J10157
BENDWIG
RICHARD ALANS

To Mr. and Mrs. Richard M. Bendwig

I have learned with deep regret

that Pilot Officer Richard Clanson Bendwig, R.C.A.F.

has been reported missing.

The Government and people of Canada join me in expressing the hope that more favourable news will be forthcoming in the near future.

Charles G. Power

Minister of National Defence for Air

SJ010157 BENDWIG RICHARD A — F07

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.				
AWARD									✓	✓	✓			8/6	
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED														18/6/41	
MEDAL ISSUED															

15382

PREFIX — NUMBER — NAME — RANK — CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

CANCELLED 3091 ~~6/6 50~~

No later Address

Mrs. Florence Bendwig (mother)

~~20 Lexington St.,~~

1531 - 9th. ST.

~~Newark,~~ BERKELEY. CALIFORNIA. U.S.A.

~~N. J.~~ 25/11/45.

~~U. S. A.~~ ~~Aug. 44~~

MEMORIAL BAR

DATE DESP

REGN. NO. in stock

CANCELLED 1035 ~~23/11/49~~ 27/7/50 ~~27/7/50~~

MED. RET. Undeliv'rd RET. TO STOCK

10M—3-40 (4425)
H.Q. 1772-45-8

AMERICACAN H.Q. FILE NO.

NAME BENDWIG, Richard Alanson

RANK ~~P.O.~~ F.O. UNIT ~~XXXXXXXX~~ PRESUMED DEAD REGT'L NO. J10157

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:		25 Oct., 1942 MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:		4-11-42 ROYAL MESSAGE: 5 Jan 44 MEMORIAL CROSS:		4 Jan 44
To mother & father		To mother & father To mother:		
New card 28-4-43				
To Mother & Father 26/8/43				
Mr. & Mrs. Richard M. Bendwig, 20 Lexington St., Newark, New Jersey, U.S.A.				Episcopalian

File Reference No. [illegible]

Date: _____

REGIMENTAL PARTICULARS

Branch of Service: R.C.A.F.
Unit or Formation: (Overseas)
Regimental or Personnel No. J10157

PA

REPORT OF DEATH OF UNITED STATES CITIZEN

IN MILITARY SERVICE

Name in full: BENDWIG, Richard Alanson

Date of birth: 20th September, 1920.

Place of birth: Hartford, Connecticut, U.S.A.

Nature of evidence of birth submitted: Birth Certificate.

Date of attestation: 1st May, 1941.

Indicate nature of oath taken upon enlistment: Declaration as to willingness to serve in the Royal Canadian Air Force anywhere in Canada, or beyond Canada and Overseas. (No Oath of Allegiance taken)

Date of death: 25th October, 1942.

Place of death: Unknown, presumed dead.

Cause of death: Previously reported missing 25th October, 1942, now presumed dead for official purposes.

Disposition of remains: Not applicable.

Disposition of effects: Personal effects will ultimately be forwarded from the R.A.F. Central Depository, Colnbrook, to the Director of Estates, National Defence Headquarters, Ottawa, who will distribute them to the benificiary or next-of-kin as applicable.

Previous profession or occupation: Material Runner (New Haven Railway)

Previous place of abode: Homestead Avenue, Maybrook, New York, U.S.A.

Next of kin: (Parents) Mr. & Mrs. Richard H. Bendwig, 20 Lexington Street, Howard, New Jersey, U.S.A.

Notification sent to: (Parents) Mr. & Mrs. R.H. Bendwig.

A.R. Dennison F/O
(Signature of reporting Officer)

for R.C.A.F. RECORDS OFFICER.
(Title of reporting Officer)

NOTE: This form to be forwarded in single copy and without covering letter to American Legation, Ottawa, Canada, copy being retained in personnel file.

R79456 LAC

BENDWIG R.A.

10157 Comm

J. A. T. P. CANADA R.O. S 10157

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 BENDWIG A RICHARD (b) Reg'l. No. R79456
2. (a) Arm of service R.C.A.F. (b) Unit (c) Rank
3. (a) Date of birth Sept. 30 1923 (b) Have you any dependents? No (c) Place of residence at time of enlistment Maybrook N.Y.
4. (a) Place of enlistment Montreal Quebec (b) Date of enlistment May 1 1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Junior Matriculation
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) Working (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? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE Feb 7 1944 SIGNATURE A C Bendwig

CONFIDENTIAL

RE-CHECKED BY NO 3 Medical Selection Board.

R.C.A.F. Special Reserve R79456

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* 27-2-41

FILE NUMBER

Surname BENDWIG *Chr. Names* RICHARD ALANSON
Nature of Commission m-2-1 *Date of Birth* 30-9-20(20 *Married or Single* S
Branch General List *Hours Flown* None
Address Homestead Avenue, Maybrook, N.Y.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsillitis	NO
	Diphtheria, Scarlet Fever or Scarlatina	NO
(iv)	STOMACH or BOWEL TROUBLE	NO
	Chronic Indigestion or Pain after Food	NO
(v)	KIDNEY or BLADDER TROUBLE	NO
	Syphilis or Gonorrhœa	NO
(vi)	TROPICAL DISEASE	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness	NO
(viii)	EAR TROUBLE, Earache or Discharge from Ears	NO
	Deafness, Noises in the Ears, or Dizziness	NO
	Frequent Colds in Head, Catarrh or Obstruction	NO
	Prolonged Hoarseness or Loss of Voice	NO
	Sea, Car or Train Sickness	NO
	Discomfort on Swings, Roundabouts, Switchbacks	NO
(ix)	OPERATIONS	NO
(x)	Any Illness or Injury not mentioned above	NO

Education High School graduate
Present Occupation Material runner railway Hobbies model aeroplanes
Previous Service None
Athletics football (semi pro) and baseball
Habits—Smoking 15 c.a.d. Alcohol Occasional beer
FAMILY HISTORY—Consumption None
Nervous Ailments, Mental Trouble, or "Fits" None
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (0) Alive—Health (....) Dead—Cause
Sisters (1) Alive—Health good (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 27-2-41 *Signature* Richard A. Bendwig *Witness*

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ~~Good~~ *(b)* Mentality Good
Body Marks, Scars, Deformities None
Size of Thyroid Gland N
Surgical Abnormalities None
Results of Wounds, Injuries, Operations None

		Date 27-2-41	Assessing Room	Date	Assessing Room	Date M.S.B.	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)		70½				70		
Weight (lbs.)		160				161		Date
Chest Circumference (ins.)		36						
Body Build (lbs.)		147						
Leg Length (ins.)		42½				43		
Pulse Rate	Sitting	84				60		
	Standing 1st	120						
	Standing 2nd	96						
	After Exercise	20						
	Time to Normal	30						
Arterial Walls		N				n		
Blood Pressure	Systolic	140				125		
	Diastolic	84				70		
Heart	Size	N				n		
	Sounds	N				n		
	Rhythm	N				n		
Lungs		N				n		
Breath held		155						
Expiratory Force		126						
Vital Capacity (Best of 5)								Date
Reflexes	Knee	N				n		
	Ankle	N						
	Triceps	N						
	Abdominal	N				n		
	Plantar	Flexor				n		
Cranial Nerves		N						
Balancing Rod		R. L. S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing		R. L. 1FS 1FS	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors	Fingers	SC						
	Eyelids	none						Date
Abdomen	Liver	N				n		
	Spleen	N				n		
	Muscular Tone	good				n		
Urine	Albumen	neg.				n		
	Sugar	neg.				n		
Initials of M.O.								

40 mm. Hg. Test
Date 95 8/6108,898,999,778,887,777,7 ~~Dun~~
Date No Equipemnt. C.M.A.
Date
Date

Remarks by Consultant.

EYE EXAMINATION

History		No symptoms.	
Visual Acuity	R. 20/20 , $\bar{c}$ 2.25 = 20/200	R. 20/20 2.25 20/200	
	L. 20/20 , $\bar{c}$ 2.25 = 20/200	L 20/20 2.25 20/200	
Colour Vision	N. Ishihara	N	
Red, Green	N	M.R. Eso 1	
Diaphragm Test (P.D. = 5.8)		crowding at 1 P.D.6 Bar at 0	
Convergence	C. = 6 cms.	6	
	S. C. = 8 cms.	7	
Accommodation	R. 12.5	do	
	L. 11.0	9	
Cover Test	Orthophoria	At 20'N.at 13"S1 Lat Dev.	
Fundi and Media	N	R.R. n	
Fields	N	n	
Remarks:		Rt. hand and neether eye master	
	Initials of M.O. [signature]	*Initials of M.O.* [signature]	*Initials of M.O.*
	Date 27-2-41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: Tonsillectomy age 6

Hearing	R. Ear	W. V. 20	W. V. 20
	L. Ear	W. V. 20	W. V. 20'
External Ear, Meatus Membranes	R. Ear	N	n
	L. Ear	N	n
Middle Ear, Eustachian Tubes	R. Ear	Pat.	n
	L. Ear	Pat.	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	n
	L. Ear	N	n
Buccal Cavity		N	n
Teeth		Dental C. 22 healthy	n
Gums		N	n
Pharynx		Tonsils clearly removed	
Nasopharynx		N	n
Nose		N	n
Larynx		N	n
Remarks:			
		Initials of M.O. [signature]	*Initials of M.O.* ECN	*Initials of M.O.*
		Date 27-2-41	*Date* 7-8-41	*Date*

HISTORY OF PRESENT CONDITION

Date.....27-2-41.....

Good type and physique

C.O. Asmyth P/O

M.S.B. 7-8-41 Completed 4 yrs. High School at 17 Worked in gas Station for a time. Worked in paper bag factory for 8 months Was on railroad for 1½ yrs. left to join up Choice P.O.G.

Clean-cut alert, quick, definite lad of good average intelligence or better. Shows considerable initiative. Emotional stability general adjustment self-confidence and since of responsibility above average.

CG. Stoddill F/L.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....27-2-41.....

A1B, A3B

7.8.41
Cat A1B A3B
E Cumberlush F/L

John C Ellis F/O

(E.C: Noble) Wing. Commander
President of No 3 Medical Selection Board.

R.C.A.F. Records Office
Rec'd SEP 22 1941
O. K.....C.I.B.....
R. C.....N. I.....
S. I.....

MEMORANDUM FOR

P. 64

Mr. Richard M. Bendwig,
20 Lexington Street,
Newark, New Jersey,
U.S.A.

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. J-10157 FD. 206

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

August 11. 1943

ESTATES BRANCH
AUG 19 1943
H. Q.
OTTAWA
NATIONAL DEFENCE

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

BENDWIG, Richard Alanson, F/O

No. J-10157, R.C.A.F.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

for (N.O. Seagram) S/Ldr.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

394.6
283.27
111-58

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

CNT/GMcC

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Richard M. Bendwig	50	20 Lexington St newark, n.j. U.S.A.
4	Mother of the Deceased.....		Florence Mae Bendwig	51	20 Lexington St newark n.j.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Formerly Florence Jean Bendwig at present Mrs George Parker	24	621 Roselle St Jacksonville Florida
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Richard Glanson Bendwig
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. ×	South Orange New Jersey aug- 24th 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hartford - Connecticut
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Connecticut 4 yrs (b) new Jersey 11 yrs (c) new York 5 " (d) Canada 10 mo. England 8 mo.
14	Nature of employment before enlistment.	material chaser on new York newhaven + Hartford R.R.
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	The only knowledge of a will That I have received is from OTTawa
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.	"Bank of montreal" in London. 9 Waterloo Pl. Amount when written $160.92
20	Amount of War Savings Certificates held by deceased.	none to my knowledge
21	Amount of Victory Loan Bonds held by deceased.	" " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Prudential Insurance $500. Mrs R. Bendwig (Beneficiary (Mother))
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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.	not to my knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere 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

* Mother ..... of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mrs Florence M Bendurig ..... {Signature of Informant}

20 Lexington St, Newark, N. J. ..... Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Florence M. Bendurig. {Name of Informant} is the* mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Newark N.J. this 17th day of August 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Albert R. Cerone Qualification NOTARY PUBLIC OF NEW JERSEY My Commission expires Mar. 19, 1947

Address 322 clifton Ave Newark N.J.

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

R.C.A.F. Special Reserve R.C.A.F. Recruiting Centre Aircrew

AIR FORCE No. K74457 POSTED TO Montreal, P.Q. TRADE Pilot or Observer. Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

BENDWIG RICHARD ALANSON

1. Surname Bendwig FULL Christian Names Richard Alanson

2. Present Address ~~New Carlton Hotel Mtl. P.Q.~~ 3 Central Apts Mtl. P.Q. Telephone

3. Permanent Address Homestead Apts Maybrook, New York, U.S.A.

4. Place of Birth Hartford Connecticut U.S.A. Citizenship American

5. Date of Birth September 30, 1920 Married, Single, Widower, Separated, Divorced Single

6. Particulars of Children none

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Motorcycle Runner (New Haven Railway) 8. Religion Episcopalian (State denomination)

9. Languages English fluently (State proficiency)

10. Next of Kin (Full Name) Richard Bendwig Relationship Father

" Address 20 Lexington Street Newark, New Jersey, U.S.A.

11. Father (Full Name) Richard M. Bendwig Birthplace South Orange, New Jersey U.S.A.

" Address 20 Lexington Street, Newark N.J. U.S.A. Citizenship American

" Occupation Pipe Fitter (Federal Drydock and Shipbuilding Kearny N.J. USA

12. Mother (Full Maiden Name) Florence Mae Cole Birthplace Caldenham N.Y. U.S.A.

" Address 20 Lexington Street, Newark N.J. U.S.A. Citizenship American

13. Details of any Naval, Military or Air Force Service: none

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.A.						

R.C.A.F. Records Office
Rec'd MAY 7 1941
K. C.I.B.
R. C. N. I.
S. L. P. A.

14. Honours, Awards, Mentions none

15. Are you now on any Naval, Military or Air Force Reserve? no

16. Have you previously made application to join the R.C.A.F.? no If so, where? N.A.

When? N.A. Result N.A.

17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no

If so, state nature of disability

18. Have you ever been or are you now in receipt of a Disability Pension? no

If so, state nature of Disability N.A.

19. Have you ever been convicted of an indictable offence? no If so state nature N.A.

20. Are you in debt? no If so, state particulars NAI

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

67-67

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School South Orange new Jersey U.S.A.	First Street School	1925	1926	
High School—Collegiate Institute, etc.	Marshall School	1926	1931	
Technical School	South Orange Junior High	1931	1934	
University or School other than above	Walden High School	1934	1938	Academic Course
Correspondence Courses, etc.	Walden, New York U.S.A.			Chemistry, Physics Math.

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Johns Lundburg Walden New York, U.S.A.	Gas Station Attendant (unemployed	7/18/38	10/1/38	Moved from township
New York, New Haven and Hartford Railway Maybrook New York U.S.A.	Labor Material Runner	10/4/39	to date	Still employed

23. Flying Experience (in Hours) Solo None Dual none Passenger 10

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Pigeon raising

25. Sports engaged in. State: extensively, moderately, occasionally Football extensively Skating occasionally golf occasionally swimming extensively

26. Air Force Duty you wish to enlist for ~~Ground Duties~~. Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist N.A.
If for Flying Duties, state preference as (a) Pilot; (b) ~~Observer;~~ (c) ~~Air Gunner (d) Wireless Operator (Air Crew).~~
(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
Mr. Kenneth C. Smith	Walden, New York. U.S.A.	Superintendent of Schools
Mr. William Scott	Interstate Bag Co. Walden, N.Y. U.S.A.	Vice President of the Co.
Mr. W. H. Burnee	Campbell Hall, New York U.S.A.	General Joint Foreman
Rev. Alex Frian	Walden, New York, U.S.A.	Minister of Episcopal Church

28. Other information that may have any bearing on this application Norman J. Lacer Robinson Ave Newburgh, New York Foreman of shops
Miss Thelma Gillispie Walden High School, Walden New York English teacher

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date February 22 1941 Signature ~~Richard Manson Rendwig~~ R.A.B.
Richard A. Rendwig.

NATIONAL REGISTRATION CERTIFICATE PRODUCED

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Richard Alanson Bendwig, do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date May 1st, 19 41 Richard A. Bendwig
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

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

Date.....19.....
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished 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, P.Q. this 1st day of May 19 41

Signature of Officer Rank R.C.A.F. Recruiting Centre, Montreal.
Unit

Finger Printed
Date 1-5-41
Initials E.S.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 40 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....no.....
(b) Tuberculosis.....no.....
(c) Bronchitis or Asthma.....no.....
(d) Heart Disease.....no.....
(e) Kidney or Bladder Disease.....no.....
(f) Gastro-intestinal.....no.....
(g) Rupture.....no.....
(h) Varicose Veins.....no.....
(i) Flat or Deformed Feet.....no.....
(j) Nasal Trouble.....no.....
(k) Ear Disease.....no.....
(l) Eye Disease.....no.....
(m) Epilepsy.....no.....
(n) Nervous or Mental Disease.....no.....
(o) Syphilis.....no.....
(p) Gonorrhoea.....no.....
(q) Bone Fracture.....no.....
(r) Other Disease or Defect.....no.....

3. Have you ever worn glasses?.....no.....

Richard A. Bendwig
Signature of Applicant

Examiner's Remarks *re* above.....

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history).....None.....

2. Height 5 feet 10 1/2 inches. 3. Weight 160 pounds.

4. Complexion.....fair..... 5. Color of Eyes.....brown..... Hair.....brown.....

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration.....35.....inches

Range of expansion.....2 1/2.....inches

8. Hearing—Right W.V. 20 Left W.V. 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right.....

Left 20/20 Left N.G.

10. Condition of mouth and teeth.....Dental C. 22 healthy.....

11. Urine—Albumen.....Neg..... Sugar.....Neg.....

12. Abnormalities (Congenital and Pathological) found on Examination.....None.....

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B, A3B.

Any special remarks of the Medical Officers.....

28-2-41 X-Ray # 72310 Neg. P.C.

X 1-5-41 - Rechech - normal C.W. Dorsey Lt. R.C.

Date 27/2/41 19....

E. O. Lucht
President

John A. Ellis F/O
Member

Member

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (MIDDLE EAST)

Official name of civil municipality or township: Enlisted Montreal, Que.

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: ..... No. ..... Hospital or Institution: .....

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: BENDWIG (Block letters)

Given names: RICHARD ALANSON

Do not write in this space

4. RESIDENCE

Street: Homstead Avenue No. .....

Official name of civil municipality or township: Maybrook

Municipal county: ..... Province: N.Y., U.S.A.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	American		Single

9. If married give name of wife or husband of deceased: .....

10. BIRTHPLACE (Province or Country): United States

11. DATE OF BIRTH: September (Month) 30th (Day) 1920 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	22			.....hrs. or.....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Pilot

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: R.C.A.F.

15. Date deceased last worked at this occupation: Oct. 25/42

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Bendwig, Richard M.	U.S.A.
MOTHER (Maiden Name)	Cole, Florence Mae	U.S.A.

19. Place of burial, cremation or removal: .....

20. Date of burial: ..... 19.....

PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church: .....

(b) Civil municipality of: .....

(c) Municipal county: .....

..... 19..... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 25th (Day) 42 (Year)

23. I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

24. CAUSE OF DEATH

I

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

(a) Previously reported missing after air operations, now

due to for official purposes, presumed dead.

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

(b) .....

due to

(c) .....

II

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

.....

.....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance..... 19.....

(b) Duration of disease..... days

25. If a woman, was there a puerperal condition?.....

26. Was there a surgical operation?..... Date of ..... 19.....

State findings..... Was there an autopsy?.....

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

Accident, suicide or homicide: Accident (State which) Date: Oct. 25th 19 42

Manner of injury: Presumed killed during air operations (How sustained)

Nature of injury: .....

Specify whether injury occurred in **industry, in home, or in public place:** public place

Signed ..... M.D.

Address ..... Date ..... 19.....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

For (R.C.A.F. Records Officer)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

.....

(Voir l'autre côté pour le français)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J10157 (R79456) RANK F/O TRADE PILOT (GEN LIST) UNIT TRANSIT FLIGHT LUCA

NAME BENDWIG, RICHARD ALANSON

S	R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	C	OTHER	E
	X						

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. & MRS. RICHARD M. BENDWIG, (PARENTS)

ADDRESS 20 LEXINGTON ST., NEWARK, NEW JERSEY, U.S.A.

ADDRESS D.A.B.

312 Prospect Ave

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

RELIGION EPISCOPAL CANADIAN FRENCH CANADIAN OTHER AMERICAN

PARENTS NAMES MR. & MRS. RICHARD M. BENDWIG,

ADDRESS 20 LEXINGTON ST., NEWARK, NEW JERSEY, U.S.A.

FATHER LIVING ON ENLISTMENT YES

MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

N.A.

IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

ESTATES BRANCH AUG 6 1943 H.O. OTTAWA NATIONAL DEFENCE

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . . .

AUTHORITY CAS. SIG. NO. AIR MIN KEY ------PCX599---d-16-JULY-43

12740

CASUALTY DETAILS:

PREVIOUSLY REPORTED "MISSING" 25-OCT/42 AFTER AIR OPERATIONS (OVERSEAS) (MIDDLE EAST)

NOW "PRESUMED DEAD" 25-OCT-42 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/NO

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE July 28th 43

P. OF D. YES

J Hampton Sq

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

2

ADMINISTRATOR OF ESTATES, OTTAWA

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

WILL

g10157

R.C.A.F. R. 60
20M—12-40 (8303)
H.Q. 1062-3-45

(1) I, Bendwig R A of the City / Town / Village / Township

Last Permanent Civilian Address

of Cmaybrook in the County / District of

Province of Crew. York, USA Material Runner (RR)
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 79456 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of beneficiaries and (d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto Emy Gnatke

Cmrs. Richard Cm. Bendwig,
20 Lexington St., Unit 5, A 4.
Cmeworth, Cm. J.
U.S.A.

all my estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Cmrs. R.M. Bendwig (Same as above)
(Name) (Address)

....., to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 6 day of

Cmay 19 41

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

Richard A. Bendwig
(Signature of Testator)

First Witness sign here.

(5) C Mungavidge
(Signature)

#4 Cm. D. St. Hubert
(Address)

Clerk
(Occupation)

Second Witness sign here.

E Flejames
(Signature)

#44 M.D. St. Hubert, P.Q.
(Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F Records Office
Rec'd MAY 14 1941
O. K. ..... C.I.B. .....
R. C. 17 m. N. I. 11
S. L. ..... P. A. .....

[OVER]

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....$.....00 and my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. .....$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....$.....00",

and any personal gift, if desired.

(3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.

(4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.

(5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....

.....
(Signature)

J 10157

To be made out in duplicate

M.F.M. 5
50M—8-41 (1292)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) 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 individual's new unit.

---

(1) Name of Officer or Other Rank ..... BENOWIC RICHARD ALANSON .....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Official Number and Rank ..... R 79456 P/O .....

(3) Unit ..... R.C.A.F. .....

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

(5) If married, state,

(*a*) Full name of your wife ..... NA .....

.....

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

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

..... NA .....

(7) Are you a widower? ..... NA. .....

(8) Have you any children? ..... NA ..... Number of boys ..... NA ..... Girls ..... NA .....

Names and ages ..... NA .....

.....

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

.....

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

Name .....

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? N.A.

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

.....

.....

(11) Is your father alive? YES

If so, state name and address, occupation RICHARD M. BENDWIG. 20 LEXINGTON ST. NEWARK N.J. U.S.A. SHIPFITTER

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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? NA.

(14) Is your mother alive? YES.

If so, state name and address FLORENCE M. BENDWIG. 20 LEXINGTON ST. NEWARK N.J. U.S.A.

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

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

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? NA.

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? YES

If so, in what Company? PRUDENTIAL

(Give number of policy)

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

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

Richard A. Bendwig
(Signature of officer or man)

Date March 1, 1942

.....

Officer Commanding.....

Date.....

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

AIR FORCE No. R79456

SURNAME BENDWIG, FULL CHRISTIAN NAMES RICHARD ALANSON

ENLISTMENT PLACE Montreal Que DATE 1-5-41

RE-ENLISTMENT

~~S.R. FILE NUMBER~~ S.R.

J 10157 SJ.

RECORD OF SERVICE AIRMEN

Comm. 16-1-42.

R.C.A.F. FORM R44(B)

7. BIRTH: DATE 30-9-20 PLACE Hartford Conn USA CITIZENSHIP American 3

FATHER (FULL NAME) Richard M. Bendwig

20 Lexington St; Newark N.J. U.S.A.

BIRTHPLACE South Orange, New Jersey USA

MOTHER (FULL MAIDEN NAME) Elnore Mae Chee

20 Lexington St; Newark N.J. U.S.A.

BIRTHPLACE Goldenham, N.Y. U.S.A.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE ✓ - NY USA

JUNIOR MATRICULATION X 4 yrs - " "

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

9 6

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.

Gas station attd'd - 3 mths - 1938

Interstate Bag Co. (Paper Bag Mfg) 8 mos in '39 - Machinist

~~Material Reinsmen - 1 yr 10 mths~~

- New York, New Haven & Hartford Rly 1939-1941

Laborer - material runner - Motor Truck operator 5800

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS - AWARDS, MENTIONS	AUTHORITY	DATE
Pilot's Flying Badge	28738	16-1-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 10

On Appt. 185:55 hrs.

13. RELIGION Episcopalian

3

14. LANGUAGES English

1

15. SPORTS Football skating golf swimming Pigeon Racing Model Airplanes bowling

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1.

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O IN PENCIL)

FULL NAME: Mr & Mrs Richard M. Bendwig RELATIONSHIP ~~Father~~ Parents

ADDRESS: 20 Lexington St, Newark, N.J. U.S.A. D.R.O. Ent Sta

FULL NAME: Miss Jean Bending RELATIONSHIP

ADDRESS: " " D.R.O. Ent Sta

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Pay 1 day Subs. allce 1 day	1 5 41	Mel 2 39			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	1 5 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Vee. ltrs & Draw ltrs.		6-5-41	4 & M 4
Attached to St H. wkend for duty ltrs	ltrs	9-6-41	40 M & 31 IW S 138
Ent put. ltrs & ltrs		27-7-41	32 E 107, 114
2 ltrs & ltrs		28-2-42	1 Y 62

22.(A) ADDRESS PRIOR TO ENLISTMENT

Homestead Ave. Maybrook NY USA

20 Lexington St; Newark N.J. USA - Perm Add

X2600

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
14-5-41	30-12-41 R79A 1-3-42	4-5-41				KF CH

AIR FORCE No. ~~R79453~~

SURNAME: BENDWIG, FULL CHRISTIAN NAMES: RICHARD ALARSON

ENLISTMENT PLACE Montreal Que DATE 1-5-41 RE-ENLISTMENT

~~C.R. FILE NUMBER~~ S.R.

J10157 **OFFICER** RECORD OF SERVICE AIRMEN

Comm. 16-1-42. 13

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	Mtl YC	1	5	41	Mtl YC 39
SOS	Mtl YC	6	5	41	Mtl YC 42
TOS	4A MD St Hubert	6	5	41	4A MD 4
SOS	4A MD St Hubert	9	6	41	4A MD 31
TOS	1 W.S. Montreal (cancelled)	9	6	41	1W S 200 1W S 138
SOS	1W S Montreal	27	7	41	1W S 175
TOS	3 I T S Victoriaville	28	7	41	3 I T S 109, 114
SOS	3 I T S Victoriaville	1	9	41	3 I T S 138
TOS	13 E & D St Eugene	2	9	41	13 E & D 202
TOS	1W S Montreal	10	6	41	1W S 200
SOS	13 E & D St. Eugene	25	10	41	13 E & D 239
SOS	2 S F T S Uplands	26	10	41	2 S F T S 201
SOS	2 S F T S Uplands	14	2	42	2 S F 38
	1 Y Depot, Halifax				
	Attached to R.A.F. (Air) 342 (18)				
	on Appt to Commission	15	1	42	1 Y 62
	Commissioned	16	1	42	1 Y 62.
SOS	2 S F T S Uplands.	14	2	42	2 S F 38
T.O.S	1 Y. D Halifax	15	2	42	1 Y. 62.
S.O.S	1 Y D Halifax to RAF (TP)	1	3	42	1 Y 75 ✓
	RAF. (TP)				
Embk	Can. 2-3-42 arr. 3 PRC	18	3	42	POR 14
SOS.	3 PRC to 11 (P) A F U	12	5	42	POR 29, 28
SOS.	11 (P) A F U to St Jumbessy	1	7	42	POR 43
att	1524 BAT Flight	6/14	6	42	POR 35, 36
	Missing	23	10	42	AFRO 2069/42 — PX 525 d/ 29.10.42
	Prisoner-dead.	25	10	42	PC X 599 d/ 16-7-43
	Missing	25	10	42	POR 77.
	6				
	I.B. missing left Lungs for				
	M.E. Victoriaville Que				
	C.A. Funeral flight Lungs				
	Prisoner Dead	25	10	42	
msg	COMPLETED	29	6	45	
	WSG completed	26	9	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	1	5	41	4A MD 4 Mtl YC 39
LAC	1	9	41	3 I T S 138
Temp Sgt (A/D)	16	1	42	2 S F 38
P/O	16	1	42	1 Y 62
P.O. T8	16	1	42	(APR 32 d/21-2-42)(C.A. 39 d/28-3-42)(AFRO 339/42)(1 Y DL 2)
T.F.O.	1	10	42	4A D 381 (APR 594 d/19-4-43)
T.F.O.	1	10	42	POR 23

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
1-5-41	RCAF	A1B3B	
7-8-41	M2	A1B A3B	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Plt Off	S.	1	5	41	Mtl YC 39
AIP S.E.		16	1	42	2 S F 38
G.D. (P) Plt. 102		16	1	42	APR 32/42 1

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Pupil Pilot's Course	233 325	25/10/41	793-1387
Pupil Pilot's course	1725 37 742 76	10/41 1/42	7828-287

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
2-5-41	5-5-41	4	LWOP	Mtl YC 39
14-2-42	28-2-42	14		2 S F 38
24-3-42	30-3-42	7	Paid	POR 14

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OF E. BAP. R.C. PRES. U.C. RELIGION RED. MIS. OTHER | PREV. SERV. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. J 10157 R 79456

SURNAME: Bendwig

FULL CHRISTIAN NAME: Richard Alanson

ENLISTMENT/APPOINTMENT

PLACE

DATE Com 16.1.42

RELIGION: O.D.

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
30.9.20				

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs. K. Bendwig (Mother) 20 Leamington St, Unit 5 - Newark N.J. (Hartford Con)?

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

7 3021

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O Pilot	16 1 42		
T/F.O.	1 10 42	O.O. 381/43 17 Gb. 55/43	

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
2 S.A.T.S.		70		27/16 10/1 41/42

AIR FORCE No. J. 10157 R 79456

SURNAME: BENDWIG

FULL CHRISTIAN NAME: RICHARD ALANSON

ENLISTMENT/APPOINTMENT

PLACE

DATE Com. 16.1.42

RELIGION

C.D.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

Finch, Harvard.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS	TOS	FROM	TO	DATE	AUTHORITY
		Disembarked U.K.		17 3 42	
		Att to No 45 Army Law (?)		13 4 42	3 P.R.C. 27/42 / 21/4/42
		S.O.S	3 R.C. to 11 A.F.U.	12 5 42	3 P.R.C. 33/42 / 28/6
		T.O.S	Stn Gunnberry	1 7 42	Gunnberry 24/42 / 23/5
		S.O.S.	Gunnberry to T.T.U. Abbotsinch	25 8 42	Gunnberry 43/42 / 6/6/42
		Missing		25 10 42	AERO 2069/42
		Presumed dead		25 10 42	AERO 1538/43 / OR 347
		TOS. RCAF N/F.U. (M).		1 5 43	N/F.U. 1/43
		SOS. Pres. Dead. (M).		1 5 43	N/F.U. 1/43

91

6.0.010.0000

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

COURSE	FROM	TO	RESULT
Initial Training, Victoriaville, Que.	27-7-41	1-9-41	Passed, 78% 63rd
Elementary Training, St. Eugene, Ont.	1-9-41	25-10-41	Passed, 73.3% 15th
Service Flying Training, Uplands, Ont.	27-10-41	16-1-42	Passed, 17th
			Wings, 16-1-42

NAME BENDWIG, R.A.

No. J.10157

Form No. M.76..cut and punched to be used in the "NU-STYL" Binder, Model No. A16F.
VISIBLE RECORDS LTD.. TORONTO, CANADA
R.C.A.F. T-118 10M-10-41 (1145) H.Q. 885-T-118

J 1015 7

OFFICERS' STATEMENT AT EMBARKATION

1. Next of Kin (give full Christian names) FLORENCE MAE BENDWIG

   Address 20 LEXINGTON ST. Relationship MOTHER

2. Name of Person to be Notified in Case of Casualty MRS. R. M. BENDWIG

   Address 20 LEXINGTON ST. NEWARK N.J. U.S.A.

3. Single, Married, Widower, Divorced, Separated? SINGLE

   Full Christian names of wife .....

   Address .....

4. Parent's name (If living. Give full Christian names)

   Mother FLORENCE MAE BENDWIG

   Address 20 LEXINGTON St. NEWARK N.J.

   Father RICHARD M. BENDWIG

   Address 20 LEXINGTON St. NEWARK N.J.

5. Permanent home address 20 LEXINGTON ST. NEWARK, N.J.

6. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.) ~~PROT.~~ EPISCOPALIAN

7. Commission Script to be sent to;/

   (a) Overseas MISS JEAN BENDWIG
   20 LEXINGTON ST NEWARK N.J. U.S.A.

   (b) Next - of - kin or other person in Canada (state name and address of person to whom sent)

   .....

   .....

Signature and Rank of Officer Richard C. Bendwig Pte

Date March 1 1942 R.A.

Enl. 21-3-42
LT

L.D.

PART III

SERVICE FLYING TRAINING

Pupil R79456 (Number) LAC (Rank) Bendwig R.A. (Name)

1. No. 2 S.F.T.S. Course No. 41 From 27-10-41 to 16-1-42

2. Flying Time:-

FLYING TRAINING

Aircraft Type	S. E. AIRCRAFT DAY Dual	S. E. AIRCRAFT DAY Solo	S. E. AIRCRAFT NIGHT Dual	S. E. AIRCRAFT NIGHT Solo	T. E. AIRCRAFT DAY Dual	T. E. AIRCRAFT DAY Solo	T. E. AIRCRAFT NIGHT Dual	T. E. AIRCRAFT NIGHT Solo	In-strument.	Link Train-er.	Pass-en-ger.
Harvard	42:40	46:35	2:00	10:00					20:05		Nil
Total	42:40	46:35	2:00	10:00					20:05	21:00	Nil
Brought Forward From E.F.T.S...	32:50	31:25	Nil	Nil					10:10	10:00	"
GRAND TOTALS	75:30	78:00	2:00	10:00					30:15	31:00	Nil

3. Qualities as a Pilot. 750.....Marks Obtained 565

4. Remarks on Flying Progress, Navigation, and points which require consideration:

Clear hood flying progressed very favourably

Had difficulty with spins on instruments

Hard working and very keen -- Capable of taking responsibility; Link Trainer ability average (69%).

Squadron Commander

Date: 16-1-42

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	SUBJECT	Maximum Marks	Marks Obtained
Airmanship & Maintenance...	200	102	Navigation & Meteorology.....	200	105
Armament (W)....	100	64	Signals (W).....	50	15
Armament (P)....	100	66	Signals (P).....	100	90
			TOTAL.....	750	442

6. Remarks of C. G. I. Good type and appearance. Tries hard although marks low.

Keen on bombers. Expresses himself well.

F/L Wilson F/L

Chief Ground Instructor

Date: 16-1-42

7. Armament (Air Exercises) (T.E. Schools Only) (Ex., A.Av., Av., B.Av., or P.)

(a) Wind speed and Direction Finding

(b) Straight Runs Over as Pilot

PART III (Continued)

8. Character & Leadership (Marks Possible) 750. Marks Obtained 663

9. Final Assessment (Maximum Marks) 2250. Marks Obtained 1670

10. Passed or Failed Pass Position in Class 17 No. in Class 57

11. Qualities as an Operational Pilot--(Ex.,Above Av.,Av.,Below Av.,Poor) Above Av.

(a) Formation Flying Av. (b) Navigation Ability Above Av.

(c) Night Flying Av. (d) Determ. & Initiative Above Av.

(e) Instrument Flying Av.

(f) Ability to Maintain Speed, Course & Height (T.E.) N.A.

Recommended for (Type of Service Squadron) Reconnaissance

Type of A/C (T.E. or S.E.) T.E. Recommended for Flying Instructor No.
(Yes or No)

NOTE: Paras. 11(a)(b)(c)(d)(e)(f) to be assessed Ex.,A.Av.,Av.,Below Av.,Poor.

12. General Remarks on Training, Ability, Etc.

Very keen and observing, punctual and well-mannered pupil. Above average in deportment. Should advance favourably. Wants to be a Bomber Pilot.

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by A. F. A. O. 51/2.

S/L
Chief Instructor

13. Awarded Pilot's Flying Badge w.e.f. 16-1-42
(Date)

14. Recommended for Commissioned Rank (Yes or No) Assessment (Ex.,Above Av., Av.)

15. Remarks of Commanding Officer

W/C
Commanding Officer

No. 2 S.F.T.S., Uplands, Ontario.

Date 16-1-42

16. Accidents (C.A.P. 100, Section 4)

This pupil has been involved in the following flying accidents during his training.

E.F.T.S. or S.F.T.S.	Type of Accident Para. 27	Assessment of Blame - Para. 25.	Previous Communications.	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

INTERVIEW REPORT

SURNAME ..... BENDWIG .....

CHRISTIAN NAMES .... RICHARD ALANSON .....

MARRIED ..... SINGLE ..... NO. OF CHILDREN .... NONE ....

N.F.

FLY/INC

AGE ..... 20 .....
HEIGHT .....
WEIGHT .....

ADMINISTRATION ...
TECHNICAL .....
EQUIP./ACCTS .....
GEN. LIST .....

PILOT ..... X .....
OBSERVER .....
W.O.A.GUNNER .....

EDUCATIONAL:- Number of years .....

High School .... 4 yrs. .... Technical ..... Commercial ....

University (Name and dates of Attendance) .....

..... None .....

Standing other Countries All in U.S. .....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo ..... Dual .....

Private Hours Solo ..... Dual .... Pass 10 .....

No. hours & types during last 2 years 10 passenger .....

.....

MILITARY AND OTHER TRAINING:-

No military .....

3 mos. 1938 - Gas Station attendant .....

1½ yrs. 1939/date - Material Runner for NYNH & H Railroad

SPORTS:- (What branches) .... football, skating, golf, swimming.

.....

HOBBIES:- ..... pigeon raising .....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:- .....

Good education and appearance - pleasant - intelligent -

apparently good background. Recommend for Pilot training.

.....

.....

.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

REFERENCES CHECKED

28/3/41 (Date) dc (Initials)

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Likely .....

BEST FITTED FOR ..... Pilot .....

.....

DATE: 27-2-41

RECRUITING CENTRE: Montreal, P.Q.

R.C.A.F. Rec'tg Office
Rec'd MAY 7 1941
O.K. C.I.B.
R.C. M.I.
S.L. P.A.

Signature of Officer

F. W. McCrea F.O.

APPROACH
Confident .. X ....
Nervous .....
Easy .....

CARRIAGE
Upright ..... X ...
Medium .....
Athletic .....

DRESS
Neat ..... X ....
Conservative .. X .
Clean ..... X ....
Careless .....

PHYSIQUE
Medium ... X .....
Heavy Set .....
Slender .....

SPEECH
Clear ... X .....
Slow .....
Hesitant .....

RESPONSE
Quick .....
Deliberate X ....
Slow .....

MANNER
Alert .... X .....
Confident ... X ...
Sincere .... X ....
Reserved .....
Nervous .....
Overbearing .....
Irresponsible ...

EXCELLENT .....
ABOVE AVERAGE X ..
AVERAGE .....
BELOW AVERAGE ....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

R.C.A.F. T.58A

J 1015 7

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname...BENDWIG..... Christian Names...R.A.....

Number....R79456..... Rank...LAC.....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P. 100, Section 7.

PART I

INITIAL TRAINING

1. No....3..... I.T.S. Course No...32..... From.27-7-41.....To..1-9-41.....

2. Results of Examination:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximun Marks	Marks Obtained
Mathematics.....	100	..63....	Hygiene & Sanitation	40	..36....
Armament (R & O)	100	..72....	Drill.....	100	..75....
Signals.....	100	..96....	Law and Disc., etc..	60	..47....

3. Maximum Marks 500. Marks Obtained.389.....Percentage...78.....

4. Passed or Failed...P.... Position(Group) in Class.63..No in P's Class.265.
No of Groups..128...

5. Considered Suitable for Commissioned Rank
~~XXXXXXXXXX~~

6. Recommended for training as : (a) Pilot.....
(b) ~~XXXXXXXXXXXX~~.....
(c)

7. Remarks..Well spoken...Neat..Talkative..Confident..Very good appearance..
....Excellent personality..Bright..Calm..Above average.....
.....
.....

8. Alternative Recommendation.....Obs

Entered in Records
Initials
Date
PR 5

.....D.D. Findlay.....Wg. Comdr.
Commanding Officer

No. 3 I.T.S., Victoriaville, P.Q.

Date .....1-9-41.....

To be passed to No...13.....EFTS.

A Can.
~~XXX~~ Trainee.
~~XXX~~.
~~XX~~.

NOTE: X out Countries not applicable

R-79456 LAC. BENDWIG, R.A.

PART II

ELEMENTARY TRAINING

1. No. 13 E.F.T.S. Course No. 37 From 1-9-41 To 25-10-41

2. Flying Time :- FLYING TRAINING

Aircraft	Dual (Excluding I.F. Dual)	Solo	Instrument Flying	Passenger	Total	Link Trainer
FINCH II	32.50	32.25	10.10	nil	65.15	10.00

3. Results of Flying Tests:- 20 hour 66.3 % Final Test 73.5 % Instr.Fly 65.9 %

4. Ability as a Pilot high average Pass or Fail pass

5. Recommended for training on T.E. or S.E. Aircraft S.E.

6. Remarks on Flying Progress and points which require special consideration.
A high average student. Picked up aerobatics easily. Will be above average with more experience. Instrument only average. Is very heavy on right foot.

J. E. Dempsey
Chief Flying Instructor.

Date Oct. 24/41

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	127	Th. of Flight	100	61
Airframes	100	65	Air Nav.	200	138
Aero Engines	100	63	Arm. (Oral)	200	170
Signals (Prac.)	100	96	Quals. as an (Officer (N.C.O.	200	160

Maximum Marks 1200. Marks Obtained 880 Percentage 73.3

Pass or Fail pass Position in Class 15 No. in Class 41

8. Commissioned Rank (appears suitable or unsuitable) Suitable

9. General Remarks (Ability, Conduct, etc.) Eager to learn. Intelligent. Initiative. Capable of responsibility. Should prove good Service Type. Nice personality.

J. E. Dempsey
CHIEF GROUND INSTRUCTOR.

DATE

TO BE PASSED TO S.F.T.S.

Archibald Flt
~~SQUADRON LEADER~~
CHIEF SUPERVISORY OFFICER.

NO 13 E. F. T. S.

DATE 26/10/41.

10157

Aircrew Pilot or Observer Standard

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

J. A. T. P. CANADA

R79456	Bendwing	Richard Hanson	Episcopalian
A.F. No.	Surname	Christian Names	Religion

Born 30/9/1920 Place Hartford Conn. Country United States Citizen of U.S.A. Racial Origin American

ENLISTMENT

Date 1/5/41

At Montreal Que

Term Duration

CIVIL EDUCATION

High School Entrance — Jr. Mat. ✓ — Sr. Mat.

Technical School — Corres. Courses

University

PREVIOUS SERVICE

N A

Rank	Date	Med. Cat.	Date
ac 2	1 5 41	AIBA3B.	27 2 41
LAC	1 9 41		
DRO 38 Sgt. Temp'd	16 1 42		

CIVIL OCCUPATIONS AND EXPERIENCE

Material Runner.
New Haven Railway

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Pilot Special		DRO 38		16 1 42					

PARTICULARS OF FAMILY M S D

Wife — Maiden Name — Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mrs R. M. Bendwing (Mother)
20 Lexington Ave Newark New Jersey U.S.A.

LEAVE

From	To	Auth. and Description
2/5/41	5 4/5/41	P.38? D 31/3/41
14.2.42	28.2.42	Pre-Embarkation

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
DRO 38	Awarded Pilots Flying Badge			16/1/42

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
ac 46 19/4/41	R.C. Montreal P. Que	R.C. Montreal P. Que	1/5/41	DRO 38	No. 2 SFTS Lf Lands	No 1 W/S Halifax	Depot 14.2.42
	R/S Montreal	#4A M.D. St Hubert	6/5/41				
D.R.O. #4/41 T.O.S. #4	A M.D.	St Hubert	6-5-41				
DRO #31/41. 175	#4A M.D. St. Hubert #1 W/S Mtl	#1 W.S. Montreal Cartierville	9-6-41. 27-7-41				
DRO 140/41	3 ITS Victoriaville	36 FTS St. Eugene	1-9-41				
DRO 239	36 FTS. St Eugene	21 FTS. Esplanade	25/10/41.				

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

Finger Printed
Date 1-5-11
Initials

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

R.C.A.F. Special Reserve

SURNAME.....BENDWIG.....

CHRISTIAN NAMES....RICHARD ALANSON.....

MARRIED.....SINGLE.....NO. OF CHILDREN....NONE....

N.F.

FLY/INC

AGE.....20.....
HEIGHT.....
WEIGHT.....

ADMINISTRATION...
TECHNICAL.....
EQUIP./ACCTS.....
GEN. LIST.....

PILOT.....X.....
OBSERVER.....
W.O.A.GUNNER.....

EDUCATIONAL:- Number of years.....

High School.....4 yrs.....Technical.....Commercial....

University (Name and dates of Attendance).....

.....None.....

Standing other Countries..All in U.S.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo.....Dual.....

Private Hours Solo.....Dual....Pass..10....

No. hours & types during last 2 years..10 passenger.....

.....

MILITARY AND OTHER TRAINING:-

..No military.....

..3 mos. 1938 - Gas Station attendant.....

..1½ yrs. 1939/date - Material Runner for NYNH & H Railroad.....

SPORTS:- (What branches) ....football, skating, golf, swimming.

.....

HOBBIES:- .....pigeon raising.....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:- .....

Good education and appearance - pleasant - intelligent -

apparently good background. Recommend for Pilot training.

.....

.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

REFERENCES CHECKED

28/3/41 (Date) ..... dec (Initials)

CONSIDERED SUITABLE FOR COMMISSIONED RANK?....Likely.....

BEST FITTED FOR.....Pilot.....

.....

DATE: 27-2-41

RECRUITING CENTRE: Montreal, P.Q.

C. O. Bourbonnais Flt Lt
Signature of Officer

F. W. McCrea F.O.

APPROACH
Confident...X....
Nervous.....
Easy.....

CARRIAGE
Upright.....X...
Medium.....
Athletic.....

DRESS
Neat.....X.....
Conservative...X.
Clean.....X....
Careless.....

PHYSIQUE
Medium.....X.....
Heavy Set.....
Slender.....

SPEECH
Clear.....X.....
Slow.....
Hesitant.....

RESPONSE
Quick.....
Deliberate.....X....
Slow.....

MANNER
Alert.....X.....
Confident...X....
Sincere.....X....
Reserved.....
Nervous.....
Overbearing.....
Irresponsible....

EXCELLENT.....
ABOVE AVERAGE...X.
AVERAGE.....
BELOW AVERAGE....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

R.C.A.F. CANADA

PART III

SERVICE FLYING TRAINING

Pupil R79456 LAC Bendwig R.A.
Number Rank Name

1. No. 2 S.F.T.S. Course No. 41 From 27-10-41 to 16-1-42

2. Flying Time:-

FLYING TRAINING

Aircraft Type	S. E. AIRCRAFT				T. E. AIRCRAFT				In-strument.	Link Trainer.	Passenger.
	DAY		NIGHT		DAY		NIGHT				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
Harvard	42:40	46:35	2:00	10:00					20:05		Nil
Total	42:40	46:35	2:00	10:00					20:05	21:00	Nil
Brought Forward From E.F.T.S...	32:50	31:25	Nil	Nil					10:10	10:00	"
GRAND TOTALS	75:30	78:00	2:00	10:00					30:15	31:00	Nil

3. Qualities as a Pilot. 750.....Marks Obtained 565

4. Remarks on Flying Progress, Navigation, and points which require consideration:

Clear hood flying progressed very favourably

Had difficulty with spins on instruments

Hard working and very keen -- Capable of taking responsibility; Link Trainer ability average (69%).

Squadron Commander

Date: 16-1-42

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	SUBJECT	Maximum Marks	Marks Obtained
Airmanship & Maintenance...	200	102	Navigation & Meteorology.....	200	105
Armament (W)....	100	64	Signals (W).....	50	15
Armament (P)....	100	66	Signals (P).....	100	90
			TOTAL.....	750	442

6. Remarks of C. G. I. Good type and appearance. Tries hard although marks low. Keen on bombers. Expresses himself well.

Chief Ground Instructor

Date: 16-1-42

7. Armament (Air Exercises) (T.E. Schools Only) (Ex., A.Av., Av., B.Av., or P.)

(a) Wind speed and Direction Finding

(b) Straight Runs Over as Pilot

PART III (Continued)

8. Character & Leadership (Marks Possible) 750. Marks Obtained 663

9. Final Assessment (Maximum Marks) 2250. Marks Obtained 1670

10. Passed or Failed Pass Position in Class 17 No. in Class 57

11. Qualities as an Operational Pilot (Ex.,Above Av.,Av.,Below Av.,Poor) Above Av.

(a) Formation Flying Av. (b) Navigation Ability Above Av.

(c) Night Flying Av. (d) Determ. & Initiative Above Av.

(e) Instrument Flying Av.

(f) Ability to Maintain Speed, Course & Height (T.E.) N.A.

Recommended for (Type of Service Squadron) Reconnaissance

Type of A/C (T.E. or S.E.) T.E. Recommended for Flying Instructor No. (Yes or No)

NOTE: Paras. 11(a)(b)(c)(d)(e)(f) to be assessed Ex.,A.Av.,Av.,Below Av.,Poor.

12. General Remarks on Training, Ability, Etc.

Very keen and observing, punctual and well-mannered pupil. Above average in department. Should advance favourably. Wants to be a Bomber Pilot.

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by A. F. A. O. 51/2.

S/L
Chief Instructor

13. Awarded Pilot's Flying Badge w.e.f. 16-1-42 (Date)

14. Recommended for Commissioned Rank (Yes or No) Assessment (Ex.,Above Av., Av.)

15. Remarks of Commanding Officer

W/C
Commanding Officer

No. 2 S.F.T.S., Uplands, Ontario.

Date 16-1-42

16. Accidents (C.A.P. 100, Section 4)

This pupil has been involved in the following flying accidents during his training.

E.F.T.S. or S.F.T.S.	Type of Accident Para. 27	Assessment of Blame - Para. 25.	Previous Communications.	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)

~~GROUP~~ UNIT Copy.

R.C.A.F.

~~ROYAL AIR FORCE.~~

Form 373.

1. Rank.	2. Christian Names.	3. Surname.	4. Decorations.
P/O. J10154	RICHARD ALANSON	BENDWIG.	

5. Type and date of commission or engagement, if Airman Pilot.
S.R.C.L 16.1.42.

Date of expiry.

6. Branch or Trade.
G.D. PILOT

7. Date of award of flying badge. 16.1.42.

Date of qualification as service pilot, % marks, and whether failed and re-examined.

7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.

8. Types of service aircraft flown.
FLEET. FINCH
HARVARD II

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).
HARVARD II 22.40
FLEET. 63.15.
WINGS TEST
20 HRS TEST
50 hr TEST.

10. Date of birth.
30.9.20.

11. Religion.
Episcopalian

12. If married: Date.
S

13. Medical classfn.

14. Date and place of last medical Exam.
22.8.41.

15. *Date of last vaccination.

16. *Date of last inoculation.
1. T.A.B.
2. Cholera.
3. Plague.

9, 13-19 and 21 to be kept in pencil. *To be inserted in unit copy only.

17. Permanent Address.

18. Next of kin. Relationship and address.
MRS. R. M BENDWIG
20. LEXINGTON ST.
UNIT 5. NEWARK
NEW JERSEY
U.S.A.
(MOTHER).

19. Name and address of person to be notified in case of casualty.
*Instead of / In addition to the Next of kin.

*Delete as necessary.

20. Periods in hospital, or sick quarters, or sick at home.

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.

8784. Wt. 29483/1744. 173M. 10/41. P.I. 51-1443.

22. Courses of instruction : Subject.	Unit.	From	To	Result and percentage of marks.
FLYING TRAINING	3 ITS	24. 7. 41	1. 9. 41	PASSED % %
	13 EFTS	1. 9. 41	25. 10. 41	
	2 SFTS	24. 10. 41	16. 1. 42.	
A. F. Course	No. 11 (P) A.F.U.			
B. A. Course.	1524 B.A.T. Flight	6. 6. 42	15. 6. 42	A.

23. Postings and Attachments.						Postings and Attachments.				
FROM	~~To~~ TO	Duty	"P" or "A"	Date	Authy.	To	Duty	"P" or "A"	Date	Authy.
14. DEPOT.	OS.			1. 3. 42	E 4052.					
EMB CANADA				2. 3. 42.	3 PRC					
DIS-EM. UK				17. 3. 40	2a 319.					
No 3 PRC				18. 3. 42	POR 26/42.					
No. 11 (P) AFU.				12. 5. 42	PS. 43/42.					
No. 5. (C) O.T.U.	Op. Training		P.	1. 7. 42.						

Missing in Crash 25/10/42

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.

J. A. T. P. CANADA

R.C.A.F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname...BENDWIG..... Christian Names...R.A.....

Number...R79456..... Rank...LAC.....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P. 100, Section 7.

PART I

INITIAL TRAINING

1. No....3..... I.T.S. Course No...32..... From..27-7-41.....To..1-9-41.....

2. Results of Examination:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximun Marks	Marks Obtained
Mathematics.....	100	..63....	Hygiene & Sanitation	40	..36....
Armament (R & O)	100	..72....	Drill.....	100	..75....
Signals.....	100	..96....	Law and Disc., etc..	60	..47....

3. Maximum Marks 500. Marks Obtained..389.....Percentage...78.....

4. Passed or Failed...P.... Position(Group) in Class.63..No in P's Class.265.
No of Groups..128...

5. Considered Suitable for Commissioned Rank
~~Unsuitable~~

6. Recommended for training as : (a) Pilot.....
(b) ~~Air Observer~~.....
(c)

7. Remarks..Well spoken..Neat..Talkative..Confident..Very good appearance..
....Excellent personality..Bright..Calm..Above average.....
.....
.....

8. Alternative Recommendation.....Obs.....

D D Findlay ..Wg. Comdr.
Commanding Officer

No. 3 I.T.S., Victoriaville, P.Q.

Date .....1-9-41.....

To be passed to No...13....EFTS.

A Can. Trainee.
~~Aus.~~
~~NZ.~~

NOTE: X out Countries not applicable

R-79456 LAC. BENDWIG, R.A. PART II

ELEMENTARY TRAINING

1. No. 13 E.F.T.S. Course No. 37 From 1-9-41 To 25-10-41

2. Flying Time :- FLYING TRAINING

Aircraft	Dual (Excluding I.F. Dual)	Solo	Instrument Flying	Passenger	Total	Link Trainer
FINCH II	32.50	32.25	10.10	nil	65.15	10.00

3. Results of Flying Tests:- 20 hour 66.3 % Final Test 73.5 % Instr.Fly 65.9 %

4. Ability as a Pilot high average Pass or Fail pass

5. Recommended for training on T.E. or S.E. Aircraft S.E.

6. Remarks on Flying Progress and points which require special consideration.....

A high average student. Picked up aerobatics easily. Will be above average with more experience. Instrument only average. Is very heavy on right foot.

for E. L. Delaney
Chief Flying Instructor.

Date Oct-24/41.

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	127	Th. of Flight	100	61
Airframes	100	65	Air Nav.	200	138
Aero Engines	100	63	Arm. (Oral)	200	170
Signals (Prac.)	100	96	Quals. as an (Officer (N.C.O.	200	160

Maximum Marks 1200. Marks Obtained 880 Percentage 73.3

Pass or Fail pass Position in Class 15 No. in Class 41

8. Commissioned Rank (appears suitable or unsuitable) Suitable

9. General Remarks (Ability, Conduct, etc.) Eager to learn. Intelligent. Initiative. Capable of responsibility. Should prove good Service Type. Nice personality.

for John Kaeser
CHIEF GROUND INSTRUCTOR.
OCT 23 1941
DATE

TO BE PASSED TO S.F.T.S.

Archibald Flo
SQUADRON LEADER
CHIEF SUPERVISORY OFFICER.

NO 13 E. F. T. S.

DATE 26/10/41

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

J.L. 4 AIR

46117

DECEASED MEMBER'S NAME: Richard A. (CHRISTIAN NAMES) Bendwig (SURNAME)

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

REGISTER NO. 21517
FILE NO. 9 Aug/45
DATE J.10157
SERVICE NO. F/O
FINAL RANK OR RATING 25 Oct/42
DATE OF DISCHARGE 25 Oct/42

DATE OF TERMINATION OF OVERSEAS SERVICE 25 Oct/42

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 539 / 30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 239 LESS 29 INELIGIBLE DAYS, EQUAL TO 210 DAYS @ 25C. PER DAY	52.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE — PAY $ 7.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ $; TOTAL $ 8.70 ×7 = $ 60.90; NO. OF DAYS 239 / 183 ×$ 60.90	79.54
D. WAR SERVICE GRATUITY	259.54
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	259.54

AUG 20

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ~~OF $~~ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P. & A. Bal. Trans. Trust Account
Journal Voucher # G 131

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

PREPARED BY	CHECKED BY
JFM	HJE

TREASURY CHECKED BY	DATE
[signature]	13.8.45

[signature] SERVICE REPRESENTATIVE

Treasury Office,
Air Force Services
OTTAWA, - CANADA.
Rec'd. AUG 10 1945
P. & A. SECTION