V796
ARSENEAULT
WILLARD GEORG

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank ARSENEAULT WILLARD GEORGE.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-71778. Rfn.

(3) Unit VICTORIA RIFLES OF CANADA-C.A.S.F.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife N/A.

(*b*) Present postal address of wife N/A.

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

(7) Are you a widower? No.

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

Names and ages N/A.

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

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

Name N/A.

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 N/A.

(11) Is your father alive? Yes.

If so, state name and address, occupation Arthur Arseneault. Barber.
Dalhousie, New Brunswick. Canada.

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

(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
N/A.

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Christine Arseneault.
Dalhousie, New Brunswick. Canada.

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

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

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? N/A.

(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 N/A.

Full Name N/A.

Postal Address N/A.

Amount contributed monthly during the past six months N/A.

(18) Are you insured? No.

If so, in what Company? N/A.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A.
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.

Willard Arseneault
(Signature of officer or man)

Date AUG 26 1940

B. E. Stone Capt.
Officer Commanding
VICTORIA RIFLES OF CANADA-C.A.S.F.

Date AUG 26 1940

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.

Employment Insurance Card held- Yes.
Employer- Int Paper Co
Nearest Claims Office- 80 Prince Street, Saint John, N.B.

N. V. 5
50M—1-41 (8973)
N.S. 815-11-5

33888
NATIONAL DEFENCE
FEB 20 1942
N.S. 815 A 880

NATIONAL ... FEB 20 1942
N.S. CANADA

CANADA

ATTESTATION FORM

(HOSTILITIES FORM)

FOR MEN OF THE ROYAL CANADIAN NAVAL VOLUNTEER RESERVE

SURNAME: Arsenault OFFICIAL NO. V 196

CHRISTIAN NAMES: Willard George MARRIED, SINGLE OR WIDOWER: Single

PERMANENT ADDRESS	RELIGION
Dalhousie N.B.	Roman Catholic

DATE OF BIRTH	*PLACE OF BIRTH	NAME AND ADDRESS OF NEXT OF KIN
Apl 26/18	Town: Dalhousie	Sister. Miss Freda Arsenault. Montreal P.Q. 1440 Keefer Bldg Room 714.
*Original Nationality of: Father: French Mother: French	County: Restigouche Province: N.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 5 Inches 6 1/4	Inflated 32 1/2 Deflated 29 Mean 30 3/4	Dark Brown Curly	Brown	Dark	old Perforation Scar right ear Scar at knee & right shoulder

EDUCATIONAL STANDING	TRADE OR CALLING AND IN WHOSE EMPLOY
Grade X Commercial	Mail Clerk Int Paper Co

DATE OF ENROLMENT	RATING FOR WHICH ENROLLED	R.C.N.V.R. DIVISION, OR OTHER ESTABLISHMENT, AT WHICH ENROLLED
17/2/42	ord Coder	HMCS Brunswicker

(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 Army 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
Victoria Rifles of Canada	Pte.	Aug 26/40	Oct 24/40

(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.

Personnel Records Division
1. Noted in Records
3. Non Sub. Card
4. Statistical
5. Roneo Str
6. Pension Card
7.
8. TO
DATE 26/2/42

ENTERED ON PAY ACCOUNTS 26/10/40
H.M.C.S. "BYTOWN"
FAIR
PROGRESS

4

(5) On being enrolled as a member of the HMCS Brunswicker 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 17th day of February 1942

Signature of applicant Willard Arsenault

(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 17th day of February 1942

R D Munro Lieut

Signature of and rank of Attesting Officer.

(D) OATH OF ALLEGIANCE

I, Willard George Arsenault 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 Willard Arsenault

Witness Ralph D Munro

Date 17/2/42 Rank Lieut RCNVR

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

(E) CERTIFICATE OF ATTESTING OFFICER

Willard George Arsenault 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 HMCS Brunswicker Division of the R.C.N.V.R. or in the appropriate official documents.

R D Munro Lieut

Attesting Officer.

17/2/42 194 R.C.N.V.R. Division (or other establishment) HMCS Brunswicker

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 Communications Branch of the Naval Service by the prospect of being transferred at some future date to another Branch.

Willard Arsenault

Signature

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full.....(b) Reg'l. No. V 796
2. (a) Arm of service.....(b) Unit.....(c) Rank.....
3. (a) Date of birth.....(b) Have you any dependents?.....(c) Place of residence at time of enlistment.....
4. (a) Place of enlistment.....(b) Date of enlistment.....

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school.....(b) Were you attending school or college up to the time of enlistment?.....
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?.....(b) If so, for what occupation?.....(c) Did you finish it?.....(d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?.....(b) What languages do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below).....(b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

18. Name of employer.....Address.....
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation.....(b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?.....(b) Did your employer refuse to promise you employment on discharge?.....(c) Do you wish to return to your former employment?.....

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?.....(b) Do you feel competent to operate a farm?.....(c) If so, in what kind of farming?.....
25. (a) Were you born on a farm?.....(b) How many years' actual farming experience have you had?.....(c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....

.....

DATE.....194..... SIGNATURE.....

3

P.M.

N.P.R./5-2.

FORM "B" 128789

FILE: N. S. V-796 PERS. (N)

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

AUG 30 1944
(Date)

Sir:

The following casualty has been reported -

NAME	RANK or RATING	NAVAL NO.
ARSENEAULT, Willard George	Leading Stoker	V-796, R.C.N.V.R.

DATE OF ENLISTMENT - 17 Feb., 1942 Active Service 16th March, 1942

DATE OF DISCHARGE - 7th May, 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, when H.M.C.S. "VALLEYFIELD" was torpedoed and sunk by enemy action in the Atlantic.

(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.)

28

NEXT OF KIN & RELATIONSHIP -

RELATIONSHIP - Sister NAME - Miss Freda Arseneault.

ADDRESS - 916 Keefer Bldg., MONTREAL, Que.

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.

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

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

C. R.
P. A.
NAVAL TREASURY
DATE 6/9/44
INITIAL K

REMARKS:.....

.....

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

Names of Dependents	Relationship	Maiden name of wife	Date of marriage and/or date of birth of children
Miss Freda Arsenault 916 Keefer Bldg., Montreal, Que.	Sister		

	D. A.	A. P.	TOTAL
Monthly rate:	nil	$20.00	$20.00

To Whom Paid: Miss Freda Arsenault Address 916 Keefer Bldg., Montreal, Que.

Date of Enlistment:

Date of Discharge:

Inclusive date to which D.A. and/or A.P. was Paid: May 31, 1944.

The final deduction of Assigned Pay for $20.00 has been made for the period from 1st to 31st. of May 1944

Remarks:

Computed by.....

Checked by.....

for Alec L. Bossnell
Chief Treasury Officer,
DEPARTMENT OF NATIONAL DEFENCE,
(Naval Service).

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

HS

REGISTERED

FILE NO: N.S. V-796 Pers. (N)

4th Sept., 1944.

Dear Miss Arseneault:

Further to my letter of the 11th of May, 1944, in view of the length of time that has elapsed since your brother, Willard George Arseneault, Leading Stoker, Official Number V-796, Royal Canadian Naval Volunteer Reserve, was reported "missing" after the sinking of H.M.C.S. "VALLEYFIELD", and as no information has since been received of his having survived, the Canadian Naval Authorities have now presumed his death to have occurred on the 7th of May, 1944.

May I again express the sincere sympathy of the Department in your bereavement.

Yours sincerely,

Deputy SECRETARY, NAVAL BOARD.

Miss Freda Arseneault,
916 Keefer Bldg.,
Montreal, Que.

Dispatched by
Sec. N. B.

Date 6/9/44
Time 1425

Royal ✓ Canadian ✓
Message Condolence
Date sent 30-8/44 NPR 5

BF 30-8/44
NPR/5

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"

FORM C-3

VITAL STATISTICS, REGULATION 210,
MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE SUB-DEPUTY REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT.
WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

(See reverse side for instructions.)

PROVINCE OF NEW BRUNSWICK—CERTIFICATE OF REGISTRATION OF DEATH

REG. No.

1. PLACE OF DEATH Sub-Health District: AT SEA Area (City, Town or Civil Parish) .....
If in City, Town or Village ..... (Name) Street ..... House No. .....
(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 Civil Parish where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. NAME OF DECEASED ARSENEAULT (Surname) Willard George (Given name or names)

RESIDENCE No. ..... Street ..... City, Town, Village or Civil Parish: Dalhousie, Province: N.B.
(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)
Male	Canadian		Single

8. BIRTHPLACE: New Brunswick (Province or Country)

9. DATE OF BIRTH: April (Month) 26 (Day) 1918 (Year)

10. AGE in	Years	Months	Days	If less than one day old
	26	1		hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Mail Clerk

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Int. Paper Co.

13. Date deceased last worked at this occupation .....

14. Total yrs. spent in this occupation .....

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

FATHER

16. NAME .....

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

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE H.B. Monell (Province or Country)

20. Name of informant Paymr. Cmdr. R.C.N.R.
Address Officer i/c, Naval Personnel Records, Naval Service Headquarters, Ottawa, Ont.
Relationship to deceased .....

21. Place of Burial, Cremation or Removal: Body not recovered.
Date of burial or removal .....

22. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: May (Month) 7th (Day) 1944 (Year)

24. I HEREBY CERTIFY that I attended deceased from:
..... 19 ..... to ..... 19 .....
and last saw h. ..... alive on ..... 19 .....

CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) "MISSING" presumed dead when H.M.C.S. "VALLEYFIELD" was due to torpedoed and sunk by enemy

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) action in the Atlantic. due to (c) .....

II

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

25. If a woman, was the death associated with pregnancy? .....

26. Was there a surgical operation? ..... Date of operation ..... 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? ..... (State which) Date of injury ..... 19 .....
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** .....

28. S.D.R. No. .....

29. Filed ..... 19 .... (Sub-Deputy Registrar)

DME

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

NAVY

Name ARSENAULT (Surname) Willard G. (Christian Names) No. V796

A/L STO. (Rank) RCNVR (Unit) 7-5-44 (Date of Death)

AMOUNT W.S.G. 417.52
L.P.C. $ 51.18
Other Credits 52.21
Total 520.91
Prev.dist. 103.39
This dist. 417.52

Date 14-11-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/2	father	Arthur J. Arsenault, Dalhousie, N.B.	208.76
1/2	mother	Mrs. Christine Arsenault, (As above)	208.76
		(As next of kin entitled)	
		P4. TO TREAS.	
		NOV 23 1945	
			WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$417.52

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

Form No. 1

2537

Register No. .....

Nominal Roll No. .....

H.Q. File No. 405-A-970

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-71778	RFMN	ARSENEAULT	WILLARD GEORGE

Reason for Termination of Service:

1st Enlistment MED UNFIT CARO 37 (10)

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 26 AUG 40	T.O.S.	T.O.S.
S.O.S. 24 OCT 40 MD 4	S.O.S. MD	S.O.S. MD
Total Days 60	Total Days	Total Days

TOTAL SERVICE 60 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	60		60
OVERSEAS SERVICE			
Totals	60		
Add Non-qualifying Service			
TOTAL SERVICE			60

1945 MAR 14 M 60 53

EMBARKATION DETAILS:

1. Date S.O.S. Overseas .....

2. Date S.O.S. Overseas .....

REMARKS: All records show name as Arseneault not as shown on Memo from RCNR. J.L.

Computer's Signature A. Dixon

Checker's Signature R. Kennedy

Date Computed 6 Mar 53

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

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

TOTAL

OVERSEAS

T.O.S. .... T.O.S. .... T.O.S. ....

S.O.S. .... S.O.S. .... S.O.S. ....

TOTAL

☒ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ....Arseneault, ...
(Print)

2. Christian Names ....Willard George....
(Print)

3. Service No. ....V796.... 4. Paid rank or rating at date of termination of Service ....Ldg. Sto.

5. Address, in full, to which payments of gratuity are to be forwarded ....Mrs. Christine Arseneault
Dalhousie, New Brunswick.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
Army	D-71778(?)	Pte.	April/May 1941 or 1942	July 1941 or 1942
Rejected from army after approximately 3 months medically unfit.				
Navy	V-796	Ldg. Sto.	Dec. 1941/42	May 1944

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? ....no.... If so, state name of Force or Forces ....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? .... If so, state the Force or Forces, with dates of commencement and termination of service. ....

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

.... (Date)

.... (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

For Completion and Return by

Form P. 64

Miss Freda Arseneault,
916 Keefer Bldg.,
Montreal, Que.

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. V - 796 FD. 576

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 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

ARSENEAULT, Willard George, Leading Stoker,

V-796, R.C.N.V.R.

ESTATES BRANCH SEP 16 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

H. K. Veach.
Commander RCNVR
for
Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	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		Single		
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		Arthur Joseph Arseneault	70	Dalhousie, N.B.
4	Mother of the Deceased		Christine "	66	Dalhousie, N.B.
5	Brothers of the Deceased	Full Blood	Wilfrid "	39	Dalhousie, N.B.
			Benoit "	30	C.A.O.S.(France)
			Louis "	28	C.M.F.(ITALY)
			Rolland "	21	R.C.N. ?
		Half Blood			
6	Sisters of the Deceased	Full Blood	Freda "	37	Montreal,Que.
			Beatrice (Mrs.Wm.Reekie)	35	Thorold, Ont.
			Juanita (Mrs.M.Kingston)	33	Dalhousie,N.B.
			Daisy Arseneault	27	Dalhousie,N.B.
			Vivian (Mrs.L.Languille)	22	Dalhousie N.B.
		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
	Alphonsine 1929 Isabel 1919 (Approx.)				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	ARSENEAULT, Peter George known as Willard George
9	Date of his birth.	April 27, 1918
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Dalhousie, N.B. 1902

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Dalhousie, N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* *(b)* *(c)* *(d)*
14	Nature of employment before enlistment.	Office Clerk
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.	Unknown

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Doubt if any 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?	
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?	Unknown.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Unknown.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Unknown.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life Insurance (War Clause) only premiums payable Mother beneficiary.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Unknown.

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.	Unknown.
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.	No.

(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

*Sister 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.

J. B. Arseneault — Signature of Informant

Room 916, 1440 St. Catherine St. W. Montreal — Address

CERTIFICATE

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

See above. (Name of informant) is the Sister of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 14th day of September 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. B. Lanfuedoc Major — Qualification Aux Services

Address H.Q., M.D. #4 Montreal

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

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

(DEPARTMENT OF OTO-LARYNGOLOGY) V.R. of C.

Name ARSENEAULT. W.I. Address

Number 71778 Occupation

Referred by Referred to

COMPLAINT:

HISTORY: Rt. Mastoid operation last January, at the M.G.H.

EXTERNAL FACIES, etc.:

Nose – Septum:

Turbinates:

Naso-Pharynx:

Sinus:

Tonsils:

Teeth & Jaws:

Larynx:

Memb. Tymp. Rt. middle ear not dry. Lt. normal.

Hearing Tests: C.V. Low. Tones. High Tones, Rinne, Weber, Bone Con.

A.D.

A.S.

REMARKS: This man should be returned to civil life.

DIAGNOSIS: Result of mastoid disease, right, not quiet.

Treatment advised:

Place Montreal. 22.10.40. (Signed) S.H. McKee, M.D.
Aural Surgeon.

Date

X-RAY FINDINGS AND ADDITIONAL NOTES MAY BE MADE ON REVERSE SIDE

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.*)

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

Unit VICTORIA RIFLES OF CANADA-C.A.S.F. Regimental Number D-71778

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname Arseneault
2. Christian Names Willard George
3. Present address C-o YMCA Drummond St. Montrel P.Q. Canada
4. Date of birth 27 April 1919
5. Place of birth Dalhousie, (Country) Prov. of N.B. (County or Province) Canada (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Clerk
8. Married, Widower or Single Single
9. Name of next of kin Arseneault. Christine
10. Relationship Mother
11. Address of next of kin Dalhousie, New Brunswick, Canada
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No (If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? No (Yes or No) (If Yes, specify Unit and Period of Service)
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Willard George Arseneault do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 AUG 26 1940 Willard Arseneault (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Willard Arseneault (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 MONTREAL, QUE. this 26c day of August 1940

E. Stark Capt. — Signature of Magistrate, Justice or Attesting Officer.

VICTORIA RIFLES OF CANADA-C.A.S.F. — Office or Rank and Unit or appointment.

WITNESSED B.W. Higgins Lieut.

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 Arseneault (Surname) Willard George (Christian Names) Regimental Number D-77728

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Typist, Bookkeeper

Technical: Nil

Languages: English, French.

Educational Qualifications

High School or Collegiate: 3 Yrs. High School. (years completed)

Graduation or Matriculation: Diploma - Typing Shorthand. (specify)

*College: Dalhousie Commercial 1 Yr. Business Course.

*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.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment VICTORIA RIFLES OF CANADA-C.A.S.F. T.O.S.	Rfn.	26-8-40	V.R.C.	Montreal	Pt. 2 D.O. 22	27 AUG 1940
24-10-40		S.O.S. C.A.S.F. R.O. 37, para 10	✓	24-10-40	✓	✓	✓ D.O. 62	24 Oct. 40.
		Physically unfit for Military Service under Mustang standards						

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Arseneault Willard George. Date 20 August 1940

Part 1. Information obtained from the recruit.

1. Age 21

2. Have you ever suffered from any of the following diseases?

a. Rheumatism	NO	k. Ear disease	YES
b. Tuberculosis	NO	l. Eye disease	NO
c. Bronchitis or asthma	NO	m. Epilepsy	NO
d. Heart disease	NO	n. Nervous or mental disease	NO
e. Kidney or bladder disease	NO	o. Syphilis	NO
f. Gastro-intestinal	NO	p. Gonorrhoea	NO
g. Rupture	NO	q. Have you ever worn glasses?	YES
h. Varicose veins	NO	r. Are you now or have you in the past received disability pension or compensation? If so, give details	NO
i. Flat or deformed feet	NO		
j. Nasal trouble	NO		

Willard Arseneault
Signature of Applicant

Colour Vision
ISHIHARA CDS R.C.M.O.

URINE N

Reflexes normal.

X-RAY D

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar left knee. Scar on back. Scar right shoulder. Scar rightknee.

2. Height 5 feet 6¼ inches. 3. Weight 118 pounds.

4. Complexion Fair Eyes Brown Hair Brown.

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 30 inches.
Range of expansion 2½ inches.

7. Vision, right 20-30 left 20-30 8. Hearing, right W.V. 20 left W.V. 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

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

President B. Fothergill M.D. Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

Regtl. No. D-71778 Rank Rfn. Surname Arseneault. Christian Name Willard George.

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

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

Certificate of Birth and Baptism

Certificat de Baptême

I hereby certify that (Je certifie que) Pierre George Arseneau

Son / Daughter of (Fils / Fille de) Jos. Arthur Arseneau and of (et de) Christine Tournier

was born at (est né à) Dalhousie N.B. on (le) 26 avril 1918

and was baptized on (et a été baptisé le) 28 avril 1918 by (par) A. A. Boucher ptre

Sponsors (Parrain et marraine) Jos. Wilfrid Godin – M. Blanche Fredonie Arseneau Pastor (Curé) J. E. Gordon ptre

Dalhousie N. B.

1er avril 1941

M.F.M. 7
400 M—9-39 (1704)
H.Q. 1777-40-18

ACTIVE SERVICE
CANADIAN ~~FIELD~~ FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. D-71778 (Rank) Rifleman

Name (in full) Willard George ARSENEAULT enlisted in

the VICTORIA RIFLES OF CANADA, C.A.S.F.

Active Service
CANADIAN ~~FIELD~~ FORCE at MONTREAL, QUE. on the twenty-sixth

day of August 1940

He served in VICTORIA RIFLES OF CANADA, C.A.S.F.

and is now discharged from the service by reason of Physically unfit for further military service under existing standards (CASF RO 37, para 10)

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 21 yrs 5 mos.

Height 5 ft. 6½ in.

Complexion Fair

Eyes Brown

Hair Brown

Marks or Scars Scars right knee and right shoulder

W. Arseneault
Signature of Soldier

Date of Discharge

1st Bn. V.R.C. C.A.S.F.
OCT 24 1940
ORDERLY ROOM

Issuing Officer

CAPTAIN & ADJUTANT
VICTORIA RIFLES OF CANADA, C.A.S.F.
Rank

Date 24 OCT 1940 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

(P.T.O.)

Conduct while in service: Good

Qualifications for civil life: Office Clerk

1.—That discharge certificate must be carried when wearing uniform;

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

M.F.M. 23
20M—12-39 (3461)
H.Q. 1772-39-1677

CANADIAN ACTIVE SERVICE FORCE
PROCEEDINGS ON DISCHARGE

P

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D-71778 | Rank Rifleman

Surname ARSENEAULT

Christian name Willard George
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps VICTORIA RIFLES OF CANADA, C.A.S.F.

Date of discharge OCT 24 1940

Place of discharge St. Helen's Island, Que. Mil. Dist. No. 4

1. DESCRIPTION AT DATE OF DISCHARGE

Age 21 years 5 months

Height 5 feet 6¼ inches

Complexion Fair

Eyes Brown

Hair Brown

Trade Clerk

Descriptive marks Scars right knee and right shoulder

C.A.A.

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address)
Street and Number
Dalhousie
P.O., City or Town, etc.
Province New Brunswick

2. The above-named man is discharged in consequence of physically unfit for further military service under existing standards

Authority for discharge CASF RO 37, para 10

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

Good

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* 384, K.R. Can.)

Office clerk

(OVER)

5. He is in possession of the following number of G.C. Badges: Nil

5A. Service Button (Class and number ....Nil....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ....Nil....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) St. Helen's Island, Que.

(Date) OCT 24 1940

VICTORIA RIFLES OF CANADA, C.A.S.F.
Commanding

8. **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 on the third page, and that I have received my permanent discharge certificate.

(Place) St. Helen's Island, Que. *(Signature of Soldier)*

(Date) OCT 24 1940 *(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.

9. **Statement of Service**

(Date of enlistment—C.A.S.F.) 26 August 40

(Date of discharge—C.A.S.F.) OCT 24 1940

(Total Service—C.A.S.F.) - - - years 60 days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) St. Helen's Island, Que. *(Signature)*

(Date) OCT 24 1940

VICTORIA RIFLES OF CANADA, C.A.S.F.
Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

(Date) OCT 24 1940 W. Arsenault
(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6). ✓

~~Certified Copies of Convictions by Civil Power.~~

Casualty Form (M.F.M. 4). ✓

Proceedings Medical Board (2 copies). ✓

Medical Case History Sheet. ✓

Dental History Sheet. ✓

Last Pay Certificate. ✓

Duplicate Discharge Certificate (M.F.M. 7). ✓

~~Form of Will (M.F.M. 10 or 10A).~~

~~Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).~~

Attestation (Duplicate and Triplicate M.F.M. 2). ✓

Particulars of Family (M.F.M. 5). ✓

Proceedings on Discharge. ✓

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Irwin H Carter Lt Col
Officer Commanding

VICTORIA RIFLES OF CANADA-C.A.S.F.

Certified copies of convictions by civil power.
Form of will
Certified copy of record of declaration of court of inquiry.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in Sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal DATE Oct 15/40

1. (a) Unit Victoria Rifles (b) Regimental No. D 71778 (c) Rank Rfm.
   (d) Surname Arseneault (e) Christian name Willard George
   (f) Home address Dalhousie, N.B. Canada.
   (g) Next of Kin Christine Arseneault, (h) Relationship mother
   (i) Address of Next of Kin Dalhousie, N.B.
2. Age last birthday 21 Date of birth April 27/19.
3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Aug 26/40
4. Personal description:
   (a) Height 5' 6 1/4 (b) Weight 130 (stripped) (c) Complexion fair
   (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.
   Scars Rt Knee, & Rt Shoulder
5. Former trade or occupation Clerk

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada	26. Aug./40.	
England		
France or other theatres of War		

7. Original disease, or injury 0642 Chronic Suppurative Otitis media
   (a) Date of origin infancy (b) Place of origin Canada
   (c) Cause infection

M. F. B. 227.

200M—3-40 (4251)
1772-39-117.

CATEGORY ON M. F. M. 2

?

District Recruiting Officer

8. Present disability—(Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc.; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(a) yes. (B) yes. (C) no. (d) yes.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

This man has gained two pounds since enlistment. Vision Rt. 20/30 Lt. 20/30 W.V. Rt 15' W.V. Lt 20'. He suffers from a chronic otitis media following Radical Mastoidectomy. Rt hearing is somewhat defective & will become more so progressively. The lower portion of mastoidectomy scar is tender to pressure.
Heart not enlarged & free from murmurs. Lungs clear. Abdomen negative. No Hernia, varicocele, piles, varicose veins, venereal disease or flat feet. Feet well formed. All joints freely moveable. Reflexes normal.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no.

Osseous and Joint Systems no. Any other general condition no.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Man gives history of Rt ear discharging at age of 9 months. From infancy had chronic discharge of Rt ear. Rt Radical Mastoidectomy performed at mil. H. Jan 1939. Has had ringing in ears, heard worse when it is noisy or when it is damp. Gets dizzy when any loud noise heard. Has suffered from pain in region of mastoid scar for the last two weeks

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10(*a*).)

measles,
Rt mastoidectomy 1939 in G.H.
tonsilectomy childhood

(*c*) (Here give a description of wounds, scars and deformities.

Scars Rt knee, Rt. Shoulder, Rt mastoid region

11.—(*a*) Did the disabling condition have its origin before enlistment?

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

/

12. Was the disability caused, or aggravated: (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (B) no.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Boraxic powder in Rt ear.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration.)

no.

16. Can the former trade or occupation be resumed? yes.

(If not, briefly state why.)

17. Recommendations that he be recategorized

J Beaumont
Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Willard George Arsenault have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nil

Willard Arsenault Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

~~(a) General service,~~	~~(Category A)~~	~~(Yes or No.)~~
~~(b) Service abroad, not general service,~~	~~(" B)~~	~~(Yes or No.)~~
~~(c) Home service (Canada only),~~	~~(" C)~~	~~(Yes or No.)~~
~~(d) Temporarily unfit.~~	~~(" D)~~	~~(Yes or No.)~~
(e) Unfit for service in Categories A, B and C.	(" E)	(Yes ~~or No.~~)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

For Chronic Otitis Media at his own ~~[illegible]~~ expense

(b) Does not require treatment.
(c) Should pass under his own control.
~~(d) Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Category E.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

J.M.Kilgour, Capt. J.M. Kilgour Capt. President.

PLACE Montreal E.E.Lesage, M.D. E. E. Le Sage M.D.

DATE 15th Oct. 1940. J.E.Bruneau, Capt. J.E. Bruneau Capt. } Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign the statement the Board of medical officers should so state.

.....President.

PLACE..... } Members.

DATE.....

APPROVED BY R.H. McGibbon Major RCAMC
(R.H.McGibbon) Lt-Col., R.C.A.M.C.,
D.M.S. M.D. No. 4
Assistant Director of Medical Services.
DATE OCT 18 1940

APPROVED BY E. Bentley Lt-Col RCAMC
for Director-General of Medical Services.
DATE 21/10/40

AWARDS—CANADIAN ARMY (ACTIVE)

M

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
~~ARSENAULT~~, ARSENEAULT	Willard George	D-71778	RFMN		405-A-970

WAR SERVICE BADGE (CLASS) No. NIL

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
C.V.S.M. WAR MEDAL 1939-45	Dalhousie, N.B. APR 17 1959
	S.D.S.Y oct/40
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS PERSON ENTITLED TO ADDRESS	(1)
(2) MEMORIAL CROSS WIDOW ADDRESS	(2)
(3) MEMORIAL CROSS MOTHER ADDRESS	(3)

K. 15332*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37

P.I.B

V796 OFFICIAL NUMBER NAME ARSENAULT (Surname) Willard, George. (Given Names) OFFICIAL NUMBER V796

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
HMCS "Brunswicker"	Ord.Coder.	17	2	42	Saint John Div. Str.	V.G.	Sat.	31	12	42							
	" "	16	3	42	Active Service.	V.G.	Sat.	31	12	43							
St Hyacinthe	" "	13	5	42		V.G.	Sat.	7	5	44							
Stadacona	" "	7	7	42	#201636												
Cornwallis	" "	2	9	42	DRD												
"	Stoker 11	20	8	42	249A #9579												
Stadacona	" "	14	10	42	DRD H-22.												
Acadia	" "	20	10	42	DRD H-28												
"	Stoker 1.	27	3	43	249A #26396.												
Stadacona	"	3	11	43	DRD H-3096												
Hochelaga II Valleyfield	"	26	11	43	DRD H-3341												
Discharged		7	5	44	Missing on Active Service. Casualty List.(249A #A-13925).												
					Presumed Dead. (per Correction Sheet Page 94.												
					Rated A/Ldg.Stoker 1.4.44.(249A #A-13916).												

GENERAL REMARKS

AWARDED: Canadian Memorial Cross:
MOTHER: Mrs A.J. Arsenault,
Dalhousie, N.B.

DATE OF BIRTH DY	MO.	YR.	PLACE OF BIRTH	CIVIL OCCU. MAIN	SUB	RELIGION	ED	PERM. RESIDENCE P.	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE ON ENLISTMENT A	BR	RANK
26	11	15	15	830	0	10	3	5	10	02	6	02	0	09	95

ENLIST DATE DY.	MO.	YR.	ACT. SERV. DATE DY.	MO.	YR.	STR. CAT.		ACT. SERV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR	RANK
17	02	42	16	03	43						9690	0	15	94

SENIORITY DY	MO	YR	STR. CAT.	NON-SUB A	B	M ST.		CODED	CHECKED
27	03	43	13	00	00		M.B. J.S.	DB	DB

V796 OFFICIAL NUMBER | FILE NUMBER 113-A-800 | OFFICIAL NUMBER V796

NAME ARSENAULT (Surname) Willard, George. (Given Names) DATE OF BIRTH 26th April, 1918

PLACE OF BIRTH Dalhousie, N.B. OCCUPATION Mail Clerk.

RELIGION Roman Catholic. EDUCATION Grade 10 Commercial.

RESIDENCE AT TIME OF ENLISTMENT: Street and No. Town Dalhousie, Province, etc. N.B.

Engagements				Description					Previous Service			
Date (in figures) Day	Month	Year	Period	Height	Hair	Eyes	Complexion	Marks or Scars	Served in	Rank or Rating	Dates From	To
17	2	42	H.O.	5'6½"	D.Brown	Brown	Dark.	Old Perforation scar right ear. Scar right knee & right shoulder.	Victoria Rifles of Canada.	Pte.	26-8-40	29-10-40

NEXT OF KIN, RELATIONSHIP (in pencil) Sister NAME (in pencil) Miss Linda Arsenault

ADDRESS (in pencil): Street and No. 916 Keefer Bldg Town Montreal Province, etc. Quebec

Medals, Clasps, Hurt Certificates, Prize Money				Examinations, Certificates, etc.							
Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars	Date (in figures) Day	Month	Year	Particulars
25	2	44	C.V.S.M.(R.& C.)	3	7	42	Qual. for Ord. Coder.				
25	2	44	1939-1943 Star.	12	11	43	Granted Aux.Mach.W/K.Cert. file				
			Atlantic Star								
			War Medal 1939-45								

Badges, G.C. or G.S.					Brief Particulars of Warrant or C.M. Punishments and C.P. Charges						
Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored	Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

FILM NO. WSR 5179-5-
DATE

Eligible to count 60 days C.A.S.F. Service toward of G.C.B.

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

O.H.F. received.
Ins.Book.-Saint John-N.B.

Second Class For Conduct

From	To

H.Q. 35—15M—10-41 (2177)
N.S. 815—7-35

GL.