



V43824  
BOUCHARD

JOSEPH

JEAN

113 B 3844  
190297

# 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

1. (a) Print name in full..... Joseph Jean Bouchard..... (b) Reg'l. No. V43824
2. (a) Arm of service..... Navy..... (b) Unit..... R.C.N.V.R...... (c) Rank..... Stoker 1
3. (a) Date of birth..... 17 Oct., 1921..... (b) Have you any dependents?..... No..... (c) Place of residence at time of enlistment..... Cornwall, Ontario.
4. (a) Place of enlistment..... H.M.C.S. "MAYTOWN", Ottawa...... (b) Date of enlistment..... 31st July, 1942.

PLEASE LEAVE BLANK

6

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 15..... (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.)..... 1 1/2 Years High School.
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... Yes..... (b) If so, for what occupation?..... Machinist..... (c) Did you finish it?..... Yes..... (d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?..... French & English..... (b) What languages do you read well?..... French & 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?..... None.

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

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

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

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

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

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

18. Name of employer..... Canadian Cottons Limited...... Address..... Cornwall, Ontario
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... Manufacturers of Cotton Piece Goods
20. (a) Your specific occupation..... Machinist...... (b) Number of years' experience at this occupation with any employer..... 16 Months.
21. (a) Did your employer promise definitely to give you employment on discharge?..... No..... (b) Did your employer refuse to promise you employment on discharge?..... No..... (c) Do you wish to return to your former employment?..... Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

O.H.F. Received

## 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.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

DATE..... 31st July,..... 1942

SIGNATURE.....

Joseph Jean Bouchard

Copy To  
VWD  
ES

APR 14 1962

10

Mr Joseph Bouchard.

10 Race Street,

Cornwall, Ont.

Any further communication on this subject should  
be addressed to:—THE DIRECTOR OF ESTATES,  
DEPARTMENT OF NATIONAL DEFENCE,  
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. MS. V. 43824 FD 741

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

Jan 3

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

BOUCHARD

Joseph J.

E. R. ART.

V. 43824

R. C. N. V. R.

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

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

HRW/JR

*A. Wade*  
*Commander Royal Canadian Mounted Police*  
 Director 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.....	X		
2	Children of the Deceased and dates of their Births.....	X		
3	Father of the Deceased.....	Joseph Bouchard	66	10 Race Street Cornwall Ont.
4	Mother of the Deceased.....	Marie Louise Bouchard	61	10 Race Street Cornwall Ont.
5	Brothers of the Deceased	Full Blood	Roger Bouchard. 37 Jack Bouchard. 35 Gaston Bouchard. 29	1122 Dupper Ave. Cornwall Ont. 765B. Montreal Rd. Cornwall Ont. 104 Alice Street No. Cornwall Ont.
		Half Blood		
6	Sisters of the Deceased	Full Blood	<del>Flora</del> Mrs. Albert Thoinard	39 88 Alice St. No. Cornwall Ont.
			<del>Germaine</del> Mrs. Clark L. Smith	34 591 Flower City Park. Rochester N. Y.
		Half Blood	<del>Jeanne</del> Mrs. Andre Nick Lemelin	32 44 Empire Street Welland Ont.
			Miss Aylene Bouchard	24 10 Race St. Cornwall
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	
	Edgar Feb. 12, 1919 Therese " " " Priscille " 13 "	X	X	

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph-Jean Bouchard.
9	Date of his birth.	October 17th. 1922
10	Place and date of his marriage.	X Not married
11	Place and date of his parents' marriage.	La Patrie, Quebec 1902

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	La Patrie, Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) La Patrie, 4 years (b) Welland Ont. 4 years (c) Cornwall Ont. 14 years (d)
14	Nature of employment before enlistment.	Apprentice - Mechanic
15	State whether he owned the premises in which he lived, and, if so, where situated.	He did not own it.
16	Name place where deceased stated he intended to make his permanent home.	Most likely Cornwall Ont.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	He left no will.
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?	Not married
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?	I do not know of any bank accounts in his home town.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	If any, I don't know where to locate them.
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.	Crown Life Insurance \$1,000 payable after 20 years. beneficiary Mr. Jos Bouchard.
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.	X
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.	X

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

(PLEASE TURN OVER)

## DECLARATION

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

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

\* Father 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.

Joseph Bouchard {Signature of Informant  
15 Race St. Cornwall Ont. Address

## CERTIFICATE

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

\*See above. Joseph Bouchard {Name of Informant } is the\* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Cornwall Ont. this 6th day of January 19 45

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

Rev. Raoul Poirier Qualification Catholic priest

Address 64 Montreal Road, Cornwall, Ont.

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

I filled out this form to the best of my knowledge, if my son had any personal belongings, money or bonds or was certified, they were probably in a bank in England or with him on his boat.

The only information we received, after the telegram, announcing that he was missing at sea, after the sinking of "H.M.C.S. Alberni" was your recent letter presuming his death.

Joseph Bouchard





CANADA

**ATTESTATION FORM**  
(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME..... **BOUCHARD,** ..... OFFICIAL NO. **43824**  
CHRISTIAN NAMES..... **Joseph Jean,** ..... MARRIED, SINGLE OR WIDOWER..... **Single.**

PERMANENT ADDRESS	RELIGION
<b>10 Race St., Cornwall, Ont.</b>	<b>Roman Catholic.</b>

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
<b>17 Oct. 1922.</b>	Town <b>La Patrie,</b> County <b>Compton,</b> Province <b>Quebec.</b>	FATHER: <b>Joseph BOUCHARD,</b> <b>10 Race St.,</b> <b>Cornwall, Ont.</b>
*Original Nationality of: Father <b>Canadian.</b> Mother <b>Canadian.</b>		

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

(A) PERSONAL DESCRIPTION ON ENROLMENT

HEIGHT	CHEST MEASUREMENT	HAIR	EYES	COMPLEXION	WOUNDS, SCARS, MARKS
Feet..... <b>5</b>	Inflated..... <b>57½</b>	<b>Black</b>	<b>Brown</b>	<b>Dark.</b>	<b>Scar over Left eye.</b>
Inches..... <b>5¾</b>	Deflated..... <b>35½</b>				
	Mean..... <b>36½</b>				

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
<b>1½ years High School.</b>	<b>Machinist Apprentice:</b> <b>Canadian Cotton Co. Ltd.</b> <b>Cornwall, Ont.</b>

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
<b>31st July, 1942.</b>	<b>Stoker 1.</b>	<b>H.M.C.S. "BYTOWN". Ottawa.</b>

(B) DECLARATION TO BE MADE BY APPLICANT

I hereby declare as follows:—

- (1) That I am a British Subject domiciled in Canada.
- (2) That I am desirous of being enrolled as a member of the Royal Canadian Naval Volunteer Reserve Force, and that I accept and agree to abide by the rules of the said Force.
- (3) That \* (a) I have never served, and am not serving in any Naval, Military, Reserve, or Territorial Force.

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

\*Cross out Clause not applicable.

SERVED IN	RANK	FROM	TO

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

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

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

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

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

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

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

Dated this 31st.....day of.....July, 1942......

Signature of applicant.....Joseph Jean Bouchard.....

(C) CERTIFICATE OF ATTESTING OFFICER

I hereby certify that all the foregoing statements were made by the volunteer above named, in my presence, and that he has made and signed the above declaration in my presence on this.....31st......day of.....July, 1942......

T. Warriman-Wood  
Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE  
Sub-Lieut. R.C.N.V.R.

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

Signature of Applicant.....Joseph Jean Bouchard.....

Witness.....T. Warriman-Wood.....

Date.....31st July, 1942...... Rank.....Sub-Lieut. R.C.N.V.R......

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

(E) CERTIFICATE OF ATTESTING OFFICER

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

T. Warriman-Wood  
Attesting Officer.

Sub-Lieut. R.C.N.V.R.  
R.C.N.V.R. Division  
(or other establishment).....H.M.C.S. "BYTOWN".

.....31st July,.....1942.

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

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

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

This is to acknowledge that I have not been induced to enter the.....Engine Room.....Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Joseph Jean Bouchard  
Signature



CANADA

Can. B. 207

100M-3-42 (3733)  
N.S. 815-2-207

# Certificate of Medical Examination of Officers, Men and Boys

## NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

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

I, the undersigned, have examined.....Joseph Bouchard.....  
candidate for entry as.....Stoker II.....  
and I believe him to be \* ~~unfit for His Majesty's Service for the reason stated below~~ } He has signed the Certificate given below in my presence.

†Strike out if inapplicable \*Delete one

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

(a) Age	Yrs. <u>19</u>	Mos. <u>9</u>	(j) Date of last Vaccination for Smallpox	<u>1932</u>	
(b) Height with bare feet	Feet <u>5</u>	In. <u>5 3/4</u>	(k) General Development	<u>Good</u>	
(c) Weight without clothes	<u>134</u>		(l) Nose, Throat and Tonsils	<u>Tonsils out N</u>	
(d) Ears and Hearing	<u>N</u>		(m) Heart and Lungs	<u>N</u>	
(e) Chest Girth	Max. <u>37 1/2</u>	Min. <u>36 1/2</u>	Mean <u>35 1/2</u>	(n) Abdomen Hernia, etc. <u>Left ring relaxed.</u>	
(f) Teeth	Deficient <u>I</u>	Defective <u>I</u>	Dentures <u>3</u>	(o) Limbs and Joints	<u>N</u>
(g) Vision by Snellens Types	without glasses	Rt. <u>15/20</u>	Lt. <u>15/20</u>	(p) Skin	<u>N</u>
	with glasses where worn	Rt.	Lt.	(q) Anus Haemorrhoids	<u>N</u>
(h) Colour Vision	Ishihara	<u>N</u>		(r) Testes Varicocele	<u>Moderate left Varicocele.</u>
(i) Chest x-ray	<u>app.</u>		(s) Urine		

### CERTIFICATE TO BE SIGNED BY CANDIDATE

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

(Sgd.) Joseph Bouchard

Signature of Candidate

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

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

This Candidate is the subject of.....

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

\*Delete one.

IF REJECTED  
insert here  
UNFIT  
in block letters

*Fit*  
**G. W. CHAPMAN**  
**SURG. LIUT.**  
**AUG 14 1942**

Dated at Ottawa Ont. the 6th of July 1942

(Sgd.) G.W. Chapman

Examining Medical Officer

(Rank) Surg. Lieut.

32

DEPARTMENT OF NATIONAL DEFENCE  
- Naval Service -  
Ottawa, Canada.

021283

26  
DEC 16 1944

Sir:

(Date)

The following casualty has been reported -

NAME BOUCHARD, Joseph Jean RANK or RATING Engineroom Artificer 4/c NAVAL NO. V-43824 R.C.N.V.R.

DATE OF ENLISTMENT - 31 July, 1942

DATE OF DISCHARGE - 21 August, 1944

HOSPITAL -  
(If discharged in hospital under jurisdiction of D.P. & .N.H.)

SERVICE - CANADA & HIGH SEAS  
(Indicate whether in Canada only; or in Canada and the high seas or elsewhere.)

Reason for discharge and when and where any disability was incurred, or where death occurred. Missing, presumed dead. He was serving in H.M.C.S. "ALBERNI" which was sunk in the English Channel.

(Show clearly whether death or disability due to enemy action, accident or disease, and whether it occurred in Canada, or on the high seas or elsewhere outside Canada.)

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Father NAME - Mr. Joseph Bouchard

ADDRESS - 10 Bece Street, CORNWALL, Ontario.

NOTE: If records indicate that rating was separated from his wife, legally or otherwise, details to be furnished and copy of any Court Order, the Separation Agreement, etc., to be furnished.

ENTERED IN  
D.N.P.A.'s LOG BOOK  
FEB 5 1945  
RP

FORM "A" RESPECTING THE ABOVE NAMED HAS BEEN PREVIOUSLY FORWARDED. PLEASE SEE REVERSE SIDE FOR DETAILS OF MARRIAGE ALLOWANCE, DEPENDENTS ALLOWANCE, etc.

C. R.  
P. A.  
NAVAL TREASURY  
DATE 28/12/44  
INITIAL B

REMARKS:.....

THIS PORTION OF FORM COMPLETED BY CHIEF TREASURY OFFICER, DEPARTMENT OF NATIONAL DEFENCE, NAVAL SERVICE.

<u>Names of Dependents</u>	<u>Relationship</u>	<u>Maiden name of wife</u>	<u>Date of marriage and/or date of birth of children</u>
----------------------------	---------------------	----------------------------	--

Nil.

	<u>D. A.</u>	<u>A. P.</u>	<u>TOTAL</u>
<u>Monthly rate:</u>	Nil.	Nil.	Nil.

To Whom Paid: Address

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid:

The final deduction of Assigned Pay for \_\_\_\_\_ has been made for the period from 1st to \_\_\_\_\_ of \_\_\_\_\_ 194

Remarks:

Computed by..... *m.w.* .....

Checked by..... *R. Labachelle* .....

for *Alec J. Roswell*  
Chief Treasury Officer,  
DEPARTMENT OF NATIONAL DEFENCE,  
(Naval Service).

The Secretary, The Canadian Pension Commission,  
Room 228, Daly Building, OTTAWA, Ontario.

(Information extracted from Naval Service Headquarters' Records)

Six copies to be rendered to Naval Service Headquarters

2/5

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

NAVAL SERVICE HEADQUARTERS, OTTAWA, Ont.

Name BOUCHARD, Joseph Jean (Christian names in full)

Rank or Rating E.R.A. 4/c Official No. V-43824 Unit R.C.N.V.R.

Place of Birth La Patrie, Quebec Date of Birth 17 Oct., 1922

Occupation in Civil Life Machinist Apprentice Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) From 31 July, 1942 to 21st August, 1944.

Date of Death 21st August, 1944 Place of Death AT SEA

Cause of Death Missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

Nearest known relative or friend Name Mr. Joseph Bouchard, Relationship Father Address 10 Race Street, Cornwall, Ontario.

Date on which the above was informed by Naval Service Headquarters 23 August, 1944.

Date on which death was registered with local Officials

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

If applicable Place of Burial No burial. Date of Burial Location, Number, etc., of grave Undertaker employed

H.A. Money (Commanding Officer) for SECRETARY, NAVAL BOARD.

The SECRETARY, NAVAL BOARD Department of National Defence, Ottawa, Canada.

Date OTTAWA, Ont., 28 Feb., 1945.

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

Distribution: File, Imp. W. G. Com., Dom. Stat., Register, Sec. C.P.C., Dir. of Records.

C.N.S. 1121 10M-8-44 (774) N.S. 7570-S-1121

Noted D.U.A. M.M.O. 9/3/45

TO:

DEC 16 1944

N.C.R.

PLEASE MAKE OUT FALSE

DOCKET AND FORWARD WITH

ATTACHED LETTER TO ADMIN-

ISTRATOR OF ESTATES.



Department of National Defence

Naval Service

IN REPLY PLEASE QUOTE

NO. N.S. V-43824 PERS. (N)

OTTAWA, Ont. DEC 16 1944 194

39381

Sir:

In accordance with Naval Order No. 839, it is notified for your information that the following casualty in the Naval Forces of Canada has been reported:



<u>NAME, RANK/RATING NO.</u>	<u>PLACE, DATE &amp; CAUSE of DEATH</u>	<u>NEXT OF KIN</u>
BOUCHARD, Joseph Jean Engine Room Artificer Fourth Class, V-43824, R.C.N.V.R.	Missing, presumed dead on 21 August, 1944, from H.M.C.S. "ALBERNI".	Father: Mr. Joseph Bouchard, 10 Race Street, CORNWALL, Ontario.

<u>In favor of</u>	<u>ALLOTMENTS IN FORCE</u>	<u>Amount</u>	<u>Initials</u>
	N i l.		

WILL: No record.

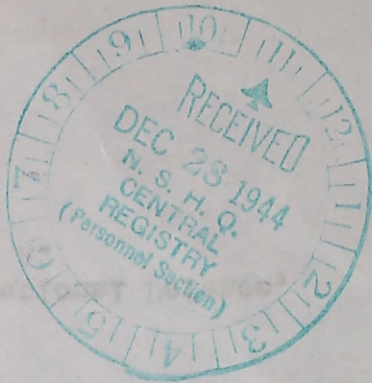
Yours truly,

*J. G. Heard*

for  
SECRETARY, NAVAL BOARD.

Administrator of Estates,  
Estates Branch,  
Department of National Defence,  
O T T A W A.





Department of  
Personnel  
Administration

105

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TO: [illegible]  
FROM: [illegible]  
SUBJECT: [illegible]

[illegible text block]

[illegible]





142466

20

F.M.O., Halifax, N.S.,  
August 26th, 1944.

N.S. V-43824. PERS.(N)

My dear Sir:

I was the captain of H.M.C.S. "Alberni" and I know there is nothing I can say that will help you in your great loss. I just wanted you to know that you have my sincerest sympathy. Joseph was an excellent E.R.A. and was very well liked by all the officers and men. He had only been with me for a few months but we had become more friends than officer and petty officer.

The only minor comfort I can give you is that he was down below at the time the ship was hit and as the ship sank instantly I am sure he did not suffer any pain.

I hope that if I am ever in Cornwall you will give me the pleasure of allowing me to call on you.

If there is any way in which I can help you, do not hesitate to write me.

Yours sincerely,

"Ian Bell"

Lieutenant Commander, R.C.N.V.R.

Re: J.J. Bouchard, A/ERA 4, V43824

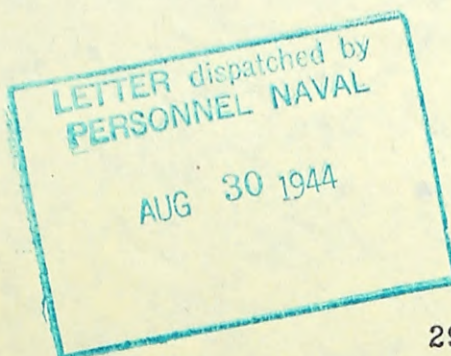
Mr. Joseph Bouchard,  
10 Race St.,  
CORNWALL, Ont.

P.A.'S CHECKED IN  
C.R. BY 

TFH/JM

AIR MAIL

123556 21



V-43824 Pers. (N)

29th August, 1944.

Dear Mr. Bouchard:

Further to my letter of the 23rd August, details of the disaster in which your son has been reported missing are now being released.

H.M.C.S. "ALBERNI" was sunk while on invasion duties in the English Channel. Four officers and fifty-five ratings are missing, with three officers and twenty-eight ratings having survived.

It is regretted that the position of the loss cannot be given, but it is considered unlikely that prisoners of war will be taken.

It is requested that you will keep this information in confidence until an official announcement is made.

May I again express sincere sympathy with you in your anxiety.

Yours sincerely,

SECRETARY, NAVAL BOARD.

FILE  
ACTION TAKEN

Mr. Joseph Bouchard,  
10 Race Street,  
CORNWALL, Ontario.

P.F.'S CHECKED IN  
C.R. BY  
a 23

EMC

30

N.S. V-43824 PERS. (N)

26 December, 1944.

THIS IS TO CERTIFY that according to official information Joseph Jean Bouchard, Engine Room Artificer Fourth Class, Official Number V-43824, Royal Canadian Naval Volunteer Reserve, is missing, presumed killed on the 21st of August, 1944, when the ship in which he was serving, H.M.C.S. "ALBERNI", was lost in the English Channel due to enemy action.

SECRETARY, NAVAL BOARD.

*[Handwritten signature]*  
*[Handwritten initials]*  
*[Handwritten initials]*



Department of National Defence

Naval Service

Ottawa, Canada.

IN REPLY PLEASE QUOTE

NO. ....

With reference to

Headquarters' message,

reading as follows, is hereby confirmed:

Medical Board Proceedings ( )

respecting the above named, attached for record  
purposes.

P.I.B.

V43824

OFFICIAL NUMBER

NAME

BOUCHARD

Joseph Jean

(Surname)

(Given Names)

OFFICIAL NUMBER

V43824

Ship or Establishment	Rating	From			Remarks	Character	Efficiency	Date			Non-Sub. Rating	Qualified			Re-Qualified		
		Day	Month	Year				Day	Month	Year		Day	Month	Year	Day	Month	Year
H.M.C.S. Bytown	Stoker I	31	7	42	Div. Str. Ottawa	V.G.	Sat.	31	12	42							
" "	"	31	7	42	Active Service D.L. 3.8.42	V.G.	Sat.	31	12	43							
" York	"	17	8	42	DL 17.8.42.	V.G.	Sat.	21	8	44							
" Cornwallis.	"	12	10	42	D.L. 12.10.42.												
Hunter.	"	13	12	42	Via. Stad. D.L. 14.12.42.												
Stadacona	"	22	6	43	DRD H-1875												
Hunter.	"	1	10	43	D.R.D. H 2759												
"	A/E.R.A. 4/C	6	9	43	Back Dated 249A#27652												
Hunter (Div. Str.)	"	18	10	43	D.L. 28-10-43												
" (Act. Serv.)	"	25	11	43	D.L. 25-11-43												
Stadacona	"	29	11	43	D.L. 29-11-43												
Alberni	"	5	4	44	D.R.D. S/123 P/3												
Niobe	"	22	4	44	MISSING												
DISCHARGED	"	21	8	44	"Presumed Dead" Sub. 16.1.45												

GENERAL REMARKS

DATE OF BIRTH			PLACE		CIVIL OCCU.		RELI-ED	PERM. RESIDENCE			PREV. ENL.	RANK OR RATE ON ENLISTMENT		
DY.	MO.	YR.	BIRTH	MAIN	SUB	GION	P	CTY.	TOWN	SERV.	DIV.	A	BR	RANK
17	0	22	12	290	0	10	2	1	47	0	03	0	15	94
ENLIST. DATE			ACT. SERV. DATE			ACT. SERV. DATE			SHIP OR ESTAB.		RANK OR RATE			
DY.	MO.	YR.	DY.	MO.	YR.	CAT.	DY.	MO.	YR.	A	BR	RANK		
31	07	42	31	07	42					9830	1	3595		
SENIORITY			STR.	NON-SUB		M				CHECKED				
DY.	MO.	YR.	CAT.	A	B	ST.								
06	09	43	13	00	00		226			11 11				
									98			226		

V43824

OFFICIAL NUMBER

FILE NUMBER

113-B-3844

OFFICIAL NUMBER

V43824

NAME

BOUCHARD

(Surname)

Joseph Jean

(Given Names)

DATE OF BIRTH

17 Oct., 1922

PLACE OF BIRTH

La Patrie, Que.

OCCUPATION

Machinist Apprentice

RELIGION

Roman Catholic

EDUCATION

1 1/2 yr. High School

RESIDENCE AT TIME OF ENLISTMENT: Street and No.

10 Race St.

Town

Cornwall

Province, etc.

Ont.

ENGAGEMENTS				DESCRIPTION					PREVIOUS SERVICE			
Date (in figures)			Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates	
Day	Month	Year									From	To
31	7	42	H.O.	5'5 3/4"	Black	Brown	Dark	Scar over left eye				

NEXT OF KIN RELATIONSHIP (in pencil)

*Father*

NAME (in pencil)

*Joseph Bouchard*

ADDRESS (in pencil): Street and No.

*10 Race St.*

Town

*Cornwall*

Province, etc.

*Ont.*

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY				EXAMINATIONS, CERTIFICATES, ETC.									
Date (in figures)			Particulars	Date (in figures)			Particulars	Date (in figures)			PARTICULARS		
Day	Month	Year		Day	Month	Year		Day	Month	Year			

BADGES, G.C. OR G.S.					BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES									
Date (in figures)			1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	SHIP OR ESTABLISHMENT	Wt. No.	Date (in figures)			BRIEF PARTICULARS OF OFFENCE	PUNISHMENT			
Day	Month	Year					Day	Month	Year					

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

O.H.F. received.

FILM  
NO. WSR 5737-6-  
DATE

SECOND CLASS FOR CONDUCT

From

To



CERTIFICATE of the SERVICE of

*Joseph Jean BOUCHARD*

in the Royal Canadian Naval Volunteer Reserve

Training Headquarters <i>Halifax</i>	R.C.N.V.R. Division <i>Ottawa</i>	Official Number... <i>V 43824</i>
		" .....
		" .....

Date of Birth... *17th Oct 1922*

Place of Birth... *La Patrie, Que*

Place of Residence... *10 Race St. Cornwall Ont.*

Trade brought up to... *Machinist apprentice*

Religion... *Roman Catholic*

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

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

Name and Address of Nearest Relative or Friend  
(In pencil)  
*Father  
Joseph Bouchard  
Same address*



PARTICULARS OF SERVICE				MEDALS, DECORATIONS, etc.		
Date of Actual Volunteering	Date of Enrolment or re-enrolment	Period Volunteered for	Rating on Enrolment or Re-enrolment	Date of		Nature of Decoration
				Award	Presentation	
	<i>31 July 1942</i>	<i>Duration</i>	<i>Sto. I</i>			

	Height		Chest (mean)	Weight	Hair	Eyes	Complexion	MARKS, WOUNDS, SCARS
	Feet	Inches						
On Entry.....	<i>5</i>	<i>5 3/4</i>	<i>35 1/2</i>	<i>134</i>	<i>black</i>	<i>brown</i>	<i>dark</i>	<i>scar over left eye</i>
On re-enrolment—6 years' Service.....								
On re-enrolment—12 years' Service.....								
Further Description if necessary.....								

TRANSFER BETWEEN DIVISIONS			TRANSFER—LISTS A AND B		
From	To	Date	List	Date	Authority



# NAVAL TRAINING and ACTIVE SERVICE

Year	SHIP OR ESTABLISHMENT	NON-SUB. RATE	RATING	FROM	TO	CAUSE OF DISCHARGE
1942	H.M.C.S. "Bytown"	Act. Serv.	Sto I	31 July 1942	16 Aug 1942	
	York		---	17 Aug	12 Oct '42	
	Penwallie		---	3 Oct '42	10 Dec '42	
	Hunter		---	11 Dec '42	21 June '43	
	H.M.C.S. "Stadacona"		---	22 June '43	5 Sep '43	
	"		A/E.R.A. 7/c	6 Sep '43	30 Sep '43	#27652
	Hunter (Div)		---	1 Oct '43	20 Oct '43	
	Divisional Strength					
	Hunter		A/E.R.A. 7/c	25 Oct '43	24 Nov '43	
	On Active Service			25 Nov '43		
	H.M.C.S. "Hunter"		A/E.R.A. 7/c	25 Nov '43	29 Nov '43	
	H.M.C.S. "Stadacona"		---	30 Nov '43	4 Apr '44	
	Stadacona (Alberni)		---	5 Apr '44	21 Apr '44	
	Tribe (---)		---	22 Apr '44	21 Aug '44	PRESUMED DEAD DD-A.59556
						Let mo sig 271839 Dec

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

Date	Details	Captain's Signature
6 Dec '43	SCTW #398896 28 days 1 day T.T. annual leave	





This applicant, provided he can pass a trade test, is suitable in all respects and facilities are available for training, may be considered as a candidate for the E.R.A. 5th Class Course. He is to be informed of these conditions, that he is committed to serve as a Stoker 1st Class and in all probability will have to serve as such. He should be informed also that his previous mechanical training should assist him in his advancement as a Stoker rating.

INITIALS



VERIFICATION FORM

WAR MEDAL, WAR MEDAL, C.V.S.M. and CLASP.  
 GENERAL SERVICE MEDAL (1915).

G *Alcala* OFF. NO. *1-43824* ADDRESS .....

QUALIFYING PERIODS IN DAYS

FROM	TO	1939-45	ATLANTIC	DEFENCE	CLASP C.V.S.M.	1915 MEDAL	STARS	✓ 1 2	ELIGIBLE FOR AWARDS OF
							MEDALS		
							1939-45	1	<i>Star</i>
							ATLANTIC		
							FRANCE G.	1	<i>Star</i>
							AFRICA		
							PACIFIC		
							BURMA		
							ITALY		
							DEFENCE		
							C.V.S.M.	2	<i>&amp; Clasp</i>
							" CLASP		
							WAR 1945	1	<i>Medal</i>
							WAR 1915		

VERIFIED BY *J.M.*.....  
*evl*

(ORIGINAL)

(Revised—July, 1938.)

# HISTORY SHEET FOR STOKER RATINGS

This form is to be kept by the Engineer Officer, and is to be completed:—

- (a) When a man leaves a ship after a period of not less than three months' service in her.
- (b) Annually on 31st December, unless completed within the previous three months.
- (c) As directed under special headings.

To be handed to the man, together with Service Certificate, on discharge to shore. See Art. 609, K.R. & A.I.

Surname	NAME Christian	Official Number	Port Division
BOUCHARD	Joseph Jean	V-43824	HALIFAX

## REPORT OF PROGRESS AS STOKER 2ND CLASS UNDER TRAINING

(To be filled in on completion of courses in Depot)

Course	Date of		Class of Certificate awarded on completion*	Remarks	Signature and Rank of Examining Officer
	Commencing	Completing			
New Entry Course	17-10-42	9-11-42	60%	ood	<i>K. Beesley</i> Training Commander.
Technical Training at Stokers' Training Establishment: (1) Marine Engineering (2) Electrical	10-11-42	18-12-42	Did not complete S.T.E.		<i>S/H V.R.</i> <i>A.B. MacNeill</i> 21.(5) Engineer Officer.

\* Insert:—"Superior," "Satisfactory" or "Moderate." (Failure to be noted in RED INK)

B.R. 77 issued

Issued with Stoker's Manual:—Date 1-8-42 Signature and Rank: *K. Beesley*

Entered H.M. Service as Stoker 2nd Class	Completed 2 years' training for Mechanician
<del>Advanced to</del> Stoker 1st Class on entry <u>31-7-42</u>	
Advanced to Leading Stoker	Rated Mechanician 2nd Class
Advanced to Stoker Petty Officer	" " 1st Class
Advanced to Chief Stoker	Advanced to Chief Mechanician

## RECORD OF EXAMINATIONS, QUALIFICATIONS, COURSES, ETC. (see Footnote)

Examinations, etc.	Date	Signature of Engineer Officer	Captain's Initials

Award of Auxiliary Watchkeeping Certificate, and RESULTS of all professional and school examinations, courses and qualifications for promotion are to be inserted in this space.

S. 1246A  
20M—7-42 (5184)  
N.S. 815-9-1246A

Special Remarks:

# STOKER RATING Employment and Ability

NOTE:—When a Stoker rating has become a Mechanician the words "Refitting and" are to be inserted over columns 3, 4, 5, 6, 7 and 8.

EFFICIENCY:—To be indicated as "Superior," "Satisfactory"

Date	← Watchkeeper →						← In Charge of →									
	1 Coal Fireman or Burning Oil Fuel, including Boats	2 Engineroom Watch Keeping at Sea	3 Electric Light Engine	4 Distilling Plant	5 Refrigerating Machinery	6 Air Compressing Machinery, including E. A. Plant	7 Internal Combustion Machinery	8 Hydraulic Pumping Machinery	9 Boiler Furnace Bricklaying	10 Electrical Duties (H. P. E.)	11 Steamboat Machinery	12 Motor Boat Machinery	13 Boiler Water Tender	14 Boiler Cleaning Party	15 Engineroom Watch Keeping at Sea	General Charge of
10-12-42	<p>Completed ERA's Probationary Course at Windsor Voc School                      Barracks Routine. Employed Manual Party.</p> <p>Transferred to a/E.R.A. 4/c (+4) 6 Sept. 43</p>															
18/6/43																
22/6/43																



# SEAMAN RATING Performance and Ability Record

NAME BOUCHARD Joseph Jean

Indicate by the words "Refitting and Maintenance"  
in columns 7 and 8.

Official Number V-43824

Rating: "Superior," "Satisfactory," "Moderate," or "Inferior."

In Charge of →						19	20	21	22	23	24	25
3	14	15	16	17	18	Engineer's Writer	Charge of Engineer's Stores and Tools	Power of Command	Present Rating	REMARKS (including experience in Engineer's Office or in any special duties)	SHIP	Signature of Engineer Officer, if of Lieutenant's Rank or above, otherwise Captain of Ship
	Boiler Cleaning Party	Engineroom Watch Keeping at Sea	General Charge of Firing in a Boiler Room	Double Bottom Party	Regulating Duties				STO 1/c		CORNWALLIS	
									STO 1/c		HUNTER	Hunter R. Herbert
											Stadcona	

*arty.*

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## RIFLE PRACTICES

(To be filled in immediately on completing Course)

Date	Ship	Practice carried out	Signature

## VOCATIONAL TRAINING CERTIFICATE

(To be filled in on completion of a Vocational Training Course, other than a Correspondence Course)  
(Vocational Training is Optional)

VOCATION \_\_\_\_\_

We certify that (name) \_\_\_\_\_

Residence \_\_\_\_\_

has satisfied us that he possesses a ‡ \_\_\_\_\_

knowledge of the vocation mentioned, and we consider that § \_\_\_\_\_

Examiners: \_\_\_\_\_

Business and Business Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Signed: \_\_\_\_\_ President.

Vocational Training  
Committee.

‡ Here insert qualification.      § Special notations as applicable.

### TO BE FILLED UP ONLY ON FINAL DISCHARGE

His character during service was \* \_\_\_\_\_

His general efficiency in carrying out his duties was \* \_\_\_\_\_

His efficiency on discharge was assessed as \* \_\_\_\_\_

\* See Article 610, clauses 3 to 7 K.R. & A.I.

N. 3401/38.

Signature and Rank \_\_\_\_\_

A pamphlet entitled "His Majesty's Naval Service: A Brief Description of the Qualifications and Abilities of Men of the Naval Service," is distributed to the Employment Exchanges under the Ministry of Labour, in order to assist the Employment Exchanges in dealing with the cases of discharged Naval ratings.

ESTATES BRANCH

H.C.N.S.V-43824  
FD.741

10th January, 1946.

Mrs. Germaine Smith,  
591 Flower City Park,  
Rochester, N.Y., U.S.A.

BOUCHARD, Joseph J., ERA.4/c (Deceased)  
No. V-43824, R.C.N.V.R.

Dear Mrs. Smith:

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

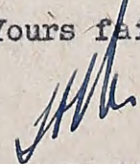
The total amount available to this Branch for distribution  
is \$643.25, and is made up as follows:-

War Service Gratuity.....	\$224.71
Balance withdrawn from Post Office Savings Account, Halifax, N.S.....	51.76
Balance of pay and allowances.....	363.78
Credit for Hard Lying Money.....	<u>3.00</u>
TOTAL.....	<u>\$643.25</u>

Your brother died without having made a Will and his Service  
estate is therefore distributable in accordance with the Intestacy Law  
of his province of domicile. Accordingly, it is divided equally among  
his parents, three brothers, and four sisters.

Treasury has been requested to forward to you a cheque in  
the amount of \$71.47, and on receipt of same would you kindly sign  
and return the enclosed form to the Director of Estates, Department  
of National Defence, 308 Sparks Street, Ottawa, Ontario.

Yours faithfully,

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

HRW:MS  
Encl.1

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

GL

Name.....BOUCHARD.....Joseph J......No. V. 43824  
Surname Christian Names

.....T.R.A. 4/c.....R.C.N.V.R. O/S.....21-8-44  
Rank Unit Date of Death

Date..... <u>8-1-46</u> .....	<u>AMOUNT</u>	<u>W.S.G.</u>	<u>224.71</u>
		L.P.C.....\$	<u>366.78</u>
		Other Credits.....	<u>51.76</u>
		Total.....	<u>643.25</u>

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/9	Father	Joseph Bouchard 10 Race St., Cornwall, Ont.	71.48
1/9	Mother	Mrs Marie L. Bouchard (as above)	71.48
1/9	Brother	Roger Bouchard <i>R✓</i> 1122 Dieppe Ave., Cornwall, Ont.	71.47
1/9	Brother	Jack Bouchard 765 B. Montreal Rd., Cornwall, Ont.	71.47
1/9	Brother	Gaston Bouchard <i>R✓</i> 104 Alice St., N., Cornwall, Ont.	71.47
1/9	Sister	Mrs Flore Ch <sup>ou</sup> rinard <i>R✓</i> 88 Alice St., N., Cornwall, Ont.	71.47
1/9	Sister	Mrs Fernande Lemelin <i>R✓</i> 44 Empire St., Welland, Ont.	71.47
1/9	Sister	Alyne Bouchard 10 Race St., Cornwall, Ont.	71.47
1/9	Sister	(CHK TO HAVE NON-CONVITABLE ENDORSEMENT) Mrs Germaine Smith <i>R</i> 591 Flower City Park Rochester N.Y. U.S.A. (As next of kin entitled)	71.47

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	643.25
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*[Signature]*

(L. M. FIRTH) Colonel  
Director of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer

DEC 15 1945

Cornwall Ont.

V-43824

Dec. 12/45

DEC 14 1945

Dear Sir:

Bouchard

99

In reply to your letter of the 10th, I am sorry to say that I do not see what the Christian names of my late son's sisters has to do with sending me my son's gratuity and other allowances.

Am I to understand that you wish to distribute amongst his brothers and sisters?

May I remind you that I am the one who brought up my late son and also the one who suffered his loss, being an old man

of 67, and him being my  
only son left at home to  
help me.

However if necessary, here  
are the following names..  
Mrs. Clark L. Smith "Germaine"  
Mrs. Albert Chouinard "Flore"  
Mrs. Andrenick Lemelin "Fernande".

As for bonds mentioned in  
your letter, purchased in  
my name Joseph F. Bouchard,  
I have never received any  
since my son's death which  
occured on August 21/44.

If further details are  
necessary I remain at your  
disposition.

Sincerely yours,  
Joseph Bouchard

STATEMENT OF ACCOUNT

True extract from the ledger of H.M.C.S. "ALBERNI" ending 31 MARCH 1945  
~~APRIL~~

List 12-1 No. 9 (Name) BOUCHARD, Joseph Rank Rating A/ERA 4 No. V-43824

When entered F.B. Date of appearance ----- Whither discharged D.D.

		\$	c.
CREDIT from former account			
	Former Book	363.	78
Pay as	(Rank Rating) from _____ to _____ ( _____ days at \$ _____ a day)		
"	" " " ( " " )		
"	" " " ( " " )		
"	" " " ( " " )		
"	" " " ( " " )		
Kit Upkeep Allowance			
OTHER CREDITS:			
Total credits		363.	78

DEBT from former account								
PAYMENTS:-	1st	2nd	3rd	4th	5th	Total		
	\$ c.	\$ c.	\$ c.	\$ c.	\$ c.			
1st month	Niobe March Cash Acct. Receipt Vr. NR-1527					Total	363.78	
2nd month						Total		
3rd month						Total		
Allotment								
Pension deduction (Officers) charged to _____ of _____								
Hospital stoppages								
Mulcts								
OTHER CHARGES:								
							363.78	
							Nil	
							(Balance Dr. to be shown in red)	

Number of days actually victualled during period mentioned above Nil

Not Victualled	Lent, Sick or Leave	Inclusive Date		No. of Days	Ship, Hospital, etc., in which borne
		From	To		

Date 17 May 19 45

*[Signature]*  
 Lieut(S) RCNVR. for Accountant Officer

Ledgers  
 R. *[Signature]*  
 F. *[Signature]*

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# ACCOUNTS OF MEN DISCHARGED

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

Name BOUCHARD, Joseph J. Rating A/E.R.A. 4/c  
Official No. V 43824 H.M.C.S. Niobe for Alberni List 12.I/9  
Who\* Discharged Dead on the 21st August 19 44

Net sum due on ledger on account of Wages.....	\$	cts.	
Proceeds of sale of Effects charged against Wages, brought from the other side			
CASH—			
Proceeds of sale of Effects, brought from the other side.....	\$	cts.	
Found amongst Effects.....			
Debts collected \$.....			
Cash deposited by official Receipt No.....			
Cash debited in the Accountant Officer's Cash Acct.....			
If in debt in ledger, amount to be stated (in red ink).....			
Rate of allotment (in words)..... <u>Nil</u> ..... charged to.....			
Name of ship from which transferred.....			
Total†..... <u>Creditor</u> .....	<u>363</u>	<u>78</u>	Note:

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of Niobe for Alberni amounting to a net balance†..... Creditor of Two Three Hundred, sixty-three dollars..... seventy-eight cents.

Dated on board H.M.C.S. Niobe at Greenock Scotland this seventeenth day of May 19 45

Approved [Signature] A/Commander (S) RCNVR ..... Accountant Officer  
[Signature] Lieutenant (S) RCNVR ..... { Initials of the Assistant Accountant Officer  
[Signature] Commanding Officer.

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

NOTED  
No. 62 to  
ESTATES CARD  
June 7 1945  
D.N.P.A. SECT. 11

Signature.....  
Date..... 19.....

\*State whether discharged on shore, D.D. or Run. †State whether "debtor" or "creditor".  
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46 Note; The above sum has been recovered by Niobe March cash acct. receipt voucher N-R-1527.  
10M-3-43 (8719)  
H.Q. N.S. 815-9-45



# ACCOUNT OF SALE OF THE EFFECTS

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

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

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

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

.....Signature	.....Signature
.....Rank	.....Rank

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

W.S.G. Application No. 8493

TO: D.N.P.A. "G"

FILE NO. N.S. V-43824

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

<u>BOUCHARD</u>	<u>Joseph Louis</u>	<u>V-43824</u>	<u>4/ER#4/c</u>
SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE

CAUSE OF DISCHARGE: "Presumed Dead" *smc & albini*  
... Applicant's Father - no indication of A.P. or D.A. in file

	<u>TOTAL SERVICE</u>	
Date of Active Service	<u>31 July '42</u>	<u>365 -</u>
Date of Discharge	<u>21 August '44</u>	<u>366 -</u>
Total No. of Days	<u><del>1118</del> 753</u>	<u>21</u>
# Less non qualifying service	<u>35</u>	<u>753</u>
		<u>Total Days <u>718</u></u>

	<u>OVERSEAS SERVICE</u>	
% Total No. of Days	<u>139 -</u>	
# Less non qualifying service	<u>-</u>	<u>Total Days <u>139 -</u></u>

RECORD OF SERVICE IN OTHER FORCES (per Naval Records)

Branch of Service N  
Date of Active Service 1  
Date of Discharge 1

& % Overleaf

Computed By JHB  
Checked By [Signature]

J.B. McGregor  
for (H.B. Money)  
Payr. Cmdr. R.C.N.R.  
Director of Personnel Records

DATE: APR 18 1945

FC

11  
24  
35

NON QUALIFYING SERVICE

(#)	Date	Reason	No. of Days
	21 Oct '43 to 24 Nov '43	leave	35
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
"		"	"
			Total Days 35

(%) OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
Stadocina (Alberni)	5 apr '44	21 apr '44	139
note (-11-)	22 apr '44	21 aug '44	

26  
 31  
 30  
 31  
 21  
 139

TYPE OF DISCHARGE:

IN FULL OR DISCHARGE  
 ON DISCHARGE  
 ON DISCHARGE

COMPARISON OF SERVICE

ARMY SERVICE CREDIT

DATE OF DISCHARGE

DATE OF DISCHARGE

DATE OF DISCHARGE

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of AT SEA Township of \_\_\_\_\_  
 If in City, Town or Village \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
 (a) In City, Town or Township where death occurred \_\_\_\_\_ (b) In Province \_\_\_\_\_ (c) In Canada (if immigrant) \_\_\_\_\_

3. PRINT FULL NAME OF DECEASED BOUCHARD Joseph Jean  
 (Family name) (Given name or names in usual order)

RESIDENCE No. 10 Street Base Street City, Town, Village or Township Cornwall Province Ontario  
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
<u>Male</u>	<u>Canadian</u>	<u>Canadian</u>	<u>Single</u>

8. BIRTHPLACE La Patrie, Quebec  
(Province or Country)9. DATE OF BIRTH October 17 1922  
(Month) (Day) (Year)10. AGE in { Years Months Days If less than one day old  
21 10 \_\_\_\_\_ hrs. or \_\_\_\_\_ min.11. Trade, profession or kind of work as  
spinner, teamster, office clerk, etc. Machinist Apprentice12. Kind of industry or business, as cotton-  
mill, lumbering, bank, etc. Canadian Cotton Co., Ltd.

13. Date deceased last worked at this occupation \_\_\_\_\_ 14. Total years spent in this occupation \_\_\_\_\_

15. If married give name of wife or husband of deceased \_\_\_\_\_

16. NAME \_\_\_\_\_

17. BIRTHPLACE \_\_\_\_\_  
(Province or Country)

18. MAIDEN NAME \_\_\_\_\_

19. BIRTHPLACE \_\_\_\_\_  
(Province or Country)20. Person giving information sign here H. O. MoneyAddress Payor, Commander, R.C.N.R.Relationship to deceased Naval Service Headquarters, Ottawa, Ont.  
Director of Personnel Records21. Place of Burial, Cremation or Removal NoDate of burial or removal Burial

22. Burial Permit was issued by \_\_\_\_\_

Address \_\_\_\_\_

23. UNDERTAKER \_\_\_\_\_  
(Name and address)

### MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August 21 19 44  
(Month) (Day) (Year)25. I HEREBY CERTIFY that I attended deceased from:  
 \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
 and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

CAUSE OF DEATH	PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) <u>Missing, presumed dead.</u> due to	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) <u>He was serving in H.M.C.S.</u> due to	
Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c) <u>"ALBERNI" which was sunk in the English Channel.</u>	

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance \_\_\_\_\_ 19 \_\_\_\_\_  
 (b) Duration of disease \_\_\_\_\_ days

27. If a woman, was the death associated with pregnancy? \_\_\_\_\_

28. Was there a surgical operation? \_\_\_\_\_ Date of operation \_\_\_\_\_ 19 \_\_\_\_\_

State findings \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

Accident, suicide or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_  
(State which)Manner of injury \_\_\_\_\_  
(How sustained)

Nature of injury \_\_\_\_\_

Specify whether injury occurred in **Industry**, in **home**, or in **public place** \_\_\_\_\_

Signed by \_\_\_\_\_ M.D.

Address \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

30. Division Registrar's Record No. \_\_\_\_\_

31. Filed \_\_\_\_\_ 19 \_\_\_\_\_  
(Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

NAVAL SERVICE

OFFER OF SERVICE (HOSTILITIES ONLY)

N. V. 3a

30M-4-42 (4173)  
N.S. 815-11-3a

To be completed in applicant's own handwriting and forwarded to nearest recruiting centre (see back). No papers, testimonials, etc., are to be attached. Completion of this form is in no way binding upon either the applicant or the Naval Service.

A. Personal History—

Name: *Bouchard* (Surname in Block Letters), *JOSEPH JEAN* (Christian Names) Telephone: { Bus..... Home.....  
Address: *10* (Number), *Race St* (Street), *Cornwall* (Town or City), *Stormont* (County), *Ontario* (Province)  
Date of birth: *Oct 17, 1922* Place of birth: *La Patrie, Quebec*  
Nationality: *Canadian* Are you British by birth? *yes* or by naturalization?  
Birth place of (a) Father: *St Joseph D'alma* (b) Mother: *La Patrie*  
Are you (a) Single: *X* (b) Married (c) Widower (d) No. of Children?  
Any physical defects (especially eyesight?): *no*  
Height: *5' 8"* Weight: *138* Can you swim? *yes* *P11461*

B. Education—

Highest school grade passed successfully? *1 year* *Cornwall Collegiate* Any Matriculation?  
University: (a) Name (b) Years attended (c) Course and Degree  
Technical courses taken: *Dominion Provincial Youth Training machine shop, Cornwall Collegiate Night Course*  
Special studies: *machine shop*  
Languages spoken: *French & English*

C. Sea Experience—

Have you ever been employed at sea? *no* Give number of years and how employed  
Name and number of Mercantile Marine Certificates held  
State last position held at sea (with dates)  
State employment since leaving sea

D. Occupation: What is your profession, trade or occupation in civil life? *Machinist improver*

Are you (a) Actively pursuing your profession or trade on your own account?  
(b) Employed; if so, in what capacity and under what employer? *The Canadian Cottons Limited, Machinist improver*  
General experience (with dates): *One year at Canadian Cottons May 15, 1941*  
No. and Class of any Stationary Engineer's certificates or other certificates of competency  
Have you ever served in any of His Majesty's Forces? If so, which? How long?  
Have you had 30 days' training?  
Where registered?

E. Any other Qualifications that might be of use to the Naval Service (yachting, cadet corps, hobbies, etc.)

F. Branch Applying for: (a) As Officer (b) As rating (i.e., in the ranks)

If you cannot be accepted as an Officer are you willing to serve as a rating?  
In what capacity do you wish to enrol?  
How long would you need to settle up your private affairs?

Date of Application Signature: *Joseph Bouchard*

## RECRUITING CENTRES

Applicants should apply to the **nearest** centre.

### NOVA SCOTIA—

- (a) Royal Canadian Naval Barracks.....HALIFAX, N.S.
- (b) The Registrar, R.C.N.R.....Shipping Master's Office or P.O. Box 992, HALIFAX, N.S.

### PRINCE EDWARD ISLAND—

- (a) Naval Barracks.....Simms Building.....CHARLOTTETOWN, P.E.I.
- (b) The Registrar, R.C.N.R.....c/o N.S. Life Insurance Co.,  
or P.O. Box 271.....CHARLOTTETOWN, P.E.I.

### NEW BRUNSWICK—

- Naval Barracks.....P.O. Box 1077 (mail address);  
221/23 Prince William St.....SAINT JOHN, N.B.

### QUEBEC—

- (a) Naval Barracks.....30 Laurier Ave.....QUEBEC, P.Q.
- (b) Naval Barracks.....1464 Mountain St.....MONTREAL, P.Q.
- (c) The Registrar, R.C.N.R.....Marine Department or P.O. Box 265.....QUEBEC, P.Q.
- (d) The Registrar, R.C.N.R.....167 Common St.....MONTREAL, P.Q.

### ONTARIO—

- (a) Naval Barracks.....453 Rideau St.....OTTAWA, Ont.
- (b) Naval Barracks.....Richardson Bldg., Princess St.....KINGSTON, Ont.
- (c) Naval Barracks.....Automotive Bldg., Exhibition Park.....TORONTO 3, Ont.
- (d) Naval Barracks.....Cor. Stuart & McNab Sts.....HAMILTON, Ont.
- (e) Naval Barracks.....Carling Block, Richmond St.....LONDON, Ont.
- (f) Naval Barracks.....2462 Howard Ave.....WINDSOR, Ont.
- (g) Naval Barracks.....232 Cooke St.....PORT ARTHUR, Ont.

### MANITOBA—

- Naval Barracks.....583 Ellice Ave.....WINNIPEG, Man.

### SASKATCHEWAN—

- (a) Naval Barracks.....Wascana Winter Club.....REGINA, Sask.
- (b) Naval Barracks.....1st Ave. and 25th St.....SASKATOON, Sask.

### ALBERTA—

- (a) Naval Barracks.....9722-102nd Street.....EDMONTON, Alta.
- (b) Naval Barracks.....337-7th Ave. West.....CALGARY, Alta.

### BRITISH COLUMBIA—

- (a) Naval Barracks.....408 Marine Bldg.....VANCOUVER, B.C.
- (b) Royal Canadian Naval Barracks.....ESQUIMALT, B.C.
- (c) The Registrar, R.C.N.R.....337 Federal Bldg.....VANCOUVER, B.C.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

RCNVR Jan. 46 "ALBERNI"

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mr. Joseph Bouchard - Father

ADDRESS: 10 Race St.,,  
CORNWALL, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(1)

English  
**MEMORIAL BAR**

DATE DESP.....

REGN. NO. 1904

(3)

D OF D 21-8-44

## AWARDS NAVY

D.D.

BOUCHARD Joseph Jean		V-43824	ERA.4	FILE No.
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	886
Fr. Ger. Star	
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)