J26492
DAGENAIS
ROGER JEAN

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# ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name DAGENAIS, Roger Jean Marie J. R 5 4 8 7 8

Rank Sergeant R.C.A.F.

Age 28 Height 5'5" Weight 149

Hair Dark Eyes Brown Hair on face Dark

Marks, scars, etc. None

R Dagenais (Signature of holder)

R McKennedy Flt Lt (Signature of issuer)

Place #5 Initial Training School, Belleville, Ontario. Date 1-12-41

Card serial number 115349

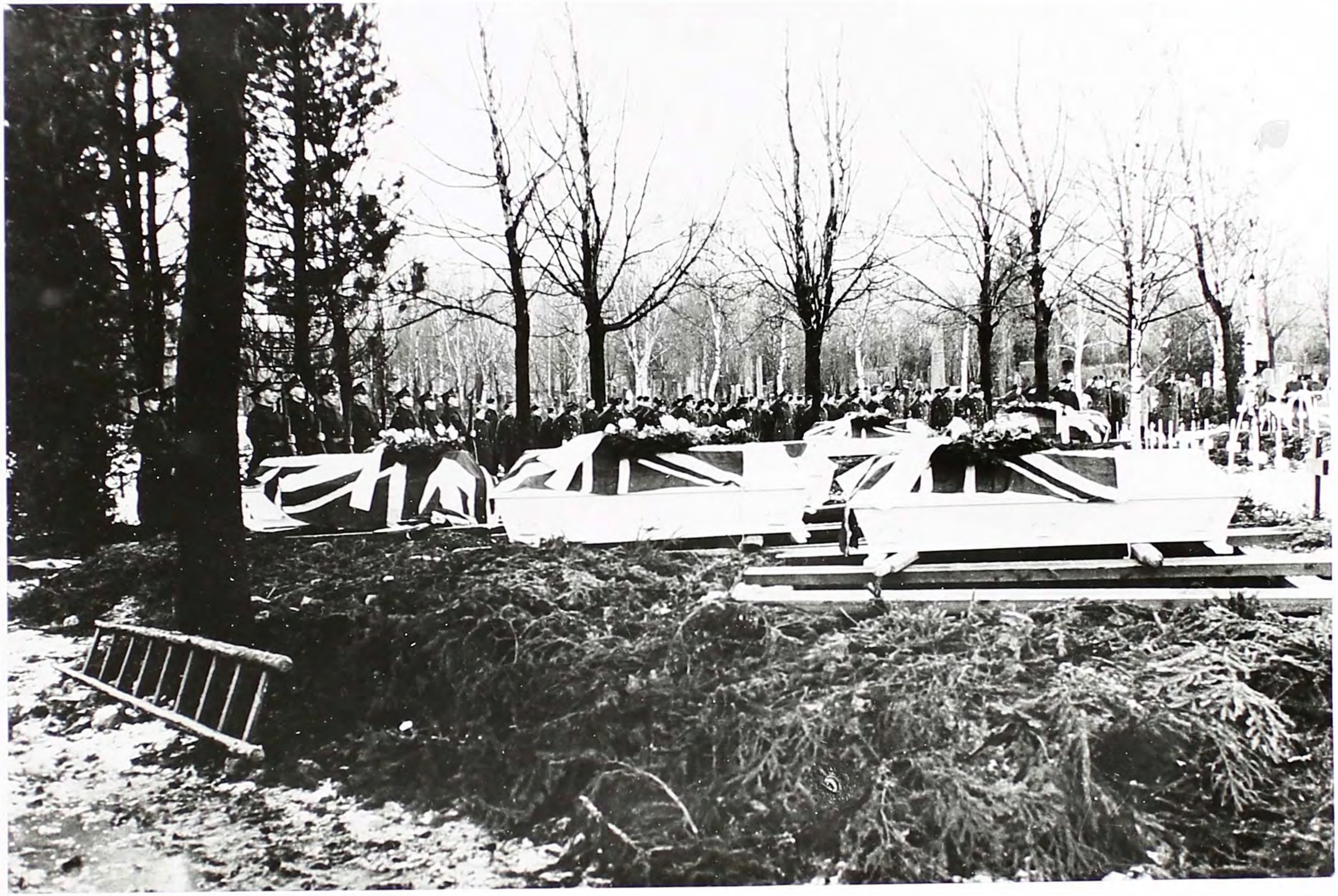
IF YOU LOSE THIS CARD,

NOTIFY YOUR C.O. IMMEDIATELY, GIVING HIM FULL PARTICULARS

IF YOU FIND THIS CARD,

PLEASE MAIL IN AN ENVELOPE ADDRESSED TO:
"THE SECRETARY,
DEPT. OF NATIONAL DEFENCE FOR AIR,
OTTAWA ATTENTION P.I.B.

NO POSTAGE NECESSARY



J026492 DAGENAIS ROGER JMJ F07

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

| 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 |
| | | | | | | | | | | | | | 8/3/47 | MEDAL ISSUED |

OP Wgs

5/1976

56

FORM NO. R. 325

R.C.A.F.

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

7267. 4/4/50

Mrs. Jeannine Dagenais (Widow)
5939 Waverly St.,
Montreal,
Que.

~~Nov. 46~~
15/2/50

MONTREAL BAR
REGN. NO 3569

FRENCH CARD

NAME DAGENAIS, Roger Jean Marie Joseph

FILE NO. J26492

RANK F/O

CATEGORY KILLED

REG. NO. J26492

DATE OF DEATH: 18-Dec-45

MOTHER LIVING: NO ~~XXX~~

WIFE: Yes

MINISTERIAL CARD: 18-1-46

ROYAL MESSAGE:

MEMORIAL CROSS TO CHAPLAIN:

FEB 20 1946

DEL'D TO MOTHER:

FEB 19 1946

DEL'D TO WIFE:

To wife,

~~XXXXXXXX~~ Mother,

Mrs. R.J.M.J. Dagenais,
5939 Waverley Street,
Montreal, Quebec.

COMMAND:

RELIGION:

# ROYAL CANADIAN AIR FORCE

# SERVICE

# PAY BOOK

Cockspur

R.C.A.F. A.47
Part 1.

# ROYAL CANADIAN AIR FORCE SERVICE BOOK

## INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

4055 Killed 18-12-45
drolled J26492 1

Air Force No. ~~R-54878~~ Surname DAGENAIS

Christian Names (in full) Roger Jean Marie

Date of Birth 3-6-19 Religion R.C.

Date of Enlistment/Appointment 8-4-40

Married (M), Widower (W) or Single (S) ~~S~~ M

Occupation in Civil Life Credit Foncier Franco Canadien Clerk Acct - Town of St Rose Asst Sec.

Signature of Holder R. Dagenais

Name and Address of Next-of-Kin
Mr. Adolphe Dagenais (FATHER)
325 St Rose Blvd. St Rose Laval County
P.Q. Quebec - Canada

Name, Address, and Relationship of Person to be informed of Casualties
Mr. A. Dagenais (FATHER)
325 Blvd St. Rose
St Rose Laval County P.Q.
Canada

Certified Correct Geo Hill P/O

Date May 21st 1943 Place Carlisle, Ont.

## RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

| Branch or Trade and Group | Date of Effect | Authority | Signature and Rank of Officer making Entry |
|---|---|---|---|
| W.O. A.G. | 17-5-43 | | [illegible] P/O |
| | | | |
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| Rank | Date of Effect | Authority | Signature and Rank of Officer making Entry |
|---|---|---|---|
| T/F/sgt. P.D. | 17-5-43 | 119/A | [illegible] P/O |
| P/O | 14-5-43 | DRO 129 | |
| F/O | 17-11-43 | PDR 26/2/44 | [illegible] F/O |
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## MEDALS, DECORATIONS, MENTIONS, ETC.

| Particulars | Date and Authority | Signature and Rank of Officer |
|---|---|---|
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## MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

| Particulars | Date and Authority | Signature and Rank of Officer |
|---|---|---|
| F1250R | 1269803 28/12/44 | Jm Askew S/O. |
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## LEAVE RECORD
(With Free Railway Warrant)

| From (date) | To (date) | Signature of Officer |
|---|---|---|
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## LEAVE RECORD
(With Special Leave Warrant A.24)

| From (date) | To (date) | Authority and Signature of Officer |
|---|---|---|
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |



## MEDICAL CLASSIFICATION

| Date | Category | Medical Board or Medical Exam. (Form No.) | Unit | Initials of M.O. |
|---|---|---|---|---|
| 17-5-43 | A | MFB 313b. | 13 RC. | |
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## BLOOD GROUP

| Date | International | Initials of M.O. |
|---|---|---|
| | | |

## NIGHT VISUAL CAPACITY

| Date | Score | Group | Initials of M.O. |
|---|---|---|---|
| | | | |

## IMMUNIZATION PROCEDURES
### VACCINATION

| Date | Result | Initials of M.O. |
|---|---|---|
| 26-4-40 | N. S. | |
| 14-4-45 | vaccination | GH F/O |

| Susceptibility Test | Date | Result |
|---|---|---|
| Schick Test | 16-4-41 | Sen |
| Dick Test | 6-3-41 | Neg |

### PROTECTIVE INOCULATIONS*

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|---|---|---|---|
| TAB I | 12-3-40 | | |
| " II | 6-4-40 | | |
| " III | 26-4-40 | | |
| T.T. | 2-5-40 | | |
| TABT - annual | 1-3-43 | | |
| TYPHUS. I II & III booster | 2-7-43 | | |
| YELLOW FEVER | 3-6-43 | 2 years | |
| VACCINATION | 3-1-44 | 1 year | |
| TYPHUS | 29-1-44 | | |



## IMMUNIZATION PROCEDURES—Con.

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|---|---|---|---|
| TABT ANNUAL | 26-6-44 | | |
| TYPHUS | 25-7-44 | | |
| T.A.B.C. 1 year | 13/12/44 | 0.5 cc | Egg s/c |
| A.T.T. 1 year | 13/12/44 | 1.0 cc | Egg s/c |
| Typhus 1 year | 13/12/44 | 1.0 cc | Egg s/c |
| [redacted] 2 years | [redacted] | | [redacted] |
| Yellow Fever | 21-8-45 | ½ cc. | |

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

## PRESCRIPTION FOR SPECTACLES

| | Vision without Glasses | SPH | CYL | Axis Standard Notation | Vision with Glasses | Unit | Date of Exam. |
|---|---|---|---|---|---|---|---|
| R | | | | | | Frame No. (or measurements) | Date of Issue |
| L | | | | | | | |

Initials of M.O. .....

| | Vision without Glasses | SPH | CYL | Axis Standard Notation | Vision with Glasses | Unit | Date of Exam. |
|---|---|---|---|---|---|---|---|
| R | | | | | | Frame No. (or measurements) | Date of Issue |
| L | | | | | | | |

Initials of M.O. .....

## DENTURES SUPPLIED

| Particulars | Date | Initials of Medical or Dental Officer |
|---|---|---|
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## SURGICAL APPLIANCES ISSUED

| Particulars | Date | Initials of M.O. |
|---|---|---|
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

| Particulars | Date | Initials of M.O. |
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## MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

(a) An R.C.A.M.C. Medical Officer,

(b) A Medical Officer of the Dept. of Pensions and National Health, or

(c) A civilian medical practitioner,

in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

## WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared



to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....
Signature of Officer.....
Rank or Appointment.....
Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....
Rank or Appointment.....
Date.....

Date Certificate extracted.....
Signature of Officer.....
Unit.....
To Whom sent.....



**Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.**

## SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

Date Will extracted.....
Signature of Officer.....
Unit.....
To Whom sent.....

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

## WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

22 30 00
OCT 1944 1.05 00
NOV 1944 1 16

AIR FORCE No. ~~R54878~~ P

DAGENATS, ROGER JEAN MARIE JOSEPH
SURNAME — FULL CHRISTIAN NAMES

[redacted]LISTMENT
[redacted]CE Montreal Que.
DATE 8-4-40

RE-ENLISTMENT

C.R. FILE NUMBER SR.

J.26492

OFFICER

# RECORD OF SERVICE AIRMEN

13
Comm. 17-5-43.

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. |
|---|---|---|---|---|---|
| TOS | #1 MD Toronto | 9 | 4 | 40 | TMP86 TMP85 |
| SOS | 1 MD Toronto to TTS. St Thomas | 29 | 4 | 40 | TMP100 |
| SOS | TTS | 8 | 8 | 41 | TTS189 |
| TOS | #5 ITS Belleville, Ont | 9 | 8 | 41 | 5 ITS 4 |
| S.O.S | #5 ITS Belleville | 9 | 9 | 42 | 5 ITS 217 |
| T.O.S. | #2 Wireless Sch. Calgary | 10 | 9 | 42 | 2 WS 220 |
| SOS | 2 WS Calgary | 4 | 4 | 43 | 2 WS 79 |
| Tos | 6 B+GS Mt View | 5 | 4 | 43 | MV-85 |
| SOS | 5 MD | 3 | 5 | 43 | MV 119A |
| T.O.S | 5 MD Lachine | 1 | 6 | 43 | 5 MD 129 |
| Tos. | as P/O. on appt to a Comm. | 1 | 6 | 43 | 5 MD 129 |
| TOS | RAF FC Dorval | 2 | 6 | 43 | FC 23 |
| SOS | 5 MD Lachine | 17 | 5 | 43 | 5 MD 129 |
| Disc. | under Para 78 KR (air) on app. for a comm. | 17 | 5 | 43 | 5 MD 129 |
| Proc. | by rail fr T.C.U. (N Bay) | 25 | 7 | 43 | F.C.32. |
| Proc. | by rail fr N Bay | 2 | 9 | 43 | FC 45 |
| Based at | TCU Nassau | 26 | 10 | 43 | FC 63 |
| Proc. | by rail to Miami TCU for basing | 23 | 10 | 43 | FC 62 |
| SOS. | 45 Grp. Dorval to the U.K. | 9 | 10 | 44. | FC.87. |
| Killed. 18 Dec. 45. - D.C.L. 1196 d/22 Dec. 45. | | | | | |

S.T.S. St Thomas

## 2. RECLASS'NS-PROMOTIONS-ETC.

| RANK | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|
| AC 2 | 8 | 4 | 40 | TMP86-TMP85 |
| AC 1 | 8 | 7 | 40 | St.T.168 |
| L.A.C. | 8 | 10 | 40 | TTS271 |
| T/Cpl. (pd) | 1 | 1 | 41 | TTS55 |
| A/Sgt (pd) | 1 | 10 | 41 | 5 ITS 120 |
| (amended to read above entry) A/Sgt. (Pd.) | 1 | 7 | 41 | 5 ITS 92. / 5 ITS 120 |
| T/Sgt Pd. | 1 | 10 | 41. | 5 ITS 46 |
| A/F. Sgt. (Pd.) | 1 | 4 | 42 | 5 ITS 78 |
| 93 | | | | |
| F/Sgt. | 9 | 9 | 42 | 5 ITS 209 |
| T F Sgt Pd | 17 | 5 | 43 | MV 119A |
| P.O. 17-5-43 (APR 89/31-5-43) | | | | |
| T8 | | | | |
| T/FO | 17 | 11 | 43 | FC.19 |
| S/F.O. 17-11-43 (APR. 29/1-2-44) | | | | |

## 3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

| DATE | FORM | CATEGORY | REMARKS |
|---|---|---|---|
| 7-12-39 | M2 | A+B | |

HOSPITALIZATION (IN BLACK INK)

| HOSPITAL / QUARTERS | ADMITTED / CONFINED | DISCHARGE / RET'N DUTY | D.R.O. |
|---|---|---|---|
| Stn. Hosp | 1-4-41 | 8-4-41 | T.T.S.81, 90 |

## 4. TRADE AND CHARACTER

| TRADE | GROUP | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| Clerk | C | 8 | 4 | 40 | TMP86-TMP85 |
| Clerk acct. | B | 1 | 10 | 40 | ST.T261 |
| Clerk | A | 1 | 4 | 41 | TTS68 |
| 544A | | | | | |
| Clk acc (4 ITS WS) | A | 1 | 9 | 42 | 5 ITS 209 |
| WO/AG G.L | | 17 | 5 | 43. | (APR 89/31-5-43) |
| 1R00 | | | | | |
| W.O.P. | Sp | 17 | 5 | 43 | MV119A |
| W. Off Oper. | | 1 | 10 | 44 | FC84 |

| TRADE PROFICIENCY | CHARACTER ASSESSMENT | DATE OF R41 |
|---|---|---|
| Superior | Very Good | 19.12.41 |

## 5. COURSES-TESTS-ETC.

| SUBJECT | RESULT | DATE | | | AUTHORITY |
|---|---|---|---|---|---|
| Clk. Acct "A" | 64% F | 12 | 11 | 40 | ST.T.B.(TT) |
| LAC to T/Cpl (Paid) | 80% P | 14 | 2 | 41 | QRD |
| Clk. Acct. "A" P. | 86% | 17 | 2 | 41 | (TT) TTS |
| Cpl to A/Sgt (Pd) | 80% P | 14 | 7 | 41 | QRD + C |

## 6. LEAVE

| FROM | TO | DAYS | REMARKS | D.R.O. |
|---|---|---|---|---|
| 19-8-40 | 26-8-40 | 7 | | St.T.190 |
| 6-1-41 | 13-1-41 | 7 | | TTS304 |
| 30-6-41 | 7-7-41 | 7 | | T.T.S.129 |
| 17-11-41 | 24-11-41 | 7 | | 5 ITS 87 |
| 24-6-42 | 8-7-42 | 14 | annual | 5 ITS 131 |
| 14-12-42 | 29-12-42 | 14 | Special | 2 WS 305 |
| 56 | | | | |
| 3-9-43 | 16-9-43 | 14 d. | Priv. L. | FC 45 |
| 14-1-44 | 27-1-44 | 14 | Priv. | FC10. |
| 18-5-43 | 31-5-43 | 14 | Emb Leave | MV119A |
| 10-5-44 | 23-5-44 | 14 | Priv. | FC43 |
| 5-8-44 | 18-8-44 | 14 | Priv L. | FC66 |

R.C.A.F. OVERSEAS 1 2 | ENLISTMENT MARTIAL STATUS 3 4 5 | PRESENT MARTIAL STATUS 6 7 8 | HIGH & TECH. SCHOOL EDUCATION 9 10 11 12 13 14 15 | RELIGION C. OF E. 16 BAP. 17 U.C. 18 PRES. 19 R.C. 20 HEB. 21 MIS. PRO. 22 OTHER 23 PREV. SERV. 24 | PROVINCE OF ENLISTMENT 25 26 27 28 29 30 31 32 33 | DISCHARGE 34 35 36 37 | AC 38

AIR FORCE No. ~~R54878~~ R/F

SURNAME: Dagenais FULL CHRISTIAN NAMES: Roger Jean Marie Joseph

ENLISTMENT PLACE Montreal Que DATE 8-4-40

RE-ENLISTMENT

R.R. FILE NUMBER SR

J.26492 S.S.

# OFFICER RECORD OF SERVICE AIRMEN

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

Comm 17-5-43.

**7. BIRTH:** DATE 3-6-13 PLACE Montreal Quebec CITIZENSHIP British

FATHER (FULL NAME) Adolphe Dagenais

BIRTHPLACE

MOTHER (FULL MAIDEN NAME) Hermine Limoges Deceased.

BIRTHPLACE

**8. EDUCATIONAL STANDING**

HIGH SCHOOL ENTRANCE Quebec

JUNIOR MATRICULATION X Quebec

SENIOR MATRICULATION X

TECHNICAL SCHOOL

UNIVERSITY of Montreal 2 yrs commerce course

CORRESPONDENCE COURSES

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

Clerk typ — Assistant secretary typ Credit Foncier F.C. Town ass't secretary of Ste Rose

8200

**10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE**

Nil

0

**11. HONOURS-AWARDS, MENTIONS**

| | AUTHORITY | DATE |
|---|---|---|
| 1 U.S.M. ribbon | FC 17 | 15-1-44 |
| Rhu Gunner Badge | MV 1195 | 17-5-43 |

**12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)**

SOLO DUAL PASSENGER

**13. RELIGION** Roman catholic

**14. LANGUAGES** English & French.

3

**15. SPORTS** Golf, tennis, skiing horse riding, hockey

**16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED:** ~~Single~~ married

WIFE (FULL MAIDEN NAME) Elodie Violette Jannine des Roches

PLACE OF MARRIAGE Montreal P.Q. DATE 10-8-44

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: Adolphe Dagenais RELATIONSHIP Father

ADDRESS: Ste Rose Laval County Quebec D.R.O.

FULL NAME: Mrs H.J. Dagenais RELATIONSHIP Wife

ADDRESS: 5939 Waverley St., Mtl P.Q. 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. |
|---|---|---|---|---|---|
| sta allow | 2-4/6 6/7 42 | 5 B 210 | | | |

**21. ENGAGEMENTS**

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| duration | 8 4 40 | | | | |

**22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES**

| FROM | TO | DATE | D.R.O. |
|---|---|---|---|
| Occ Gen & Ops & draw Rtns | | 8-8-41 | 61 T 54 |
| Ds S.L.W. H | 65-0617 Belleville | Montreal | 1 T 88 |
| Special Leave | TW+C 24543 | 24-6-42 | 5 B 150 |

Date and Place of Signing R 40.

APC Ste Rose Laval County Quebec 23500

**23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)**

| R60 | R79 | B465 | X-RAY | AFM-13 | IDN. CARD | |
|---|---|---|---|---|---|---|
| 5-7-40 | MAY 20 [illegible] 16-6-43 | 12-4-46 | | | | KX |

V 26492

SPECIAL RESERVE

"C.T.E. CANADA"

# ROYAL CANADIAN AIR FORCE

## RECORD OF SERVICE AIRMEN

"C.A.T.P. CANADA"

| A.F. No. | Surname | Christian Names | Religion |
|---|---|---|---|
| R54878 | Dagenais | Roger Jean Marie Joseph | Roman Catholic |

[redacted]3-6-1913 Place Montreal Country Quebec, Canada Citizen of Canada Racial Origin French

| ENLISTMENT | CIVIL EDUCATION | PREVIOUS SERVICE |
|---|---|---|
| Date 8-4-40 | High School Entrance Yes Jr. Mat. Yes Sr. Mat. Yes | Nil |
| At Montreal | Technical School Corres. Courses | |
| Term Duration | University Univ. of Montreal (3 years) Commerce + Science | |

| Rank | Date | | | Med. Cat. | Date | | |
|---|---|---|---|---|---|---|---|
| DRO. 168 ACI | 8 | 7 | 40 | | | | |
| " 271 LAC | 8 | 10 | 40 | | | | |
| " 55/41 T/Cpl (pd) | 1 | 1 | 41 | | | | |
| " 92 A/Sgt. PD 4/120 | 1 | 10 | 41 | | | | |
| " 46 T/Sgt. (PD) | 1 | 10 | 41 | | | | |
| " 78 A/F/Sgt (PD) | 1 | 4 | 42 | | | | |
| " 209 Reverts T/Sgt. (PD) | 9 | 9 | 42 | | | | |
| " 107/43 A/F/Sgt (PD) | 1 | 4 | 43 | | | | |
| " 119A T/F/Sgt (PD) | 19 | 5 | 43 | | | | |

### CIVIL OCCUPATIONS AND EXPERIENCE

Crédit Foncier Franco Canadien – Clerk Accountant – 1-6-38 to 1-4-39
Town of Ste Rose – Assistant Secretary 1-5-39 to 8-4-40

### COURSES AND TRADE TESTS

| Trade | Grp. | % | PorF | Date Rem. | | | Trade | Grp. | % | PorF | Date Rem. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DRO. 86 Cl Acc. | C | (enlistment) | | 8 | 4 | 40 | Remust WOAG | Sp. | | P. | 17 | 5 | 43 |
| " 261 " " | B | 75 | P | 1 | 10 | 40 | | | | | | | |
| " 68 " " | A | 86 | P | 1 | 4 | 41 | | | | | | | |
| Clk. Acct. "A" ~~o/t Aircrew~~ (W.S) | | | DRO 209 | 1 | 9 | 42 | | | | | | | |

PARTICULARS OF FAMILY M S ~~W~~

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)

Mr. Adolphe Dagenais (father) 207 St Rose Blvd., Ste. Rose, Laval County, P.Q.

### LEAVE

| From | To | Auth. and Description |
|---|---|---|
| 19-8-40 | 26-8-40 | 7 days annual |
| 6-1-41 | 13-1-41 | 7 " " |
| 30-6-41 | 7-7-41 | 7 " " DRO 128/41 |
| 17-11-41 | 24-11-41 | 7 " " DRO 87 |
| | Issued S.L.W. # C 50617 | |
| 24-6-42 | 8-7-42 | 14 days Annual DRO 131 |
| | 23-6-42 | Issued SLW. #C84543 |
| 14-12-42 | 29-12-42 | (14) SL DRO 305/42 |
| 18-5-43 | 31-5-43 | (14) Embartation Leave DRO. 119A. |

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

| Date | Character | Trade and Assm. | Honours and Awards | Signature |
|---|---|---|---|---|
| 19-12-41 | Very Good | Supr. | | |
| 17-5-43 | Awarded & Auth to wear W.O.A.F.'s badge | | DRO 119A. | |

### MOVEMENTS AND CASUALTIES

| Authority | Unit from | Unit to | Date | Authority | Unit from | Unit to | Date |
|---|---|---|---|---|---|---|---|
| P299 28-3-40 – D.R.O 86 | Montreal | Toronto | 8-4-40 | | | | |
| DRO 100 – " 101 | Toronto | St. Thomas | 29-4-40 | | | | |
| " 81/41 – | Cadm. Sta Hosp. | " | 1-4-41 | | | | |
| " 90 | Disc. " | " " | 8-4-41 | | | | |
| " 188 | I.T.S. St. Thomas | S.A.T.S. Belleville | 8-8-41 | | | | |
| " 210 | Auth. to draw ration allow. 24-6-42 to 8-7-42 (14 days) | | | | | | |
| DRO 217 | #5 I.T.S. Belleville | #2 W.S. Calgary | 9-9-42 | | | | |
| D.R.O. 79 | #2 W.S. Calgary | #6 B.G. Mountain View | 4-4-43 | | | | |
| SOS DRO 119A. | Mt View Ont. | #5 MD NORTH AM. BASE PAY OFFICE | 1-6-43. | Discharged from RCAF(SR) | | | |
| DRO 129 | SMO Toronto | 45 A.T. Depot | 1-6-43 | | | | |

~~Rec~~ on appt. to commission eff. 17/5/43 (auth: HFHQ P5304 D/19-5-43)

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

(OVER)

B.V.

"C.T.E. CANADA"

SPECIAL RESERVE

J. A. T. P. CANADA

Appendix "D"
M.20/10

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME.....DAGENAIS F.S.

2. CHRISTIAN NAMES.....ROGER JOSEPH JEAN MARIE

3. APPLYING FOR ~~REMUSTERING~~ ENLISTMENT AS.....AIRCREW (P. or O.)

SELECTION BOARD

4. PERSONNEL OFFICER

Education.....3 yrs. University

A to L Score.....29 CT 44 CAT 58

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)

6-6-42
This man is educationally qualified for aircrew (I.T.S.). Unfortunately his C.T. Score is too low to permit recommending his remustering. However, he wrote the test under unfavourable conditions after a train journey and should be given another chance later.

30-6-42
On second attempt the applicant did well enough to merit recommendation as W.O.A.G. Code apt. ~~RECOMMENDED~~ ~~showed~~ favourable results.....

Remustering to W.O.A.G.

SUITABLE FOR COMMISSION.....No

Signed

J.L. Gibault F.O.

5. MEDICAL OFFICER

Medical Category.....A1B A3B

ASSESSMENT: (Physical; Temperamental) Physically fit - good candidate

RECOMMENDED FOR.....Remustering to Aircrew (P. or O.)

SUITABLE FOR COMMISSION.....Not assessed

Signed

31-3-42 (F.C. Bartan) F.L.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Completed high school. 3 yrs. in maths. Health record good. Driving 2 yrs. Tennis and skiing. Secretary in civilian life. Very keen to fly. Prefers to be an observer. Bilingual. Keen. Creates good impression. Excellent aircrew potential. Recommended.

RECOMMENDED FOR.....Remustering to Aircrew (P. or O)

SUITABLE FOR COMMISSION.....Yes

Signed

6-6-42 J.C. Laffoley F.O.

FOUND ACCEPTABLE FOR.....Remustering as W.O.A.G.

A. F. L. Lapointe F.L.

DATE: 30-6-42 for Commanding Officer,
No.13 Recruiting Centre, RCAF.,
Montreal, P.Q.

A.F.M. 5
24.12.41

24 1943

2184/12

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-88

# RECORD OF PAY

J26492 — Dagenais

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal: Que. ON 8-4-40

MARRIED OR SINGLE Single alb

No. R54878

NAME IN FULL Roger Jean Marie Joseph

## RATE OF PAY

| D.R.O. No. | Eff. Date | Rank | Group | P.F. or A.S. Rate | Daily Rate | Add. Pay | Combined Rate | Pen. Ded. | Casualties Affecting Rate of Pay #5 I.T.S. |
|---|---|---|---|---|---|---|---|---|---|
| 55 | 1-1-41 | T/Cpl. | B | A.S. | 2 20 | | | nil | Apptd. T/Cpl. paid eff. 1-1-41 |
| 68 | 1-4-41 | T/Cpl. | a | ✓ | 2 45 | | | ✓ | Remuneted a group eff. 1-4-41 |
| 92 | 1-7-41 | A/Sgt. | a | ✓ | 2 95 | | 2 95 | ✓ | Apptd. A/Sgt. paid eff. 1-7-41 |
| 120 | 1-10-41 | A/Sgt. | A | ✓ | 2 95 | | 2 95 | ✓ | DRO. 92 AMENDED TO: EFF 1-10-41. |
| 46 | 1-10-41 | T/Sgt. | a | ✓ | 2 95 | | 2 95 | ✓ | Apptd. Temp. Sergt. eff. 1-10-41 |
| 78 | 1-4-42 | A/F/Sgt. | a | ✓ | 3 25 | | 3 25 | | Apptd. A/F/Sgt. paid eff. 1-4-42 |
| 209 | 9-9-42 | T/Sgt. | a | ✓ | 2 95 | | 2 95 | | Reverted to T/Sgt. U/T Airgrew eff. 9-9-42 |
| 79 | 29-3-43 | T/Sgt. | A | A.S. | 2 95 | 75 | 3 70 | | ENT FLYING PAY |
| 107 | 1-4-43 | A/F/Sgt. | A | A.S. | 3 25 | 75 | 4 00 | | APP. A/F/SGT (PD) |
| 119A | 17-5-43 | F/Sgt. | A | A.S. | 3 25 | 75 | 4 00 | | REPLACES F/SGT WRG. EFF 17.5.43. |

## ASSIGNMENTS

| Assignee | Eff. Date | Amount | Total |
|---|---|---|---|
| Great West Life Ins. Co. | 1-4-43 | 6 00 | |

## DEPENDENTS ALLOWANCE

| Date App. Forwarded | Relationship | Amount Awarded | Eff. Date |
|---|---|---|---|
| | | | |

## REMARKS

N.D.T. Class.

| Period | No. of Days | Rate of Pay | Sub. Allce. | Other Credits Description | Other Credits Amount | Credit B/F | Credits | Pay | Pen. Ded. & N.D.T. | Debit B/F | Other Debits Description | Other Debits Amount | Cas. Pay | Mid Pay | Total Debits to This Column | End Pay | Debits & Credits to Next Account | Casualties and Sig. of A.O. on Transfer of Account #5 I.T.S. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-12-41 to 31-12-41 | 31 | 91 45 | | | | | 91 45 | | | | DRO 120 | 46 00 | | 3/6 35 25 | 81 25 | 2/6 56 20 | 46 00 | DRO 92 AMENDED TO: A/Sgt (pd) EFF 1-10-41 DRO 12. |
| 1-1-42 to 31-1-42 | 31 | 91 45 | | | | | 91 45 | | | 46 00 | | | | | | | | |
| | | | | | | | | | | | | | | 2/11 22 25 | 68 25 | 23 20 | | |
| 1-2-42 to 28-2-42 | 28 | 82 60 | | | | | 82 60 | | | | | | | 41 25 | 41 25 | 2/22 41 35 | | |
| 1-3-42 to 31-3-42 | 31 | 91 45 | | | | | 91 45 | | | | | | | 45 25 | 45 25 | 46 20 | | |
| 1-4-42 to 30-4-42 | 30 | 97 50 | | | | | 97 50 | | | | | | | 45 25 | 45 25 | 52 25 | | |
| 1-5-42 to 31-5-42 | 31 | 100 75 | | | | | 100 75 | | | | | | | 50 25 | 50 25 | 50 50 | | |
| 1-6-42 to 30-6-42 | 30 | 97 50 | | | | | 97 50 | | | | Z-25 Z-24 | 29 85 72 00 | | 38 25 | 111 39 | | 13 89 | |
| 1-7-42 to 31-7-42 | 31 | 100 75 | | | | | 100 75 | | | 13 89 | | | | 43 25 | 57 14 | 43 61 | | |
| 1-8 to 31-8 | 31 | 100 75 | | | | | 100 75 | | | | Z-43 | 70 30 00 | | 50 25 | 53 95 | 46 80 | | |
| 1-9 to 9-9-42 | 9 | 89 29 55 | R.A. Leave | | 3 50 | | 30 05 | | | | | 28 95 3 50 | | | 32 45 | | | Ration allow. 24-6/8-7/42 (7 days) P.R.O. 210 S.O.S. TO H.Q. WIRELESS CALGARY EFF. 9-9-42 DRO. 217 A. Jackson F/L |
| 10-30-9 | 21 | 61 95 | | | | | 61 95 | | | | | 5 00 | | | 5 00 | 56 95 | | 220 - T.O.S. 10/9/42 305 - SPECIAL LEAVE 14 DAYS |
| 1-31/10 | 31 | 91 45 | | | | | 91 45 | | | | | | | 45 00 | 45 00 | 46 45 | | |
| 1-30/11 | 30 | 88 50 | | | | | 88 50 | | | | | | | 40 00 | 40 00 | 48 50 | | |
| 1-31/12 | 31 | 91 45 | 7 00 | | | | 98 45 | | | | | 98 45 | | | 98 45 | | | |
| 1943 1-31/1 | 31 | 91 45 | | | | | 91 45 | | | | | | | 45 00 | 45 00 | 46 45 | | |
| FEB | 28 | 82 60 | | | | | 82 60 | | | | | | | 40 00 | 40 00 | 42 60 | | |
| 1-31/3 | 31 | 91 45 | | | | | 91 45 | | | | Pg 1101 | 1 29 46 45 | | 45 00 | 92 74 | | 1 29 | |
| 29/3-4/4 | 7 | 5 25 | | | | | | | | | | | | | 2 09 | | 14 96 | #79 S.O.S. TO No. 6 B.G. School, Mount Hope, ONT. EFF. 4-4-43 |
| 1-4/4 | 4 | 11 80 | | | | | 17 05 | 80 | | 1 29 | | | | | 1 89 | | | |
| 5-30/4 | 26 | 96 20 | | | | 14 96 | 111 16 | 5 20 | | | | | 5 00 | | 65 20 | 55 96 | | |
| 1-2/4 | 29 | 3 00 | | | | | | | | | | | | | | | | |
| 1-5/4 | 16 | 16 00 | | | | | | | | | | | | | | | | |
| 19-31/5 | 13 | 56 25 | 7 00 | | | | 136 25 | 6 00 | | | | | | | | | | |

[illegible] 5000 [illegible]

A.F. 18-31/5/43 (14 days) M.V. N.A. BASE PAY [illegible]

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

# RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal, Que ON 8.4.40

MARRIED OR SINGLE S

NO. R54878

NAME IN FULL Tagerais, R. J. W. J.

| RATE OF PAY | | | | | | | | | | ASSIGNMENTS | | | | DEPENDENTS ALLOWANCE | | | | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D.R.O. No. | Eff. Date | Rank | Group | P.F. or A.S. Rate | Daily Rate | Add. Pay | Combined Rate | Pen. Ded. | Casualties Affecting Rate of Pay | Assignee | Eff. Date | Amount | Total | Date App. Forwarded | Relationship | Amount Awarded | Eff. Date | N.D.T. Class. |
| 119A | 17.5.43 | F/SGT | SG | AS | 3 45 | | 3 45 | | REMUST. F/SGT. WAG. EFF. 17.5.43 | Great West Life Ins | 1.4.43 | 6 00 | 6 00 | | | | | |
| 119A | 17.5.43 | F/SGT | SG | AS | 3 45 | | 3 45 | | APP. T/F/SGT. EFF. 17.5.43. | | | | | | | | | |

| Period | No. of Days | Amount of Pay | Sub. Allce. | Other Credits Description | Other Credits Amount | Credit B/F | Total Credits | Ass. Pay | Pen. Ded. & N.D.T. | | Debit B/F | Other Debits Description | Other Debits Amount | Cas. Pay | Mid Pay | Total Debits to this Column | End Pay | Debits & Credits to Next Account | Casualties and Sig. of A.O. on Transfer of Account |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | 3 75 | | | | | | | 3 75 | Dr Aud by Treasury 25/5/43 D M Ferguson |

RCAF—R.14 (REVISED)
200M-1-42 (1521)
H.Q. 1062-3-17

# ROYAL CANADIAN AIR FORCE
## RECOMMENDATION FOR APPOINTMENT TO HIGHER RANK

1. No. R54878 2. Trade Clerk Accounting 3. Group "A"
4. Name Dagenais R.J.M.J. 5. Date of Birth 3-6-13 6. Date of Enlist 8-4-40
7. Present Temp. Rank or Classification Sergeant (Paid) Effective 1-10-41
8. Present Acting Rank N.A. F S (Paid) Effective N.A. 1-4-42 (~~Unpaid~~)
9. Number of General Conduct Sheet Entries in past 6 months NIL Present evidence of Debt No (Yes or No)
9A. If aircrew, number of blameworthy entries in log book N.A.
10. If under 33 years of age and with Aircrew Educational qualifications Yes
Medical Category on M2 Examination A1B-A3B Date M2 Exam. 28-3-42
11. If A1B — A3B Med. Cat. is Airman desirous of Aircrew training under existing regulations Yes if he may retain his present rank. (Yes or No)

12.

| TRADE PROFICIENCY | | CHARACTER ASSESSMENT | |
|---|---|---|---|
| LAST | PRESENT | LAST | PRESENT |
| Supr. | Supr. | V.G. | Very good |

*(To be completed in accordance with provisions of K.R. (Air) paras. 415 and 416)*

13. REMARKS This N.C.O. has a thorough knowledge of his trade. Very good type of N.C.O.

I recommend the subject Airman for advancement in rank and consider that he is immediately fitted to discharge the duties of the rank of F/Sergeant in his trade.

I consider this Airman potential officer material.

J. M. Hobson — (Signature)
Squadron Leader — (Rank)
Commanding Officer — (Appointment)
No. 5 Initial Training School, Belleville, Ont. — Unit
30-3-42 — Date

*(PARAS. 12 and 13 MUST be completed and signed by Unit Commanding Officer)*

14.

### QUALIFICATION REPORT DRILL AND CEREMONIAL

Certified that the subject Airman has been subjected to Qualifying Tests in Drill and Ceremonial before a Board of qualified personnel and is in all respects qualified up to and including the rank of F/Sgt. in accordance with the Standards prescribed (A.F.A.O. A.51/14)

(President)

Cancelled 9-9-42

15.

### TO BE COMPLETED BY COMMANDING OFFICER ONLY

REVIEW ONE MONTH PRIOR TO DATE OF NORMAL APPOINTMENT TO TEMPORARY PAID RANK

Certified that the all-round proficiency of the subject Airman has been reviewed at this date.

He is RECOMMENDED for,

(a) Appointment to Temporary Rank,

(b) Retention in Acting Rank for a further period of

(c) Reduction to substantive rank.

*STRIKE OUT ITEMS NOT APPLICABLE.* If action under (b) is recommended or action under (c) is taken by promulgation in Unit D.R.O.'s, D.A.P.S. is to be notified immediately.

(Date) (Signature)

R.C.A.F Records Office
Rec'd SEP 4 1942
O.K. C.I.B.
R.C. N.I.
G.L. P.A.

16. Recommended for appointment to rank of Warrant Officer, Class

(Command Specialist Officer) (Date) (Air Officer Commanding) (Date)

### FOR HEADQUARTERS USE ONLY

| Education | University Degree | Senior Matric. | Junior Matric. | Entrance Standard or Below |
|---|---|---|---|---|
| | | | | |

Appointed to rank of (Paid) Effective
by Dated

| | Particulars Checked | Appointment Approved |
|---|---|---|
| Signature | | |
| Rank | | |
| Appointment | | |
| Date | | |

*NOTE:—Recommendations for Warrant Rank to be submitted to Commands in duplicate.*

# Le Plateau

Tél. Frontenac 8314

Parc Lafontaine

3700, avenue Calixa-Lavallée

Montréal

Le 23 octobre 1939

A qui de droit.

Cet écrit certifie que Monsieur Roger Dagenais a terminé le cours scientifique à l'Ecole Supérieure "Le Plateau" en l'année 1932.

Alexandre Dupré
préfet des études —

6.

# VILLE DE STE-ROSE

COMTÉ LAVAL

P.Q.

Sainte Rose, le 27 février 1940

A qui de droit:-

Ceci est pour certifier que le Porteur, Monsieur Roger Dagenais est à l'emploi de la Ville de Sainte Rose depuis deux ans à titre d'assistant-secrétaire-trésorier.

Nous le recommandons chaleureusement, car ces connaissances en comptabilité et en ce qui concerne l'ouvrage général de bureau nous le font apprécier beaucoup.

Bien à vous

AP/CM

Secrétaire-Trésorier

# 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: Dagenais R.J.M.J. (b) Reg'l. No. R54878
2. (a) Arm of service: Air (b) Unit: RCAF T.T.S. St.Thomas, Ont. (c) Rank: Corporal
3. (a) Date of birth: 3-6-13 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Ste.Rose, Laval, P.Q.
4. (a) Place of enlistment: Montreal (b) Date of enlistment: 8-4-40

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 24 (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.): Public School (11th grade)
7. If you attended a university, give name of university and standing or degree secured: University of Montreal (Senior matriculation)
8. (a) Did you ever enter upon a trade apprenticeship? No. (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? English and French (b) What languages do you read well? English and French

## 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: Town of Sainte Rose Address: Ste.Rose, Laval Co. P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Civil Administration
20. (a) Your specific occupation: Assistant Secretary (b) Number of years' experience at this occupation with any employer: 1
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? No.

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. [redacted].
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 plans
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Remain in R.C.A.F. if establishment calls for it.

DATE May 19th 1941 SIGNATURE Roger Dagenais

CONFIDENTIAL

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

# ROYAL CANADIAN AIR FORCE

R 54878

FILE NUMBER

**Medical Board held at** Belleville, Ont. *Date* 28-3-42.

*Surname* DAGENAIS *Chr. Names* ROGER JOSEPH JEAN MARIE
*Nature of Commission* *Date of Birth* 3-6-13 *Married or Single* Single
*Branch* *Hours Flown* Nil
*Address* Ste. Rose, Laval County, P.Q.

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 Tonsilitis Tonsils removed.
Diphtheria, Scarlet Fever or Scarlatina Diphtheria as a child.
(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 1-2 colds yearly.
Prolonged Hoarseness or Loss of Voice No
Sea, Car or Train Sickness No
Discomfort on Swings, Roundabouts, Switchbacks No
(ix) OPERATIONS Tonsils only.
(x) Any illness or Injury not mentioned above No serious illnesses.

Education Sr. Matric. + 3 yrs. University of Montreal ( Commerce & Science).
Present Occupation Sgt. (Accounts) Hobbies None.
Previous Service 2 years R.C.A.F.
Athletics Skiing, tennis, quite good.
Habits—Smoking 20 cigs. daily. Alcohol None.
FAMILY HISTORY—Consumption Yes Sister. Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good. Dead—Cause
Mother Alive—Health Dead—Cause Cancer.
Brothers (2) Alive—Health Good (0) Dead—Cause
Sisters (2) Alive—Health Good (1) Dead—Cause Tuberculosis.

*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 award.*

*Date* Mar. 28/42 *Signature* R. Dagenais *Witness* H. Brunetta

## GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique.....Athletic.....*(b)* Mentality....Alert.....
Body Marks, Scars, Deformities.....None.....
Size of Thyroid Gland.....Normal.....
Surgical Abnormalities.....None.....
Results of Wounds, Injuries, Operations....Nil.....

| | Date 28-3-42. | Date | Date | Remarks on any Abnormalities Found |
|---|---|---|---|---|
| Height (ins.) | 66 | | | |
| Weight (lbs.) | 141 | | | *Date* |
| Chest Circumference (ins.) | 35 | | | |
| Body Build (lbs.) | +1 | | | |
| Leg Length (ins.) | 40 | | | |
| Pulse Rate — Sitting | 72 | | | |
| Pulse Rate — Standing 1st | 96 | | | |
| Pulse Rate — Standing 2nd | 84 | | | |
| Pulse Rate — After Exercise | 108 | | | |
| Pulse Rate — Time to Normal | 30 | | | |
| Arterial Walls | Soft. | | | *Date* |
| Blood Pressure — Systolic | 120 | | | |
| Blood Pressure — Diastolic | 80 | | | |
| Room Temperature | | | | |
| Heart — Size (in cms.) | N | | | |
| Heart — Sounds | N | | | |
| Heart — Rhythm | Reg. | | | |
| Lungs — Inspection | N | | | |
| Lungs — Palpation | N | | | |
| Lungs — Percussion | N | | | |
| Lungs — Auscultation | Clear. | | | |
| Lungs — Expiratory Force | | | | |
| Lungs — X-Ray | | | | *Date* |
| Reflexes — Knee | N | | | |
| Reflexes — Ankle | N | | | |
| Reflexes — Triceps | N | | | |
| Reflexes — Abdominal | N | | | |
| Reflexes — Plantar | Fl. | | | |
| Cranial Nerves | N | | | |
| Balancing Rod | R. L. | R. L. | R. L. | |
| Self Balancing | R. L. 1/S 1/S | R. L. | R. L. | |
| Tremors — Fingers | 0 | | | *Date* |
| Tremors — Eyelids | 0 | | | |
| Abdomen — Liver | N | | | |
| Abdomen — Spleen | N | | | |
| Abdomen — Muscular Tone | Good. | | | |
| Urine — Albumen | Neg. | | | |
| Urine — Sugar | Neg. | | | |
| *Initials of M.O.* | F.C.B. | | | |

40 mm. Hg. Test....50 secs. = 6/787/766/666/6....(1st. trial).....
*Date*.....
*Date*.....
*Date*.....
*Date*.....

Physically fit.

## EYE EXAMINATION

History

No symptoms.

| | | | |
|---|---|---|---|
| Visual Acuity | R. 20/20 , $\bar{c}$ ~~+2.50~~ = 20/200 | | |
| | L. 20/20 , $\bar{c}$ ~~+2.50~~ = 20/200 | | |
| Colour Vision | N. (9th, Ishihara). | | |
| Red, Green | MR at 20'. Eso 3 @ 15". Exo 2. | | |
| Diaphragm Test | (P.D. = 63 ) Bar at 0. | | |
| Convergence | C. = 6 cms. | | |
| | S. C. = 12 cms. | | |
| Accommodation | R. 9 | | |
| | L. 9 | | |
| Cover Test | @ 20'. N. @ 15". Sl. lat. Dev. RR. | | |
| Fundi and Media | N | | |
| Fields | N | | |
| Remarks: | R.H. - R.E. Fit A1B-A3B. | | |
| | *Initials of M.O.* JVVN. | *Initials of M.O.* | *Initials of M.O.* |
| | *Date* 28-3-42. | *Date* | *Date* |

## EXAMINATION OF EAR, NOSE AND THROAT

History Tonsils out.

| | | | | |
|---|---|---|---|---|
| Hearing | R. Ear | W.V. 20'. | | |
| | L. Ear | W.V. 20'. | | |
| External Ear, Meatus Membranes | R. Ear | Normal. | | |
| | L. Ear | Normal. | | |
| Middle Ear, Eustachian Tubes | R. Ear | | | |
| | L. Ear | | | |
| Cochlear Apparatus | R. Ear | | | |
| | L. Ear | | | |
| Vestibular Apparatus | R. Ear | | | |
| | L. Ear | | | |
| Buccal Cavity | | Fair. | | |
| Teeth | | Upper bridge lower plate. | | |
| Gums | | | | |
| Pharynx | | N | | |
| Nasopharynx | | | | |
| Nose | | Good ~~aiwa~~ airway. | | |
| Larynx | | | | |
| Remarks: | | *Initials of M.O.* FCB. | *Initials of M.O.* | *Initials of M.O.* |
| | | *Date* 28-3-42. | *Date* | *Date* |

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

31-3-42.

1. Physically fit.
2. Good candidate.

Category A1B-A3B.

F. C. Barton F/Lt.

F. C. Barton Flt/Lt
#5n-s13.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

# R.C.A.F. Special Reserve

AIR FORCE NO. R54878 NAME OF AIRMAN: DAGENAIS ROGER JEAN MARIE JOSEPH

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Birth Certificate

NUMBER DATE 27/2/40

ISSUING AUTHORITY Immaculée Conception Parish

# SUBJECT - Self (full name) / Child (full name) Roger Jean Marie Joseph Dagenais

DATE OF BIRTH June the 3rd 1913

PLACE OF BIRTH City of Montreal
City, town, village, Province, Quebec Country.

MOTHER (Full Maiden Name) Hermine Limoges

FATHER (Full Name) Adolphe Dagenais

AIR FORCE NO. NAME OF AIRMAN

DATE 28-2-40 CERTFIED TRUE EXTRACT

DESCRIPTION OF DOCUMENT

NUMBER

ISSUING AUTHORITY

(Signature & Rank)

# Strike out words not applicable

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

DATE OF BIRTH

PLACE OF BIRTH
City, town, village, Province, Country.

A.F.M. No.10

FATHER (Full Name)

R.C.A.F Records Office
Rec'd MAY 2 1940
O. K. ..... C.I.B. .....
R. C. M.M. N. I. .....
S.L. ..... P. A. .....

AIR FORCE NO. NAME OF AIRMAN

DATE CERTIFIED TRUE EXTRACT

# R.C.A.F. Special Reserve

AIR FORCE NO. R54878 NAME OF AIRMAN DAGENAIS ROGER JEAN MARIE JOSEPH

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT LETTERS FROM TWO SCHOOL

NO. DATE 27/2/40

ISSUING AUTHORITY Plateau High School
School of Higher Commercial Studies of Montreal

COURSES TAKEN

Science and commerce

DIPLOMAS, DEGREES OBTAINED

11th grade

DATE 28-2-40

CERTIFIED TRUE EXTRACT

(Signature & Rank)

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL

Paul Dignard AC-2

A.F.M. No. 11

R.C.A.F Records Office
Rec'd MAY 2 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

CONFIDENTIAL

SUB-FORM R.A.F.5042.

ROYAL AIR FORCE - TRAINING REPORT.

WIRELESS OPERATORS - No.108 OPERATIONAL TRAINING UNIT.

1. SURNAME .. DAGENAIS ..... CHRISTIAN NAMES ROGER JEAN MARIE JOSEPH.

2. NUMBER ... J.26472 ..... 3. RANK ... F/O ..... 4. COURSE NUMBER ..... 4 .....

5. POSTED FROM ... 525 Sqdn. ..... 6. DATE COURSE COMMENCED ... 11.12.44.

7. DATE COURSE ENDED ... 26.3.45. ..... 8. POSTED TO ..... DATE .....

9. MORSE AND VISUAL TESTS.

| TESTS. | REQUIRED. | OBTAINED ON INTERMEDIATE TEST AT THIS UNIT. R | S. | OBTAINED AT THE END OF THE COURSE. R. | S. | |
|---|---|---|---|---|---|---|
| MORSE SPEED P/L. | 25 g.p.m. | 24 | 24 | 25 | 25 | 80% |
| MORSE SPEED CODE. | 20 g.p.m. | 20 | 20 | 22 | 22 | |
| MORSE SPEED SYKO. | 20 g.p.m. | 20 | 20 | 22 | 22 | |
| MORSE SPEED ALDIS. | 10 w.p.m. | 10 | 10 | 10 | 10 | |
| S E M A P H O R E. | 3 w.p.m. | - | - | - | - | |

10. GROUNDRESULTS

| Subjects. | Marks altd. | Marks obtd. |
|---|---|---|
| Knowledge & Manipulation W/T & R/T Equipment. | 300 | 155 |
| Fault finding | 100 | 40 |
| W/T Organisation and Procedure. | 200 | 135 |
| | 200 | 169 |
| Special Equipment. | 100 | 76 |
| Electrical Equipment. | 100 | 60 |
| Total. | 1000 | 635 |

11. AIR RESULTS.

| Subjects. | Marks altd. | Marks obtd. |
|---|---|---|
| Manipulation and Servicing of W/T Equipment | 400 | 270 |
| do. Special Equipment. | 100 | 90 |
| Air Operating Procedure. | 300 | 140 |
| Log keeping. | 200 | 80 |
| | 1000 | 580 |

12. NUMBER OF W/T OPERATIONS DONE IN AIRCRAFT AT THIS UNIT.

| | No. REQD. | OBTD. | | No. REQD. | OBTD. |
|---|---|---|---|---|---|
| MESSAGES RECEIVED. | | 21 | H/F BEARINGS (BASE) | | 63 |
| POSITION REPORT SENT. | | 34 | do (OTHER THAN BASE) | | 57 |
| M/F D/F FIXES. | | 16 | WEATHER REPORT. | | 21 |
| | | | DAILY INSPECTIONS. | | 7 |
| D.T.C. | | 5 | LOOP BEARINGS. | | 57 |
| LOOP SWINGS GROUND. | | 1 | LOOP SWINGS AIR. | | NIL. |

13. FLYING TIMES AT THIS UNIT.

| TYPE OF AIRCRAFT. | TYPE OF W/T EQUIPMENT. | HRS. AT W/T SET. | TOTAL HRS. |
|---|---|---|---|
| DAKOTA. | SCR.287. | DAY. | 30:05 |
| | XXX | NIGHT. | 22.20 |
| | | TOTAL: | 52.25 |

14.

| ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP. | MARKS ALLOTTED. | MARKS OBTAINED. |
|---|---|---|
| | | 50 |

15.

| DEGREE OF SUITABILITY AS W/OP INSTRUCTOR. | 0 NOT AT ALL SUITABLE. | 1 MODERATELY SUITABLE. | 2 DEFINITELY SUITABLE. | 3 EXTREMELEY SUITABLE. |
|---|---|---|---|---|
| | | | | |

DATE, .....P.4.45..... SIGNED .....J.R. BELL, G/Capt.....
OFFICER COMMANDING No.108 O.T.U.,
R.A.F. STATION WYMESWOLD.

REMARKS.

Progress just adequate.
An experienced and undoubtedly capable operator, he could have done much better. "Cocky" and self-opinionated, he would not co-operate with the instructors to the extent necessary for the best results.

CERTIFIED THAT this pupil has passed Compression Chamber Test.

(Sgd.) E.L. SLINN, S/Ldr.

OGI. No.108 O.T.U.

(Sgd.) E.L. SLINN, S/Ldr.

For: W/Cdr.
Chief Instructor,
Training Wing,
WYMESWOLD.

R.C.A.F.T.82 (Revised)
25M-10-41
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER)
OR AIR GUNNER

AIR AND GROUND TRAINING

Surname DAGENAIS Christian Names R.J.M.J.

Number R54878 Rank ~~XXXX~~ SGT.

INSTRUCTIONS

Instructions regarding the use and distribution of this form are contained in Air Force Administrative Order A.51/24.

PART I

WIRELESS TRAINING

1. No. 2 Wireless School. Course No. 52 To 5 Apr/43 From 14 Sept/42

2. Flying Times--
   (a) In Flying Classroom as 1st Operator 1.15 hours.
   (b) In Flying Classroom, listening watch 3.35 hours.
   (c) In 2-seat aircraft as sole operator 31.40 hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (a) above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
Average
~~Below average~~

4. Ground Training--

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|---|---|---|---|---|---|
| Theory | 50 | 45 | Signals Organization | 150 | 125 |
| Radio Equipment | 250 | 210 | Visual | 50 | 45 |
| Morse (buzzer and lamp) | 200 | 165 | Drill and P.T. | 50 | 50 |
| Procedure | 200 | 171 | D.I. and F.F. | 50 | 40 |
| | | | Totals | 1000 | 851 |

Maximum Marks, 1000. Marks Obtained 851 Percentage 85.1 Pass or Fail Pass

Position in Class 46 No. in Class 135

5. Date authorized to wear Wireless Operator's Badge 2 Apr/43

6. Character and Leadership--Assessment (Max. 500 Marks) ~~370/500~~ Marks.

S.R. Owen S/L
Officer Commanding

No. 2 Wireless School

Date APR 1 1943

To be passed to No. 6 B.G.S.

CANADA

PART II

ARMAMENT TRAINING

1. No.....B.G.S. Course No.....

2. Dates of Courses:- From.....To.....

AIR TRAINING

Gunnery

3. Flying Time:--

| Aircraft | Day | Night | Passenger | Total Hrs. | Total Mins. |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

4. Air Gunnery Results--

| | Average percentage hits to rounds fired |
|---|---|
| (a) Beam Test | % |
| (b) Beam Relative Speed Test | % |
| (c) Under Tail Test | % |

5. Total Rounds Fired--

Ground .....

Air to Ground .....

Air to Air .....

6. Assessment--

| | | Marks Obtained |
|---|---|---|
| (a) Written Examination | (100 Marks) | |
| (b) Practical and Oral Examination | (100 Marks) | |
| (c) Ability as Firer | (250 Marks) | |
| Totals | (450 Marks) | |

7. Position in Class ..... No. in Class ..... Pass or Fail .....

8. Date authorized to wear Air Gunner's Badge .....

9. Character and Leadership--Assessment (Maximum 250 Marks) ..... Marks

10. Remarks .....

.....

.....

.....
Chief Instructor

No..... B.G.S.

Date.....

11. Final Assessment--

| Course | Training Marks Max. | Training Marks Obtained | Character and Leadership Max. | Character and Leadership Obtained | TOTALS Max. | TOTALS Obtained | % |
|---|---|---|---|---|---|---|---|
| Wireless School | 1000 | | 500 | | 1500 | | |
| Bombing and Gunnery School | 450 | | 250 | | 700 | | |
| TOTALS | 1450 | | 750 | | 2200 | | |

12. Position in Class..... No. in Class .....

13. Remarks.....

.....

.....

.....
Officer Commanding

No..... B. & G.S.

Date.....

R54878 SGT. DAGENAIS, R.J.M.J.

PART II
ARMAMENT TRAINING

1. No. 6 .....B.G.S. Course No. 52 W.A.G.'S.....

2. Dates of Courses:-- From.....5-4-43.....To...17-5-43.....

AIR TRAINING
Gunnery

3. Flying Time:--

| Aircraft | Day | Night | Passenger | Total Hrs. | Total Mins. |
|---|---|---|---|---|---|
| Bolingbroke | 12:15 | | | | |
| Anson | | | Night(1:25) | 13 | 40 |

4. Air Gunnery Results:-- Average Percentage hits to rounds fired

(a) Beam Test..... .....1.5.....%
(b) Beam Relative Speed Test..... .....4.1.....%
(c) Over Tail Test..... .....7.....%

5. Total Rounds Fired:--

Ground..... .....2000.....%
Air to Ground..... .....300.....%
Air to Air..... .....2426.....%

6. Assessment:-- Marks Obtained

(a) Aircraft Recognition.....(100 Marks) .....69.....
(b) Written Examinations.....(100 Marks) .....86.....
(c) Practical and Oral Examinations....(100 Marks) .....80.....
(d) Ability as Firer.....(150 Marks) .....115.....
(e) Final Signal Test.....(100 Marks) .....90.....
Totals.....(550 Marks) 440

7. Position in Class 2 No. in Class 15 Pass or Fail Pass
8. Date Authorized to wear Air Gunner's Badge 17-5-43
9. Character and Leadership--Assessment (Maximum 250 Marks) 202 Marks
10. Remarks.....This airman's air firing results were above average.....
.....

G.R. Payne. Smith S.L.
for Chief Instructor

Turret Manipulation Time:

14 hrs 30mins.

No..6.....B.G.S.
Date.....17-5-43.....

11. Final Assessment:--

| Course | Training Marks Max | Training Marks Obtained | Character & Leadership Max | Character & Leadership Obtained | Totals Max | Totals Obtained | Percent |
|---|---|---|---|---|---|---|---|
| Wireless School | 1000 | 851 | 500 | 370 | 1500 | 1221 | 81 |
| Bombing & Gunnery S. | 550 | 440 | 250 | 202 | 800 | 642 | 80 |
| Totals | 1550 | 1291 | 750 | 572 | 2300 | 1863 | 81 |

12. Position in Class 2 No. in Class 15
13. Remarks....This airman is an outdoor type of man. He has had considerable..
..experience in the handling of men, and shows excellent qualities of Leadership.
.....He is recommended for commissioned rank.....

W.C.
for Officer Commmanding.

No.....6.....B. & G.S.
Date.....17-5-43.....

"C.T.E. CANADA"

QUALIFICATION REPORT ON DRILL & CEREMONIAL
(Ref. Adm. Order A. 44/2)

J. A. T. P. CANADA

SPECIAL RESERVE

No. R54878 ..... Rank T/CPL. (Paid) Name Dagenais, R.J.M.J. ..... Date 14-7 .....

Station. T.T.S., R.C.A.F. ST. THOMAS, ONTARIO. .....

| | On Duty | Off Duty |
|---|---|---|
| Dress & Personal Appearance | Average | Average |
| Deportment | Average | Average |

To be assessed as exceptional, above the average, average, below average, or poor, The qualification tests of personnel who cannot be assessed higher than below the average in either of the foregoing are not to be carried out until a satisfactory standard is attained.

Description of qualification attempted.
(e.g. recruits training LAC. to Cpl.
Cpl. to Sgt., Sgt. to Flt. Sgt.) ..... CPL. to A/SGT PAID .....

Words of Command Quality, Volume and accuracy ..... 80 ..... %

Knowledge of Inspection ..... 80 ..... %

Knowlecge of Drill ..... 80 ..... %

Knowledge of Ceremonial Drill (e.g. Guard
Mounting, Funeral Parades, etc.) ..... 80 ..... %

Power to impart knowledge ..... 80 ..... %

General Remarks .....

.....

Passed or Failed, stating percentage obtained ..... 80 ..... %

Certified that the Candidate is in all respects qualified ..... (passed) .....

.....

Signed: T.C.Shore F/O
President

Chas. Taylor W.O.1
Member

S. Whitehead F/SGT.
Member

Date ..... 14-7-41 .....

Certified true copy,

A. R. Bevan F/O
(A.R.Bevan)Flying Officer.

9.9.41

"C.T.E. CANADA"

"C.T.E. CANADA"

SPECIAL RESERVE J.A.T.P. CANADA

R.C.A.F.

ASSEMENT OF QUALIFICATIONS - N.C.O'S

Number R54878 .....Present Rank T/CPL.(Paid) ....Name Dagenais, R.J.M.J.
(If Acting state Paid or Unpaid)

Trade Clerk Acct. ....Group A ...Umit or Station 5.I.T.S. Location Belleville, Ont.

| MAXIMUM MARKS | | ITEM MARKS AWARDED | SECTION MARKS AWARDED |
|---|---|---|---|
| | A. Trade Proficiency | | |
| 15 | (1)Knowledge of Trade-Practical | 12 | |
| 10 | (2)Knowledge of Trade-Theory | 8 | 20 |
| | B. Education | | |
| 7 | (1)Scholastic | 6 | |
| 5 | (2)Special or Technical | 4 | 10 |
| | C. N.C.O. Qualities | | |
| 3 | (1)Leadership | 2 | |
| 3 | (2)Disciplinary control | 2 | |
| 3 | (3)Organizing ability | 3 | |
| 3 | (4)Initiative | 3 | |
| 3 | (5)Tact and Judgment | 2 | |
| 3 | (6)Energy in performance of duties | 3 | |
| 3 | (7)Power of Command | 2 | |
| 3 | (8)Ability to impart knowledge | 2 | |
| 3 | (9)Ability of expression (Oral & written) | 2 | |
| 3 | (10)Knowledge of Drill | 2 | |
| 3 | (11)Knowledge of service procedure | 2 | |
| 3 | (12)Knowledge of general administration | 2 | |
| 3 | (13)Attitude towards superiors | 3 | |
| 3 | (14)Attitude towards subords. | 3 | 33 |
| | D. General | | |
| 3 | (1)Dress | 2 | |
| 3 | (2)Carriage | 2 | |
| 3 | (3)Speech | 2 | |
| 3 | (4)General Habits | 3 | |
| 5 | (5)Personalty | 2 | |
| 3 | (6)Loyalty | 3 | |
| 3 | (7)Reliability | 3 | 17 |
| 100 | MAXIMUM MARKS TOTAL ASSESSMENT | | 80 |

RECOMMENDED FOR MAXIMUM RANK OF .....

DATE 6-9-41 ..... SIGNED ..... S/LDR.
(To be signed by Commanding Officer of Stn. or unit.)

STATION No. 5 I.T.S. .....

Belleville, Ontario.....

9.9.41

Marks allotted are to be from zero to the maximum allowable for each item and marks allotted are to be totalled by Sections with Section totals added to obtain total Assessment Marks, i. e., for Trade Proficiency (Theory) marks may be allotted from 0 to 10 and for General (Dress) from 0 to 3, etc.

Marks allotted for individual items with a maximum of 3 marks are to be approximately based on 3 for "exceptional", 2 for "Above Average", 1 for "Average" and o for "Below Average", with corresponding percentages for individual items bearing a higher maximum mark.

Marks allotted are to be a comparative basis irrespective of present rank, i. e., a Sergeant receiving Total Assessment Marks of 91% shall be considered as better qualified for advancement to Warrant Officer, Class 11 than a Flight Sergeant, in the same trade, receiving Total Assessment Marks of 85%.

| COURSE | FROM | TO | RESULT |
|---|---|---|---|
| Wireless Training, Calgary, Alta. | 14-9-42 | 5-4-43 | Passed, 85.1% 46th. |
| | | | Wireless Oper's Badge, 2-4-43 |
| Armament Training, Mountain View. | 5-4-43 | 17-5-43 | Passed, 81% 2nd. |
| | | | Air Gunner's Badge, 17-5-43 |

NAME DAGENAIS, R.J.M.J.

No. J.26492

FORM NO. M. 76 -- VISIBLE RECORDS LIMITED, SCARBORO P.O., CANADA
CUT AND PUNCHED TO BE USED IN "NU-STYL" BINDER, MODEL NO. A.16F.
R.C.A.F. T-118 5M-9-42 (2651) H.Q. 885-T-118

NAME No.

| COURSE | FROM | TO | RESULT |
|---|---|---|---|
| | | | |

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

# ROYAL CANADIAN AIR FORCE

## *Individual Record of Flying*

CANADA

RANK SGT. NO. R54878 NAME Dagenais, R.J.M.J.

| UNIT | PERIOD ENDING | SERIAL NO. | SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs | Mins | 2ND PILOT (B) Hrs | Mins | DUAL (C) Hrs | Mins | NIGHT 1ST PILOT (D) Hrs | Mins | 2ND PILOT (E) Hrs | Mins | DUAL (F) Hrs | Mins | MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs | Mins | 2ND PILOT (H) Hrs | Mins | DUAL (J) Hrs | Mins | NIGHT 1ST PILOT (K) Hrs | Mins | 2ND PILOT (L) Hrs | Mins | DUAL (M) Hrs | Mins | CREW DUTIES OBSERVER (N) Hrs | Mins | AIR GUNNER (O) Hrs | Mins | OTHER (P) Hrs | Mins | PASSENGER (Q) Hrs | Mins | TOTAL (R) Hrs | Mins |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 W.O. 2 W.S. | 26.3.43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 36 | 30 | | | | 55 | 37 | 25 |
| | 17/5/43 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 12 | 15 | | | 1 | 25 | 13 | 40 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total | | | | 51 | 05 |

CERTIFIED FLYING TIME is CORRECT
D. J. Brown F/L
Officer i/c Air Operating
Section No. 2 Wireless
School, R.C.A.F.

No. 6 B. & G. SCHOOL

H. B. Cable S/LDR.
O/C GROUND INSTRUCTION SCHOOL
No. 6 B. & G. SCHOOL
MOUNTAIN VIEW - ONT.

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

# ROYAL CANADIAN AIR FORCE

## *Individual Record of Flying*

RANK..... NO..... NAME.....

| UNIT | PERIOD ENDING | SERIAL NO. | SINGLE-ENGINE AIRCRAFT | | | | | | | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | | | | | | | CREW DUTIES | | | | | | PASSENGER | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | DAY | | | | | | NIGHT | | | | | | DAY | | | | | | NIGHT | | | | | | | | | | | | | | | |
| | | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | OBSERVER | | AIR GUNNER | | OTHER | | | | | |
| | | | (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | |
| | | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |
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FOR FRENCH TRANSLATION

REGISTERED

12th January, 1945.

Mrs. R.J.M.J. Dagenais,
5939 Waverley Street,
Montreal, Quebec.

Dear Mrs. Dagenais:

I have learned with deep regret of the death of your husband, Flying Officer Roger Jean Marie Joseph Dagenais, on Service Overseas on December 18th and I wish to offer you and the members of your family my sincere and heartfelt sympathy.

It is most lamentable that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom he was serving.

Yours sincerely,

(Robert Leckie)
Air Marshal,
Chief of the Air Staff.

MW

J26492

No. 435 (RCAF) Squadron,
Down Ampney, Glos. England,
December 31st, 1945.

Dear Mr. Dagenais,

It is with the deepest regret I have to inform you of the very sad loss of your son, Roger, on the 18th December, 1945.

Your son was carrying out a flight from Copenhagen, Denmark, to Oslo, Norway, as Wireless Operator of the aircraft. The aircraft was flying through cloud when it struck high ground at 59.58 degrees north and 10.40 degrees east, at 10:10 a.m. G.M.T. (Greenwich Mean Time). This location on the map is approximately 5 miles south of Oslo. Unfortunately all the members of the crew, including your son, and thirteen passengers were killed.

It was not possible, owing to the time available, to ascertain your wishes regarding the funeral, thus I had to request the Staging Post in Norway to proceed with the funeral. I have now been advised that your son was buried at Vestre Graveland, Oslo, on December 22nd, with full military honours. Further information concerning the service, with photographs and plot number, will be advised to you when received from Norway.

You will wish to know that all service graves are taken care of by the Imperial War Graves Commission (Woolburn House, Woolburn Green, Bucks.) whose duty it is to arrange both for the temporary markings of the grave by a wooden cross and ultimately for the erection of a permanent head-stone.

Roger was a very popular member of the squadron and a very capable wireless operator. This regrettable accident was a severe blow to us all and it is with deep sympathy I have to convey this bad news to you. Perhaps in your grief you will find solace in the thought that Roger has given his life in the service of his country.

Yours faithfully,

(C.N. McVeigh) Wing Cmdr.,
Commanding, No. 435 Squadron.

Mr. A. Dagenais,
207 St. Rore Blvd. St. Rose,
Laval Co. P.Q., Canada.

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J26492 (~~R54878~~) RANK FLYING OFFICER UNIT 435 SQDN (OVERSEAS)

TRADE WOP

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

NAME DAGENAIS, ROGER JEAN MARIE JOSEPH

PRESENT MARITAL STATUS MARRIED RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS ROGER JEAN MARIE JOSEPH DAGENAIS

RELATIONSHIP WIFE

ADDRESS 5939 WAVERLEY STREET MONTREAL QUEBEC.

ESTATES BRANCH JAN 19 1946 H.Q. OTTAWA NATIONAL DEFENCE

FATHER'S NAME MR ADOLPHE DAGENAIS

ADDRESS ST ROSE LAVAL COUNTY QUE LIVING ON ENLISTMENT YES

MOTHER'S NAME DECEASED

ADDRESS LIVING ON ENLISTMENT NO

ADDRESS AT TIME OF ENLISTMENT STE ROSE LAVAL CO QUEBEC MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION ACCOUNTANT

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO NOT KNOWN BEING OBTAINED

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 PCX2428----d--19-DEC-45

"KILLED" 18-DEC-45 AS A RESULT OF A FLYING ACCIDENT
(FLEW INTO HIGH GROUND IN CLOUD OUTWARD BOUND FROM UK
EN ROUTE TO OSLO NORWAY CRASHED WHILE COMING IN TO LAND)

NEXT OF KIN ADVISED 19-DEC-45

ALL WILLS (1) ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~NO~~

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

DATE 16-JAN-46

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY ~~YES~~/NO BOND RECEIPT (1)

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

47897

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: OVERSEAS (NORWAY)

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: DAGENAIS (Block letters)

Given names: ROGER JEAN MARIE JOSEPH

**4. RESIDENCE**

Street: No.:

Official name of civil municipality or township: Ste. Rose

Municipal county: Laval Co. Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 3rd (Day) 1913 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 32 | | | ....hrs. or....min. |

**OCCUPATION**

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

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

15. Date deceased last worked at this occupation: Dec. 18/45

16. Total years spent in this occupation: Six

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | Dagenais, Adolphe | Quebec |
| MOTHER (Maiden Name) | Limoges, Hermine | Quebec |

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

Do not write in this space

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 18th. (Day) 19 45 (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) Killed in flying accident

due to

**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 (State which): Accident Date: Dec. 18th 19 45

Manner of injury (How sustained): Killed in flying accident

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)**

FORMULE 6

# BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

**1. LIEU DU DÉCÈS**

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... | Hôpital ou institution .....

**2. SÉJOUR**

| (a) dans l'hôpital ou l'institution | *Années* | *Mois* | *Jours* | (b) dans la municipalité du décès | *Années* | *Mois* | *Jours* | (c) dans la province | *Années* | *Mois* | *Jours* | (d) au Canada (s'il s'agit d'un immigré) | *Années* | *Mois* | *Jours* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**3. NOM DU DÉFUNT**

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

**4. RÉSIDENCE**

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

| 5. SEXE | 6. NATIONALITÉ (Citoyenneté) | 7. ORIGINE RACIALE | 8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*) |
|---|---|---|---|
| | | | |

**9.** Si le défunt était marié, nom de son conjoint

**10.** LIEU DE NAISSANCE (Province ou pays)

**11.** DATE DE NAISSANCE..... (jour) (mois) (année)

| 12. ÂGE DU DÉFUNT | Années | Mois | Jours | Si âgé de moins d'un jour |
|---|---|---|---|---|
| | | | | .....hrs. ou.....min. |

**OCCUPATION**

**13.** Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

**14.** Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

**15.** Dernière date à laquelle le défunt vaquait à ce travail

**16.** Nombre d'années occupées dans cette profession

| | 17. NOM | 18. LIEU DE NAISSANCE (Province ou pays) |
|---|---|---|
| PÈRE | | |
| MÈRE (Nom de fille) | | |

**19.** Lieu de l'inhumation, de l'incinération ou destination du transport

**20.** Date de l'inhumation.....19.....

**21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE**

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) (année) 19.....

N'écrivez pas dans cet espace

## CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

**22.** Date du décès..... (jour) (mois) 19..... (année)

**23.** JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

### 24. CAUSE DU DÉCÈS

**I**

**Cause immédiate**

Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

**États morbides, s'il y en a, ayant produit la cause immédiate** (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b).....

dû à

(c).....

**II**

**Autres conditions morbides** (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

**III** Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

**25.** S'il s'agit d'une femme, y avait-il état puerpéral?.....

**26.** Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

**27.** Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide..... (Spécifier) Date.....19.....

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

**Signature**.....**M.D.**

**Adresse**.....**Date**.....**19**.....

**28.** Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

**29.** Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

**(For English see other side)**

FOR COMPLETION AND RETURN BY 1 Form

Mrs. R.J.M.J. Dagenais,
5939 Waverley St.
Montreal, Que.

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

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

and the following number quoted:—

H.Q. J.26492 FD 356

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

January 23, 1946

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

DAGENAIS, Roger Jean Marie Joseph, F/O

J.26492 R.C.A.F.

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

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

ESTATES BRANCH FEB 4 1946 H.Q. OTTAWA NATIONAL DEFENCE

Col.

GWH/NM

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased | | JEANNINE DESROCHES | 27 | 5939 WAVERLY MONTREAL. QUE |
| 2 | Children of the Deceased and dates of their Births | | aucun | | |
| 3 | Father of the Deceased | | ADOLPHE DAGENAIS | 79 | St. ROSE CO. LAVAL QUE |
| 4 | Mother of the Deceased | | HERMINE LIMOGES | | DÉCÉDÉE |
| 5 | Brothers of the Deceased | Full Blood | GEORGE ETIENNE DAGENAIS | 53 | 4055 DROLET. MONTREAL |
| | | | ANSELME DAGENAIS | 41 | St ROSE. QUÉ |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | MARIE JEANNE DAGENAIS | 49 | St ROSE Que |
| | | | GEORGETTE DAGENAIS-LAROSE | 38 | 4324 RIVARD MONTREAL |
| | | 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 |
| | ANITA DAGENAIS 3 Juin 1939 | | — | | — |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | ROGER, JEAN-MARIE JOSEPH DAGENAIS |
| 9 | Date of his birth. | 3 JUIN 1913 |
| 10 | Place and date of his marriage. | MONTREAL 10 AOUT 1944 |
| 11 | Place and date of his parents' marriage. | TERREBONNE, Que 7 JANVIER 1890 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | MONTREAL |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) QUEBEC. (b) MONTREAL (c) (d) |
| 14 | Nature of employment before enlistment. | COMPTABLE |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | NON |
| 16 | Name place where deceased stated he intended to make his permanent home. | 5939 WAVERLY. MONTREAL, Que |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is? | NON |
| 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? | OUI |
| 19 | (a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased. | NON. |
| 20 | Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located. | 88.00 chez Mde. Jeannine Dagenais 5939 WAVERLY. Montreal |
| 21 | (a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they? | ~~NON~~ AUCUN |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | GREAT WEST ASS. Co à SA FEMME JEANNINE DAGENAIS 32 mois @ $5.84 = Les primes seulement ENVIRON 186.00 |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | aucun |

## 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. | NON |

(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

* femme of the deceased.

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

Mme Roger J. M. J. Dagenais — Signature of Informant

5939 Waverly — Montreal — Que. — Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Dame Roger Dagenais {Name of informant} is the* ~~veuve~~ — of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montréal this 1er day of Février — 1946

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

J. Henri Lauzon ptre — Qualification vicaire

Address 5871, rue Waverley, Montréal, Qué.

**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

RCAF R.60

# W I L L

This is the last Will and Testament of me, Roger J. M. J. Dagenais

a member of the Royal Canadian Air Force, presently residing at St.Rose Laval County

in the Province of Quebec

Canada, and I do hereby revoke all former Wills, codicils, dispositions, appointments and testamentary writings whatsoever by me at any time heretofore made.

I appoint Mr. Adolphe Dagenais ( Father )

Of St. Rose Laval County Quebec

To be the executor of this my Will, and direct.....Him.....to pay all my just debts, funeral and testamentary expenses as soon after my decease as maybe conveniently possible.

I give, devise and bequeath all the residue of my estate, both real and personal, of which I shall be possessed or to which I shall be entitled at the time of my decease, or over which I may then have the power of appointment and disposal, unto

.....Mr. Adolphe Dagenais.....

Now residing at:- St. Rose

in the City of:- Laval County

in the Province of:- Quebec ,for.....HIS.....own use and benefit absolutely and forever.

In Witness Whereof I, the said.....Roger Dagenais.....

the testator, have to this my last Will and Testament, set my hand this,

.....9th.....day of.....APril.....1940.

Signed, Published and Declared by the said .....Roger J. M. J. Dagenais.....testator, as and for his last Will and Testament, in the presence of us, both present at the same time, who, at his request, and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses.

Witness: B G John
Address: RCAF - Training Depot.
Occupation: Clerk.

Witness: H.W. Marshall
Address: RCAF
Occupation: Clerk.

**To be made out in duplicate**

**M.F.M. 5**
25M—6-42 (4975)
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 P/O DAGENAIS ROGER JEAN MARIE JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank P/O J26492

(3) Unit #45 ATLANTIC TRANSPORT GROUP (RAF) DORVAL

(4) Are you married? No

(5) If married, state,

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

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

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

NA

(7) Are you a widower? No

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

Names and ages .....

(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 NA

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address, occupation ADOLPHE DAGENAIS
STE ROSE LAVAL COUNTY P.Q. FIREMAN (RETIRED)

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

(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.

NA.

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? No

If so, state name and address NA

(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 NA

Full Name NA

Postal Address NA

Amount contributed monthly during the past six months NA

(18) Are you insured? YES

If so, in what Company? GREAT WEST LIFE INSURANCE
(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.

A. Dagenais
(Signature of officer or man)

Date 16/6/43

G. S. McDowell Lt/C
for Officer Commanding #4 Gp Grp Rav

Date 17-6-43

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.

A.10233 PERSONAL EFFECTS OF NO. J.26492 F/O. Dagenais. R.J. M.

ZIP Canvas Holdall Contg:-
2 Prs black oxfords. & 1 Pr brown.
1 trench coat. 5. KD shirts.
2 Blue shirts.
2 handkerchiefs.
1 underwear top.
1 underwear shorts.
2 Prs socks.
2 Pa Blue uniforms.
1 greatcoat.
1 small pocket testament.
1 windbreaker.
2 Polo shirts.
2 Prs KD trousers.
5 Wire coathangers.
2 prs braoces.

% TAN SUITCASE CONTG:-
3 footballs.
1 leather cheque holder.
3 prs shoe laces.
2 prs scissors.
1 pr garters.
1 pocket knife.
1 small wrench and bicycle wrench.
3 keys.
1 pen and pencil holder contg:
1 pen damaged.
1 ruler.
1 comb.
1 camera trigger.
1 identity bracelet.
1 small rosary.
2 cards of small whitebuttons.
1 bakelite razor.

1 water sterilizer.
1 brevet.
1 metal elephant.
1 camera filter.
1 pkt brown envelopes.
1 cigarette case.
1 Ronson kit.
1 Pr pollarroid glasses in case.
1 Sewing kit.
1 sewing kit.
5 handkerchiefs.
6 prs shorts.
8 vests.
2 towels.
1 suit woollen underwear.
1 towel.
4 dress shirts.
1 pr pyjamas.
1 holdall & brushes etc.
1 book.
2 napkin rings.
2 ties.
5 prs socks.
1 radio amateurs handbook.
1 copy RAF Middle East.
1 Copy Atlantic bridge.
1 copy Malta.
1 mirror.
1 roll string.
1 razor.
1 bottle pills.
1 bottle fruit salts.
1 pr P.T. shoes.
1 handkerchief.

1 Pr pants.
1 pr socks.
1 woollen pants.
1 envelope contg:
photos etc.
1 small box contg:-
asstd. sea shells.
1 envelope contg:-
38 bills asstd. currency.
20 Asstd. foreign coins.
1 Pr black shoes.
2 cycle lamps.
1 hammer.
1 shoe brush.
2 medal brooches.
1 carved wood box.
1 photo frame.
1 under pants.
3 blue shirts.

Original Station Inventory
signed A.J. Clark F/O.
undated.

Checked at Central Depository
4/3/46

Life assurance policies for N.10.465,, 373, 381 extracted by Unit and forwarded to R.C.A.F. O/S. H.Q. London W.C.2.

1 chegue book and 1 pass book extracted for forwarded to RCAF O/S. H.Q. London W.C.2.

R.C.A.F. A81-A
5M-12-44 (4876)
H.Q. 885-A81-A

RC 4 AIR

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Roger J.M. Joseph (CHRISTIAN NAMES) DAGENAIS (SURNAME)

REGISTER NO. 32637
FILE NO.
DATE 6-12-50
SERVICE NO. J-26492
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 18-12-45

PAYEE: Mme. Jeannine Dagenais,
ADDRESS: 5939 Rue Waverly, MONTREAL, Quebec.

DATE OF TERMINATION OF OVERSEAS SERVICE 18-12-45

| | $ ¢ |
|---|---|
| A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 2081 / 30 EQUAL TO 69 COMPLETE PERIODS AT $7.50 | 517.50 |
| B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 932 LESS 11 INELIGIBLE DAYS, EQUAL TO 921 DAYS @ 25C. PER DAY | 230.25 |
| 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 $ 47.20 | $ 1.57 | |
| TOTAL | $ 10.27 ×7 = $ | 71.89 |
| NO. OF DAYS 932 / 183 | ×$ | 71.89 |
| | | 366.12 |

| | |
|---|---|
| D. WAR SERVICE GRATUITY | 1113.87 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ | |
| OTHER DEDUCTIONS $ | |
| F. TOTAL AMOUNT PAYABLE | 1113.87 |

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20 OF $ 1113.87 =$ 1113.87

**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 |
|---|---|
| EC | |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| [illegible] | 4/1/51 |

Capt.
SERVICE REPRESENTATIVE

ΔT

J26492 (RO)

P.A.

FRENCH TRANSLATION

REGISTERED OTTAWA, Canada, 8th March, 1947.

Mrs. Jeannine Dagenais,
5939 Waverly Street,
Montreal, Quebec.

Dear Mrs. Dagenais:

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 husband, Flying Officer R.J.M.J. Dagenais.

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)
Wing Commander
for Chief of the Air Staff.

F/O R.J. Rocheleau /BBO