J13118
BISHOP
STANLEY ADOLF

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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: Stanley Addison Bishop (b) Reg'l. No. 107450
2. (a) Arm of service: Air (b) Unit: R.A.F. Station Sydney (c) Rank: L.A.C.
3. (a) Date of birth: 6-3-17 (b) Have you any dependents? None (c) Place of residence at time of enlistment: Montreal, Que.
4. (a) Place of enlistment: Montreal, Quebec (b) Date of enlistment: 18-9-39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 20 (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.): Grade XI
7. If you attended a university, give name of university and standing or degree secured: See George Williams, Montreal, Que.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): (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: Northern Electric Company Address: Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Electrical
20. (a) Your specific occupation: Draftsman (b) Number of years' experience at this occupation with any employer: 3 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

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.): No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Machinist or draftsman

DATE: June 2nd 194 SIGNATURE: Stanley A. Bishop

R.C.A.F. Records Office
Rec'd AUG 13 1941
O. K. ..... C.I.B. .....
R. C. Elg N. I. .....
S. L. ..... P. .....

(3)

CONFIDENTIAL

No. 3 MEDICAL SELECTION BOARD, MONTREAL P.Q.
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F. 0740
VICTORIAVILLE, P. Q.

CANADA
B.C.A.T.P.

R.C.A.F. M. 2
300M—4-41 (87)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at..... *Date*.....

Surname BISHOP *Chr. Names* STANLEY ADOLFSON
Nature of Commission AIRCREW *Date of Birth* 6/3/17 *Married or Single* SINGLE
Branch PERMANENT FORCE *Hours Flown* NIL
Address 1083 DRUMMOND ST. MONTREAL P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown.....
Severe or "Sick" Headaches, Migraine.....
Fits or Convulsions of any kind.....
Sun or Heat Stroke.....
Head Injury or Concussion (including "knock-out").....
Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
(ii) LUNG TROUBLE or Consumption.....
Bronchitis, Pneumonia or Pleurisy.....
Asthma or Hay Fever.....
(iii) HEART DISEASE, "Weak or Strained Heart".....
Fainting Attacks or Giddiness.....
Rheumatism, Rheumatic Fever or "Growing Pains".....
Frequent Sore Throats or Tonsilitis.....
Diphtheria, Scarlet Fever or Scarlatina.....
(iv) STOMACH or BOWEL TROUBLE.....
Chronic Indigestion or Pain after Food.....
(v) KIDNEY or BLADDER TROUBLE.....
Syphilis or Gonorrhœa..... I hereby declare that I have had no illness
(vi) TROPICAL DISEASE..... etc. since my last M2 report.
Malaria.....
Dysentery.....
(vii) EYE TROUBLE or Inflammation of Eyelids.....
Wearing of Glasses.....
Colour or Night Blindness.....
(viii) EAR TROUBLE, Earache or Discharge from Ears.....
Deafness, Noises in the Ears, or Dizziness.....
Frequent Colds in Head, Catarrh or Obstruction.....
Prolonged Hoarseness or Loss of Voice.....
Sea, Car or Train Sickness.....
Discomfort on Swings, Roundabouts, Switchbacks.....
(ix) OPERATIONS.....
(x) Any illness or Injury not mentioned above.....

Education 4 YEARS HIGH, 4 YEARS MONTREAL TECH
Present Occupation MACHINIST, DRAFTSMAN *Hobbies*.....
Previous Service PERMANENT AIR FORCE
Athletics SWIMMING, BASKETBALL, BASEBALL
Habits—Smoking..... Alcohol.....
FAMILY HISTORY—Consumption No. Diabetes No. Haemophilia No.
Nervous Ailments, Mental Trouble, or "Fits" No.
Father Alive—Health a. & w. Dead—Cause.....
Mother Alive—Health a. & w. Dead—Cause.....
Brothers (0) Alive—Health.....(....) Dead—Cause.....
Sisters (1) Alive—Health a. & w. (....) 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 accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other awards.

Date..... *Signature* Stanley A. Bishop *Witness* A. Doubleday

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique..... *(b)* Mentality.....
Body Marks, Scars, Deformities.....
Size of Thyroid Gland.....
Surgical Abnormalities.....
Results of Wounds, Injuries, Operations.....

	Date.....	Date.....	Date.....	Remarks on any Abnormalities Found
Height (ins.)	69			
Weight (lbs.)	164			*Date*.....
Chest Circumference (ins.)				
Body Build (lbs.)				
Leg Length (ins.)	43			
Pulse Rate — Sitting	72			
Pulse Rate — Standing 1st				
Pulse Rate — Standing 2nd				
Pulse Rate — After Exercise				
Pulse Rate — Time to Normal				
Arterial Walls	—			*Date*.....
Blood Pressure — Systolic	130			
Blood Pressure — Diastolic	70			
Room Temperature				
Heart — Size (in cms.)	—			
Heart — Sounds	—			
Heart — Rhythm	—			
Lungs — Inspection	—			
Lungs — Palpation	—			
Lungs — Percussion	—			
Lungs — Auscultation	—			
Lungs — Expiratory Force	—			
Lungs — X-Ray				*Date*.....
Reflexes — Knee	—			
Reflexes — Ankle	—			
Reflexes — Triceps	—			
Reflexes — Abdominal	—			
Reflexes — Plantar	—			
Cranial Nerves	—			
Balancing Rod	R. L.	R. L.	R. L.	
Self Balancing	R. L.	R. L.	R. L.	
Tremors — Fingers				*Date*.....
Tremors — Eyelids				
Abdomen — Liver	—			
Abdomen — Spleen	—			
Abdomen — Muscular Tone	—			
Urine — Albumen	—			
Urine — Sugar	—			
Initials of M.O.	[illegible]			

40 mm. Hg. Test..... 66, 66, 66, 77, 77 — 60 sec.
Date..... (2)
Date.....
Date.....
Date.....

EYE EXAMINATION

History: No Symptoms.
Right hand & foot.
O.S. Master eye.

Visual Acuity	R. 20/15, c −2.50 = 20/200.		
	L. 20/15-2, c 2.50 = 20/200		
Colour Vision	Ishihara normal (9)		
Red, Green	M-R. Eso = 1 Δ.		
Diaphragm Test (P.D. =	65 Binocs		
Convergence	C. = 6 cms.		
	S. C. = 13 cms.		
Accommodation	R. 8		
	L.		
Cover Test	Ortho		
Fundi and Media	N		
Fields	N		
REMARKS:	Fit.		

X'd. Dominance.

Initials of M.O. VFM.	*Initials of M.O.*	*Initials of M.O.*
Date Feb. 6/42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing	R. Ear	W.U. 20'		
	L. Ear	W.U. 20'		
External Ear, Meatus Membranes	R. Ear	—		
	L. Ear	—		
Middle Ear, Eustachian Tubes	R. Ear	patent		
	L. Ear	patent		
Cochlear Apparatus	R. Ear	—		
	L. Ear	—		
Vestibular Apparatus	R. Ear	—		
	L. Ear	—		
Buccal Cavity		—		
Teeth		—		
Gums		—		
Pharynx		—		
Nasopharynx		—		
Nose		—		
Larynx		—		
REMARKS:		*Initials of M.O.* [illegible]	*Initials of M.O.*	*Initials of M.O.*
		Date 6-2-42	*Date*	*Date*

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

M.S.B. - 6.2.42 - Stopped school at age 20, after 3½ yrs Montreal High School and 4 yrs. Tech. Worked as machinist overseas and in drafting dept. of Northern Electric for 2 yrs. Joined RCAF, 18.9.39, as machinist. Now remustering.

Choice: P, don't know second choice.

A sturdy, self-reliant lad of average intelligence. Emotional stability - average. Responsible.

C S Stogdill, F/L

ALTITUDE TOLERANCE TEST Date 7-8-42

No. of 2 hr tests at 5,000 feet		Symptoms		Recommended for:
	1.			~~A. flying to 35,000 ft. or more~~
	2.	nil on	runs	~~B. limited flying to 3,000~~
	3.	mild on	"	C. flying only to 25,000 ft.
		moderate on 2	"	
		severe on	"	

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT Date 6-2-42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. J H Macdonald F/L

4 P.C. - 2
E.C.G. - 3
E.E.G. - 2
M.V.A. Quality - above average
Score - 25

MEMORANDUM FOR

P. 64

Mr. Montague Victor Bishop,
1083 Drummond St.,
Montreal, Que.

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.1022-B-814 F.D.301

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Nov. 16 1943

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

BISHOP, Stanley Adolfson, F/O

J.13118 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.
(L. M. Firth) Lt.-Col.
Administrator of Estates.

ESTATES BRANCH NOV 24 1943 H.Q. OTTAWA NATIONAL DEFENCE

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

IGR/MK

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.....		Montague Victor Bishop	60	1083 Drummond Street Montreal, Quebec
4	Mother of the Deceased.....		Anna Bishop	50	1083 Drummond Street Montreal Quebec
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Sylvia May Bishop	22	1083 Drummond Street Montreal, Quebec
		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	Stanley Adolfson Bishop
9	Date of his birth	March 6th, 1917.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	New York City — January 15th 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	New York City
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) State of New York — 8 years (b) Province of Quebec — 14 years (c) (d)
14	Nature of employment before enlistment.	Draftsman and machinist.
15	State whether he owned the premises in which he lived and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will?	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	—
20	Amount of War Savings Certificates held by deceased.	—
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.	Metropolitan Life Insurance Co. — $2,000.00 - Mother Canada Life Insurance Co. — $2,000.00 - Estate
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

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.	—
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.

Anna Bishop — Signature of Informant

1083 Drummond street, Montreal — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Anna Bishop {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 Montreal this 22nd day of November 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: A. P. Gower Rees

Qualification: ~~A. P. Gower Rees~~ Rector and Archdeacon

Address 1110 Windsor Street, Montreal

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

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

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

There was no "will" at home but we were led to believe that he made one upon enlistment into the Royal Canadian Air Force.

DESCRIPTION OF Stanley Aldofson BISHOP ON ENLISTMENT

AND CERTIFICATE OF MEDICAL EXAMINATION

The following are accurate particulars with regard to the above-named man as ascertained by the medical examination on the 26th. day of February 19 40, by the undersigned Medical Board sitting at Montreal, P.Q.

1. Declared age 22 years 196 days
2. Apparent age same years.
3. Height 5 feet 8½ inches
4. Weight 151 pounds.
5. Chest measurement: Girth when fully expanded 38 inches; Range of expansion 3 inches
6. Complexion Fair; Eyes Blue; Hair Dark Brown
7. Physical Development Good (Good / Fair / Poor)
8. Smallpox Marks Nil
9. Number of Vaccination Marks: Right Arm ; Left Arm
10. When vaccinated last
11. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

12. Slight defects, but not sufficient to cause rejection
13. The man denies having had Rheumatism, Tuberculosis, Nervous or Mental disorder, Epilepsy, Syphilis, Asthma. (Strike out diseases admitted or suspected.)
14. We find no evidence of past Rheumatism, Tuberculosis, Nervous or Mental disorder, Epilepsy, Syphilis, Asthma.

We have examined the above-named man in accordance with the Regulations for the Canadian Medical Services, 1923, and he is placed in Category "A"

15. (a) Vision R. 20/20 L. 20/20
(b) Hearing R. W.V. 20' L. W.V. 20'

(Signed) C.D.S. Leef, Major President

(Signed) G.R. Scarrow, Lieutenant Member

(Signed) G.R. Douglas, Lieutenant, Member

(Any special remarks of Medical Officers may be added below.)

PARTICULARS OF NEXT-OF-KIN

Name and Relationship	Address	Subsequent Changes
Anna Bishop (Mother)	1083 Drummond Street, Montreal, P.Q.	

CERTIFICATE OF OFFICER COMMANDING UNIT

Stanley Adolfson BISHOP having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation, and that his service reckons from the Eighteenth day of September 19 39

Date September 18th. 19 30

(Signed) P.O. Ricks, Flying Officer (Signature of Officer)

Note.—Service reckons from date recruit commenced to draw pay.

CERTIFIED TRUE COPY: for (A.L. Morfee) Group Captain, Commanding Officer, R.C.A.F. Station, Dartmouth, N.S.

R.C.A.F. R. 53
7M—5-39
H.Q. 1062-3-38

ROYAL CANADIAN AIR FORCE

PERMANENT ACTIVE AIR FORCE

ATTESTATION OF

No. 10740 Name BISHOP, Stanley Adolfson

QUESTIONS TO BE PUT BEFORE ATTESTATION

1. What is your surname? BISHOP
2. What are your Christian names? Stanley Adolfson
3. What is your address? 1083 Drummond Street, Montreal, P.Q.
4. What are particulars of your birth? (a) 6-3-17 (b) New York (c) New York (d) U.S.A.
   (a) date, (b) town, (c) province, (d) country.
   If naturalized British subject certificate of naturalization or certified true copy thereof is to be submitted which will be returned after a copy is made and attached to Attestation Paper.
5. Are you a British subject? Yes
   (If not, to what country do you owe allegiance.)
6. What languages, other than English, do you speak? French (partially)
7. What is your trade or calling? Machinist
8. What is your religious denomination? Church of England
   (You are hereby warned that if, after enlistment, it is found that you have given a wilfully false answer to any of the following questions, you will be liable to a punishment of two years' imprisonment.)
9. Are you single? Yes Married? or Widower?
10. You understand that vaccination, re-vaccination and inoculation are compulsory? Yes
11. Do you now belong to any Naval, Military or Air Forces? No
12. Have you served in any Naval, Military or Air Forces? Three months R.C.A.
    (If so, give particulars of former service.)
    Verified from documents produced. Signature.
13. Are you willing to be attested in the Permanent Active Air Force of Canada? Yes
14. Have you ever been discharged from any branch of H.M. Forces as medically unfit? No
15. If so, what was the nature of the disability? N.A.
16. Have you ever offered to serve in any branch of H.M. Forces and been rejected? No
17. If so, what was the reason? N.A.
18. Have you ever been awarded a disability pension or gratuity? None
19. Are you now in receipt of any such pension or gratuity? None
20. Have you ever been sentenced to imprisonment by the Civil Power? No
21. Do you understand that you are liable to be called upon to carry out duty in the air in any type of aircraft? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Stanley Adolfson BISHOP, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made by me are true; and that I am willing to be attested for general service for the term of Five Years, provided His Majesty should so long require my services, or until legally discharged, and do understand the nature and terms of this engagement.

(Signed) Stanley Bishop (Signed) W.G. Anderson
Signature of man. Signature of witness.

Dated this 18th. day of September 19 39 at Westmount, P.Q.

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Signed) Stanley Bishop
Signature of Recruit.

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The recruit above named was cautioned by me that if he wilfully or knowingly 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 Westmount, P.Q. this 18th. day of September 1939

(Signed) P.O. Ricks, Flying Officer — Signature of Magistrate, Justice or Attesting Officer.

118th Detachment, R.C.A.F. — Office or Rank and Unit or Appointment.

R.C.A.F. Recruiting Office
Rec'd OCT 22 1940
C.I.B. R.C. N.I. S.L. P.A.

224-321

Montreal, P.Q.,

Sept. 18, 1939.

I hereby certify that I am willing to receive training and employment in the R.C.A.F. in the trade of Machinist.

Stanley A. Bishop
Signature

Date Sept. 18, 1939.

Witness S Z Smith

R.C.A.F Records Office
Rec'd MAY 20 1940
D. K. ..... C I.B. .....
R. C. ..... N I. .....
S. L. ..... P A. .....

SU01311 BISHOP STANLEY A F07

1 NUMBER | NAME | 29 RANK

Ops
W43

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	✓		✓						✓	✓	✓					
AWARD AND CLASP											✓					
APPLICATION DISPATCHED																
RIBBON ISSUED																
MEDAL ISSUED																12/7/46

PREFIX | NUMBER | NAME | RANK | CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Anna Bishop (mother) (Exec.)
1083 Drummond St.,
Montreal,
Que.

oct.-44.

MEMORIAL B R
DATE DESP
REGN. NO 1,177

604 4-9-49

18413

NAME BISHOP, Stanley Adolfson FILE NO. 1022-B-814

RANK F.O. CATEGORY ~~XXXXXXXXXXXXXXXXXX~~ PRES. DEAD REG. NO. J13118

DATE OF DEATH: 28-May-43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 5 July 43 ROYAL MESSAGE MAR 3 1944 MEMORIAL CROSS TO CHAPLAIN: FEB 29 1944

To mother & father
To mother & father 11-11-43

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Montague Victor Bishop,
1083 Drummond St.,
Montreal, Que.

COMMAND: No. 3

RELIGION: C. OF E.

mother Anna

J13118(DPC)

OTTAWA, Canada, 27th May, 1949.

Mr. M.V. Bishop,
1083 Drummond St.,
Montreal, Quebec.

Dear Mr. Bishop:

It is with regret that I refer to the loss of your son, Flying Officer Stanley Adolfson Bishop, but a report has been received from our Missing Research and Enquiry Service which states that they have located the graves of your son and the members of his crew who lost their lives in the cemetery at Witmarsum which is approximately fifteen miles West South West of Leeuwarden in northern Holland. Your son lies at rest in Row 36, Grave No. 18. His crewmates are buried in adjacent graves. I am enclosing herewith a photograph of the grave.

These graves will be reverently cared for and maintained in perpetuity by the Imperial War Graves Commission (of which Canada is a member). The Commission will also erect a permanent headstone at your son's resting place.

It is my earnest hope that you will be comforted with the knowledge that your son's resting place is known, and that it will be permanently maintained, and I would like to take this opportunity of expressing to you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,

for 77
(W.R. Gunn)
Wing Commander,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

Encl.-1
FFF:GB

PA CR file

J.13118 (RO)

Ottawa, Ont.,
14th Apr. 1947

R E G I S T E R E D

Mrs A. Bishop, (Exex)
1083 Drummond St.,
Montreal, Que.

Re: ~~S.A. Bishop (J.13118)~~

The enclosed log book which is part of the service estate of the above named is passed herewith for your retention.

Yours truly,

(W.A. Dicks)
Wing Commander,
for Chief of the Air Staff.

Encls. 1

J13118 (RO)

P.A.

Ottawa, Canada. 17 July, 1946.

R E G I S T E R E D

Mrs. A. Bishop,
1083 Drummond St.,
Montreal, Que.

Dear Mrs. Bishop:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son Flying Officer S.A. Bishop.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks) G/C,
R.C.A.F. Records Officer.

f

St. George's Church
Montreal

RECTOR:
VEN. ARCHDEACON A. P. GOWER-REES, M.A., D.C.L., M.C.
THE RECTORY
1110 WINDSOR STREET
TELEPHONE: MAR. 3958

HON. SECRETARY-TREASURER
MR. A. HODGKINSON, F.C.A., (ENG.)
1103 STANLEY STREET
MAR. 6484

Nov. 22nd/43

Administrator of Estates
Dept. of Defence
Ottawa

Dear Sir,

The informant who signed the accompanying Form P 64 is the mother of the late L/O Stanley Adolphus Bishop.

The father Mr. Montague Victor Bishop is at present a patient in the Mental Hospital Verdun P.Q. and is not able to attend to his usual business.

I thought this information would explain the reason for the mother's signature who has now to attend to the family business.

Yours faithfully
A. P. Gower Rees

ESTATES
NOV 24 1943
H.Q.
OTTAWA
NATIONAL DEFENCE

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J13118 (10740) RANK FLYING OFFICER UNIT 100 SQUADRON OVERSEAS

TRADE AIR NAVIGATOR (G.L.)

NAME BISHOP, STANLEY ADOLFSON

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

MARITAL STATUS SINGLE RELIGION C.OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. ANNA BISHOP (MOTHER)
ADDRESS 1083 DRUMMOND STREET
MONTREAL, QUEBEC
NAME
ADDRESS AGREES
D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. M. BISHOP (MOTHER)
ADDRESS 1083 DRUMMOND STREET
MONTREAL, QUEBEC.

FATHER'S NAME MR. & MRS. MONTAGUE VICTOR BISHOP
ADDRESS 1083 DRUMMOND STREET LIVING ON ENLISTMENT YES
MONTREAL, QUEBEC
MOTHER'S NAME LIVING ON ENLISTMENT YES
ADDRESS

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PCX808---d-25-OCT-43. NR100-26/10/43

PREVIOUSLY REPORTED "MISSING" 27-MAY-43 AFTER AIR OPERATIONS (OVERSEAS) AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED"

NOW "PRESUMED DEAD" 28-MAY-43 FOR OFFICIAL PURPOSES.

ESTATES BRANCH NOV 11 1943 H. Q. OTTAWA NATIONAL DEFENCE

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 Nov 3 1943

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO

FOR CHIEF OF THE AIR STAFF

ATS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 28998

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier: BISHOP
(Surname first—Christian names in full—Block capitals)
STANLEY ADOLFSON

(2) Regimental Number: 10740

(3) Unit: RCAF Station, Dartmouth, N.S.

(4) Are you married? No

(5) If married, state,

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

(*b*) Present postal address of wife: NA

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

(7) Are you a widower? No

(8) Have you any children? No
If so, give number of boys and girls: NA
Also their names and ages: NA

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name: NA

Postal Address: NA

(SEE OTHER SIDE).

R.M.

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representi[illegible] as your wife? No

If so, state her full name and Postal Address NA

(11) Is your father alive? Yes

If so, state name and address Mr. Montague Victor Bishop
1083 Drummond St., Montreal, P.Q.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. NA

Also state reason he has no other means of support NA

(14) Is your mother alive? Yes

If so, state name and address Mrs. Anna Bishop
1083 Drummond St., Montreal P.Q.

(15) If your mother is a widow, are you her sole support? No.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. NA

Also state reason why she has no other means of support NA

(17) Are you insured? Yes

If so, in what Company? Metropolitan & Canada Life

Have you made arrangements for payment of your Insurance Premium? Yes - direct.

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.

Stanley G. Bishop
(Signature of officer or man)

Date 28/12/39

[illegible]
Officer Commanding FOR C. O. R. C. A. F. STATION DARTMOUTH, N. S.

Date 28/12/39

AIR FORCE No. J13118

SURNAME: BISHOP, FULL CHRISTIAN NAME: STANLEY ADOLFSON

Comm 3-8-42

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 18-9-39

RELIGION: C of E.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
27-1-43	2.2.43	7	P. Leave	1661 C.U. 34/3
28-4-43	3.5.43	6	P. Leave	100 Sqdn. 6/43

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
31 21 39	Good	Sat
21 3 41	v Good	Supr
31 12 41	v Good	Supr
10 12 41	v Good	Sat

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
3 8 42	Air O.W./Badge	80 AOS 110

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	8 AOS Ancienne Lorette		5 8 42	8 AOS 110
SOS	1 Lf to RAF Training Cmd		20 8 42	1 Lf 246
SOS	10(O) AFU	to 290 TU	29 9 42	PDR 67/68
	Discm. U.K.		1 9 42	E 518
T.O.S.	10(O) F.F.U.		13 9 42	PDR 77 10(O) FFU 6/10
T.O.S.	290 T.U.		29 9 42	67/14
S.O.S.	from 290 TU	to Yo 1661 C.U.	19 1 43	4/8
T.O.S.	to 1660 C.U.		2 2 43	16/11
T.O.S.	at 100 Sqd.		10 3 43	100 Sqdn 9/43
SOS	to War Casualties N.E. Acctd Dep		27 5 43	100 Sqdn 8/43
Missing After air Ops			27 5 43	AFRO 1338
Missing, Believed Killed				CR 352
Presumed Dead			28 5 43	CR 390 AFRO 245 7/43
TOS.	100 Sqdn - RCAF	N/EU (MBK)	28 5 43	N/EU. 1/43
SOS	RCAF	N/EU (P.D)	28 5 43	N/EU 2/43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
24.5.43 F/B Missing from 100 Sqd.	CR. 323.

Embarked 21.8.42

AIR FORCE No. J.13118

Bishop, Stanley Axolfson
SURNAME — FULL CHRISTIAN NAME

Comm 3-8-42

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 18-9-39

RELIGION
C of E.

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
6-3-17	New York U.S.A.	United States	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION X
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL 4 yr. mechanical and radio automobile	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

280

PREVIOUS SERVICE

RCA 3 months

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
18-9-39	A		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: Single
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)

Anna Bishop - Mother
1083 Drummond St Apt. Dupuis
Montreal Quebec.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O (SR) G.D. (AR) (AR 149/17-8-42)	3 8 42	14 233	
T/F.O.	3 2 43	NRD. 1 AD. 509/43	
Ag Maj (G.D.) (AR 149/17-8-42)	3 8 42	8 AOS 111	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
~~P/O (SR) 17 8 42 1 g 233 Gen Nav 62 3 8 42 AOS 111~~					

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Machinist	B	83		26 3 40
L.A.C. to Cpl.		82		14 11 40
Posted 8 AOS Gra 47 #46	4/45			29/3/8 42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. ~~10740~~

SURNAME: BISHOP — FULL CHRISTIAN NAMES: STANLEY ADOLFSON

J.13118

OFFICER RECORD OF SERVICE AIRMEN

comm. 3-8-42.

ENLISTMENT — PLACE Montreal — DATE 15-9-39

RE-ENLISTMENT

C.R. FILE NUMBER S.R.

R.C.A.F. FORM R44(B) 50M-10-40 (7685) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.) Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	I.M.P.	2	10	39	Montreal, IMP
S.O.S.	I.M.P. to Dartmouth	3	12	39	IMP 52
S.O.S.	Dar. Stn.	25	3	41	K 84
T.O.S.	Sydney Stn.	26	3	41	S 72.
S.O.S	RCAF Stn. Sydney (amended)		12	41	S 291-9
T.O.S	RCAF Stn Newfoundland	5	12	41	nf 172
S.O.S	R.C.A.F. Stn Sydney	4	12	41	S9
T.O.S	RCAF Stn Newfoundland	5	12	41	nf 172
S.O.S	RCAF Stn, Gander, Nfld.	17	1	42	nf 20
T.O.S	#3 I.T.D. Victoriaville, P.Q.	18	1	42	3 ITD 26
S.O.S.	#3 I.T.D. Victoriaville, P.Q.	28	3	42	3 ITD 72.
T.O.S	8 A.O.S. Ancienne Lorette P.Q.	29	3	42	SAO 852
S.O.S	SAOS Ancienne Lorette	3	8	42	SAO 110
T.O.S	Commissioned				
S.O.S	SAOS Ancienne Lorette	3	8	42	SAO 110
	1Y Depot Halifax				
T.O.S	SAOS on appointment	3	8	42	SAO 110
Disch	PR (Hq) 347/18 (amended) Comm.	2	8	42	14 338 14 358
T.O.S	1Y Depot Halifax (on appointment)	4	8	42	14 232
S.O.S	1 V.S. R.C.A.F. St. Francis Cbl. (amended)	20	8	42	18246
Emb	Can. 21-8-42 arr. 3PRC	2	9	42	PDR 60, 65
S.O.S.	3PRC to 10 (O) AFU	14	9	42	PDR 62, 63
S.O.S	10 (O) AFU to 29 OTU	29	9	42	PDR 67, 68
	Discharged on appt. to Comm	3	8	42	14 338
	Missing	27	5	43	AFRO 1338/43
	Presumed Dead	28	5	43	AFRO 2457/43
	WSG computed	26	9	44	
	Missing	27	5	43	
	PX 5150	29	5	43	
	MBK				MM 9834
					d/10-6-43
311 Completed WSG		OCT 27 1944			
	R.D.	28	5	43	
	RCX 808	25	10	43	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A/Cpl	18	9	39	Montreal, IMP
A/Cpl	29	2	40	X 99
L.A.C.	29	5	40	X 166
A/Cpl (pd)	1	11	41	S 278
AC2	17	1	42	nf 18
L.A.C.	28	3	42	3 ITD 72
I/Cpl (pd)	1	4	42	SAO 867
T/Sgt (pd)	3	8	42	SAO 111
P/O (AW) (GL)	3	8	42	14 232
P/O 3-8-42 (APR 149/17-8-42) (CDN 21/12-9-42)				
T.F.O.	3	2	43	(APR 69/29-4-43) SS 504

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
16-9-39	R 53	A	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Machinist	C	18	9	39	Montreal, IMP
Machinist	B	1	1	40	X 132
Machinist	A	1	1	41	X 9
Aircrew (Pan.O)	S	17	1	42	nf 18
Aircrew (O)	S	28	3	42	3 ITD 72
Mach (W.T. O)	A	1	4	42	SAO 867
3038					
Air Nav.	S	28	3	42	SAO 92
Air Nav. G2		3	8	42	(APR 149/17-8-42)
A/Navigator	SY	3	8	42	SAO 111

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Satisfactory	Good	31-12-39
Instr	V. Good	21-3-41
Super.	V. Good	31-12-41
Sgt.	V. Good	10-12-41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Machinist B	83%	26	3	40	X-I.T.B.
L.A.C. to Cpl.	82%	14	11	40	2-B.D.
Posted SAOS Cir 46					39583

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
20-3-40	28-3-40	8		X 37
23-9-40	7-10-40	14		X 228
8-9-41	22-9-41	14		S 211
31-7-42	18-8-42		pre-embarkation	SAO 112

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

AIR FORCE No. ~~10740~~

SURNAME: BISHOP — FULL CHRISTIAN NAMES: STANLEY ADOLFSON

ENLISTMENT — PLACE Montreal — DATE 18-9-39

RE-ENLISTMENT

C.R. FILE NUMBER S.R.

J.13118 S.J. OFFICER

RECORD OF SERVICE AIRMEN

Comm. 3-8-42.

R.C.A.F. FORM R. 44 (B)

7. BIRTH: DATE 6-3-17 — PLACE New York USA — CITIZENSHIP British

FATHER (FULL NAME): Montague Victor Bishop

BIRTHPLACE:

MOTHER (FULL MAIDEN NAME): Anna Bishop

BIRTHPLACE:

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE: X Quebec

JUNIOR MATRICULATION: 4 yrs High School Quebec

SENIOR MATRICULATION:

TECHNICAL SCHOOL: 4 yrs Mechanical & Automobile & radio

UNIVERSITY:

CORRESPONDENCE COURSES: 4

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

Milling Mechanic & Lathe Hands 8 mos
Draftsman 2 mos.

280-

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

R.C.A. 3 mos

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Observer's Badge	8008110	3-7-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER

13. RELIGION Church of England — 3

14. LANGUAGES English — 1

15. SPORTS Baseball - Basketball
Swimming - Skiing

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

WIFE (FULL MAIDEN NAME):

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT):

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: Anna Bishop — RELATIONSHIP: Mother
ADDRESS: 1093 Drummond St Montreal Quebec — D.R.O.

FULL NAME: — RELATIONSHIP:
ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE			D.R.O.	RATE CHANGES ETC.	EFFECTIVE			D.R.O.
AAAF Rates	18	9	39	K199					
A/S Rates	29	5	40	K166					
PAAF Rates	18	9	39	K253					
AAAF	1	11	41	K9					
Bases Ctrs Rtns Allce	24	3	41	K85					
Rtn allce -	1/18	8	42	14236					

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
First Years	18	9	39						
Duration	24	9	39						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Allowed in lieu of rations & Quarters		13-12-40	K328
Issue to occupy Govt Quarters & draw rations		12-2-40	K328
Occ Govt Qtrs - Rtns in Kind		25-3-41	K85
Att. for rations & quarters		17-3-41	8/72
Asst. drawing allow. of 75¢ per diem		8/21-9-41	8212
Spec. leave & Furlough H.C. 20558d		5-9-41	8236
Rep. pub. ban det'd by day		6-12-41	8291
Govt qtrs. & rtns.		8-12-41	nf172
Cease occ. Govt. qtrs, rtns.		23-1-42	nf20
Occ gov. qtrs & rtns.		26-1-42	5JT525
Occ Govt qtrs. & draw rtns		29-3-42	8a0852
SOAon Appointment to a Commission in RCAF(AB)		3-8-42	8008110
Spec Leave IW 012462		30-7-42	8008111

Date and Place of Signing R 40 -
19-8-42 Halifax
APC 1093 Drummond St. Montreal Quebec

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79A	B465	X-RAY	AFM-13	IDN. CARD
24-10-41	FEB 27 '42 19-8-42	8-2-40	✓		

OHT.

Duplicate

R.C.A.F. P.62 30M - 9-39(1920)

E X T E N S I O N O F S E R V I C E

Consent to, when on Active Service

PERMANENT ACTIVE AIR FORCE

If my period of service should expire whilst I am on Active Service, I am willing that such period be extended from time to time for successive periods of five years each, provided my service should be so required, or until legally discharged, and that this consent to such extension shall have the same force and effect as if each such extension had been carried out as a re-engagement.

Stanley A. Bishop
10740 Signature of Airman.

R. McMaughall
Witness.

Signed at Montreal the 24 day of September 1939.

NOTE- This form will be attached to the Attestation Form. It will be completed by all serving airmen of the Permanent Active Air Force immediately the Unit is ordered to mobilise, or is placed on Active Service.

COURSE	FROM	TO	RESULT
Initial Training, Victoriaville, Que.	2-2-42	27-3-42	Passed, 94% 3rd.
Air Navigators Course, Ancienne Lorette.	29-3-42	3-8-42	Passed, 76.4% 4th.
			Air Navigator's Badge, 3-8-42

NAME BISHOP, S.A.

No. J.13118

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: BISHOP (Block letters)

Given names: STANLEY ADOLFSON

Do not write in this space

4. RESIDENCE

Street: Drummond Street N 1083

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): United States

11. DATE OF BIRTH: March (Month) 6th (Day) 1917 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: May 28/43

16. Total years spent in this occupation: Four

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Bishop, Montague	
MOTHER (Maiden Name)	Adolfson, Anna	

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 28th (Day) 1943 (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: May 28th 1943

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)