

H.Q.

405 -M-34, 142

132355 22427  
CD 1896

M.F.B. 387

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

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)

CROSS REFERENCE

MADORE, JAS, ALOYSIUS.

D.132355

1 A.T.R.

A.F.

Rev  
DVA

H.Q. 405 -M-34, 142

CD 1896 W-132355

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")							
					WITH PAPERS MAY 24 1944		
					For signature & return to Cas. Sec. please.	P.L.	3-6-44
					Returned.	John	5/6/44
					Passed pls.	PL	8-6-44
					Passed, pls.	JEC	14-6-44
JUN 18 1944	16 <sup>6</sup> /44	Pa.	JPH	HA	" "	JMC	15-6-44
					WITH PAPERS 14 MAY 1945		
MAY 18 1945	18 <sup>5</sup> /45	pa.	msk	D.R. 21	High papers	Rch.	17-2-45
					PER REQUISITION - AUG 1945		
AUG 20 1945	17 <sup>8</sup> /45	Pa	FAR	20	For trans. pls.	FAR	16/45
					With translation	F	17/8/45
					PER REQUISITION FEB 11 1946		
					WITH PAPERS FEB 11 1946		
					W.S.G. FEB 18 1946		
MAY 3 1946					trans for french trans pls	SW	2/5/46
MAY 25 1946	23 <sup>12</sup> /46	pa	msk	26	High translation	R	
7- DEC 1946	6-11-46	pa	msk	26	minute pls	msk	5 <sup>12</sup> /46
FEB 16 1948	14 <sup>2</sup> /48	pa	msk	26	PER REQUISITION FEB 10 1948		
					PER REQUISITION MAR 25 1949		
APR 21 1949	19/4/49	P.A.	L.	CTO	min @	slatt	28/3

DO NOT WRITE BELOW THIS LINE

CASUALTY SECTION

FILE ACTION

ITEM	CHECKED BY	DATE	CHECKED BY	DATE	CHECKED BY	DATE
1. CABLE ABSTRACT ATTACHED	PHW	24/5/44	PHW	25/5/44		
2. TELEGRAM DISPATCHED TO N/K	PHW	25/5/44	PHW	25/5/44		
3. DELIVERY OF N/K TELEGRAM CONFIRMED	PHW	25/5/44	PHW	25/5/44		
4. CONFIDENTIAL NOTICE (MISS. POW. F.T. IS)						
5. DEFENDENTS LICENCE BOARD NOTIFIED	PHW	25/5/44				
6. P & N H NOTIFIED (BLINDNESS AMPS. F.T. IS)	PHW	25/5/44				
7. NAT WAR SERVICES NOTIFIED (PO'S ONLY)						
8. RED CROSS NOTIFIED (PO'S ONLY)						
9. SLAG NOTIFIED (PO'S ONLY)						
10. INCOME TAX & DEPT. OF LABOUR NOTIFIED	PHW	25/5/44				
11. CH. PL. IN SERVICES NOTIFIED (SIW. F.T. IS)	PHW	25/5/44				
12. RELEASED TO PRESS						
13. G's LETTER TO NEXT OF KIN (F.T. IS)	PHW	25/5/44				
14. FILE PASSED TO Q3 (F.T. IS)						
15. ACTION T KEN						
16. FILE PASSED TO "G"						
17. MINISTER'S CONDOLENCE CARD DESP'T	J.M.C.	2/6/44				
18. FILE PASSED TO HONOURS & AWARDS	J.M.C.	15-6-44				
19. MEMORIAL CROSS ACTION T KEN	Z.B.	16/6/44				
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						

FILE EXAMINED AND ACTION COMPLETED

# 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.

**CANADIAN MILITARY HEADQUARTERS  
(CANADIAN ARMY OVERSEAS)**

CROSS REFERENCE

CENTRAL REGISTRY	DATE	PA OR BF	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")		

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OTTAWA, April 19th, 1949.

James S. Craig, Esq.  
Barrister, Solicitor & Notary,  
73 Pembroke St. West,  
Box 138,  
PEMBROKE, Ontario.

Re: D-132355 - Gnr. MADORE, J.A. (Deceased)


Dear Sir:

Enclosed will be found a photostatic copy of cheque B-14/53063 which, it will be noted, was cashed at the Royal Bank of Canada Pembroke, July 5th, 1946, on the endorsements of "Mrs. Mary Madore" and "J.E. Madore".

As the amount of this cheque was \$277.40 which was the total War Service Gratuity due on account of the service of the deceased, it is not clear how the payee can claim that she only received \$77.40.

It is hoped the enclosed will enable you to convince the parties concerned that payment of War Service Gratuity has been made in full.

Yours truly,



for (R.C. Playfair)  
A/Chief Treasury Officer,  
Dept. National Defence.

Enc.

OTTAWA, April 11th, 1949.

James S. Craig Esq,  
Barrister, Solicitor & Notary,  
73 Pembroke St. West,  
Box 138,  
PEMBROKE, Ont.

Re: D-132355 - Gnr. MADORE, J.A. (deceased)

Dear Sir:

Further to my letter of the 24th ultimo and yours of the 21st idem, it has been found that payment of War Service Gratuity, in the amount of \$277.40 was paid to the dependent of the deceased, Mrs. Mary Madore, by cheque B-14 53063 dated June 1st, 1946.

In order that this case can be disposed of to the satisfaction of all concerned, a photostat of the covering cheque is being obtained and a copy will be forwarded to you as early as possible.

This information is given in order that you shall know that your enquiry is receiving the necessary attention and that you may be in a position to acquaint the interested parties with the progress made to date.

Yours truly,

for (R.C. Playfair)  
A/Chief Treasury Officer,  
Dept. National Defence.

HWK/B



CANADA

FILE No. A.P. 1-7  
NDT/8

MIF  
25/3

TREASURY OFFICE

OTTAWA

March 24, 1949



J.A.G.  
Estates Section  
Stores Building

(1)

D-132355 Madore, J.A.

Herewith a letter from James S. Craig, Esq.,  
Barrister, Pembroke, Ont., who is enquiring about the estate  
of the marginally named deceased soldier.

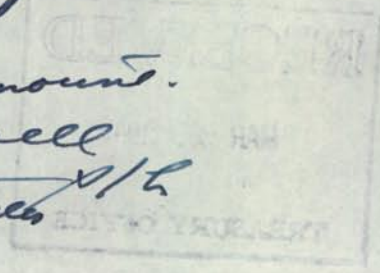
The letter has been acknowledged and the writer  
advised that it has been passed to you for investigation.

Encl:

(2) CTO

- I have drawn the file, and note from flagged folder that the WSG was not administered by Estates Branch but was apparently paid direct to the mother as a dependent.
  - Suggest you look up the covering cheque and endorsement to see whether she received the full amount.
- P. H. Howwell  
for JAG/Estates  
28 March

Robert A. G.  
A/Chief Treasury Officer  
Dept. of National Defence





RECEIVED

MAR 29 1949

TREASURY OFFICE

MAR 23 1949



AIR  
TREASURY

**JAMES S. CRAIG**  
BARRISTER, SOLICITOR & NOTARY  
73 PEMBROKE STREET WEST  
PEMBROKE, ONT.  
P.O. BOX 138

21st March, 1949.

RECEIVED BY

Chief Treasury Officer,  
Department of National Defence,  
Ottawa, Canada.

Re: D.132355 Gnr. James Aloysius  
MADORE, deceased.

Your register No. D.22427  
File No. 405M34142

Dear Sir:

In the absence of Mr. Nelson, the Veterans Officer at Pembroke, the Manager of the National Employment Service Office here asked me to speak to a nephew of Mrs. Mary Madore of Rapides Des Joachims, Quebec, the mother of the above mentioned deceased soldier.

Mr. Madore told me that his aunt received a Statement of War Service Gratuity in respect of her son's service showing that she was entitled to receive \$277.40. This Statement was issued 21st April, 1946 and was mailed to her on or about 8th May, 1946. Of the amount shown on the Statement she claims to have received only \$77.40.

It happens that I knew the nephew who called to see me as a result of a number of contacts with him during my own military service. On the basis of my previous experience I would be inclined to think that Mrs. Madore has received the full amount to which she is entitled. Since however there seems to be some doubt I would appreciate it very much if you would make an examination of your records and let me know whether or not according to your records Mrs. Madore has been fully paid.

Yours truly,

*James S. Craig*

JSC/DVD

JAMES SCORLINO  
GENERAL INVESTIGATOR  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C.

U.S. DEPARTMENT OF THE TREASURY  
National Defense  
MAIL ROOM  
MAR 29 1949

RECEIVED  
MAR 29 1949  
TREASURY OFFICE

10/MADORE J.A/1

CANADIAN MILITARY HEADQUARTERS  
(CANADIAN ARMY OVERSEAS)

MADORE J.A. GNR. D 132355

CROSS REFERENCE  
**COMPLETE  
DECEASED**  
~~RETURN TO  
ESTATES  
C.R.~~

D 132355 10/MADORE J.A/1 405-M-34-142

CENTRAL REGISTRY	DATE	PA OR BF	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")				
	<del>17 Jul 44</del>	J	B.F.	J Est	Est		
	<del>17 Jul 44</del>	J	B.F.	J Est	Est 2		
	<del>17 Aug 44</del>	J	B.F.	J Est	Est 2		
	9.8.44	PA	J Est	Est 2			
	22 Nov 44	PA	J Est	Est 2			
					REQUISITION C.R.		MAY 30 1944 MAY 30 1944
					PER B.F. EST. C.R.		17 JUL 1944
					WITH PAPERS EST. C.R.		26 JUL 1944
					WITH PAPERS EST. C.R.		AUG 1944
					WITH PAPERS EST. C.R.		16 NOV 1944

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3416

EST 1.

NAME D. 132355 ✓ Gnr. MADORE, James A ✓  
CASUALTY and DATE Died of Wounds ✓ 17 May 1944 ✓ Auth. "A"439 ✓

CASUALTY REPORT

- 1. Recorded and carded on 27 May 1944 by ABR. C Checked by JJ 0.
- 2. EST 3 \_\_\_\_\_ to \_\_\_\_\_ 0.
- Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and checked by \_\_\_\_\_ 0.
- 3. Checked by \_\_\_\_\_ O. Cable to A of E. No WILL O. cable no. \_\_\_\_\_ checked by \_\_\_\_\_ 0.
- 4. Forwarded for photostat on \_\_\_\_\_ by \_\_\_\_\_ C. Returned and filed by \_\_\_\_\_ C.

EFFECTS

- 5. With 1 C.K.S.D. YES (NO) Auth. no. 47 Inventory rec'd on \_\_\_\_\_ and checked by \_\_\_\_\_ 0.
- 6. Form letter EST 4 to \_\_\_\_\_ 0.
- Sent on \_\_\_\_\_ by \_\_\_\_\_ C. Inventory rec'd on \_\_\_\_\_ and checked by \_\_\_\_\_ 0.
- 7. Inventory of effects from Unit rec'd on \_\_\_\_\_ and checked by (or) No effects JJ 0.
- 8. Release effects to Com JJ O. 1 CKSD notfd (& EST 5 sent) 12 by ELR C.
- 9. Effects shipped in Box 55 on Angky (or) Receipt rec'd. Entered by \_\_\_\_\_ C.

C. of A. REPORT

- 10. Rec'd and duplicate checked on 13 June 44 by OTC C. checked by JJ 0.

DEBTS

P. or O.	Particulars	Name	Amount	Paid	Receipt

DOCUMENTS, BANK BOOKS, ETC.

Checked	To Pay	Retn'd	Date Rec'd	Checked
<u>JJ</u> O				<u>JJ</u> O
<u>JJ</u> O				
Off Record of Service Bk C				
<u>JJ</u> C				

- 11. EST 6 to Pay with Requisition/Docs.ticked/Request L.P.C./Uplift following bank  
acct \_\_\_\_\_ Cash to P.M. aid ✓ JJ 0 Sent on 17/1/44  
(After 6 in) HQ CRO 10/4/44 by C.S.C
- 12. EST 7 to A. of E. with all documents JJ 0.
- 13. REMARKS. Further effects.

**COMPLETE**

23 NOV 1944

TOD, E - MBM1 pt1 indices will at MDHQ  
9/10 purchase JVL 1X50 cash.  
Complete sheet JJ

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,  
(Trafalgar Square)  
London, S.W.1.

22 Nov 44

Director of Estates,  
Department of National Defence,  
Estates Branch,  
OTTAWA, Canada.

D 132355 Gnr MADORE, James Aloysius (dec'd)

1. Herewith the following:-

- Original C. of A. Report
- M.B.M. I Part I
- M.B.M. I Part II (2)
- ~~M.B.M. I Part III~~
- ~~Originals of M.B.M. I Part I & II~~
- L.P.C.
- ~~Receipts of M.B.M. I~~
- (C.F.A. 187      Cdn Sec. G.H.Q. 2nd Echelon, A.A.I.)
- (C.F.A. 187      Cdn Sec. G.H.Q. 2nd Echelon, A.A.I.)
- (C.F.A. 187      Cdn Sec. G.H.Q. 2nd Echelon, 21 A.Gp.)

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~Personal effects~~  
Personal effects released to you in Box 5F.55

3. NIL Will here.  
~~Will forwarded to you with the estate~~

4. Remarks

- 1. M.B.M. I Part I indicates Will at N.D.H.Q.
- 2. Note purchase of Sixth Victory Loan Bond outright (\$50.). *Receipt attached.*

*[Signature]*  
(G.M. Lampard) Lt-col.  
Officer i/c Estates  
Canadian Military Headquarters

Copy to file

Officer i/c Estates,  
C.M.F.O.,  
L O N D O N, S.W.1.

D 132355 Gnr. Madore. J.A. (Deceased).  
10/Madore. J.A/1 (Est.2.).

In accordance with your letter dated 17th July.44.

enclosed are Last Pay Certificate and Paybooks for the above noted.



PR/495 15th. November. 1944.

L. L. Munbrock  
for Chief Treasury Officer.



**CANADIAN ACTIVE SERVICE FORCE**

District.....

**OVERSEAS**

Dispersal Area.....

**LAST PAY CERTIFICATE**

(All Ranks)

Regtl No. **D132355** Rank and Name **MADORE. J.A. Gnr.**  
 of (Unit)..... on.....  
 (Transfer or Discharge)..... on **17th May.** 19 **44.**  
 Reason **Death** Authority **G.C.L. "A" 439 d/25th May 44.**

The following is a statement of the account of the above-named from **1st. May.** to **31st. May** 19 **44.**  
 the inclusive date of transfer or discharge.

Dr		Cr	
Particulars	Amount	Particulars	Amount
Balance Dr from last account.....		Balance Cr from last account.....	101 07 ✓
First Monthly Payment.....		Regimental Pay <b>31 days at \$ 1.50</b>	46 50
Casual Payments.....		Tradesmen's Pay..... days at \$.....	
Payments on Transfer or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay.....	20 00	..... days at \$.....	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at \$.....	
<b>6th V.L. Bond.</b>	50 00	<b>Cash Effects J.V. 835</b>	09 ✓
To Balance Cr { Free.....	77 66	By Balance Dr	
{ Deferred.....		Total.....	147 66
Total.....	147 66		

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

Remarks :

**Assnd Pay of \$20.00 (M) stopped off June.44.**

Compiled by **A. Bell.**

Checked by *[Signature]*

Date **15th. November.** 19 **44.**

Certified correct *[Signature]*  
for Chief Treasury Officer, Overseas

# ENDORSEMENTS

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

DATE	UNIT	PAYMENTS	AMOUNT		PAYMASTER'S SIGNATURE
			DR	CR	
		Balance from L P C .....			

Explanation of Debit Balance :-

## STATEMENT OF ACCOUNT

DATE	PARTICULARS	DR	CR
	Balance as shown above.....		
	Pay and Allowances from..... to.....		
	Assigned Pay months of.....		
	Civilian Clothing Allowance.....		
	Boat Expense Money.....		
	Train Expense Money.....		
	Miscellaneous Debits (give details).....		
TOTAL .....			

## DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

DATE	UNIT	PARTICULARS	DR	CR	SIGNATURE OF PAYING OFFICER

Place of Embarkation.....  
 Date of Embarkation.....  
 Place of Disembarkation.....  
 Date of Disembarkation.....

HM Transport.....

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME ..... **D-132355 Cor. Madore J. A. (Deceased)** .....

RECEIVED FROM ..... **Cdn. Sec. GHQ 2nd Echelon 21 Army Group** .....

CHECKED BY ..... **B-126252 Pte. Sislofsky A.**  
**L-17349 Cpl. Bailey N.S.** ..... DATE **26 July 44** .....

- |   |  |
|---|--|
| 1 | Leather Wallet   |
| 1 | Leather Money Belt   |
| 1 | Receipt 6th Victory Loan \$50.00 to<br>Officer i/c Estates |
| 1 | Toilet Case with 2 Mirrors                                 |
| 1 | Green Pouch with Sunday Missal and<br>Snapshot Album       |
| 2 | Nail Files   |
| 1 | Shaving Brush in Holder                                    |
| 1 | Toothbrush in Holder                                       |
|   | Snapshots  |
| 1 | Razor in Holder  |
| 1 | Wire-O-Note Book   |
| 1 | Leather Case with Crucifix                                 |
| 1 | Large Medal  |
| 2 | Medals   |
| 1 | Rosary with Crucifix                                       |
| 1 | Leather Pouch  |
| 1 | Canadian Coin Value 10 Cents to C.P.M.                     |
| 1 | Canadian Coin Value 5 Cents (Defaced)                      |
| 4 | Francs 50 Centimes in Coins                                |
| 1 | Coin Value $\frac{1}{2}$ d                                 |
| 1 | Key Ring   |



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

..... *N. S. Bailey* .....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

In witness whereof the records of  
this branch shall be filed

DATE: 7 AUG 1944  
BY: [Signature]  
FOR: [Signature]  
TO: [Signature]

1	Official Files	1
1	Legation Files	1
1	Records of the Victory (Lecture)	1
1	Office Files	1
1	Official Files of the Ministry	1
1	Records of the Ministry of Health	1
1	Records of the Ministry of Education	1
1	Records of the Ministry of Finance	1
1	Records of the Ministry of Labour	1
1	Records of the Ministry of Transport	1
1	Records of the Ministry of National Defence	1
1	Records of the Ministry of the Royal Canadian Mounted Police	1
1	Records of the Ministry of the Canadian Army	1
1	Records of the Ministry of the Canadian Air Force	1
1	Records of the Ministry of the Canadian Navy	1
1	Records of the Ministry of the Canadian Coast Guard	1
1	Records of the Ministry of the Canadian Customs	1
1	Records of the Ministry of the Canadian Revenue	1
1	Records of the Ministry of the Canadian Taxation	1
1	Records of the Ministry of the Canadian Finance	1
1	Records of the Ministry of the Canadian Industry	1
1	Records of the Ministry of the Canadian Commerce	1
1	Records of the Ministry of the Canadian Trade	1
1	Records of the Ministry of the Canadian Shipping	1
1	Records of the Ministry of the Canadian Transport	1
1	Records of the Ministry of the Canadian Communication	1
1	Records of the Ministry of the Canadian Information	1
1	Records of the Ministry of the Canadian Public Relations	1
1	Records of the Ministry of the Canadian Cultural Affairs	1
1	Records of the Ministry of the Canadian Sports	1
1	Records of the Ministry of the Canadian Leisure	1
1	Records of the Ministry of the Canadian Recreation	1
1	Records of the Ministry of the Canadian Youth	1
1	Records of the Ministry of the Canadian Children	1
1	Records of the Ministry of the Canadian Families	1
1	Records of the Ministry of the Canadian Social Services	1
1	Records of the Ministry of the Canadian Welfare	1
1	Records of the Ministry of the Canadian Housing	1
1	Records of the Ministry of the Canadian Urban Development	1
1	Records of the Ministry of the Canadian Rural Development	1
1	Records of the Ministry of the Canadian Agriculture	1
1	Records of the Ministry of the Canadian Forestry	1
1	Records of the Ministry of the Canadian Fisheries	1
1	Records of the Ministry of the Canadian Wildlife	1
1	Records of the Ministry of the Canadian Environment	1
1	Records of the Ministry of the Canadian Conservation	1
1	Records of the Ministry of the Canadian Parks	1
1	Records of the Ministry of the Canadian National Historic Sites	1
1	Records of the Ministry of the Canadian National Parks	1
1	Records of the Ministry of the Canadian National Monuments	1
1	Records of the Ministry of the Canadian National Historic Parks	1
1	Records of the Ministry of the Canadian National Historic Sites and Monuments	1



ORIGINAL (to Office) & retained with  
 DUPLICATE (returned to office) & sent  
 TRIPPLICATE (with file)

[Handwritten signature]

Personal Effects Certificate.

Army Form W.3190.

(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D132355 GNR

Rank, Name & Initials MAJORE J.A.

Regiment or Corps 1 ATR. REGT RCA

Nature of Casualty DIED OF WOUNDS

Date of Casualty 17 MAY 44

Inventory No. :—

2695

Registered Post Particulars :—

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature J. J. [unclear]

Rank Capt

Unit Admin Sec 9403 E

Date 11 July 44

Special Instructions.

Personal effects of :—

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. 022255Rank G.N.R.Name & Initials MADORE J. RCA

Army Form W.3190

Regt. RCA**INVENTORY OF EFFECTS.**

## List of Articles of Intrinsic or Sentimental Value.

1 WALLET	
1 MONEY BELT	
6TH VIC. LOAN RECEIPT	
1 TOILET CASE W/	
1 GREEN POUCH	2 MIRRORS
1 SUNDAY MISSAL	2 NAIL FILES
1 SNAP ALBUM	SHAVE BRUSH IN HOLDER
	TOOTH BRUSH IN HOLDER
SNAPSHOTS	RAZOR IN HOLDER
1 WIRE O NOTE BOOK	
1 LEATHER CASE W/CRUCIFIX	
1 LARGE MEDAL	2 MEDALS
1 ROSARY W/CRUCIFIX	
1 LEATHER POUCH	
150 IN COINS	100 to 6 CPM
4.50 FRANCS IN COINS	
1/2d COIN - 1 VON RING	
	KEY

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

**Special Notes.**

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and no entry in respect thereof will be made upon this form.

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

# Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Inventory No. 1—

Person's Army No. D132355 GNR

Rank, Name & Initials MAJORE J.A.

Regiment or Corps 1 AIR REGT RCA

26 95

Nature of Casualty DIED OF WOUNDS

Date of Casualty 17 MAY 44

### Registered Post Particulars:—

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank [Signature]

Unit [Signature]

Date 17 July 44

### Special Instructions.

Personal effects of:—

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or Army No. DL32355 Rank G.N.R. Name & Initials MADORE, J.A. Regt. RCA Army Form W.3190.

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.		£	s.	d.	fms.
1 WALLET	Notes				
1 MONEY BELT	Postal Orders				
6TH VIC. LOAN RECEIPT	Gold				
1 TOILET CASE W/	Silver				
1 GREEN POUCH 2 MIRRORS	Copper				
1 SUNDAY MISSAL 2 NAIL FILES					
1 SNAP ALBUM SHAVE BRUSH IN HOLDER	TOTAL				
TOOTH BRUSH IN HOLDER					
SNAPSHOTS RAZOR IN HOLDER					
1 WIRE O NOTE BOOK					
1 LEATHER CASE W/ CRUCIFIX					
1 LARGE MEDAL & 2 MEDALS					
1 ROSARY W/ CRUCIFIX					
1 LEATHER POUCH					
15¢ IN COINS 10¢ & 5¢					
4.50 FRANCS IN COINS					
1/2d COIN - 1 VOT RING					
KEY					

### Special Notes.

- (1) The pay books (A. Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and no entry in respect thereof will be made upon this form.
  - (2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.
  - (3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W. 3000, and enemy dead will be obtained from identity disc or pay book.
- This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.



CANADIAN ARMY (ACTIVE), OVERSEAS  
FINANCIAL RECEIPT

RECEIPT No. 49 1944

RECEIVED FROM OC #1 Cdn Kit Storage Depot

THE SUM OF Ten cents (Cdn)

being

*Cash found among the personal effects of:*

*D-132355 Gnr. MADORE JA (dec'd)*

*1 A/TR RCA.*

*Pricey capt.*  
Command Paymaster or Field Cashier

*3 Aug* 1944

*A.O.C.R.* Place

Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

3416

THIS PORTION FOR USE AT THE BASE ONLY.

Personal of Army No. D132355 GNR

Rank, Name & Initials MAJOR J.A.

Regiment or Corps 1 AIR REGT RCA

Nature of Casualty DIED OF WOUNDS

Date of Casualty 17 MAY 44

Inventory No. :—

2695

Registered Post Particulars :—

JUL 12 1944

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Capt

Unit [Unit]

Date 11 July 44

Special Instructions.

Personal effects of :—

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. D132355Rank GNR.Name & Initials MADORE JA

Army Form W.3190

Regt. PCA

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

	£	s.	d.	frs.	Ctns.
1 WALLET					
1 MONEY BELT					
6TH VIC. LOAN RECEIPT					
1 TOILET CASE W/					
1 GREEN POUCH w/ 2 MIRRORS					
1 SUNDAY MISSAL 2 NAIL FILES					
1 SNAP ALBUM SHAVE BRUSH IN HOLDER					
TOOTH BRUSH IN HOLDER					
SNAPSHOTS RAZOR IN HOLDER					
1 WIRE O NOTE BOOK					
1 LEATHER CASE W/ CRUCIFIX					
1 LARGE MEDAL 7 2 MEDALS					
1 ROSARY W/ CRUCIFIX					
1 LEATHER POUCH					
15¢ IN COINS					
4.50 FRANCS IN COINS					
1/2d COIN - 1 VON RING					
TOTAL					

## Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and no entry in respect thereof will be made upon this form.

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing, or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,  
(Trafalgar Square)  
London. S.W.1.

C.P.M. (Pay 2)  
Lancaster.

17 JUL 44

D-132355 Gnr MADORE James A (dec'd)

1. Herewith the following:-

- (i) M.B.M. I Part II
- (ii) ~~Distribution of service expenditure form~~

2. Please uplift the following bank account in addition to the official bank account if any:-

NIL

3. Committee of Adjustment Report shows the following:-


Cash to Paymaster NIL

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

G.D.V. NIL

4. Please forward:-

~~.....~~  
L.P.C.

  
(G.M. Lampard) Major  
Officer i/c Estates  
Canadian Military Headquarters

Copy for file

Personal No.	Rank	Name & Initials	Unit	Date of Death or Date Missing or Date taken POW
D132355	Gnr.	Madore, J.A.	A/T Regt.RCA.	17 May 44

PROCEEDINGS OF A STANDING COMMITTEE  
OF ADJUSTMENT assembled at Canadian  
Section G.H.Q., 2nd Echelon on the

27 Jun 44

by order of ~~x~~ Lt. Col. Michael S. Dunn  
OBE ED for the purpose of dealing with  
the local affairs of the above-  
mentioned.

PRESIDENT

MAJOR J. SANSON  
CANADIAN SECTION GHQ 2nd Echelon AAI

MEMBERS

3416  
CAPT. W.G.D. STANLEY  
CANADIAN SECTION GHQ 2nd Echelon AAI

CAPT. G.F. CLYNICK  
CANADIAN SECTION GHQ 2nd Echelon AAI

The Committee having assembled  
pursuant to order, proceed to  
report their findings as shown  
on the back hereof.

1. The effects of the ~~officer~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value, (See list of appendices below), which have now been forwarded by REGISTERED POST TO:--

Casualty Section  
No 1 Cdn Kit Storage Depot.  
F.P.O., H.Q., C.R.U.  
Canadian Army, England.

2. This ~~officer~~/other rank has left no preferential or local debts.

~~3. Cash found among effects, realized from sale of effects has now been credited to the account of the officer/other rank (See Appendix 5).~~

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices.

2. Unit's A.F.W. 3190

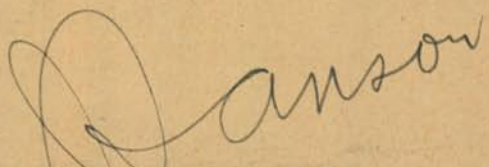
~~3. A.F.W. 3190 covering effects received at Cdn Sec CHQ 2nd Ech (No inventory being enclosed) and forwarded.~~

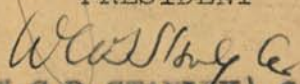
4. Echelons A.F.W. 3190


~~5. M.F.M. 503.~~

6. M.BM I Pt I, II & III forwarded with duplicate and triplicate copies of S.C. of A.

~~7. Correspondence regarding tracing of effects~~

  
(J. SANSON) Major  
PRESIDENT

  
(W.G.D. STANLEY) Capt.  
MEMBER

  
(G.F. CLYNICK) Capt.  
MEMBER.

# UNIT COMMITTEE OF ADJUSTMENT REPORT

## INSTRUCTIONS

- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked \* which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
- In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
  - preferential charges owing within the unit and the unit area, and
  - ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
- The following will be forwarded in the manner shown.  
In U.K.—to Officer i/c Estates, C.M.H.Q.  
Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
  - Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
  - Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
  - Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

### REPORT

No. D132355 Rank Gnr Name in full Madore, J.A.  
\*Deceased, \*Missing, \*Prisoner of War, \*Interned. Date of Casualty 17 May 44  
Unit 1 Anti Tank Regt., R.C.A.  
Medical installation in which death took place (if applicable) Unknown  
Reinforcement Unit to which posted at time of death (if applicable) N/A  
Name of Officer furnishing report CAPT D.C. BARKER

(BLOCK CAPITALS)

#### A. PERSONAL EFFECTS

- \* Separate inventories are attached, as applicable, showing:—
  - \*Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1."
  - \*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2."
  - \*Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale—Exhibit "A3."
  - \*Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article—Exhibit "A4."
  - \*Personal Effects, forwarded to (\*Officer i/c Estates) (\*Officer i/c 2nd Echelon)—Exhibit "A5."
- \*No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6."

#### B. WILL

- \*Original Will or testamentary document was forwarded on Not Known (date) by registered post to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- \*No Will or testamentary document was found on the person or among the effects of the deceased.

#### C. CLOTHING AND EQUIPMENT (PUBLIC)

- \*Was turned in to Q.M. Stores.
- \*There were no deficiencies.
- \*There were deficiencies amounting to 3 and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

† NIL	Nature of Claim	Amount	Paid or Unpaid

\*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)\*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

† NIL	Nature of Claim	Amount	Paid or Unpaid

\*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)\*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

† NIL	Nature of Claim	Amount

(i)\*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)\*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

† NIL	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid

\*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

		Paid	Received
Cr.	Cash found on person or in effects		† NIL
	Cash realized from sale of effects as per para. A.		† NIL
	Cash collected re private claims as per para. F.		† NIL
Dr.	Paid re preferential charges as per para D.	† NIL	
	Paid re ordinary debts as per para. E.	† NIL	
	Paid (*balance) to unit Paymaster	† NIL	
		† NIL	† NIL

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (\*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (\*forwarded with this report) (\*not forwarded by reason that not found in mans kit or personal effects)



*P.C. Bury* Capt  
Signature of Committee of President  
1<sup>st</sup> Cdn A/Tk Regt R.C.A.  
Unit

4 JUN 1944  
3 June 44  
Date



EXHIBIT "A5"

YAS

1. Small Box
2. Crucifix and Chain
3. Italian 5 Lire Note (Souvenir)

.....*W. Banks, Capt.*.....  
Signature of Committee or President.

Date: 1 June 44

.....*1<sup>st</sup> Cdn. A/TK Regt. R.C.A.*.....  
Unit

CONFIDENTIAL

100-100000-100000  
100-100000-100000  
100-100000-100000

.....  
.....  
.....

GOVT. OF CAN.



MADORE

Contents

2

Crucifix with chain and leather buttonholder,

1 tie pin,

5 lire note (Souvenir)

"C.W.Kennedy" Sgt.  
Orderly Room.  
1st Anti-Tank Regt. R.C.A.

CERTIFIED TRUE COPY

*J. F. Clupnik Capt.*

**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

● D 132355  
 Army No. ....  
 Rank and Name ..... **GNR MADORE J.A.**  
 Regiment or Corps ..... **RCA**  
 Nature of Casualty ..... **DECEASED**  
 Date of Casualty ..... **17 May 1944**

Inventory No. :-

**2**

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects.

WHILE SERVING UNDER MY COMMAND.  
WHEN ADMITTED HERE.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature ..... **Ref. Simms. Bull**  
 Rank ..... **Capt**  
 Unit ..... **4 Cdn Fd Art**  
 Date ..... **21 May 44**

Registered Post Particulars :-

**Special Instructions**

*Regarding the Forwarding of Personal Effects.*

- (i) THESE SHOULD ALWAYS BE DESPATCHED BY REGISTERED POST.
- (ii) Deceased or Missing Men.—Package to be addressed by Registered Post to—  
Officer i/c 2nd Echelon.
- (iii) Wounded or Sick Men.—Package to be addressed by Registered Post to—  
Officer i/c 2nd Echelon.

Army No. D 132355 Rank GNR Name MADORE JA Regt. RCA

### INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

7 Identity Disc, red  
 1 Religious medal  
 National Registration  
 certificate  
 1 Religious ring.

	£	s.	d.	Frcs.	Ctms.
Notes .....	/				
Postal Orders .....					
Gold .....					
Silver .....					
Copper .....					
TOTAL .....					

#### Special Notes.

The pay books (A.Bs. 64) of Deceased or Missing Men will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

Articles of Government property (including clasp knives) should not be forwarded with the effects of Deceased or Missing Men.

Personal clothing of Sick, Wounded, Missing or Deceased Soldiers must never be sent to the Base.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Rec'd 27 May 44

Lt7 Beyneck  
Capt

Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personnel No. 17-132356

Inventory No. :- 2695

Rank, Name & Initials GMR MADORE J.A.

Regiment or Corps 1 BT REGT RCA

Nature of Casualty DIED OF WOUNDS

Date of Casualty 17 MAY 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank CAPT

Unit COM SEC GND 2ND ECHOLON

Date 27 MAY 44

Registered Post Particulars :-

0326

MAY 29 1944

Special Instructions

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. 0132359 Rank G.N.R. Name & Initials MADORE J.A. Regt. 1st REGT

Army Form W.3190

ACA**INVENTORY OF EFFECTS.**

List of Articles of Intrinsic or Sentimental Value.

~~1 IDENTITY DISC~~

NAT. REGISTRATION CERTIFICATE

1 RING

1 RELIGIOUS MEDALLION

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

**Special Notes.**

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessities) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

**This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.**

Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Person's Name D 132355  
Army No. D 132355

Rank, Name & Initials GNR MADORE JA

Regiment or Corps 14th RA

Nature of Casualty D/W

Date of Casualty 17 May 44

Inventory No. :- 2695

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Sgt

Unit [Unit]

Date 12 Jun 44

JUN 13 1944

0017

Special Instructions.

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.



Personal or

Army No. D 132356Rank GNRName & Initials MARDEE, J.A.

Army Form W.3190.

Regt. BCA

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

SOAP DISH

TIE PIN

CRUCIFIX ON CHAIN w/LEATHER BURNING HOLDER

1-5 LIRE NOTE (SOVIET)

Notes

Postal Orders

Silver

Copper

TOTAL

£

s.

d.

Ctns.

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W. 3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ... D-132355. Gun. Madore J.A. (Deceased).....

RECEIVED FROM ... Cdn. Sec. GHC 2nd Echelon A.A.I......

CHECKED BY ... B-126252 Pte. Sislofsky A.  
L-17349 Cpl. Bailey N.S...... DATE 22 June 44.....

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| 1 | Soap Dish                            |  |  |
| 1 | Tie Pin                              |  |  |
| 1 | Crucifix on Chain with Button Holder |  |  |
| 1 | 5 Lire Note                          |  |  |

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

H.E. Holmes QMS  
for OC 1 Cdn KSD



CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

of personal effects received by  
Canadian Section No. 1 CREO

No. BANK and Z/MF

RECEIVED FROM

CHECKED BY DATE



ORIGINAL - To other branches with  
DUPLICATE - original inventory file  
TRIPLE - with estate

Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D 132 355

Rank, Name & Initials GNR MADORE JA

Regiment or Corps ~~1st~~ 1st Air P.A.

Nature of Casualty D/W

Date of Casualty 17 MAY 44

Inventory No. :-

2695

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Sgt

Unit 1st Air P.A.

Date 12 Jun 44

Special Instructions.

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or  
Army No.

D 13235

Rank

GNR

Name & Initials

MILBORN, J.A.

Army Form W.3190.

Regt. 1st

## INVENTORY OF EFFECTS.

### List of Articles of Intrinsic or Sentimental Value.

SOAP DISH

TIE PIN

CRUCIFIX ON CHAIN w/ leather Button

1-5 LINE NOTE (50/50) (in)

Complete 23 June 44

M. L. Benley cpl  
Whitby

Notes

Postal Orders

Gold

Silver

Copper

TOTAL

### Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or Army No. D 132355

Rank, Name & Initials. GNR MADORE JA

Regiment or Corps. 14th PCH

Nature of Casualty. D/W

Date of Casualty. 17 May 44

Inventory No. :-

2695

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Sgt

Unit 4th Bn 14th PCH

Date 12 Jun 44

Special Instructions.

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. D 13235Rank GNRName & Initials MADDER, J.A.

Army Form W.3190.

Regt. RCH

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

SOAP DISHTIE PINCRUCIFIX ON CHAIN W/LEATHER BURN1-5 LINE NOTE (SOJ/6/44)Complete 22 June 44in d. parcel of  
A. Sutcliffe

Notes

Postal Orders

Gold

Silver

Copper

TOTAL

£

s.

d.

Ctns.

Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... **D-132355 Gnr. Madore, J.A. (Dec'd)** .....

RECEIVED FROM ..... **Cdn Sec G.HQ. 2nd Echelon, A.A.I.** .....

CHECKED BY ..... **G-7101 Gnr. Fougere, J.M.  
H-37449 Sgt. Cathcart, M.O.** ..... DATE **9 Jun 44** .....

- 1 Identity Disc
- 1 National Registration Certificate
- 1 Ring
- 1 Religious Medallion

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

*H.E. Palmer QMS*  
.....  
for OC 1 Cdn KSD

79



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY

Department Order Form No. 1 (REV. 1943)

DATE



**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Personnel No. D-132354  
 Rank, Name & Initials GNR MADORE J.A.  
 Regiment or Corps 1 AIR REGT RGA  
 Nature of Casualty DIED OF WOUNDS  
 Date of Casualty 17 MAY 44

Inventory No. :-

2695

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature Lt. Blupnick

Rank CAPT

Unit COM SEC GHQ 2ND ECHELON

Date 27 MAY 44

Special Instructions

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or Army No. 0133399 Rank GNR Name & Initials MADORE J.M. Regt. 1 AIR REGT  
Army Form W.3190

## INVENTORY OF EFFECTS.

### List of Articles of Intrinsic or Sentimental Value.

1 IDENTITY DISC ✓  
NAT. REGISTRATION CERTIFICATE ✓  
1 RING ✓  
1 RELIGIOUS MEDALLION ✓

	£	s.	d.	Frcs.	Ctms.
Notes.....					
Postal Orders.....					
Gold.....					
Silver.....					
Copper.....					
<b>TOTAL</b> .....					

*Complete 7 Jun 44*  
*Sgt Pothair*  
*Yours truly*

### Special Notes.

- (1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**
  - (2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.
  - (3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.
- This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.**

**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Person for Army No. D-132358  
 Rank, Name & Initials GMR MADORE J.A.  
 Regiment or Corps 1 AIR REGT R.C.A.  
 Nature of Casualty DIED OF WOUNDS  
 Date of Casualty 17 MAY 44

Inventory No. :-

2695

Registered Post Particulars :-

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.  
WHEN ADMITTED HERE.  
WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature Lt. Dupont  
 Rank CAPT  
 Unit CON SEC GHQ 2ND ECHELON  
 Date 27 MAY 44

**Special Instructions**

- Personal effects of :-
- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
  - (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army Form W.3190

Army No. D/132333Rank GNRName & Initials MADORE J.M.Regt. 1st REGT  
254**INVENTORY OF EFFECTS.**

List of Articles of Intrinsic or Sentimental Value.

1 IDENTITY DISC  
NAT. REGISTRATION CERTIFICATE  
1 RING  
1 RELIGIOUS MEDALLION

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

TOTAL.....

**Special Notes.**

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

**This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.**

## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
			..... Unit.....

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

## ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT Lanark & Renfrew Scot Regt. REGTL. No. C-416370

1. Surname? (Block letters) MADORE M-350

2. Christian names? Aloysius

3. Present address? .....

Phone No. ....

4. Date of Birth? 21 Mar. 22

5. British subject? .....

6. Occupation? .....

7. Religion? .....

8. Next of Kin .....

9. Relationship? .....

Address.....

10. Previous Naval, Military or Air Force Service .....

(Give particulars, qualifications, etc.)

## CERTIFICATE OF MEDICAL EXAMINATION

Height..... Weight..... Chest max..... min.....

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him..... Category.....

Date..... Signature.....

## DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned..... do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

## OATH TO BE TAKEN

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

..... Signature of Witness ..... Signature of Man

Dated this..... day of..... 19..... at.....

## CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
.....			Unit.....
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
.....			Unit.....

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

# THE LANARK and RENFREW SCOTTISH REGIMENT (Highrs.) ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

1. What is Your Surname **Madore**  
 2. Christian Names **Aloysius**  
 3. Present Address **Rapids Des Joachins Que.**  
 Phone No.  
 4. Date of Birth **Mar. 21/22** Nationality **Canadian**  
 Place of Birth **Rapids Des Joachins Que.**  
 5. Are You Single **Single**  
 6. Employer's Name  
 Address  
 Phone No.  
 7. Trade or Calling **Labourer**  
 8. Religious Persuasion **Roman Catholic**  
 9. Next of Kin **Mary Madore**  
 Relationship **Mother**  
 Address **Rapids Des Joachins Que.**

10. **Previous Military Service**

Unit	From	To	Rank Held
No.			

Medals and Decorations **No.**

**CERTIFICATE OF MEDICAL EXAMINATION**

Height **5'7"** Weight **150** Chest Max. **39** Min. **37**  
 Descriptive Marks **Two scars right foot**

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him

Category **B**

Date **Aug 12/40** *A. J. Skelley*  
 Medical Officer

**DECLARATION TO BE MADE ON ATTESTATION**

I, the undersigned **Aloysius Madore**

Do sincerely and solemnly declare that to the best of my knowledge and belief the answers to the foregoing questions made and signed by me are true; That I am willing to be attested for a term of **Three Years** or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

I furthermore agree to pay into the Regimental Fund of The Lanark and Renfrew Scottish Regiment (Highrs.), 100 per cent of the pay and allowances payable to me in respect of the annual training, or trainings, performed during my service with the said unit; and for this purpose I hereby authorize the said percentage of my pay and allowances being withheld from the monies payable to me in respect of such annual training performed.

**OATH TO BE TAKEN**

I, **Aloysius Madore**

Do sincerely promise and swear (or Solemnly Declare) that I will be faithful and bear true allegiance to His Majesty.

*Aloysius Madore*  
 Signature of Man  
*D. J. Ireland*  
 Witness

**CERTIFICATE OF ATTESTING OFFICER**

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Dated at **Pembroke** Ont., this **13** day of **August** 19**40**

*D. J. Ireland*  
 Signature of Magistrate, Justice of Peace, or  
 Attesting Officer.



# Statement of Services of *Madon, Aloysius*

Regimental No. *454 C 416370* Company *A.*

Promotions, Reductions, Transfers, Casualties, Annual Trainings, Etc.	Effective Date	Authority For Entry	Signatures of Officers Certifying Correctness of Entries	Changes of Address
Accepted for Service with Effect from <i>13-8-40</i>	<i>13-8-40</i>	<i>R.O. 18 1940</i>	<i>J. Cleary</i> Officer Commanding	
<i>SOS out of Dest.</i> Attended Annual Training	<i>28-4-41</i> SEP 1940	<i>RO. 10/41</i> RO 33/40	<i>[Signature]</i>	
Certificates Granted				Remarks
Re-Engagements				

# THE LANARK and RENFREW SCOTTISH REGIMENT (Highrs.)

## ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

C416370

1. What is Your Surname **Madore**

2. Christian Names **Aloysius**

3. Present Address **Rapids Des Joachins Que.**  
Phone No.

4. Date of Birth **Mar. 21/22** Nationality **Canadian**  
Place of Birth **Rapids Des Joachins Que.**

5. Are You Single **Single**

6. Employer's Name  
Address  
Phone No.

7. Trade or Calling **Labourer**

8. Religious Persuasion **Roman Catholic**

9. Next of Kin **Mary Madore**  
Relationship **Mother**  
Address **Rapids Des Joachins Que.**

10. Previous Military Service

Unit	From	To	Rank Held
No.			

Medals and Decorations No.

### CERTIFICATE OF MEDICAL EXAMINATION

Height **5'7"** Weight **150** Chest Max. **39** Min. **37**

Descriptive Marks

*File 2 scars right foot*

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him

Category

*Brt foot injury*

*A J Skelley*

Date *Aug 12/40*

Medical Officer.

### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned **Aloysius Madore**

Do sincerely and solemnly declare that to the best of my knowledge and belief the answers to the foregoing questions made and signed by me are true; That I am willing to be attested for a term of **Three Years** or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, my employer or my next of kin to my Commanding Officer.

I furthermore agree to pay into the Regimental Fund of The Lanark and Renfrew Scottish Regiment (Highrs.), 100 per cent of the pay and allowances payable to me in respect of the annual training, or trainings, performed during my service with the said unit; and for this purpose I hereby authorize the said percentage of my pay and allowances being withheld from the monies payable to me in respect of such annual training performed.

### OATH TO BE TAKEN

I, **Aloysius Madore**

Do sincerely promise and swear (or Solemnly Declare) that I will be faithful and bear true allegiance to His Majesty.

*Aloysius Madore*  
Signature of Man

*D. J. Inland*  
Witness

### CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

Dated at **Pembroke** Ont., this **13** day of **August** 1940

*D. J. Inland*  
Signature of Magistrate, Justice of Peace, or Attesting Officer.

# Statement of Services of *Madore, Aloysius*

Regimental No. *954*

Company *A.*

Promotions, Reductions, Transfers, Casualties, Annual Trainings, Etc.	Effective Date	Authority For Entry	Signatures of Officers Certifying Correctness of Entries	Changes of Address
Accepted for Service with Effect from <i>.13-8-40</i>	<i>13-8-40</i>	<i>R.O. 18 1940</i>	<i>A. G. Clauson</i> <i>1st Adj.</i> Officer Commanding	
Attended Annual Training <i>SOS - Out of Post</i>	<b>AUG 1940</b> <i>28-4-41</i>	<b>RO 19/40</b> <i>RO. 10/41</i>	<i>J. G. C.</i> <i>J. G. C.</i>	
Certificates Granted				Remarks
Re-Engagements				

CANADIAN MILITARY HEADQUARTERS

No. 3416

REGORDS OFFICE

CASUALTY REPORT

NAME (in full) MADORE James Aloysius  
 (Surname) (Christian Names)  
 RANK Gnr No. D-132355 UNIT 1 Cdn. A/T Regiment RCA  
 HOSPITAL (U.K. only) In which death took place, if applicable \_\_\_\_\_  
 R.U. (U.K. only) to which posted on admission to Hospital \_\_\_\_\_  
 CASUALTY Died of Wounds DATE 17 May 44 LIST # "A" 439 PLACE A.A.I.  
 (If ex U.K. specify theatre)  
 If P.O.W. or INTERNED, number and address \_\_\_\_\_  
 PREVIOUSLY REPORTED \_\_\_\_\_ DATE \_\_\_\_\_  
 L.S. APPLEFORD (Major)  
 Officer i/c R.5. Wing, Casualty Section.

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, complete No.2)
2. NAME, in full \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_
3. ANY RELATIVES IN U.K. From M.F.M.5 or any other source, including children born overseas. If NONE, so state \_\_\_\_\_
4. Date of MARRIAGE, if known \_\_\_\_\_

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) WILL HERE WITH DATED \_\_\_\_\_ BENEFICIARY \_\_\_\_\_  
 (Relationship)  
 EXECUTOR \_\_\_\_\_  
 (Name) (address)
2. BANK ACCOUNT -- Name of Bank etc. \_\_\_\_\_ A/c No. \_\_\_\_\_  
 address \_\_\_\_\_
3. KIT PRIVATELY STORED - Name of custodian \_\_\_\_\_  
 address \_\_\_\_\_
4. Particulars of DEBTS; REMARKS, etc. \_\_\_\_\_

Date JUN 2 - 1944

B.E. Willan  
 B.E. WILLAN (A/Capt)  
 Officer i/c R.3 Wing Non-Effectives.  
 for Officer i/c Records.  
 CANADIAN MILITARY HEADQUARTERS.

Original - with Will, if any, to  
 O.i/c Estates, C.M.H.Q.  
 Duplicate - to file.

CANADIAN MILITARY  
ESTATES  
5 - JUN 1944  
BRANCH  
HEADQUARTERS

D.V.A. 405-M-34142  
R. 4 (B).

Ottawa,  
13th February, 1948.

Mrs. Mary Madore,  
Rapides de Joachims,  
Pontiac County, Quebec.

Dear Mrs. Madore:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D132355 Gunner James Aloysius Madore, the location of which is grave 21, row J, plot 5, Cassino Military Cemetery, Cassino, Italy.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

*J.B.R.*

Encl.

/EMA

*John*  
A/Director,  
War Service Records.

*fh*

D.R. 26.

This folder docket was  
paid on 405 M. 34.152. Jones  
to you please to note change in  
file number + removal of will.  
M. 34.152. Jones  
8/16

Noted & Shook  
D. P. 2 (B).

FALSE DOCKET  
ARMY No. 208

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

MADORE, JAS, A.

D.A. 132355

2

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
		12-8 20-4-45			(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
				Q3	PER REQUISITION - JUN 8 - 1944		
	JUN 15 1944				estate passed de	JEC	14-6-44
					Eff Per Request Reg		13-11-44
	13 3/4 15			Z	Eff entered	Eff	14 1/2 44
					appears to go	Z	18/11/44
	24 44	P.A.	Z	Z	Eff to be shipped	Eff	21/11/44
				QP	With Papers 30 1944		
	12-12	P.A.	Z	Z	Ench	Q	6/12
	18/12	P.A.	Z	Z	Verify & return	Z	12/12
	30/12	P.A.	Z	Z	Re Sup. Julius With Papers Dec 19 1944	Q	15/12
				Q-V	Verify & return to A.	Z	30/12
	15-1	B.F.	Q-V	Z	Per B. F. JAN 15 1945	Q	4-1-45
				QV	Per B. F. JAN 15 1945		
				A.	Now Approved	QV	16-1
	15-2	B.F.	Q4	Q4	14	A	31-1
	15-3	B.F.	Z	Z	With Papers FEB 2 1945		
				Q4	Per B. F. FEB 15 1945		
				F	P4 for Sup	Q	27-2
				SA	P4	Q	27 mar
	30-6	B.F.	Z	Z	Dist 4 & C	A	28-3
		P.A.	QC	Q.C	Closed	Z	3-4
	27-4	P.A.	Z	Z	With Papers APR 27 1945		
	C.R. 27-4	P.A.	Q8				
	MAY 11 1945-45	P.A.	Q8		PER REQUISITION MAY 9		

MADORE, J.A.  
FILE 405H-34,152  
H.Q. No.



DIED May 17 1944 CANADA..... OVERSEAS

	Date Received	Date Despatched	
Casualty Report—	15-6-44		
Will { Service { Canada <u>18-3-43</u> O/Seas..... Civil..... None..... Probate (or L of A).....			Beneficiary <u>Mother - M. M. Madore</u> Residing { Canada <input checked="" type="checkbox"/> Elsewhere.....
Particulars of Family Form dated <u>6-11-42</u> None.....			Single <input checked="" type="checkbox"/> Married..... Parents <u>Deceased</u> Children..... (Minors.....) Life Insurance <u>Excelsior Life</u>
A.P. to other than Dependents			
Form P.64 Dated.....	<u>13-7-44</u>	<u>28-6</u>	By <u>Mother</u> Single <input checked="" type="checkbox"/> Other N/K..... Will <u>yes</u> Other Estate <u>No</u> Debts <u>No</u>
Form to Unit			
C. of A. Report.....	<u>27-12</u>	Approved <u>9-12</u>	Service debts <u>will</u> <u>no will</u>
L.P.C. <u>\$ 77.66</u>	<u>27-11</u>	<u>4-12</u>	<b>VERIFIED</b> <u>8/1</u>
Amended.....			
Bank Credits.....			
Other Credits.....			
Domicile			
DISTRIBUTION— Effects { Canada..... Overseas <u>1 sack</u>	<u>2942</u> <u>20-11-44</u>		To <u>Mother</u> Bulk via <u>1 ctn R 606244 C.P.Z.</u> Valuables via..... Letter as to, dated <u>18-11</u> <u>no letters</u>

Total Cash \$ 77.66  
Date of Despatch 3-4  
V. L.B. with sent

To Mother Mrs. Mary Madore (per will)  
Paid 21/45 N.B. 154  
advise dec'd stated insured.

ADVICE RECEIVED  
MAR 23 1945  
NO WILL IN REC. OFF.

Rapides des Joachim's  
P. Que.

April, 18, 1945.

Chief Treasury Officer.  
Army Services

New Army Building  
Ottawa  
Ont



Dear Sir:-

I received from you a few  
days ago the sum. \$77.66 from  
my son's salary. D. 132855.

A receipt was to be returned  
to you, but was none enclosed.  
So hoping this will be alright.

Letter  
not given  
about

Yours Truly  
Mrs Mary Madore

ESTATES BRANCH

2 Apr 45.

Mrs. Mary Madore,  
Rapides-des-Joachims,  
Pontiac C. Que.

MADORE, James A. Gnr. (Deceased)  
No. D. 132355 C. A.

Dear Mrs. Madore:

The final report of your son's Service estate has now been received here. This shows that we have available for distribution the sum of \$77.66 made up as follows:

Cash found in effects	\$ .09
Pay and allowances at credit	77.57.

This is payable to you under the terms of your son's Will.

A cheque for this amount will be requisitioned from Treasury in the course of the next few days. When received, will you kindly sign and return the enclosed receipt.

At the time your son enlisted he stated he was insured in the Excelsior Life Assurance Company. If you have not been in touch with this company, it might be to your advantage to get in touch with them.

Yours faithfully,

CS/BG

Director of Estates.

ESTATES BRANCH

2 Apr. 45.

MADORE, James A.

DISTRIBUTION OF SERVICE ESTATES

00

Estates Form "P. 4"

G.A.

Name: MADORE ..... James A. ..... No.: B-13355  
                     Surname                                      Christian Names

Cor. ..... G.A. Q/S ..... 17-6-10  
                     Rank                                      Unit                                      Date of Death

AMOUNT

L.P.C.....\$ 77.66

Date: 21-2-45 .....

Other Credits.....

Total..... 77.66

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<u>All</u>	<u>Mother</u>	<p align="center">Mrs. Mary Madore,                      Rapides-des-Joachims,                      Pontiac Co. Que.</p> <p align="center">(sole beneficiary under will)</p>	<p><u>77.66</u></p>

TO BE FORWARDED BY REG. MAIL DIRECT.

E4 TO IBEAS.  
9-4-45 *Mus*

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	<u>7A</u>	<u>00</u>	<u>00</u>	<u>001</u>	<u>77.66</u>
CLASSIFIED BY: Original Signed by <u>L. McCUAIG</u>			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by  
L. M. FIRTH

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

AUDITED FOR PAYMENT

COPY FOR RECORDS OFFICE

PLEASE ADDRESS ALL  
CORRESPONDENCES TO  
CHIEF OF THE  
CURRENCY DIVISION

# Bank of Canada

CURRENCY DIVISION  
OTTAWA



*Received*

Miss Marita Madore  
Rapides Des Joachims, Que

I am enclosing under registered cover:

\$ 50 Dominion of Canada 3%  
Victory Loan bond (s). No(s)

LSH 1375285 Princ. Reg. in your name

sent to you at the request of

Madore Aloysius, James Cnr. D132355  
51st Battery, 1st Anti Tank Regt. R.C.A. C.A.O.  
C.M.F.

whose cash application was recently received  
from Overseas. I shall be obliged if you will  
kindly notify him of safe arrival of bond(s).

Please acknowledge receipt by signing and  
returning the duplicate copy of this letter.

Yours very truly,

*C. Campbell*

Chief of Currency Division.

2  
my poor dear son I hope  
he is happy in his long home  
we sure miss him in our  
home close hoping to hear  
from you's with in the  
near future yours.  
Truly Mrs. Mary Madore  
merry xmas and a happy  
New Year.

D-13 2355

DEC 18 1944

Madore J. A.

HQ-405-M-34152FD208

Rapides Des-Joachims Gulf  
Department of National Defence  
Dec 14/1944



Dear Sir  
my son took out the  
Bond in his youngest sister  
name Marietta and it was  
registered when she received it  
in her name and many  
thanks for the information  
and will close hoping to  
receive the \$14.66. Shortly  
I thought there should be some  
thing extra coming to me  
beside his will for being  
so long fighting and give  
up his life for his country



ESTATES BRANCH

December 11, 1944.

Mrs. Mary Madore,  
Rapied-des-Joachims,  
Pontiac Co. Quebec.

MADORE, James Aloyius Gnr. (Deceased)  
No. D. 132355 C. A.

Dear Mrs. Madore:

Particulars of your son's pay account have now been received here. It shows there is a balance at credit of \$77.66 and is payable to you under the terms of your son's Will. Before making payment of this amount, we are writing you to ask if you require our assistance in dealing with a Sixth Victory Loan Bond purchased by your son. You might let us know whether you have received this Bond or not.

If you have and if it is registered in your son's name, we can assist you in dealing with it either by having it sold and the proceeds credited to your son's pay account to be distributed with it, or by having it re-registered in your name.

Would you let us know whether you require our assistance or not and if you do would you forward the Bond to us by registered mail with your instructions.

Yours faithfully,

CS/BG

Director of Estates.

✓  
Department of National Defence

Estates Branch

Ottawa,

Canada

Date November, 25 1944

Received this day from the Director of Estates.....

One carton by express prepaid.....

containing personal effects of my deceased..... son.....

H.Q. ....

MADORE, James Aloyius, Gnr.  
No.D.132355 C.A.

2M-9-44 (M-4299)



Mrs Mary Madore.  
Signature

CANADIAN MILITARY HEADQUARTERS

2, Cockspur Street,  
(Trafalgar Square)  
London, S.W.1.

22 Nov 44

Director of Estates,  
Department of National Defence,  
Estates Branch,  
OTTAWA, Canada.



D 132355 Gnr MADORE, James Aloysius (dec'd)

1. Herewith the following:-

- Original C. of A. Report
- M.B.M. I Part I
- M.B.M. I Part II (2)
- ~~XXXXXXXXXX~~
- ~~XX~~
- L.P.C.
- ~~XXXXXXXXXXXX~~
- (C.F.A. 187 Cdn Sec. G.H.Q. 2nd Echelon, A.A.I.
- (C.F.A. 187 Cdn Sec. G.H.Q. 2nd Echelon, A.A.I.
- (C.F.A. 187 Cdn Sec. G.H.Q. 2nd Echelon, 21 A.Gp.

Received accounts as follows:-

NIL

Form letters as follows:-

NIL

Bank Books as follows:-

NIL

2. ~~XXXXXXXXXXXX~~  
Personal effects released to you in Box 51.55  
~~XX~~

3. ~~XXXXXXXXXXXX~~  
NIL Will here.  
~~XX~~

4. Remarks

- 1. M.B.M. I Part I indicates Will at N.D.H.Q.
- 2. Note purchase of Sixth Victory Loan Bond outright (\$50.). Receipt attached

*for G.M. Lampard Lt.-col.  
Officer i/c Estates  
Canadian Military Headquarters*

Copy to file

Personal No.	Rank	Name & Initials	Unit	Date of Death <del>Date Missing or</del> <del>Date taken POW</del>
D132355	Gnr.	Madore, J.A.	A/T Regt.RCA.	17 May 44

PROCEEDINGS OF A STANDING COMMITTEE  
OF ADJUSTMENT assembled at Canadian  
Section G.H.Q., 2nd Echelon on the

27 Jun 44

by order of ~~late~~ Col. Michael S. Dunn  
OBE ED for the purpose of dealing with  
the local affairs of the above-  
mentioned.

PRESIDENT

MAJOR J. SANSON

CANADIAN SECTION GHQ 2nd Echelon AAI

MEMBERS

CAPT. W.G.D. STANLEY

CANADIAN SECTION GHQ 2nd Echelon AAI

CAPT. G.F. CLYNICK

CANADIAN SECTION GHQ 2nd Echelon AAI

The Committee having assembled  
pursuant to order, proceed to  
report their findings as shown  
on the back hereof.

1. The effects of the ~~officer~~/other rank referred to overleaf, within the area of operations, consisted, so far as can be ascertained of the following:-

Personal effects of special sentimental or intrinsic value, (See list of appendices below), which have now been forwarded by REGISTERED POST TO:--

Casualty Section  
No 1 Cdn Kit Storage Depot.  
F.P.O., H.Q., C.R.U.  
Canadian Army, England.

2. This ~~officer~~/other rank has left no preferential or local debts.

~~3. Cash found amongst effects, or realized from sale of effects has now been credited to the account of the officer/other rank (See Appendix 5).~~

LIST OF APPENDICES

1. Unit Committee of Adjustment with appendices.

2. Unit's A.F.W. 3190

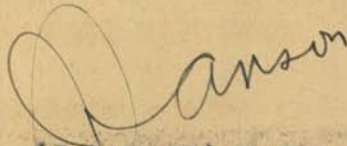
~~3. A.F.W. 3190 covering effects received at Can Sec GH 2nd Ech (No inventory being enclosed) and forwarded.~~

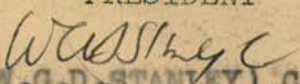
4. Echelons A.F.W. 3190


~~5. A.F.W. 303.~~

6. M.BM I Pt I, II & III forwarded with duplicate and triplicate copies of S.C. of A.

~~7. Correspondence regarding tracing of effects~~

  
(J. SANSON) Major  
PRESIDENT

  
(W.G.D. STANLEY) Capt.  
MEMBER

  
(G.F. CLYNICK) Capt.  
MEMBER.

# UNIT COMMITTEE OF ADJUSTMENT REPORT

## INSTRUCTIONS

- To be completed in triplicate of which one copy will be retained by the unit.
- Parts marked \* which are not applicable will be ruled out and initialled.
- All blanks marked † will be filled in with "NIL" where appropriate.
- In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
- In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desirable to do so.
- Unit Committee of Adjustment may pay, in the case of deceased personnel,
  - preferential charges owing within the unit and the unit area, and
  - ordinary debts similarly owing ONLY if after making provision for all preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
- The following will be forwarded in the manner shown.  
In U.K.—to Officer i/c Estates, C.M.H.Q.  
Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon:
  - Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
  - Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
  - Cheques, drafts, money orders, personal papers and documents, effects of sentimental value and an inventory of all personal effects forwarded—by registered post.

### REPORT

No. D132355 Rank Gnr Name in full Madore, J.A.  
\*Deceased, \*Missing, \*Prisoner of War, \*Interned. Date of Casualty 17 May 44  
Unit 1 Anti Tank Regt., R.C.A.  
Medical installation in which death took place (if applicable) Unknown  
Reinforcement Unit to which posted at time of death (if applicable) N/A  
Name of Officer furnishing report CAPT D.C. BARKER (BLOCK CAPITALS)

#### A. PERSONAL EFFECTS

- \* Separate inventories are attached, as applicable, showing:—
  - \*Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit "A1."
  - \*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit "A2."
  - \*Articles additionally sold under C.O. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale—Exhibit "A3."
  - \*Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article—Exhibit "A4."
  - \*Personal Effects, forwarded to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon)—Exhibit "A5."
- \*No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit "A6."

#### B. WILL

- \*Original Will or testamentary document was forwarded on Not Known (date) by registered post to (\*Officer i/c Estates), (\*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit "B1."
- \*No Will or testamentary document was found on the person or among the effects of the deceased.

#### C. CLOTHING AND EQUIPMENT (PUBLIC)

- \*Was turned in to Q.M. Stores.
- \*There were no deficiencies.
- \*There were deficiencies amounting to £ and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit "C1."

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) Name and Address of Creditor

† NIL	Nature of Claim	Amount	Paid or Unpaid

\*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)\*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) Name & Address of Creditor

† NIL	Nature of Claim	Amount	Paid or Unpaid

\*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly received, and those recommended for payment by the Officer i/c Estates being so certified.

(b)\*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) Public Claims owing to the Casualty.

† NIL	Nature of Claim	Amount

(i)\*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)\*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) Private Claims Owing to the Casualty.

† NIL	Name & Address of Debtor	Particulars of Claim	Amount	Paid or Unpaid

\*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

Cr. { Cash found on person or in effects  
Cash realized from sale of effects as per para. A.  
Cash collected re private claims as per para. F.

Dr. { Paid re preferential charges as per para D.  
Paid re ordinary debts as per para. E.  
Paid (\*balance) to unit Paymaster

Paid	Received
	† NIL
	† NIL
	† NIL
† NIL	
† NIL	
† NIL	
† NIL	† NIL

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (\*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (\*forwarded with this report) (\*not forwarded by reason that not found in man's kit or personal effects)



*R. Banks* Capt  
Signature of Committee or President  
1<sup>st</sup> Cdn. ATK Regt R.C.A.  
Unit

EXHIBIT "A5"

1/AS

1. Small Box
2. Crucifix and Chain
3. Italian 5 Lire Note (Souvenir)

Date: 1 June '44

..... *R. B. ... Capt* .....  
Signature of Committee or President.

..... *1<sup>st</sup> Cdn. A/Tk Regt R.C.A.* .....  
Unit

ADAMSON  
BOWEN



SECRET

*[Faint, illegible markings]*

*[Faint, illegible markings]*

ORDERLY ROOM  
4 JUN 1944  
R.O.A.  
C.A.S.F.  
1ST ANTI-TANK REGIMENT

MADORE

Contents

Crucifix with chain and leather buttonholder,  
1 tie pin,  
5 lire note (Souvenir)

"C.W.Kennedy" Sgt.  
Orderly Room.  
1st Anti-Tank Regt. R.C.A.

CERTIFIED TRUE COPY

*G. Y. Depue Capt.*

**Personal Effects Certificate.**

THIS PORTION FOR USE AT THE BASE ONLY.

Army No. D 132 355  
 Rank and Name GNR MADORE J.A.  
 Regiment or Corps RCA  
 Nature of Casualty DECEASED  
 Date of Casualty 17 May 1944

Inventory No.: 2

Registered Post Particulars:

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects.

WHILE SERVING UNDER MY COMMAND,  
WHEN ADMITTED HERE.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature Prof. Sumner Bull  
 Rank Capt  
 Unit 4 Cdn Fd Art  
 Date 21 May 44

**Special Instructions**

*Regarding the Forwarding of Personal Effects.*

- (i) THESE SHOULD ALWAYS BE DESPATCHED BY REGISTERED POST.
- (ii) Deceased or Missing Men.—Package to be addressed by Registered Post to—  
Officer i/c 2nd Echelon.
- (iii) Wounded or Sick Men.—Package to be addressed by Registered Post to—  
Officer i/c 2nd Echelon.

Army No. D.132355 Rank G.N.R. Name MADORE JA Regt. RCA**INVENTORY OF EFFECTS.**

List of Articles of Intrinsic or Sentimental Value.

7 Identity Disc, red  
 1 Religious medal  
 National Registration  
 certificate.  
 1 Religious ring.

	£	s.	d.	Frcs.	Ctns.
Notes .....	/				
Postal Orders .....					
Gold .....					
Silver .....					
Copper .....					
TOTAL .....					

**Special Notes.**

The pay books (A.Bs. 64) of Deceased or Missing Men will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

Articles of Government property (including clasp knives) should not be forwarded with the effects of Deceased or Missing Men.

Personal clothing of Sick, Wounded, Missing or Deceased Soldiers must never be sent to the Base.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

Rec'd 27 May 44

L. F. Depuech  
 Capt

Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Personal or  
Article No. 12132358  
Rank, Name & Initials. GWR MADORE J.A.  
Regiment or Corps. 1 AIR REGT. BGA  
Nature of Casualty. DIED OF WOUNDS  
Date of Casualty. 17 MAY 44

Inventory No. :—

4  
2695

Registered Post Particulars:—

0326

MAY 29 1944

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank CAPT

Unit COM SEC GNR 2ND ECHELON

Date 27 MAY 44

Special Instructions

Personal effects of :—

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. 0132339

Rank GNR

Name & Initials MADORE J.M

Army Form W.3190

Regt. 1 ANT REGT

ACB

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

1 IDENTITY DISC  
NAT. REGISTRATION CERTIFICATE  
1 RING  
1 RELIGIOUS MEDALLION

	£	s.	d.	Frcs.	Cms.
Notes					
Postal Orders					
Gold					
Silver					
Copper					
<b>TOTAL</b>					

### Special Notes.

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W.3000, and enemy dead will be obtained from identity disc or pay book.

**This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.**

# Personal Effects Certificate.

Army Form W.3190.  
(Books of 50)

THIS PORTION FOR USE AT THE BASE ONLY.

Personal No. D 132355  
Army No.         

Rank, Name & Initials GNR MADORE JH

Regiment or Corps 14th Pk Coy

Nature of Casualty D/W

Date of Casualty 17 May 44

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

WHILE SERVING UNDER MY COMMAND.

WHEN ADMITTED HERE.

WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Sgt

Unit 40021st

Date 12 Jun 44

Inventory No.:—

2695

4

Registered Post Particulars:—

0017

JUN 13 1944

### Special Instructions.

Personal effects of:—

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or  
Army No. D 132256

Rank GNR

Name & Initials MADDER, J.A.

Army Form W.3190.

Regt. BCR

## INVENTORY OF EFFECTS.

List of Articles of Intrinsic or Sentimental Value.

SOAP DISH  
TIE PIN  
CRUCIFIX ON CHAIN w/LEATHER BUZZARD  
1-5 LIRE NOTE (SLOVENIA)  
Registered Post Particulars -

	£	s.	d.	Ctns.
Notes				
Postal Orders				
Gold				
Silver				
Copper				
<b>TOTAL</b>				

### Special Notes.

- (1) The pay books (A. Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**
  - (2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.
  - (3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W. 3000, and enemy dead will be obtained from identity disc or pay book.
- This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.**



# Personal Effects Certificate.

THIS PORTION FOR USE AT THE BASE ONLY.

Person for  
Army No. D132355 GNR

Rank, Name & Initials MAJOR J.A.

Regiment or Corps 1 AIR REGT RCA

Nature of Casualty DEAD IN WAR

Date of Casualty 17 MAY 44

Inventory No. :-

2695

## Registered Post Particulars :-

JUL 12 1944

I CERTIFY that I have examined all the personal belongings of the above-mentioned, and that, to the best of my belief, he had no other personal effects

- WHILE SERVING UNDER MY COMMAND.
- WHEN ADMITTED HERE.
- WHEN FOUND.

The effects enumerated on the back hereof, which were packed under the personal supervision of an officer, are all that were recovered.

Signature [Signature]

Rank Capt

Unit [Unit]

Date 17 July 44

## Special Instructions.

Personal effects of :-

- (i) Deceased or Missing officers and other ranks will always be despatched by registered post to O. i/c G.H.Q., 2nd Echelon.
- (ii) Sick or Wounded officers and other ranks will always be despatched by registered post to the hospital to which admitted, if known, otherwise to O. i/c G.H.Q., 2nd Echelon.

Two copies of this Army Form will be enclosed in the parcel.

This Army Form will also be used when forwarding the personal effects of enemy dead or enemy prisoners of war.

Personal or

Army No. D13225Rank CNPName & Initials MARJORIE J. PCA

Army Form W.3190.

Regt. PCA**INVENTORY OF EFFECTS.****List of Articles of Intrinsic or Sentimental Value.**

<u>1 WALLET</u>	
<u>1 MONEY BELT</u>	
<u>6TH VIC. LOAN RECEIPT</u>	
<u>1 TOILET CASE W/</u>	
<u>1 GREEN POUCH 2 MIRRORS</u>	
<u>1 SUNDAY MASSAL 2 NAIL FILES</u>	
<u>1 SNAP ALBUM SHAVE BRUSH IN HOLDER</u>	
<u>TOOTH BRUSH IN HOLDER</u>	
<u>5 SNAPSNOTS RAZOR IN HOLDER</u>	
<u>1 WIRE O. NOTE BOOK</u>	
<u>1 LEATHER CASE W/ CRUCIFIX</u>	
<u>1 LARGE MEDAL 4 2 MEDALS</u>	
<u>1 ROSARY W/ CRUCIFIX</u>	
<u>1 LEATHER POUCH</u>	
<u>15¢ IN COINS</u>	
<u>4.50 FRANCS IN COINS</u>	
<u>1/2 d COIN - 1 VON RING</u>	

Notes.....

Postal Orders.....

Gold.....

Silver.....

Copper.....

**TOTAL**.....

l

s.

d.

Fr

Ctms.

**Special Notes.**

(1) The pay books (A.Bs. 64) of Deceased or Missing other ranks will be despatched by Registered Post, under separate cover, and not together with cash or articles of intrinsic or sentimental value. They will be accompanied by a covering memorandum, and **no entry in respect thereof will be made upon this form.**

(2) Articles of Government property (including clothing and necessaries) should not be forwarded with the effects of Sick, Wounded, Missing or Deceased other ranks.

(3) Particulars of enemy prisoners of war, if a Serial No. has not been allotted on A.F. W. 3000, and enemy dead will be obtained from identity disc or pay book.

This Army Form W.3190, which must be signed by an officer, should be enclosed in the parcel with effects, and not sent separately.

UNITED STATES ARMY

REGIMENT

CAMP

SERIAL NO.

AND

PAY BOOK

## SOLDIER'S SERVICE BOOK

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

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

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

### INSTRUCTIONS TO SOLDIER

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

(1) SOLDIER'S NAME AND DESCRIPTION ON  
ATTESTATION

Regtl. No. D132355

Surname (in capitals) MADORE

Christian Names (in full) James Aloysius

Date of Birth 21 March 1902

Place of Birth Rapids des Roches Que. Can.

Trade on Enlistment Landling

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion Roman Catholic

Enlisted at Montreal South Que. Can.

Date 5-11-42

Particulars of former service (if any) i.e. Regtl. No., Corps and period. Langford and Regina  
14th Canadian Div.  
Oct 1939 To Date

Signature of Soldier J. A. Madore

Signature of Officer R. B. Ferguson Lieut

Place Montreal South Date 6-11-42  
Que. Can.



## (III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
5-11-42	Sgt.		40D 268	R.B. Ferguson Lt

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

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

*Training R.C.A. (Field) Summer*  
*Anti-tank Ref. R.B. Artillery Organ. R.B.*  
*P.T. R.B. Fld. Engineering R.B.*  
*Marching R.B. Fld. Training R.B.*  
*J.D. V.T. & F.D. R.B.*  
*Gun Drill R.B.*  
*Equipment R.B.*  
*Armoury Gunner R.B.*

Qualified in Addition as under:—

Date

18 Mar 43 R.B. Ferguson Lieut

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







## (IX) EMPLOYMENT WHILST SERVING

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

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

12

## (X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
4-11-42	A	M.F.M. 2	R.B. Ferguson
29-1-43	A	Category 2	R.B. Ferguson

13

(XI) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

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

Signature of M.O. ....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

14

15

## (XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	6-11-42	R.B. Ferguson Lt
	27-11-42	R.B. Ferguson Lt
	8-1-43	R.B. Ferguson Lt
Typhus vac. 1cc	6 Jan 44	L.C. Stensel
Typhus vac. 1cc	20 Jan 44	L.C.B.
Typhus vac. 1cc	28 Jan 44	L.C.B.
T.A.B. & T.T. 0.5cc	8-4-44	L.C.B.

## (XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
6-11-42	R.B. Ferguson Lt
21 Dec 44 (2009)	L.C.B.

## (XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X.P. N 153791	4-11-42	R.B. Ferguson Lt
"M" TEST (REV) COMPLETE		
"Q" CARD COMPLETE	12/5/43	R.B. Hornick Capt.
FINGERPRINTED — CAIB		
Landed Sicily	10-7-43	W. Delaney
" Italy	11-9-43	Capt
5th. V. Army Camp		
50 Bond MFM 518	Nov 43	
P.L. 8 days —	28.2.44	L. Hornick Lt



## (XVII) SOLDIERS' WILLS

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

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

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

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

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

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

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

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

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

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

No. Rank Name

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

Signature of Officer.  
Rank or Appointment.

Date

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

The Officer receiving such Will shall complete the following certificate—

### Certificate

M.F.M. 10 received and forwarded to the Officer i/c  
Records at N.D.H.Q

*R.B. Ferguson Lieut*

Signature of Officer.  
Rank or Appointment.

Signature of Officer

Date Certificate or Will extracted

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 the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,  
Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL,  
Private No. 30000,

Date 5th August, 1936.

To whom sent

Dept

Date Certificate or Will extracted

Signature of Officer

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

## WILL

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

Signature.....

Rank, Regt'l Number.....

Date.....

CANADIAN ARMY  
Clothing and Equipment  
Statement

Regt. No. 0-132355

Rank G.N.P.

Name MIADORE J. A.



## INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody.
2. You will initial the end of the list of your kit to signify that you understand its contents and have received the quantities entered.
3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.
4. You will at once report the loss of this book to your Commanding Officer.

## GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued; Entries will be made in ink.
2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.
3. On transfer of the individual, the certificate at end of statement will be completed and signed.
4. This statement replaces Form M.F.C. 800 and adoptions thereof.

## CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse.....	
Battle dress, trousers.....	
Cap or bonnet.....	
Boots, ankle.....	
Socks.....	
Gloves.....	
Facepiece, respirator.....	
Greatcoat.....	
Coveralls, combination.....	
Jersey, pullover.....	
Shirts, Angola, drab.....	
Vest, woollen.....	
Drawers, cellular.....	
Drawers, woollen.....	

ARTICLE	QUANTITY		
Anklets, web, prs.....	2		
Blouses, Battle-dress.....	<del>2</del>	1	
Bonnet, tam-o'shanter.....			
Boots, ankle, prs.....	2		
Boots, lumbermans, rubber, prs.....			
Boots, rubber, high, prs.....			
Bonnet, drab, Irish.....			
Cap, field service.....	2		
Cap, mechanic.....			
Cap, tank battalion.....			
Drawers, Cellular short, prs.....			
Drawers, Woollen, prs.....	2		
Gloves, knitted, drab, prs.....	1		
Greatcoat, drab.....	1		
Jerkin, leather.....			
Jersey, pullover.....	1		

ARTICLE	QUANTITY		
Overalls, combination.....	<del>2</del>		
Shirts, angola, drab.....	2		
Shoes, canvas, prs.....	<del>2</del>		
Trousers, battledress, prs.....	<del>2</del>	1	
Vests, woollen.....	2		
SOCKS WAX. PRS.....		4	
Badge, cap.....		1	
Badge, shoulder, "CANADA" prs.....		3	
Badges, arm Tank Bn.....			
Bag, kit, universal.....		1	
Braces.....		1	
Brass, cleaning.....		1	
Brush, button, brass.....		1	
Brush, clothes.....		1	
Brush, hair.....		1	
Brush, shaving.....		1	

ARTICLE	QUANTITY		
Brush, shoe, blacking.....			
Brush, shoe, polishing.....	/		
Brush, tooth.....	/		
Cap, comforter.....	/		
Comb, hair.....	/		
Discs, identity, sets with cord.....	/		
Dressing, field.....	/		
Fork, N.S. Table.....	/		
Holdall.....	/		
Housewife, complete.....	/		
Knife, clasp.....	/		
Knife, table.....	/		
Lanyard.....			
Razor, safety, with blade.....	/		
Patches, distinguishing, prs.....			

ARTICLE	QUANTITY		
Shorts, gymnasium.....			
Sponge.....			
Spoon, N.S. Dessert.....	/		
Vests, cotton, gym.....			
Towels, hand.....	2		
Unit titles, prs.....			
Attachments, brace.....	2		
Bag, ration.....	/		
Belt, waist.....	/		
Bottle, water.....	/		
Braces, W.E.....	2		
Carriers, cartridges.....			
Carrier, waterbottle.....	/		
Case, pistol.....			
Cover, breech, rifle.....			

ARTICLE	QUANTITY		
Cover, Mess tin, rect.....	<i>2</i>		
Frog, bayonet.....			
Haversack.....	<i>1</i>		
Helmet, steel.....	<i>1</i>		
Net, helmet camouflage.....	<i>1</i>		
Pack.....	<i>1</i>		
Pouches, Ammunition, pistol.....			
Pouches, Basic.....	<i>2</i>		
Pouches, utility.....			
Sling, rifle.....			
Straps, shoulder, haversack.....	<i>2</i>		
Straps, supporting, web.....	<i>2</i>		
Tins, mess rect.....	<i>1</i>		
Yoke.....			

ARTICLE	QUANTITY		
Haversack, respirator.....	<i>1</i>		
Respirator, Anti-gas complete.....	<i>1</i>		
Outfit, anti-dimming.....	<i>1</i>		
Ointment, Anti-gas, tins.....	<i>2</i>		
Eyeshields, Anti-gas (Pk. of 6).....	<i>1</i>		
Detectors, Individual prs.....	<i>1</i>		
Capes, anti-gas.....	<i>1</i>		
<i>WALLETS 1/9.</i>			
Bayonet.....			
Bottle, oil.....			
Pistol, revolver (No. ....)			
Pull-through, single.....			

ARTICLE	QUANTITY		
Rifle..... (No. <u>1416390</u> )			
Scabbard, bayonet.....			
Sheet, ground.....	1		
Mug, drinking.....			
Blanket.....			
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Initials of Soldier : .....

Initials of Inspecting Officer : .....

Date : .....

8-4-43

CERTIFICATE TO BE SIGNED BY INSPECTING  
OFFICER AND SOLDIER ON TRANSFER OR  
ATTACHMENT OF SOLDIER.

Certified that the record detailed in the above statement  
has been checked with the articles in possession of the soldier  
and found correct.

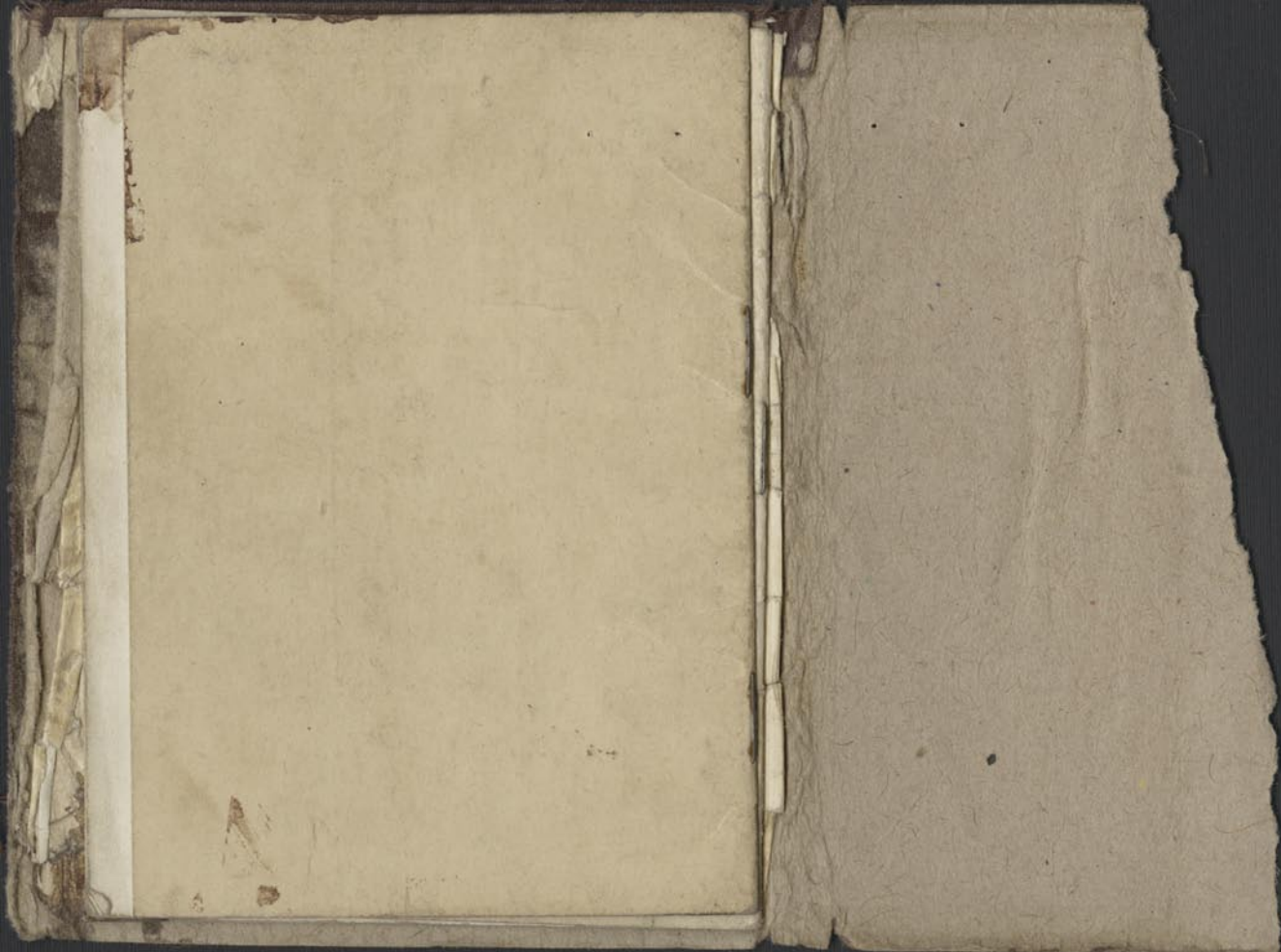
## SIGNATURE

Inspecting Officer

Soldier

Date

*[Handwritten Signature]*8-4-43





D  
PERIOD

From 1 APR 19 14 To ..... 19 .....

MILITIA BOOK No 1

PART II

40/P & S/279 (3092)

CANADIAN ARMY

# Soldier's Pay Book

(For use on Active Service)

Reg't Number ..... D. 132355 .....

Surname (Capitals) ..... MADORE .....

Christian Names in full ..... JAMES .....

..... ALOYSIUS .....



If this book is found NOT in possession of the soldier it is to be forwarded at once as indicated below :—

IN CANADA : To the  
Paymaster-General,  
Department of National Defence,  
Ottawa

ABROAD : To the  
Chief Paymaster,  
Canadian Army Overseas.

UNDER NO CIRCUMSTANCES WILL REFERENCE BE  
MADE IN THIS PAY BOOK TO THE SOLDIER'S UNIT.

## SOLDIER'S PAY BOOK—INSTRUCTIONS

1. This book will be produced whenever an advance of pay is required.
2. The soldier will give a receipt on an Acquittance Roll for all cash advances. The officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.
3. This book is the property of the Canadian Government, and a soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, may be charged with a serious offence under the Army Act.
4. If this Pay Book is lost, the soldier will report the loss immediately to his Paymaster who will issue a new Pay Book in accordance with the provisions of C.M.H.Q. Pay Instruction 138 (4).
5. If a soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book he should make reference in all cases to his Paymaster.
6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be notified on page 3 of this Book.
7. This Pay Book must be in possession of the soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

## PARTICULARS OF SOLDIER

Regimental Number..... D 132355  
 Name in full (Surname first)..... MADORE  
JAMES ALOYSIUS  
 Date of Attestation..... 5 Nov 42  
 State whether married, widower or single..... S  
 If married after enlistment, state date of marriage..... /

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier (see page 1—para. 6).

MRS. MARY MADORE (MOTHER)  
RAPIDES DES JOACHIMS,  
Que., P.-Q. CAN.

## PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

- (a) \$ 20.00 ..... 1 APR 43  
 (b) \$ .....  
 (c) \$ .....  
 (d) \$ .....

Name, address and relationship of assignee:

- (a) ..... MOTHER.  
 (b) .....  
 (c) .....  
 (d) .....

Dependents allowance, payable to: (state relationship)

N/A.



Soldier's Signature J. S. Madore  
 Book opens on APR 44 Balance Cr. or Dr. \$ as below

Date	Particulars	Credits	Cash Payments and Other Charges		As-igned Pay
			Local Cur- rency	Canad'n Cur- rency	
<u>1944</u>					
<u>1944</u>	Bals. Br't. Forward	<u>52 41</u>			
<u>5 "</u>	<u>APR Pay</u>	<u>45 -</u>			<u>20 -</u>
<u>5 -</u>	<u>MAY Pay</u> (BOND)	<u>46 50</u>			<u>20 -</u>
<u>19 "</u>	<u>MAY 1518</u>		<u>50 -</u>		
<u>28 "</u>	<u>AR 3</u>		<u>800 42</u>	<u>844</u>	
<u>7 "</u>	<u>July Pay</u>	<u>46 50</u>			<u>20 -</u>
	<u>Max Rate P. no. 138</u>	<u>6 10</u>			
	<u>Cash off J.V. 835</u>	<u>9</u>			
Totals					

Balances only will be carried forward

Paymaster's Signature W. L. Hanson

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		<u>52 41</u>	<u>W. L. Hanson</u>
		<u>77 41</u>	<u>W. L. Hanson</u>
		<u>103 91</u>	<u>W. L. Hanson</u>
		<u>53 91</u>	<u>W. L. Hanson</u>
		<u>44 97</u>	<u>W. L. Hanson</u>
		<u>71 47</u>	<u>W. L. Hanson</u>
		<u>77 57</u>	<u>Adjusted after</u>
		<u>77 66</u>	<u>Treasury Audit</u>
			<u>W. L. Hanson</u> <u>11/11/44</u>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't. Forward				
	Totals				

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't. Forward				
	Totals				

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't. Forward				
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	Totals				

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
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Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't. Forward				
Totals					

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	



If you do not wish to draw all pay due,

PLACE THE AMOUNT DESIRED

opposite date of pay day.

Feb. 15.....	Aug. 15.....
Feb. 28.....	Aug. 31.....
Mar. 15.....	Sep. 15.....
Mar. 31.....	Sep. 30.....
Apr. 15.....	Oct. 15.....
Apr. 30.....	Oct. 31.....
May 15.....	Nov. 15.....
May 31.....	Nov. 30.....
Jun. 15.....	Dec. 15.....
Jun. 30.....	Dec. 31.....
Jul. 15.....	Jan. 15.....
Jul. 31.....	Jan. 31.....

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PERIOD

From

27<sup>th</sup>

19

To 31<sup>st</sup> March 1944

VERIFIED

18/7/44

DATE

BY

RB

Obs

MILITIA BOOK M. 1

PART II

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

CANADIAN ARMY

# Soldier's Pay Book

(For use on Active Service)

Reg. No.

D-132355

Surname (Capitals)

~~MADORE~~ MADORE

Christian Names in full

JAMES

(the  
son)

ALOYSIUS

1 ANTI-TANK REG'T, RCA

If this Book is found **NOT** in possession of the Soldier and it cannot be returned immediately to the Paymaster of his Unit, it is to be forwarded at once as indicated below:—

IN CANADA: To the  
Paymaster-General,  
Department of National Defence,  
Ottawa.

ABROAD: To the  
Chief Paymaster,  
Canadian Army Overseas.

IN THE FIELD: To the  
Paymaster,  
Canadian Troops.

## SOLDIER'S PAY BOOK—INSTRUCTIONS

1. This Book will be produced whenever an advance of pay is required.
2. The Soldier will give a receipt on an Acquittance Roll for all cash advances. The Officer making the payment will sign the corresponding entry in this book on the page for Cash Payments.
3. This Book is the property of the Canadian Government, and a Soldier who loses it by neglect, or alters any official entry in same, or makes unauthorized entries therein, **may be charged with a serious offence under the Army Act.**
4. If this Pay Book is lost, the Soldier will report the loss immediately to his Paymaster. A new book will be issued by the Paymaster, after inquiry has been made and a statement of the account has been received from the Chief Paymaster.
5. If a Soldier desires any information in connection with his pay or particulars of any entry shown in his Pay Book, he should make reference in all cases to his Paymaster.
6. If the address of next-of-kin, i.e., wife, father, mother, etc., has been changed, since he enlisted, the Soldier should immediately notify such change to his Paymaster, and have the new particulars noted by that Officer on page 2 of this Book. In the same way any change of assignment should be noted on page 3 of this Book.
7. This Pay Book must be in possession of the Soldier when reporting on sick parade, admitted to hospital, and on all other occasions when leaving unit.

## PARTICULARS OF SOLDIER

Regimental Number D132355Name in full (surname first) MadoreJames AloysiusDate of Attestation 5 Nov 44State whether married, widower or single Single

If married after enlistment, state date of marriage:

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the Soldier (see page 1, para. 6):

Mrs. M. <sup>Madore</sup> (Mother)Rapides Des JoachimsQue. Canada.

## PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:

Effective date:

(a) \$ 20<sup>xx</sup> April 43

(b) \$ .....

(c) \$ .....

(d) \$ .....

Name, address and relationship of assignee:

(a) Mrs Mary Madore (Mother)Rapides Des Joachims Que.

(b) .....

(c) .....

(d) .....

(e) .....

(f) .....

Dependents allowance, payable to: (state relationship)



Soldier's Signature *J. A. Smadore*

Book opens on MAR 27 1943 Balance Cr. or Dr. \$ 5.00

Date	Particulars	Credits	Cash Payments and Other Charges		Assigned Pay
			Local Currency	Canad'n Currency	
MAR 27	Bals. Cr. Forward	5.00		5-	
Bal	brar	6.50			
Apr	Pay	39-			20-
8 Apr	A.R. 5		1-0-0	H.W.	
29 Apr	AR 6		1-10-0	6.71	
May	Pay	40.30			20-
6 -	AR 9		1-	22	
13.	AR 12		2.00	8.94	
	Totals	85.80		25.34	40-

Balances only will be carried forward

Paymaster's Signature:

*L. P. Richards Lieut.*

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
	5.00		<i>L. P. Richards Lt.</i>
		1.50	<i>L. P. Richards Lt.</i>
		20.50	<i>L. P. Richards Lt.</i>
		16.03	<i>Qu. m. pay</i>
		9.32	<i>L. Richards</i>
		29.62	<i>L. Richards</i>
		29.40	<i>L. Richards</i>
		20.46	<i>L. Richards</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Currency	Canad'n Currency	
	130				
1943	Bals. Br't Forward	2046			
26 May	AR 16		41-0	1810	✓
6 June	Inv. Pay	7.00	✓		20.00
13 June	AR 15		210-0	1118	✓
3 July	W.P. Inc.		20-00	894	X
10. 26/43	May - Inv.	11.40			
5 Nov	Inv. Pay	46.50			20.00
5 "	AR 18		0-10 0	224	X
15 Dec	Inv. Pay	46.50			20.00
	Totals	16386		4046	60.00

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		2046	LR
		236	J. Keenan Co.
		2136	<del>W. W. Hanson</del>
		1018	<del>W. W. Hanson</del>
		124	J. B. Sutherland
		1264	<del>W. W. Hanson</del>
		3914	<del>W. W. Hanson</del>
		3690	<del>W. W. Hanson</del>
		<del>1138</del>	<del>W. W. Hanson</del>
		6340	<del>W. W. Hanson</del>
		6340	



Date	Particulars	Credits	Cash Payments and Other Charges		As-signed Pay
			Local Currency	Canad'n Currency	
1943	Bals. Br't Forward	63.40			
15 AUG	A.R. 19		1-0-0	447	X
31 "	A.R. 21		1-0-0	447	X
14 SEP	A.R. 23		1-0-0	447	X
29 "	Suppl'y	45.00			20.00
30 "	A.R. 24		2-0-0	894	X
Oct	Oct Pay	46.50			20-
Nov	Nov Pay	45-			20-
4 "	Bond with 518			50-	X
	Totals	169.90		7235.00	

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		63.40	<del>W. W. W. W.</del>
		58.93	<del>W. W. W. W.</del>
		54.46	<del>W. W. W. W.</del>
		49.99	<del>W. W. W. W.</del>
		74.99	<del>W. W. W. W.</del>
		66.05	<del>W. W. W. W.</del>
		92.55	<del>W. W. W. W.</del>
		117.55	<del>W. W. W. W.</del>
		67.55	<del>W. W. W. W.</del>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
1943.	Bals. Br't Forward	67 55			
9 Nov.	AR 29		3-0-0	13 41	
26 "	AK 30		800 L	894	
24-12-43	AR 63		800 L	894	
12 Jan	Rec. Pay	46 50			20 00
10 Jan	Jan. Pay	46 50			20 00
24 "	AK 32		1600 L	17 88	
Feb	Pay	43 50			20 00
22 "	AK 35		1000 L	11 18	
	Totals	<del>126 50</del>		6035 60	-

Balances only will be carried forward

204.05

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		67 55	<i>[Signature]</i>
		54 14	<i>[Signature]</i>
		45 20	<i>[Signature]</i>
		36 26	<i>[Signature]</i>
		62 76	<i>[Signature]</i>
		89 26	<i>[Signature]</i>
		71 38	<i>[Signature]</i>
		94 88	<i>[Signature]</i>
		83 70	<i>[Signature]</i>

Date	Particulars	Credits	Cash Payments and Other Charges		As- signed Pay
			Local Cur- rency	Canad'n Cur- rency	
	Bals. Br't Forward	83 70			
26 Feb	PK 33	200 0	22 35		
26 MAR	PK 40	500 00	89 41		
	Adj. Incr. Rate 80138	6 10			
	Totals				

Balances only will be carried forward

Deferred Pay and/or Restricted Pay	BALANCE		Signature of Paymaster or Officer Making Award
	Debit	Credit	
		83 70	<i>[Signature]</i>
		6 135	<i>[Signature]</i>
		52 41	<i>[Signature]</i>
		58 51	

Adjusted after  
Treasury Audit

If you do not wish to draw all pay due, place the amount desired opposite date of pay day.

FEB. 15..... AUG. 15.....

FEB. 28..... AUG. 31.....

MAR. 15..... SEP. 15.....

MAR. 31..... SEP. 30.....

APR. 15..... OCT. 15.....

APR. 30..... OCT. 31.....

MAY 15..... NOV. 15.....

MAY 31..... NOV. 30.....

JUNE 15..... *ALL*..... DEC. 15.....

JUNE 30..... *ALL*..... DEC. 31.....

JULY 15..... JAN. 15.....

JULY 31..... JAN. 31.....

JUN 1907

If you do not wish to c  
amount desired opposite

FEB. 15.....

FEB. 28.....

MAR. 15.....

MAR. 31.....

APR. 15.....

APR. 30.....

MAY 15.....

MAY 31.....

JUNE 15..... ALL

JUNE 30..... ALL

JULY 15.....

JULY 31.....

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

District.....  
Dispersal Area.....

Regtl No. D132355 Rank and Name..... MADORE. J.A. Gnr.  
of (Unit)..... on.....  
(Transfer or Discharge)..... on 17th May. 19 44.  
Reason..... Death Authority: C.C.L. "A" 439 d/25th. May. 44

The following is a statement of the account of the above-named from 1st. May. to 31st. May 19 44.  
the inclusive date of transfer or discharge.

		Dr				Cr	
Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....				Balance Cr from last account.....		101	07
First Monthly Payment.....				Regimental Pay <u>31 days at \$ 1.50</u>		46	50
Casual Payments.....				Tradesmen's Pay..... days at \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give particulars).....			
Assigned Pay.....		20	00	..... days at \$.....			
Regimental Charges.....				Allowances (Give particulars)..... days			
Public Stoppages (Give particulars):				at..... \$.....			
.....				<u>Cash Effects J.V. 835</u>			09
<u>6th V.L. Bond.</u>		50	00				
.....							
To Balance Cr { Free.....		77	66	By Balance Dr			
{ Deferred.....				.....			
Total.....		147	66	Total.....		147	66

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

Remarks :

Assnd Pay of \$20.00 (M) stopped eff June.44.



Compiled by..... A. Bell.  
Checked by..... [Signature]  
Date..... 15th. November. 19 44.

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

# ENDORSEMENTS

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

DATE	UNIT	PAYMENTS	AMOUNT		PAYMASTER'S SIGNATURE
			DR	CR	
		Balance from L P C			

Explanation of Debit Balance :-

## STATEMENT OF ACCOUNT

DATE	PARTICULARS	DR	CR
	Balance as shown above.....		
	Pay and Allowances from..... to.....		
	Assigned Pay months of.....		
	Civilian Clothing Allowance.....		
	Boat Expense Money.....		
	Train Expense Money.....		
	Miscellaneous Debits (give details).....		
	Miscellaneous Credits (give details).....		
	TOTAL .... ..		

## DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

DATE	UNIT	PARTICULARS	DR	CR	SIGNATURE OF PAYING OFFICER

Place of Embarkation.....  
Date of Embarkation.....  
Place of Disembarkation.....  
Date of Disembarkation.....

HM Transport#.....

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... D-132355 Gnr. Madore, J.A. (Dec'd) .....

RECEIVED FROM ..... Cdn Sec G.HQ. 2nd Echelon, A.A.I. ....

CHECKED BY ..... G-7101 Gnr. Fougere, J.M.  
H-37449 Sgt. Cathcart, M.O. .... DATE 9 Jun 44 .....

- |   |                                   |
|---|-----------------------------------|
| 1 | Identity Disc                     |
| 1 | National Registration Certificate |
| 1 | Ring                              |
| 1 | Religious Medallion               |

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

*H.E. Fulmer OMS*  
.....  
for OC 1 Cdn KSD



CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... **D-132355 Gnr. Madore, J.A. (Dec'd)** .....

RECEIVED FROM ..... **Cdn Sec G.HQ. 2nd Echelon, A.A.I.** .....

CHECKED BY ..... **G-7101 Gnr. Fougere, J.M.  
H-37449 Sgt. Cathcart, M.O.** ..... DATE **9 Jun 44** .....

- |   |                                   |
|---|-----------------------------------|
| 1 | Identity Disc                     |
| 1 | National Registration Certificate |
| 1 | Ring                              |
| 1 | Religious Medallion               |

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

*H.E. [Signature]*  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ... D-132355 ... *Cor.* Madore J.A. (Deceased) .....

RECEIVED FROM ..... Cdn. Sec. GHQ. 2nd Echelon A.A.I. ....

B-126252 *Pte*; Sislofsky A.

CHECKED BY ..... L-17349 *Cpl.* Bailey N.S. .... DATE 22 June 44 .....

- |   |                                      |  |
|---|--------------------------------------|--|
| 1 | Soap Dish                            |  |
| 1 | Tie Pin                              |  |
| 1 | Crucifix on Chain with Button Holder |  |
| 1 | 5 Lire Note                          |  |

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

*H.E. Shelmer DMS*  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ... **D-132355 Cpr. Madore J.A. (Deceased)** .....

RECEIVED FROM ... **Cdn. Sec. GHQ. 2nd Echelon A.A.I.** .....

**B-126252 Pte. Sislofsky A.**

CHECKED BY ... **L-17349 Cpl. Bailey N.S.** ... DATE **22 June 44** .....

- |   |                                      |
|---|--------------------------------------|
| 1 | Soap Dish                            |
| 1 | Tie Pin                              |
| 1 | Crucifix on Chain with Button Holder |
| 1 | 5 Lire Note                          |

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

*H. E. Fulmer OMS*  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... D-132355 Gnr. Madore J. A. (Deceased) .....

RECEIVED FROM ..... Cdn. Sec. GHQ 2nd Echelon 21 Army Group .....

B-126252 Pte. Sislowsky A.

CHECKED BY ..... L-17349 Cpl. Bailey N.S. .... DATE 26 July 44 .....

- |   |  |
|---|--|
| 1 | Leather Wallet   |
| 1 | Leather Money Belt   |
| 1 | Receipt 6th Victory Loan \$50.00 to<br>Officer i/c Estates |
| 1 | Toilet Case with 2 Mirrors                                 |
| 1 | Green Pouch with Sunday Missal and<br>Snapshot Album       |
| 2 | Nail Files   |
| 1 | Shaving Brush in Holder                                    |
| 1 | Toothbrush in Holder                                       |
|   | Snapshots  |
| 1 | Razor in Holder  |
| 1 | Wire-O-Note Book   |
| 1 | Leather Case with Crucifix                                 |
| 1 | Large Medal  |
| 2 | Medals   |
| 1 | Rosary with Crucifix                                       |
| 1 | Leather Pouch  |
| 1 | Canadian Coin Value 10 Cents to C.P.M.                     |
| 1 | Canadian Coin Value 5 Cents (Defaced)                      |
| 4 | Francs 50 Centimes in Coins                                |
| 1 | Coin Value $\frac{1}{2}$ d                                 |
| 1 | Key Ring   |

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

*N.S. Bailey cpl*  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME ..... **D-132355 Gnr. Madore J. A. (Deceased)** .....

RECEIVED FROM ..... **Cdn. Sec. GHQ 2nd Echelon 21 Army Group** .....

**B-126252 Pte. Sislofsky A.**

CHECKED BY ..... **L-17349 Cpl. Bailey N.S.** ..... DATE **26 July 44** .....

- |   |  |
|---|--|
| 1 | Leather Wallet   |
| 1 | Leather Money Belt   |
| 1 | Receipt 6th Victory Loan \$50.00 to<br>Officer i/c Estates |
| 1 | Toilet Case with 2 Mirrors                                 |
| 1 | Green Pouch with Sunday Missal and<br>Snapshot Album       |
| 2 | Nail Files   |
| 1 | Shaving Brush in Holder                                    |
| 1 | Toothbrush in Holder                                       |
|   | Snapshots  |
| 1 | Razor in Holder  |
| 1 | Wire-O-Note Book   |
| 1 | Leather Case with Crucifix                                 |
| 1 | Large Medal  |
| 2 | Medals   |
| 1 | Rosary with Crucifix                                       |
| 1 | Leather Pouch  |
| 1 | Canadian Coin Value 10 Cents to C.P.M.                     |
| 1 | Canadian Coin Value 5 Cents (Defaced)                      |
| 4 | Franes 50 Centimes in Coins                                |
| 1 | Coin Value $\frac{1}{2}$ d                                 |
| 1 | Key Ring   |

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

..... *M. S. Bailey cpl* .....

for OC 1 Cdn KSD

## SIXTH VICTORY LOAN BONDS

Certified that

D 132355 GNR  
(Regimental No.) (Rank)MADORE, A LOYSIUS JAMES  
(Name)

has subscribed for \$

50.00

SIXTH VICTORY LOAN BONDS

MEM 318

50.00

has been received.

(a) outright purchase in respect of which ~~Cheque/Draft/Crossed Warrant/Money Order~~, for \$

(b) By monthly assignments of pay \$

Bonds to be delivered to:

MISS MARITA MADORE, RAPIDES DES JOACHIMS, QUE.

Date:

15 MAR. 44

NOTE: This stub to be torn off  
and handed to subscriberB. Chundelhaft.  
(Unit Representative)



ADMINISTRATIVE INSTRUCTIONS

- 1. Government property will be transported on the prescribed form of Government Bill of Lading, (Original, Control, Railway Shipping Order, Consignor's (or Shipper's) Receipt, and Memorandum) which will be identified by serial numbers.
2. Through Bills of Lading will be issued in all instances between initial and ultimate points except when rates more advantageous to the Government may be otherwise secured
3. When shipments are made under contract or special rates, notation of such fact should appear on the face of Bills of Lading.
4. Public property may be delivered by any government officer or agent to the transportation companies, which will ship the same under these regulations.
5. Bills of Lading must describe shipments of articles by their commercial names, giving separately such weights, dimensions, and manner of packing as may be necessary to ascertain classifications and rates and to enable recovery in case of loss or damage.
6. If the number of articles to be shipped be too great for the blank form, extra sheets of the prescribed form should be used and so attached and designated as to form one Bill of Lading.
7. THIS FORM SHALL NOT BE USED FOR OUTWARD "COLLECT" SHIPMENTS.

GENERAL CONDITIONS AND INSTRUCTIONS

CONDITIONS

It is mutually agreed and understood between the Government of the Dominion of Canada and carriers who are parties to this Bill of Lading that --

- 1. Shipments of freight or express traffic made by the Dominion Government, covered by this Shipping Order, shall be subject to Tariffs and Classifications in effect on the date of issue hereof and subject to the terms and conditions of the Bill of Lading governing commercial freight traffic as set forth in current Canadian Freight Classification or as set forth by Board of Transport Commissioners for Canada Order No. 7562, of July 15th, 1909, amendments thereto or reissues thereof, and as to express traffic subject to terms and conditions of Merchandise Receipt of Express Companies as published in current Express Classification for Canada and approved by the Board of Transport Commissioners for Canada by Order No. 12953, dated February 10th, 1911, or amendments thereto or reissues thereof.
2. Shipment made on this Bill of Lading shall take no higher rate than would be charged had the shipment been made upon the Uniform Straight Bill of Lading or Express Receipt.
3. This shipment is made at the restricted or limited valuation specified in the tariff or classification at or under which the lowest rate is available, unless otherwise indicated on the face hereof.
4. Receipt of the shipment is made subject to the "Report of Loss, Damage, or Shrinkage" noted on the back of the Memorandum Copy.

INSTRUCTIONS

- 1. Erasures, interlineations, or alterations in Bills of Lading must be authenticated and explained by the person making them.
2. Original, Control, Railway Shipping Order, Consignor's (or Shipper's) Receipt, and Memorandum, should be used in making the shipment. Only one Original Bill of Lading will be issued for a single freight shipment. In the case of Express shipments, one Bill of Lading may be issued covering shipments to various consignees. The Original, Control, and Shipping Order shall be furnished to the carrier. The Control Copy shall be returned immediately to the issuing officer of the Department or Branch concerned. The Bill of Lading becomes evidence upon which settlement for the service will be made.
3. In no case will a second Bill of Lading be issued for a shipment nor will a Bill of Lading be issued after the transportation has been performed. (Remarks "transportation has been performed" do not apply to inward shipments billed Collect or shipments handled for small units not in possession of Requisition-Bill of Lading forms). In case the Bill of Lading has been lost or destroyed, the carrier shall be furnished by the consignee (or consignor) with a "Certificate in Lien of Lost Bill of Lading", on the standard form prescribed therefor which, when finally consummated by acknowledgment of the "Certificate and Waiver by Transportation Company" shall accompany the bill for services submitted by the carrier to the officer charged with the settlement of the account. Should the Original Bill of Lading be located after settlement has been made on the certificate, it will be forwarded to the administrative office of the department concerned for transmittal to the Chief Treasury Officer.
4. In case of loss, damage, or shrinkage to the property while in the possession of the carrier, such loss, damage, or shrinkage shall, when practical, be noted on consignee's receipt given to the transportation company on the transportation company's freight or express delivery receipt. All practicable steps shall be taken at the time to determine the loss, damage, or shrinkage, and the liability therefor, and to collect and transmit to the proper officer without delay all evidence as to same. The proper method of handling loss, damage, or shrinkage is contained in Administrative Instructions on the back of the Memorandum Copy of this Bill of Lading form.

Administrative form with multiple columns and rows, containing various fields and stamps. Includes a large 'DO NOT WRITE BELOW HERE' stamp and a 'FOR USE BY CARRIERS' stamp.



ESTATES BRANCH

November 18, 1944.

Mrs. Mary Madore,  
Rapide-des-Bois,  
Pontiac Co. Quebec.

MADORE, James Aloyius, Gnr. (Deceased)  
D.132355 C.A.

Dear Mrs. Madore:

Your son's personal effects have now arrived here from Overseas. They will be sent to you in a carton by express prepaid within a few days. When received, would you please sign and return the enclosed receipt form.

The report from Overseas which will contain particulars of the pay account has not yet been received but a further letter will be written to you as soon as it arrives.

Yours faithfully,

CS/CF  
Encl.

Director of Estates.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH  
INVENTORY

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

No., RANK and NAME ..... **D-132355 Cor. Madore J. A. (Deceased)** .....

RECEIVED FROM ..... **Cdn Sec GHQ 2nd Echelon 21 Army Group** .....

**B-126252 Pte. Sislowsky A.**

CHECKED BY ..... **L-17349 Cpl. Bailey N.S.** ..... DATE **26 July 44** .....

- 1 Leather Wallet
- 1 Leather Money Belt
- X 1 Receipt 6th Victory Loan \$50.00 to Officer i/c Estates
- 1 Toilet Case with 2 Mirrors
- 1 Green Pouch with Sunday Missal and Snapshot Album
- 2 Nail Files
- 1 Shaving Brush in Holder
- 1 Toothbrush in Holder
- 1 Snapshots
- 1 Razor in Holder
- 1 Wire-O-Note Book
- 1 Leather Case with Crucifix
- 1 Large Medal
- 2 Medals (TRINKETS)
- 1 Rosary with Crucifix
- 1 Leather Pouch
- X 1 Canadian Coin Value 10 Cents to C.P.M.
- 1 Canadian Coin Value 5 Cents (Defaced)
- 4 Francs 50 Centimes in Coins
- 1 Coin Value 1/2
- 1 Key Ring

Case 1210  
26/10/++

1 ct (no letters)

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

..... *M. S. Bailey, Cpl* .....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ... **D-132355 Cpr. Madore J.A. (Deceased)** .....

RECEIVED FROM ... **Cdn. Sec. GHQ 2nd Echelon A.A.I.** .....

CHECKED BY ... **B-126252 Pte. Sislofsky A.  
L-17349 Cpl. Redley M.S.** ... DATE **22 June 44** .....

- 1** Soap Dish
- 1** Tie Pin
- 1** Crucifix ~~or~~ Chain with Button Holder
- 1** 5 Euro Note

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

*H.E. [Signature]*  
.....  
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH  
INVENTORY**

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

No., RANK and NAME ..... D-132355 Cnr. Madore, J.A. (Dec'd)

RECEIVED FROM ..... Can Sec S.H.Q. 2nd Echelon, A.A.I.

CHECKED BY ..... G-7101 Cnr. Fougere, J.H.  
H-37489 Sgt. Cathcart, H.O. DATE ..... 9 Jun 44

<u>1</u>	Identity Disc	
<u>1</u>	National Registration Certificate	<b>ON FILE</b>
<u>1</u>	Ring	
<u>1</u>	Religious Medallion	

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

H.S. [Signature]  
for OC 1 Cdn KSD

COPY FOR APPLICANT  
SEE NOTE BELOW

Bank of Canada **DECEASED**

OTTAWA AGENCY

PLEASE ADDRESS ALL  
COMMUNICATIONS TO  
"THE AGENT"

February 28, 1944

Miss Marietta Madore,  
Rapids Des Joachins, P. Q.

I am enclosing under registered cover:

\$ 50 Dominion of Canada 3% Fifth  
Victory Loan bond(s) due  
January 1st, 1959. No(s)

L7H-1407582 Bearer

which is/are being sent to you at the  
request of:

Madore, James, Aloysius Cnr. DL32355  
~~1st Anti Tank Reg't R.C.A.~~ C.A.O.

whose cash application was recently received  
from Overseas. I shall be obliged if you  
will kindly notify him of its/their safe  
arrival, quoting the serial numbers.

Please acknowledge receipt by signing  
and returning the duplicate copy of this  
letter.



Yours very truly,

A handwritten signature in dark ink, appearing to read "E. Metcalfe".

E. Metcalfe,  
Acting Agent

N.B. TO THE APPLICANT: This copy of our  
letter is sent to you as an advice that your  
cash application has been received from  
Overseas and the relative bond(s) delivered  
in accordance with your instructions.

COPY FOR APPLICANT  
SEE NOTE BELOW

7  
DECLASSIFIED

Bank of Canada

OTTAWA AGENCY

*Beccard*

I am enclosing under registered cover:

Dominion of Canada \$ Fifth  
Victory Loan bond(s) due  
January 1st, 1959. No(s)

which is/are being sent to you at the  
request of:

whose cash application was recently received  
from Overseas. I shall be obliged if you  
will kindly notify him of its/their safe  
arrival, quoting the serial numbers.

Please acknowledge receipt by signing  
and returning the duplicate copy of this  
letter.

Yours very truly,

*E. Metcalfe*

E. Metcalfe,  
Acting Agent



W.B. TO THE APPLICANT: This copy of our  
letter is sent to you as an advice that your  
cash application has been received from  
Overseas and the relative bond(s) delivered  
in accordance with your instructions.

ESTATES BRANCH

July 19, 1944.

Mrs. Mary Madore,  
Rapide-des-Joachims,  
Pontiac Co., P.Q.

MADORE, James Aloyius, Gnr. (Deceased)  
No. D.132355, C.A.

Dear Mrs. Madore:

Receipt is gratefully acknowledged of our completed  
Form P.64.

A Will has been received here executed by your son  
dated March 18, 1943, in which you are named the sole beneficiary  
of his estate. The terms of this Will are subject to any later Will  
which may have been executed Overseas.

As a result of the recent invasion, there may be some  
considerable delay in having the personal effects and the Overseas  
report sent to us because of the shortage of ships available for this  
purpose. You will, of course, appreciate that this is due to circum-  
stances beyond our control, and you may be assured that you will be  
notified as soon as we are in a position to proceed with distribution  
of the estate.

Yours faithfully,

GHP:MS

Director of Estates.

Mrs. Mary Madore,  
 Rapides de Joachims,  
 Pontiac Co.,  
 Quebec.

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

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

and the following number quoted:—

H.Q. 405-M-34,152 FD 208

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

28 June 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

MADORE, James Aloyius Gnr.

D132355 C.A.

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

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



CS/TD

*Stevenson*  
 Administrator of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	Mr W J Madore	57	Rapides-des-Joachims. 2	
4	Mother of the Deceased.....	Mary Madore	57	" " " "	
5	Brothers of the Deceased	Full Blood	William Madore Clarence Madore	32 19	" " " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. P. A. Dufue Mrs. Reg. Baucher Miss Marietta Madore	30 28 15	" " " " Toronto Ontario Rapides-des-Joachims
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	Mildred Madore died March 6 <sup>th</sup> 1937				

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Aloysius Madore
9	Date of his birth.	March, 21 <sup>st</sup>
10	Place and date of his marriage.	— none —
11	Place and date of his parents' marriage.	Rapides-des-Joachims, May 5 <sup>th</sup>

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Rapide-des-Joachims, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Pontiac (c) (d)
14	Nature of employment before enlistment.	Lumberman
15	State whether he owned the premises in which he lived, and, if so, where situated.	_____
16	Name place where deceased stated he intended to make his permanent home.	Rapide-des-Joachims, Que.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	_____
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	_____
20	Amount of War Savings Certificates held by deceased. Indicate where located.	_____
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	_____
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	_____
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	_____

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	_____

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

## DECLARATION

\*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

\* Mother of the deceased.

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

Mrs Mary Madore { Signature of Informant  
Rapide-des-Joachims, Que Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Mary Madore

\*See above.

Rapides des Joachims, Que { Name of informant } is the\* Mother of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Rapides des Joachims, Que this 11<sup>th</sup> day of July 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Rev. J. R. McElegott Qualification Parish Priest

Address Rapides des Joachims, Que

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

The Administrator of Estates.

Regimental No. D132355 ..... Rank. Gnr. .....

MADORE ..... James Aloyius  
Surname ..... Christian Names

Unit..... 1 Army Tank Regiment. R.C.A. .....

Date of Death..... 17-5-44 ..... Place of Death..... Overseas (Mediterranean) .....

Next-of-kin..... Mrs. Mary Madore ..... Relationship..... Mother .....

Address..... Rapides de Joachims, Pontiac Co., Que. .....

M.F.M.5... Photostat Copy herewith .....

Will... Original Wills d/6-11-42 and d/18-3-43 herewith .....

Date. 12-6-44 .....

HMG/NJH



*W.E.L. Coleman*

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

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN  
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... **MADORE**  
(Surname first—Christian names in full—Block capitals)  
..... **JAMES ALOYSIUS**

(2) Regimental or Official Number and Rank..... **D-132355 GNR**

(3) Unit..... **R.C.A. (REINF) CA**

(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..... **nil**..... Girls..... **nil**  
Names and ages..... **nil**  
.....

(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]

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

If so, state her full name and Postal Address **nil**

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

If so, state name and address, occupation **Mr. Willie MADORE**  
**Rapids des Joachims, Pontiac Co., Que. Can. carpenter**

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment. **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. Mary MADORE**  
**Rapids des Joachims, Pontiac Co., Que. Can.**

(15) If your mother is a widow, are you her sole or partial support? **no**

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

*A. Louis Madore*  
(Signature of officer or man)

Date **November 6th 1942**

**November 6th 1942**

*Harwood St.*  
Officer Commanding

Date .....

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

NO. 4-DISTRICT DEPOT A.F.

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In accordance with arrangements made, herewith in duplicate is a Certificate of Registration of Death showing all information available in respect of the marginally named late Canadian soldier whose death occurred outside of Canada. This information is submitted on the form for the province in which the deceased resided prior to enlistment.

Yours truly,

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

N.D. 23

2 Mil.—11-42 (7239)

Q. 1772-101-23

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-132355. Name MADORE James, Aloysius.

Rank on Discharge Gun. Date of Discharge 17-5-44

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 5-11-42. to 29-3-43.  
from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from 30-3-43. to 13-6-43.  
from \_\_\_\_\_ to \_\_\_\_\_

Italy from 14-6-43. to 17-5-44 Died of wounds.

Northwest Europe from \_\_\_\_\_ to \_\_\_\_\_

-----from \_\_\_\_\_ to \_\_\_\_\_

-----from \_\_\_\_\_ to \_\_\_\_\_

Eligible for award of:

1939 - 45 Star OK.

Italy Star OK

~~France-Corruy Star~~

Defence Medal NE

War Medal 1939-45 OK.

Canadian Volunteer Service Medal OK

with clasp OK



Verified by J. Monard

Date 10-10-46.

Carded OCT 12 1946

DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

ARMY

DECEASED  
MEMBER'S  
NAME

James Aloysius

(CHRISTIAN NAMES)

MADORE

(SURNAME)

REGISTER NO.

D. 22427

FILE NO.

405 M 34142

DATE

21-5-46

SERVICE NO.

D. 132355

PAYEE

Mrs. Mary Madore,  
Rapides Des Joachims,

ADDRESS

P.Q.

FINAL RANK OR RATING

Gnr.

DATE OF TERMINATION OF OVERSEAS SERVICE

17-5-44

DATE OF DISCHARGE

17-5-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 560 EQUAL TO 18

COMPLETE PERIODS AT \$7.50

\$ 135.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS

540  
415 LESS 20

LESS

INELIGIBLE DAYS, EQUAL TO 395

DAYS @ 25c. PER DAY

98.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50  
SUSTINENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75

NO. OF DAYS 183

\$ 19.25

\$ 19.25

\$ 19.25

43.65

D. WAR SERVICE GRATUITY

277.40

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

277.40

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$

— \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

CHECKED BY

FEL

TREASURY

CHECKED BY

DATE

V. Birmingham

23/5/46

K. R. [Signature]

SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JAMES ALOYSIUS MADORE Register No. D-22427  
(Christian Names) (Surname)

PAYEE'S NAME MRS. MARY MADORE File No. 405-14-34142  
(Christian Names) (Surname)

ADDRESS RAPIDES DES JOACHIMS Service No. D-1323-55  
P. Q. Final Rank GNR

DATE OF TERMINATION OF OVERSEAS SERVICE 17-5-44 Date of Discharge 17-5-44

	AMOUNT	
	\$	c
<b>A. TOTAL QUALIFYING SERVICE</b>		
No. of day <u>500</u> = <u>18</u> Periods @ \$7.50		<u>135 00</u>
<b>B. QUALIFYING OVERSEAS SERVICE</b>		
No. of days <u>415</u> less <u>20</u> Ineligible days, equal <u>395</u> Days @ 25c. per day		<u>98 75</u>
<b>C. SUPPLEMENT FOR OVERSEAS SERVICE</b>		<u>233 75</u>
Daily Rate of Pay \$ <u>1.50</u>		
Subsistence Allowance \$ <u>1.25</u>		
Additional Pay \$ <u>      </u>		
Dependents' Allowance 1/30 \$ <u>      </u>		
TOTAL \$ <u>2.75</u> × 7 = \$ <u>19.25</u>		
No. of Days <u>415</u> × \$ <u>19.25</u> <u>183</u>		<u>43 65</u>
<b>D. WAR SERVICE GRATUITY</b>		<u>277 40</u>
Computed By <u>AB26</u>		
<b>E. DEDUCTIONS</b>		
Overpayment of (1) Pay & Allowance \$ <u>      </u>		
(2) D.A. & A.P. \$ <u>      </u>		
Other Deductions \$ <u>      </u>		
Entered By <u>WJ</u>		
<b>F. AMOUNT PAYABLE</b> (This amount is payable in.....monthly instalments of \$.....each)		<u>277 40</u>

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

\$..... × 30 = \$.....

REMARKS

DEMANDE DE GRATIFICATION DE SERVICE DE GUERRE  
SOUMISE PAR UNE PERSONNE A LA CHARGE D'UN MILITAIRE  
DEFUNT - (Armée canadienne)

1. Je sollicite par les présentes la gratification de service de guerre a laquelle je pourrais avoir droit a l'égard du membre défunt de l'Armée canadienne mentionné ci-a prés,

- (a) Nom MADORE
- (b) Prénoms James Aloysius
- (c) Numéro matricule D-132355
- (d) Grade détenu a sa mort Gnr.

2. Veuillez indiquer ci-après si vous soumettez la demande a titre de personne a charge ou autrement, en biffant la phrase qui ne s'applique pas.

- (a) Je soumetts une demande en qualité de personne qui était a la charge du militaire susnommé et a qui il avait consenti une délégation de solde. \_\_\_\_\_

*Mrs Mary Madore*

- (b) Comme il n'y avait personne a la charge du militaire susnommé je demande que la gratification de service de guerre fasse partie de la succession du militaire et soit partagée en conséquence. \_\_\_\_\_

3. Je soumetts par les présentes les détails suivants a l'appui de ma demande.

- (a) Nom Madore
- (b) Prénoms Mrs Mary
- (c) Degré de parenté avec le défunt Mother of deceased

- (d) Adresse au complet Rapides des Jachims,  
Quebec.



Votre bien dévoué,

Date May 10, 1946

Mary Madore  
(Signature du requérant).

le 4 mai 1946.

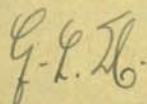
Madame,

Les renseignements recueillis par notre bureau révèlent que vous étiez à la charge de feu le canonnier James-Aloysius Madore, matricule D-132355, immédiatement avant sa mort; vous avez donc droit à la gratification de service de guerre payable à l'égard de son service.

Comme nous n'avons pas encore reçu votre demande de gratification je vous prierais de remplir la formule ci-annexée et nous la renvoyer le plus tôt possible.

Veillez agréer, madame, mes respectueuses salutations.

Pour le trésorier-payeur général,



(K.W. Rice), capitaine.

Pièce jointe

Mme Mary Madore,  
Rapides des Joachims,  
Comté de Pontiac, P.Q.



CANADA

FRENCH TRANSLATION PLEASE

IN REPLY PLEASE QUOTE

No. C.D. 1896  
405-M-34142  
WSG/G

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

Ottawa, Ontario, 2nd May 1946

Mrs. Mary Madore,  
Rapides des Joachims,  
Pontiac Co., P.Q.

Re: D-132355 Gnr. MADORE, James Aloysius

Dear Mrs. Madore:

Information assembled in this office reveals that you were dependent upon the marginally named deceased soldier immediately prior to his death, and you are therefore entitled to receive the War Service Gratuity payable on behalf of his service.

As we have not as yet received your application it is requested that you please complete the attached form, returning it to this office as soon as possible.

Yours truly,

*G. W. Rice*  
(K. W. Rice) Capt.,  
for Paymaster-General.





CANADA

WSG 18

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

In reply quote No. D 132355

Paymaster-General,  
War Service Gratuity Branch,  
No. 8 Temporary Building,  
O T T A W A.

Your File References:-

H.Q. 405 M.34,142

Serial No. C.D. 1896

April 20, 1946.



Re: D.132355 MADORE, J.A.

1. Reference your memorandum of **March 15, 1946.**
2. The Dependents' Allowance Board has found that **Mrs. Mary Madore** was **DEPENDENT** on the marginally-named at the date of casualty, as required by Section 4 of the War Service Grants Act.

DEPENDENTS' ALLOWANCE BOARD

For R. O. G. Bennett, Chairman.

LW

B44



DEPARTMENT OF NATIONAL DEFENCE

A R M Y

Ottawa, Ontario: 15th March, 46

Serial No: C.D.1896

File No: 405.M.34,142

Attention: B. 44

The Chairman,  
Dependents' Allowance Board,  
Experimental Farm,  
OTTAWA, Ontario.

Reg. Number D.132355

Name of deceased MADORE, J.A.

Applicant's Name Mrs. Mary Madore,  
Rapides des Joachims,  
Address Pontiac Co., P.Q.

Relationship to deceased Mother.

1. The above named applicant for the War Service gratuity who was in receipt of assigned pay of \$ 20.00 monthly at the date of the serviceman's death/discharge 17th May 1944, received neither a supplementary award of dependents' allowance subsequent to death nor a pension dating from the time of death.

2. Will you therefore please investigate to determine whether the applicant could be considered to be a dependent of the deceased within the spirit and intent of the War Service Grants Act, 1944, at the time of the member's death.

3. This case is that of a person who claims to be a dependent within Group "B" of the Directive issued by the Minister of Veterans Affairs on the 16th December, 1944.

4. When the investigation has been completed and the question of dependency determined, may advice be forwarded to the War Service Gratuity Section of the Paymaster-General's Branch, please.

*Kw Rice*

(K.W. Rice) Capt.  
for PAYMASTER/GENERAL.

DEPARTMENT OF NATIONAL DEFENCE

- ARMY -

Ottawa, Canada

26th February 1946

Chief Treasury Officer,  
Department of Veterans Affairs,  
OTTAWA, Ontario.

Dear Sir:

An application for the War Service Gratuity in respect  
of the late D-132355 Gnr. MADORE, J.A.  
has been received from Mrs. Mary Madore *Machew*  
residing at Rapides des Joachims, Pontiac Co., P.Q. *#20.00*

Will you kindly notify the undersigned as to whether  
or not the applicant is receiving a pension, or did receive  
a pension in respect of the deceased member effective from  
the date of his death 17th May 1944. For  
this purpose please do not include a pension payable under  
Section 33 (3) of the Pension Act, dating from a time sub-  
sequent to the member's death.

For convenience, please use the space provided below  
and return this request to the Secretary, Department of  
National Defence (Army) Attention: Paymaster-General.

If no pension is now being paid, but at a later date  
the Canadian Pension Commission authorizes payment of a  
pension to the applicant, other than under Section 33(3) of  
the Pension Act, will you kindly notify this office accord-  
ingly by separate communication, giving the date from which  
the pension was awarded.

Yours truly,

*K. W. Rice*

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

Is the applicant receiving a pension or did the  
applicant receive a pension effective from the date of the  
member's death?

~~Yes~~ or No

Certified Correct

*W. E. Boucher*  
for Chief Treasury Officer,  
Department of Veterans Affairs



Reg. No. CX 1896

Nominal Roll No. D-596

H.Q. File No. 405-M-34142

To: P.M.G.

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-132355	GNR	MADORE	JAMES ALOYSIUS

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>5 MAY 42</u>	T.O.S.	T.O.S.
S.O.S. <u>17 MAY 44 MD d/s</u>	S.O.S. MD	S.O.S. MD
Total Days <u>560</u>	Total Days	Total Days

**Total Service** 560 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	145	✓	145
Overseas Service	415	✓	415
Totals	560	✓	560
Add Non-qualifying Service			✓
<b>Total Service</b>			<u>560</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 17 MAY 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature [Signature]  
 Checker's Signature [Signature]  
 Date Computed 3 May 45

**DIED WHILE IN SERVICE**  
 DIED OF WOUNDS 17 MAY 44

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

[Signature]  
 C. L. LAURIN,  
 Colonel, [Unit]  
 DIRECTOR OF RECORDS.



CASUALTIES ONLY

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

Register No. C.D. 1896

File No. 405-M-34142

WAR SERVICE GRANTS ACT 1944

Ottawa 11th Feb. 194 6

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

Service No. D-132355

Name James, Aloysius, Madore,  
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. Rice*

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

Name	Amount
<i>Nil</i>	<i>Nil</i>

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 per-  
sons in receipt of A.P. who may  
be classed as Dependents under  
W.S.G. Act, 1944, and amount of  
monthly assignment.

<i>Mrs Mary Madore</i>	<i>2000</i>

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.


*A. Beddo*

For Chief Treasury Officer,  
D.A. & A.P. Branch

18/2 194 6

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.

CASUALTIES ONLY

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

Register No. C.D. 1896

File No. 405-M-34142

WAR SERVICE GRANTS ACT 1944

Ottawa 11th Feb. 194 6

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

Service No. D-132355

Name James, Aloysius, Madore,  
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. 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.

*Nil* \$ *Nil*

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

*Mrs Mary Madore* 2000

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

~~*nil*~~

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

*L. Budno*

18/2 194 6

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.

le 17 août 1945.

Madame,

Des renseignements ont été reçus d'outre-mer à l'effet que les restes de votre fils, le canonnier James Aloysius MADORE, matricule D-132355, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 21, rangée J, lot 5, au cimetière militaire de Cassino, à Cassino en Italie. (Carte marquée ci-jointe) Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assuré qu'à ce moment nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, madame, mes respectueuses salutations.

Mme Marie Madore,  
Rapide des Joachims,  
Cté de Pontiac, Qué.

Pour l'adjudant général,

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

/MA

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CANADA

QUOTE NO. H.Q. 405-M-34142 D.R. 2(D)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

OTTAWA, CANADA,

F.T.

15th August, 1945.

Mrs. Mary Madore,  
Rapides de Joachims,  
Pontiac County, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D132355 Gunner James Aloysius Madore, have now been carefully exhumed from the original place of interment and reverently re-buried in grave 21, row J, plot 5, of Cassino Military Cemetery, Cassino, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

28

File No 405-M-34142

REBURIAL

NO D132355

RANK Gnr.

NAME MADORE, J.A.

NAME OF CEMETERY Cassino Military Cemetery

LOCATION OF CEMETERY Cassino, Italy.

GRAVE LOCATION Plot 5, Row J, Grave 21.

AUTHORITY 54-27-88-2 Vol. 15

Reburial list.

27

RECORDS OFFICE (OVERSEAS)  
CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME... MADORE, James Aloysius..... PLACE & DATE OF BIRTH... Rapids des Joachims, P.Q. Canada  
21 MAR 1922.....  
RANK... Gunner..... REGIMENTAL NO... D-132355.....  
UNIT... 1 A/Tk. REGT. R.C.A...... NEXT OF KIN... MOTHER:.....  
A.A.I...... ADDRESS... Mrs. Mary MADORE,.....  
Rapids des Joachim, Co. Pontiac, P.Q.  
Canada.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION  
OF HOSPITAL.....  
DIAGNOSIS.....

PARTICULARS OF DEATH

DATE OF DEATH... 17 MAY 44..... PLACE OF DEATH... ITALY......  
HRS.....  
CAUSE OF DEATH... DIED OF WOUNDS.....

PARTICULARS OF BURIAL

DATE OF BURIAL... 18 May 45..... CEMETERY... CASSINO SH. 160/II MR......  
812131 - 100 yds north side of  
DEATH CERT. NO..... LOCATION OF CEMETERY... road, 20 yds to  
right of farmhouse.  
DATE OF REGN OF DEATH CERT..... PLOT NO..... ROW..... GRAVE.....  
RELIGION... R.C......  
DATE... 26 March 45......

Extracted from Burial Records,  
RECORDS OFFICE OVERSEAS.  
ACTON, LONDON, W.3.

*B. E. Willian*  
(B. E. WILLIAN) Capt.  
For (R. T. E. NICKS-LYNE) Colonel.  
Officer i/c Records,  
Canadian Military Headquarters.

*Noted  
DR 2 (S)*

*26*

RECORDS OFFICE (OVERSEAS)  
CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME.. MADORE, James Aloysius..... PLACE & DATE OF BIRTH... Rapids des Joachims, P.Q. Canada  
21 MAR 1922.....  
RANK.. Gunner..... REGIMENTAL NO... D-132355.....  
UNIT.. 1 A/Tk. REGT. R.C.A...... NEXT OF KIN... MOTHER.....  
A.A.I...... ADDRESS.. Mrs. Mary MADORE,  
Rapids des Joachim, Co. Pontiac, P.Q.  
Canada,

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION  
OF HOSPITAL.....  
DIAGNOSIS .....

PARTICULARS OF DEATH

DATE OF DEATH... 17 MAY 44..... PLACE OF DEATH... ITALY.....  
HRS .....

CAUSE OF DEATH... DIED OF WOUNDS.....

PARTICULARS OF BURIAL

DATE OF BURIAL ... 18 May 45..... CEMETERY... CASSINO SH.160/II MR.  
812131 - 100 yds north side of  
DEATH CERT. NO..... LOCATION OF CEMETERY... road, 20 yds to  
right of farmhouse.  
DATE OF REGN OF DEATH CERT..... PLOT NO..... ROW..... GRAVE.....  
RELIGION.. R.C......

DATE... 26 March 45.....

Extracted from Burial Records,  
RECORDS OFFICE OVERSEAS.  
ACTON, LONDON, W.3.

*B. E. Willan*  
(B.E. WILLAN) Capt.  
For (R.T.E. HICKS-LYNE) Colonel.  
Officer i/c Records,  
Canadian Military Headquarters.

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**CASUALTY SECTION EXTRACT FORM**



Message Received from E/CAS/5700

Time Message Received.....

Date Message Received 25 May 44

**AAI**

REGIMENTAL No. D.132355 RANK GNR NAME MADORE FULL CHRISTIAN NAMES JAMES ALOFSIUS  
 UNIT 1 A/TK. REGT. RCA. 20/1

DIED OF WOUNDS 17 May 44 Prev: Wnd. 'A' #38.  
 CASUALTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. or D.I.  
 (This information must be clearly stated)

Hospital Admitted to..... Date.....  
 Hospital Transferred to..... Date.....  
 Hospital Transferred to..... Date.....  
 Hospital Discharged from..... Date.....

ENTERED ON  
 CAS. CARD  
 S. LIST A439

**FOR VERIFICATION CLERK**

IMPORTANT

NEXT-OF-KIN

IMPORTANT S. LIST

If next-of-kin is in CANADA—Give full Address and Relationship.  
 If next-of-kin is in U.S.A.—Give full Address and Relationship.  
 If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

NEXT-OF-KIN MRS MARY MADORE RELATIONSHIP MOTHER

Address RAPIDS des JOACHIMS  
Co. PONTIAC, Quebec, CAN.  
RAPIDS DES JOACHIMS  
 Home Town Co. PONTIAC, Quebec, CAN.  
 Cable No. 6138

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

Verification Clerk's Signature. M. Y. G.  
17-24

# DISCHARGE DOCUMENTATION

## CHECKERS' OBSERVATIONS

No. 8132355 RANK Private NAME Madore James A Loyd

	OBSERVATIONS
<u>SOS</u> <u>17/5/44</u> <u>U.K.</u> <u>Deceased</u>	
M.F.M. 81 or 23.....	_____
M.F.M. 1 or 2 or 103 or 153.....	_____
M.F.M. 4.....	_____
M.F.M. 5.....	_____
M.F.M. 6.....	_____
M.F.M. 7 or 24 or M.F.B. 241.....	_____
M.F.M. 94 (for Officers).....	_____
M.F.M. 105.....	_____
M.F.M. 182.....	_____
M.F.M. 196.....	_____
M.F.B. 227 (in triplicate).....	_____
M.F.M. 30 (in triplicate).....	_____
Special Medical Reports (if any) 3.....	_____
M.F.B. 465 No. 2 Sheet.....	_____
M.F.D. 930A.....	_____
P. & N.H. Form (W.D.) 12.....	_____
R.C.A.F. Form M1 or M2 (Transferred to R.C.A.F.).....	_____
M.F.B. 375 (for Deserter).....	_____
M.B.M. 1 (Pay Book for Deserter).....	_____
Copy of Birth Certificate (if under age).....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____
.....	_____

BE SURE YOU ARE RIGHT THEN CHECK AGAIN

NOTE:—Has record of BLOOD TEST been noted on Page 3 of M.F.M. 1 or 2?  
Does Date of Discharge as shown on all relevant documents agree, i.e., M.F.M. 1 or 2 (Page 2), M.F.M. 23 or 81, M.F.D. 930A or Discharge Certificate?

Has correct Routine Order Authority for Discharge been shown?

REMARKS:— M F M 182 Removed and Forwarded to CIR

*KT*

*E. J. S.*

Checker.

Date MAY 15 1945

BEW/ID.

REC/D/132355

CANADIAN MILITARY HEADQUARTERS,

405-M-34142

RECORDS OFFICE,  
Government Building,  
Bromyard Avenue,  
ACTON W. 3.

The Director of Records,  
Department of National Defence,  
Ottawa Ontario,  
CANADA.

26 March 45.  
Director of Records  
A. G. Branch.  
MAY 12 1945  
Nat. Defence Hqr  
Ottawa, - Canada.

D.132355 Gnr. MADORE J.A., deceased.

Enclosed please find the undermentioned documents in respect of the m/n deceased soldier:-

- ✓ M.F.M.2 (trip)
- ✓ M.F.M.4.
- ✓ M.F.M.6.
- ✓ M.F.B.465 & B.
- ✓ M.F.M.14
- ✓ M.F.M.182
- ✓ Notification of \$50 Victory Loan Bonds
- ✓ Casualty Section form
- ✓ Records Office Grave Regn Card in dup.

*B. E. Willan*  
(B.E. WILLAN) Capt.  
for COLONEL,  
O i/c Records,  
CANADIAN MILITARY HEADQUARTERS.

Encls.

DOCUMENTS RECEIVED  
IN DISCHARGE SECT.  
MAY 10 1945  
DIRECTORATE OF  
RECORDS, N.D.H.Q.

405 - M-34-142

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

Director of Records  
A. G. Branch

MAY 17 1945

DATE \_\_\_\_\_

C.N.S.F. A.28

Nat. Defence Hqrs.  
Ottawa -:- Canada



✓

# FIELD SERVICE

405-M-3442

Army Form B, 2090A.

**REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.**

REGIMENT } 1 A/T/ REGT. R.C.A. Squadron, Troop, }  
OR CORPS } Battery or Company }  
Officer's Personal No. (if known) } D-132355 Rank GNR.  
Soldier's Army No. }

Surname MADORE Christian Names J.A.

Died { Date 17 May 44 Place Italy  
Cause of Death\* Died of wounds

Nature and Date of Report Teleprint Date 22 May 44

By whom made ADMS 1 CDN DIV

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Cassino, Sheet 160/II MR812131 -100 Yds  
north side of rd. 20 yds to right of Date 18 May 44  
farm house  
By whom reported 4 C. F. A.

State whether he leaves { (a) in Army Book 64 No  
a Will or not { (b) as a separate document No

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and } Field Signature of Officer in charge of Section }  
Date } 17 Jun 44 Adjutant-General's Office at the Base } *Geary Lieut*

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (ITALY)						Official name of civil municipality or township	Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township							
	Street	No.						Hospital or Institution								
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
	3. NAME OF DECEASED															
RESIDENCE	Surname	MADORE (Block letters) James Aloysius														
	Given names															
4.	Street	No.														
	Official name of civil municipality or township	Rapides des Joachims														
5. SEX	Municipal county	Province														
		Pontiac Quebec.														
6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word) Single														
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec																
11. DATE OF BIRTH March 21st. 1922																
12. AGE OF DECEASED Years 23 Months Days If less than one day old .....hrs. or.....min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Lumbering															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
15. Date deceased last worked at this occupation																
16. Total years spent in this occupation																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER MADORE, Willie																
MOTHER (Maiden Name)																
19. Place of burial, cremation or removal Italy																
20. Date of burial.....19.....																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....															
	(b) Civil municipality of.....															
	(c) Municipal county.....															
	(d) Date.....19..... (Month) (Day) (Year)															
22. Date of death..... May 17th 1944 (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from .....19..... to .....19..... and last saw him..... alive on .....19.....																
24. CAUSE OF DEATH																
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. Died of wounds received in action.																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... due to (c).....																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (b)..... (c).....																
III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days																
25. If a woman, was there a puerperal condition?.....																
26. Was there a surgical operation?..... Date of.....19..... State findings..... Was there an autopsy?.....																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide..... Date.....19..... (State which) Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place.....																
Signed..... M.D. Address..... Date..... 19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) This signature authorizes the collector to receive this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. Dept. of National Defence (Voir l'autre côté pour le français)																

OVERSEAS CASUALTY  
CANADIAN ARMY

NOV 24 1944

1. LIEU DU DÉCÈS	Comté municipal		Nom officiel de la municipalité civile ou du canton			Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité   Ville   Village   Paroisse   Canton											
	Rue		No.			Hôpital ou institution											
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours	
3. NOM DU DÉFUNT	Nom de famille..... (Lettres moulées)					N'écrivez pas dans cet espace					CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS						
4. RÉSIDENCE	Noms de baptême ou prénoms.....										22. Date du décès..... (jour) (mois) 19..... (année)						
	Rue..... Nom officiel de la municipalité civile ou du canton..... Comté municipal.....					No..... Province.....					23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19..... jusqu'au.....19..... que je l'ai vu vivant pour la dernière fois le.....19.....						
5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE			8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)			24. CAUSE DU DÉCÈS									
9. Si le défunt était marié, nom de son conjoint								I Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.									
10. LIEU DE NAISSANCE (Province ou pays)								(a)..... dû à									
11. DATE DE NAISSANCE..... (jour) (mois) (année)								États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b)..... dû à (c).....									
12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour .....hrs. ou.....min.				II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. (a) Date d'éclosion.....19..... (b) Durée de la maladie.....jours									
OCCUPATION	13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.....				14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.....				15. Dernière date à laquelle le défunt vaquait à ce travail				16. Nombre d'années occupées dans cette profession				
	17. NOM				18. LIEU DE NAISSANCE (Province ou pays)				III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19..... (b) Durée de la maladie.....jours								
PÈRE									25. S'il s'agit d'une femme, y avait-il état puerpéral?.....								
MÈRE (Nom de fille)									26. Y a-t-il eu intervention chirurgicale?..... Date de l'opération.....19.....								
19. Lieu de l'inhumation, de l'incinération ou destination du transport								Constatactions..... Y a-t-il eu autopsie?.....									
20. Date de l'inhumation.....19.....								27. Dans les cas où le décès est attribuable à des causes extérieures (violence):— Accident, suicide ou homicide..... Date.....19..... (Spécifier) Manière de la blessure..... (Dans quelle circonstance) Nature de la blessure.....									
21. LIEU DE L'EN-REGISTREMENT DE CETTE SÉPULTURE	(a) Nom de la paroisse ou église.....				(b) Municipalité civile de.....				(c) Comté municipal.....				Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public.....				
	(d) Date.....19..... (jour) (mois) (année)								Signature..... M.D.				Adresse..... Date.....19.....				
								28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)				29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.					
								Cette signature autorise le collecteur à accepter la formule comme authentique.				(For English see other side)					

P.A.

**KILLED IN ACTION (Continued)**

\*\*\*\*\*

405-M-34,142

CENTRAL ONTARIO REGIMENT

22. JOHN, MAURICE, PTE., B48765, MRS. LILLIAN JOHN (MOTHER),  
CHIPPAWA HILL, ONT.

**KILLED ACCIDENTALLY**

\*\*\*\*\*

CANADIAN ARMoured CORPS

23. HORAN, ERNEST BLISS, TPR., L50065, MRS. MABEL HORAN (WIFE),  
209 - 29TH ST. W., SASKATOON, SASK.

BRITISH COLUMBIA REGIMENT

24. KOSCIELNY, STANLEY FRANK, PTE., K47685, JOSEPH KOSCIELNY (FATHER),  
ELPHINSTONE, MAN.

**DIED OF WOUNDS**

\*\*\*\*\*

CANADIAN ARMoured CORPS

25. DOAK, GORDON WALLACE, S/SGT., E36098, MRS. GLENNA M. DOAK (WIFE),  
LENNOXVILLE, QUE.

RECONNAISSANCE UNITS

26. KRYLOWATY, JOHN, TPR., L41279, MRS. PAULINE MOSKAL (SISTER),  
ITUNA, SASK.

ROYAL CANADIAN ARTILLERY

27. MADORE, JAMES ALOYSIUS, GNR., D132355, MRS. MARY MADORE (MOTHER),  
RAPIDES DES JOACHIMS, QUE.

CENTRAL ONTARIO REGIMENT

28. CALLAWAY, RICHARD COOK, PTE., B43336, MRS. SADIE CALLAWAY (MOTHER),  
714 NORTH JEFFERSON ST., MADISON,  
INDIANA, U.S.A.

29. DUCHARME, RHEAL GERALD JOSEPH, PTE., B147086, MRS. FLORA DUCHARME  
(MOTHER), 83 NELLES RD., WELLAND, ONT.

30. MOORE, MERCER GORDON LOUIS, CPL., B111714, MRS. ALBERTA MOORE (MOTHER),  
28 WILSON RD S., OSHAWA, ONT.

EASTERN ONTARIO REGIMENT

31. GREEN, HOWARD KENNETH, L/CPL., C6239, EVERETT GREEN (BROTHER),  
3 STRACHAN ST., BELLEVILLE, ONT.

NOVA SCOTIA AND P.E.I. REGIMENT

32. ASHE, EDWARD HENRY, L/CPL., F50449, MRS. SARAH ASHE (MOTHER),  
21 SECOND ST., NEW ABERDEEN, N.S.

The Administrator of Estates.

Regimental No. **D132355** Rank **Gnr.**

**MADORE** Surname **James Aloyius** Christian Names

Unit **1 Army Tank Regiment. R.C.A.**

Date of Death **17-5-44** Place of Death **Overseas (Mediterranean)**

Next-of-kin **Mrs. Mary Madore** Relationship **Mother**

Address **Rapides de Joachims, Pontiac Co., Que.**

M.F.M.5. **Photostat Copy herewith**

Will **Original Wills d/6-11-42 and d/18-3-43 herewith**

Date **12-6-44**

*Memo. X. Mother  
16/6/44 H.A. Z*

HMG/NJH

*C. L. Laurin  
Colonel  
Director of Records*

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

le 7e juin, 1944.

Mme Marie Madore,  
Rapides des Joachims,  
Comte de Pontiac, Que.

Re: D.132355 canonnier James Aloysius MODORE.  
1st Army Tank Regiment R.C.A. (C.A.)

Cher madame:

Relativement au décès de votre **fil**s, le militaire susnommé, je suis chargé de vous envoyer sous ce pli, pour que vous les conserviez, un "Avis confidentiel" et des "Renseignements pour l'information et la gouverne des familles des militaires portés disparus, morts, internés ou prisonniers de guerre". Ces renseignements vous intéresseront sans doute et vous seront utiles.

Veillez agréer, **madame**, l'expression de mes sentiments distingués.

Pour l'adjudant-général,  
le directeur des archives,

GR/CC

*h* (C.L. Laurin) colonel.

le 7e juin, 1944.

Chère madame,

C'est avec un profond regret que j'apprends le décès de votre fils, le canonier James Aloysius MADORE, matricule D-132355, qui a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 17 mai 1944.

D'après les renseignements officiels que nous avons reçus, votre fils est décédé à la suite de blessures reçues au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

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.

Nous rendons hommage au canonier Madore pour son vaillant sacrifice.

Votre bien dévoué,  
l'adjutant-général,

H. F. G. LETSON  
Major - General  
Adjutant - General

JUN 5 1944

(H.F.G. Letson),  
major-général.

Mme Marie Madore,  
Rapides des Joachims,  
Côté de Pontiac, Qué.

157

F.T.

Mrs. Mary Madore,  
Rapides de Joachimes,  
Pontiac Co., Que.

Dear Mrs. Madore,

It is with deep regret that I learned of the death of your son, D132355 Gunner James Aloysius Madore, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 17th day of May, 1944.

From official information we have received, your son died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON  
Major-General  
Adjutant-General

JUN 5 1944

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

GR/SJR

P.h.



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D132355**

RANK **Gnr.**

SERVICE UNIT **1 Army Tank  
Regt. R.C.A. (C.A.)**

NAME

**MADORE, James Aloysius**

DATE OF BIRTH

DAY **21st** MONTH **March** YEAR **1922** Enlisted: **5-11-42**

MARITAL STATUS

**Single** Religion: **Roman Catholic**

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

**Mother**

NAME  
ADDRESS  
D.A.B.

**Mrs. Mary Madore,**

ADDRESS

**Repides de Joachims, Pontiac Co., Que.**

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO.

**Canrecords 6138 H.Q. 405-M-34,142**

CASUALTY DETAILS

**Died of Wounds.**

DATE **17-5-44**

LAST WILL ATTACHED TO  
NOTIFICATION TO A. OF E?

YES/NO

**SJR**

M.F.M.S. ATTACHED TO  
NOTIFICATION TO A. OF E?

YES/NO

DATE

**30-5-44**

OFFICER I/C RECORDS

**5**

**COPY FOR C.R. FILE**

**13**

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

30th May, 1944

Commissioner of Income Tax,  
Department of National Revenue,  
Ottawa, Ontario.

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

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

Regimental No. **D132355** ..... Rank ..... **Cnr.**

Surname ..... **MADORE** .....

Christian Names ..... **James Aloysius** .....

Nature of Casualty ..... **Died of Wounds** .....

Date of Casualty ..... **17-5-44** .....

Address at time of enlistment ..... **Rapides de Joachims,**  
..... **Pontiac Co., Que.**

..... **enlisted: 5-11-42** .....

Date of Birth ..... **21-3-22** .....

Marital Status (On enlistment) ..... **Single** .....

Marital Status (Present) ..... **Single** .....

Occupation ..... **Lumbering** .....

Name and address of Next-of-Kin ..... **Mrs. Mary Madore,**  
..... **Rapides de Joachims, Pontiac Co., Que.**

GR/SJR

*P. Auguste Baril*  
 (C.L. Laurin) Colonel,  
 Director of Records,  
 for Adjutant-General.



# CANADIAN PACIFIC TELEGRAPHS

*World Wide Communications*

W. D. NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

✓  
RNA246 12/9 GB COLLECT

1944 MAY 27 PM 1 49

*oh*  
MOORLAKE ONT 27 125 OP

ARMY CASUALTY SECTION

*491*

8 TEMPORARY BLDG OTTAWA

*491*

MESSAGE 13165 GNR JAMES ALOYSUIS MADORE D132355 DELIVERED

AGENT

15:10

*K*  
RIF. A.C. BRANCH  
MONTREAL  
MAY 27 1944

1944 MAY 27

*11*

**CANADIAN NATIONAL  
TELEGRAPHS**

DAY LETTER

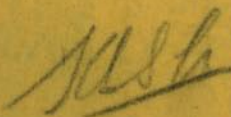
NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA 26 MAI 1944

TO: MME MARIE MADORE  
RAPIDES DES JOACHIMS  
QUE

13165 REGRETTONS PROFONDEMENT VOUS INFORMER CANONNIER JAMES ALOYSIUS  
MADORE D132355 MAINTENANT OFFICIELLEMENT PORTE DECEDE A LA SUITE DE  
BLESSURES DIX SEPT MAI 1944 STOP PLUS AMPLES DETAILS SUIVRONT SUR  
RECEPTION



le directeur des archives militaires

PREPAID

Exclusive Connection  
with  
WESTERN UNION  
TELEGRAPH CO.

Cable Service  
to all the World

Money Transferred  
by Telegraph

# CANADIAN NATIONAL TELEGRAPHS



D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to  
Veuillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

MM

26 MAY 1944

F.T.

MRS MARY MADORE  
RAPIDES DES JOACHIMS  
QUEBEC

13165 REGRET DEEPLY D132355 GUNNER JAMES ALOYSIUS MADORE NOW OFFICIALLY  
REPORTED DIED OF WOUNDS SEVENTEENTH MAY 1944 STOP FURTHER INFORMATION  
FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

## CANADIAN NATIONAL TELEGRAPH COMPANY

(OPERATING ITS OWN LINES AND THOSE OF THE GREAT NORTH WESTERN TELEGRAPH COMPANY, THE GRAND TRUNK PACIFIC TELEGRAPH COMPANY AND CANADIAN GOVERNMENT RAILWAYS). HERINAFTER CALLED THE COMPANY.

TERMS AND CONDITIONS UPON WHICH TELEGRAPH AND CABLE MESSAGES SHALL BE TRANSMITTED ARE PRESCRIBED BY ORDER NO. 49274, DATED DECEMBER 5TH, 1932, OF THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA AND PUBLISHED IN THE CANADA GAZETTE.

IT IS AGREED BETWEEN THE SENDER OF THE MESSAGE ON THE FACE OF THIS FORM AND THIS COMPANY THAT THIS COMPANY SHALL NOT BE LIABLE FOR DAMAGES ARISING FROM FAILURE TO TRANSMIT OR DELIVER, OR FOR ANY ERROR IN THE TRANSMISSION OR DELIVERY OF, ANY UNREPEATED TELEGRAM, WHETHER HAPPENING FROM THE NEGLIGENCE OF ITS SERVANTS OR OTHERWISE, OR FOR DELAYS FROM INTERRUPTIONS IN THE WORKING OF ITS LINES, FOR ERRORS IN CIPHER OR OBSCURE MESSAGES, OR FOR ERRORS FROM ILLEGIBLE WRITING, BEYOND THE AMOUNT RECEIVED FOR SENDING THE SAME.

TO GUARD AGAINST ERRORS, THE COMPANY WILL REPEAT BACK ANY TELEGRAM FOR AN EXTRA PAYMENT OF ONE-HALF THE REGULAR RATE; AND, IN THAT CASE, THE COMPANY SHALL BE LIABLE FOR DAMAGES SUFFERED BY THE SENDER TO AN EXTENT NOT EXCEEDING \$200.00, DUE TO THE NEGLIGENCE OF THE COMPANY IN THE TRANSMISSION OR DELIVERY OF THE TELEGRAM.

CORRECTNESS IN THE TRANSMISSION AND DELIVERY OF MESSAGES CAN BE INSURED BY CONTRACT IN WRITING, STATING AGREED AMOUNT OF RISK, AND PAYMENT OF PREMIUM THEREON AT THE FOLLOWING RATES, IN ADDITION TO THE USUAL CHARGE FOR REPEATED MESSAGES, VIZ: ONE PER CENT. FOR ANY DISTANCE NOT EXCEEDING 1000 MILES, AND TWO PER CENT. FOR ANY GREATER DISTANCE.

THIS COMPANY SHALL NOT BE LIABLE FOR THE ACT OR OMISSION OF ANY OTHER COMPANY, BUT WILL ENDEAVOR TO FORWARD THE TELEGRAM BY ANY OTHER TELEGRAPH COMPANY NECESSARY TO REACHING ITS DESTINATION, BUT ONLY AS THE AGENT OF THE SENDER AND WITHOUT LIABILITY THEREFOR. THE COMPANY SHALL NOT BE RESPONSIBLE FOR MESSAGES UNTIL THE SAME ARE PRESENTED AND ACCEPTED AT ONE OF ITS TRANSMITTING OFFICES; IF A MESSAGE IS SENT TO SUCH OFFICE BY ONE OF THE COMPANY'S MESSENGERS, HE ACTS FOR THAT PURPOSE AS THE SENDER'S AGENT; IF BY TELEPHONE, THE PERSON RECEIVING THE MESSAGE ACTS THEREIN AS AGENT OF THE SENDER, BEING AUTHORIZED TO ASSENT TO THESE CONDITIONS FOR THE SENDER. THIS COMPANY SHALL NOT BE LIABLE IN ANY CASE FOR DAMAGES, UNLESS THE SAME BE CLAIMED, IN WRITING, WITHIN SIXTY DAYS AFTER RECEIPT OF THE TELEGRAM FOR TRANSMISSION.

NO EMPLOYEE OF THE COMPANY SHALL VARY THE FOREGOING.

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## LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

(EXPLOITANT SES PROPRES LIGNES DE MÊME QUE CELLES DE LA "GREAT NORTH WESTERN TELEGRAPH COMPANY", DE LA "GRAND TRUNK PACIFIC TELEGRAPH COMPANY" ET CELLES DES CHEMINS DE FER DU GOUVERNEMENT CANADIEN)—CI-APRÈS NOMMÉE LA COMPAGNIE.

LES CLAUSES ET CONDITIONS SUIVANT LESQUELLES LES DÉPÊCHES PAR TÉLÉGRAPHE ET PAR CÂBLE SERONT TRANSMISES SONT PRÉSCRITES PAR L'ORDONNANCE NO. 49274 DE LA COMMISSION DES TRANSPORTS DU CANADA EN DATE DU 5 DÉCEMBRE 1932 ET PUBLIÉE DANS LA GAZETTE OFFICIELLE DU CANADA, AINSI QUE PAR L'ORDONNANCE NO. 57471 EN DATE DU 22 MAI 1939.

IL EST CONVENU ENTRE L'EXPÉDITEUR DE LA DÉPÊCHE AU RECTO ET LA COMPAGNIE, QUE LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DES DOMMAGES POUVANT RÉSULTER DU DÉFAUT D'EXPÉDITION OU DE LIVRAISON, OU D'UNE ERREUR DANS L'EXPÉDITION OU LA LIVRAISON D'UNE DÉPÊCHE NON-RÉPÉTÉE, POUR UN MONTANT EXCÉDANT LE PRIX PAYÉ POUR L'ENVOI DE LA DITE DÉPÊCHE, QUE CES DOMMAGES SOIENT DUS OU NON À LA NÉGLIGENCE DES EMPLOYÉS DE LA DITE COMPAGNIE, OU AUTREMENT, OU À DES RETARDS CAUSÉS PAR L'ARRÊT DU FONCTIONNEMENT DES APPAREILS TÉLÉGRAPHIQUES, OU À TOUTE ERREUR DANS UNE DÉPÊCHE DUE À SES CHIFFRES ET À SES TERMES OBSCURS OU À UNE ÉCRITURE ILLISIBLE.

POUR ÉVITER TOUTE ERREUR LA COMPAGNIE RÉPÈTERA UNE DÉPÊCHE MOYENNANT UN PAIEMENT ADDITIONNEL DE LA MOITIÉ DU TAUX RÉGULIER, ET DANS CE CAS LA RESPONSABILITÉ DE LA COMPAGNIE SERA LIMITÉE À \$200.00 S'IL Y A DANS L'EXPÉDITION OU LA LIVRAISON DE LA DITE DÉPÊCHE ERREUR OU RETARD RÉSULTANT DE LA NÉGLIGENCE DE LA COMPAGNIE.

LA RESPONSABILITÉ DE L'EXPÉDITION ET DE LA LIVRAISON PARFAITE D'UNE DÉPÊCHE S'ASSURE PAR CONTRAT ÉCRIT DANS LEQUEL EST STIPULÉ LE MONTANT DU RISQUE ET SUR PAIEMENT, EN PLUS DU TAUX POUR LES DÉPÊCHES RÉPÉTÉES, D'UN SUPPLÉMENT CALCULÉ SUR LA BASE SUIVANTE; UN POUR CENT POUR UNE DISTANCE N'EXCÉDANT PAS 1,000 MILLES ET DEUX POUR CENT POUR UNE PLUS LONGUE DISTANCE.

LA DITE COMPAGNIE NE SERA PAS RESPONSABLE DU FAIT OU DE L'OMISSION D'UNE AUTRE COMPAGNIE, MAIS S'EFFORCERA TOUJOURS DE FAIRE PARVENIR LES DÉPÊCHES À DESTINATION EN SE SERVANT DE CETTE AUTRE COMPAGNIE LORSQUE NÉCESSAIRE. DANS CE CAS ELLE NE SERA CONSIDÉRÉE QUE COMME MANDATAIRE DE L'EXPÉDITEUR ET N'ENCOURRA AUCUNE RESPONSABILITÉ PERSONNELLE. LA RESPONSABILITÉ DE LA DITE COMPAGNIE COMMENCERA SEULEMENT QUAND LES DÉPÊCHES AURONT ÉTÉ PRÉSENTÉES ET ACCEPTÉES À UN DE SES BUREAUX D'EXPÉDITION. LORSQU'UNE DÉPÊCHE EST APPORTÉE À UN DES BUREAUX DE LA COMPAGNIE PAR UN DE SES MESSAGERS CE MESSAGER EST CONSIDÉRÉ COMME MANDATAIRE DE L'EXPÉDITEUR. LORSQU'UNE DÉPÊCHE EST COMMUNIQUÉE AU BUREAU DE LA COMPAGNIE PAR TÉLÉPHONE, LA PERSONNE QUI REÇOIT CETTE DÉPÊCHE EST CONSIDÉRÉE COMME MANDATAIRE DE L'EXPÉDITEUR ET EST CENSÉE AVOIR TOUTE AUTORITÉ POUR CONSENTIR, AU NOM DE L'EXPÉDITEUR À CES CONDITIONS. DANS AUCUN CAS LA COMPAGNIE NE SERA RESPONSABLE POUR DOMMAGES À MOINS QUE DEMANDE N'EN SOIT FAITE PAR ÉCRIT DANS LES SOIXANTE JOURS QUI SUIVENT LA REMISE DE LA DÉPÊCHE À LA DITE COMPAGNIE.

AUCUN EMPLOYÉ DE LA COMPAGNIE N'A LE DROIT DE CHANGER CES RÉGLEMENTS. LA VERSION ANGLAISE DES PRÉSENTES CONDITIONS PRÉVAUDRA.

## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER

6138

PAGE

2

DATE

75-5-44

REG'T'L NUMBER

D 132355

RANK

NAME

MADORE

(SURNAME)

JAMES ALOYSIUS

(CHRISTIAN NAMES)

SERVICE UNIT

NATURE OF CASUALTY

Over 6112

DATE

17 May

Died of wounds

DATE OF BIRTH

DAY

21

MONTH

March

YEAR

1922

P. Quebec

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

Mrs. Mary Madore - mother.

ADDRESS

Rapides des Joachims, Pontiac co., Que  
(C.V.C.)ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENT'S NAMES

ADDRESS  
(IF SOLDIER  
MARRIED OVERSEAS)

RELIGION

Roman Catholic

TRADE OR  
CALLING

Lumbering

LANGUAGES

Eng.

MARITAL STATUS  
ON  
ENLISTMENT

Single

PRESENT  
MARITAL  
STATUS

Single

SOLDIERS  
ADDRESS  
ON  
ENLISTMENTRapides des Joachims, Pontiac Co.  
P.Q.Montreal South  
P.Q.  
5-11-42.

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

EKG

COPY OF CABLE FROM CANRECORDS

#6138 LONDON 0745/25/5/44

E.36098 S/SGT DOAK GW	562/1
B.4618 TPR ROWLAND HT (HA)	562/1
L.50065 TPR HORAN EB	562/1
L.2172 CPL IVISON R	580/1
M.55381 CPL GREEN J	590/1
M.55358 PTE DEAGLE CW	594/1
L.100352 GNR STRANGLUND GE	907/1
L.18560 GNR CLARK WA	907/1
L.46 GNR MCSWEEN J	907/1
L.35217 BDR WARNER JD	907/1
K.31526 CPL GEE N	915/1
M.36512 SPR GIESEN RW	918/1
A.20474 SPR EMERY VH	918/1
H.102623 SPR DINICOL L	918/1
C.79328 SGT CHATHAM JL	943/1
B.83659 PTE NARRAWAY FRV	943/1
F.5296 PTE RICHARD B	943/1
G.12149 A/SGT DAVIDSON GK	1354
D.19080 SPR BARBEAU	1779/1

OUR 6112 D.132355 MADORE

7 KILLED  
2 DIED OF WOUNDS  
20 NAMES.

3 INJURED

33563/TDS/1115/25/5/44

BATTLE CASUALTIES

RECEIVED 1159/25/5/44

WOUNDED 21 MAY SEVERE  
WOUNDED 21 MAY  
KILLED ACCIDENTALLY 20 MAY  
KILLED 20 MAY NEXT KIN  
ROBERT IVISON FATHER 308  
1/2/6TH AVE NORTH SASKATOON  
SASK.  
INJURED SLIGHT DNK  
WOUNDED 21 MAY  
INJURED SLIGHT 20 MAY  
WOUNDED 22 MAY  
WOUNDED 22 MAY  
WOUNDED AND DIED OF WOUNDS  
22 MAY  
INJURED 20 MAY  
KILLED 21 MAY  
KILLED 21 MAY  
KILLED 21 MAY  
WOUNDED 21 MAY  
WOUNDED 21 MAY  
WOUNDED 20 MAY  
KILLED 19 MAY  
KILLED 21 MAY.  
DIED OF WOUNDS 17 MAY.

8 WOUNDED

CANMILITRY





# CANADIAN PACIFIC TELEGRAPHS

## World Wide Communications

C.D. 1R

W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS, MONTREAL

RAC13 12/9 GB COLLECT

*ed. charvost*

MOOR LAKE ONT 25 1245P

*427*

ARMY CASUALTY SECTION

8 TEMPORARY BUILDING OTTAWA ONT

*P*  
1944 MAY 25 PM 1 4

MESSAGE 12732 GNR JAMES ALOYSIUS MADORE D132355 DELIVERED

AGENT

*427* RECORDS A.G. BRANCH  
NAT. DEFENCE HQRS.  
OTTAWA, CANADA

1944 MAY 25

15:00

*6*

C.D. 1R

**CANADIAN PACIFIC  
TELEGRAPHS**

DAY LETTER

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

24 MAI 1944

TO:- MME MARIE MADORE  
RAPIDES DES JOACHIMS QUE

12732 REGRETTONS SINCEREMENT VOUS INFORMER CANONNIER JAMES ALOYSIUS  
MADORE D132355 OFFICIELLEMENT PORTE BLESSE AU COMBAT DIX SEPT MAI  
1944 NATURE ET GRAVITE DE SES BLESSURES NON ENCORE SIGNALEES STOP  
LORSQUE VOUS LUI ECRIREZ AJOUTEZ LES MOTS IN HOSPITAL EN GROS  
CARACTERES APRES LE NOM DE SON UNITE POUR LIVRAISON RAPIDE STOP  
PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

*J. D. L.*  
le directeur des archives militaires

PREPAID

CLASS OF SERVICE	
Full Rate	<input type="checkbox"/>
Day Letter	<input type="checkbox"/>
Night Message	<input type="checkbox"/>
Night Letter	<input type="checkbox"/>
Evening and Sunday Messages	<input type="checkbox"/>
Please mark an X opposite the class of service desired.	

# CANADIAN PACIFIC TELEGRAPHS



World Wide Communications

W. D. NEIL, GENERAL MANAGER OF COMMUNICATIONS MONTREAL

CHECK

TIME FILED

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

CASUALTY

EMG

MAY 24 1944

F.T.

MRS MARY MADORE  
RAPIDES DES JOACHIMS QUE

12732 SINCERELY REGRET INFORM YOU D132355 GUNNER JAMES ALOYSIUS  
MADORE OFFICIALLY REPORTED WOUNDED IN ACTION SEVENTEENTH MAY 1944  
NATURE AND EXTENT OF WOUNDS NOT YET AVAILABLE STOP WHEN ADDRESSING  
MAIL ADD WORDS IN HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR  
QUICK DELIVERY STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

4

D. L. HOWARD, Assistant to General Manager, Montreal

T. A. GOODFELLOW, Assistant Manager, Montreal, Que.

E. R. BACON, Supt., Sudbury, Ont.

H. S. INGRAM, Supt., Toronto, Ont.

W. S. EMERY, Supt., Montreal, Que.

C. W. MACDONALD, Supt., Saint John, N.B.

W. M. THOMPSON, Assistant Manager, Winnipeg, Man.

P. G. McLEAN, Supt., Vancouver, B.C.

L. A. RAYMOND, Supt., Calgary, Alta.

T. H. HOLMES, Supt., Moose Jaw, Sask.

A. J. CLARK, Supt., Winnipeg, Man.

TERMS AND CONDITIONS UPON WHICH TELEGRAPH AND CABLE MESSAGES SHALL BE TRANSMITTED ARE PRESCRIBED BY ORDER No. 49274 DATED DECEMBER 5th, 1932, OF THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA, AND PUBLISHED IN THE CANADA GAZETTE.

It is agreed between the sender of the message, on the face of this form and this Company, that said Company shall not be liable for damages arising from failure to transmit or deliver, or for any error in the transmission or delivery of any un-repeated telegram, whether happening from negligence of its servants or otherwise, or for delays from interruptions in the working of its lines, for errors in cypher or obscure messages, or for errors from illegible writing, beyond the amount received for sending the same.

To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate, and in that case the Company shall be liable for damages, suffered by the sender to an extent not exceeding \$200, due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission and delivery of messages can be insured by contract in writing, stating agreed amount of risk and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz.: one per cent. for any distance not exceeding 1,000 miles, and two per cent. for any greater distance.

This Company shall not be liable for the act or omission of any other Company, but will endeavor to forward the telegram by any other Telegraph Company necessary to reaching its destination, but only as the agent of the sender and without liability therefor. The Company shall not be responsible for messages until the same are presented and accepted at one of its transmitting offices; if a message is sent to such office by one of the Company's messengers he acts for that purpose as the sender's agent; if by telephone the person receiving the message acts therein as agent of the sender, being authorized to assent to these conditions for the sender. This Company shall not be liable in any case for damages, unless the same be claimed, in writing, within sixty days after receipt of the telegram for transmission.

No employee of the Company shall vary the foregoing.

### CLASSES OF SERVICE

#### FULL RATE TELEGRAM

A full-rate expedited service.

#### NIGHT TELEGRAM

Accepted up to 2 a.m. at reduced rates, to be sent during the night and delivered on the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays.

#### DAY LETTERS

A deferred day service at rates lower than the standard telegram rates as follows: One and one-half times the ten-word day telegram rate for the transmission of 50 words or less, and one-fifth of the initial rate for such 50 words for each additional 10 words or less.

Day letters may be forwarded by the Company as a deferred service, and the transmission and delivery of such Day Letters are, in all respects, subordinate to the priority of transmission and delivery of full-rate telegrams.

Day Letters may be delivered by the Company by telephoning the same to the addressees and such deliveries shall be a complete discharge of the obligation of the Company to deliver.

Day Letters are received subject to the express understanding and agreement that the Company does not undertake that a Day Letter shall be delivered on the day of its date absolutely and at all events; but that the Company's obligation in this respect is subject to the condition that there shall remain sufficient time for the transmission and delivery of such Day Letter on the day of its date during regular office hours, subject to the priority of the transmission of full-rate telegrams under the conditions named above.

#### NIGHT LETTERS

Accepted up to 2 a.m. for delivery on the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays, at rates still lower than its standard night telegram rates as follows: The standard day rate for 10 words for the transmission of 50 words or less and one-fifth of the initial rate for such 50 words for each additional 10 words or less.

Night Letters may, at the option of the Company, be mailed at destination to the addressees, and the Company shall be deemed to have discharged its obligation in such cases with respect to delivery by mailing such Night Letters at destination, postage prepaid.

### EVENING AND SUNDAY MESSAGE

An expedited service admitting up to 40 words at the same rate as a 10 word full rate telegram, each additional 10 or a lesser number of words is charged at the rate of 1/5 of the cost for the initial 40 word telegram. Evening and Sunday messages may be filed at any hour where circumstances permit and will be delivered on week days after 7 p.m. point of origin or destination time whichever provides for earlier delivery. The service is also available all day Sunday. If the message should require a reply and the sender prepays same at the time of filing the reply will be charged at 50% of the normal rate for an Evening and Sunday telegram. If the reply exceeds 40 words, each additional ten or a lesser number of words will be charged at 1/5 of the reply paid telegram rate.

## OVERSEAS CASUALTY RESEARCH

CABLE NUMBER

6112

PAGE

1

DATE

23-5-44

REG'T'L NUMBER

R.I. D-132355

RANK

Sgt.

NAME

MADORE

(SURNAME)

James A. Laysius

(CHRISTIAN NAMES)

SERVICE UNIT

(20)

1 A 3K. Regt.

NATURE OF CASUALTY

Killed

DATE

17 May

DATE OF BIRTH

DAY

MONTH

YEAR

NEXT OF KIN AS  
SHOWN ON M.F.M. 1, 2 & 3  
& RELATIONSHIP

MRS MARY MADORE

MOTHER

S.P. LIST 364

ADDRESS

RAPIDES DE S JOACHIMS  
P. 2.

DAB. 6-4-43

ADDITIONAL PERSON  
TO BE NOTIFIED

ADDRESS

PARENT'S NAMES

ADDRESS  
(IF SOLDIER  
MARRIED OVERSEAS)

RELIGION

TRADE OR  
CALLING

LANGUAGES

MARITAL STATUS  
ON  
ENLISTMENTPRESENT  
MARITAL  
STATUSSOLDIERS  
ADDRESS  
ON  
ENLISTMENT

CABLE CHECK

N. OF K. CHECK

TELEGRAM CHECK

JA

COPY OF CABLES FROM CANRECORDS

#6112 LONDON 2245/24/5/44

M.10105 GNR SCOTT AW	5/1	KILLED 19 MAY
L.74456 GNR MEYER H	20/1	WOUNDED 17 MAY
D.7090 SGT BEDARD R.	20/1	WOUNDED 17 MAY
<u>D.132355 GNR MADORE JA</u>	<u>20/1</u>	<u>WOUNDED 17 MAY</u>
H.1860 PTE MCDOUGALL DJ	31/1	KILLED 17 MAY
G.27751 PTE KELEHER WC	31/1	KILLED 17 MAY
D.71562 PTE CHALIFOUX AM	31/1	KILLED 17 MAY
A.50442 A/CPL WILLIAMS WPL	31/1	KILLED 17 MAY
A.105935 PTE DOLL GA	31/1	KILLED 17 MAY
F.75989 PTE MACDONALD J.G.	31/1	KILLED 17 MAY NEXT KIN MRS VERA MACDONALD MOTHER 32 INGLIS STREET HALIFAX N.S.
M.12302 PTE CARRIE R	31/1	KILLED 17 MAY
F.76256 PTE MACMILLAN R.G.	31/1	KILLED 17 MAY
A.117991 A/L/CPL PRYOR LC	31/1	KILLED 17 MAY
G.4616 PTE DEROCHE L	31/1	KILLED 17 MAY
M.107115 PTE KASIK J	31/1	KILLED 17 MAY
G.4534 PTE MACFADDEN WH	31/1	KILLED 17 MAY
K.50954 PTE SAUNDERS HM	37/1	WOUNDED SLIGHT DNK
M.107451 PTE SNEDDON RJ	38/1	WOUNDED SLIGHT 17 MAY
CAPT ARMSTRONG William Hall	39/1	INJURED SEVERE 18 MAY
D.138223 PTE CHOQUETTE JNLB	41/1	WOUNDED SLIGHT 18 MAY
D.106133 A/L/CPL DUBORD B	41/1	WOUNDED <del>DNK</del> AND DIED OF WOUNDS 20 MAY
F.89816 PTE MCNEIL MF	42/1	WOUNDED SLIGHT DNK
F.65087 PTE MACLAREN JE	42/1	WOUNDED SLIGHT DNK
G.17531 PTE PALMATER W W	43/1	INJURED SLIGHT 18 MAY NEXT KIN MARY PALMATER WIFE 1 WOOD BANA CATERHAM SURREY ENGLAND

RECEIVED 0633/24/5/44

BATTLE CASUALTIES

CONTINUED-----

MADORE JAMES ALOYSIUS

D 132355

NAME

REGIMENTAL No.

GNR WILL REQUIRED

NO. 4 DISTRICT DEPOT

RANK

UNIT OF ENLISTMENT

WILL REQUIRED Q3

UNIT AT DATE OF S.O.S.

405-M-34,142 H.Q. FILE No.

WSG COMPLETED

C.A.A.

REGIMENTAL DOCUMENTS

NON-EFFECTIVE BY

NON-EFFECTIVE BY

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M. 1 & 1A) OR (M.F.M.2 & 2A)

DISCHARGE

DISCHARGE

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B 103)

DATE

DATE

PARTICULARS OF FAMILY (M.F.M.5)

REASON

REASON

FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)

AUTHORITY

AUTHORITY

CERTIFICATE OF SERVICE (M.F.M. 8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF.

FORM OF WILL (M.F.M.10 OR M.F.M.10A)

DENTAL RECORD (M.F.B. 465)

DISCHARGE

DISCHARGE

MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)

DATE

DATE

MEDICAL BOARD PROCEEDINGS (M.F.B. 227)

REASON

REASON

TRANSFER CLOTHING STATEMENT (M.F.C. 644)

AUTHORITY

AUTHORITY

LAST PAY CERTIFICATE (M.F.D.930A)

PROCEEDINGS ON DISCHARGE (M.F.M. 23)

PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)

DESERTION

DEATH DECEASED

DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)

DATE

DATE

17-5-44

PAY SHEETS

AUTHORITY

CAUSE

CARDS

DESERTION

AUTHORITY

DC Lm 476 26-6-84

SUNDRY

DATE

AUTHORITY

X MICROFILMED FILM REF 486717-8

H

PROCESSED

RETURN THESE DOCUMENTS TO WAR SERVICE RECORD DEPT. OF VETERANS AFFAIR

No D.132355 Rank Gunner Name MADORE, James Aloysius

Unit R.C.A. Date of death 17th May, 1944.

Died at Italy

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-M-34142 d

N/K Mrs. Mary Madore Relationship Mother

Address Rapides de Joachims, Pontiac Co., P.Q.

Remains buried in \_\_\_\_\_ Cemetery

MR.812131 sheet 160/11 100 yards north side of road, 20  
yards to right of farm house, Cassino, Italy

Grave location \_\_\_\_\_

CHK ✓

OVER



DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. **AUG 17 1945**

RETURN TO BUR. OF STAT. **NOV 24 1944**

ROYAL MESSAGE DESP'D. **JUN 30 1944**

CAN. MESSAGE DESP'D . 2-6-44

Reburial

-----  
Cassino Military Cemetery.  
Cassino, Italy.

Plot 5, Row J, Grave 21.

HI & CR Form Despd. DEC 9 - 1946

Photographs

Despatched

**FEB 13 1948**

17-5-44

FB

AWARDS—CANADIAN ARMY (ACTIVE) **M** (1596)500M-1-44 (3467)  
H.Q. 1772-45-8

(O.C.L.-476)

				FILE NO. 405-M-34142
MADORE, James Aloysius		D-132355	Gnr.	R.C.A.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICEBADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star War Medal, 1939-45 CVSM & Clasp	3291 18/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

Mrs. Mary Madore

(Mother)

ENTITLED TO

Rapides de Joachims,  
Pontiac Co., Que.

ADDRESS:

Apr. 45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Mary MADORE,

(FRENCH)

(1596)

ADDRESS:

Rapides de Joachims, Pontiac Co., Que.

MEMORIAL BAR

(1)

DATE DESP. ....

REGN. NO. 4730

(2)

DESP. JUL 13 1944

REGN No. 436

(3)

ORIGINAL  
DUPLICATE  
TRIPPLICATE

Checked

Card

Observations

FINGER-PRINTED

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

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

Unit R.C.A. (REINF) CA Regimental Number D-1323 55

INF.(R)  
N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01  
GNR

- 1. Surname MADORE
- 2. Christian Names James Aloysius
- 3. Present address Rapids des Joachims, Co. Pontiac, Quebec, Canada.
- 4. Date of birth 21 March 1922
- 5. Place of birth Canada Quebec Rapids des Joachims.  
(Country) (County or Province) (Town or Township)
- 6. Citizenship Canada  
(Of What Country are You Now a Citizen)
- 7. Religion (state denomination) Roman Catholic
- 8. Trade or Calling Lumbering
- 9. Married, Widower or Single Single
- 10. Name of next of kin Mrs. Mary Madore
- 11. Relationship Mother
- 12. Address of next of kin Rapids des Joachims, Co. Pontiac, Quebec, Canada.
- 13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes.  
No. (?) Lanark & Renfrew Highlanders RE from October 1939 to date.  
(If Yes, Give Unit and Dates of Service)
- 14. Have you served in (a) an Active Formation or Unit of The Canadian Army? No.  
(Yes or No) (b) Any other Naval, Military, or Air Force? No.  
(If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
- 15. Did you serve during the Great War 1914-1918? No.  
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, JAMES ALOYSIUS MADORE, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date NOV. 5-1942

Aloysius Madore  
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness

(Name)

(Rank)

Aloysius Madore  
(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at MTL. 5TH. QUE. CAN. this 5th day of NOVEMBER 19 42

R.D. Gauthier

{ Signature of Magistrate, Justice or Attesting Officer.

NO. 4-DISTRICT DEPOT A.F.

{ Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of **MADORE JAMES ALOYSIUS** (Surname) (Christian Names) Regimental Number **D-132355**

QUALIFICATIONS

Military **NIL**  
 Business or Professional **NIL**  
 Trade or Civil **LUMBERJACK**  
 Technical **NIL**  
 Languages **ENG.**

EDUCATIONAL QUALIFICATIONS

High School or Collegiate **NIL** (years completed)  
 Graduation or Matriculation (specify)  
 \*College **7 YRS. PUBLIC SCHOOL**  
 \*University **NIL**  
 \*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
<i>2301</i> joined on appointment 6-11-42 <b>DRO TOS No.4 DISTRICT DEPOT G A</b>	<b>GNR.</b>	<b>5-11-42</b>	<b>4DD</b>	<b>MTL.STH.</b>	<b>4DD PT.11 268</b>	<b>6-11-42</b>
SOS on transfer to C.A.B.T.C 41 Huntingdon Que	"	18-11-42	"	" "	" " " 278	18-11-42
<b>TOS ON TRANSFER FROM DD</b>	<b>PTE</b>	<b>19.11.42</b>	<b>T.C.41</b>	<b>HTINGDON,</b>	<b>TC 41 PT II - 232A</b>	<b>19-11-42</b>
<i>25/12/42 Grant 5 days Xmas leave Dec 23 Dec 28 50 holiday</i>	"	<i>23.12.42</i>	"	"	<i>21A</i>	<i>25.12.42</i>
<b>26-1-43 S.O.S. to R.C.A. A-2 Petawawa, Ont.</b>	"	<b>26-1-43</b>	"	"	" " 21A	<b>26-1-43</b>
<b>T.O.S.(A2) C.A.T.C. ALL PURPOSES</b>	<b>G.N.R.</b>	<b>27.1.43</b>	<b>(A2) C.A.T.C.,</b>	<b>PETAWAWA</b>	<b>26</b>	<b>1-2-43</b>
<i>Embark leave 11-3-43 to 18-3-43</i>	"	<i>11-3-43</i>	"	"	<b>64</b>	<b>17-3-43</b>
<b>S.O.S. (A-2) C.A.T.C. ALL PURPOSES</b> <i>prcy overseas</i>	"	<b>26.3.43</b>	"	"	<b>72</b>	<b>26-3-43</b>
<b>S.O.S.-C.A. (A.F.) CANADA ON</b>	"	<b>29.3.43</b>	"	"	"	"
<b>EMBARKATION ON</b>	"	<b>29.3.43</b>	"	"	"	"
<b>T.O.S.-C.A. (A.F.) OVERSEAS ON</b>	"	<b>30.3.43</b>	"	"	"	"
<b>TRANSFER ON</b>	"	<b>30.3.43</b>	"	"	"	"
<b>AND DISEMBARKED ON</b>	"	<b>3.4.43</b>	"	"	"	"
<b>T.O.S. 2 C.A.R.U.</b>	"	<b>5.4.43</b>	<b>2(C+R)</b>	<b>U.S.</b>	<b>87</b>	<b>7.4.43</b>

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

**CERTIFICATE OF MEDICAL EXAMINATION**

Date of Medical Examination

Name in full MADORE JAMES ALOYSIUS Place MONTREAL NOV. 4/42

**Part 1. Information obtained from the recruit.**

1. Age 20 2. Have you ever suffered from any of the following diseases?
- |                                   |                          |  |           |
|-----------------------------------|--------------------------|--|-----------|
| a. Rheumatism.....                | <u>NO</u>                | k. Ear disease.....  | <u>NO</u> |
| b. Tuberculosis or pleurisy.....  | <u>NO</u>                | l. Eye disease.....  | <u>NO</u> |
| c. Bronchitis or asthma.....      | <u>NO</u>                | m. Fits.....   | <u>NO</u> |
| d. Heart disease.....             | <u>NO</u>                | n. Nervous or mental disease.....  | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u>                | o. Syphilis.....   | <u>NO</u> |
| f. Stomach or bowel trouble.....  | <u>NO</u>                | p. Gonorrhoea.....   | <u>NO</u> |
| g. Rupture.....                   | <u>NO</u>                | q. Have you ever worn glasses?.....  | <u>NO</u> |
| h. Varicose veins.....            | <u>NO</u>                | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>NO</u> |
| i. Foot trouble.....              | <u>Complains of feet</u> |  |           |
| j. Nasal trouble.....             | <u>no</u>                |  |           |

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

*J. Aloysius Madore*  
Signature of Applicant

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

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

1. Identification marks or scars scar abdomen and right foot
2. Height 5'7 1/2 feet 6 1/2 inches. 3. Weight 153 pounds. Good  
Fair  
Poor
4. Complexion Dark Eyes Brown 5. Development good
- Hair Dark
6. Chest measurement—Girth on full expansion 39 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
- With Glasses— right..... left..... 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth fair reflexes normal
10. Blood Pressure:— S..... D..... (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis -N
12. The abnormalities (congenital and pathological) found on examination are as follows:—  
Color vision ishihara (CN) ears nose throat neg. Dr. W.G. Dalpe.  
two scar on right foot no disability

13. Chest X-Ray N No. 153791 Laboratory at which taken D.P. & N.H. MTL.

**Part 3.** We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category "A".

Special remarks when category lower than A.....

*H. Aubry Major* rank *J.F. Maciver Capt* rank *G. Garon M.D.* rank  
President Member Member  
**H. AUBRY MAJOR J.F. MACIVER CAPT. G. GARON M.D.**

Date Nov. 4/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 6 '42	<i>[Signature]</i>		
NOV 27 '42	<i>[Signature]</i>		
JAN 8 '43	<i>[Signature]</i>		
NOV 6 '42	<i>[Signature]</i>		
2-1-45	<i>[Signature]</i>		

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



UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM  
INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23  
150M-5-44 (4470)  
H.Q. 1772-39-1677

## CANADIAN ARMY PROCEEDINGS ON DISCHARGE

Regimental No. D-132355 Rank Gunner **DECEASED.**

Surname MADORE **C. A. A.**

Christian names James Aloysius

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 1 A/Tk. Regt. R.C.A. Date of Enlistment (CA) 5 Nov 42

Date of Discharge 17 May 44 Total Service (CA) \_\_\_\_\_ yrs. \_\_\_\_\_ days

Place of Discharge Overseas Military District No. \_\_\_\_\_

### 1. DESCRIPTION AT DATE OF DISCHARGE

Age 20 years \_\_\_\_\_ months

Height 5 feet 6 $\frac{1}{4}$  inches

Complexion Dark

Eyes Brown

Hair Dark

Descriptive marks:

Scar abdomen and right foot.

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.



3. M.E.M. 31  
FORM-2-44 (Rev. 10)  
H.P. 174-99-107

INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

(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.)

(Signature of Soldier)

# 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 MADORE JAMES ALOYSIUS (b) Reg'l. No. 2-132355
2. (a) Arm of service ARMY (b) Unit R.C.A. (c) Rank ORR.
3. (a) Date of birth 21 Mar 1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment RAPIDS, DES JOACHINS
4. (a) Place of enlistment MONTRIAL P.Q. (b) Date of enlistment 5 Nov 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.) 5th Grade
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? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

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

## 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 J.R. BOOTS LUMBER CO. Address ROVANTOWN, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) LOGGING AND LUMBER.
20. (a) Your specific occupation LUMBERJACK (b) Number of years' experience at this occupation with any employer 6 yrs.
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 NA (b) Where was it located? NA
23. (a) Number of years engaged in this business NA (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NA

## 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? NA
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NA (c) In what provinces did you have experience? NA

## 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.) NA
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form WELDING

DATE 16 Mar 43 1943 194 SIGNATURE J. A. Madore

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN  
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... MADORE  
(Surname first—Christian names in full—Block capitals)  
..... JAMES ALOYSIUS

(2) Regimental or Official Number and Rank..... D-132355 GNR

(3) Unit..... R.C.A. (REINF) CA

(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..... nil Girls..... nil  
Names and ages..... nil  
.....

(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 appointment or 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. Willie MADORE**  
**Rapids des Joachims, Pontiac Co., Que. Can. carpenter**

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment.....  
**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. Mary MADORE**  
**Rapids des Joachims, Pontiac Co., Que. Can.**

(15) If your mother is a widow, are you her sole or partial support?..... **no**

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

*A. L. Lavoie*  
(Signature of officer or man)

Date..... **November 6th 1942**

**November 6th 1942**  
Officer Commanding.....

Date.....

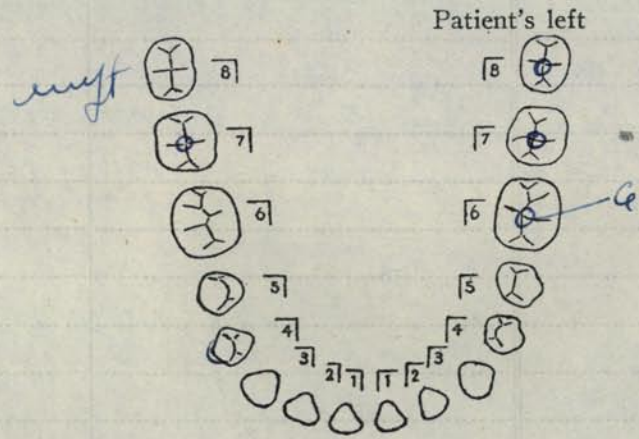
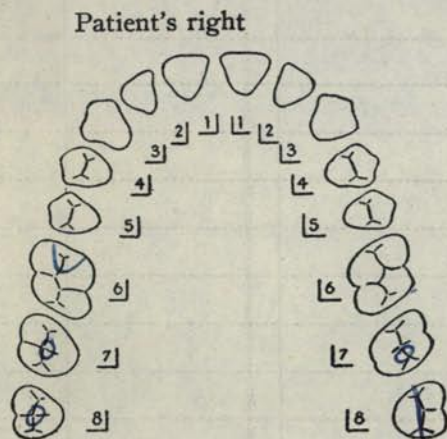
N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

NO. 4-DISTRICT DEPOT A.F.

NAME MADORE James Aloysius RANK Plt GNR AGE 20 REG. No. D-132355

UNIT RGA(REINF)CA. DATE 6 Nov 1942 19    

Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.



ORAL HYGIENE Good  
~~Fair~~  
Neglected } Strike out  
inapplicable  
words.

PROPHYLAXIS required Yes  
~~No~~

MUCOSA  
(Describe any pathological condition briefly)

Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain } Inlay
- GC Gold } Crown
- PC Porcelain } Crown
- RC Richmond } Crown
- JC Jacket

- RC Root Canal
- V's Vincent's
- Pe Periodontia
- Misc. Miscellaneous
- Ra X-Ray

- Br Bridge
- PD Partial } Denture
- CU Complete Upper } Denture
- CL Complete lower } Denture
- A 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 of all serviceable restorations and write description in space adjoining diagram of teeth.

*M. G. Lewis*  
 Signature and unit of examining officer  
 NO. 24 COY. C.D.C.



# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D132355** RANK **Gnr.** SERVICE UNIT **1 Army Tank  
Regt. R.C.A. (C.A.)**

NAME **MADORE, James Aloysius**

DATE OF BIRTH DAY **21st** MONTH **March** YEAR **1922** Enlisted: **5-11-42**

MARITAL STATUS **Single** Religion: **Roman Catholic**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother** NAME **Mrs. Mary Madore,**  
ADDRESS **Repides de Joachias, Pontiac Co., Que.** ADDRESS **D.A.B.**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME  
ADDRESS  
( IF SOLDIER  
MARRIED OVERSEAS )

AUTHORITY CAS. SIG. NO. **Canrecords 6138 H.Q. 409-X-34,142** DATE **17-5-44**  
CASUALTY DETAILS **Died of wounds.**

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

**30-5-44**

**SJR**

OFFICER I/C RECORDS

**6**

COPY FOR DOCUMENT FILE

No. D-132355 RANK GNR NAME MADORE James Aloysius 1. A/TK REGT RCP  
Married   
Widower   
Single

Place of { \*Appointment  
\*Enlistment Montreal South Que Date of { \*Appointment  
\*Enlistment 5 Nov 42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		A/TK Regt

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs Mary Madore Rapides Des Joachims, Quebec Mother	1 April 43	20.00
Total.....		

DEPENDENTS' ALLCES. No. Deps. ....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

\* Outfit } Allce. \$..... Paid on.....  
\* Clothing }  
Rehabilitation Grant \$..... Paid on.....  
\* Delete words which are inapplicable.

ML

M. F. M. 14  
200M-10-41 (2231)  
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$..... P.A.  
Occupational Form Completed..... Yes.....



## CASUALTIES, ETC.

## Part II D.O.

No.	Date	
268	6-11-42	TOS DD4 & posted to "B" Wng wef 5 -11-42
278	18-11-42	SOS on trans to #41 Huntingdon wef 18-11-4
232A	19.11.42	TOS T.C. 41 wef 19.11.42
261A	25.12.42	Granted Xm lve and .50 per day for 5 dys
21A	26.1.43	SOS on Transf. ATC 2 Petewawa Ont. 26.1.43
26	1-2-43	TOS "A" BTY. (A-2) C.A.T.C. EFF. 27-1-43
64	17-3-43	6 days pat. allow. Emb. leave
72	26-3-43	SOS 1-2 C.A.T.C. on proceeding overseas eff. 26 March 43.
87	7 Apr 43	TOS & CARL FROM CAN 4 Apr 43
138	5.6.43	Pay inc. to 1.40 wef. 5 Mar 43
130		" " " 1.50 " 5 May 43.
		SOS TO 1 A/T wef. 27 May 43
25	3 JUN 43	TOS IN-TK. FROM 2 CAN wef 28 May 43
26	10 JUN 43	✓ INC. KOT. TO KATC 8/50 wef 5 May 43
		SOS IN-TK. To x-3 RCAF'S SHRAPNEL (WOUNDS) (DIED OF WOUNDS) wef 17 May 44

CASUALTY SECTION EXTRACT FORM

A-438

Message Received from..... E/CAS/5667.....

Time Message Received.....

Date Message Received..... 23 MAY 44.....

AAI

REGIMENTAL No. ✓ RANK ✓ NAME FULL CHRISTIAN NAMES  
D-132355 GNR MADORE JAMES ALOYSIUS  
UNIT ✓ 1 A/T REGT RCA

WOUNDED 17 MAY  
CASUALTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. OR D.I.  
(This information must be clearly stated)

Hospital Admitted to..... Date.....  
Hospital Transferred to..... Date.....  
Hospital Transferred to..... Date..... 20/1  
Hospital Discharged from..... Date..... ENTERED ON

CAS. CARD

CAS. LIST.

A438

FOR VERIFICATION CLERK

IMPORTANT

NEXT-OF-KIN

IMPORTANT

If next-of-kin is in CANADA—Give full Address and Relationship.

If next-of-kin is in U.S.A.—Give full Address and Relationship.

If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

NEXT-OF-KIN MARY MADORE RELATIONSHIP MOTHER

Address RAPIDS des JOACHIMS Co PONTIAC  
QUE

Home Town RAPIDS des JOACHIMS. QUE.

Cable No. 6112

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

R  
M-12

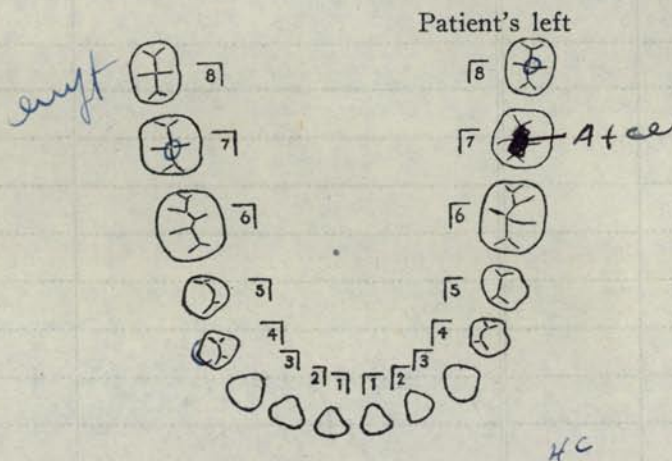
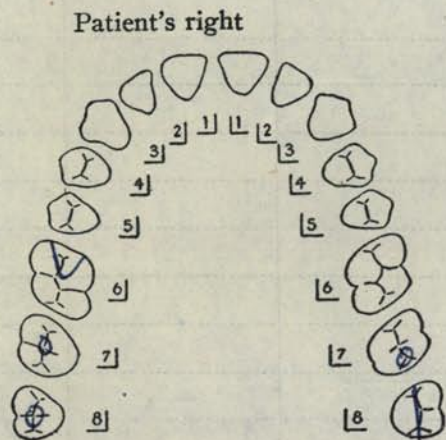
Verification Clerk's Signature.

CARD MADE

NAME MADORE James Aloysius RANK Plt GNR AGE 20 REG. No. D-132355

UNIT RCA(REINF)CA. DATE 6 Nov 1942 19    

Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.



ORAL HYGIENE

Good  
 Fair  
 Neglected

Strike out  
inapplicable  
words.

PROPHYLAXIS required

Yes  
 No

MUCOSA

(Describe any pathological condition briefly)

Abbreviations:—

X Irreparable teeth—extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold } Inlay  
PI Porcelain }  
GC Gold }  
PC Porcelain } Crown  
RC Richmond }  
JC Jacket }

Treatment  
RC Root Canal  
V's Vincent's  
Pe Periodontia  
Misc. Miscellaneous  
Ra X-Ray

Br Bridge  
PD Partial  
CU Complete Upper } Denture  
CL Complete lower }  
A 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 of all serviceable restorations and write description in space adjoining diagram of teeth.

*M. G. Lewis*  
Signature and unit of examining officer  
NO. 24 COY. 50



Discharged

MEMORANDUM

19FB'465B

CANADIAN DENTAL CORPS

No 1 904

Date

6 JAN 44

Reg. No

D132355

Rank

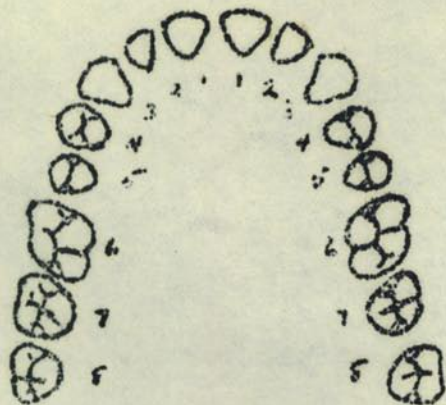
BNR.

Name

MADORE, J.A.

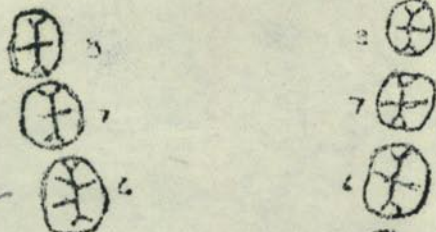
Unit

1ST AT  
REG.



6-1-44 - Vs TREAT —  
 7-1-44 - Vs TREAT —  
 8-1-44 - Vs TREAT —  
 9-1-44 - Vs TREAT —  
 10-1-44 - Vs TREAT —  
 13-1-44 - PROPHYLAXIS.  
 DISCHARGED, Vs.

R



L.

Agg  
Mackie

*W. A. Mackie*  
 Signature of Operator

DENTAL CORPS D.C. 16 B., #16 C.B.D.C. Date 14 MAY 43

Reg. No. D-132355 Rank GNR Name MADORE, J.A. Unit #2 C.A.R.U.

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below.

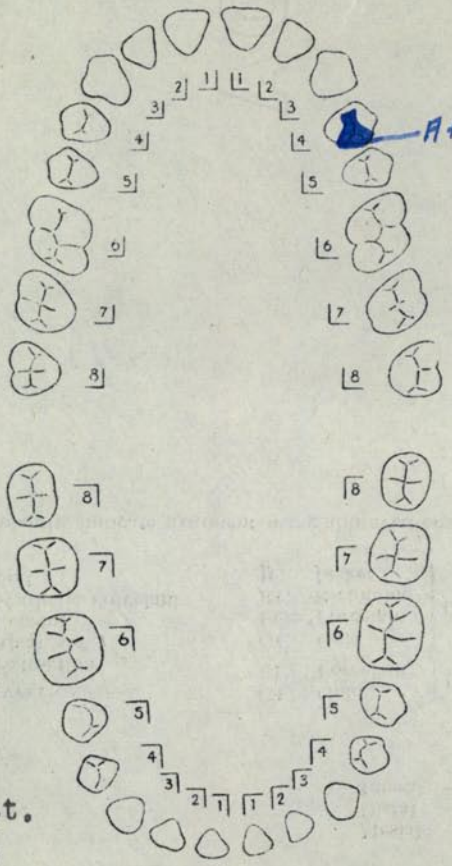
DATE

TREATMENT

14 May 43

14

(DO), A. & C.



*C.A. Ruell*

CAPTAIN

Signature of Operator  
(C.A. RUDELL)

G45202, Sgt.  
Arnold, RD

Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — B  
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold  
PI Porcelain } Inlay  
GC Gold  
PC Porcelain } Crown  
RC Richmond  
JC Jacket

TREATMENT  
R Root Canal  
VA Vincent's Angina  
Pu Pulpitis  
PO Post Operative  
Pe Periodontia

Br Bridge  
PD Partial Denture  
CU Complete upper  
CL Complete lower  
Ra X-ray

} Describe  
with  
sketch  
} Denture

Write plainly, indicate treatment using abbreviations as above, and sketch the outline of all restorations.

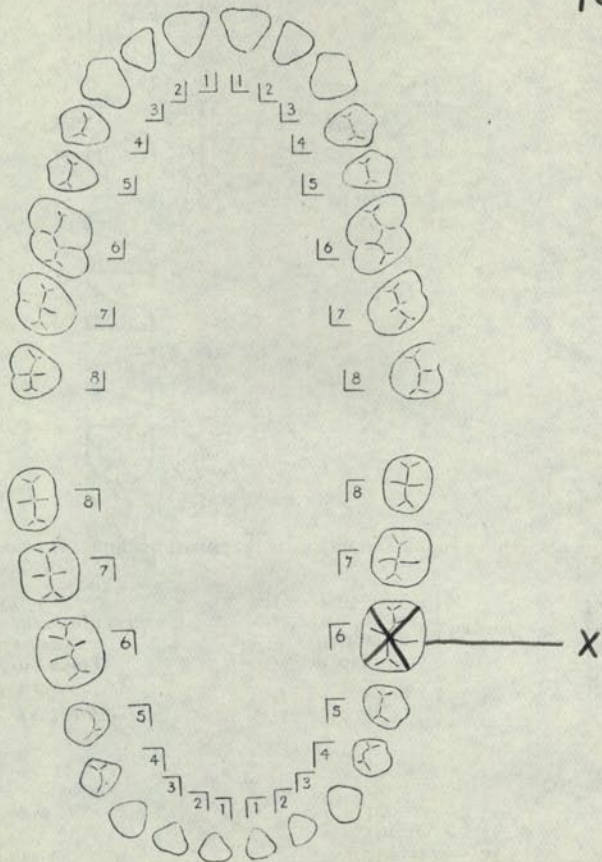
# MEMORANDUM

M.F.B. 465B  
200M-10-39 (2534)  
H.Q. 1772-39.

CANADIAN DENTAL CORPS *No. 1 Coy C.D.C.* Date *25 Nov. 1943.*  
Reg. No. *D-132355* Rank *G.N.R.* Name *MADORE J.A.* Unit *1.A/T. R.C.A.*

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below.

*16 - X*



*J.A. Madore*  
Signature of Operator

*C. F. Reid  
Sgt*



Mesial — M  
Distal — D  
Incisal — I

Labial — La  
Buccal — B  
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI	Gold	} Inlay
PI	Porcelain	
GC	Gold	} Crown
PC	Porcelain	
RC	Richmond	
JC	Jacket	

TREATMENT

R	Root Canal
VA	Vincent's Angina
Pu	Pulpitis
PO	Post Operative
Pe	Periodontia

Br	Bridge	} Describe with sketch
PD	Partial Denture	
CU	Complete upper	} Denture
CL	Complete lower	
Ra	X-ray	

Write plainly, indicate treatment using abbreviations as above, and sketch the outline of all restorations.

# MEMORANDUM

M.F.B. 465B  
200M-10-39 (2534)  
H.Q. 1772-39.

CANADIAN DENTAL CORPS #1 COY - FIELD

Date 9-NOV-43

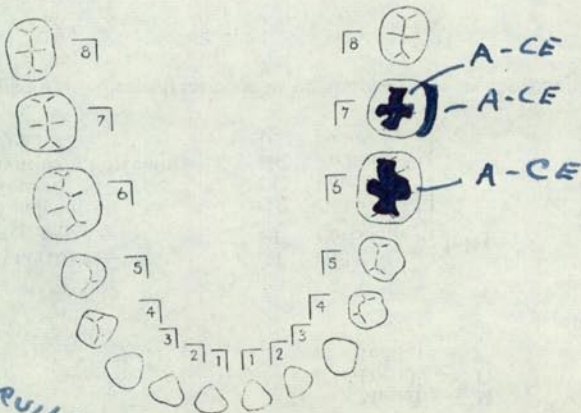
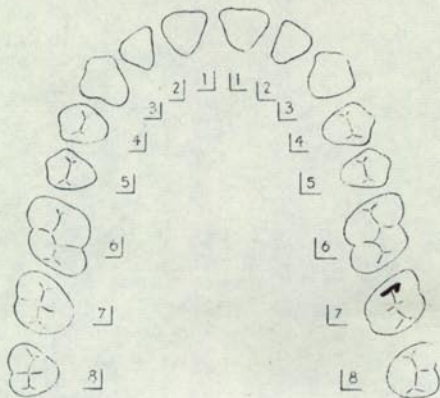
Reg. No. D-132355 Rank GNR

Name MADORE J.A

3-1 BTY  
Unit 147 REGT-PCA

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below.

17 - B-A-CE  
17 - O-A-CE  
(VERY DEEP)  
16 - O-A-CE  
(VERY DEEP) } 9-NOV-43



SGT-CACOURVILLE

Wm. Jolley Capt.  
Signature of Operator

Mesial -- M  
Distal -- D  
Incisal -- I

Labial -- La  
Buccal -- B  
Lingual -- Li

Occlusal -- O

ABBREVIATIONS:—

X Extraction  
A Amalgam  
Ce Cement  
S Synthetic Porcelain  
F Foil

GI Gold  
PI Porcelain  
GC Gold  
PC Porcelain  
RC Richmond  
JC Jacket

} Inlay

} Crown

TREATMENT

R Root Canal  
VA Vincent's Angina  
Pu Pulpitis  
PO Post Operative  
Pe Periodontia

Br Bridge  
PD Partial Denture  
CU Complete upper  
CL Complete lower  
Ra X-ray

} Describe  
with  
sketch  
} Denture

Write plainly, indicate treatment using abbreviations as above, and sketch the outline of all restorations.

# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit R.C.A. (REINF) CA.

Regimental Number D-132355

<p>1. Surname <u>MADORE</u></p> <p>2. Christian Names <u>JAMES ALOYSIUS</u></p> <p>3. *Substantive Rank and Appointment</p> <p>*Acting Temporary or Local Rank <u>Gnr</u></p> <p>giving date <u>5 nov. 42</u></p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth <u>RAPIDES DES JOACHIMS QUE CANADA.</u></p> <p>5. Date of birth as declared on attestation <u>21 Mar 1922</u></p> <p>(A)</p> <p>6. Date of enlistment <u>5 nov. 42.</u></p> <p>7. Place of enlistment <u>MTL STH QUE CANADA.</u></p> <p>8. Residence at time of enlistment <u>RAPIDES DES JOACHIMS, CO. PONTIAC, Que., Canada.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay</p> <p>10. (C) Any subsequent variations of conditions of service</p> <p>11. Religion <u>ROMAN CATHOLIC.</u></p> <p>12. If married, state date <u>SINGLE.</u></p> <p>13. Trade on enlistment <u>LUMBERING.</u></p> <p>14. Corps, trade and grade</p> <p>15. (D) Qualifications</p> <p>16. (E) Miscellaneous entries</p>	<p>(17) Regiment or Corps</p> <p style="text-align: center;"><u>RIA</u></p>	<p>Unit (Battn., etc)</p> <p style="text-align: center;"><u>1A TA</u></p>						
	<p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Category</td> <td style="width: 33%;">Date</td> <td style="width: 33%;">Authority</td> </tr> <tr> <td style="text-align: center;"><u>"A"</u></td> <td style="text-align: center;"><u>4 nov 42.</u></td> <td style="text-align: center;"><u>MFM 2.</u></td> </tr> </table>	Category	Date	Authority	<u>"A"</u>	<u>4 nov 42.</u>	<u>MFM 2.</u>	
Category	Date	Authority						
<u>"A"</u>	<u>4 nov 42.</u>	<u>MFM 2.</u>						
	<p>(19) Next of kin (entries to be made in pencil)</p> <p><u>Mrs Mary Madore (mother)</u></p> <p><u>Rapides des Joachims, Co. Pontiac, Que., Canada.</u></p>							
	<p>(20) E.</p> <p>(21) E.</p> <p>(22) E.</p>							

**NOTES—**

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

(a) Report		(b)	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
Date	From whom received	Unit					
27.4.43		1 CARU	S.O.S. - C.A. (A.F.) CANADA ON EMBARKATION ON 29.3.43 S.O.S. - C.A. (A.F.) OVERSEAS ON TRANSFER ON 30.3.43 AND DISEMBARKED ON 3.4.43				
<del>6.4.43</del> 27 May 43 5 Jun 43		<del>1 CARU</del> 1 ATK	<del>S.O.S. 2 CARU 4.4.43</del> <del>S.O.S. 2 " 6.4.43</del> 2nd Lt. SOS to 1 ATK Regt 10 from 2 CARU Rater of pay 1150 for them	ENG. 54.43	27 May 43 18 May 43 5 Jun 43	Gnr.	D.O.# 87. <del>30481</del> 130 25.12.43 26.10.43
<del>18 May 44</del>		<del>1 ATK</del>	<del>SOS ON UK ON EMBARKATION ON 15 Jan 43</del> <del>TOS ON 16 Jan 43</del> <del>AND DISEMBARKED ON 18 Jan 43</del>				
25 May 44		1 A.Tk.	SOS deceased (died of wounds) Auth: AFW3014, Ser. 265, page 16, d/24 May 44.	Fd	18 May 44	Gnr.	22 May 44. Not published. K66 - May 44 Not Published.

Regimental No. D 132355 Rank Sgt.

Sheet No. 2.T.R.I.P.

Name MADORE James Aloysius

MFM 1 & 2a  
40/P & S/119 (4398)

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—		Rank Shown	Effective Date	Unit	Place	Authority	
						DO Number	Dated
<u>SOS</u>	<u>SOS to 1 Cdn. Inf. Bn.</u>	<u>Sgt.</u>	<u>27 May 43</u>	<u>2 C.A.R.U.</u>	<u>U.K.</u>	<u>170</u>	<u>27 May 43</u>
<u>TOS</u>	<u>1st from 2 C.A.R.U.</u>	<u>Sgt.</u>	<u>28 May 43</u>	<u>1st A.I.T.K.</u>	<u>U.K.</u>	<u>25</u>	<u>3 June 43</u>
	<u>Increase in pay \$1.40 p.d.</u>	<u>Sgt.</u>	<u>5 June 43</u>	<u>2 C.A.R.U.</u>	<u>U.K.</u>	<u>138</u>	<u>5 June 43</u>
	<u>Increase of pay \$1.50 p.d.</u>	<u>Sgt.</u>	<u>5 June 43</u>	<u>1st A.I.T.K.</u>	<u>U.K.</u>	<u>26</u>	<u>10 June 43</u>
<u>SOS</u>	<u>SOS U.K. Cdn. Army.</u>	<u>Sgt.</u>	<u>13 June 43</u>	<u>2 C.A.C.R.U.</u>	<u>U.K.</u>	<u>138</u>	<u>5 June 43</u>
<u>TOS</u>	<u>TOS M. Cdn. Army.</u>	<u>Sgt.</u>	<u>13 June 43</u>	<u>1st A.T.K.</u>	<u>U.A.</u>	<u>30</u>	<u>26 July 43</u>
	<u>Disembarked</u>	<u>Sgt.</u>	<u>10 July 43</u>	<u>1st A.T.K.</u>	<u>U.A.</u>	<u>30</u>	<u>26 July 43</u>
<u>SOS</u>	<u>SOS Died of W. wounds.</u>	<u>Sgt.</u>	<u>17 May 44</u>	<u>1 C.A.T.R.U.</u>	<u>P.A.I.</u>	<u>52</u>	<u>26 May 44</u>
						<u>CIA. 439</u>	<u>25 May 44</u>



Statement of the Service of No.

Rank

Sheet No.

D 132355

Name MADORE JAMES ALOYSIUS

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
S.O.S	✓	S.O.S to 1 Bdn of 'JK	Capt	27 May 43	2 CABU	UK	130	27 May 43
	✓	T.O.S from 2 EARN	Capt	28 May 43	10/2 JK	UK	25	3 June 43
	✓	Increase of Pay \$ 1.40	Capt	5 Jun 43	2 CABU	UK	138	5 June 43
	✓	Decrease of Pay \$ 1.50	Ser	5 May 43	1 A/JK 2 CABU	UK	26 138	28 June 43 5 June 43
S.O.S		S.O.S U.K. Bdn Army	Ser	13 June 43	1 A/JK	NA	30	26 July 43
		T.O.S M Bdn Army	Ser	14 June 43	1 A/JK	NA	30	26 July 43
	✓	Disembarked	Ser	10 July 43	1 A/JK	NA	30	26 July 43
ok	✓	S.O.S died of wounds	Ser	17 May 44	1 CATRU	CAI	CHA 439 52	25 May 44 26 May 44









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

# WILL

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

(1) I, James Aloysius MADORE, of the VILLAGE  
(Name in Full) (City, Town, Village, Township)

Address in civil life.

RAPIDS DES JOACHIMS of PONTIAC  
of (City, Town, Village, Township), in the County of (City, Town, Village, Township) District of

Province of QUEBEC, LUMBERMAN  
(Civil Occupation)

Regimental No. D-132355, Unit RCA (REINF) CA, 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, Mrs. Mary MADORE,

Residing at: Rapids des Joachims, Pontiac Co., Que. Can.

All my estate both real and personal.

*AM*  
*AGM*

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

*AGM*

(4) I appoint \_\_\_\_\_  
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 6th day of November 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.

Aloysius M.adore  
(Signature of soldier)

First witness sign here.

(5) Signature Paul Emile Libert  
Civil Address 5160 Mentana, Montreal  
Civil Occupation accountant

Second witness sign here.

Signature Benoit Jaurtais  
Civil Address Laaveyville Que  
Civil Occupation Teacher

(Witnesses are not to be beneficiaries.)

[OVER]

#### NOTE

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

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

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

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

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$.....00, and my household goods and effects,"

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.....00,"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$.....00,"

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

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

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

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

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

#### GENERAL

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

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

# WILL

M.F.M. 10  
100M-8-40 (6538)  
H.Q. 1772-39-1656

Address in civil life.

(1) I, Jamesloysius Madore (Name in Full), of the Village (City, Town, Village, Township)  
 of Rapides des Gachimes in the County of Pontiac District of Pontiac,  
 Province of Quebec, Lumberjick (Civil Occupation)  
 Regimental No. D132355, Unit R.C.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, Mary Madore of Rapides des Gachimes, Quebec. all my estate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint William Madore Sr. Rapides des Gachimes Que. (Name) (Address)  
Carpenter (Civil Occupation), to be the Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 18<sup>th</sup> day of March 1943

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.

Jamesloysius Madore (Signature of soldier)

First witness sign here.

(5) Signature R.B Ferguson Lieut.

Civil Address 43 Baby Point Rd. Toronto Ont.

Civil Occupation Student.

Second witness sign here.

Signature J.D. Coughtey, Lieut.

Civil Address 117d Gladstone Ave, Ottawa Ont.

Civil Occupation Asst Office Manager.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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- (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.