

Name: Lafaive, Eli Norman

Rank: Pte

Service Number: A-104684



Eli Norman Lafaive attested in the North Nova Scotia Highlanders on the 28 Sept 1942. He was single and a farmer. His mother lived at RR#1 Muncey ON. On the 2nd of January 1944, he died “as a result of a high explosive gunshot wound resulting in a compound fracture of the skull and a penetrating wound to the chest”. He is buried at the Morro River Cemetery, Otona Italy.

SERVICE RECORD

<i>Date</i>	<i>Particulars</i>
30 Sept 1920	Born Sarnia Ontario
28 Sept 1942	Attested No 1 District Depot, later changed to North Nova Scotia Highlanders, A 104684, Eli Norman LeFaive, born 30 Sept 1920, farmer, Church of England, single,
2 Jan 1944	Awards Card- Carleton and York Regiment, 1939-45 Star, Italy Star, War Medal 1939-45, CVSM & clasp sent to mother Emily LaFaive (mother) at RR#1 Muncey Ont.
2 Jan 1944	Certificate of Registration of Death – date of death 2 Jan 1944, overseas casualty, died of wounds received in action.
18 Jan 1944	Initial Burial Vaso Italy Grave E-8
25 Jan 1944	Canadian Message dispatched

2 Feb 1944	Royal Message dispatched
5 Feb 1944	Estates branch form: unmarried father Albert Lefaive, mother Emily Lefaive, Brothers George RCA 108 th Battery, Delmar, Cyril, and Ballantine, Sister Rose Marie. Estate consisted only of personal affects and about \$200.00 in the bank.
9 Feb 1944	Letter to Mrs Lefaive from Director of Records- cause of death- "your late son died as a result of a high explosive gunshot wound resulting in a compound fracture of the skull and a penetrating wound to the chest"
18 Aug 1944	Letter from Mrs Emily LeFaive requesting details of where he was buried so they could add his serial number to the grave.
21 Feb 1945	Death certificate and Burial Report sent to next of kin
29 Nov 1946	Reburied at Morro River Cemetery, Ortona, Italy
4 Jun 1947	Photographs dispatched

2-1-44
(O.C.L.-425)

AWARDS—CANADIAN ARMY (ACTIVE)

(1543)

M

100M-10-41 (2105)
H.Q. 1272-45-6

FB

LEFAIVE, Eli Norman

A-104684

Pte.

FILE NO. 405-L-15436

Carl. & York Regt.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO

RANK ON
DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star

Italy Star

War Medal, 1939-45

CVSM & Clasp

1033

30-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS

PERSON

ENTITLED TO Mrs. Emily LeFaive (Mother)

ADDRESS: R.R. #1,
Muncey, Ont.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Emily LEFAIVE,

ADDRESS: R.R. # 1, MUNCEY, Ont.

REGISTRATION NO. DATE OF REGISTRATION

MEMORIAL B.R.

DATE DESP.

REGN. NO.

9245

DESP. FEB 23 194

REGN No. 4887

No A.104684 Rank Private Name LEFAIVE, Eli Norman.
Unit Carlt. & York Regt. Date of death 2nd January, 1944.
Died at Italy
Cause Died of wounds received in action.
Death occurred on strength of Forces.HQ 405-L-15436 a 18-1-44
N/K Mrs. Emily LeFaive, Relationship Mother.
Address ~~R.R. #1, Muncney, Ontario.~~ R. R. #3, Lambeth, Ontario.
Remains buried in _____ Cemetery
MR 580918 sheet 148/II Vaso 1/50 M.
Italy.
Grave location _____ Grave E-8

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N. **FEB 21 1945**

RETURN TO BUR. OF STAT. 23-5-44.

ROYAL MESSAGE DESP'D. **FEB 2 1944**

CAN. MESSAGE DESP'D. 25-1-44.

REBURIAL-

Morrø River Cemetery,
Ortona, Italy.

Grave 9, row A, plot 6.

HI & CR Form Despd. NOV 29 1946

Photographs

Despatched

JUN 4 1947

9 February, 1944.

Mrs. Emily Lefaive,
R.R. #1,
Muncey, Ontario.

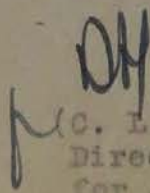
Dear Mrs. Lefaive:

Further to this Headquarter's telegram of the 11th of January informing you of the regretted death of your son, A104684 Private Eli Norman Lefaive, in keeping with the policy of the Canadian Army of informing the next of kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Private Lefaive.

According to information obtained by this Headquarters from Canadian Army medical authorities received here, your late son died as a result of a high explosive gunshot wound resulting in a compound fracture of the skull, and a penetrating wound to the chest.

Please accept my sincere and heartfelt sympathy in the irreparable loss you have suffered.

Yours very truly,


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

ED/ED

Mr. Radner-

For your kind attention

Lambeth Ontario

aug 18/1944

21/8/44 H.C. Osborne

(No. ~~Q. 405-15,43~~)

~~Records.c.~~

405-15,436

To

Imperial War Graves Commission

I am Here inquire of my son
A, 104684.) pte. Eli Norman Le Faive
Carleton and York Regiment (Ca)

Where was he Buried in
Mediterranean Theatre as I like
to have his Serial number
of his Grave please state all
the particulars when you write

Please send By Return Mail

Yours Sincerely

Mrs Emily Le Faive

R.R. No. 3. Lambeth Ontario

Surn. **LeFAIVE**
Christian Names **Eli Norman**
Rank **Pte.** No. **A-104684**
Age **1920** Ht. **5-8** Wt. **136**
Hair **Black** Eyes **Brown**
Marks, Scars, etc. **Scar lt. hand.**



E. N. LeFaive
Signature of Holder

W. C. Goodfellow
Signature of Issuer
Place **Listowel** Date **16/11/42**

S.G.K.

Report Loss
Return To
If Found

CANADIAN ARMY

Identification
Bureau
Ottawa, Can.

Right Index

Mrs. Emily LeFaive,

R. R. #1,

Muncey, Ont.

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

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

and the following number quoted:—

H.Q. 405-L-15,436-FD.168

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Feb. 5, 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

LEFAIVE, Eli Norman, Pte.

A.104684 C.A.

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

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

RGP/CF

R. G. Phelan
(R. G. Phelan) Capt.
for (L. M. Firth) Lt.-Col.

Administrator of Estates.



ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative.
1	Widow of the Deceased.....	unmarried		
2	Children of the Deceased and dates of their Births.....	none		
3	Father of the Deceased.....	Albert Lefaiwe	52	RR1 Muncie
4	Mother of the Deceased.....	Emily Lefaiwe	46	RR1 Muncie
5	Brothers of the Deceased	George Lefaiwe	21	R. CA 108th Bldg.
		Rose Marie Lefaiwe		
		Delmar Lefaiwe	16	RR1 Muncie
		Cyril Lefaiwe	14	" "
		Bellestine Lefaiwe	12	" "
		none		
6	Sisters of the Deceased	Rose Marie Lefaiwe	19	RR1 Muncie
		none		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		none		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Eli Herman Lifawie
9	Date of his birth.	Sept 30th 1920
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Sarnia - Sept 14-1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sarnia Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) always live in Ontario (b) in Lambton (c) Middlesex (d) Counties.
14	Nature of employment before enlistment.	day farm laborer
15	State whether he owned the premises in which he lived, and, if so, where situated.	none owned.
16	Name place where deceased stated he intended to make his permanent home.	Bruncy Ont

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not as far as known.
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?	not as far as known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$200 or more - don't know where bonds are
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	just personal effects

OTHER PARTICULARS

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

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Eli Herman Lefawie
9	Date of his birth.	Sept 30th 1920
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Sarnia - Sept 14-1919

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sarnia Ont
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) always live in Ontario (b) in Lambton & Middlesex (c) Counties. (d)
14	Nature of employment before enlistment.	day farm laborer
15	State whether he owned the premises in which he lived, and, if so, where situated.	none owned.
16	Name place where deceased stated he intended to make his permanent home.	Bruncy Ont

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not as far as known.
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?	not as far as known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	\$200 or more - don't know where bonds are
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	just personal effects

OTHER PARTICULARS

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

4.

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

* brother of the deceased.

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

Mrs Emily Le Faive

{ Signature of Informant

Address

CERTIFICATE

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

Faive

{ Name of informant

is the*

Emily Le brother

of the Deceased

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

Dated at

London Ont

this

12th

day of

Feb

19

44

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

A. Bront

Qualification

a Commissioner

Address

Barrister - London 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

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

FORM 8

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 **IN THE FIELD (ITALY)** Township of _____
If in City, Town or Village _____ 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 Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. PRINT FULL NAME OF DECEASED **LEFAIVE** **Ell Norman**
(Family name) (Given name or names in usual order)

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

4. Sex **M.** 5. Nationality (Citizenship) _____ 6. Racial Origin _____ 7. Single, Married, Widowed or Divorced (Write the word) **Single.**

8. BIRTHPLACE **Ontario.**
(Province or Country)

9. DATE OF BIRTH **September 30th 1920.**
(Month) (Day) (Year)

10. AGE in Years **23** Months _____ Days _____ If less than one day old hrs. or min. _____

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

12. Kind of industry or business, as cotton-mill, lumbering, bank, etc. _____

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 **LEFAIVE, Alphonse.**

17. BIRTHPLACE _____
(Province or Country)

18. MAIDEN NAME _____

19. BIRTHPLACE _____
(Province or Country)

20. Person giving information sign here **J.B. Keline**

Address **for Director of Records,**
Relationship to deceased **Dept. of National Defence.**

21. Place of Burial, Cremation or Removal **Italy.**

Date of burial or removal _____

22. Burial Permit was issued by _____

Address _____

23. UNDERTAKER _____
(Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH **January 2nd 1944.**
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: _____ to _____

and last saw him alive on _____

CAUSE OF DEATH

I. Immediate cause **Died of wounds received in action.**

Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, embolism, etc.

due to _____

II. Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

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

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

27. If a woman, was the death associated with pregnancy _____

28. Was there a surgical operation? _____ Date of operation _____

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 _____

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)

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

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

OVERSEAS CASUALTY
JAPANESE ARMY

MAY 23 1944

- (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 **Mr. Alphonse Le FAIVE**
(Painter & Decorator) R.R. #1, Muncey, Ontario, 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. Emily Le FAIVE**
R.R. #1, Muncey, Ontario, 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.

E. Le Faive

(Signature of officer or man)

Date **28th September 1942**

S. A. Stevens
Officer Commanding

Date **28th September 1942**

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.

[illegible]

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.M. 100 (Part I)
100M-8-39 (1700)
R.Q. 1773-45-18

North Nova Scotia Highlanders.

Unit **NO. 1 D.D.(AF) GenList**

Regimental Number **A 104684**

1. Surname.....	Le Paive	(17) Regiment or Corps	Unit (Battn., etc)	
2. Christian Names.....	Eli Norman	NO. 1 D.D. (AF) GEN LIST		
3. *Substantive Rank and Appointment.....	Private	North Nova Scotia High.		
*Acting Temporary or Local Rank.....		C2C		
giving date.....		4/8		
*To be entered in pencil to facilitate alteration.				
4. Place of birth.....	Sarnia, Ont. Can.	(18) Medical		
5. Date of birth as declared on attestation.....	30th Sept 1920	Category	Date	Authority
(A).....				
6. Date of enlistment.....	28th Sept 1942	A1	28-9-42	Medical Board
7. Place of enlistment.....	London, Ont. Can.	A1	15-Mar-43	Med. Board
8. Residence at time of enlistment.....	R.R. 1 Muncey, Ont. Can.			
9. (B) Special conditions (if any) of enlistment or rate of pay.....	4.170 22085			
10. (C) Any subsequent variations of conditions of service.....				
11. Religion.....	Church of England	(19) Next of kin (entries to be made in pencil)		
12. If married, state date.....	4/11	Mrs Emily Le Paive		
13. Trade on enlistment.....	Farmer	Mr. Muncey, Ont. Can.		
14. Corps, trade and grade.....				
15. (D) Qualifications.....				
16. (E) Miscellaneous entries.....				
		(20) E		
		(21) E		
		(22) E		

Notes—

- Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- Whether for home service only, enlisted at special rates of pay, etc.
- If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- Signaller, Farrier, etc.
- Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

Name Le Faive E.L.N.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Etc. (Continuation of Form 2, M.F.M. 1 or M.F.M. 2)	Rank Shows	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Co. 1st, etc.	Dated
		Embarked and, S.O.S. Cdn. Army Canada.	29-5-43					
	T.O.S.	Cdn. Army Overseas.		29-5-43				
		Disembarked.		3-6-43				
	T.O.S.	From Canada.		4-6-43	7 CHU	U.K.	No. 55	7 Apr. 43.
c109		Having attended TCIRU Cdn 28 Jun-17 Jul 43 (Prel)	Pte	18 Jul 43	7CIRU	UK	138	20 Jul 43
SOS		SOS to C4 Regt	Pte	21 Jul 43	7CIRU	UK	140	22 Jul 43
105		Tos from TCIRU	Pte	22 Jul 43	C4	UK	2	24 Sep 43
		SOS CA(UK) on embarkation		Aug 15. 43				
		Tos CA(M)		Aug 16- 43				
		Disembarked		Aug 27- 43				
Amended: Do 5 Sept. 57/43	Canceled 3667 26 Oct 43			17 Jul 43		NA	55	15 Sep 43
	105	Tos from TCIRU	Pte	15 Aug 43	C4	NA	59	15 Sep 43
		Admitted 4. F. Amb. R.A.M.C.	Pte	4 Oct 43	XL C4	NA	41A	28 Oct 43
SOS		SOS C4 to C4 X3 hist. on adm Resp.	Pte	4 Oct 43	C4	NA	66	21 Oct 43
105		Tos C4 X3 hist. on adm Resp.	Pte	5 Oct 43	XL C4	NA	40A	17 Oct 43
		Admitted 5 GE Amb. (R.A.M.C.)	Pte	5 Oct 43	XL C4	NA	41A 42A	28 Oct 42
SOS		SOS C4 X3 hist to C4	Pte	9 Oct 43	XL C4	NA	41A	28 Oct 43
105		Tos C4 from C4 X3 hist on exchange Corp.	Pte	10 Oct 43	C4	NA	67	26 Oct 43
		Discharged		9 Oct 43	XL C4	NA	42A	31 Oct 43

Statement of the Service of No. 104684

Rank

Sheet No.

Name LEFAIVE EN

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2 M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Caa. List. etc.	Dated
1733	SOS							
	TOS	TOS. C + 9. 13 List from C + 7. R.	Pte	20 Dec 43	1211 C Y R	NA.	43 A	8 Nov 43.
	SOS	SOS C Y R 16 List (G. B. W.) to C Y R.	Pte	17 Dec 43	1211 C Y R	NA	56 A	30 Dec 43.
	TOS	TOS C Y R from C Y R 14 List (G. B. W.)	Pte	16 Dec 43	C Y R.	NA	76.	30 Dec 43.
		Died of Wounds. C Y R		29 Jan 44			C Y R 379	10 Jan 44.

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. *A-104684*

Rank

Pte.

Surname

Lefave

Christian Name

E. N.

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE OF INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
<i>Carls Fort Regt</i>									<i>Wounded 30-12-43</i>		<i>A-378</i>
"									<i>M.O.W. 2-1-44</i>		<i>A-379</i>
"	<i>Edin. Hn.</i>	<i>28</i>	<i>10</i>	<i>43</i>					<i>Malaria cl.</i>		<i>C-1216</i>
"									<i>G.S.W. H.E. bomb. fr. skull pen. chest.</i>		<i>B-167</i>
"	<i>54 Gen</i>	<i>26</i>	<i>10</i>	<i>43</i>	<i>4</i>	<i>11</i>	<i>43</i>	<i>9</i>	<i>Fever M.Y.D. Malaria clin</i>		<i>B-1316</i>
									<i>Fever. M.Y.D.</i>		<i>B-1272</i>

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **A.104684** RANK **Private**

SERVICE UNIT **The Carleton and York Regiment (CA).**

NAME **LEFAIVE, Eli Norman**

DATE OF BIRTH DAY **30th** MONTH **September** YEAR **1920**

MARITAL STATUS **Single**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP
ADDRESS **Mother
R.R.#1,
Muncey, Ontario.**

NAME **Mrs. Emily LeFaive,**
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
HARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords 4281

H.Q. 405-1-15,436

CASUALTY DETAILS

Died of wounds

DATE **2-1-44**

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

YES/NO

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

YES/NO

DATE **18-1-44**

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Record of Service of

LAFAYE
(Surname)ELI NORMAN
(Christian Name)

Regimental Number A-104504

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
Military	NIL	High School	NIL
Business or Professional	NIL	or Collegiate	(years completed)
Trade or Civil	Farmer	*College	NIL
Technical	Motor Mechanic	*University	NIL
Languages	English		

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

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.D. No. Cat. List, etc.	Dated
Joined in component						
T.O.S. No. 1 District Depot (AF) General List	Pte.	28-9-42	No. 100 (AF)	London	DO# 275	2-10-42
808/100 (AF) on transfer to #13 B.T.C., Listowel, Ont.	"	16-10-42	"	"	DO# 288	05-10-42
TOS # 13 BTC AND attached f.a.p. from No. 1 District Depot	"	17-10-42	#13 BTC	Listowel	D.O. #118	17-10-42
808 #13 B.T.C. (CA) f.a.p. on transfer to A.29 A.T.C.	"	15-12-42	#13 BTC	Listowel	D.O. 155	15-12-42
Camp Ipperwash, Ontario	"	16-12-42	A29CITC	Ipperwash	D.O. 153	18-12-42
TOS on transfer from #13 BTC Listowel, Ontario	"	2 Feb 43	"	"	D O 24	2 Feb 43
Granted increased rate of pay \$1.40	"	10 Feb 43	"	"	D O 31	12 Feb 43
Granted Embarkation Leave with allowance of 50¢ per diem in lieu of all rations from 10 Feb 43 to 18 Feb 43	"	19 Feb 43	"	"	D O 37	19 Feb 43
Allocated to North Nova Scotia Highlanders.	"	15 Mar 43	"	"	D O 59	15 Mar 43
Granted Embarkation leave from 15 Mar 43 to 20 Mar 43	"	25 Mar 43	"	"	D O 67a	25 Mar 43
808 A29 CITC to Canadian Army Overseas						

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

DUPLICATE

ORIGINAL
DUPLICATE
TRIPPLICATE

FINGERPRINTED

NOMINAL ROLL
No. 103A

Observation NOV. 1. 1942

M.F.M. 2
A.F.B. 271
25035-9-42 (4308)
H.Q. 1773-36-1645

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

North Nova Scotia Highlanders.

Unit - No. 1 District Depot (Ar) General List

Regimental Number A 104684

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

01
PTE

1. Surname Le FAIVE
2. Christian Names ELI NORMAN
3. Present address R. R. # 1, Muncey, Ontario, Canada.
4. Date of birth 30th, September, 1920.
5. Place of birth Canada Ontario Garnia
(Country) (County or Province) (Town or Township)
6. Citizenship Canada
(Of What Country are You Now a Citizen)
7. Religion (state denomination) Church of England
8. Trade or Calling Farmer
9. Married, Widower or Single Single
10. Name of next of kin Mrs. Emily Le FAIVE
11. Relationship Mother
12. Address of next of kin R. R. # 1, Muncey, Ontario, Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
(If Yes, Give Unit and Dates of Service)
14. Have you served in (a) an Active Formation or Unit of The Canadian Army? No
(Yes or No) (b) Any other Naval, Military, or Air Force? No
(If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Eli Norman Le FAIVE, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 28th September 1942

Eli Le Faive
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness W. H. H. H. (Name) W. H. H. H. (Rank)

Eli Le Faive
(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 London, Ont. Can. this 28th day of September 19 42

W. H. H. H. Capt (Signature of Magistrate, Justice or Attesting Officer)

for O.C. No. 1 D.D. (Ar)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS IMPRISONMENT

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OCCUPATIONAL HISTORY
FORM COMPLETED.