President C. of Adjustment

| | |
|------------------------------------|----------------------------------|
| 1 Wrist watch (Westfield) | 1 Styptic pencil |
| 1 Key ring & 8 keys | 1 Tube Shaving Cream "Palmolive" |
| 1 Box candies | 1 Writing tablet & envelopes |
| 1 Ring (Chrome) with initials L.L. | 18 Packages Gillet blades |
| 1 Pen Knife | 2 Bicycle padlocks |
| 1 Bay-book | 1 Tooth brush |
| 2 Wallets-leather | 1 Prayer book |
| 1 Ticket-Montreal Tramways | 1 Evangile St-Jean |
| 1 C.N.R. ticket: Quebec-Montreal | 1 Telegram "Mr McDonald" |
| 1 Driver license- No. 180384 | 1 Card Unemployment |
| 1 Lighter (Ronson) | Insurance Commission |
| 1 Key holder-leather | 1 Post Office Certificate: |
| 1 Note-book | No. 345 d/3 My 45. |
| 1 Card-Red Cross | 14 Photos (Kodak) |
| 1 Comb | 1 Pass book |
| 1 Set Pen & pencil (with holder) | (Banque Nationale) |
| (Waterman's) | 2 Books of Stamps: 46 cts |
| 1 Field service Cap-Blue | Personal letters & prayers |
| with R.C.E. badge | |
| 1 Cotton bag | |
| 1 Soap box & soap | |
| 1 Bottle lotion "Golgate" | |

G. Guimond

(GEO. GUIMOND) Major
President Committee of Adjustment

Quebec
15 Oct 45



ÉTABLIE EN 1882

Téléphone 4-2473

La Compagnie Hubert Moisan "B"

DIRECTEURS DE FUNÉRAILLES

297, RUE ST-JOSEPH

Hubert Moisan, Major
President C. of Adjustment
QUEBEC, 24 Septembre 1945
CANADA.

DEPARTEMENT DE LA DEFENSE NATIONALE

DISTRICT MILITAIRE No. 5, Québec.

1945.
Septembre le 22.

Pour frais de Sépulture de Feu
Soldat Lucien Lafrance. D-639516.

- Transport de Hop. Militaire.
- Embaumement du corps.
- Casket Vécuna Gris, int. de soie,
- 6 poignées, plaque gravée.
- Double-Cerceuil pour transport.
- Certificats de Décès.
- Permis de Transport.
- Transport à la gare Union.

\$75.00

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with contract or agreement authorized byor, if not by contract, the charges are fair and just. No item in this account has been previously certified by me for payment. I recommend payment.

Hubert Moisan, Major

Commanding Royal 22e Regiment

President Committee of Adjustment



Téléphone 1933 w 3

"C"

ST-LOUIS DE GONZAGUE, Oct 22

1945

M De. Frais d'enterrement

*GEO. GUIMOND, Major
President C. of Adjustment*

Lucien Lafrance

DOIT A F.X. LAFRANCE,

:-: MENUISIER et MEUNIER:-:

Entrepreneur de Pompes Funèbre

Intérêt de 7 Pour Cent chargé après 3 mois

Sept 26 Frais d'enterrement de \$25.00

Lucien Lafrance

Accordé par le Gouvernement

I certify that the services specified in this account have been satisfactorily performed, that they were necessary in the interest of the public, and that the charges made are in accordance with contract or agreement authorized byor, if not by contract, the charges are fair and just. No item in this account has been previously certified by me for payment. I recommend payment.

True Copy
GEO. GUIMOND
(GEO. GUIMOND) Major
President C. of Adjustment

GEO. GUIMOND, Major
Commanding Royal 22e. Regiment.
President C. of Adjustment

"D"
E. Guinard, ^{Major}
Président C. d'ajustement

Dû à la Fabrique de
St-Louis de Gonzague, la
somme de dix dollars (\$10.00)
pour achat, frais d'ouverture
et de fermeture de la fosse
du soldat I. Lafiance,
Matricule D-639518.

La Fabrique de St-Louis
de Gonzague, P. I.
par Omer Séguin, ^{Procureur}

I certify that the services specified in this account have been actually performed, that they were necessary in the interest of the public, and that the charges made are in accordance with a contract or agreement authorized byor, if not by contract, the charges are fair and just. No item in this account has been previously certified by me for payment. I recommend payment.

E. Guinard, ^{Major}
Commanding Royal 22^e Regiment
Président C. d'ajustement

"E"
Col. Guimond ^{major}
Président C. d'adjutement
Dû à la Fabrique de St-
Louis de Bonzeque la somme
de quinze dollars (\$ 15.00)
pour le père qui a officié
au service du soldat I.
Dafance, Matricule D-639518.

La Fabrique de St-Louis
de Bonzeque. P.D.
Par Omer Séguin, Jtn curé

I certify that the services specified in this account have
been satisfactorily performed, that they were necessary in
the interest of the public, and that the charges made are
in accordance with contract or agreement authorized by
.....or, if not by contract, the charges are
fair and just. No item in this account has been previously
certified by me for payment. I recommend payment.

Col. Guimond ^{major}
Commanding Royal 22c. Regiment
Président C. d'adjutement



CANADA

"F"
Er. P. M. D. J.
President C. J. P. M. D. J.
IN REPLY PLEASE QUOTE
5 D.D. (L-3302) PM

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Quebec, October 15th 1945.

RECEIVED FROM

Committee of Adjustment.

D-639316 Pte LAFRANCE L.

The sum of thirteen dollars and sixty cents,
which has been deposited to this ex-soldier's
account.

Noel Dery
(NOEL DERY) Major RCAFC.
Paymaster No. 5 District Depot. CA

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

M.F.D. 930A
200M-2-45 (6635)
H.Q. 1772-39-1548

Regtl. No. D-639516 Rank and Name PTE LAFRANCE Lucien
of NO V DISTRICT DEPOT (CA) Unit, on
(Transfer, Posting or Discharge) to DECEASED on 1-10-45 194
(Unit and Station)
Reason for discharge Authority No 236

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

- State (1) Date of appointment or enlistment 2-10-42
(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 \$.....

Awaiting Q.M.S. Clearance

The following is a statement of the account of the above named from As per Oct. 45 to 194
the inclusive date of transfer, posting or discharge.

| PARTICULARS | DR. | | PARTICULARS | CR. | |
|--|-----|----|--------------------------------------|-----|----|
| | \$ | c. | | \$ | c. |
| Balance Dr. from last account..... | | | Balance Cr. from last account..... | 148 | 00 |
| First Monthly Payment..... | | | Regimental Pay..... days at \$..... | | |
| Casual Payments..... <u>PR 1201</u> | | | Tradesmen's Pay..... days at \$..... | | |
| Payment on Transfer, Posting or Discharge..... | | | Additional Pay (Give particulars) | | |
| Assigned Pay..... | | | days at \$..... | | |
| Regimental Charges..... | | | Allowances (Give particulars) | | |
| Public Stoppages (Give particulars): | | | days at \$..... | | |
| | | | <u>Dep. Rec. Z-414</u> | 13 | 60 |
| | | | By Balance Dr. | | |
| To Balance Cr. | 161 | 60 | (To be deducted by new unit)..... | | |
| (To be paid by new unit)..... | | | | | |
| Total..... | 161 | 60 | Total..... | 161 | 60 |



QUEBEC P.Q.
(Place)
OCTOBER 31st 1945,
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.
(Signature)
(N. BERRY) MAJOR RCAPC
PAYMASTER NO V DISTRICT DEPOT (CA)
Paymaster or Accounting Officer

- 4.- PREFERENTIAL CHARGES:- Nil.
- 5.- ORDINARY DEBTS OR CLAIMS:-
None have come to the Committee's notice.
- 6.- The Committee has lodged with the PAYMASTER:-
(a) The sum of \$ 13.60, found in the effects of the deceased. Receipt therefore is hereto annexed marked "F"

(b) The funeral account to be paid by the Government.
- 7.- LAST PAY CERTIFICATE was obtained from the Paymaster, showing the sums mentioned in para 6 (a) above and a balance at credit of \$ 161.60, a copy whereof is annexed hereto.
- 8.- LAST WILL :- Nil record in Unit, of any Will.

llh

FINDING IF REQUIRED:—

Signed at

Co. Richmond, Miss

(Signature)

PRESIDENT

Quebec

R. 22. R. A. H. Q. M. D. S

(Unit)

this *31st* day of

Gen. G. G. G. G.

(Signature)

November 1945

St. John's

(Unit)

MEMBERS

Madame

(Signature)

W. J. G. G.

(Unit)

Opinion of
Commanding
Officer:—

DIVISION DES SUCCESSIONS.

27 octobre, 1945.

Monsieur François Xavier Lafrance,
St Louis de Gonzague,
Cté. Beauharnois,
P.Q.

LAFRANCE, Lucien Sdt. (Décédé)
No. D639516, Armée Canadienne

Cher Monsieur Lafrance,

Nous accusons réception de notre Formule P.64
et nous vous remercions des renseignements fournis.

Par un testament en date du 7 octobre, 1942,
dont l'original est en notre possession, votre fils vous a légué
tous ses biens. Si vous désirez une copie de ce document nous serons
très heureux de vous en faire parvenir une, sur demande.

Nous avons reçu récemment d'outre-mer les effets
personnels de votre fils qui ont été retrouvés par son Unité, après
le décès. D'ici quelques jours nous vous les ferons expédier dans un
colis par Malle Recommandée et dès que vous les aurez reçus, vous
voudrez bien signer et retourner à notre Division une des copies de
l'inventaire ci-inclus.

Nous n'avons pas encore reçu le rapport de
l'Unité et pour le moment, il nous est donc impossible de vous fournir
un état de la succession militaire.

Votre tout dévoué

9774.

OG/YC

Major
Le Directeur des Successions.

G
16-106

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date

The Estates Branch has received the following personal effects of:

NAME .. D639518, Pte. L. LAFRANCE

- | | |
|---|---|
| 1 wrist watch (Westfield) | 1 telegram "Mr. McDonald" |
| 1 key ring & 8 keys | 1 card Unemployment Ins. Commission |
| 1 ring (chrome) with initials L.L. | 1 post office certificate: no. 345 d/3 My45 |
| 1 pen knife | 14 photos (kodak) |
| 2 wallets, leather | 2 books of stamps: 46 cts. |
| 1 ticket, Montreal tramways | personal letters & prayers |
| 1 C.N.R. ticket: quebec-Montreal | |
| 1 drivers license, No. 180384 | |
| 1 lighter (Ronson) | |
| 1 key holder, leather | |
| 1 note book | |
| 1 card, Red Cross | |
| 1 comb | |
| 1 set pen & pencil (with holder) (Watermans) | |
| 1 F.S. cap blue, with R.C.E. badge | |
| 1 cotton bag | |
| 1 writing tablet & envelopes | |
| 18 packages Gillette blades | |
| 2 bicycle padlocks | |
| 1 tooth brush | |
| 1 prayer book | |
| 1 Evangile St. Jean | |

Received the effects as listed

SIGNATURE

DATE REC'D

EFFECTS SECTION

O/S CASE No. OUR CASE No. 294/1

DATE RECEIVED 17-10-45 FROM #5 DISTRICT DEPOT

NAME LA FRANCE INITIALS L. RANK PTE No. D639518

V—VALUABLES

M—MISSING

S—SURPLUSES

D—DESTROYED (reason why)

VALUABLE DOCUMENTS

R—RETAINED (reason why)

MONEY: W.S.C.'s, ETC.

DIARIES

CONTAINERS RECEIVED

CONTAINERS REPACKED

REMARKS

INVENTORIES (Dates; No. of Pages; first and last article on each inventory)

No dates 1 "17 wrist watch (Westfield)" to "Personal letters & prayers"

DATE CHECKED

BY

CHECKER

CHECKER

OFF. OR N.C.O. i/c

Director of Estates

Regimental No. D.639516 Rank Private

LAFRANCE Lucien
Surname Christian Names

Unit 5.D.D.

Date of death 23.Sep.45 Place of Death Canada

Casualty Details Died as result of toxemia

Next-of-kin Mr. Francois X. Lafrance Relationship Father

Address St. Louis de Gonzague, P.Q.

Will Will d/7.Oct.42 herewith

Date 2.Oct.45



110
EXCERPT OF M.F.M.5 dated 6.Oct42

(1) Are you married? NO Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? YES If so, state name and address

Mr. F.X. Lafrance (Carpenter) St. Louis De Gonzague, Que.

(3) Is your mother alive? YES If so, state name and address

Mrs. Adrienne Lafrance St. Louis De Gonzague, Que.

(4) Are you insured? YES If so, in what company?

Le Sauvegarde Ins. Co.

[Handwritten Signature]
ESTATES LIAISON

FALSE DOCKET

FALSE DOCKET

M.F.B. 387a
400M-5-45 (7271)
H.Q. 1772-39-485
(K.P. 34900)

8-9-L-4503

No.

DEPARTMENT OF NATIONAL DEFENCE, OTTAWA

CROSS REFERENCE

Lafrance, L.

DR 16/10/45

F.D.

D639516

| CENTRAL REGISTRY | P.A. OR B.F. | DATE | INITIALS | REFERRED TO | FOR REMARKS | INITIALS | DATE |
|--|--------------------|------|----------|-------------|----------------------------|----------|------|
| (If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute") | | | | | | | |
| | | | | 7A | PER REQUISITION JAN 5 1946 | | |
| | | | | D.B.210 | With papers | Reh | 3/46 |
| | | | | 7A | | | |
| | P.A. | 3/46 | Reh | 7A | | | 3/46 |

H.Q.

DO NOT WRITE BELOW THIS LINE

MEMORANDUM

H.Q. 869-L-9745

DEPARTMENT OF NATIONAL DEFENCE
- A R M Y -TO ESTATESRecord OfficeOttawa 14 Nov 1945D.639516 - Private Lucien LAFRANCE

Herewith Last Pay Certificate dated October 31st, 1945, which has now been received in Record Office relative to the marginally named soldier.

S.R. 1(c)

Please place in file
and P.O.
14-11-45. *Dpt.*

D.J. Suter
.....
for C. L. Laurin
Colonel
Director of Records



Notre dossier n°
Q: 39-L-7863 (REC)

MINISTÈRE DE LA DÉFENSE NATIONALE

ARMÉE

DR

PLACE ON FILE AND

DR

P. A. Director of Records (Army)
Dept of National Defence,
Ottawa, Ontario.

Quebec 15 Oct 1945.

Director of Records
A. G. Branch
OCT 17 1945
Nat. Defence
Ottawa,

CENTRAL REGISTRY Army
PERS. SEC.
File *21 R 16-1*
OCT 18 1945
829-5-4503
Chgd. to
Referred to *DR*

E-639516, Pte. LAFRANCE, L.

1. Please find herewith registration certificate and MFM 182 pertaining to the mn soldier, which are fwd to you for disposal.

P.A.
LL

L. Bois

(L. BOIS (Major,
District Records Officer,
Military District No. 5.

CANADIAN BUREAU
OF IDENTIFICATION
A. G. BRANCH - D. N. D.
MFM. 182 Destroyed
OCT 23 1945
LL
RECEIPT ACK.

N. E. GOODFELLOW, MAJOR,
OFFICER I/C C. B. I.

CANADIAN BUREAU
OF IDENTIFICATION
A. G. BRANCH
OCT 23 1945
D. N. D.
OTTAWA

20-14/10

PA

~~869-1-9745~~

M-895 PAGE 5

1-10-45

CANADA

DIED (CONTINUED)

REGIMENT DE QUEBEC

43. LAFRANCE, LUCIEN, PTE., D639516, FRANCOIS X. LAFRANCE (FATHER),
ST. LOUIS DE GONZAGUE, QUE.

44. MELOCHE, GERARD, PTE., D156258, ROMEO MELOCHE (FATHER),
MONT LAURIER, QUE.

MANITOBA REGIMENT

45. MUIR, ARCHIBALD, PTE., H20678, MRS. KATIE MUIR (MOTHER),
707 VALOUR RD., WINNIPEG, MAN.

SASKATCHEWAN REGIMENT

46. KEEP, ALBERT REGINALD, PTE., L10070, ARTHUR KEEP (FATHER),
1100 DELTA AVE., VANCOUVER, B.C.

M-895 ENDS

Cont.

or
Corr

869 - L-4503⁶

file not in



DEPARTMENT OF NATIONAL DEFENCE

ARMY

Quebec, P.Q. 2 Nov 45

PLACE ON FILE AND
P. A. *hph*

Director of Records,
N.D.H.Q.,
Ottawa Ontario.

CENTRAL REGISTRY Army
 PERS. SEC.
 20 R 16-10
 NOV 5 1945
 File 869-L-4503
 Chgd. to
 Referred to *W O*

2

RE: D/639516, Pte. LAFRANCE Lucien.
S.O.S. "DECEASED" ON 23 SEP 45.

The att M.F.D. 930A in the case of
the m/n soldier is fwd herewith in order to complete
documentation.

*Passed to Miss
Looman
14/11/45
P.R.*

ADDITION
ENTERED

L. Bois

(L. BOIS)-Major,
District Records Officer,
Military District No. 5,

PLACE ON FILE AND
P. A.
DR 7a

20 16/10

869-L-4503

CR
PLACE ON FILE AND
P. A. DEPARTMENT OF NATIONAL DEFENCE
RR
BR 7a
- ARMY -
No 5 District Depot

File Ref 5DD L-3302

Date; 27 Oct 45

TO/
Director of Records (Army)
National Defence Headquarters,
Ottawa Ont.

*Filed copy Retd
1/11/45 L.R.*

D-6398316 PTE LAFRANCE LUCIEN

S.C.S. RO 1029 ()

1. In accordance with O.C. ARMO.4306 Par 26 regimental and medical documents as listed below, concerning the above named are forwarded herewith.

- | | |
|---------------------------------------|----------------------------|
| M.F.M. 1 -2-103 | MEM 213 |
| M.F.M. 1a-2a | M.I.B 227 |
| M.F.M. 4 | M.I.B 227a..... |
| M.F.M. 5 Not avail..... | M.I.B 292 1 |
| M.F.M. 6 | M.F.B 313 |
| M.F.M. 7 | M.F.B 375 |
| M.F.M. 23 | M.F.M. 423 Tr Qual Cert, |
| M.I.M. 30 | M.F.B 465 |
| M.F.M. 45..... | M.I.D. 930a..... |
| M.F.M. 94 (Officers Only) , , , | M.I.B 1478 |
| M.F.M. 105 | P.&N.H (W.D.) 12..... |
| M.F.M. 182c..... | Birth Certificat , , , , , |
| M.F.M. 196 | Miscellaneous , , , , , |
| | M.F.C. 800..... |

2- Please acknowledged receipt on duplicate copy of this form.

Bernit Tashman
for; Officer commanding
No 5 District Depot C.A.

Address of Discharge.
Date of enlistment or enrolment.

H.Q. File No. 869-L-4503DEPARTMENT OF NATIONAL DEFENCE
- A R M Y -

OTTAWA, Canada.

3 Jan 46

The Canadian Pension Commission,
Department of Pensions and National Health,
Daly Building,
OTTAWA.

DOCUMENTATION, C.A.(A).

D-639516 Pte Lucien LAFRANCE
#5 D.D.

Records indicate that the marginally
named died on the 23-9-45

St. Charles Hospital, Lauzon, Que.

Documents covering his service in the
Canadian Army (Active) have now been received and are on file
in this Office.

For your information, please.

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

CASE - A.41

405 869-24503

DISCHARGE DOCUMENTS HAVE BEEN DETACHED
AND PLACED IN DOCUMENT ENVELOPE IN
RECORD OFFICE N.D.H.Q.

DATE _____

C.A.S.F. A.28

Director of Records
A. G. Branch
JAN 3 1946
Nat. Defence Hq.
Ottawa, - Canada

NOTRE DOSSIER N°



CANADA

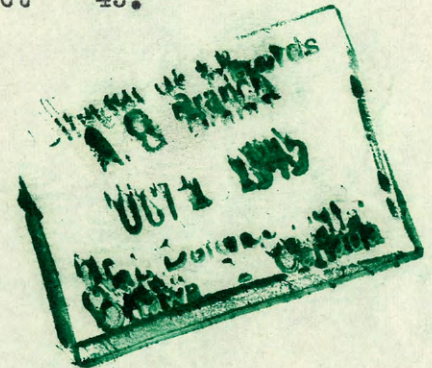
LL

MINISTÈRE DE LA DÉFENSE NATIONALE

ARMÉE

Quebec, P.Q. 13 Oct 45.

Director of Records,
N. D. H. Q.,
Ottawa, Ont.



Re - D-639516, Pte. LAFRANCE, L.
S.O.S. 23 Sep 45 "Deceased". (5 DD)

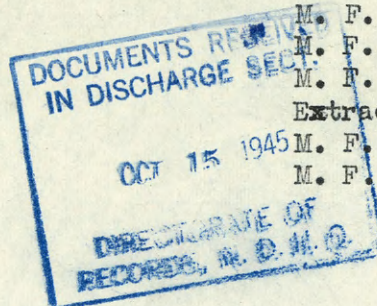
The un documents relative to the mn deceased soldier
are forwarded herewith for your disposal, please.

869-2-4503

M. F. M. 2 ✓
M. F. M. 1&2a - 2 ✓
M. F. M. 4 ✓
M. F. M. 6 ✓
M. F. M. 105 - 2 ✓
M. F. M. 105C - 2 ✓
M. F. M. 105X - 2 ✓
M. F. M. 196 ✓
M. F. B. 465 (No. 2 copy) ✓
M. F. M. 468 - 3 ✓
M. F. M. 469 - 2 ✓
M. F. W. 2643 - 3 ✓

Extract from D.O.236 d/25 Sep 45 ✓

M. F. M. 213 ✓
M. F. B. 483 ✓



L. Bois
(L. BOIS) - Major,
District Records Officer,
Military District No. 5.

Docs Received
In Discharge
Sect. Oct. 15

NOTRE DOSSIER N°



CANADA

LL

MINISTÈRE DE LA DÉFENSE NATIONALE

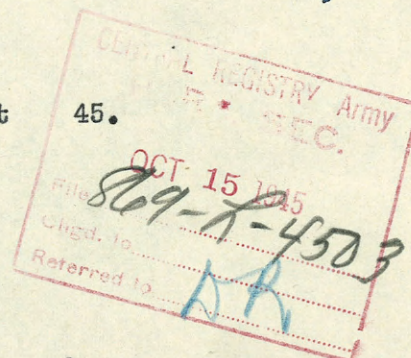
ARMÉE

2

Quebec, P.Q. 13 Oct

45.

The Secretary,
Department of National Defence,
Ottawa, Ont.

Att: Director of Records.

Re - D-639516, Pte. LATRANCE, Lucien,
S.O.S. 23 Sep 45 "Deceased".

The att M.F.W.2570 relative to the mn
deceased soldier is forwarded herewith for your
disposal, please.

[Signature]
Major,
for, (EDMOND BLAIS) - Brigadier,
District Officer Commanding,
Military District No. 5.

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 No.5 District Depot. C.A.

Regt'l No. D-639516 Rank Private

Name in full LAFRANCE, Lucien

Date and place of birth 12 FEB 1924 at St Louis de Gonzague, Que.

Married or single Single

Enlisted, when and where 2 Oct 42 at H.D. 4 Montreal, Que.

| | | | | | |
|------|---|--|--------|---|-------------------------------------|
| Died | { | Date <u>23 SEP 45</u> | Buried | { | Date <u>26 Sep 45</u> |
| | | Place <u>St Charles Hospital, Quebec</u> | | | Name of cemetery <u>UNKNOWN</u> |
| | | Cause of death <u>Result of Toxemia</u> | | | Location of cemetery <u>UNKNOWN</u> |

Whether he leaves a Will or not, and if so, where deposited } UNKNOWN AT THIS DATE

Statement as to existence of any personal effects } UNKNOWN AT THIS DATE

Latest particulars as to Next of Kin { Mr. Francois Xavier LAFRANCE (Father)
St Louis de Gonzague. Beauharnois, Que.

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

Secretary, Department of National Defence.
Forwarded, please.

J. Robert Rucke Capt
Officer Commanding
No.5 District Depot.

Date 11 Oct 45

Edmond Blais
(EDMOND BLAIS) - Brigadier
D.O.C. M.D. No. 5

Date 13 Oct 45

Master of the

Director of Estates

Regimental No. **D.639516** Rank **Private**

..... **LAFRANCE** **Lucien**
Surname Christian Names

Unit... **5.D.D.**

Date of death... **23.Sep.45** ... Place of Death. **Canada**

Casualty Details. **Died.as.result.of.toxin**

Next-of-kin.. **Mr..Francois.X..Lafrance** ... Relationship..... **Father**

Address.. **St..Louis.de.Gonzague,P.Q.**

Will.. **Will.d/7.Oct.42.herewith**

Date. **2.Oct.45**

EXCERPT OF M.F.M. ¹¹⁰ dated..... **6.Oct42**

(1) Are you married?..... **NO** Children?.....

Wife's name) Names and
and address) Ages

(2) Is your father alive?..... **YES** If so, state name and address.....

..... **Mr..F.X..Lafrance** (Carpenter) .. **St..Louis.De.Gonzague, Que.**

(3) Is your mother alive?..... **YES** If so, state name and address.....

..... **Mrs..Adrienne.Lafrance** **St..Louis.De.C.**

(4) Are you insured?..... If so, in what company?.....

[Handwritten Signature]
ESTATES LIAISON

le 29 septembre 1945.

Cher monsieur,

C'est avec un profond regret que j'ai appris le décès de votre fils, le soldat Lucien LAFRANCE, matricule D-639516, qui est mort alors qu'il était au service de son pays, au Canada, le 23 septembre 1945.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous même et à votre famille, leurs sincères condoléances dans votre deuil.

Votre bien dévoué,

l'adjudant général,

(A.E. Walford)
major général.

mem x - mather

1-10-45

M. François X. LaFrance,
St-Louis de Ganzague,
Québec.

6



CANADA

CITEZ NO

D.R.B.

MINISTÈRE DE LA DÉFENSE NATIONALE
ARMÉE

OTTAWA,

Je suis chargé de vous faire savoir que d'après les renseignements que nous avons reçus d'outre-mer, le militaire précité est en route pour le Canada à bord d'un vaisseau-hôpital.

A l'arrivée, il sera conduit à son dépôt de District à moins qu'il ne soit jugé autrement pour des raisons personnelles ou médicales. Bien que nous ne puissions donner l'assurance d'un congé de débarquement, il est dans notre ligne de conduite d'accorder un tel congé au personnel qui ne requiert pas de soins immédiats d'hôpital.

Il est regrettable que les circonstances ne permettent pas que vous vous rendiez au port de débarquement.

J'ai l'honneur d'être votre tout dévoué.

Pour l'adjudant général,

Normand Beau Capd.
(C.L. Laurin) colonel,
directeur des archives.

F.T.
FOR TRANSLATION PLEASE

26 September, 1945.

Mr. Francois X. LaFrance,
St. Louis de Ganzague,
Quebec.

Dear Mr. LaFrance:

It was with deep regret that I learned of the death of your son, D.639516 Private Lucien LaFrance, who died while in the Service of his Country in Canada on the 23rd day of September, 1945.

The Minister of National Defence and the members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutant-General.

Walford

869-L-9745
D.R. 2 (B)

26 Septembre, 1945.

~~D639516~~ Soldat Lucien LAFRANCE matricule D639516

Cher Monsieur:

Relativement à la mort regrettable du militaire précité, je suis chargé de vous envoyer, pour que vous la conserviez, une copie des "Renseignements pour l'information et la gouverne des familles des militaires officiellement portés morts". Ces détails vous intéresseront sans doute et vous seront utiles.

J'ai l'honneur d'être votre bien dévoué,

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

PIECE JOINTE

M. Francois X. LaFrance,
St. Louis de Ganzague,
Quebec.

3

DD 1162

CABLE NUMBER D.693516 D639516 PAGE _____ DATE _____
 REG'T'L NUMBER _____ RANK _____
 NAME LAFRANCE (SURNAME) LUCIEN (CHRISTIAN NAMES)

SERVICE UNIT _____ DATE _____
 NATURE OF CASUALTY _____

DIED AS RESULT OF TOXEMIA 23 SEP 45.

DATE OF BIRTH 12 DAY February MONTH 1914 YEAR P.Q.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 & RELATIONSHIP MR. FRANCOIS. X. LAFRANCE, FATHER.
 ADDRESS ST LOUIS. DE. GONZAGUE, P.Q.
D.O. 20. d/23.3-44. 15FD, COY, R.C.E

ADDITIONAL PERSON TO BE NOTIFIED _____ ADDRESS _____

PARENT'S NAMES no overseas service
 ADDRESS (IF SOLDIER MARRIED OVERSEAS) _____

RELIGION Roman Catholic TRADE OR CALLING Carpenter LANGUAGES French

MARITAL STATUS ON ENLISTMENT Single PRESENT MARITAL STATUS Single

SOLDIERS ADDRESS ON ENLISTMENT St. Louis de Gonzague, P.Q. Montreal P.Q.
2-Oct 42.

JMACL

Doc's CHECKED

TLP-3

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

1

COPY FOR RESEARCH SECTION

2

CLEAR

ARMY MESSAGE

(INCOMING)

PLACE FROM

DATE & TIME

29 CIQ JB CK 63

QUEBEC 241455

DIR OF RECORDS NDHQ OTTAWA



DD 1162 UNCLASSIFIED D 639516 PTE LUCIEN LAFRANCE
 DIED AS RESULT OF TOXEMIA ON 23 RD SEPT 45 AT ST
 CHARLES HOSPITAL QUEBEC STOP FUNERAL WILL TAKE PLACE
 AT ST LOUIS DE GONZAGUE CO BEAUHARNOIS AT 1000 HRS
 26 SEPT 45 STOP NEXT OF KIN HAVE BEEN ADVISED

OC DD 5

241609Q CY

Director of Records
A. G. Branch

SEP 24 1945

Nat. Defence Hqrs.
Ottawa -:- Canada

THIS IS AN ACTION COPY
 IF INCORRECTLY DELIVERED, COMPLETE
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| BRANCH | TIME | SIGNATURE |
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82290

29

COPY 1

Q.

~~869-L-9745:~~

Reg-L-4503

M.F.B. 387

1,500M-4-43 (9433)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

D.693516

LUCIEN LAFRANCE

R.S. & P

SECTION
"C"

| CENTRAL REGISTRY | DATE | P. A. OR B. F. | INITIALS | REFERRED TO | FOR REMARKS | INITIALS | DATE |
|---------------------|----------------|----------------------|--------------|----------------|---|-------------|----------------|
| | | | | | (If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute") | | |
| | | | | <i>LOL</i> | <i>with Papers C.R. SEP 26 1945</i> | | |
| | | | | <i>D.P.3</i> | <i>Ad passed please</i> | <i>KAR</i> | <i>29-9-45</i> |
| | | | | <i>H.P.209</i> | <i>" "</i> | <i>A.P.</i> | <i>29-9-45</i> |
| <i>OCT 31945</i> | <i>2/10/45</i> | <i>P.A.8</i> | <i>L.S.M</i> | <i>H.P.209</i> | <i>" "</i> | <i>J.P.</i> | <i>1-10-45</i> |

OVERSEAS CASUALTY RESEARCH

CABLE NUMBER

DD 1068 UNCL

PAGE

DATE 10-9-45.

REG'TL NUMBER

D.639516

RANK

PTE

LAFRANCE

LUCIEN

NAME

(SURNAME)

(CHRISTIAN NAMES)

SERVICE UNIT
NATURE OF CASUALTY

DATE

DANGEROUSLY ILL AS A RESULT OF PERITONITES.

Noted by [Signature] 12/14/45

DATE OF BIRTH

12 DAY

February

MONTH

1914

YEAR

Quebec.

NEXT OF KIN AS
SHOWN ON M.F.M. 1, 2 & 5
& RELATIONSHIP

MR. FRANCIS. XAVIER LAFRANCE. (FATHER)
ST. LOUIS. DE GONZAGUE. P.Q.

ADDRESS

D.O.; 20 d/23-3-44. 15 FD. COY. R.C.E.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

No Overseas Service

PARENT'S NAMES

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

RELIGION

R.C.

TRADE OR
CALLING

Carpenter

LANGUAGES

French

MARITAL STATUS
ON
ENLISTMENT

Single

PRESENT
MARITAL
STATUS

Single

SOLDIERS
ADDRESS
ON
ENLISTMENT

St. Louis de Gonzague, Que.

Montreal, Que

2-10-42

JMACL

DOC'S CHECKED

ILP-3.

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

1

CLEAR

ARMY MESSAGE

Casualties

(INCOMING)

PLACE FROM

DATE & TIME

19 CIQ RG 37

QUEBEC 10 1140Q

DIR OF RECORDS

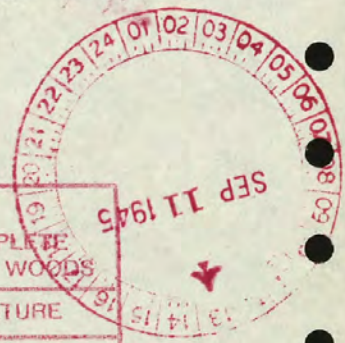
(ARMY) NDHQ OTTAWA

DD 1068 UNCLASSIFIED D 639516 PIE LAFRANCE LUCIEN DANGEROUSLY
ILL AS A RESULT OF PERITONITES STOP ADMITTED QMH STOP ~~to stop~~
LATER INFO-RMATION WHEN AVAILABLE NEXT OF KIN HAS BEEN NOTIFIED

OC 5 DD

10 1518Q EP

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56311

Director of Records
A. G. Branch.
1658 h
22 SEP 10 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

COPY 1

CLEAR

ARMY MESSAGE

(INCOMING)

Casualties

PLACE FROM

DATE & TIME

37CIQ PG 32

Records

QUEBEC QUE 081610

DIR OF RECORDS

OTTAWA ONT

PA

869-L-4503



DD EIGHT NINE TWO UNCLASSIFIED RETEL OUR DD EIGHT NOUGHT
 NOUGHT D SIX THREE NINE FIVE ONE SIX PTE LAFRANCE LUCIEN
 HAS BEEN REMOVED FROM SERIOUSLY ILL LIST THIS DATE AT QMH
 OC FIVE DD

081704

0817309

CARD NOTED G.R. 10-8-45

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55051

1854
21 AUG 8 1945

Director of Records
 A. G. Branch.
 Nat. Defence Hqrs.
 Ottawa, - Canada.

COPY 1

CLEAR

ARMY MESSAGE

Casualties

(INCOMING)

PLACE FROM

DATE & TIME

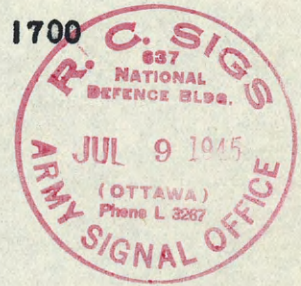
Records

17 CIQ NB 32

869-L-4503

PA

QUEBEC 09 JUL 1700



DIR OF RECORDS
OTTAWA

DD 800 UNCLASSIFIED D639516 PTE LAFRANCE LUCIEN PREVIOUSLY
REPORTED DANGEROUSLY ILL NOW REPORTED SERIOUSLY ILL STOP
DOCTOR INEORMATION WHEN AVAILABLE NEXTO OF KIN NOTIFIED

OC NO FIVE DD

CARD N OTED G.R. 11-7-45



09 1717 GR

Director of Records
A. G. Branch.
1845 hms
E-4 JUL 9 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

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AWJ

09 1751

COPY 1

CLEAR

ARMY MESSAGE

(INCOMING)

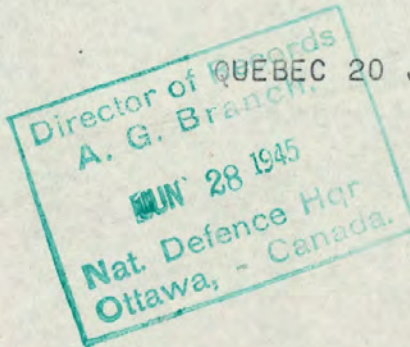
PLACE FROM

DATE & TIME

Records

2/B

7CIQ RC 41



QUEBEC 20 JUN 1010

DIR OF RECORDS

OTTAWA

DD749UNCLASSIFIED D639516 PTE LAFRANCE LUCIEN DANGEROUSLY
ILL AS A RESULT OF PEPTIC ULCER STOP STILL AT QUEBEC MIL
HOSPITAL STOP FURTHER INFORMATION WHEN AVAILABLE STOP
NEXT OF KIN HAS BEEN NOTIFIED

OC NO 5 DD

P.A. 869-P-4503

20 1105 GR

201139

ABD

63073



OVERSEAS CASUALTY REPORT

CABLE NUMBER DD745 PAGE _____ DATE 15-6-45

REG'TL. NUMBER D.639516 RANK Pte.

NAME LAFRANCE Lucien
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT _____

Cable Abstract

Removed from seriously ill list at Que. Mil. Hos.

869-L-4503

Card noted G.R. 15-6-45

INTERPRETATION OF ABOVE FOR NOTIFICATION OF NEXT-OF-KIN

PA

869-L-4503

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

NR

1

COPY FOR RESEARCH SECTION

CLEAR

ARMY MESSAGE

(INCOMING)

PLACE FROM

DATE & TIME

NR 18 CIQ RG CK ³³ ~~18 32~~ QSH

QUEBEC 15 1430

DIR OF RECORDS (ARMY) NDHQ OTTAWA

DD 745 RETEL OUR DD 708 D 639516 PTE LAFRANCE LUCIEN
HAS BEEN REMOVED FROM SERIOUSLY ILL LIST THIS DATED
AT QUEBEC MILITARY HOSPITAL



26

O C 5 DD

15 1516Q CY

15-15-30Q



60162

THIS IS AN ACTION COPY
IF INCORRECTLY DELIVERED, COMPLETE
BELOW AND RETURN TO A.S.O. 615 WOODS

| BRANCH | TIME | SIGNATURE |
|--------|------|-----------|
| | | |
| | | |
| | | |

COPY 1

~~OVERSEAS~~ CASUALTY RESEARCH

CABLE NUMBER DD708 PAGE DATE 4 June 45

REG'TL NUMBER D639516 RANK Pte

NAME LAFRANCE Lucien
(SURNAME) (CHRISTIAN NAMES)

SERVICE UNIT
NATURE OF CASUALTY DATE

Seriously ill as result of peptic ulcer
Adm. Quebec Mil. Hosp.

DATE OF BIRTH 12 DAY February MONTH 1914 YEAR Quebec

MR. FRANCOIS XAVIER LAFRANCE (FATHER)
ST. LOUIS DE GONZAGUE
QUE.
2.8.20. d/23-3-44 15 FD, COY R.C.E.

ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENT'S NAMES ADDRESS
(IF SOLDIER MARRIED OVERSEAS)

RELIGION RC TRADE OR CALLING Carpenter LANGUAGES French

MARITAL STATUS ON ENLISTMENT single PRESENT MARITAL STATUS single

SOLDIERS ADDRESS ON ENLISTMENT St Louis De Gonzague, Que Mtl, Que: 2 Oct. 42.

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

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Ya.

COPY FOR RESEARCH SECTION

2

Records Casualties



VER V CIQ NR 11
FM CXXX O C FIVE D D QUEBEC 041735Q
TO DIR OF RECORDS OTTAWA
GR 36 Q S H BT

△ TE

413883

DD 708 D SIX THREE NINE FIVE ONE SIX PTE LAFRANCE
LLCIEN SERIOUSLY ILL AS RESULT OF PEPTIC ULCER STOP ADMITTED
QMH STOP FUTURE INFORMATION WHEN AVAILABLE STOP NEXT
OF KIN HAS BEEN NOTIFIED

042117R

BT 042106Q F B

WR

Director of Records
A. G. Branch.
E. +
2212 *hms* JUN 4 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

52090

HD/JGr

le 30 mars 1945.

Cher monsieur Lemieux,

Je vous accuse réception de votre lettre du 9 mars 1945 relativement au soldat L. Lafrance, matricule D-639516, de Saint-Louis de Gonzague.

Le quartier général de la Défense nationale a déjà reçu un rapport au sujet de la demande de congé soumise par le soldat Lafrance et les autorités militaires m'informent qu'il n'a pas droit à un congé en vertu des règlements actuellement en vigueur.

On signale particulièrement que cet homme est un soldat complet, qu'il est apte au service d'opérations et qu'il est impossible de lui accorder un congé pour le moment.

Votre bien dévoué,

|
adjoint général.M. Albert Lemieux, M.A.L.,
Québec, P.Q.

le 30 mars 1945.

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Je vous accuse réception de votre lettre du 9 mars 1945 relativement au soldat L. Lafrance, matricule D-639516, de Saint-Louis de Gonzague.

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On signale particulièrement que cet homme est un soldat complet, qu'il est apte au service d'opérations et qu'il est impossible de lui accorder un congé pour le moment.

Votre bien dévoué,

adjoint général.

M. Albert Lemieux, M.A.L.,
Québec, P.Q.

FOR FRENCH TRANSLATION

HQ 869-L-4503

Adm 2 (a)1

OTTAWA, Ont., 28 Mar 45.

Dear Sir:

Re: D. 639516 - Pte. LAFRANCE, L.
St. Louis de Gonzague.

This will acknowledge receipt of your letter dated 9 Mar 45.

A report in respect to this soldier's application for leave has already been received at National Defence Headquarters and the Military Authorities inform me that this soldier is not eligible for leave under the present regulations.

It is particularly noted that this soldier is fully trained, and suitable for operational duties, and it is not possible to grant leave to him at this time.

Yours truly,

Mr. Albert Lemieux, M.L.A.,
Quebec, Quebec.



Deputy Minister,
(Army).

APH:GI

OTTAWA, Ont., 28 Mar

5

District Officer Commanding,
Military District No. 5,
QUEBEC, Quebec.

L.639516 - Pte. LAFRANCE, L.

Ref. Q.39-L-7863 A(PSR), 14 Mar 45.

2. Attached hereto is a copy of a letter received from Mr. Albert Lemieux, M.L.A., and a copy of our reply which is self-explanatory.

1 apl
(A. E. Walford)
Major-General,
Adjutant-General.

Encl.
APH:GI

26 Mar 45

C.L.

Please place ~~in~~ on
file & return to Admin

869-L-4503
adm 2(w)

ADDITION
ENTERED

C.R.

Please place on File or False

Docket and pass to *AT then Admin*

for direct departmental reply.

12 Mar 45

bnh
D.M. (Army)

TRANSLATION
MB/JLa
22-3-45.

ADMIN.

Legislative Assembly
Province of Quebec

Quebec, March 9th 1945.

Lt. Col. H. DesRosiers,
Deputy Minister of National Defence,
Ottawa.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague,
Beauharnois County.

| | |
|-----------------------|--------------|
| CENTRAL REGISTRY Army | |
| PERS. SEC. | |
| MAR 26 1945 | |
| File | |
| Chgd. to | |
| Referred to | <i>Admin</i> |

Mr. Deputy Minister:

I am sending you herewith copy of two letters which I am sending this day to the Officer Commanding Lauzon Training Centre and to the Registrar of M.D. No. 5, Quebec, regarding an application for leave submitted by the above-named.

Pte Lafrance would like to obtain that leave to go to work for Mr. Maurice Laberge, farmer of St. Louis de Gonzague. He has previously worked on that gentleman's farm and Mr. Laberge has fully complied with the law in this regard.

I fail to see why their application should be rejected. So, in my capacity of M.L.A. for Beauharnois, I beg you to kindly reconsider at once the decision recently given.

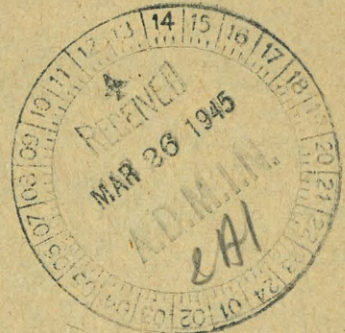
Thanking you in anticipation, I am,

Yours very truly,

(Sgd.) Albert Lemieux,
M.L.A. for Beauharnois

Ask Dupin

*Copy of the letter
+ copy of the reply
to Doc MD 5*



Legislative Assembly
Province of Quebec

Quebec, March 9th 1945.

Lt. Col. H. DesRosiers,
Deputy Minister of National Defence,
Ottawa.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague,
Beauharnois County.

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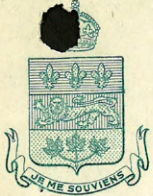
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I fail to see why their application should be rejected. So, in my capacity of M.L.A. for Beauharnois, I beg you to kindly reconsider at once the decision recently given.

Thanking you in anticipation, I am,

Yours very truly,

(Sgd.) Albert Lemieux,
M.L.A. for Beauharnois.



ASSEMBLÉE LÉGISLATIVE

PROVINCE DE QUÉBEC

Québec, le 9 mars 1945

Lieut-Colonel H. Desrosiers,
Sous-Ministre de la Défense Nationale,
Ottawa.

Re: Pte Lafrance Lucien, D-639516,
St-Louis de Gonzague,
Cté de Beauharnois.

Monsieur le Sous-Ministre,

Je vous inclus avec la présente, copies de deux lettres que j'adresse ce jour-même à l'Officier-Commandant du centre d'instruction de Lauzon, et au Régistrare du District numéro 5 à Québec, concernant une demande de congé du soldat Lucien Lafrance de St-Louis de Gonzague, comté de Beauharnois.

Le soldat Lafrance désire obtenir ce congé en vue de travailler pour le compte de monsieur Maurice Laberge, cultivateur à St-Louis de Gonzague. Il a déjà travaillé sur la ferme de celui-ci, et monsieur Laberge s'est conformé à toutes les exigences de la loi en cette matière.

Je ne vois pas pourquoi la demande de messieurs Lafrance et Laberge serait refusée. C'est pourquoi, en ma qualité de député de Beauharnois, je vous demande de bien vouloir accorder une révision immédiate de la décision qui a été rendue récemment.

Avec mes remerciements anticipés,

Votre bien dévoué,

ALBERT LEMIEUX,
député de Beauharnois.

AL-TN



TRANSLATION

MB/JLa

22-3-45.

Quebec, March 9, 1945.

To the Registrar,
M.D. No. 5,
Quebec.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague,
County of Beauharnois.

Dear Sir:

As M.L.A. for Beauharnois, I wish to submit the following request. The above-named who is from my county tells me that his application for leave to go to work on the farm of Mr. Maurice Laberge, farmer of St. Louis de Gonzague, has recently been rejected.

I must say that I fail to see the reason for that rejection. As a matter of fact, Pte Lafrance has already worked for Mr. Laberge. He has all the required qualifications to do that farm work. The agronomist for the district of Beauharnois has also testified that Mr. Maurice Laberge absolutely needs the services of a farmer. As to Mr. Laberge, he has stated under oath that Pte Lafrance had already worked on that farm and that he was ~~willing~~ to take him back.

/and

Agriculture being essential to the vigorous prosecution of the war/ the application submitted by Pte Lafrance being to that effect, I consider a refusal to be unwarranted under the circumstances. That is why, Sir, I beg you to kindly submit the application to the appropriate board for immediate reconsideration.

Trusting that you will kindly meet my request, I am,

Yours very truly,

Albert Lemieux,
M.L.A. for Beauharnois.

TRANSLATION
MB/JLa
22-3-45.

Quebec, March 9, 1945.

To the Registrar,
M.D. No. 5,
Quebec.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague,
County of Beauharnois.

Dear Sir:

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/end

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Yours very truly,

Albert Lemieux,
M.L.A. for Beauharnois.

TRANSLATION
MB/JLa
22-3-45.

Quebec, March 9, 1945.

To the Registrar,
M.D. No. 5,
Quebec.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague,
County of Beauharnois.

Dear Sir:

As M.L.A. for Beauharnois, I wish to submit the following request. The above-named who is from my county tells me that his application for leave to go to work on the farm of Mr. Maurice Laberge, farmer of St. Louis de Gonzague, has recently been rejected.

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/and

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Trusting that you will kindly meet my request, I am,

Yours very truly,

Albert Lemieux,
M.L.A. for Beauharnois.

Québec, le 9 mars 1945

Monsieur le Régistrare,
District Militaire no. 5,
Québec.

Re: Pte Lafrance Lucien, D-639516,
St-Louis de Gonzague,
Cté de Beauharacois.

Monsieur le Régistrare,

C'est comme député de Beauharacois à l'Assemblée législative que je vous adresse la présente requête. Le soldat Lucien Lafrance de St-Louis de Gonzague, dans mon comté, m'affirme que sa demande de congé en vue de travailler sur la ferme de monsieur Maurice Laberge cultivateur, de St Louis de Gonzague, a été récemment refusée.

Je vous avoue en toute franchise, que je ne comprends pas le refus à cette demande. Le soldat Lafrance en effet a déjà travaillé pour le compte de monsieur Laberge. Il possède toutes les qualités et les aptitudes requises pour accomplir le travail d'agriculteur. L'agronome du district de Beauharacois a en outre attesté que monsieur Maurice Laberge a absolument besoin des services d'un fermier. Quant à monsieur Laberge, il a déclaré sous serment que le soldat Lafrance avait déjà travaillé sur sa ferme et qu'il est prêt à le réengager.

Comme l'agriculture est essentielle à la poursuite d'un vigoureux effort de guerre, et que les conditions de la requête du soldat Lafrance rencontrent ces vues, j'estime qu'un refus est injustifié dans les circonstances.

C'est pourquoi, monsieur le Régistrare, je vous demande de bien vouloir soumettre immédiatement à l'attention de la Commission chargée d'étudier ces demandes, la présente requête en révision.

Avec l'assurance que vous n'y manquerez pas, veuillez agréer, l'expression de mes sentiments distingués,

Votre bien dévoué,

ALBERT LEMIEUX,
député de Beauharacois.

TRANSLATION
MB/JLa
22-3-45.

Quebec, March 9, 1945.

To the O.C. Lauzon Military Camp,
Lauzon, P.Q.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague, Beauharnois.

Sir:

The above-named tells me that his application for leave to work on the farm of Mr. Maurice Laberge, farmer of St. Louis de Gonzague, was rejected at the beginning of this week.

I consider that Pte Lafrance is absolutely justified in submitting that application for leave, especially as he has all the required qualifications to work on the farm of Mr. Laberge who is certainly in need of his services. Mr. Lafrance has ~~been~~ been in the employ of Mr. Laberge for a long time. In view of these circumstances, I feel that Pte Lafrance is not a farmer for the time being and that he is entitled to an immediate revision of the decision given.

I am communicating at once with the Registrar of M.D. No. 5 and the Deputy Minister of National Defence.

If Pte Lafrance were about to proceed overseas, I would ask you to postpone at once his departure to enable us to obtain the results of the revision sought. At any rate, regulations governing such cases stipulate that no soldier can be disposed of when an application for postponement or leave is under consideration.

I am submitting the present request in my capacity of m.l.a. for Beauharnois and I am positive that you will kindly give ~~some~~ immediate and favourable consideration.

I beg to remain,

Yours very truly,

Albert Lemieux,
m.l.a. for Beauharnois.

TRANSLATION
MB/JLa
22-3-45.

Quebec, March 9, 1945.

To the O.C. Lauzon Military Camp,
Lauzon, P.Q.

Re: D.639516, Pte Lafrance, Lucien,
St. Louis de Gonzague, Beauharnois.

Sir:

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I beg to remain,

Yours very truly,

Albert Lemieux,
m.l.a. for Beauharnois.

Québec, le 9 mars 1945

Monsieur l'Officier Commandant,
Camp Militaire,
Lauzon,
Qué.

Re: Pte Lafrance Lucien,
D-639516, St-Louis de Gonzague,
Cté de Beauharnois.

Monsieur le Commandant,

Le soldat Lucien Lafrance actuellement sous vos ordres m'affirme que sa demande de libération temporaire en vue de travailler sur la ferme de monsieur Maurice Laberge, cultivateur de St-Louis de Gonzague, a été refusée au début de la semaine.

J'estime que le soldat Lafrance a le droit absolu d'obtenir la libération qu'il désire. D'autant plus qu'il possède toutes les qualités et les aptitudes pour travailler sur la ferme de monsieur Laberge qui en a un besoin évident. Monsieur Lafrance a déjà travaillé longtemps pour le compte de monsieur Laberge. Dans les circonstances, j'estime que le soldat Lafrance n'est pas un cultivateur improvisé et qu'il a le droit d'obtenir une révision immédiate de la décision qui a été rendue.

Je communique immédiatement avec le Régistrare du District numéro 5 ainsi qu'avec le sous-ministre de la Défense Nationale.

Si parfois le soldat Lafrance était sur le point de traverser l'océan, je vous demanderais de bien vouloir suspendre immédiatement ce projet afin de nous permettre de connaître les résultats de la révision demandée. D'ailleurs, les dispositions de la Loi à cet effet décrètent qu'on n'a pas le droit de disposer d'un soldat lorsqu'une demande de sursis ou de congé est à l'étude.

C'est comme député de Beauharnois
à l'Assemblée législative que je vous fais la présente
requête. J'ai la certitude que vous ne manquerez pas d'y
donner votre attention immédiate et de vous y conformer.

Avec l'expression de mes sentiments
distingués, veuillez me croire,

Votre bien dévoué,

ALBERT LEMIEUX,
député de Beauharnois.

AL-11

DATE 17 Mar 45

To CENTRAL REGISTRY.

~~Cancelled~~

Please cancel Adm

B. F. of 26 Mar 45

~~Cancelled~~

~~Cancelled~~

Adm

~~Cancelled~~

To be pinned to face of
Jacket affected

B

M. F. B. 389

2M pads of 100-141 (0179)
H.Q. 1772-39-281

~~Cancelled~~

MS

869-L-4503 (Adm 2(a)1)

19 Mar 45 SE:4129A

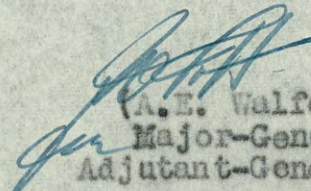
E.639516 - Pte. LAFRANCE, L.

5 DD

Ref your memo 6 Mar 45.

2. DOC, MD 5 informs that an application for farm leave was submitted but that as the soldier would be working for a farmer who was no relation to him, leave was not approved.

3. In view of the soldier's age and Pulhems Profile he is not eligible for leave of absence under the provisions of RO 3456.


(A.E. Walford)
Major-General,
Adjutant-General.

APH:MK

CPd

FINAL



CANADA
CA/pm

IN REPLY PLEASE QUOTE No. Q.39-L-7863 A(PSR)

12

DEPARTMENT OF NATIONAL DEFENCE

ARMY

QUEBEC, P.Q. 14 MAR 45

| | |
|-----------------------|----------------|
| CENTRAL REGISTRY Army | |
| PEPS. SEC. | |
| MAR 15 1945 | |
| Fr. | |
| Chgo. to | <i>Admiral</i> |
| Referred to | |

The Secretary,
Department of National Defence,
OTTAWA. ONT.

ADDITION
ENTERED

LEAVE OF ABSENCE

E/639516 Pte - LAFRANCE, L.

Reference HQ 869-L-4503 (Adm 2)
(a)1) SE 4129A dated 10 MAR 45.

It is desired to inform that application for farm leave to work for Mr. Maurice Laberge of St-Louis de Gonzague P.Q., made by the m/n soldier and submitted to this HQ has been refused on the grounds that the soldier's Fulhems Profile being one throughout and there being no relationship between him and his prospective employer, he was not eligible for farm leave either under App. "A" or App. "C" of R.O. 3456. or "B".

MS
SE 4129A
J. J. J.

(EDMOND BLAIS) - Brigadier,
District Officer Commanding,
Military District No. 5

10 Mar 45

District Officer Commanding,
Military District No. 5,
Quebec, P.Q.

D.639516 - Spr LAFRANCE, L.
No. 5 District Depot

Representations have been received in respect to an application for farm leave for this soldier.

2. From the information received it appears that this man's services are required by Mr. M. Laberge, who is not a relative of this soldier. If this is the case, the soldier would not be eligible for farm leave under the provisions of RO 3456, Appendix "A".
3. According to information at Defence Headquarters the soldier has a PULHEMS profile Grade 1, and is 30 years of age. He is, therefore, no doubt in the reinforcement stream, in which case he would not be eligible for spring seeding leave.
4. May Defence Headquarters be informed as to whether or not an application has been submitted, and if so, what action has been taken by you. If application has been received and refused, please forward the reasons for your decision.

A.E. Walford
(A.E. Walford)
Major-General,
Adjutant-General.

APH:TGF

8 March 45

C. 10. 11

Please place on file &
return to Admin

P
adm 2011

MD
5 DD

Age & Profile no doubt in mind Mr. Retation ?

SPECIAL ENQUIRY

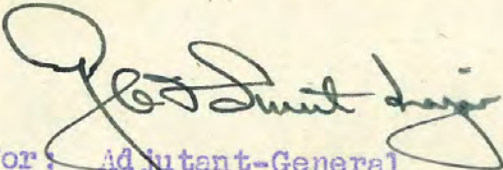
Date MAR 8 1945

No 4129A

To D. Admin

Reply addressed to M.S. will be forwarded in duplicate (exclusive of file copy) to Special Enquiry Section, A.G. Branch, BY HAND at the earliest possible moment. If any part of the information is not available, or will involve a great deal of time to prepare, an Interim Reply or other advice will be forwarded to the Special Enquiry Section (Room 508 Bate Bldg.) immediately. Replies will be signed in the Directorate concerned, for the A.G.

*Y not eligible for
Sp. Sec. leave*


for: Adjutant-General

A.G.

May I please have a report for
the Minister's information.

L. Han
M.S.

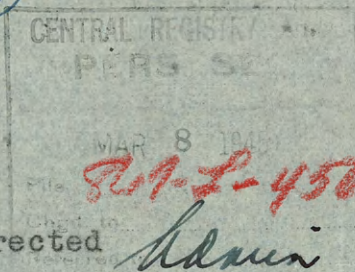
6 March 1945



931-85

D.E. Black, Esq., M.P.,
Aubrey, P.Q.

①



Dear Mr. Black,

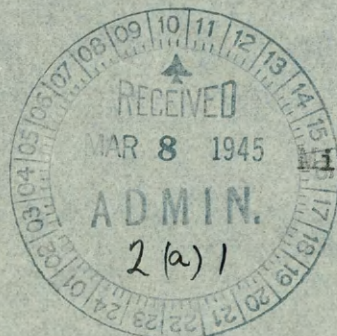
Re: D-639516, Lucien Lafrance

General McNaughton has directed

me to acknowledge receipt of your letter of
3 March 1945, in which you state that the above
mentioned soldier has made application for farm
leave.

The Minister has directed that a
report be obtained on the present status of this
application and I shall be pleased to write to you
again when this is received.

Yours very truly,



Private Secretary to
Minister of National Defence.

EH/
n

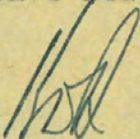
OTTAWA, 11 Nov

3

G.O.C. in C. Pacific Command,
Vancouver, B.C.

D. 639516 Spr. LAFRANCE, L.
15th Pd. Coy., R.C.E.

Ref. 22-L-3343 (D4), 8 Nov 43. In concurrence
with your recommendation, leave for this soldier is
NOT approved.



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

KDA/JN



CANADA

refute
(1)

IN REPLY PLEASE QUOTE

No. 22-L-3343 (D4)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Headquarters Pacific Command
Vancouver, B. C.

8 November

AIR MAIL

Secretary
Dept. of National Defence
OTTAWA, Ont.

1943 B my
NOV 10 1943
Ray - L-4503
Referred to *[Signature]*

LEAVE OF ABSENCE

D.639516 Spr. LAFRANCE, L.
15 Fld. Coy., R.C.E.

1. Forwarded herewith Pro Forma and documents of application for six months leave on compassionate grounds, together with supporting documents, submitted by the marginally named soldier under the provisions of Movement Order No. 1935.

2. The application is not recommended by this Headquarters.

not an essential business. one brother at home. concern with G.O.C. not approved

[Signature]
Major-General

G.O.C. in C. Pacific Command

AO/EC *[Signature]*

CANADIAN ARMY PROCEEDINGS ON DISCHARGE

Regimental No. D-639516 Rank Pte

Surname LA FRANCE

Christian names Lucien

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps #5 D.D. Date of Enlistment (CA) 6-10-42

Date of Discharge 23-9-45 Total Service (CA) yrs. days

Place of Discharge Lauzon Military District No. # 5 D.D.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 31 years months

Descriptive marks:

scar on forehead

Height 5 feet 8 inches

Complexion

Eyes Blue

Hair Fair

Intended place of residence

(Street and Number)

(P.O., City or Town, etc.)

(Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of Deceased

Authority for discharge

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

DECEASED

DECEASED

3. (a) Decorations and Gallantry Awards awarded during previous wars.

(b) Medals and Decorations earned during the present war.

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

NOTE:—If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

4. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted in para. 6 and that I have received:—

My discharge certificate.

*War Service Badge "General Service Class" No.....

*(Strike out if not applicable).

(Place).....(Signature of Soldier)

(Date).....(Signature of Witness)

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

5. I have impartially enquired into all matters concerning this discharge brought before me in accordance with Regulations, and the discharge is hereby confirmed.

(Place)..... (Signature).....

(Date)..... Commanding.....

6. Reservations referred to at Para. 4

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

Intended place of residence.....
(Street and Number)

(P.O., City or Town, etc.) (Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of.....
Deceased

Authority for discharge.....

1.1.1. — The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. It is changed for superior authority, the number and date of the letter to be quoted.

Reference to Conduct is to be made on the discharge certificate. (Signature of Soldier)

L-3302

UNIT TO BE DISCHARGED FROM HOSPITAL TO-MORROW

| Troop, Battery or Company | Corps | Reg't No. | RANK AND NAMES | |
|---|---------|-----------|----------------|-----------------|
| D.D.#5 | Lauzon. | D-639316 | Pte | Lairance Lucien |
| <p style="text-align: center;"><i>SOS decess No 236-23-8-41</i></p> | | | | |
| <p><i>Druck</i></p> <p>Patient admis le 4 juin 45 souffrant d'une peritoniee generalisee a la suite d'un ulcere perforé de l'estomac. Opere d'urgence. A fait un empyeme du cote gauche par lequel une costomie fut pratiquee. A semble vouloir se remettre dans la suite. En sept.45. a developpe un abces dans son ventre. Opere ouverture et drainage. Decede de toxemie le 23 sept. a une heure du matin.</p> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div data-bbox="154 589 508 928"> </div> <div data-bbox="646 786 1031 993"> </div> <div data-bbox="954 611 1293 939"> </div> </div> | | | | |

(JEAN DE ST VICTOR) MAJOR RCAMC/CA.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **D.639516** RANK **Pte.**

SERVICE UNIT **5 DD**

NAME **LAFRANCE, Lucien**

DATE OF BIRTH

12 Feb 14

DATE OF ENLISTMENT

2 Oct 42

MARITAL STATUS

Single

RELIGION

R.C.

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

Father

NAME
ADDRESS
D.A.B.

**Mr. Francois X. Lafrance,
St. Louis de Gonzague, P.Q.**

ADDRESS

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.
CASUALTY DETAILS

1162 4/24-9-45 H.C. 869-1-7745

DATE

**Died at St. Charles Hospital, Quebec,
as result of toxemia**

23-9-45

**Records indicate that this soldier served
in Canada only.**

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.7

YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.7

YES/NO

DATE **26-9-45**

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

G. Robertson
DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, MONTREAL
From.....Head Office.....

.....Ottawa, October 3rd, 1945.

D.639516 PTE. LAFRANCE, Lucien.

~~P. & N. H.~~ D.V.A. 1051-L

The Department of National Defence, Army,
officially reports that the marginally named was reported -
Died at St. Charles Hospital, Quebec,
as result of Toxemia,
on the 23.9.45 on service Canada.

No decision has been issued under section 11-2.

His next of kin is reported as -Father -
Mr. Francois X. Lafrance,
St. Louis de Gonzague, P.Q.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

As no D.A. was payable the Commission will not take
any action unless a claim is filed.

/AS

E. Clewes,
for
Canadian Pension Commission.

29

No. Matricule D-639516 Grade Pte

Nom LAFRANCE, Lucien

| Etat des promotions, retrogradations, mutations, maladies ou blessures | Rank | eff. date | Unit | Place | D.O. | Date |
|---|------|-----------|--------|------------|------|-----------|
| | Pte | 2 Oct 42 | DD4 | Montreal | 242 | 7 Oct 42 |
| T.O.S. Cdn Army | " | 14 Oct 42 | " | " | 248 | 14 Oct 42 |
| S.O.S. On trans to C.A.B.T.C. 43 Sherbrooke | " | 15 Oct 42 | TC-43 | Sherbrooke | 224 | 15 Oct 42 |
| T.O.S. f.a.p. | " | 15 Dec 42 | " " | " | 274 | 15 Dec 42 |
| S.O.S. on transfer R.C.E. T.C. A-5, Petawawa, Ont. | " | 16 Dec 42 | E.T.C. | Petawawa | 117 | 18 Dec 42 |
| T.O.S. A-5, Petawawa, Ont. | " | | | | | |
| zzzzzzzzzzzzzzzzzzzz | " | 25 Jan 43 | " " | " | 11 | 26 Jan 43 |
| S.O.S. f.a.p. to the 28th Field Coy | " | 26 Jan 43 | RCE | Valcart. | 15 | 2 Feb 43 |
| T.O.S. f.a.p. from A-5 | " | 2 Feb 43 | " | " | 18 | 5 Feb 43 |
| Attache'd to 3rd Bn. R. de Mais. for. Ration and Quarters | " | 2 Feb 43e | " | " | 18 | 5 Feb 43 |
| Granted inc. of pay 1.40 | " | 26 Jan 43 | " | " | 28 | 18 Feb 43 |
| S.O.S. NRMA Clearing depot on being T.O.S. this unit Member H.D. | " | | | | | |
| Cease to be attached to 3rd Bn. R. de Mais. f.R.AndQ. on being attached to 24 Coy R.C.A.S.C. for R.&Q. | " | 20 Feb 43 | " | " | 29 | 19 Feb 43 |
| Issued with furlough transport Warrant 400115 to St. Louis de Gonzague | " | 1 Apr 43 | " | " | 59 | 1 Apr 43 |
| Granted Furlough from 2 Apr. 43 to 16 Apr. 43 | " | 2 Apr 43 | " | " | 59 | 1 Apr 43 |
| Qualified as a Carpenter Group B. Grade II | " | 14 Apr 43 | " | " | 68 | 14 Apr 43 |
| zzzzzzzz Ceases to be attached to 24 Coy RCASC, for ration & Quarters | " | 31 May 43 | " | " | 95X | 12 Apr 43 |
| Attached to A-5, Petawawa, Ont. | " | 10 Jul 43 | " | " | 115X | 9 Jul 43 |
| Att'd to A-5 Petawawa, Ont. f.a.p. except pay from Valcartier, P.Q. | " | 11 Jul 43 | E.T.C. | Petawawa | 82 | 12 Jul 43 |
| Ceases to be attached to A-5, f.a.p. except pay on return to his Unit. | " | 2 Aug 43 | " " " | " | 92 | 4 Aug 43 |
| Ceases to be attached to A-5, Petawawa, Military C. | " | 3 Aug 43 | R.C.E. | Valcart. | 125a | 5 Aug 43 |
| Grnated inc. of pay 1.50 | " | 2 Apr 43 | " " " | " | 162 | 1 Oct 43 |
| S.O.S. to 15, fd. Coy R.C.E. debert NS. | " | 6 Oct 43 | R.C.E. | " | 165 | 6 Oct 43 |
| T.O.S. this Unit on transfer from 28 fd. coy R.C.E. | " | 7 Oct 43 | 15 Fd. | Debert | 85 | 8 Oct 43 |
| Granted trades pay Carpenter C. | " | 4 Nov 43 | " " | PrinceG. | 91 | 4 Nov 43 |
| Ceases to be Member H.D. on becoming N.R.M.A. Soldier | " | 1 Dec 43 | " " | " " | 100 | 10 Dec 43 |
| Awarded 18 days pay for an offence under Sec. 15(1) for AWL from 0600hrs. 30 Dec. 43 to 1540hrs. 7 Jan 44 | " | 8 Jan 44 | Field | 2nd Ech. | 4 | 18 Jan 44 |
| Changed of Next of Kin to Mr. Franis Xavier LaFrance (Father) | " | | | | | |
| St Louis de Gonzague Que. | " | 12 Apr 44 | " | " | 20 | 23 Mar 44 |
| Granted 14 days Furlough & Adams leave T.W. A-601826 | " | 3 May 44 | " | " | 27 | 20 Mar 44 |
| Adm. to Montreal, Mil. Hop. Sick | " | 17 May 44 | " | " | 35 | 12 May 44 |
| Disch. from Montreal, Mil Hosp. | " | 30 Jun 44 | " | " | 39 | 26 May 44 |
| Ceased to draw trades pay Carpenter Gp. "C2" | " | | | | 53 | 10 Jul 44 |

No. Matricule D-639516 Grade Pte

Nom LAFRANCE, Lucien

| Etat des promotions, retrogradations, mutations, maladies ou blessures | Rank | eff. date | Unit | Place | D.O. | Date |
|---|------|-----------|--------|------------|------|-----------|
| T.O.S. Cdn Army | Pte | 2 Oct 42 | DD4 | Montreal | 242 | 7 Oct 42 |
| S.O.S. On trans to C.A.B.T.C. 43 Sherbrooke | " | 14 Oct 42 | " | " | 246 | 14 Oct 42 |
| T.O.S. f.a.p. | " | 15 Oct 42 | TC-43 | Sherbrooke | 224 | 15 Oct 42 |
| S.O.S. on transfer R.C.E. T.C. A-5, Petawawa, Ont. | " | 15 Dec 42 | " " | " | 274 | 15 Dec 42 |
| T.O.S. A-5, Petawawa, Ont. | " | 16 Dec 42 | E.T.C. | Petawawa | 117 | 16 Dec 42 |
| zzzzzzzzzzzzzzzzzzzz | " | 25 Jan 43 | " " | " | 11 | 26 Jan 43 |
| S.O.S. f.a.p. to the 28th Field Coy | " | 26 Jan 43 | RCE | Valcart. | 15 | 2 Feb 43 |
| T.O.S. f.a.p. from A-5 | " | 2 Feb 43 | " | " | 18 | 5 Feb 43 |
| Attache'd to 3rd Bn. R. de Mais. for. Ration and quarters | " | 2 Feb 43 | " | " | 18 | 5 Feb 43 |
| Granted inc. of pay 1.40 | " | 26 Jan 43 | " | " | 28 | 18 Feb 43 |
| S.O.S. NRMA Clearing depot on being T.O.S. this unit Member H.D. | " | 20 Feb 43 | " | " | 29 | 19 Feb 43 |
| Ceases to be attached to 3rd Bn. R. de Mais. f.R.AndQ. on being attached to 24 CoY R.C.A.S.C. for R.&Q. | " | 1 Apr 43 | " | " | 59 | 1 Apr 43 |
| Issued with furlough transport Warrant 400115 to St. Louis de Gonzague | " | 2 Apr 43 | " | " | 59 | 1 Apr 43 |
| Granted Furlough from 2 Apr. 43 to 16 Apr. 43 | " | 14 Apr 43 | " | " | 68 | 14 Apr 43 |
| Qualified as a Carpenter Group B. Grade II | " | 31 May 43 | " | " | 95 | 28 Apr 43 |
| zzzzzzzzzz Ceases to be attached to 24 CoY RCASC, for ration & quarters | " | 10 Jul 43 | " | " | 115 | 9 Jul 43 |
| Attached to A-5, Petawawa, Ont. | " | 11 Jul 43 | E.T.C. | Petawawa | 82 | 12 Jul 43 |
| Att'd to A-5 Petawawa, Ont. f.a.p. except pay from Valcartier, P.Q. | " | 2 Aug 43 | " " " | " | 92 | 4 Aug 43 |
| Ceases to be attached to A-5, f.a.p. except pay on return to his Unit. | " | 3 Aug 43 | R.C.E. | Valcart. | 125a | 5 Aug 43 |
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| S.O.S. to 15, fd. Coy R.C.E. debert NS. | " | 7 Oct 43 | 15 Fd. | Debert | 85 | 8 Oct 43 |
| T.O.S. this Unit on transfer from 28 fd. coy R.C.E. | " | 4 Nov 43 | " " | PrinceG. | 91 | 4 Nov 43 |
| Granted trades pay Carpenter C. | " | 1 Dec 43 | " " | " " | 100 | 10 Dec 43 |
| Ceases to be Member H.D. on becoming N.R.M.A. Soldier | " | 8 Jan 44 | Field | 2nd Ech. | 4 | 18 Jan 44 |
| Awarded 18 days pay for an offence under Sec. 15(1) for AWL from 0600hrs. 30 Dec. 43 to 1540hrs. 7 Jan 44 | " | " | " | " | 20 | 23 Mar 44 |
| Changed of Next of Kin to Mr. Franis Xavier LaFrance (Father) | " | 12 Apr 44 | " | " | 27 | 20 Mar 44 |
| St Louis de Gonzague Que. | " | 3 May 44 | " | " | 35 | 12 May 44 |
| Granted 14 days Furlough & Adams leave T.W. A-601826 | " | 17 May 44 | " | " | 39 | 26 May 44 |
| Adm. to Montreal, Mil. Hop. Sick | " | 30 Jun 44 | " | " | 53 | 10 Jul 44 |
| Disch. from Montreal, Mil Hosp. | " | | | | | |
| Ceased to draw trades pay Carpenter Gp. "C" | " | | | | | |

Name *LAFRANCE Lucien*

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

| | Rank Shown | Effective Date | Unit | Place | Authority | |
|--|------------|------------------|-----------------|-------------------|-------------|------------------|
| | | | | | D.O. Number | Dated |
| <i>ENRolled</i> | <i>Pte</i> | <i>2 Oct 42</i> | <i>4DD</i> | <i>HTL STH</i> | <i>242</i> | <i>7 Oct 42</i> |
| <i>S.O.S. to Le Regt de Joliette on trans. to C.I.C.</i> | <i>Spr</i> | <i>18 Dec 44</i> | <i>15FC RCE</i> | <i>Montmagny</i> | <i>7</i> | <i>19 Dec 44</i> |
| TOS from 15 Fd Coy RCE | <i>Pte</i> | <i>19 Dec 44</i> | <i>R de J</i> | <i>Valcartier</i> | <i>144</i> | <i>22 Dec 44</i> |
| Granted 5 days X-Mas Lv, 2 days Embn Lv and R.A. to 26 Dec 44. | <i>Pte</i> | <i>20 Dec 44</i> | <i>"</i> | <i>"</i> | <i>147</i> | <i>28 Dec 44</i> |
| A.W.L. from 0830 hrs | <i>"</i> | <i>31-12-44</i> | <i>"</i> | <i>"</i> | <i>3</i> | <i>5-1-45</i> |
| S.O.S. to No. 5 D.D. whilst A.W.L. | <i>do</i> | <i>do</i> | <i>do</i> | <i>do</i> | <i>do</i> | <i>do</i> |
| T.O.S. No.5 D.D. whilst A.W.L. | <i>"</i> | <i>1 Jan 45</i> | <i>D.D.5</i> | <i>Lauzon</i> | <i>11</i> | <i>12 Jan 45</i> |
| Still awl 2200hrs 22 days | <i>Pte</i> | <i>21 Jan 45</i> | <i>5DD</i> | <i>Lauzon</i> | <i>28</i> | <i>31 Jan 45</i> |
| Ret awl 0800hrs. | <i>Pte</i> | <i>22 Jan 45</i> | <i>5DD</i> | <i>Lauzon</i> | <i>31</i> | <i>3 Feb 45</i> |
| Awl 0830hrs, | <i>Pte</i> | <i>31 Jan 45</i> | <i>5DD</i> | <i>Lauzon</i> | <i>39</i> | <i>12 Feb 45</i> |
| Awarded a forf of 20 days pay for awl 0830hrs 31 Dec 44 to 0800hrs 22 Jan 45 | <i>pte</i> | <i>8 Feb 45</i> | <i>-</i> | <i>-</i> | <i>40</i> | <i>13 Feb 45</i> |
| total forf 43 days pay | | | | | | |
| D.O. 40 amen. to read total forf 42 days amen. | <i>-</i> | | <i>-</i> | <i>--</i> | <i>53</i> | <i>28 Feb 45</i> |
| Leave to 25 Feb 45 | <i>pte</i> | <i>23 Feb 45</i> | <i>5DD</i> | <i>Lau on</i> | <i>56</i> | <i>3 Mar 45</i> |
| Lve. to 3 Apr 45. | | <i>31 Mar 45</i> | | | <i>84</i> | <i>4 Apr 45</i> |
| Adm. to Que. Mil. Hosp ^a | <i>"</i> | <i>4 Jun 45</i> | <i>"</i> | <i>"</i> | <i>143</i> | <i>8 Jun 45</i> |
| S.O.S. deceased at Hospital St-Charles | <i>-</i> | <i>23 Sep 45</i> | <i>-</i> | <i>-</i> | <i>236</i> | <i>25 Sep 45</i> |

| | | | | | | |
|--|--------|------------|--------|----------------------------|-------------|-----|
| Ceases to be attached to 24 Coy RCASC for rations & quarters | Spr. | 31-5-43 | RCE | Valcartier Pt. II No. 95 | 2-6-43 | |
| Attached to A-5 C.E.T.C. for all purposes except pay | Spr. | 10-7-43 | R.C.E. | Valcartier Pt. II No. 115 | 9-7-43 | |
| Att'd to A-5 CETC. f.a.p. except pay from Valcartier, Que. | Sapper | 11-7-43 | R.T.C. | PETAWAWA D.O. # 82 | 12-7-43 | |
| Ceases to be attached to A5, C.E.T.C. f.a.p. except pay on return to Unti. | Sapper | 2-8-43 | E.T.C. | PETAWAWA D.O. # 92 | 4-8-43 | |
| Ceases to be attached to A/5 C.E.T.C. Petawawa Military C. | " | 3-8-43 | RCE | Valcartier Pt. II No. 125A | 5-8-43 | |
| Granted increase of pay at 1.50 | " | 2-4-43 | RCE | Valcartier Pt. II No. 162 | 1-10-43 | |
| S.O.S. to 15 Fd Coy RCE Debort N.S. | " | 6-10-43 | RCE | Valcartier Pt. II No. 165 | 6-10-43 | |
| T.O.S. this unit on transfer from 28 Fd Coy R.C.E. | " | 7 Oct. 43 | 15 Fd | Debort D.O. 85 | 8 Oct. 43 | |
| | | | | OCT 10 1943 | | |
| Granted trades pay Carpenter C | " | 4 Nov. 43 | " | Prince George D.O. 91 | 4 Nov. 43 | ACS |
| Ceases to be "MEMBER H.D." on becoming "N.R.M.A. SOLDIER". | " | 1 Dec. 43. | " | " D.O. 100 | 10 Dec. 43. | CS |
| | | | | DEC 15 1943 | | |
| Awarded a forf. of 18 days pay for an offense under Sec. 15(1): A.A., A.W.L. from 0600 hrs. 30 Dec 43 to 1540 hrs 7 Jan 44. (Absent 8 days 9 hrs 40 min). Forf. 9 days pay under FR&I 149(1)(a). Forf. 18 days pay under FR&I 149(2). Total forf. 27 days pay. | " | 8 Jan 44 | " | Field 2nd. Ech. #4 | 18 Jan 44. | ACS |
| Change of Next-of-Kin to: Mr. Francis-Xavier Lafrance (father) St. Louis de Gonzague, Que | " | | " | " " " #20 | 23 Mar. 44. | ACS |
| Granted 14 days furlough & 7 days leave R.A. -12-4-44 -2-5-44 T.W. A-601826 | " | 12-4-44 | " | " " " #27 | 20-4-44 | CS |
| Adm. to Montreal, Mil. Hosp. (Sick) | " | 3-5-44 | " | " " " #35 | 12-5-44 | ACS |
| Disch. from Montreal Mil. Hosp. | " | 17 May 44 | " | Field 2 Ech #39 | 26 May 44 | ACS |
| Ceases to draw trades pay Carpenter Gp "C" | " | 30 Jun 44 | " | " 2 " #53 | 10 Jul 44 | ACS |

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE
LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

REGISTRAIRE DE DIVISION
DIVISION ADMINISTRATIVE "E"
28 1942
MONTREAL, Q.U.E.

Numéro d'ordre de l'avis d'appel:
B 141024

IMPORTANT—MÉDECIN EXAMINATEUR: Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.
Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

PREMIÈRE PARTIE

Nom et prénoms LAFRANCE Lucien.
(Ecrire en lettres moulées) (Nom de famille) (Prénoms)
Lieu de naissance St Louis de Gonzague, P.Q. Province canadienne. P.Q. Date de naissance 18 février 1914.
(Ville, cité ou village) (ou autre pays)
Résidence fixe 725 Agnès, Montréal, P.Q.
(Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?
Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non
Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? oui Hernie? non
Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? oui
Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non
Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non Si oui, de quelle source? non (Oui ou non)
Localité Montréal Province P.Q. Date 27-8-42.
(Ville, cité ou village) Signé: Lucien Lafrance.

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

A été traité pour hyperthrophie il y a quelques mois. Orgelets à répétition.
Troumatisme (genou g) P.S.
2-10-42

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 8 1/2 pouces. 2. Poids 148 livres.
3. Teint clair Couleur des yeux bleu 4. Constitution vigoureuse. { Vigoureuse }
Couleur des cheveux châtain. { Moyenne } Biffer
{ Débile } mentions
5. Périmètre thoracique à l'ampliation maxima 37 1/2 pouces. inutiles.
Étendue de l'ampliation 2 pouces.
6. (a) Acuité visuelle sans verres correcteurs: Œil droit 20-40 Œil gauche 20-40
(b) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit ---
Œil gauche ---
7. Acuité auditive: Oreille droite V.P. 15 Oreille gauche V.P. 15
8. Bouche et dents Quelques bonnes dents en bas.
Indiquer la nature et l'emplacement de toutes dents artificielles Dentier maxillaire sup.
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité.

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" "A" Signé: Joseph Benoit, M.D.
" " "B I" Signature (Médecin examinateur)
" " "B II" Adresse 725 Couvent.
" " "C I" Date 27 août 1942.
" " "C II"
" " "D"
" " "E"

(Important — Voir au verso)

15 ~~th~~ TH Field Coy RCE

| |
|------------|
| Squadron |
| Battery |
| Company |
| Detachment |

Chilliwack, B.C.

Unit or Battalion

MORNING SICK REPORT

Montreal P.Q. May 3rd/44

19.....

| Reg't No. | RANK AND NAMES (Christian Names in full) | Age | Religion | Whether for duty a prisoner or defaulter | Married or Single | DISEASE | Medical Officer's Remarks and Initial |
|-----------|--|-----|----------|--|-------------------------|--|---|
| D-639516 | Pte LAFRANCE, L. Pass expires May 7th/44 | 30 | RC | Furl | S | Internal bleeding Haemorrhoids. See attached report from Dr G. MILLER of DP&NH Admitted Montreal Mil hosp May 3rd/44 for investigation and operation if necessary Auth. D.M.O. Office | |
| | Copies. DMO MRC UNIT HOSP DMO (DATE) | | | | | | |

V.F. Ogulnik
(V.F. OGULNIK.) MAJOR

Medical Officer

Orderly N.C.O.

M. F. B. 292

R.C.A.M.C.

5 Millions—11-42 (7128)

H.Q. 1772-39-248

M.O. i/c Medical Report Centre M.D. No. 4

(OVER)

{ Squadron
Battery
Company
Detachment }

15th Fld Coy RCE Chilliwack Bn or Battalion

MORNING SICK REPORT

Montreal P.Q. May 1st/44 19

| Reg't No. | RANK AND NAMES (Christian Names in full) | Age | Religion | Whether for duty a prisoner or defaulter | Married or Single | DISEASE | Medical Officer's Remarks and Initial |
|---------------|---|-----|----------|--|-------------------|--|---------------------------------------|
| D-639516. Spr | LAFRANCE. L. Pass expires May 7th/44. Copies. DMO MRC UNIT SPR DMO (DATE) | 30 | RC | Pass | S | Bleeding hemorrhoids attention Dr Miller This man would like to be operated in this district if the operation seems necessary. referred by D.M.O Office For your recommendation please | |

DMO Benjamin Galt

(V.F. OGULNIK.) MAJOR Medical Officer Orderly N.C.O.

R.C.A.M.C.

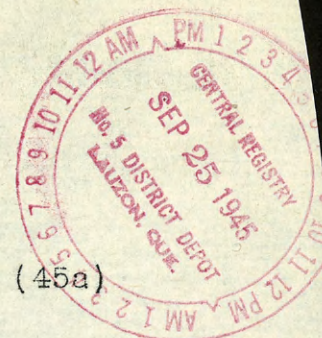
M. F. B. 292

5 Millions—11-42 (7128) Medical Report Centre M.D. No. 4

H.Q. 1772-39-248

(OVER)

112



MFM. (45a)

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Regt'l No. D/639516 Unit D.D.5 Lauzon
 Rank Pte Corps _____
 Name. LAFRANCE L. Film No. QMH/2431

REPORT OF RADIOLOGICAL EXAMINATION.

Barium series.-

Examen tres difficile. Malada faible. Abdomen tendu. Pas de stase.
 Estomac transversalement allonge à droite. Baryum passe facilement
 au duodenum. Transit de 6 heures au colon ascendant et transverse.-

copied

Stations: QUEBEC MILITARY HOSPITAL.

Unit: - RCAMC/CAA X-RAY DEPARTMENT.

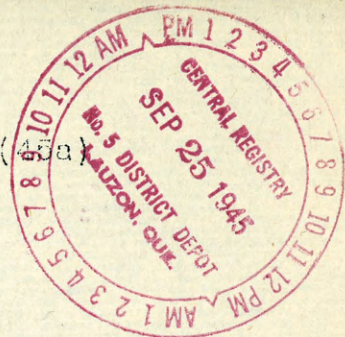
Date: - 30, aug. 45

(P.E.COTE) CAPT RCAMC
(Radiologist)

ST/35 - P/L.

112.

MFM.



CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Regt'l No. D-639316 Unit DD 5 Lauzon
Rank Pte. Corps _____
Name. LAFRANCE? L. File No. QH-2347

REPORT OF RADIOLOGICAL EXAMINATION. P. Poumons.

H₂O pneumothorax a gauche.
Epaississement pleural marque.
Bande opaque a la region du ~~XXXXX~~ sinus costo-diaphragmatique droit.
Pas de changements appreciables du champs de vision avec films anterieurs

Station: - QUEBEC MILITARY HOSPITAL.

Unit: - RCAMC/CAA/X-RAY DEPARTMENT.

Date: - 22-8-45

(P.E. SEMARD) CAPT.

(Radiologist)

ST/55 - P/L.

Copied

112



MFM. (45-a)

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

No. D/63051 Unit D.D.5 Lauzon
 Pte _____ Corps _____
LAFRANCE L. Film. No. QMH/2080

REPORT OF RADIOLOGICAL EXAMINATION.

Poumons.-

Absence de structure pulmonaire à la plage gauche, à la suite d'une pneumotomie. Epaissement pleural marqué à gauche. Pas de liquide pleural. Poumons droit clair.-

copied

MFM. (45-a)

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

No. _____ Unit _____
 Location: - QUEBEC MILITARY HOSPITAL. Corps _____
 - RCAMC/CA X-RAY DEPARTMENT. Film. No. _____

1, aug. 45

(P.A.SIMARD) CAPT RCAMC
(Radiologist)

5 - P/L.

CASE HISTORY SHEET

I. Hospital L. M. F. 0531 Force 269

Active F. No. 20-639516 Rank Pte Unit or Ship 22 d. 5 Langon
Reserve F. No. _____ Rank _____ Unit or Ship _____
C.E.F. No. _____ Rank _____ Unit or Ship _____
Others _____ Rank _____ Unit or Ship _____
Surname Lafrance Christian Names L.
Address _____
Age 31 Trade _____ Religion R. C. Total Service (Mos.) _____
Next-of-Kin Mrs. Alphege Lafrance Relationship _____
Address St-Louis de Gonzague Cte Beauharnois
Admitted direct (as transfer) from Quin Date 4-6-45 Class _____

Disposal of Case } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) 1 Date _____ Class _____
} Transferred to _____ Date _____ Class _____
Condition on Discharge (or transfer) _____ Days in Hospital 12
Final Diagnosis Rupture d'ulcères d'estomac 09/12

II. Admission Note: admis à Surgery - noopy
Lt Col Dehar ad onse

Provisional Diagnosis: Rupture du duodénum
E. S. Raxme Major
Signature of Admitting Officer.

III. History and Physical Examination (in chronological order) Date 4-juin 1945

4-6-45 Arrivé à P.H. M. Q. à 10.45 sur civière. Patient
très pâle, immobile sur civière, tout couvert de
suées, peau froide. - Pouls abdominal rapide
à très sensible au touché. Matité hépatique
d'importance et amplesse par conséquent.
Historique: - Hier après midi (à 3 h. 45) vers 4 heures
le patient a été pris d'un malaise subit au
cours d'une marche; a été transporté à son camp
à Langon. - Le matin @ 0930 vu par Major Lacombe
qui a diagnostiqué rupture ulcéreuse péptique et
transporté à P.H. M. Q. - Tension artérielle prise
à 1100 - max 98 - min. 80. - Puls: - impossible à prendre.
Temp. at 1125 hrs is 99.1

Immédiatement - malade sous 1000 c.c. serum
fluco-solite dans les veines. -
@ 11.10 hrs. Puls 104,
Date Préparons pour donner aussi Plasma inter-
veineux.

A 12.00 hrs. à la salle d'opération, sous couvertures générales: Pentholol sodium, Cyclophosphore et Curare - ouverture à travers le muscle - ventre rempli de liquide - ulcère purgé au niveau du pylore - état du malade satisfaisant après l'opération - Oxygène - et plasma intraveineux et serum fluorescalin. Total de 4000 c.c.

5/6/45 Le patient a passé une nuit satisfaisante. Son pouls est capillaire (120) mais assez bien frappé. Le ventre n'est pas ballonné; aérus seul. La touffe est humide et le patient n'est pas déshydraté. A reçu sous les 24 heures écoulées, 3000 c.c. serum fluorescalin et 1000 c.c. Plasma. - ~~Trin~~ quantité à recevoir aujourd'hui.

A vomit un peu et a. m. - Appareil de Wagenerstein - suction continue - Le patient se sent soulagé.

6/6/45 Patient se dit mieux ce matin. Ador. mi par intervalles. - La suction stomacale se fait - liquide purgée - Pas de ballonnement abdominal. - Son intestin a fonctionné la nuit dernière - diarrhée - Le pouls est plus fort - état général meilleur - Patient reçoit toujours 1000 c.c. Plasma et 3000 c.c. de serum fluorescalin - Pas de ballonnement

7-6-45 État général meilleur - Pas de ballonnement abdominal - mais diarrhée - Patient peut prendre thé léger. -

8-6-45 Patient s'endort toujours. État général très satisfaisant malgré la diarrhée qui se fait toujours - 6 selles la nuit dernière -

IV. Condition on Discharge.....

Disposal of Case.....

Date.....

Medical Officer i/c Case

CASE HISTORY SHEET

Hospital Quebec military Ward surgical 5
Reg't No. D 639516 Rank Pte Name La France, L
Unit DD5 Lang Completed years of service { Where and how long }
Date of admission 4-6-45 Date of discharge _____
Diagnosis Rupture d'ulcères d'estomac Age 31

Complaint 8-6-45 Urinalysis - Acet-acid, spec. grav - 1.025, alb. - 5.0 mgm per 100 c.c.,
suga. neg. Sed. Neg. trouble, leuc. none, epith. cells none, R.B.C. none, bacteria + + +

History, Examination and Progress Notes 14-7-45. Massage - negative

10-7-45 - Chest X Ray - pneumothorax a la suite d'intervention chirurgicale. Poumon
partiellement collé. Réaction pleurale a la base gauche. Tube de drainage. Opacite
irreguliere superposée a l'ombre cardiogénique causant representation peu engageante.
Une radio laterale serait susceptible d'aider.

19-6-45 Chest plate - Dense homogenous shadow, smooth and curved
upper border, covering the lower 1/3 of the lung field. Some reaction
of the right costophrenic angle is also noted. Right lung field
appears clear otherwise.

16-7-45 Chest - Aspect compatible avec un petit empyeme
possible.

4-7-45 Le film lire avec appareil portatif et patient en position
en position semi assise. A cause de la mauvaise posture du
patient les deux diaphragmes sont eleves et on ne peut apprecier
les plages pulmonaires dans toute leur etendue. Cependant
en comparaison avec film anterieure on remarque un proccessus
de nettoyage tres marque. Une resection de la 9ieme cote gauche
posterieurement et aussi note.

23-7-45 - X Rays # 1967 - Poumon Plaque droite traitée
fibreuse - dense coupeant la base droite a l'emergence
du dôme phrenique.

Plaque gauche - Pneumothorax occupant la 1/2 externe
de la plaque - Aspect dense de la 1/2 interne en particu-
lier a la region inferieure. Sinus obtusé et

TREATMENT diaphragme deformé par la réaction pleurale
(Especially any specific or special form) pas de déviation appreciable du
médiastin.

CONDITION ON DISCHARGE 1-Aug. 45 - X Ray # 2080 - Absence de structure
(and disposal made of case) pulmonaire a la plaque gauche a la suite d'une
pneumonie. Epaissement pleural marqué a gauche. Pas de liquide
pleural - Poumon droit clair -

CASE HISTORY SHEET

(CONTINUATION)

Sheet No. 2

Hospital..... Force.....

No..... Rank..... Name LAFRANCE

(Surname)

(Christian Names)

DATE

CLINICAL NOTES

9-6-45 Patient très confortable ce matin - se sent beaucoup mieux et peut ainsi - boules bien frappées. Tentative poux - un dou-loureux. - A eu plusieurs selles diarrhéiques la nuit dernière - mais n'en a pas eu depuis. - Le tube de Wapsteris a été enlevé hier P.M. - et le patient n'a pas vomis. - Boit régulièrement. Peut manger - custards - jello - Ice Cream.

11-6-45 Amélioration progressive de son état gé-néral. - Pas de symptômes abdominaux ni prété-rius. - Etat général satisfaisant. Peut aug-menter sa diète: - Omelette, crêpes, maïs, Viandes blanches.

14-6-45 Peut être levé sur la liti des sciences - ment insulade. Etat général toujours sa-tisfaisant, bien que le insulade soit très pâle. Elevation de température @ 100° F.

16-6-45 Intestins réguliers; pas de douleurs abdo-minales, juses selles noires. Vanen au sang dans les selles demandés. Patient pâle. Appétit bon; digestion bonne. Ventre pa-ple. Dort bien, mais la température se maintient @ 100° F. le soir, à 98° F. le matin et cela depuis 3 jours, après avoir été 2 jours complètement normal. Le pouls est à 100 le soir et 70 le matin. Patient paraît un peu plus raffraichi vers la fin du jour.

CASE HISTORY SHEET (Continuation)

DATE

CLINICAL NOTES

20.6.45

1090 hrs
 Le malade est en état de collapsus. il est pâle, froid, dyspnéique, transpire abondamment. des sueurs froides, collantes; il est conscient et ne se plaint que d'une grande fatigue. Il existe à gauche une matité absolue de haut en bas; ~~avec~~ il existe un bloc pulmonaire avec souffle tubaire sans râles. On trouve quelques râles humides à la base droite.

Cœur: bruits rapides, irréguliers; pointe imperceptible. P.A. impossible à prendre.
 M. H. H. H.

21.6.45

1000 Matité absolue de tout le hemi thorax gauche. L'auscultation dans la région axillaire inférieure, donne une toux rauque avec expiration de la force. Pointe imperceptible. Cœur rapide renforcé à droite; bruits auscultatoires faibles plus faiblement à droite que à gauche. Silence respiratoire de haut en bas à gauche avec souffle de bronchite pleurale.

Mauvais état général

21.6.45

1600 hrs malade conscient. présente Respiration par intervalles cathéter nasal ^{oxygène}. Pupilles normales. Respiration à 44. Thorax gauche respire - à la percussion ^{on entend} le son creux est normal jusqu'à 5^e espace ^{au-dessus}. dessous, sub-matité de souffle pleural et percussion dans le 4^e et le 5^e espace antérieurement et dans l'aisselle. On entend le râle humide dans la région ~~de l'apex~~ ^{apex} et dans le 4^e premier espace intercostaux.

Les respirations prises pendant qu'il

Condition on Discharge

Disposal of Case

Date

Medical Officer i/c Case

CASE HISTORY SHEET

Hospital..... Ward.....

Reg't No..... Rank..... Name.....

Unit..... Completed years of service { Where and how long }.....

Date of admission..... Date of discharge.....

Diagnosis..... Page 3..... Age.....

Complaint..... *s'assoupit et sort de 32 à la minute*

..... *abolition de v.v. dans le jour même*

History, Examination and Progress Notes..... *Leans, la région postérieure de*

..... *notité et surtout marquée vers le bas de la région*

..... *scapulaire. semble épaissir le cœur de l'empyème*

..... *Les v.v. normaux sont disparus, en les mêmes proportions.*

..... *Pôles humides à la région supérieure. souffle pleural*

..... *à la base. dans le scapulaire.*

..... *Cœur Poit. difficilement percussé à 7 cm.*

..... *excursion de la ligne médiane à la 5^e espace - à droite*

..... *le scapulaire cardiaque s'étend à peine au delà du*

..... *sternum. T.A. 118/75. Poids 120.*

..... *de l'empyème sur claviculaire gauche font*

..... *avoir à un petit pneumothorax*

..... *En somme le malade est guéri.*

..... *Il devrait prendre de l'exercice, hyper protéine,*

..... *chrysomèle.*

22.6.45 Epal Général Muller

Température 99°. Respiration 40.

Faibles bruits angorés.

Perussion: sonorité normale rapportée au sternum.

Matité absolue aux tiers inférieurs de l'humérus gauche.

auscultation: Nombreuses râles humides ^(5-6 espaces) au sternum.

Petit souffle à la base (1/3) sup. Le bruit dépasse le sternum

à droite d'un tiers de doigt seulement.

Région est purpillaire sur 5^e esp. gauche. *Sp. hum. blanchâtre.*

à gauche.

TREATMENT 22.6.45. 1800 hrs. Etat angineux un peu

(Especially any specific or special form) Polypneïque. Poids 140. Le matin

remonte au 3^e espace. Le souffle pleural s'étend sur

CONDITION ON DISCHARGE tout le hauteur de la tôte. en essay

(and disposal made of case) stodiome franc. Le point difficilement

percussible à 6 cm de la ligne médiane + dilaté à

sternum à droite. - Destruction de 1100 cc. d'un

liquide louche à début. Injection de 50.000 un Medical Officer i/o case

à Penicillin intrapleurale.

CASE HISTORY SHEET

Hospital..... Ward.....

Reg't No..... Rank..... Name.....

Unit..... Completed years of service { Where and how long }.....

Date of admission..... Date of discharge.....

Diagnosis..... Page 4..... Age.....

Complaint..... 22/6/45. 1800 hrs.

History, Examination and Progress Notes.....
 après la ponction thoracostomique de
 niveau de 7^{ème} espace
 costal inférieur. niveau de la ponction
 était 1/2 p. P. verine Moins mal

27. 6. 45. 5. malade - subi 3 thoracostomies
 depuis celle du 22
 aujourd'hui il est mal - dyspnée à 40
 Puls 120 - affaibli mais présent
 la matité gauche (thoracique) ressort en
 arrière à l'inspiration (criste de l.) avec de part
 d'autre un timbre tympanique illicite à cette matité.
 Le V.V. sont déformés - les bulles pleurales partent
 En avant en sommet - jusque en 3^{ème} espace
 il y a un timbre nettement tympanique. Stétho
 au premier - le V.V. sont percus surtout de
 2^{ème} espace en 3^{ème} inclusivement.
 On entend de nos crâtes fines avec
 dans l'axillaire à l'axe ant. un souffle
 pleural. - Cours de la c. est. débordé le sternum.
 Thoracostomie 9.50 ce. d'ins. big. présent
 vers le premier 75000 d'Penicillin intr.
 pleural - Spécimen en tube
Serpent

29. 6. 45. Moins bien - nettement Dyspnée à 35
 Puls 120 instable - ess. faible. La matité ressort
 en 2^{ème} espace gauche - en classe - tympanisme de
 pneumothorax avec souffle amphorique + timbre

TREATMENT amphorique de la voix - de la toux
 (Especially any specific or special form)..... Adressé en vue de la matité

CONDITION ON DISCHARGE siège respiratoire avec souffle pleural mais
 (and disposal made of case)..... prononcé qu'il y a deux jours
Cœur déplacé à droite
Thoracostomie à faire à noter

Date..... Moins mal..... Medical Officer i/c case

CASE HISTORY SHEET

I. Hospital Force

Active F. No. Rank Unit or Ship
Reserve F. No. Rank Unit or Ship
C.E.F. No. Rank Unit or Ship
Others Rank Unit or Ship

Surname LAFRANCE Christian Names

Address

Age Trade Religion Total Service (Mos.)

Next-of-Kin Relationship

Address

Admitted direct (as transfer) from Date Class

Disposal of Case } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) Date Class
 } Transferred to Date Class

Condition on Discharge (or transfer) Days in Hospital

Final Diagnosis

II. Admission Note:

Provisional Diagnosis:

Signature of Admitting Officer.

III. History and Physical Examination (in chronological order) Date

29 avr 45: Le patient se plaint d'une douleur dans le bas ventre.
Pas d'élévation de température et le pouls se maintient à
110 environ. L'examen physique de l'abdomen est négatif.
Le trépan rectal est négatif aussi.
Faire voir au Lt-Col Mouri re - Couronne -
J. J. J.

2 Sept 45: La condition du malade s'est aggravée. La température
est montée à 102° et son pouls à 130. Le malade se
dépense - se plaint d'une douleur vague dans tout
son abdomen. Il se sent faible et fait à peine
fonction - Il a perdu l'appétit.
L'examen du rectum est négatif. Abdomen distendu dans
sa partie inférieure. Pains dans et difficiles à
décrire. Condition moins bonne.
J. J. J.

Date

5 Sept 45:

Patient on for Lt Col Dewar.

Mucous constipation per notes per 2 Sept.

Abdomen dull and distended across the front especially.
 The umbilical cord faintly visible as a small mass.
 pastes down a bit of dust. Lt Col Dewar
 sent the specimen of some pus from a small
 punctate lesion which just a hair on the skin
 intestines.

Several lacerations chords present over
 cutaneous de granules de bois sur abdomen.

2100 hrs P.M.

8 Sept 45:

The condition of patient improved. It is very dyspeptic.
 The pulse rate is 140. The patient is very
 enervated - no amount of food. A frequent
 of small fissures - the glands lacerations
 lacerations of mucus and of skin in abundance.
 The patient is now in a new way the S.I. test.
 The patient is admitted.

Rx: Continue aux 4 heures

1000 cc de serum glucose et saline stat

J. H. H.

12 Sept 45

The condition of patient is improving very. It
 is appetitive since 2 days and the pulse is
 tendency to fall very.
 The abdomen is improved distended -
 conclude to new therapeutic.

James H. H. H.

16: 15: 45

Urinalysis: Reaction neutral - Sp. Gr. 1028 - Alb. 10 mgms

Sugar - neg. - Micro: Sed. Trouble - Leucocytes ++

Epith Cells, rare - Pus + RBC rare

IV. Condition on Discharge

Disposal of Case

Date

Medical Officer i/c Case

CASE HISTORY SHEET

I. Hospital Force

Active F. No. Rank Unit or Ship
Reserve F. No. Rank Unit or Ship
C.E.F. No. Rank Unit or Ship
Others Rank Unit or Ship

Surname Christian Names

Address

Age Trade Religion Total Service (Mos.)

Next-of-Kin Relationship

Address

Admitted direct (as transfer) from Date Class

Disposal } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) Date Class

of Case } Transferred to Date Class

Condition on Discharge (or transfer) Days in Hospital

Final Diagnosis

II. Admission Note:

Provisional Diagnosis:

Signature of Admitting Officer.

III. History and Physical Examination (in chronological order) Date.....

17 Sept 45: La condition du patient Empire longins.

En vue est très distendu - il présente une ombre
cave dans tout son bas-ventre - il est très cyanosé et
dyspnéique - Son pouls resté élève et faible.
Coulées les négatives - et la cyanose

J. M.

18 Sept 45: Vu par le Lt. Col. Dennis - Ce dernier

deux de donner le patient à la salle d'opération
immédiatement et après avoir fait une
et de l'usage du pouls cardiaque dans sa poche
abdominale. Ceci transfusion avait été faite.

J. M.

19 Sept 45: La condition du patient s'est peu améliorée

il demeure cyanosé et très dyspnéique -
légèrement ~~phlegmose~~ - Son pouls resté élève.
Donnez du plasma -

J. M.

Date.....

DATE

CLINICAL NOTES

21 Sept 45: Le crachats du patient écumeux. - Il a peine à respirer -
 Donner de l'oxygène en permanence.
 Son état de plus en plus abondamment

22 Sept 45: Le patient est mort à 0100 h de matin de toxémie -

Jean de Saint-Nicolas

IV. Condition on Discharge.....

Decédé

Disposal of Case.....

Date *23 Sept 45*

Jean de Saint-Nicolas
 Medical Officer i/c Case

CASE HISTORY SHEET

I. Hospital Force

Active F. No. Rank *Pte.* Unit or Ship

Reserve F. No. Rank Unit or Ship

C.E.F. No. Rank Unit or Ship

Others Rank Unit or Ship

Surname *LAERANCE* Christian Names

Address

Age Trade Religion Total Service (Mos.)

Next-of-Kin Relationship

Address

Admitted direct (as transfer) from Date Class

Disposal } Discharged to (Duty, Medical Board, Home, Sick Leave, Died) Date Class

of Case } Transferred to Date Class

Condition on Discharge (or transfer) Days in Hospital

Final Diagnosis

II. Admission Note:

Provisional Diagnosis:

.....
Signature of Admitting Officer.

III. History and Physical Examination (in chronological order) Date

*17-9-45 - Blood urea - 36.3 mgm per 100 cc.
normal: -12-35 mgm per 100 cc.
Egt 8 + Master -*

*18-9-45 Urinalysis - neg - Alb - 5 mgms per 100 cc - Sugar neg
Micro - Bacteria ++*

17-9-45 - Urine: 0 (IV) Egt 8 + Master

*19/9/45 Urinalysis React. ac. spec Grav NSQ Alb 5mg Sugar neg Sed. trouble
Leucocytes rare Epith cells rare*

*20/9/45 Urinalysis React. alk sp. Gr. NSQ Alb - 5mgms Sugar neg
Sed. trouble Epith & Leucocytes rare Triple phosphates +
Phosphates +++*

Date

DATE

CLINICAL NOTES

IV. Condition on Discharge.....

Disposal of Case.....

Date.....

Medical Officer i/c Case

112



CANADIAN MILITARY SERVICES

REPORT OF RADIOLOGICAL EXAMINATION

Reg'tl. No.: D/639570 Unit. D.D.5 Lauzon
 Rank: Pte Corps: _____
 Name: LAFRANCE L. Film No.: QM/1967

Report of Radiological Examination of:-

Poumons.-

Plage droite; trainée fibreuse dense coupant la base droite à l'émersion du dôme phrénique.-

Plage gauche; pneumothorax occupant la 1/2 externe de la plage. Aspect dense de la 1/2 interne en particulier à la région inférieure. Sinus obstrué et diaphragme déformé par la réaction pleurale. Pas de déviation appréciable du médiastin.-

Station: UNBAC MILITARY HOSPITAL

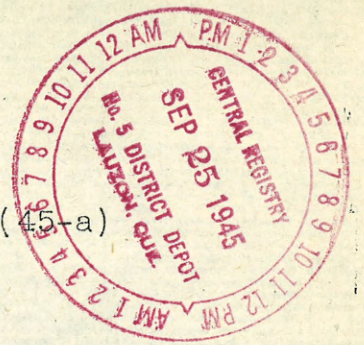
Unit: ROENTGEN X-RAYS DEPARTMENT

Date: 23, July 45

C. P. Cote

(P.E.COTE) CAPT RCAMC
(Radiologist).

112



MFM. (45-a)

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Regt'l No. D/639516 Unit D.D.5 Lauzon
Rank: Pte Corps _____
Name: LAFRANCE L. Film. No. QMH/1862

REPORT OF RADIOLOGICAL EXAMINATION.

Poumons.- (portable)

Aspect compatible avec un petit empyeme possible.-

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION

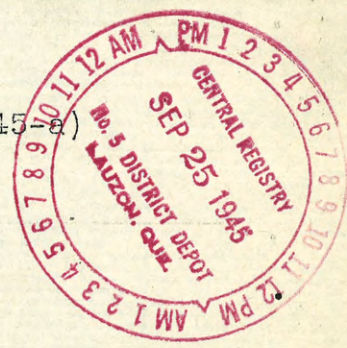
Regt'l No. _____ Unit _____
Station:- - QUEBEC MILITARY HOSPITAL. Corps _____
Unit:- - RCAMC/CA X-RAY DEPARTMENT. Film. No. _____
Date: 16, july 45 (P.E.COTE) CAPT RCAMC
(Radiologist)

copied

ST/35 - P/L.

112

MFM. (45-8)



CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Regt'l No. D-6395110 Unit D.D.No.5.
Rank: Pte. Corps _____
Name: LAFRANCE, L. Film. No. QMH/1805

REPORT OF RADIOLOGICAL EXAMINATION.

CHEST.

Pneumathorax a la suite d'intervention chirurgicale. Poumon partiellement collé. Reaction plurale a la base gauche. Tube de drainage. Opacite irreguliere ^{SUPERPOSEE} a l'ombre cardiaque pouvant représenter un épyieme. Une radio laterale ~~à~~ serait susceptible d'aide.

copied.

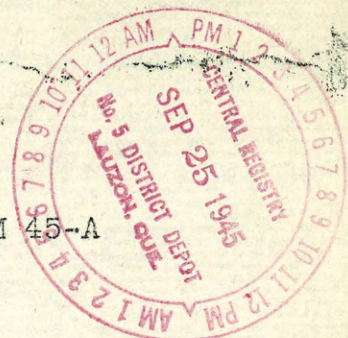
CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Regt'l No. _____ Unit _____
Station: - - QUEBEC MILITARY HOSPITAL. Corps _____
Unit: - - RCAMC/CA X-RAY DEPARTMENT. File No. _____
Date: 10-7-45 (P.E.COTE) CAPT. RCAMC
(Radiologist)

ST/35 - P/L.

112



MFM 45-A

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Reg'tl. No.: D-639516 Unit: D.D. No.5, Lauzon.
Rank: Pte. Corps: _____
Name: LAFRANCE Film No.: QMH/1737

Report of Radiological Examination of:-

CHEST.

Le film tire avec appareil portatif et patient en position semi assise. A cause de la mauvaise posture du patient les deux diaphragmes sont eleves et on ne peut apprecier les plages pulmonaires dans toutes leur etendues. Cependant en comparaison avec film anterieure on remarque un processus de nettoyage tres marque. Une resection de le 9 ieme cote gauche posterieurement et aussi note.

Station: Quebec Military Hospital.

Unit: RCAMC/CA X-RAYS DEPARTMENT.

Date: 4-7-45

ST-35.

(PH. SIMARD) CAPT RCAMC.
(Radiologist)

Copied.

OPERATION RECORD

Hospital P. M. H. Ward Surgery C ^{112 I} Date 30.6.45.

Number D. 6395-1/4 Rank Otc Name Laprade Lucien
(Surname) (Christian Names)

Unit or Ship D.D. 5 Languin Age 31 Branch or Trade

Pre-operative Diagnosis Empyema Lft.

Surgeon Lt. Col. Dunbar Assistant Capt. Turmel

Anaesthetist Capt. Paradis Anaesthetic C3H6 + O2

Nursing Sister(s)

Operation Post-tomy gauche Date 30 June 1945

Details of Operation and Findings:

1 1/2 inches of 9" rib resected
on posterior axillary line
Pleura opened - 5 pints of
pus evacuated with suction.
Incision partially closed
about tube with Lachman
Catgut sutures.
Skir partially closed with
5 S.G. sutures

Drainage or Packing 1 Drainage tube Date Removed

Specimen to Laboratory

IMMEDIATE POST-OPERATIVE CONDITION OF PATIENT:

Post-operative Diagnosis

[Signature]
(Surgeon's Signature)

Pathologist's Report:

ANAESTHETIC RECORD

Hospital.....Ward.....Date.....

Reg'tl No.....Rank.....Name.....Age.....

Surgeon.....Operation.....

Pre-Op. Sedative.....Hour Given.....Effect { Good / Poor } Supplemental.....

Anaesthetic.....Hour Begun.....Induction.....

Pre-Anaesthetic { Pulse / B.P. } Operative Risk { Good / Medium / Poor } Operation Commenced.....

| TIME | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | |
|------|---|---|----|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|----|---|----|----|----|----|----|----|----|----|----|----|----|--|
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CODE—Pulse ● Blood Pressure × Resp. ○

Spinal Anaesthesia: Anaesthetic.....Amount.....Posture.....
 Puncture Level.....Anaesthesia Level.....Duration.....
 Supplemental.....Why Given.....

Intravenous Anaesthesia: (Drugs, amount, etc.)

Complications.....

Treatment.....

Operation Completed at.....hours. Pulse.....Bl. Press.....Resp.....Colour.....

Condition at Close.....

Comment.....

Anaesthetist

All Complications—Early (48 hours).....

Late (up to Discharge).....

Final Comment.....

Medical Officer

112



MFM 45-A

CANADIAN MEDICAL SERVICES.

REPORT OF RADIOLOGICAL EXAMINATION.

Reg't L. No.: D/639516 Unit: D.D.5 Lauzon
 Rank: Pte Corps: _____
 Name: LAFRANCE L. Film No.: Q.M.H./1590

Report of Radiological Examination of:-

Chest plate.-

Dense, homogeneous shadow, smooth and curved upper border, covering ~~the~~ ~~in~~
 the lower 1/3 of the lung field. Some reaction of the right costo-
 phrenic angle is also noted. Right lung field appears clear, other-
 wise.-

Station: Quebec Military Hospital.

Unit: RCAMC/CA X-RAYS DEPARTMENT.

Date: 19, juin 45

ST-35.

copied
(P.A.SIMARD) CAPT RCAMC
(Radiologist)

OPERATION RECORD

Hospital Q. M. H. Ward Surgery 'C' Date 4-6-45

Number D. 139514 Rank Pte Name Raprauc Lucien
(Surname) (Christian Names)

Unit or Ship T.D.S. Langen Age 31 Branch or Trade

Pre-operative Diagnosis Perforated Gastric Ulcer

Surgeon Lt. Col. Dinan Assistant Capt. Blier

Anaesthetist Capt. Paradis Anaesthetic Pertholat + C3H6 + O2

Nursing Sister(s)

Operation Date 4 June 1945

Details of Operation and Findings:

Lfi. Split rectus incision -
When peritoneum was opened large
amount of gas escaped -
Peritoneal cavity filled with
gastric contents - 1500 cc; removed
with suction & removed gas by
swabbed out -
Ulcer was on ant surface ^{near} pylorus,
on gastric side - Perforation about
1/2 cm in diameter - surrounding area
not grossly indurated - Closed with
 purse string & 3 Lambert sutures -
partially separated piece of gastric
omentum tied in with Lambert sutures

Drainage or Packing 7/2 Date Removed

Specimen to Laboratory

IMMEDIATE POST-OPERATIVE CONDITION OF PATIENT: Food as good as can
be expected in 70 hr after perforation

Post-operative Diagnosis Perforated Gastric ulcer, 70 hrs

Dinan
 (Surgeon's Signature)

Pathologist's Report: abdominal cavity distended with 500 cc gas
abdomen closed in layers -
Peritoneum with continuous 2. Ch. Cages
Fascia with interrupted 2. Ch. Cages
Clips to skin -

ANAESTHETIC RECORD

Hospital.....Ward.....Date.....

Reg't No.....Rank.....Name.....Age.....

Surgeon.....Operation.....

Pre-Op. Sedative.....Hour Given.....Effect { Good / Poor } Supplemental.....

Anaesthetic.....Hour Begun.....Induction.....

Pre-Anaesthetic { Pulse / B.P. } Operative Risk { Good / Medium / Poor } Operation Commenced.....

| TIME | 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | |
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| 90 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CODE — Pulse ● Blood Pressure × Resp. ○

Spinal Anaesthesia
 Anaesthetic.....Amount.....Posture.....
 Puncture Level.....Anaesthesia Level.....Duration.....
 Supplemental.....Why Given.....

Intravenous Anaesthesia: (Drugs, amount, etc.)

Complications.....

Treatment.....

Operation Completed at.....hours. Pulse.....Bl. Press.....Resp.....Colour.....

Condition at Close.....

Comment.....

.....
Anaesthetist

All Complications—Early (48 hours).....

Late (up to Discharge).....

Final Comment.....

.....
Medical Officer

PHYSICAL MEDICINE PRESCRIPTION

ST. 111

DATE July 11-45

NAME Lafrance RANK Pvt. NO. 1639511 UNIT D.D.S.

In Patients _____ Ward No. 1121
Out Patients _____

Disability Impaired

Remarks Breathing exercises & legs & arms.
Smaller, better

The following therapy is ordered:

| | |
|------------------------------|--|
| Massage <u>X</u> | Physical Exercise: <u>Breathing legs arms.</u> |
| Ultra Violet. _____ | General Conditioning Grade <u>6,5,4,3,2,1.</u> |
| Infra Red. _____ | Special Remedial. _____ |
| Diathermy. _____ | _____ |
| Short Wave. _____ | _____ |
| Galvanic Current. _____ | _____ |
| FARADIC CURRENT. _____ | Occupational Therapy: _____ |
| Sinusoidal. _____ | Specific. _____ |
| Wax Bath. _____ | Diversional. _____ |
| Hvdorthrapy - Special. _____ | _____ |
| - General. _____ | _____ |

W. H. Coy
Signature of Medical Officer.

The number and duration of all treatments must be clearly indicated by the Medical Officer.

(Technician's Remarks - Reverse Side)

TECHNICIAN'S REMARKS

| DATE | REMARKS | SIGNATURE (not initials) |
|---|---|--------------------------|
| (message exercise.) Treatment given: July 11, 12, 13, 14, 15, 16, 17 | 18, 19, 20, 21, 23 | |
| 2 | 24, 25, 26, 27, 28, 30, 31. | J. Peters |
| Aug. 1, 2, 3, 4 | Improvement in all exercises | J. Peters |
| Aug. 6, 7, 8, 9, 10, 11. | Massage & exercise cont'd. | |
| Aug. 13, 14, 15, 16, 17, 18, 20, 21, 22. | Massage & exercise cont'd. | |
| Aug. 22 | Leg and arm muscles stronger Breathing is better too | J. Peters |
| Aug. 23 | 25, 28, 31 Massage and exercises given. | J. Peters |

CASE HISTORY SHEET

Serial No.

in A. and D. Book

RF

I Hospital M.M.H. (Ste Annes) Force Army

Active F. No. D.639516 Rank Spr. Unit or Ship 15th Field Coy. R.C.E.

Reserve F. No. " " " "

C.E.F. No. " " " "

Others No. " " " "

Surname LAFRANCE Christian Names Lucien

Address Chilliwack, B.C.

Age 30 Trade Religion R.C. Total Service (Mos.) 18

Next-of-Kin Mrs. Xavier Lafrance Relationship Father

Address of Next-of-Kin St. Louis de Gongague, Co. Beauce, Que.

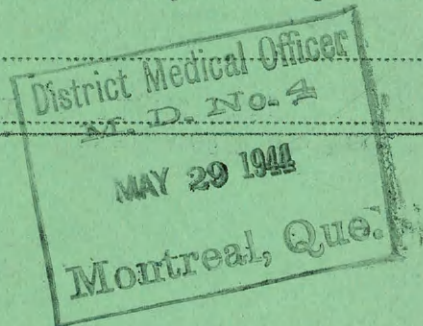
Admitted direct (as transfer) from Unit Date May 3.44 Class 19

Disposal) Discharged to Unit, ~~XXXXXX~~ Date May 16.44 Class 19
of case)

Transferred to Date Class

Condition on Discharge (or transfer) Improved Days in Hospital

Final Diagnosis Haemorrhoids (0726)



II Admission Note: For Surg. intervention.

Provisional Diagnosis: Haemorrhoids.

1710 hrs.

G.R. Brault, M.D.
Signature of Admitting Officer.

III History and Physical Examination (in chronological order) Date

P.A. : none.

Complaints : Bleeding haemorrhoids.

F.H. : Irrelevant.

P.H. : Pneumonia left hemithorax in 1938. No other disease or accident.

H.P.I. : States that about 3 months later noticed few times blood in stool and severe pain on defecation. Last week had abdominal pain with some diarrh

On October 1942 has had persistent pain in stomach and in duodenal area during two month. The pain was intermitted. Treated by Dr. Benoit from Montreal, who given him milk magnesia. To-day no complains.

Physical examination: Moderate developed and nourished.

Head & neck - negative.

Throat : clear.

Nose : noticed often bleeding from nose left side (epistaxis)

Teeth : upper partial bridge.

Chest : symmetrical and normal in shape and expansion. No cough. No rales.

Heart : No symptoms. Blood pressure 142/78.

Abdomen : negative.

Genito Urinary: negative. Denies venereal disease.

Local condition : anus: Rectal examination performed by Dr. Gavin Miller showed rather small haemorrhoids.

There are small haemorrhoids with tendency of prolapse of mucosa bowels around the annus with apparents internal.

Diagnosis : Internal haemorrhoids.

Progress note : Urinalysis.

Date F.B. Kozlowski, Capt.

DATE

CLINICAL NOTES

May 5.44: Blood : Wasserman & Kahn : negative.
T.R. Waugh, M.D. Con.Patho.

May 9.44: HEMORRHOIDECTOMY :

The protoscope was passed for entire length. No abnormality was found. 5 external hemorrhoids were excised by clamp and ligature. A rubber dam drain was inserted into the rectum.

A. M. Vineberg, Major, RCAMC.
Suegical specialist.

May 9.44: Haemorrhoidectomy performed

F.B. KOZLOWSKI, Capt.

May 10.44: Urine : Micro negative.

T.R. Waugh, M.D. Con.Patho.

May 12.44 Packing removed post operative course satisfactory.

F.B. Kozlowski, Capt.

May 16.44: Discharge note:

Diagnosis : Haemorrhoids.
Operation: Haemorroidectomy.
Post operative area well healed.

Recommendation: Discharge to Unit for 1 week light duty.

F.B. Kozlowski, Capt.

May 16.44: DISCHARGE NOTE:

Diagnosis : Hemorrhoids.
Operation: Hemorrhoidectomy - 9-5-44. Wound well healed.
Recommend: To return to Unit - 1 week of light duty.

A.M. Vineberg
A.M. Vineberg, Major RCAMC.

Surgical Specialist.

IV Condition on Discharge

Disposal of Case

Date

Medical Officer i/c Case

| | | | | | | | |
|--------|---|---|---|---|---|---|---|
| Y.O.B. | P | U | L | H | E | M | S |
| 17 | / | / | / | / | / | / | / |

No. D-639516 Rank Sgt

Name Lafayette S.

Height 5'10" Weight 161

E.E.N. & T. SPECIALIST

Visual Acuity-O.D. 20-20
O.S. 20-20

P- 1 E- 1 H- 1 *J*

Initials

SURGICAL SPECIALIST

P- 1 U- 1 L- 1

Initials *J.B.*

MEDICAL SPECIALIST

P- 1 L- 1

Initials *L.R. Mc*

Confirmation of Pulhems:

| | | | | | | | |
|--------|---|---|---|---|---|---|---|
| Y.O.B. | P | U | L | H | E | M | S |
| | | | | | | | |

Inoculations Required:

A.E's Initials- M.O.'s Initials-

1

2

NAME LAFRANCE Lucien RANK Pte AGE 28 REG. No. D-639516

UNIT N.R.M.A. Clearing Depot 4 DATE 7-10-42 1942

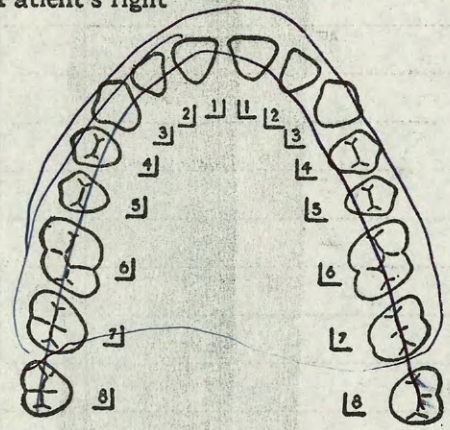
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ORAL HYGIENE { ~~Good~~
Fair
~~Neglected~~

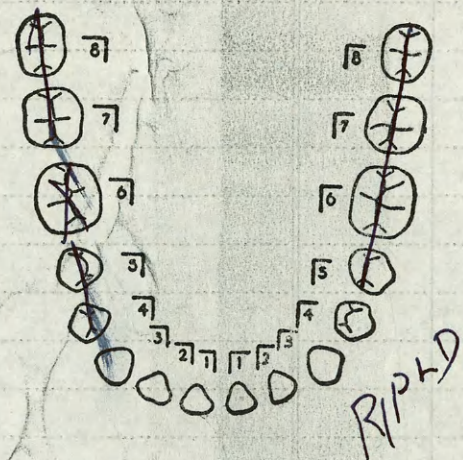
PROPHYLAXIS required { Yes
~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }
- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- RC Treatment
- V's Root Canal
- Pu Vincent's
- PO Pulpitis
- Pe Post Operative
- Pe Periodontia
- Ra X-ray

Describe with sketch
Br Bridge

PD Partial } Denture
CU Complete upper
CL Complete lower
DA Adjustment }

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.
All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

M.F.B. 465
10M pads of 100-10-40 (7487-8)
H.Q. 1772-39-950

Signature and unit of examining officer

No. 24 COY. C. D. C.

NAME LAFRANCE Lucien RANK Pte AGE 28 REG. No. D-639516

UNIT 15th Pld R C K DATE 7-10-42 1942

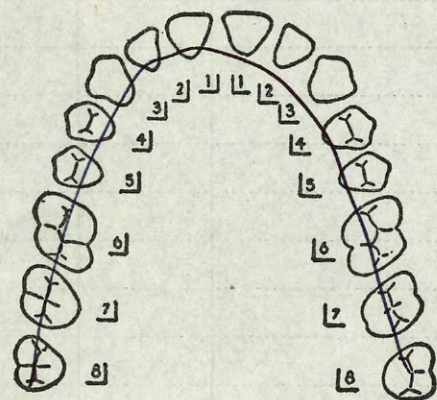
Strike out inapplicable number and words.

ORAL HYGIENE Good
 Fair
 Neglected

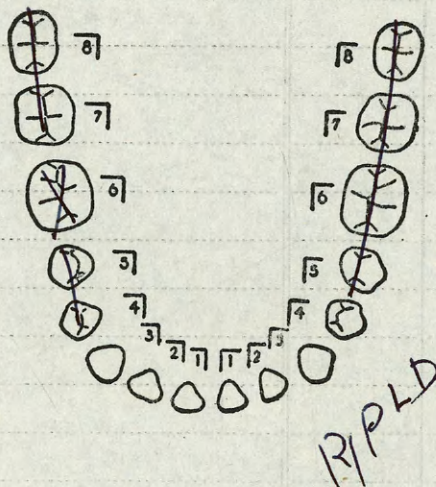
PROPHYLAXIS required Yes
 No

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Patient's left



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D. J. ...



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