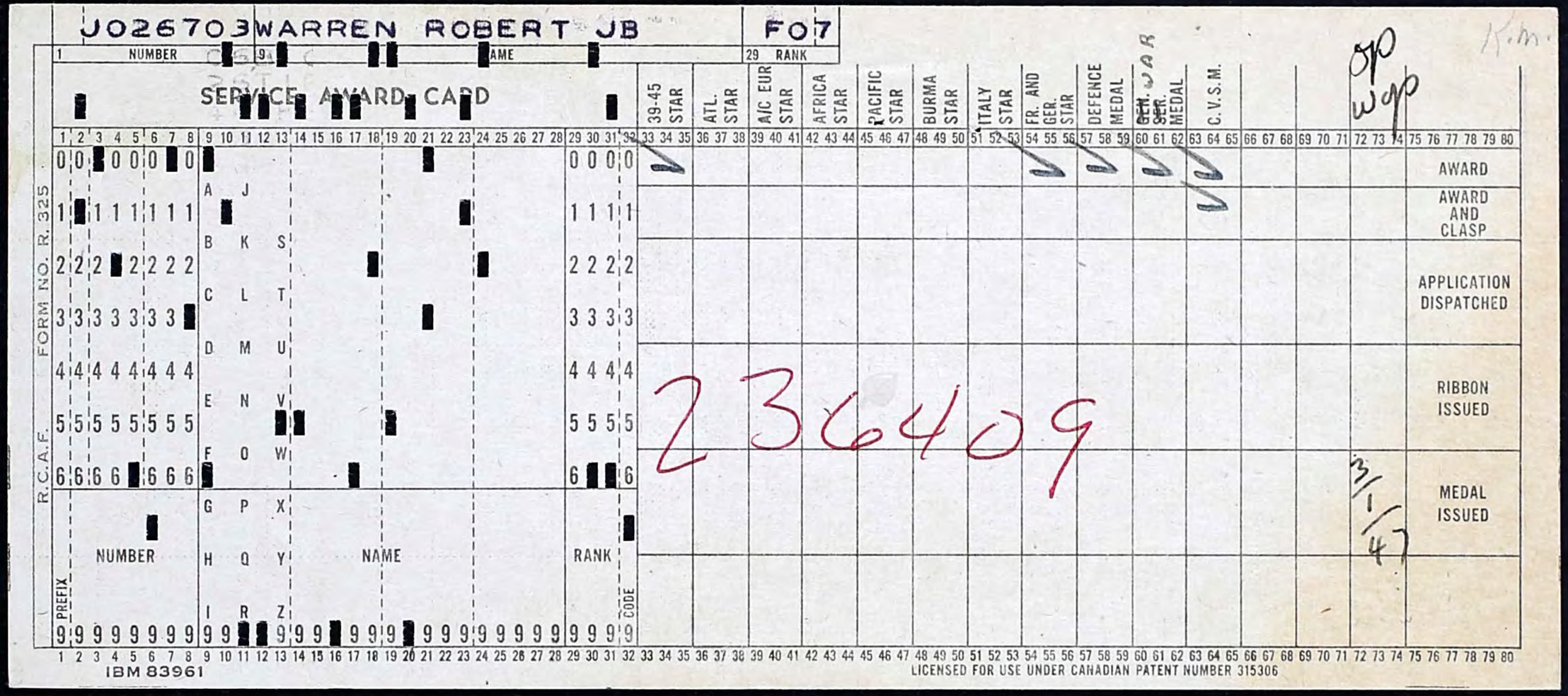
J26703
WARREN
ROBERT JOHN

R15A060
A914
EASTMAN — 2V2

J 26703
487


J026703 WARREN ROBERT JB
F07
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R.325
NUMBER
NAME
RANK
PREFIX
CODE
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
2 36409
3/1/47
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Florence Warren (mother)
6695 Sherbrooke St., W.,
Apt. 22,
Montreal,
Que.

mar.-46

MEMORIAL BAR
DATE DESP.....
REGN. NO 3719

11 x 9 5/11/49

NAME WARREN, Robert John Branch FILE NO. FD 214

RANK F.O. CATEGORY ~~MISSING~~ PRES DEAD REG. NO. J26703

DATE OF DEATH: 26-July-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 9 Aug. 44 ROYAL MESSAGE: OCT 24 1945 MEMORIAL CROSS TO CHAPLAIN:

To mother & father DEL'D TO MOTHER:

To mother and father - 17-8-45 DEL'D TO WIFE:

Mr. & Mrs. Robert Francis Warren,
6695 Sherbrooke St., West, Apt. 22,
Montreal, Quebec.

COMMAND:

RELIGION:

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.

Missing

1

Air Force No. J26703 Surname WARREN

Christian Names (in full) Robert John Branch

Date of Birth 3-3-21 Religion R.C.

Date of Enlistment/Appointment 28-5-43

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

Occupation in Civil Life

Signature of Holder John Warren

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—
Robert Francis Warren
6695 Sherbrooke West
Montreal, Que.

Certified Correct M. J. Morton Asg

Date 4 June 1943 Place No 1 Yal York Hal Jax

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
GL AD	28-5-43	DR0128	M J Morton Ho

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O	28-5-43	BN 1761	M J Morton Ho
FO	28.11.43	P/0780/44	M Robinson Sgt.

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
Air Bomber's Badge	28-5-43	DR0128 M J Morton Ho

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
1250	14.6.43	[illegible]

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

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.

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
3-3-42	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

R.C.A.F. Special Reserve

AIR FORCE No. R154060 POSTED TO # 13 RCAF. Recruiting Centre Mtl.PQ. TRADE Pilot or Observer Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname WARREN Full Christian Names Robert John Branch
2. Present Address 6695 Sherbrooke W.,Montreal, PQ Telephone ~~EL 4874~~ EL 4874
3. Permanent Address 6695 Sherbrooke W.,Montreal, PQ
4. Place of Birth Winnipeg, Manitoba Citizenship Canadian
5. Date of Birth March 3, 1921 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Student
8. Religion Roman Catholic (State denomination)
9. Languages English. Fluently (State proficiency)
10. Next of Kin (Full Name) Robert Francis Warren Relationship Father
    " Address 6695 Sherbrooke W.,Montreal, PQ
11. Father (Full Name) Robert Francis Warren Birthplace Montreal, PQ
    " Address 6695 Sherbrooke W.,Montreal, PQ Citizenship Canadian
    " Occupation Manager
12. Mother (Full Maiden Name) Florence Jane Rinder Birthplace Leeds, England.
    " Address 6695 Sherbrooke W,Montreal, PQ Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
C.O.T.C.	Montreal,PQ	~~Rkkx~~ Sergeant		1936	--	On Reserve

14. Honours, Awards, Mentions 2 cups and 4 medals in Hockey.
15. Are you now on any Naval, Military or Air Force Reserve? Militia
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N. A.

R.C.A.F. Records Office
Rec'd. FEB 11 1942
O.K. C.J.B.
R.C. N.I.
S.L. P.A.

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

384-391

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Lajoie, Outremont, PQ	1928	1934	Finished Primary
High School—Collegiate Institute, etc.	Loyola High, Montreal, PQ	1934	1939	Finished Sr. Matri[redacted]
Technical School				
University or School other than above	Loyola College, Montreal, PQ	1939	1941	Finished 2 yr. College Arts
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Murphy Paint Co., Montreal, PQ	Accounting Dept.	1941	1941	Nov. Unsatisfactory work.
		1941	1942	Unoccupied

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

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

None

25. Sports engaged in. State: extensively, moderately, occasionally

Hockey, football, baseball; swimming, bowling.

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

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

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

Name	Address	Occupation
Mr. E. Bracelend 6-2-42	3431 Rosedale, Montreal, PQ	C.N.R. Publicity
E.J.O'Connor 6-2-42	4865 Patricia, Montreal, PQ	X Supt
Dr. Campbell Morris	3545 Girouard, Montreal PQ	~~Doctor~~ Dentist.
Father John Swain S.J.	7141 Sherbrooke W, Montreal, PQ	Dean of Studies

28. Other information that may have any bearing on this application

None

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

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

Date January 23rd, 1942. Signature John Warren

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
64/95 F. B. Macdonell
FEB 6 1942

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

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

Date February 6th 19 42 John Warren
Signature of Recruit

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

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

Date February 6th 19 42 John Warren
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Montreal, P.Q. this 6th day of Feb. 19 42

F. B. Macdonell Jr. # 13 RCAF. Recruiting Centre, Mtl. PQ.
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 20 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? NO

4. Have you had any illness for more than one week's duration. NO

5. I certify that I have revealed my full medical history and have not withheld any relevant information.

J. Vance
Signature of Applicant

Examiner's Remarks *re* above NONE

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

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

2. Height 5 feet 9 3/4 inches. 3. Weight 134 pounds.

4. Complexion Medium 5. Color of Eyes Hazel Hair L Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 32½ inches

Range of expansion 2 inches

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

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

Left 20/20 Left

10. Condition of mouth and teeth Healthy

11. Urine—Albumen Neg Sugar Neg

12. Abnormalities (Congenital and Pathological) found on Examination Nil

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

31-1-42 X Ray 108280 Neg

Any special remarks of the Medical Officers

6-2-42 Reflexes normal

Part 2 Cont'd.

18. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S145/80
17. Colour Vision N Isl

Date Jan 30TH 1942

C. K. Morris M.D. — President
Member
Member

AIR FORCE No. ~~R154060~~

SURNAME: WARREN, ROBERT JOHN BRANCH (FULL CHRISTIAN NAMES)

ENLISTMENT PLACE Montreal DATE 6-2-42 — RE-ENLISTMENT — TRADE OR CLASS ER SR

J.26703

OFFICER RECORD OF SERVICE AIRMEN

Comm. 28-5-43

R.C.A.F. FORM R44(B) 30M-8-41 (637) 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.
20S	montreal P.Q.	6	2	42	mtl R/C 11
SOS	montreal P.Q.	1	3	42	mtl R/C 15
T.O.S.	5 M.D. Lachine	2	3	42	5 M.D. 52
SOS	5 M.D. Lachine	27	3	42	5 M.D. 75
TOS	31 O.T.U. Debert N.S.	28	3	42	31 O.T.U. 39
SOS	31 O.T.U. Debert	5	6	42	31 O.T.U. 136
TOS	51 I.T.S. Belleville	17	6	42	51 I.T.S. 139
TOS	51 I.T.S. Belleville	6	6	42	51 I.T.S. 151
SOS	5 I.T.S. Belleville	26	9	42	5 I.T.S. 233
TOS	#13 E.F.T.S. St. Eugene	27	9	42	13 E.F.T. 130
SOS	13 E.F.T.S.	22	11	42	13 E.F.T. 157
SOS	Y.T.S. Trenton	23	11	42	C.329
SOS	K.S. Trenton	8	1	43	C.1
TOS	"Y" Byd Jarvis Ont.	9	1	43	"Y" Byd 9.
SOS	"Y" Byd Jarvis	17	4	43	"Y" Byd 81
TOS	9 A.O.S. St. Johns, Que.	18	4	43	9 A.O.S. 95
SOS	9 A.O.S. St. Johns Que.	11	6	43	9 A.O.S. 128
TOS	1 "Y" Depot Halifax	12	6	43	"Y" 140
Discharge (a 4 (a) (ii) 392 (18)		28	5	43	"Y" 140
TOS	Dft. appt. to a comm.	28	5	43	"Y" 140
SOS	"Y" to R.A.F. trainee pool	27	6	43	"Y" 1640

Missing 25/26 July 44. PC X 746 d/26 July 44.
Presumed Dead. 26 July 44 D.C.L. 1092 d/16 Aug. 45.

Missing 25/26 7 44

PC X 746 26 7 44

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A/le 2.	6	2	42	mtl R/C 11
8				
Lac	29	8	42	51 I.T.S. 208
T/Sgt (pd.)	28	5	43	9 A.O.S. 128
T/O 28-5-43 (AR & R 105/21-6-43)				
T8				
T/F.O.	28	11	43	(AFR 20/21-1-44 Gaz. 780.)

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
6-2-42	R100	G1 B-A3 B	

HOSPITALIZATION (IN BLACK INK)

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

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Pte O	S	6	2	42	mtl R/C 11
3018					
Aircraftsman 2nd	S	26	6	42	51 I.T.S. 157
A/c Pilot.	S	29	8	42	51 I.T.S. 208
Air Bomber	S	15	12	42	C.351
Air Bomber Sp		28	5	43	9 A.O.S. 128
Air Bomber L.A.C.		28	5	43	(AR & R 105/21-6-43)
1 A.O.S.					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Exam to Cse	57		57 I.T.S. 180

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
7-2-42	1-3-42	23	F. to P.	mtl R/C 11
28-8-42	13-9-42		Special	51 I.T.S. 207
31-12-42	5-1-43	5	Spec. Xmas	C.364
4-4-43	18-4-43	14	Sp.	1 A.O.S. 81
50.				
29-5-43	12-6-43	14	Embarkation	9 A.O.S. 128

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

AIR FORCE No. ~~R154000~~ J.26703

WARREN, ROBERT JOHN BRANCH
SURNAME FULL CHRISTIAN NAMES

OFFICER

ENLISTMENT PLACE Montreal DATE 6-2-42
RE-ENLISTMENT

C.R. FILE NUMBER SR.

RECORD OF SERVICE AIRMEN

Comm. 28-5-43

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

7. BIRTH: DATE 3-3-21 PLACE Man. Winnipeg CITIZENSHIP British

FATHER (FULL NAME) Robert Francis Warren

BIRTHPLACE Montreal

MOTHER (FULL MAIDEN NAME) Florence Jane Rinden

BIRTHPLACE Leeds Eng

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	x	Que.
JUNIOR MATRICULATION	x	Que
SENIOR MATRICULATION		
TECHNICAL SCHOOL		
UNIVERSITY	2 yrs. Arts	Que.
CORRESPONDENCE COURSES		

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

Acct. dept. 5 mos.
Student

9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

L. A. T. C. - Instl. Sgt - 1936 to 1942

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Bombers Badge	9A05128	28-5-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R. Catholic

1

14. LANGUAGES English

1

15. SPORTS hockey football baseball swimming bowling

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Robert Francis Warren RELATIONSHIP Father
ADDRESS: 6695 Sherbrooke St. Montreal D.R.O.
FULL NAME: Que. RELATIONSHIP
ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Pay - 1 day					
Lacks allce (1 day)	6 2 42	Melrose			
For fils pay rate 1 day Aug 30/16	2 43	1A45-43			

1

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	6 2 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Recr. gtrs & drawn rtns		2-3-42	5 Rn. D 52
Att 12 Can Det for rtns & gtrs		1-4-42	123 Can 32
Attach. to 34 Dep for rtns & gtrs		28-3-43	34/77

Date and Place of Signing R 40 -

22(A) ADDRESS PRIOR TO ENLISTMENT

6695 Sherbrooke St. Montreal Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) O.H.F.

R60	R79 A	B465	X-RAY	AFM-13	IDN. CARD	
11-3-42	11-2-42 7-6-43	5-3-42.				

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT	RELIGION
526703	Warren	Robert John Branch	PLACE no. 1 "y" Depot DATE 28-5-43	R.C.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
3-3-21	Winnipeg Man.	Canada	Can.	Can.

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Accounting Department 6 mos. 1941

PREVIOUS SERVICE

Loyola COTC Montreal
Sgt. 1936-42.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
6-2-42	A1B A3B		
28-5-43	A3BT		

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O G.L. A.B.	28 5 43	B.N. 1761	
T.F.O	28 11 43	Peplow 2/44. 00780/44	AFR0513/44.

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

PARTICULARS OF FAMILY

SINGLE, ~~MARRIED, WIDOWER, DIVORCED~~ Single
WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Robert Francis Warren, Father
6695 Sherbrooke West,
Montreal, Que.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J26703

SURNAME: Warren

FULL CHRISTIAN NAME: Robert John Branch

~~ENLISTMENT~~/APPOINTMENT — PLACE: Navy Depot, Halifax — DATE: 28-5-43.

RELIGION: R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
29-5-43	12-6-43	28	Emb for U.K.	DRO 128 Deplow 4.
8.2.44	21.2.44	14	Privi	
29-4-44	3-5-44	5	P.L.	11 Base 28
~~23.5.44~~	~~29.5.44~~	6	P.L.	103 Sq 13/44
19.7.44	24.7.44		P.L.	103 Sq. 18

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
SOS	#8 AOS #1 Y.D.	11 6 43	DRO 128
SOS	#1 Y.D. R.A.F. T.P.	27 6 43.	DRO 166
	Emb. Can.	30 6 43	
	Dis. Emb. U K	7 7 43	
	3 PRC Int C99	8 7 43	
SOS.	5 AOS. fr 3 PRC	26 7 43	5 AOS. 16/43
SOS	5 AOS to 83 O.T.U.	17 8 43	5 AOS Deplow 20/43 d/13
T.O.S.	11 Base fm 83 O.T.U.	20 2 44	Deplow 5/44 11 Base 28
TOS	103 Sqn fr. 11 Base.	17 5 44	11 Base 28 103 Sqn 12/44
			AFRO 1911/44
F/B	Missing from 103 Sqdn.	25/26 7 44	103 Sq. 19 CRS 26
Posted	RCAF U/K NEU	29 7 44	103 Sq. 20.
TOS	N.E. UNIT.	27 7 44	112/44
S.O.S.	NEU to Pres Dead	26 7 44	U K NEU 49/45
	PRESUMED DEAD	16 7 44	CR 812 AFRO. 1395/45

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
28 5 43	Air Bomber's Badge	DRO 128/43.

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
→	Categorization "A6".	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

MONTREAL, P.Q.

GENERAL INFORMATION

Single

EDUCATION
1928-34 - Lajoie, Outremont, P.Q.
1934-39 - Loyola High, Montreal, P.Q. - Sr. Matric
1939-41 - Loyola College, Montreal, P.Q.

CIVIL EXPERIENCE
1941-41 - Murphy Paint Col, Montreal, P.Q. - Accounting Dept.

SPORTS
Hockey, football, baseball, swimming, bowling

SERVICE EXPERIENCE
1936 - C.O.T.C. - Sgt.
1942-43 - R.C.A.F. - AC2 to P/O.

R.C.A.F. R.198D,
35M—11-43 (3618)
H.Q. 885-R-198D

(GL) CFR

FULL NAME
WARREN, Robert John Branch

(SR) Serv. No.
J. 26703

Birth Date: 3-3-21

Age on Appointment: 22

Date of Appointment: 28-5-43

Rank	Date	POSTINGS AP&R #105, 21-6-43 Station	Date	Duty	Posting List No.
P/O	28-5-43	#9 AOS St. Johns	28-5-43	Air Bomber Crse #74	
P/O	28-5-43	#1 "Y" Dep. Halifax	11-6-43	DRO #128	
		Overseas			
TFO	28-11-43	Overseas	11-6-43	AP&R #20, 21-1-44	O/O #780/44
		Missing	25/26-7-44	C.R. 526	
		PRESUMED DEAD	26.7.44	C.R. 812	

Emb. 28-6-43

CONFIDENTIAL REPORTS

Date	
15.10.44	R.211. 103 Sqdn CASUALTY. Score 48. Part I/9 Indifferent - keeps to himself. Part I/10 Occasionally takes the lead. Part II/1 Improves his kowledge if not too much effot. Part I/3 Does not organize things very well. 19 sorties. (Van L??????S/L

Date	Remarks re Promotion
15.10.44	R.211 - not indicated

aircrew Pilot & Observer (Std)

ROYAL CANADIAN AIR FORCE

T26703

RECORD OF SERVICE OF AIRMEN

R.C.A.F. Special Reserve

R154060	WARREN	ROBERT JOHN BRANCH	R.C.
A.F. No.	Surname	Christian Names	Religion

B[redacted].3-21 Place Winnipeg Man Country Canada Citizen of Canada Racial Origin Canadian

PARTICULARS OF FAMILY

M. S. D. W.

Wife's Maiden Name

Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Robert Francis Warren (Father)
6695 Sherbrooke West Montreal Que.

CIVIL EDUCATION

High School Entrance X Jr. Mat. X Sr. Mat. X

Technical School Business Courses

University 2 yrs. Arts

CIVIL OCCUPATIONS AND EXPERIENCE

accounting Dept 6 mos 1941

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
Loyola COTC Montreal	Date 6-2-42	A1B A3B	6 2 42		
Sgt 1936-42	At Montreal	A3BT	28 5 43		
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date
A 62		6 2 42	P O		6 2 42
LAC	DRO 208	29 8 42	Aircrew (I.T.S.)	DRO 157	16 6 42
T/Sgt. (PL)	DRO. 128	28 5 43	Airman Pilot	" 208	29 8 42
			Bomber	" DRO 35-1	15 12 42
			" " " Sp. Op.	DRO 128	28 5 43

TRADE TESTS AND COURSES				
Trade	GP	%	P or F	Date
P O	S		P	6 2 42

LEAVE

From	To	Auth. and Description
7-2-42	1-3-42	OLWP BULLETIN 129
31-12-42 to 5-1-43 (5 dys)	DRO 364	Spec. New Years Leave
4 apr 143	18 apr 143 (14)	Spec. DRO 81/43
29-5-43 to 12-6-43 (14 dys)	Embarkation. DRO. 128/43.	

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
28 5 43			Air Bombers Badge	DRO. 128/43.
28 5 43	Categorization "A B."			DRO. 128/43.

R.C.A.F. R.44C
100M—6-41 (305)
H.Q. 1062-3-58

(OVER)

BV

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
MOR 13	R/C Mtl Que	R/C Mtl Que	6.2.42				
	R/C Mtl Que	#5 MD LACHINE	2.3.42				
D.R.O 52/42	T.O.S #5 M.D.	LaChine Que	2-3-42				
DRO 75/42	#5 M.D. LaChine Que	#31. O.T.U. DEBERT. N.S	27-2-42				
DRO 136/42.	No. 31. O.T.U	No 5 I.T.S.					
	Debert N.S.	Belleville, Ont.	3/6/42				
" 233	#5 I.T.S.	#13 E.F.T.S.	26-9-42				
	Belleville	St. Eugene					
D.R.O. 130	~~Entitled to draw~~	Flying Pay Eff	27-9-42.				
DRO 151	Ceased to draw	flying pay	14/11/42				
DRO 157	12 S.F.T.S.	K.T.S.	22/11/42.				
TOS DRO 329	K.T.S. Eugene	Trenton	23.11.42				
SOS DRO 1	#1 R.C. Trenton	#1 D & G	8/Jan/43				
SOS DRO 81/43	#1 B & G, Jarvis, Ont	#9 AOS, St Johns, P.Q.	7 Apr/43				
TOS DRO 95/43	#1 B+G JARVIS, ONT	#9 AOS ST JOHNS, PQ.	18.4.43				
DRO. 128/43 Auth. to draw Rations allow. 30-5-43 to 12-6-43 (14 dys)							
DRO. 128/43. S.O.S.	#19. A.O.S. St. Johns Que.	#1. "Y" Depot Halifax N.S.	11-6-43				

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, Quebec. ON 6-2-42 (T.O.S. for Pay 21.3.42)

MARRIED OR SINGLE Single.

No. R.154060

NAME IN FULL WARREN. R.J.B.

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
52	2-3-42	AC2	S.	A.S.	1 30	- -	1 30	NA	#5 Manning Depot. Lachine, Que.
208	29-8-42	LAC	S	A.S.	1 50		1 50		Reclass LAC eff 29.8.42.
130	27-9-42	LAC	S	A.S.	1 50	75	2 25		F.P.
151	30-11-42	LAC	S	A.S.	1 50		1 50		CEASES F/P EFF. 19-11-42
15	9-Jan/43	LAC	S	A.S.	1 50	75	2 25		ENT to Flying Pay

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
WARREN. Florence. mother. vol. assigt.	1-4-42	10 00	10 00
Rec. Gen (war Loan)	1.3.42	7 21	17 21
"	1-10-42	7 21	10 00
4TH VICTORY LOAN BOND MAY-OCT 31/43		8 40	18 40

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class. * Do not deduct after Sept. 1942

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
2-27/3/42	26	33 80					33 80	6 50 / 7 21					7-8-42 16 00	15 00	37 50 / 38 85		3 10 / 3 45	SOS. DRO 75 to #31 T.O. Sidney #3 Eff 27-3-42 CR Saunders Wop
28-31/3	4	5 20					5 20	71		3 78					4 41		79	TOS #31 OTU DRO 79
1-30/4	30	39 00				79	39 79	17 21						10 00	27 21	12 58		
1-31/5	31	40 30					40 30	17 21						10 -	27 21	13 09		
1-5/6	5	6 50					6 50	2 87						10 -	12 87	-	6 37	SOS #31 O.T.U. to #5 I.T.S. EFF 5-6-42 DRO 136
JUNE 6-30	25	32 50					32 50	14 34		6 37			10 25		30 96	1 54		T.O.S. AMENDED EFF. 6-6-42 DRO 151 T.O.S. EFF. 7-6-42 DRO 39
1-7-42 2-7-42	31	40 30					40 30	17 21						11 25	28 46	11 84		
1-28/8/42 29-31/8/42 1-9-42	28 3	36 40 4 50		LEAVE	8 00		48 90	17 21 14 91		4 04			24 48 9 80	11 25 10 25	52 94 39 00		4 04	SPC LEAVE 28-8-42 TO 13-9-42 (16 DAYS) DO 207. SOS 13 EFFS Eugene ff 26-9-42 DRO 233
2-9-42	26	39 00					39 00											M McMorran F/O
27-30/9	4	9 00					9 00	2 30							2 30		6 70	TOS # 13 EFFS 27-9-42 DO 130
1-31/10	31	69 75				6 70	76 45	10 00						35 00	45 00	31 45	-	
1-19/11	19	42 75					47 25	7 30						29 00	36 30		10 95	DO 151 SOS TO A.T.S. EDMONTON EFF 22-11-42
20-23/11	3	4 50																
23-30/11	8	12 00				10 95	22 95	2 70							2 70	-	20 25	329 TOS RC EFF. 23-11-42
1-31/12	31	46 50	2 50			20 25	69 25	10 00					9 00 20 00	15 00	54 00	24 25	9 00	36 H.N.Y. Lv & R.A - 5 DAYS
1-8/1	8	12 00					12 00	2 66		9 00			9 00		11 66		34	1-SOS TO #1 BDES - JARVIS - EFF 28-12-42
9-31 JAN-43	23	51 75				34	52 09	7 34						10 00	17 34	34 75	0	
1-28 FEB/43	28	63 00					63 00	10 00			FORFEITS 1 DAY P/A AWL	2 25		25 00	37 25	25 75	0	
1-31 MAR/43	31	69 75					69 75	10 00						30 00	40 00	29 75	0	
1-17 APRIL/43	17	38 25		R/A	7 00		45 25	5 67					39 58		45 25		0	Granted Lv. Lv. 4 April to 17 April/43 (14 DAYS) R/A DRO A1 S.O.S. To No 9 AOS ST JOHNS P.Q. EFF 17 APRIL/43 A1 DRO 91.
18-30 APR.	13	29 25					29 25	4 33							4 33	24 92	0	DRO. 95. TOS. EFF. 18.4.43

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 6-2-42

MARRIED OR SINGLE SINGLE

No. R154060

NAME IN FULL WARREN, R.J.B.

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.
		LAC.	S.	A/S.	1 50	75	2 25		T/ AIR/ S/	FORWARD			~~10.00~~					
128	28.5.43	SGT	SP	-	3 70		3 70	APP.	SGT. REM. BOMBER GRP. NO. 9 A.O.S.				18 40					

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
MAY	27	60 75					82 55	18 40			P.V.R. - E 20 4	2 43	69 68	26 00	116 51	-	33 96	DRO 128 R/A 29/5 TO 11/6 INC. (14)
	4	14 80	7 00															S.O.S. D.R.O. 128 EFF. N-6-43 TO
1-11 JUNE	11	40 70					40 70	6 74		33 96					40 70	-	0	C.L. Lacan Jr. NO. 1 "Y" DEPOT, HALIFAX, N.S.
																	0	Audited by treas.
																		4.6.43. Lillian Felske

J26703

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 ROBERT JOHN BRANCH WARREN (b) Reg'l. No. R154060
2. (a) Arm of service RCAF (b) Unit AIRCREW (c) Rank LAC
3. (a) Date of birth MARCH 8. 1920 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL P.Q.
4. (a) Place of enlistment MONTREAL (b) Date of enlistment JAN 31 - 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (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.) 4 years High School
7. If you attended a university, give name of university and standing or degree secured LOYOLA COLLEGE - 2 YEARS.
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 (b) What languages do you read well? ENGLISH - 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) NO (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? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked OFFICE WORK (b) State how long you had worked at this trade or occupation 8 MONTHS
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified A.A.R. 105 d/21-6-43
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment P/O Air Bomber O.A.S.R. d/28-5-43
15. Give details of last employer, if any: Name R. L. TOD Address THORP-HAMBLOCK CO. MONTREAL
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PAINTS + VARNISH
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

Records Office
FEB 24 1943
C.I.B.
R. C. N. I.
S. L. A. 462

DATE 12 Feb, 1943 SIGNATURE H. J. B. Warren

(2) S-55

CONFIDENTIAL

R.C.A.F. Special Reserve

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

R-154060

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* Jan. 30 - 42.

FILE NUMBER

Surname WARREN *Chr. Names* Robert John Branch
Nature of Commission Lieut. *Date of Birth* 3 Mar. 1921 *Married or Single* S.
Branch Aircrew *Hours Flown* Nil
Address 6695 Sherbrooke W. Montreal Que.

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 NO
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS NO
(x) Any illness or Injury not mentioned above NO
NO

Education 4 years High School
Present Occupation student Hobbies reading.
Previous Service C.O.T.C. Loyola 4 yrs.
Athletics Hockey
Habits—Smoking 10 cig. day Alcohol NO
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits"
Father Alive—Health GOOD Dead—Cause
Mother Alive—Health GOOD Dead—Cause
Brothers (0) Alive—Health (....) Dead—Cause
Sisters (0) Alive—Health (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date Jan. 30th 1942 *Signature* John Warren *Witness* C. K. Morris

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..wiry.. *(b)* Mentality ..T..
Body Marks, Scars, Deformities ..NONE..
Size of Thyroid Gland ..N..
Surgical Abnormalities ..NONE..
Results of Wounds, Injuries, Operations ..GOOD..

	Date 30-1-42	Date July 1/42	Date	Remarks on any Abnormalities Found
Height (ins.)	5 - 9 3/4	70		
Weight (lbs.)	134	140		Date
Chest Circumference (ins.)	32½			
Body Build (lbs.)		-6		
Leg Length (ins.)	ample	43		
Pulse Rate — Sitting	72	72		
Pulse Rate — Standing 1st	96	96		
Pulse Rate — Standing 2nd	84	84		
Pulse Rate — After Exercise	108	108		
Pulse Rate — Time to Normal	15	25		
Arterial Walls	soft			Date
Blood Pressure — Systolic	145	135		
Blood Pressure — Diastolic	80	80		
Room Temperature				
Heart — Size (in cms.)	N	N		
Heart — Sounds	N	N		
Heart — Rhythm	N	RFG		
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N	N		
Lungs — Expiratory Force				Date
Lungs — X-Ray				
Reflexes — Knee	N	N		
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N	Abs		
Reflexes — Plantar	N			
Cranial Nerves	N	N		
	R. L.	R. L.	R. L.	
Balancing Rod				
	R. L.	R. L.	R. L.	
Self Balancing	lfs lfs	N-fs N-fs		
Tremors — Fingers	none	0		Date
Tremors — Eyelids	none	0		
Abdomen — Liver	N	N		
Abdomen — Spleen	N	N		
Abdomen — Muscular Tone	GOOD	Good		
Urine — Albumen	N	Neg.		
Urine — Sugar	N	Neg.		
Initials of M.O.	C.K.N.	H.B.		

40 mm. Hg. Test 68 secs. 2 7/889,889,897,888,8
Date July 1/42 70 sec. = 6/788/877/776/666/65 (154)
Date
Date
Date

July 1/42. Fair. Good stability. Esp. 6 abs. 6 H.B.

EYE EXAMINATION

History	NIL	N.I.	
		R H L E	
Visual Acuity	R. 20/20 , T D C 2.50 = 20/200	20/20 +2.50 20/20	
	L. 20/20 , C =	20/20 +2.50 blur	
Colour Vision	N. Ish.	C V N Hg 9th	
Red, Green	Ortho.	MR 6m 2° 4m 2.5cm 5° 4m	
Diaphragm Test (P.D. = 60)	4 at 5	PD 60 base 1	
Convergence C. =	8½ cms.	6.15 cm	
Convergence S. C. =	rt. 12 cms.	8 cm	
Accommodation R.	bl.	7.5 cm	
Accommodation L.	11	7.5 cm	
Cover Test	ortho.	Heterotropia R.E.	
Fundi and Media	N	N	
Fields	N	N	
REMARKS: M.R. Alternating ~~highxat~~ neglect very slight	A1B A3B	A1B A3B	
	Initials of M.O. Lro	Initials of M.O. A.J.H.	Initials of M.O.
	Date Jan. 30-42	Date 1-7-42	Date

EXAMINATION OF EAR, NOSE AND THROAT

History	NIL		
Hearing R. Ear	W V 20	W V 20'	
Hearing L. Ear	W V 20	W V 20'	
External Ear, Meatus Membranes R. Ear	N	N	
External Ear, Meatus Membranes L. Ear	N	N	
Middle Ear, Eustachian Tubes R. Ear	PAT		
Middle Ear, Eustachian Tubes L. Ear	PAT		
Cochlear Apparatus R. Ear			
Cochlear Apparatus L. Ear			
Vestibular Apparatus R. Ear			
Vestibular Apparatus L. Ear			
Buccal Cavity	CLEAN	Clear	
Teeth	GOOD	Good	
Gums	HEALTHY	N	
Pharynx	HEALTHY	N	
Nasopharynx	NOT SEEN		
Nose	CLEAR	Good airway	
Larynx	NOT SEEN		
REMARKS:			
	Initials of M.O. Lro	Initials of M.O. Feb.	Initials of M.O.
	Date JAN. 30-42	Date July 1/42	Date

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

30-1-42 Physically fit. Assessed A1B A3B. Good Pilot material.

C. K. Dillon M.O.

F. C. Barton Flt/Lt

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....July 4, 1942.....

1. Fit.
2. Good stability.
3. R.H.-L.E.

Cat. A1B-A3B.

F. C. Barton Flt/Lt.

R.C.A.F. Records Office
Rec'd OCT 1 1942
O.K. ..... C.I.H. .....
R.C. ..... N.I. .....
S.L. ..... P.R.A. .....

FIT | Date 3/11/42
PILOT "
OBSERVER "
W/OPERATOR "
A/GUNNER "

M.O.

NIGHT VISION 11/32 A
E.E.G. 8
DECOMPRESSION CH. 2 - No trouble

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME..... WARREN

2. CHRISTIAN NAMES..... Robert John Branch

3. APPLYING FOR ENLISTMENT AS..... P. or O.

SELECTION BOARD

4. PERSONNEL OFFICER

Education..... 2nd yr. College.

A to L Score..... 23

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

Good educational bakkground, critical A.L. score, but should be able to acquire instruction. Has proof of education of 4 yrs. H.S. To supply proof of College education.

RECOMMENDED FOR..... P. or O.

SUITABLE FOR COMMISSION..... NO

Signed R.J. LABROSSE F/O.

---

5. MEDICAL OFFICER

Medical Category..... A1B A3B

ASSESSMENT: (Physical; Temperamental)

F I T.

RECOMMENDED FOR..... Pilot Obs.

SUITABLE FOR COMMISSION..... YES

Signed C.K. NORRIS M.D.

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Anxious to fly, keen and alert, seems educationally and physically qualified for aircrew. Recommendable.

RECOMMENDED FOR..... P. or O.

SUITABLE FOR COMMISSION..... ~~EVENTUALLY~~ Yes

Signed James C, Laffoley F/O.

FOUND ACCEPTABLE FOR..... P. or O.

Commanding Officer

DATE: FEB 6 1942

No.13 Recruiting Centre.

R.C.A.F. Records Office
Rec'd. FEB 11 1942
O.K.....C.I.B.....
R.C.....N.I.....
S.L.....P.A.....

A.F.M. 5
24.12.41

Part 11 (For Air Bombers)

No. 9 Air Observers' School. Course No. 73B From 19th Apr/43.

To 28th May/43.

2. Flying Time — Warren, R.J.B.

AIRCRAFT	DAY	NIGHT	TOTAL
Anson	26:20	17:30	43:50

Brought Forward....43:20.....
Grand Total.....87:10.....

3. Examinations and Proficiency

SUBJECT	MARKS MAXIMUM	MARKS OBTAINED	REMARKS
Navigation (Air Work).....	100	...76...	Navigation
Photography(Air Work).....	100	...79...	A capable and industrious air bomber.
Bombing (Air Work).....	100	...78...	
Elements of Navigation.....	50	...30...	
Signals (Practical).....	75	...75...	
Photography.....	50	...43...	
Reconnaissance.....	50	...48...	
Aircraft Recognition.....	75	...49...	Armament
.....	...	.....	Above average.
TOTALS...	600	...478...	

Position in Class	9	Percentage	79.7 %
No. in Class	23	Pass	~~Fail~~
Assessment as Air Bomber...	...Above Average....		
As Instructor.....	~~Suitable~~	Unsuitable	
Commission Rank.....	Suitable	~~Unsuitable~~	
Personal Assessment.....	Maximum 300	Obtained 205	

General

Has a pleasing personality.

Recommended for early commissioning in the field.

Awarded Air Bombers Badge.

Date.....28th May/43.

D.H.C. Bolderson F/L
CHIEF INSTRUCTOR

No. 9 A.O.S. Date 27th May/43.

PART III (T.81)
AIR BOMBERS

1. No. 1 B. & G. School Course No. 71 From Jan. 11/43

2. To Apr. 2, 1943.

AIRCRAFT	BOMBING		GUNNERY		PASSENGER	TOTAL
	DAY	NIGHT	DAY	NIGHT		
Anson	21:40	8:20				30:00
Bolingbroke			13:20			13:20
					Total	43:20

3. BOMBING RESULTS:-

EXERCISES	AVERAGE ERROR IN YARDS		NUMBER OF BOMBS DROPPED	
	~~Day~~	~~Night~~	Day	Night
Best 2 exs. day & Night ~~Application Low Level~~ - Converted to 10,000 ft	38		51	26
Best two exercises. Low Level Actual	44		30	

4. AIR GUNNERY RESULTS:-

	% Hits to Rounds fired		Number of Rounds fired	
Beam Test	7.4		390	
Beam Relative Speed Test	5.1		1000	
Under Tail Test	4.5		400	
	Average Percentage	5.4	Total rounds Fired	1790

5. EXAMINATIONS AND PROFICIENCY:-

SUBJECT	MARKS Maximum	MARKS Obtained	REMARKS
Bombing (Written)	250	125	Bombing Average (low)
Bombing (Oral)	250	177	
Proficiency as B/A	400	367	
Gunnery (Written)	100	69	AMBT 2:55
Gunnery (Oral)	100	60	
Proficiency as A/G	200	144	
Aircraft Recognition	50	50	Gunnery Below average
Signals	50	45	
Total	1400	1037	Turret Manip 8:35
Position in Class 31	Percentage	74.1 %	
Number in Class 32	Pass	~~Fail~~	Genera l Not over industrious. Somewhat irresponsible, requiring supervision. Good mixer.
Commission Rank	~~Substantive~~	Unsuitable	
Personal Assessment	Maximum 700	Obtained 429	

F. S. Fraser W/C
~~Squadron Leader~~ (~~L.S. Montigny~~) Chief Instructor

A.D. Bell-Irving Group Captain
(A.D. Bell-Irving) Officer Commanding
No. 1 B.&.G.S.

To be passed to No. 9 A.O.S.

Date.. April 8, 1943.

R.C.A.F. Form T. 81 - Part IV, para. 12 for Air Bomber

Final Assessment Name: Warren, R.J.B.

	Training Marks			Character & Leadership			Totals		
	Max.	Obt.	%	Max.	Obt.	%	Max.	Obt.	%
Air Observer School	600	478	79.8	300	205	68.3	900	683	75.9
Bombing & Gunnery School	1400	1037	74.1	700	429	61.3	2100	1466	69.8
Totals	2000	1515	75.8	1000	634	63.4	3000	2149	71.6

Remarks:

Chief Supervisory Officer,
No. 9 Air Observer School, RCAF.,
St. Johns, Quebec.

Date: 27th May/43.

Confidential

R.A.F. Form 5034

R.A.F. — TRAINING REPORT

AIR BOMBER

No. 83 O.T.U.

1. Surname WARREN. Christian Names R.J.B.

2. Number J.26703. 3. Rank P/O. 4. Course No. 6

5. Posted from 5 (O) AFU. 6. Date commenced training 28.9.43. 7. Date course ended 5.2.44. 8. Posted to 11 Base.

9. Ground Work			10. Air Work.		
Subject	Marks Allotted	Marks Obtained	Subject	Marks Allotted	Marks Obtained
(a) Bombing Theory ...	50	37	(a) ~~Bombing—Day~~	~~150~~	
(b) ,, Drill, Panel Manipn.	200	150	(b) ~~Bombing—Night~~	~~150~~	
(c) Map Reading (A.M.B.T.)	200	112	(c) Map Reading—Day ...	200	130
(d) Photography	50	40	(d) Map Reading—Night ...	200	140
(e) Opl. Bomb Loads ...	50	39	(e) Photography—Day ...	100	-
(f) Ship Recognition ...	50	-	(f) Photography—Night ...	100	70
(g) Air Sighting	100	58	(g) Gunnery	100	40
(h) Gunnery, Practical ...	150	106			
(i) Aircraft Recognition ...	50	35			
(j) Signals	50	30			
(k) Emergency Crew Drills	50	40			
TOTAL ...	~~1,000~~ 950	607	TOTAL ...	~~1,000~~ 600	380
Percentage		~~64%~~	Percentage		63%

11. Assessment of qualities of character and leadership with particular reference to suitability as captain of aircraft	Marks Allotted	Marks Obtained
	100	500

Degree of suitability for further training	Not at all suitable	Moderately suitable	Definitely suitable	Extremely suitable
12. As an Air Bomber Instructor		X		
13. As a Bombing Leader				
14. As a Specialist Armament Officer				

(Mark "X" in appropriate column for each.)

	Below Average	Average	Above Average
15. Night Vision Assessment		BELOW AVERAGE.	

16. **Remarks :** Ground work average. Air work satisfactory. Operationally fit.

STRONGLY, NOT AT PRESENT, NOT RECOMMENDED FOR COMMISSION.

DECOMPRESSION CHAMBER: Yes ~~No~~

Date 5/2/44. Signed G.W. Hayes. G/Cpt.

Officer Commanding

83 O.T.U., R.A.F., PEPLOW.

(Flying times and Air Training overleaf.)

17. **Flying Times** (at this Unit) :

Type of Aircraft	Time	Local Bombing	Local Gunnery	Cross Country Exercises	Other	Total
Wellington III & X.	Day	9.35	3.30	13.15	29.55	56.15
	Night	7.20	19.20	19.20	12.15	38.55

18. **Bombing :**

Exercise	Time	No. of Exercises	No. of Bombs	Average Error (M.L. & H.L. Converted to 10,000′)	Type of Sight
High Level	Day				Mk. XIV Sighting Head.
Medium Level		4	32	222	
Low Level					
Stick		6	12	289	
Live		NOT DONE			
Simulation (by photography)... ...		NOT DONE			
High Level	Night				
Medium Level		5	40	198	
Stick		3	6	287	
Simulation (by infra-red)					

Average Error of best 2 H.L. Exercises converted to 10,000′ .....yds.

19. **Gunnery :**

Exercise	Time	No. of Exercises Completed	No. of Rounds or Amt. of Film	Corrected percentage hits	Corrected Course Average	Type of Turret
Air to Air	Day	1	600	N/A		F.N.20
Air to Air—Self Tow						
Air to Sea/~~Ground~~		2	1000	N/A		
Cine Camera Gun						
Air to Air—Self Tow	Night					
Air to Sea/~~Ground~~		2	1000	N/A		F.N.20
Cine Camera Gun						

20. **Photography :**

Exercise	Time	Number Attempted	Number Successful
Short Line Overlaps of turning points	Day	NOT DONE	
Pinpoints (Photo-flash)	Night	NOT DONE	

21. **Operational Cross-Country Exercises :**

	Number of Exercises	Remarks on work done and ability shown with particular reference to map reading
Day	3	Average air work. Made considerable
Night	4	progress with map reading.

(*13167) Wt. 30889—1934 10M 10/43 T.S. 700

C.S.O.

APPENDIX "A"

PROGRESS AND DISCONTINUANCE REPORT

R.154060 LAC WARREN, R.J.B. Course65 No. 13 E.F.T.S., ST. EUGENE, ONTARIO

NO. RANK NAME COURSE NO. EFTS NO. & PLACE

DUAL 35:35 SOLO 21:00 INSTRUMENT 5:55 LINK TRAINER

1ST INSTRUCTOR'S REPORT:

DATE: Signature

CFI'S OR CIVILIAN TESTING OFFICER'S REPORT:

DATE: Signature

2ND INSTRUCTOR'S REPORT:

Was a low average pupil poor on instruments at first I thought he was nervous, later I though he was indifferent. His night flying is extremely poor.

DATE: 19/11/42. Signature A.H.Gilchrist, F/L

INSTRUCTOR'S REPORT REQUESTING PROGRESS TEST:

DATE: Signature

CFI'S OR CIVILIAN TESTING OFFICER'S REPORT ON REQUESTING DISCONTINUANCE OF PUPIL'S TRAINING:

This student failed ground school and ceased training. He did not receive his final check but would have passed and obtained a low average mark.

DATE: 20/11/42. Signature J.R.Delaney C.F.I.

SUPERVISORY TESTING OFFICER'S REPORT AND RECOMMENDATION:

Ceased training after failing ground school supplemental examination.

DATE: 29-11-42. Signature G.Cockerington F/L

MEDICAL OFFICER'S FIRST REPORT POTENTIAL C.I.T. PUPIL:

Not seen prior to ceased training.

DATE: 20-11-42 Signature Lord Lochmon F/L

MEDICAL OFFICER'S FINAL REPORT ON C.I.T. PUPIL:

No medical reason for ceased training.

DATE: 20-11-42. Signature Lord Lochmon F/L

-over-

LINK TRAINER INSTRUCTOR'S REPORT

11 hours. Slightly better than average. Made consistent progress throughout course.

Date: 20-11-42. Signature: [signature]

CHIEF GROUND INSTRUCTORS REPORT

Disinterested in his work.

Date: 20-11-42. Signature [signature].

THE PROVISIONS OF NO. 3 TRAINING COMMAND INSTRUCTION T.265/3 WHICH IS BASED ON A.F.T.I. T.22/5 DATED 20-1-42 HAVE BEEN CARRIED OUT

[signature]
Pupils Signature

20-11-42
Date

[signature]
Manager's Signature

20-11-42.
Date

[signature]
C.S.O. Signature

20-11-42.
Date

[signature]
General Duties

3.

ROYAL CANADIAN AIR FORCE — R.C.A.F. T.58A Revised 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME WARREN, R.J.B. CHRISTIAN NAMES R.J.B. NUMBER R154060 RANK LAC.

I.T.S. #5 COURSE NO. 55 FROM 8-6-42 TO 1-8-42

E.F.T.S. 13 COURSE NO. 65 FROM ____ TO ____

S.F.T.S. ____ COURSE NO. ____ FROM ____ TO ____

TRAINEE FROM: CAN. X. U.K. ____ AUS. ____ N.Z. ____

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps ITS	Supps EFTS	Supps SFTS
1. Mathematics	66			117		
2. L.D.A.O.	80					
3. Navigation	39	95		105	67	
4. General Studies						
5. Airmanship	66	175				
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-gas	40					
10. Armament (Writ)	43	52 54			62	
11. Armament (Prac)						
12. A/C Recognition	65	34			50	
13. Drill	70					
14. Signals (Writ)	144					
15. Signals (Prac)		100				
16. Meteorology	38					
TOTAL OBTAINED	651	456		768	454	
TOTAL POSSIBLE	1000	700		1000	700	
PERCENTAGE	65%	65.1		77%	64.9	
NUMBER IN CLASS	146	36				
POSITION IN CLASS	107	32				

(2) FLYING RESULTS

TESTS	ETTS	SF
20 hours	63.2	
Instrument		
Clear Hood		
Navigation		
TOTAL OBTAINED		
TOTAL POSSIBLE		
PERCENTAGE		
NUMBER IN CLASS		
POSITION IN CLASS		

(3) FLYING APTITUDE

1. Natural Skill
2. Skill in Landing
3. Airmanship
4. Cockpit Drill
5. Instrument Flying
6. Night Flying
7. Aerobatics
8. Formation in Flying
9. Map Reading
10. Wind Speed & Direction Finding (TE)
11. Straight Runs over as Pilot (TE)

(4) Flying Time

School	Type A/C	DAY Dual	DAY Solo	Night Dual	Night Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenge

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Aircraft Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							
S.F.T.S.							

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	
G.I.S. (Para.1)	
Character & Leadership(Para.8)	
TOTAL	
PERCENTAGE	
STANDING IN CLASS	

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	89
S.F.T.S.	
TOTAL	

(9) CERTIFIED

(a) That this pupil pilo
has (has not) passed all
tests required for Pilot
Flying Badge.

(b) That this pupil is
not) authorized to wear
Pilot's Flying Badge, W

.....

Chief Instructo
No. S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S.

Good clean-cut boy, nice personality, respectful, energetic, smart drill man. Good personality, energetic dependable.

R.F. Lucas Sqdn. Ldr.

.....
Commanding Officer
No. 5 I.T.S.

(b) E.F.T.S. C.G.I. Below average. Tries hard but find Ground School difficult. Dependable type. Was low average on instruments, appeared nervous at first, then indifferent. Night flying is extremely poor. No medical reason for ceased training. Slightly better than average in link. Made consistent progress throughout course.

G.E. Clennett F/L

.....
Chief Supervisory Officer
No. 13 E.F.T.S.
St. Eugene, Ont.

(c) S.F.T.S.

.....
Chief Instructor
No. S.F.T.S.

(d) S.F.T.S.

.....
Commanding Officer,
No. S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. if from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P. (Ex.)".
5. Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

NO. R154060 RANK LAC NAME Warren, R.J.B. DATE....12-12-42.....

R.C. Form 1

Date of Birth	Selection Board at	~~Married~~ Single	Civil Occupation	Citizenship
3-3-21	- - - -		Student	Canadian

I.T.S.(W) 5	Maths (78)	44 %	E.F.T.S.	%	S.F.T.S.	
	Nav. (70)	26 %	13	(34) 48 %		

Education Credits	C.T.( )	Sports Interests
Loyola Coll. Mtl. 2 yrs. Matric.	63/80	Hockey, football, baseball, swimming

Flying Time	Service Schools attended	Time to Solo
England.....Hrs. U.S.A.....Hrs. Canada.....58.00.....Hrs.	5 I.T.S. 13 E.F.T.S.	14.00

Unit by which eliminated	Reason for Elimination	Recommendation of such Unit
13 E.F.T.S.	4	G.D.

Medical Category	V.G.	Good	Average	Poor
A1BA3B				
Temperament		x		
Personality		x		
Keenness		x		
Intelligence		x		
Service Spirit		x		
Determination		x		

Decision of Reselection Board: **Air Bomber**

Maths) A.B.
Nav)

Good, clean-cut type. Definitely aircrew material. Seems sincere and keen. Mathematics a little below average but this Board feels that he has enough on the ball to make a good Air-Bomber.

Re-Boarded 15-12-42

F/O. Smith, M.M.

F/L. Sutton, H.R., DFC
F/O. Cleaver, W.H.

SCHOOL REPORT

R.154060 LAC Warren, R.J.B.

T.58A Report:

No. 5 I.T.S. Belleville, Ont. From 8-6-42 to 1-8-42.
Good clean-cut boy, nice personality, respectful, energetic smart drill man. Good personality, energetic dependable.
No. 13 E.F.T.S., St. Eugene, Ont.
Below average. Tries hard but find Ground School difficult. Dependable type. Was low average on instruments, appeared nervous at first, then indifferent. Night flying is extremely poor. No medical reason for ceased training. Slightly better than average in link. Made consistent progress throughout course.

T.91 Report: No. 13 E.F.T.S., St. Eugene, Ont. Nov. 21/42.
Ceased training after failing ground school supplemental examination.

HC

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

COURSE	FROM	TO	RESULT
Air Bomber's Course, Jarvis, Ont.	11-1-43	2-4-43	Passed, 74.1% 31st.
Air Bomber's Course, St. Johns, Que.	19-4-43	28-5-43	Passed, 79.7% 9th.
			Air Bomber's Badge, 28-5-43

NAME WARREN, R.J.B.

No. J.26703

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~LAC~~ P/O NO. ~~R154060~~ J.26703 NAME Warren, R.J.B.

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 Nav ~~OBSERVER~~ Day (N) Hrs	Mins	AIR GUNNER (O) Hrs	Mins	Nav ~~OTHER~~ Night (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
No 1 B&G Jarvis, Ont	April 2/43																										21	40	13	20	8	20			43	20
No. 9 A.O.S., RCAF. St. Johns, Quebec	30-4-43																										11	55							55	15
	26-5-43																										31	50							87	05

L. Montigny S/L
O.C. A.T. Squadron,
No. 1, Bombing and Gunnery School, Jarvis, Ontario

CERTIFIED CORRECT

SIGNATURE E K Moles S/L
for C S O No. 9 AIR OBSERVER SCHOOL

J-26703 (R.O.4)

OTTAWA, Canada, 1st March, 1945.

Mrs. R. F. Warren,
6695 Sherbrooke Street West,
Apartment 22,
Montreal, Quebec.

Dear Mrs. Warren:

Your letter of February 27th concerning your son, Flying Officer Robert John Branch Warren is acknowledged and I regret indeed the distress that you have been caused by R.C.M.P. officers visiting you and suggesting that your son might be a deserter.

While I most regretfully advise you that no information has been received concerning your son since he and his crew left from their base in the United Kingdom to carry out bombing operations over Stuttgart on the night of July 25th, 1944, all other records in the Royal Canadian Air Force concerning your son are in order and when these R.C.M.P. officers suggested to you that the records at Ottawa were mixed up, it is not apparent to these Headquarters to what he was referring.

Your letter has been directed to the proper authorities and you may be sure that the whole matter will be gone into carefully. I can only surmise that it is a grievous error and I am equally sure that the R.C.M.P. will sincerely regret that erroneous information has been supplied to them. In the meantime, let me assure you that there is no question whatsoever of your son being regarded as a deserter. Your boy is, unhappily, missing in action and I am so sorry that there is no further information available that I can convey to you.

Again regretting the additional sorrow and distress that you have been caused, may I extend my sincere sympathy to you and the members of your family in your great anxiety.

Yours very truly,

(W. R. Gunn)
Squadron Leader,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

WRG/AMK

J26703 (R.O.4)

OTTAWA, Canada, March 28th, 1945

Mr. R.F. Warren,
6695 S herbrooke St., West,
Apartment 22,
MONTREAL, Quebec.

Dear Mr. Warren:

Further to my letter of November 4th, a report concerning the crew of your son, Flying Officer Robert John Branch Warren has now been received.

This report was forwarded by a Frenchman, Monsieur Marius Thouvais of La Ferte-Saint-Cyr(Loir et Cher). Mr. Thouvais states that on the night of the 25/26th July, 1944, a four-engined bomber was shot down near his village and that the crew were killed. The Germans took the bodies away for burial, probably at Orleans, but Mr. Thouvais was able to ascertain the names of two of the crew, Sergeant Blanchard and Sergeant Nanson.

As both Sergeant Blanchard and Sergeant Nanson were members of your son's crew I fear there is little reason to doubt this report although it is not in any way considered official.

An enquiry has gone to the Missing Research and Enquiry Servicein Paris requesting that an investigation of the Orleans area be undertaken in order that the exact location of the graves may be obtained.

Your anxiety to obtain news of your son is well realized and I can only assure you that every effort is being made to secure all possible particulars. Just as soon as any word reaches here I will communicate with you at once.

May I express my sincere sympathy in this long and anxious period of waiting.

Yours sincerely,

R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

DEJ

C O P Y

77, Oxford Street,
London, W.1.

30th January, 1945.

Dear Mrs. Nanson,

Since Air Ministry letter of 7th December was sent to you about your husband, Sergeant R.W. Nanson, we have had from France a communication, which is unfortunately of a very grave nature.

A Frenchman, Monsieur Marius Thouvais, of La Ferte-Saint-Cyr (Loir et Cher), has written to say that on the night of the 25th/26th July, 1944, a four-engined bomber was shot down near his village, and that the crew were killed. The Germans took the bodies away for burial, probably at Orleans, but Monsieur Thouvais was able to ascertain the names of two of the crew - Nanson and Blanchard.

As your husband was flight engineer and Sergeant R.A.O. Blanchard was rear gunner of the Lancaster missing on the night of 25th/26th July, 1944, I fear there is little doubt as to the identification, though we still do not know if all seven members of the crew have been accounted for. We have called for an investigation of the Orelans area, in order that the exact location of the graves may be ascertained. Any more definite information will of course be passed to you.

I am very sorry to have to give you this bad news, and venture to offer you our sympathy in your grave distress.

Yours sincerely,

(Sgd) A.P.Le M. Sinkinson.

Private Nanson, S.,
A.T.S.,
Regent Garage,
The Parade,
Leamington Spa,
WARWICHSHIRE.

J.26703 (R-4)

OTTAWA, Canada, 11th October, 1945.

Mr. R.F. Warren,
Apt. 22,
6695 Sherbrooke St. W.,
Montreal, Quebec.

Dear Mr. Warren:

A further report has been received from our Overseas Headquarters concerning the crew of the aircraft of your son, Flying Officer Robert John Branch Warren, which although containing very little additional information, I felt you would wish to have it passed on to you.

According to this report, The Missing Research and Enquiry Service have interviewed Mr. Thouvais, who confirms that the crew of your son's aircraft were taken to Orleans for burial, on the 31st of July, 1944. The cemetery at Orleans was investigated and it is presumed that they are among the "unknown" buried in Section K, row 2, graves 8,9,10,13 and 14.

As this indicates only five graves for a crew of seven, the Missing Research and Enquiry Service are arranging with the Graves Registration Units for exhumation in an endeavour to identify the bodies buried therein. Unfortunately as the Graves Registration Units have a great amount of work to cover this may take some time, but you may be sure that it will be attended to as soon as possible and just as soon as any further information is received, you will be advised immediately.

I regret any additional distress which this report might bring to you, but felt that it might be of some comfort to know that definite investigations are underway.

May I extend to you my deep and heartfelt sympathy in your great anxiety and sorrow.

Yours sincerely,

R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

Copy
JBJ/1m
J 85469
M.B. Dyer.

F/O. Warren. R.J.B

Copy to Ottawa 7/8/44

7

P.420731

No. 103 Squadron,
R.A.F. Station,
Elsham Wolds,
Barnetby,
Lincs.

103S/332/189/P.1. 26th July, 1944.

Sir,

CASUALTY TO LANCASTER N.D.903 "G" - NIGHT OF 25th/26th July, 1944

I have the honour to refer to this Unit's signal A.114 dated 26th July 1944, and to render the following report in accordance with the instructions contained in A.P.1922, Section 8.

2. A/F/O. M.B.Dyer and crew were detailed to operate Lancaster aircraft N.D.903 "G" against STUTTGART on the night of 25th/26th July 1944. The aircraft left base at the appointed time and since then, nothing further has been heard of either the aircraft or the crew.

3. It has been reported missing, presumably as the result of enemy action.

4. It is confirmed that the following are casualties, i.e. missing-

Captain	J.85469	A/F/O.	M.B.Dyer
F/Engineer	1609250	Sgt.	Nanson R.W.
A/Bomber	J.26703	F/O.	R.J.B.Warren
Navigator	R.162113	F/Sgt.	Dey R.
W/Op.Air.	1125388	W/O.	Tommie L.
MU/Gunner	1807491	Sgt.	Price R.
R/Gunner	1583395	Sgt.	Blanchard R.A.O.

I have the honour to be,
Sir,
Your obedient Servant,

Sgd: J.R.St.John,

Wing Commander, Commanding,
No.103 Squadron, R.A.F.
ELSHAM WOLDS, BARNETBY, Lincs.

J26703(R.C.)

Ottawa, Canada, 28th July, 1947.

Mr. R.F. Warren,
6695 Sherbrooke St. W.,
Apartment 22,
Montreal, P.Q.

Dear Mr. Warren:

Further to my letter of April 8, 1947, you will wish to know of advice received from our Overseas Headquarters which confirms that your son, Flying Officer Robert John Branch Warren, is buried in the Orleans Main Cemetery, Department of Loiret, France. Your son is buried collectively with five other members of his crew and their resting places have been registered as Grave Nos. 39, 40, 42 and 43, Row 2, Plot K.

The reverent and perpetual care of the burial places of all who served in the Royal Canadian Air Force is the task of the Imperial War Graves Commission (of which Canada is a member). The Commission will also erect a headstone at the grave. Unhappily, there are great numbers of these headstones to be erected, and it will quite naturally take considerable time. It is not necessary to write to the Imperial War Graves Commission, as you will be contacted by them before the stone is prepared.

May I again offer you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,

R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

GWC:GB

S.14.(Cas.C.5.)

POST PRESUMPTION MEMORANDUM NO.2138/47

File Number: P.420731/44 Date: 7.8.47.

Relating to Lancaster ND.603 Missing on 25/26.7.44.

Amendment to P.P.M.5387 28.2.47.

NO.	RANK	NAME		BURIAL DETAILS LE GRAND CEMETERY ORLEANS	INFORMATION FRANCE
1609250	Sgt.	NANSON,	R.W.	Grave 39	The graves of these personnel have been re-arranged as shown.
J.85469	F/O.	DYER,	M.B.	Collective Graves 40 - 43. All Plot K, Row 2(S).	
J.26703	F/O.	WARREN,	R.J.B.		
R.162113	F/Sgt.	DEY,	R.		
1125388	W/O.	TOMMIE,	L.		
1807491	Sgt.	PRICE,	R.J.		
1583395	Sgt.	BLANCHARD,	R.A.O.		

Letter to N/K

Case Closed.

Circulation:-
Amendments (B.1)
Chron.Cards. (B.1)
S.14.Cas.(C.5.)
Cas.Can.4.
C.4.Cem. France.
R.A.A.F. O.H.Q.
P. File
B.1 (MEM)

RECEIVED SEP 4 1947 CASUALTY SECTION

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J26703 ~~(R15/060)~~ RANK F/O UNIT 103 SQDN OVERSEAS

TRADE A/B (G.L.)

NAME WARREN, ROBERT JOHN BRANCH

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

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR ROBERT FRANCIS WARREN

RELATIONSHIP FATHER

ADDRESS 6695 SHERBROOKE ST. W. APT 22. MONTREAL. QUE.

FATHER'S NAME MR ROBERT FRANCIS WARREN

ADDRESS 6695 SHERBROOKE ST. W. APT 22, MONTREAL. QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS FLORENCE JANE WARREN

ADDRESS SAME AS FATHERS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT MONTREAL. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION STUDENT

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

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

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

ESTATES BRANCH AUG 17 1946 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAIL LETTER----------d-21-JULY-45

PREVIOUSLY REPORTED "MISSING" 26-JULY-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER STUTTGART GERMANY)

NOW "PRESUMED DEAD" 26-JULY-44 FOR OFFICIAL PURPOSES

ALL WILLS (1)

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

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

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

DATE 9-AUG-45

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

45746

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13546

This is to Certify that

J26703 FLYING OFFICER ROBERT JOHN BRANCH WARREN R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 26TH day

of JULY, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 9TH day of AUGUST 1945

(T.K. McDougall)
Group Captain
R.C.A.F. Records Officer.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY) | 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: WARREN

Given names: ROBERT JOHN BRANCH (Block letters)

Do not write in this space

4. RESIDENCE

Street: Sherbrooke Street, W. No. 6695

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Winnipeg, Manitoba

11. DATE OF BIRTH: March (Month) 3rd (Day) 1921 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: 26 July/44

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	WARREN, Robert Francis	Quebec
MOTHER (Maiden Name)	RINDER, Florence Jane	Leeds, England

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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 26th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Previously reported missing after air operations, now due to for official purposes presumed dead.

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

due to

(c)

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date 26 July 19 44

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

Nature of injury:

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

Signed....M.D.

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

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

R.H. Woody F/O

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)

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mrs. Florence Jane Warren
6695 Sherbrooke Street, W.
Apt.22, Montreal, Quebec.

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. J26703 FD219

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

28 Aug 1945

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

WARREN, Robert John Branch F/O

J26703 RCAF

ESTATES BRANCH
SEP 17 1945
H.Q.
NATIONAL DEFENCE

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

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

E. W. Griffith Col.

MG/VR

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Robert Francis Warren	60	6695 Sherbrooke St W. Montreal
4	Mother of the Deceased.....		Florence Jane Warren	53	6695 Sherbrooke St W Montreal
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert John Branch Warren
9	Date of his birth.	Mar 3rd 1921
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal Sept 26th 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winnipeg . Manitoba
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Winnipeg Man. 2 years (b) Montréal P.Q., (c) Montréal P.Q., (d) Montréal P.Q.
14	Nature of employment before enlistment.	Student
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	Montréal. P.Q.

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?	Service Will only
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	(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.	Yes Royal Bank of Canada St Catherine & Notre Dame branch Montreal Yes — — — — —
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	One Five Dollar Certificate 6695 Sherbrooke St W. 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?	If any, with the Government 2nd Government - R.C.A.F
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No

(Please Turn Over)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Mother of the deceased.

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

Mrs Florence Jane Warren — Signature of Informant

6695 Sherbrooke St. W. Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Florence Jane Warren {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Loyola College this 15 day of September 19 41

Signature of Clergyman Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Joseph F. Clarke S.J.

Qualification Assistant Pastor

Address Loyola College, Sherbrooke St. W. Montreal P. Q.

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

The War Saving Certificate referred to is made out to John Warren dated 15-9-41 and is marked A 6183993

This was a gift to him

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

WILL

R.C.A.F. R. 60
40M—5-41 (225)
H.Q. 1062-3-45

(1) I, Robert John Branch Warren of the ~~City~~ Town ~~Village~~ ~~Township~~

Last Permanent Civilian Address

of Montreal in the County District of

Province of Quebec, Student
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R154060 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Mother.
Florence Jane Warren.
6695 Sherbrooke W. Apt. 22.
Montreal. Que..

all my Estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint my Mother F. J. Warren (same as above)
(Name) (Address)
, to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 3RD day of March 1942.

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

John Warren
(Signature of Testator)

First Witness sign here.

(5) Wm Lieber
(Signature)
#5 M.D. LACHINE, QUE.
(Address)
Clerk
(Occupation)

Second Witness sign here.

Romeo Grignon
(Signature)
#5 M.D. No 1 Lachine Que.
(Address)
Clerk
(Occupation)

R.C.A.F Rec'd MAR 11 1942
O. K. C.
R. C. L.D.
S. L. P.

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank Warren. Robert John Branch
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R154060 Ac²

(3) Unit # 5 M. D. Saskatoon Que. R.C.A.F

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? No

(8) Have you any children? N.A. 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 N.A.

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

Name N.A.

Postal Address.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? N/A

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

(11) Is your father alive? YES

If so, state name and address, occupation Robert Francis Warren 6695 Sherbrooke ST. Apt 22. Montreal Que Sales Manager.

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N.A

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

(14) Is your mother alive? YES

If so, state name and address Florence Jane Warren. 6695 Sherbrooke W. Apt 22. Montreal Que.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? N.O.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? No.

If so, in what Company? N.A.

(Give number of policy)

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

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

John Warren
(Signature of officer or man)

Date March. 3, 1942.

Officer Commanding H.M.D. Jacques Que

Date March 3rd/1942

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

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

M L
E456-9

DECEASED MEMBER'S NAME: Robert J.B. (CHRISTIAN NAMES) Warren (SURNAME)

REGISTER NO. 26167
FILE NO. 5 Dec/45
DATE
SERVICE NO. J.26703
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 26 July/44

PAYEE
ADDRESS: Receiver General of Canada, Director of Estates, Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 26 July/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 878/30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 396 LESS 8 INELIGIBLE DAYS, EQUAL TO 388 DAYS @ 25C. PER DAY	97.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			

DAILY RATES AT DISCHARGE

PAY	$ 7.00		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 8.70	×7 = $ 60.90	
NO. OF DAYS 396/183		× $ 60.90	131.79

D. WAR SERVICE GRATUITY		446.29
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		446.29

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Utility Rec'd DEC 17 1945 S. K. ... C.I.B. ... N.I. ... P.A.

Dept. A. Bal. Trans. Trust Account Journal Voucher # G304

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
MYB	DRM

TREASURY

CHECKED BY	DATE
	7/12/45

S. Harris
SERVICE REPRESENTATIVE

△T

M
21-2-Q4

B2
24.2.11

ESTATES BRANCH
NATIONAL DEFENCE
H.Q.
OTTAWA
FEB 23 1946

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date.....

The Estates Branch has received the following personal effects of

Name.....J.26703...F/O..WARREN..R.J.B.....

1 Khaki cardigan
1 Pr. pyjamas
1 White silk scarf
1 Slipover
4 Pr. socks
3 Black ties
2 Civilian ties
1 Facecloth
1 Blue leather writing case
1 Diary
1 Memo book
1 Crested silver ring
1 Cigarette lighter
1 Parker fountain pen
1 Portrait in leather folder
2 Pr. shoe trees
2 Pr. braces
3 Keys in case
1 Liquor flask in leather carrier
2 Kodak films
1 Metal cigarette case engraved J.W. and RAF crest
4 Collars
1 Toothbrush
1 Black leather notecase
1 Pipe
1 Shaving brush
1 Gillette safety razor
Photos and correspondence
1 Kitbag handle and lock

1 Leather luggage tab
1 Leather toilet case
1 Hairbrush
1 Clothes brush
1 Celluloid container
3 Celluloid containers
1 Gillette safety razor
1 Shirt
1 Facecloth
1 Towel
8 Handkerchiefs
3 Pr. socks
2 Pr. slacks
1 Pr. battledress slacks
3 Tunics
1 Battledress blouse
1 Waterproof coat
5 Singlets
8 Pr. underpants
1 Facecloth
4 Handkerchiefs
3 Towels
5 Shirts
2 Wooden hangers
2 Towels
1 Pr. underpants
1 Vest
4 Handkerchiefs
1 Collar
1 Pr. pyjamas
3 Shirts
1 Greatcoat

1 Leather bag
1 Suitcase

Received the effects as listed

SIGNATURE..F.Lorence J. Warren

DATE REC'D..Feb 14th 1946

JG

J26703 (R03A)

P.A.

OTTAWA, Canada, August 3rd, 1943.

Mr. Robert F. Warren,
6695 Sherbrooke St., W, (Apt 22),
Montreal, Que.

Dear Mr. Warren:-

I have the honour to forward, herewith, the Royal Canadian Air Force Officer's Commission Script for **your son, Pilot Officer ~~R.J.B.~~ Warren.** Robert John Branch R154060 This Script, which is being forwarded to you for safekeeping, represents the authority vested in **Pilot Officer Warren,** as well as the trust placed in him by His Majesty, The King.

Would you be good enough to sign and return the enclosed receipt as evidence that the Script has been received by you in good condition.

Yours very truly,

(T.K. McDougall)
Wing Commander,
for Chief of the Air Staff.

Encl. - 3.

/LD

P.A.

J26703 (R.O.)

OTTAWA, Canada, Jan. 3rd, 1947.

Mrs. F.J. Warren,
6695 Sherbrooke St., W.,
Apartment 22,
Montreal, Que.

Dear Mrs. Warren:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son Flying Officer R.J.B. Warren.

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.

Enclosed also for your retention in your son's flying log book.

Yours very sincerely,

AMP/TT

(W.A. Dicks) W/C
for Chief of the Air Staff