

J28208  
**LAUDER**  
GORDON ROBER







PRESENTED WITH COMPLIMENTS BY  
THE NETHERLANDS WAR GRAVES COMMITTEE

231

Gevaert





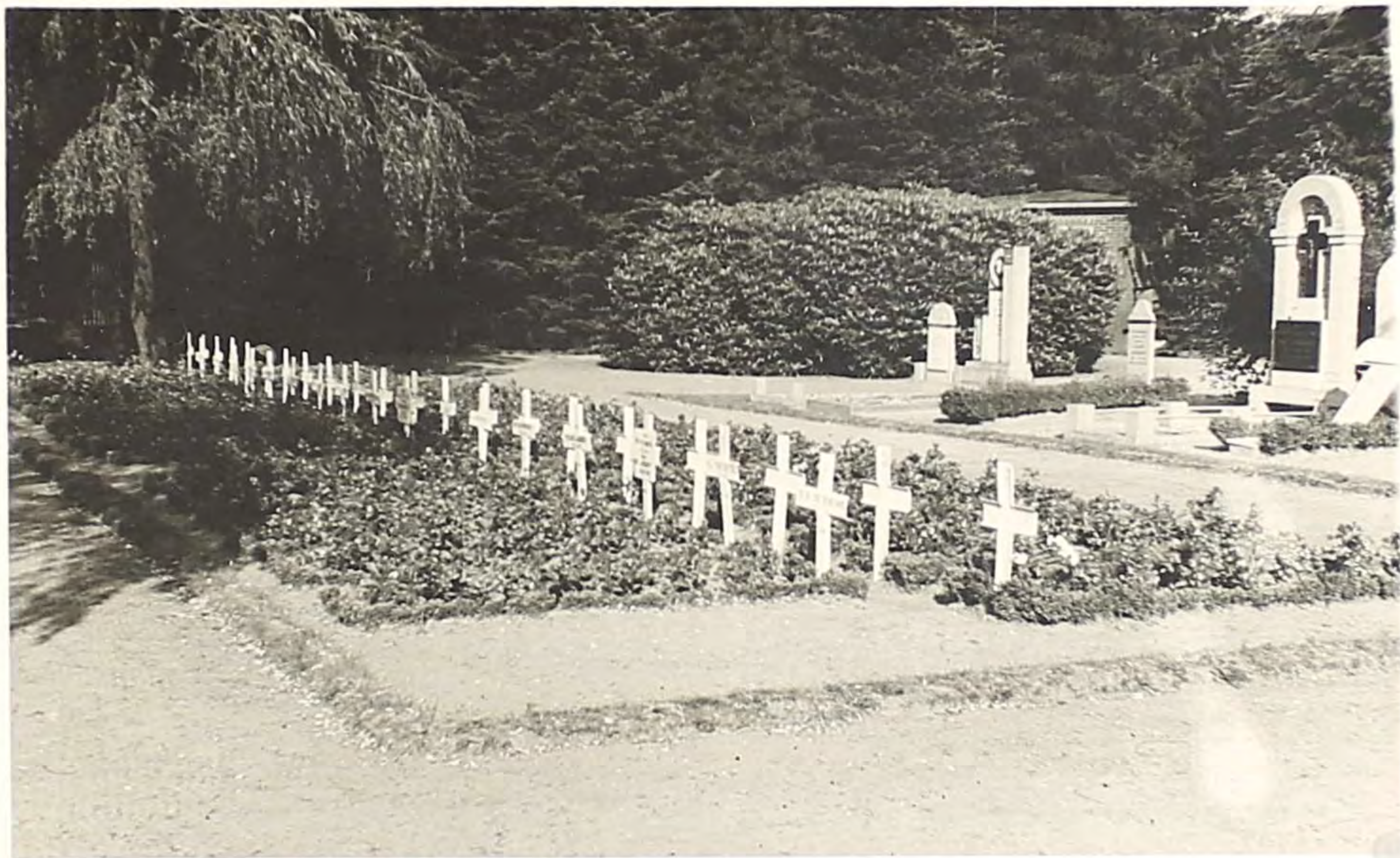


PRESENTED WITH COMPLIMENTS BY  
THE NETHERLANDS WAR GRAVES COMMITTEE

2.  
3.

Gevaert







General

PRESENTED WITH COMPLIMENTS BY  
THE NETHERLANDS WAR GRAVES COMMITTEE

Go

Tilburg cemetery.



FO7

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306



Mrs. Catherine B. Lauder (Widow)

~~1448 Chomedey St.~~, 547 Charron St.,

Apt. 2,

Montreal, Que

Montreal,

Que.

~~Nov. 45~~

Jan. 46

MEMORIAL BAR
DATE DESP
REGN. NO 1,220

1149 5/11/49



NAME LAUDER, Gordon Robert

FILE NO. ~~XXXXX~~ J28308

RANK F/O

CATEGORY ~~MISSING~~ PRES. DEAD

REG. NO. J28208

DATE OF DEATH: 25 May. /44 MOTHER LIVING: Yes

WIFE: Yes

MINISTERIAL CARD: 8 June 44 ROYAL MESSAGE:

MEMORIAL CROSS

TO CHAPLAIN:

To Wife,  
To Wife-3-3-45

JUN 19 1945

DEL'D TO MOTHER:

JUN 19 1945

DEL'D TO WIFE:

Mrs. G.R. Lauder,  
1448 Chomedey St. Apt 2,  
Montreal, Quebec

Mother  
Mrs. Alfred Lauder,  
420 Charron Street,  
Montreal, Quebec.

COMMAND:

RELIGION:

mb  
Am



# 4 Co.

# ATTESTATION

526445

## NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 2nd. BATT'N. ROYAL MONTREAL REGT. N.P.A.M. REGTL. No. 497

1. Surname? (Block letters) LAUDER L-360
2. Christian names? Gordon Robert
3. Present address? 420 Harrison St.
- Phone No. Wi 0491
4. Date of Birth? 7-8-15
5. British subject? Yes
6. Occupation?  Clerk
7. Religion? Protestant
8. Next of Kin Edith Lauder
9. Relationship? Mother
- Address 420 Harrison St.
10. Previous Naval, Military or Air Force Service None  
(Give particulars, qualifications, etc.)

### CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 8" Weight 135 Chest max 34 1/2 min 33

Descriptive marks.....

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category A

Date July 16 1940 Signature [Signature]

### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Gordon R. Lauder do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

### OATH TO BE TAKEN

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

Signature of Witness [Signature]

Signature of Man Gordon R. Lauder

Dated this 13th day of July 1940 at Montreal

### 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer [Signature]

M.F.B. 235d  
80M-3-40 (4392)  
H.Q. 1772-39-1545

\*To be shown day, month, year—Example:—25-8-39.

010 20/20  
05 20/20



Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc

M.F.R. 235d  
80M—3-40 (4392)  
H.Q. 1772-39-1545

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.



2000-1-1-1  
2000-1-1-1  
2000-1-1-1

ROYAL CANADIAN AIR FORCE



SERVICE  
AND  
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE  
ROYAL CANADIAN AIR FORCE, AND  
MUST BE RETURNED ON DEMAND



# 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.

J28208 1 *M.25.5.44*  
*CR 473*  
Air Force No. *R164715* Surname *LAUNDER*  
Christian Names (in full) *GORDON ROBERT*  
Date of Birth *7-8-15* Religion *Presbyterian*  
Date of Enlistment/Appointment *9-7-43* *27-5-42*  
Married (M), Widower (W) or Single (S) *on*  
Occupation in Civil Life *Office clerk*  
Signature of Holder *G. Gordon*  
Name and Address of Next-of-Kin  
Name, Address, and Relationship of Person to be informed of Casualties—  
*Mrs Catherine Beatrice Launder*  
*1448 Chomedy St apt 2*  
*(wife) Montreal P.Q.*  
Certified Correct *G. Gordon*  
Date *21-7-43* Place *No 1 G Depot*  
*Halifax*



[illegible]

## MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

[illegible]



## LEAVE RECORD

(With Free Railway Warrant)

[illegible]

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

## MEDICAL CLASSIFICATION

[illegible]

Date	International	Initials of M.O.
BLOOD GROUP A		

Date	Score	Group	Initials of M.O.



## IMMUNIZATION PROCEDURES

### VACCINATION

## PROTECTIVE INOCULATIONS\*

7

**IMMUNIZATION PROCEDURES—Con.**

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



**ROYAL CANADIAN AIR FORCE**  
(ATTESTATION PAPER)

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

1. Surname..... **LAUDER**..... FULL Christian Names..... **GORDON ROBERT**  
2. Present Address..... **1448 Chomedey st. Apt. 2, Montreal, P.Q.**..... Telephone..... **Lancaster 9121**  
3. Permanent Address..... **1448 Chomedey st. Apt. 2, Montreal, P.Q.**  
4. Place of Birth..... **Montreal, P.Q.**..... Citizenship..... **Canadian**  
5. Date of Birth..... **August the 7th 1915**..... Married, Single, Widower, Separated, Divorced..... **Married**  
6. Particulars of Children **None**

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

7. Occupation..... **Office Clerk**..... 8. Religion..... **Protestant Presbyterian**  
State denomination  
9. Languages..... **English fluently**  
State proficiency  
10. Next of Kin (Full Name)..... **Catherine Beatrice Lauder**..... Relationship..... **Wife**  
" Address..... **1448 Chomedey st. Apt. 2, Montreal, P.Q.**  
11. Father (Full Name)..... **Alfred Lauder**..... Birthplace..... **England**  
" Address..... **Deceased**..... Citizenship..... **Canadian**  
" Occupation..... **Steamfitter**  
12. Mother (Full Maiden Name)..... **Edith Rachel Gordon**..... Birthplace..... **Montreal, P.Q.**  
" Address..... **420 Charron st. Pointe St Charles, Montreal, P.Q.**..... Citizenship..... **Canadian**  
13. Details of any Naval, Military or Air Force Service: **Yes**

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<b>Royal Montreal Regiment</b>	<b>Westmount, P.Q.</b>	<b>Pte</b>	<b>-----</b>	<b>1940</b>	<b>-----</b>	<b>Still on</b>
<b>2nd Battalion Reserve</b>		<b>D-526445</b>				<b>Strength</b>

14. Honours, Awards, Mentions..... **None**  
15. Are you now on any Naval, Military or Air Force Reserve?..... **Yes**  
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.**



## 21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
	P.Q.			
Primary Education—Public or Separate School.....	Riverside School, Montreal	1921	1929	Primary completed 7th grade
High School—Collegiate Institute, etc.....	High of Montreal, Mont.	1929	1930	1 year High completed
Technical School .....	Sir George Wm P. Q. Mont. P. Q.	1930	1931	2nd of High completed
University or School other than above.....	Nights.			
Correspondence Courses, etc.....	Miss Morgan, Busin. Coll. Night Montreal, P. Q.	1931	1932	Commercial Course unfinished
	O'Sullivan Bus. Coll. Night Montreal, P. Q.	1932	1933	Commercial Course unfinished

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Dominion Textile Co. Montreal, P. Q.	Office clerk	1930	-----	Still employed

23. Flying Experience (in Hours) Solo None Dual None Passenger None24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Accounting dept. 6 years experienced

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

Basketball, Baseball, tennis, swimming, hockey, skating, fishing, bowling, Occasionally26. AIR FORCE DUTY you wish to enlist for Ground Duties.  
Flying Duties.If for Ground Duties, state Air Force trade in which you wish to enlist Observer or PilotIf 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
Rev. E.J. White 15-5-42	486 Bourgeois st. Montreal, P. Q.	Minister
Mr. E.W. Davies, 15-5-42	710 Decarie square. Montreal, P. Q.	Chief Work's accountant
Mr. D. Oliver	Dominion Textile,	
G.W.	658 Liverpool, Montreal, P. Q.	Insurance 'S Man
Rev. Mingie	582 Bourgeois st., Montreal, P. Q.	Minister & Lawyer

28. Other information that may have any bearing on this application..... None29. 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 May the 14th 1942

Signature

Gordon B. Lauder

G.D.



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

Date May 27th, 1942 Gordon R. Lauder  
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date May 27th, 1942 Gordon R. Lauder  
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 27th day of May 1942

[Signature] #13 Recruiting Centre, Mtl., P.Q.  
Signature of Officer Rank Unit



**FOR OFFICIAL USE ONLY**  
**CERTIFICATE OF MEDICAL EXAMINATION**

Part 1. Information obtained from the applicant—

1. Age. 24 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....	<u>NO</u>	(j) Nasal Trouble.....	<u>NO</u>
(b) Tuberculosis.....	<u>NO</u>	(k) Ear Disease.....	<u>NO</u>
(c) Bronchitis or Asthma.....	<u>NO</u>	(l) Eye Disease.....	<u>NO</u>
(d) Heart Disease.....	<u>NO</u>	(m) Epilepsy.....	<u>NO</u>
(e) Kidney or Bladder Disease.....	<u>NO</u>	(n) Nervous or Mental Disease.....	<u>NO</u>
(f) Gastro-intestinal.....	<u>NO</u>	(o) Syphilis.....	<u>NO</u>
(g) Rupture.....	<u>NO</u>	(p) Gonorrhoea.....	<u>NO</u>
(h) Varicose Veins.....	<u>NO</u>	(q) Bone Fracture.....	<u>None</u>
(i) Flat or Deformed Feet.....	<u>NO</u>	(r) Other Disease or Defect.....	<u>See below</u>

3. Have you ever worn glasses? yes 2 years

4. Have you had any illness for more than one week's duration? yes

I certify that I have revealed my full medical history and have not withheld any relevant information.  
Signature of applicant: Gordon R. Sanders

Examiner's Remarks re above: Scarlet fever, measles, mumps in child hood.

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

1. Identification marks or scars (if operative obtain history).....

Scar left knee

2. Height..... 5 feet..... 8 inches. 3. Weight..... 126 pounds.

4. Complexion..... Fair 5. Color of Eyes..... Grayish blue Hair..... Brown

6. Development { Good  
Fair ✓  
Poor } 7. Chest Measurement—Full expiration..... 29 inches

Range of expansion..... 3 inches

8. Hearing—Right..... WV 20ft Left..... WV 20ft Tympana—Right..... N Left..... N

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

Left..... 20/30+3 Left..... 20/20

10. Condition of mouth and teeth..... Healthy - Partial upper denture

11. Urine—Albumen..... None Sugar..... None

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

Underweight: 18 pounds, training will do him good.

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

A1B1B

X-Ray 122 884 NCG 19-5-12  
Any special remarks of the Medical Officers.....

Fit for air duties.

Part 2 Cont'.

13. Reflexes..... None Exp.

14. Heart..... N Pulse..... rapid

15. Lungs..... N..... 130

16. Blood Pressure..... S.D. 84

17. Colour Vision..... N 30h

Date..... May 18th 1942

R. H. Maclews President J. C. Donohue Member

Member



~~R164715~~

LAUDER, GORDON ROBERT

SURNAME

FULL CHRISTIAN NAMES

## ENLISTMENT

RE-ENLISTMENT

C.R. FILE  
NUMBER

SR

J.28208

**OFFICER RECORD OF SERVICE AIRMEN**

Common 9-7-43

R.C.A.F. FORM R44 (B)  
30M-12-41 (1346)  
H. Q. 1062-3-58

[illegible]

UNIVERSITY OF MICHIGAN	DATE	LEAVE CONTROL LOCATION	RELIGION	PID.	SERV.	PROVINCE OF ENLISTMENT	DISCHARGE	AC
	1957							



AIR  
FORCE  
No.

~~R164715~~

LAUDER, GORDON ROBERT

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE *Montreal P.2.*

DATE *27-5-42*

C.R. FILE  
NUMBER

*SR*

J.28208

**OFFICER**

RECORD OF SERVICE AIRMEN

*born 9-7-43*

R.C.A.F. FORM R44 (B)  
30M-12-41 (1346)  
H. Q. 1062-3-58

7. BIRTH: DATE PLACE CITIZENSHIP

*7-8-15 Montreal P.2 British*

FATHER (FULL NAME) *Alfred Lauder*

BIRTHPLACE *Leug.*

MOTHER (FULL MAIDEN NAME) *Edith Rachel Gordon*

BIRTHPLACE *Montreal P.2.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *x P.2.*

JUNIOR MATRICULATION *2 yrs P.2.*

SENIOR MATRICULATION

TECHNICAL SCHOOL *Comm. 2 yrs (Night)*

UNIVERSITY

CORRESPONDENCE COURSES

*Wb SP. (O.P.)* 2

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

*Clk. office. Am. Institute - 1930-42*

*8300*

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

*Royal Mtl. Reg. 2nd Bn. Reserve - Westmount*

*Pte. - 1940-42*

*6*

11. HONOURS-AWARDS, MENTIONS AUTHORITY DATE

*Mtl. Bombers Badge. 400146 9-7-42*

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION *Presbyterian* 4

14. LANGUAGES *Eng.* 1

15. SPORTS *Basketball, baseball, tennis hockey*

*swimming skating fishing bowling*

*6 yrs. Exp. in Accountancy*

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED *Married*

WIFE (FULL MAIDEN NAME) *Catherine Beatrice Berrouard*

PLACE OF MARRIAGE *Montreal P.2.* DATE *11-4-42*

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: *Catherine Beatrice Lauder* RELATIONSHIP *Wife*

ADDRESS: *1448 Chomedey St. Apt. 2, Montreal* D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.

21. ENGAGEMENTS

TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.

*Duration 27 5 42*

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM TO DATE D.R.O.

*Auth. to draw sub allowance 16-8-42 M/c 79*

*S.L.W. # C129256 575304*

*440.1426-7-43*

22.(A) ADDRESS PRIOR TO ENLISTMENT

*1448 Chomedey St. Apt. 2*

*Montreal P.2.*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) *O.P. 2.*

R60 R79 B465 X-RAY AFM-13 IDN. CARD

*17-9-43 1-6-44 15-9-44*

*21-7-43*



AIR FORCE No. <b>J28208</b> <b>R164715</b>	SURNAME <b>LAUNDER</b>	FULL CHRISTIAN NAME <b>GORDON ROBERT</b>	ENLISTMENT/APPOINTMENT PLACE <b>MONTREAL Que</b> DATE <b>27-5-42</b>	RELIGION <b>PRESBYTERIAN</b>
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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 <b>7-8-15</b>	PLACE <b>MONTREAL Que</b>	COUNTRY <b>CANADA</b>	CITIZENSHIP <b>CANADA</b>	RACIAL ORIGIN <b>CANADIAN</b>	PARTICULARS OF FAMILY																																							
CIVIL EDUCATION					SINGLE, MARRIED, WIDOWER, DIVORCED <b>M.</b>																																							
					WIFE (FULL MAIDEN NAME) OR HUSBAND																																							
					PRESENT ADDRESS (IN PENCIL)																																							
					PLACE OF MARRIAGE DATE																																							
PUBLIC SCHOOL					JUNIOR MATRICULATION																																							
HIGH SCHOOL ENTRANCE					SENIOR MATRICULATION																																							
TECHNICAL SCHOOL					UNIVERSITY																																							
CORR./BUSINESS COURSES					LANGUAGES SPOKEN																																							
CIVIL OCCUPATIONS AND EXPERIENCE															CHILDREN																													
<b>Office Clerk - 1930 to Date</b>															NAMES					PLACE AND DATE OF BIRTH					NAMES					PLACE AND DATE OF BIRTH														
PREVIOUS SERVICE															NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)																													
<b>Royal Montreal Regiment - 2nd Battalion Reserve</b> <b>Pte. D 526445</b> <b>1940 to Date</b>															<b>Mrs. Catherine Beatrice Gordon (Wife)</b> <b>1448 Adomey St. Apt. 2</b> <b>Montreal P.Q.</b>																													
PLACE AND DATE OF MEDICAL															EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN																													
<b>27-5-42 A3B</b>															TYPE					FROM					TO					TYPE					FROM					TO				
OFFICERS															AIRMEN AND AIRWOMEN										OFFICERS, AIRMEN/AIRWOMEN																			
RANK, BRANCH AND CATEGORY			DATE		AUTH.		DUTIES PERFORMED DURING SERVICE, E.G. ADJ.						RANK		DATE		AUTH.		TRADE		DATE		AUTH.		COURSE OR TRADE		GRP.		PF		DATE													
<b>P/O (S.R.) G.L. A.B.</b>			<b>9743</b>		<b>31/1906</b>		<b>4132215/44 2FRO 766/44</b>						<b>T/Sgt</b>		<b>9743</b>		<b>DR0196A</b>		<b>A.R. 'S'</b>		<b>9743</b>		<b>DR0146A</b>		<b>H. 12.</b>		<b>'S'</b>		<b>9743</b>															
<b>T/Sgt.</b>			<b>41</b>		<b>4400833/44</b>		<b>766/44</b>																																					
																	</																											



AIR FORCE  
No. J-28208

LAUDER.  
SURNAME

GORDON

ROBERT.

PLACE # 1 Y DEPOT.

DATE 9-7-43.

PRES

R.C.A.F. FORM R230

ADVISE ENTRIES  
UNIT RECORDS RETURNED  
TO CANADA







## MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.N. 13	#13.R.C.M.H	#13.R.C.M.H	27-5-42				
DR 07/42	TOS for RCAF	P & A eff	16-8-42				
	#13 KC MTL	#5 Lachine	18-9-42				
DR 0220/42	T.O.S	#5 M.D. Lachine	14-9-42				
DR 0.267-42	#5 M.D	#5 J.T.S.	7-11-42				
" 56	#5 J.T.S	#134-B	6 Mar 43				
	Relville	Jarvis					
DR 0128/43 SOS	#1 B1-S	#4 A.O.S.	29/5/43				
DR 0146/43 SOS	L.A.S.	14 Sep	23-7-43				



M.F.M. 16D.  
40M-7-40 (6149)  
H.Q. 1772-39-1763

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE  
AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE

This Form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the  
Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man..... **LAUDER, Gordon Robert** ..... Official No. .... **R.164715** .....

Rank..... **AC.2** ..... Unit..... **ROYAL CANADIAN AIR FORCE** .....

Unit Stationed at..... **#13 Recruiting Centre, Montreal, P.Q.** .....

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of  
Marriage, Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

Names of Parties to Marriage	Date of Marriage	Place of Marriage	Name and Designation of Official Performing Ceremony
<b>Gordon Robert Lauder</b>	<b>11-4-42</b>	<b>Montreal, P.Q.</b>	<b>Edwin J. White</b>
<b>Catherine Beatrice Berrouard</b>			<b>Minister.</b>

Particulars of Birth Certificates Produced


Name of Child	Date and Year of Birth	Place of Birth	Name of	
			Father	Mother
<b>Nil</b>				

Particulars of Death Certificates Produced

Name of Deceased	Date of Death	Place of Death	Name and Designation of Signer of Certificate
<b>Nil</b>			

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents  
produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any  
documents attached, hereunder—(If none, insert 'Nil').

Date. **MAY 27th, 1942.**

  
PAYMASTER

**#13 Recruiting Centre, Mtl., P.Q.**  
UNIT

for (L.P. Gelinan) P.L.,  
Commanding Officer.



R.C.A.F. Special Reserve

Appendix "D"  
H. 20/10

ROYAL CANADIAN AIR FORCE  
INTERVIEW REPORT

1. SURNAME.....LAUDER.....  
2. CHRISTIAN NAMES.....GORDON ROBERT.....  
3. APPLYING FOR ENLISTMENT AS.....

SELECTION BOARD

4. PERSONNEL OFFICER

Education.....IX.....  
C.T.  
XXXXXX Score.....47.....

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

Two yrs. H.S. - Finished in 1931 - Borderline G.C. score - Has held a steady job since 1930 as clerk - Wide-awake young man who should make the grade if he works hard.

RECOMMENDED FOR.....W.E.T.P. - Acad. - Mtl.....

SUITABLE FOR COMMISSION...No.....

18-5-42

Signed R.J.LaBrosse F/L

5. MEDICAL OFFICER

Medical Category.....A1B. A3B.....

ASSESSMENT: (Physical; Temperamental) Athletic type of young man, although underweight, I think training will do him good. Pleasant, intelligent, ambitious and willing to serve. Physically fit for air duties.

RECOMMENDED FOR...O. or Pilot...W.E.T.P.....

SUITABLE FOR COMMISSION.....Possibly.....

27-5-42

Signed J.C.Doucet M.D.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Fair appearance - Good response - Studious type - Does not drive automobile - Claims to be mechanically inclined - Practices sports in general moderately - Should make the grade.

RECOMMENDED FOR...Observer or Pilot (pre-enlist com WETP).....

SUITABLE FOR COMMISSION...No.....

27-5-42

Signed B. Leclerc F/O

FOUND ACCEPTABLE FOR.....O or P. Sta. WETP.....

DATE:

A.F.M. 5  
24.12.41.

MAY 27 1942

Commanding Officer

No. 13 Recruiting Centre.



# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full... LAUDER GORDON ROBERT (b) Reg'l. No. 528208
2. (a) Arm of service... R.C.A.F. (b) Unit... #1 "Y" DEPOT (c) Rank... P/O
3. (a) Date of birth... AUG 7 1915 (b) Have you any dependents? YES (c) Place of residence at time of enlistment... 1448 CHOMEDÉY ST. (APT 2) MONTREAL QUE.
4. (a) Place of enlistment... MONTREAL QUE. (b) Date of enlistment... MAY 27 1942

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school... 15 (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.)... TWO YEARS HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured... N.A.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? N.I.L.

## 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... DOMINION TEXTILE CO. LTD. Address... 710 VICTORIA SQUARE, MONTREAL QUE.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)... COTTON MANUFACTURERS
20. (a) Your specific occupation... CLERK IN ACCOUNTING DEPT. (b) Number of years' experience at this occupation with any employer... 12 YRS. WITH D.T.C. 5 YRS. IN ACC. DEPT.
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? N.A.
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? N.A.

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)... N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form... N.A.

DATE July 26 194 2 SIGNATURE J.P. Lauder



**CONFIDENTIAL**

**ROYAL CANADIAN AIR FORCE**

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

D 66

FILE NUMBER

R164715

Medical Board held at MONTREAL

Date May 18th. 42

Surname LAUDER Chr. Names Gordon Robert  
Nature of Commission M 2 Date of Birth 7-8-1915 Married or Single Married  
Branch Genersl List Hours Flown  
Address 1448 Chomedey St., Apt. 2, 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 Scarlet Fever (mild) 12 years old.  
(iv) STOMACH or BOWEL TROUBLE No  
Chronic Indigestion or Pain after Food No  
(v) KIDNEY or BLADDER TROUBLE No  
Syphilis or Gonorrhoea No  
(vi) TROPICAL DISEASE No  
Malaria No  
Dysentery No  
(vii) EYE TROUBLE or Inflammation of Eyelids No  
Wearing of Glasses Yes, for clerical work (2 years)  
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 Common cold once every 2 years.  
Prolonged Hoarseness or Loss of Voice No  
Sea, Car or Train Sickness No  
Discomfort on Swings, Roundabouts, Switchbacks No  
(ix) OPERATIONS None.  
(x) Any illness or Injury not mentioned above Measles and mumps in childhood.

Education 3 years High School, Commercial course unfinished.

Present Occupation Office clerk Hobbies None

Previous Service Royal Montreal Reg. 2nd Battalion Reserve.

Athletics Basketball, baseball, tennis, swimming, hockey, skating, fishing, bowling.

Habits—Smoking No Alcohol No

FAMILY HISTORY—Consumption No Diabetes No Haemophilia No

Nervous Ailments, Mental Trouble, or "Fits" No

Father Alive—Health Dead—Cause Angina pectoris 70 years old.

Mother Alive—Health Good Dead—Cause

Brothers (1.) Alive—Health Good (0) Dead—Cause

Sisters (0.) Alive—Health (0) 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 May 18th. 1942 Signature Gordon R. Lauder Witness J. C. Doucet M.D.



# GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Good (b) Mentality Standard  
 Body Marks, Scars, Deformities Scar left knee  
 Size of Thyroid Gland Normal  
 Surgical Abnormalities None  
 Results of Wounds, Injuries, Operations None

		Date <u>12-5-42</u>	Date <u>12-11-42</u>	Date	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)		<u>68</u>	<u>68</u>		Date
Weight (lbs.)		<u>126</u>	<u>133</u>		
Chest Circumference (ins.)		<u>29-32</u>			
Body Build (lbs.)		<u>518</u>	<u>512</u>		
LEG LENGTH (ins.)		<u>40</u>	<u>Ample</u>		
Pulse Rate	(Sitting <u>84</u> Standing 1st <u>108</u> Standing 2nd <u>96</u> After Exercise <u>120</u> Time to Normal <u>35 sec.</u>		<u>72</u>		
Arterial Walls		<u>Soft</u>	<u>n</u>		Date
Blood Pressure	(Systolic <u>150</u> Diastolic <u>84</u>		<u>130</u> <u>80</u>		
Room Temperature		<u>Moderate</u>	<u>mod.</u>		
Heart	(Size (in cms.) <u>Normal</u> Sounds <u>Clear</u> Rhythm <u>Regular</u>		<u>n</u> <u>n</u> <u>n</u>		
Lungs	(Inspection <u>Normal</u> Palpation <u>Normal</u> Percussion <u>Normal</u> Auscultation <u>Normal</u> Expiratory Force <u>150 m.m.</u> X-Ray		<u>n</u> <u>n</u> <u>n</u> <u>n</u>		Date
Reflexes	(Knee <u>Ex</u> Ankle <u>Normal</u> Triceps <u>Normal</u> Abdominal <u>Normal</u> Plantar <u>Flex Flex</u>		<u>n</u> <u>n</u> <u>n</u> <u>n</u> <u>n</u>		
Cranial Nerves		<u>Normal</u>	<u>n</u>		
Balancing Rod		R. L.	R. L.	R. L.	
Self Balancing		R. L.	R. L.	R. L.	
Tremors	(Fingers <u>None</u> Eyelids <u>None</u>		<u>IFS</u> <u>IFS</u>		Date
Abdomen	(Liver <u>Not palp.</u> Spleen <u>Normal</u> Muscular Tone <u>Good</u>		<u>n</u> <u>n</u> <u>n</u>		
Urine	(Albumen <u>Negative</u> Sugar <u>Negative</u>		<u>neg.</u> <u>neg.</u>		
Initials of M.O.		<u>J.C.D.</u>	<u>LWT</u>		

40 mm. Hg. Test. 60 secs. = 7/101111, 111010, 978, 987. J.C.D.  
 Date 12-11-42 1st 60 sec. 7/988/988/888/756. LWT  
 Date  
 Date  
 Date

Fit - Slightly average - no desire to be pilot  
Studious religious type

P2 O7

L. Thompson S/Lt.



# EYE EXAMINATION

History.....Wears glasses for clerical work.

12/11/42.....Slightly close, two yrs - last worn 6 mos.

	R.H.	L.E.
Visual Acuity	R 20 / 20, c = +2.50 = 20	20/20 - 2.50 - blur
	L 20 / 30, c = 200	20/30 - 2.50 - blur
Colour Vision	Mish.	2.0.11 # 9. 1st.
Red, Green M.R. (Artha)		NR6 m ortho 26 cm of 24
Diaphragm Test (P.D. = 67 min.)	2.5 Bar	67. per 1
Convergence	C. = 6 cms.	7
	S. C. = 11.1 cms.	11
Accommodation	R. { Blue	9 cm
	L. { 13.5	9 cm
Cover Test	SL. Dir. R.R.	no latency
Fundi and Media	Normal	N
Fields	Normal	N
REMARKS:	Fit. ALB, ASB.	R - 25 <sup>s</sup> = 20 20 A, B A, B
Initials of M.O. W.A.F.	Initials of M.O. <i>AMS</i>	Initials of M.O.
Date 18-5-42	Date 12-11-42	Date

## EXAMINATION OF EAR, NOSE AND THROAT

History.....Nil

Hearing	R. Ear	W.V. 20	W.V. 20'
	L. Ear	W.V. 20	W.V. 20'
External Ear, Meatus Membranes	R. Ear	Normal	W
	L. Ear	Normal	W
Middle Ear, Eustachian Tubes	R. Ear	Patent	W & P
	L. Ear	Patent	W & P
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity		Normal	clean
Teeth		Normal	3 missing - fair repair
Gums		Normal	Healthy
Pharynx		Normal	Tonsils + Healthy
Nasopharynx		Not seen	
Nose		Normal	clear airway
Larynx		Not seen	
REMARKS:	Initials of M.O. W.A.F.	Initials of M.O. <i>AMS</i>	Initials of M.O.
Fit.	Date 18-5-42	Date 12-11-42	Date



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

18-5-42 Athletic type of young man, although underweight, I think training will do him good. Pleasant, intelligent, <sup>ambitious</sup> ~~ambitious~~ and willing to serve.  
Physically ~~fit~~ for air duties.

Cat. A 1 B A 3 B.

J.C. Doucet M.D.

R.M. Matthews F.L.

Date 21-5-42  
PLOT A.B.A.3.B  
OBSERVER  
W/OPERATOR  
A/GUNNER

M.O.

*R.M. Matthews*

27-5-42 Medical recheck. Negative.

Category A1B A3B.

M.S.B. - 17.12.42 - Completed Gr. VIII at 14, in Montreal. Did Gr. IX in night school. Worked up from office boy to cost accountant - was with same firm 12 yrs. Tried to join in 1940 but was turned down because of educa. class. N. B. Not very active in sports. Cannot drive car. Married Apr. 1942. Tense, mature, not very aggressive. Emotional stability - less than average.  
P<sub>2</sub> N<sub>5</sub> B<sub>5</sub> - C. S. Stogdill, F.L.  
G.L. Sutton F.L.

## OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date..... 27/11/42.

1. *Fit*
2. *Stability average*
3. *A1B A3B (Zurab)*

*Lowenstein H/L*

**FIT**

A1B		N.V.C.	} <b>13</b>
A3B	Turret	N.V.C.	
A3B		N.V.C.	
A3B	Vision		
A3B	Radio		
Sig:		<i>[Signature]</i>	
Date		<u>18.5.43</u>	

Night Vision Test B'Mth. 13/32

N. VISION	<u>11/32 A</u>
E. E. G.	<u>8</u>
E. C. G.	<u>80%</u>
D. CHAMBER	<u>2 - no trouble</u>



# AIR BOMBERS PART III (T. 81)

1. No. 1 B & G School.

Course No. 77

From 8 Mar 43  
To 20 May 43

2.

AIRCRAFT	BOMBING		GUNNERY		PASSENGER	TOTAL
	Day	Night	Day	Night		
Anson & Boling.	36:00	10:45	12:40			59:25

## 3. BOMBING RESULT S:-

EXERCISES	Day & Night AVERAGE RADIUS / LL EX'S		NUMBER OF BOMBS DROPPED	
	Day	Night	Day	Night
Grouping - High Level	119		82	26
Converted to 10,000 ft.	77		18	
Low Level Actual				

## 4. AIR GUNNERY RESULTS:-

	% Hits to Rounds Fired	No. of Rounds fired.
Beam Test.	3.5	400
Beam Relative Speed Test	2.2	1300
Under Tail Test	7.0	400
Average Percentage 3.5		Total Rounds Fired. 2100

## 5. EXAMINATIONS AND PROFICIENCY:-

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Bombing (Written)	250	191	Bombing Below average.
Bombing (Oral)	250	195	
Proficiency as F/A	400	276	
Gunnery (Written)	100	74	A.M.B.T. 6:00
Gunnery (Oral)	100	85	
Proficiency as A/G	200	124	
Signals	50	40	Gunnery: Below average.
Aircraft Recognition	50	46	
Ship Recognition			
Total	1400	1031	
Position in Class	32 T	Percentage 73.6 %	Turret Manip: 10:35
Number in Class	50	Pass	General
Commissioned Rank		Suitable	A keen energetic student who learned quickly. Dependable at all times.
Personal Assessment	Maximum 700	Obtained 467	

Wing Commander.  
(W.J. Peace) Chief Instruction.

Group Captain  
(A.D. Bell-Irving) Officer Commanding

To be passed to No. 4 A.O.S.

No. 1 B & G School.  
Date 1 June 43



# BOMB AIMERS INDIVIDUAL RECORD AND ASSESSMENT CHART

LAC R164715 Lauder,  
 RANK NO NAME  
 77A March 8/43 May 28th/43  
 COURSE NO DATE FROM TO  
 CHIEF INSTRUCTORS REMARKS

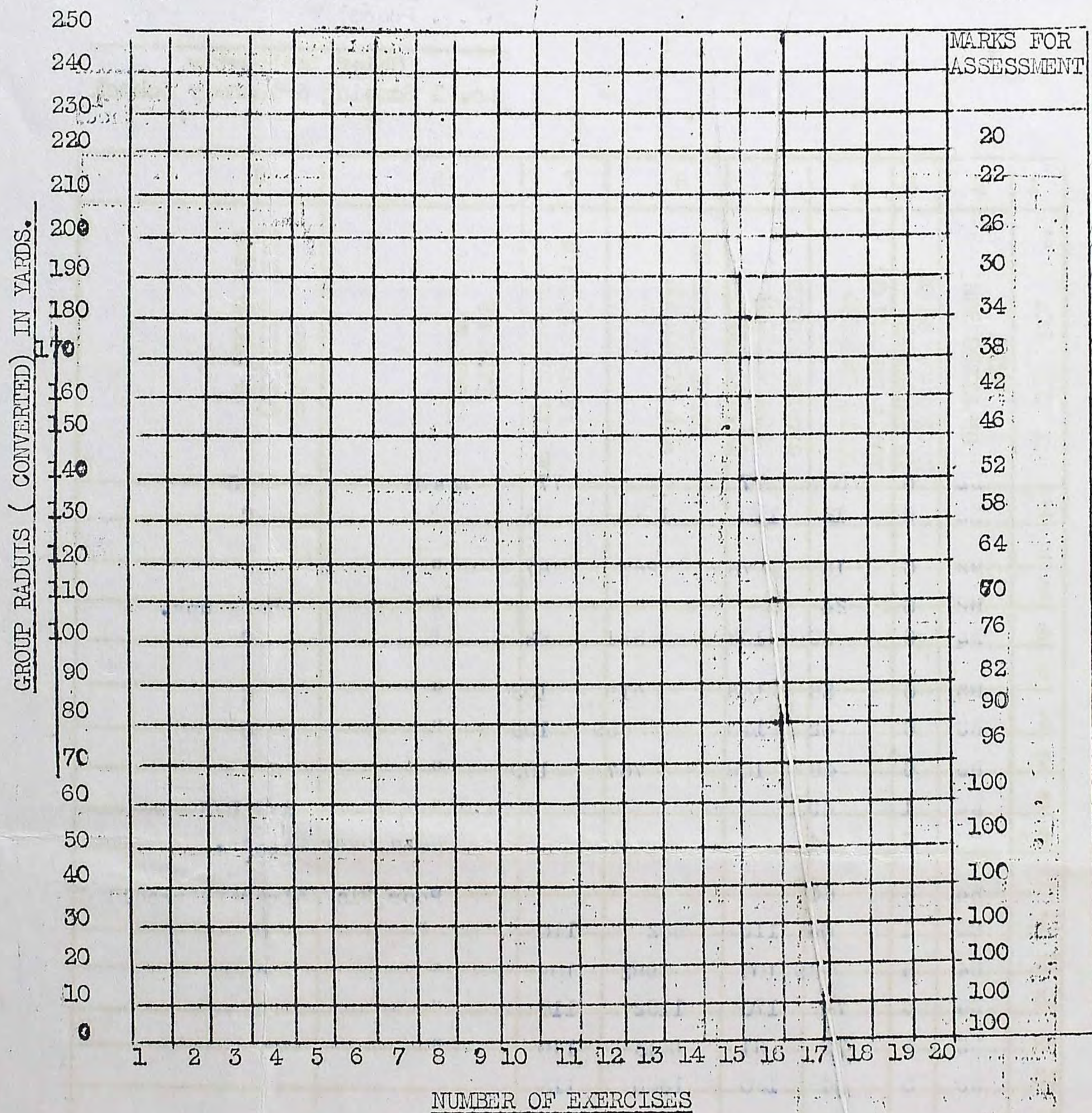
(W.J. Peace) Wing Commander.

Chief Instructor  
 No. 1 Bombing & Gunnery School

1	2	3	4	5	6	7	8	9
EXERCISE NO.	TYPE OF EXERCISES	NUMBER OF BOMBS IN EXERCISE	TOTAL NUMBER OF BOMBS DROPPED	GROUPS RADIUS (CONVERTED) 10,000 Ft	TOTAL RADIUS OF ALL EXERCISES	AVERAGE RADIUS OF ALL EXERCISES.	TYPE OF AIRCRAFT	REMARKS (WEATHER, TYPE OF GROUP ETC)
1	B2	6	6	77		77	Anson	C
1	B2	6	12	110	187	93	"	C
2	B2	6	18	76	263	87	"	C
3	B2	6	24				"	Hang ups.
4	B2	6	30	108	371	92	"	C
5	B3	6	36	148	519	103	"	C
6	B3	6	42	140	659	109	"	C
7	B3	6	48	108	767	109	"	C
8	B4	1	49				"	A/C U/S
9	B4	5	54				"	Haze over target.
10	B4	6	60				"	Poor vis Aircraft recalled
11	B4	4	64	115	882	110	"	C
12	B4	5	69	100	982	109	"	C
13	B4	5	74	170	1152	115	"	C
14	B3	5	79	61	1213	110	"	C
15	B3	5	84	150	1363	113	"	C
16	B3	5	89	79	1442	110	"	C
17	B3	5	94	129	1571	112	"	C
18	B3	4	98	128	1699	113	"	C
19	B3	4	102	185	1888	117	"	C
20	B3	6	108	153	2037	119	"	C
21								
22	B5	6	6	94		94	Anson	
23	B5	6	12	70	164	82	"	
24								
25	B5	6	18	68	232	77	"	

NOTE: Only B.2, B.3 and B.4 Exercises to be recorded and assessed





Marks for assessment as shown by average radius of all complete exercises are to be multiplied by 4 for Air Bombers and by 3 for Navigators "B"

E.G. 104 yards =  $61 \times 4 = 244$  ( Air Bombers )  
 $61 \times 3$  ( Navigators "B" )  
 $= 183$



Part II (For Air Bombers)

LAUDER, G.R.

1. No. 4 Air Observers' School

Course No. 77AB

From 31-5-43

2. Flying Time

TO 9-7-43

AIRCRAFT	DAY	NIGHT	TOTAL
ANSON	29/10	16/10	45/20

Brought Forward 59/25

Grand Total 104/45

3. Examinations and Proficiency

SUBJECT	MARKS		REMARKS
	MAXIMUM	OBTAINED	
Navigation (Air Work) .....	500	366	NAVIGATION Does a good job in the air.
Bombing (Air Work) .....	300	192	
Photography (Air Work) .....	200	146	
Elements of Navigation ...	200	128	ARMAMENT Bombs dropped day 12 night 7
Signals (Practical) .....	250	240	
Photography .....	150	105	
Reconnaissance .....	150	102	GENERAL A quiet steady type of man
Aircraft Recognition .....	250	158	
.....			
TOTALS	2600	1437	
Position in Class	29	Percentage	71.9 %
No. in Class	34	Pass	Fail
Assessment as Air Bomber			
As Instructor .....	Suitable	Unsuitable	
Commission Rank .....	Suitable	Unsuitable	
Personal Assessment	Maximum 300	Obtained 241	

Awarded Air Bombers Badge (Air Observers Badge)

Date 9-7-43

D. R. Campbell F/K  
 (Chief Instructor)

No. 4 Air Observers' School,  
 London, Ontario.

Date 9-7-43



## 4. Final Assessment

Name: LAUDER G.R.

	Training Marks			Character & Leadership			Totals		
	Max.	Obt.	%	Max.	Obt.	%	Max.	Obt.	%
Air Observer School	600	431	71.9	300	241	80.3	900	672	74.7
Bombing & Gunnery School	1400	1031	73.6	700	467	66.7	2100	1498	71.3
Totals	2000	1462	73.1	1000	708	70.8	3000	2170	72.3

Remarks:Recommended for Commission.

*W.R. Finland We*  
Chief Supervisory Officer  
No. 4 A.O.S., London, Ontario.

Date: 9/Jul/43



ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVERS  
~~INSTRUCTIONS~~ BOMBERS  
AIR AND GROUND TRAINING

SURNAME.....Lauder..... Christian Names.....G.R.....  
Number.....R164715 J.28208..... Rank.....LAG P/O.....

INSTRUCTIONS

Instructions regarding Form T.81 are given in A.F.A.O. A.51/22, paras. 5, 10, 11, and 15. CROSS OUT WORDS NOT APPLICABLE.

PART I

1. No.....5..... INITIAL TRAINING SCHOOL. COURSE No.....66..... FROM.....9 Nov/42.....  
To.....23 Jan/43.....

2. EXAMINATION RESULTS.

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Mathematics.....	100 <del>150</del>	85	Steady, reliable airman, co-operative and willing. <span style="float:right">16</span>
Armament.....	100 <del>150</del>	76	
Signals.....	150	150	(Alternative - Ground)
Navigation.....	150 <del>200</del>	77	
Visual Link Trainer.....			
Airmanship, Theory of Flight and Engines.....	100	50	
Drill.....	100	70	
Law and Discipline, etc.....	100	66	
<del>Hygiene and Sanitation Met.</del> .....	50	37	
A/C Recognition.....	100	58	
Anti-Gas.....	50	36	
TOTAL.....	1000	705	
Position in Class	63	Percentage	71 %
No. in Class	77	PASS	<del>FAIL</del>

Character assessment: 94/150

*[Signature]*  
Commanding Officer

To BE PASSED TO No.1 B.+G.S. ~~AGS~~

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

DATE.....MAR 3 1943.....



No. 1659 (R.C.A.F.) CON. UNIT

Air-Bomber's Report

Number J28208 Rank P/O Name LAUPER

Practice Bombs Day 0 Night 2

Av. Error (20,000') Day — Night —

Photographs Day — Night 1

GEE Hours practice Ground 4.30 hrs.

Hours practice Air 1.00 hrs

ASTRO No. of Ground Sights 36

No. of Air Sights 11

Gunnery Turrets and V.G.O. 3.00 hours

Second pilot Dual hours 2.30 Link Trainer 3.15

This A/B has completed hrs Night Vision Training

Arrived 4/2/44 Departed 6/3/44

Summary:- above average. keen & competent

Posted to 419 Sqdn.

Flying Time

Day 20.0

Night 11.50

W. Campbell

for Bombing Leader,  
No. 1659 (R.C.A.F.) Con. Unit

Date .....



Confidential.

## R.A.F. TRAINING REPORT

R.A.F. Form 5034.

## AIR BOMBER

No. 22 O.T.U.Christian  
Names

Gordon Robert

1. Surname Lauder  
 2. Number J28208 3. Rank F/O 4. Course No. 53  
 5. Posted from 3(0)AFU 6. Date commenced training 5.10.43 7. Date course ended 25.1.44 8. Posted to 61 Base

9. Ground Work			10. Air Work		
Subject	Marks Allotted	Marks Obtained	Subject	Marks Allotted	Marks Obtained
(a) Bombing Theory ... ..	50	30	(a) Bombing—Day ... ..	150	120
(b) Bombing Drill, Panel Manipn. ...	200	190	(b) Bombing—Night ... ..	150	110
(c) Map Reading (A.M.B.T.) ... ..	200	150	(c) Map Reading—Day ... ..	200	140
(d) Photography ... ..	50	40	(d) Map Reading—Night ... ..	200	150
(e) Opl. Bomb Loads ... ..	50	36	(e) Photography—Day ... ..	100	70
(f) Ship Recognition—Pyros ... ..	50	38	(f) Photography—Night ... ..	100	60
(g) Air Sighting... ..	100	40	(g) Gunnery ... ..	100	50
(h) Gunnery, Practical ... ..	150	75	1 Nickel		
(i) Aircraft Recognition ... ..	50	30			
(j) Signals ... ..	50	N/A			
(k) Emergency Crew Drills ... ..	50	40			
TOTAL ... ..	1,000	704	TOTAL ... ..	1,000	700
Percentage		70.4	Percentage		70

11. Assessment of qualities of character and leadership with particular reference to suitability as captain of aircraft ... ..

Marks Allotted	Marks Obtained
100	80

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 ... ..		X		
14. As a Specialist Armament Officer ... ..	X			

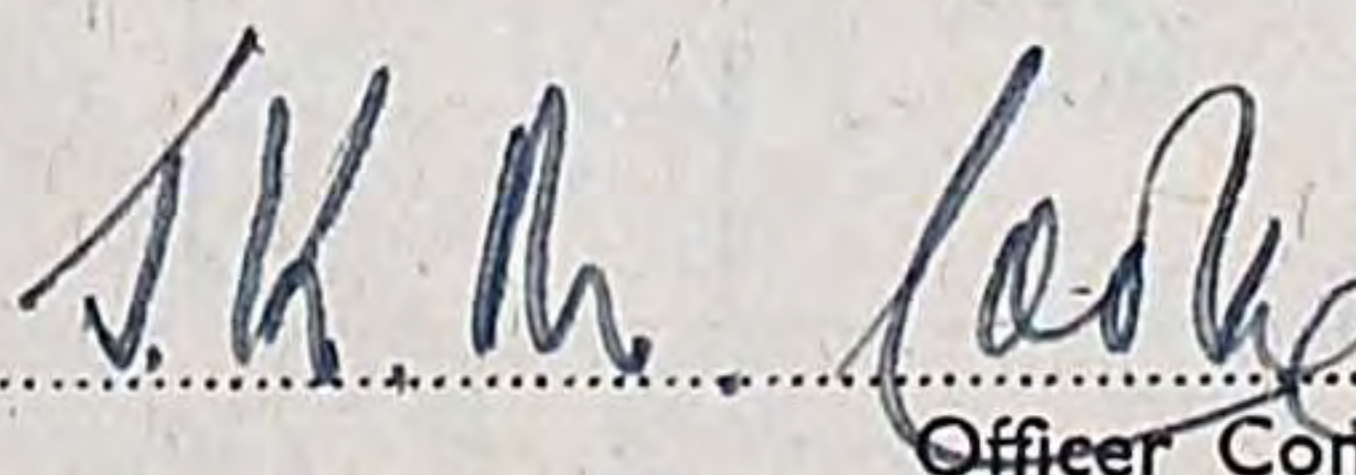
(Mark "X" in appropriate column for each.)

	Below Average	Average	Above Average
15. Night Vision Assessment ... ..		11/32	

16. Remarks :— Above average A/B. Keen and interested.

Date 23.1.44

Signed



W/Cdr

Officer Commanding

(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	Day	15.20	0.50	26.05	5.30	44.25
	Night	14.15	1.00	29.25	6.45	36.25

### 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	2	14	119	Mk. XIV S.H.
Medium Level ... ..		1	6	97	
Low Level ... ..					
Stick ... ..		4	8	119	
Live ... ..		1	1	490	
Simulation (by photography) ... ..		6		187	
High Level ... ..	Night	2	14	105	
Medium Level ... ..		1	6	164	
Stick ... ..		7	14	142	
Simulation (by infra-red) ... ..		14		5 success.	

Average Error of best 2 H.L. Exercises converted to 10,000' 92 yds. Day flying prior to changed syllab

### 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			FN.20
Air to Air—Self Tow ... ..						
Air to Sea/Ground ... ..						
Cine Camera Gun ... ..						
Air to Air—Self Tow ... ..	Night	2	1100			FN.5
Air to Sea/Ground ... ..						
Cine Camera Gun ... ..						

### 20. Photography :—

Exercise	Time	Number Attempted	Number Successful
Short Line Overlaps of turning points ... ..	Day	1	1
Pinpoints (Photo-flash) ...	Night	1	1

### 21. Operational Cross-Country Exercises :—

	Number of Exercises	Remarks on work done and ability shown with particular reference to map reading
DAY ... ..	5	Map reading average.
NIGHT ... ..	6	M/R above average. 1 Nickel.



leave  
Till  
14-9-42

"C.T.E. CANADA"

APPENDIX "C"  
M.10/40

R. C. A. F.

EVIDENCE OF EDUCATION

R.164715

This is to certify that AC.2 LAUDER G.R. has  
(Name)

been a student at the PRE-ENTRY AIRCREW EDUCATIONAL COURSE

at University of Montreal under the auspices of:  
(Place)

WAR EMERGENCY TRAINING PROGRAM

DOMINION PROVINCIAL YOUTH TRAINING PROGRAMME )

CANADIAN LEGION EDUCATIONAL SERVICES )

DEPARTMENT OF EDUCATION, PROVINCE OF...Quebec...)

Underline to  
indicate

He has taken the final R.C.A.F. examinations in ENGLISH  
(Subject)

SCIENCE and MATHS and has obtained  
(Subject) (Subject)

the following marks:

<u>Subject</u>	<u>Mark</u>	(Delete word not applicable)	
<u>ENGLISH</u>	<u>87</u>	Pass	<del>Fail</del>
<u>SCIENCE</u>	<u>54</u>	Pass	<del>Fail</del>
<u>MATHS</u>	<u>68</u>	Pass	<del>Fail</del>
AVERAGE	66%		

Date: Sept. 10th, 1942.

Signed

Joe P. White  
(Teacher)

A.F.M.59  
27.11.41



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

J. 28208

No. R164715

NAME.....Lauder, G.R.

[illegible]



OTTAWA, Canada, 29th May, 1944.

Mrs. Alfred Lauder,  
420 Charron Street,  
Montreal, Quebec.

Dear Mrs. Lauder:

It is with deep regret that I must confirm our recent telegram informing you that your son, Flying Officer Gordon Robert Lauder, is reported missing on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your son and the entire crew of his aircraft failed to return to their base after taking off to carry out bombing operations over Aachen, Rhineland, Germany, on the night of May 24th and the early morning of May 25th, 1944.

The term "missing" is used only to indicate that his whereabouts is not immediately known and does not necessarily mean that your son has been killed or wounded. He may have landed in enemy territory and might be a Prisoner of War. Enquiries have been made through the International Red Cross Society and all other appropriate sources and I wish to inform you that any further information received will be communicated to you immediately.

Your son's name will not appear on the official casualty list for five weeks. You may, however, release to the Press or Radio the fact that he is reported missing, but not disclosing the date, place or his unit.

Permit me to extend to you my heartfelt sympathy during this period of uncertainty and I join with you and the members of your family in the hope that better news will be forthcoming in the near future.

Yours sincerely,

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

*mr*  
/MR

*Ms/S/A*

*B*



419S/4-108

No. 419 (R.C.A.F.) Squadron,  
"MOOSE SQUADRON"

31st May, 1944.

Dear Mrs. Lauder:

I regret having to confirm the notification that you have already received notifying you that your husband, Flying Officer Gordon Robert Lauder, was missing from operations on the night of 24th May, 1944. This sortie was a major attack on one of the main German industrial targets and has since proved to have been very effective. Unfortunately, nothing has been heard of your husband's aircraft or crew since time of take-off and its loss can only be presumed to be due to enemy action. There is still quite a possibility that all or part of the crew may be prisoners of war but news of this could not be expected for some considerable time yet.

Gordon was with us for  $2\frac{1}{2}$  months and during that period took part in six night operations against the enemy. He had proved himself to be a very capable officer and a first class Bomb Aimer and invariably brought home very good pictures showing the effectiveness of his attacks. We are particularly sorry to lose a man of your husband's calibre as it is of such men that the Air Force depends on to such a great extent.

If any further news comes to hand, you may rest assured you will be notified immediately.

F/O Lauder's kit and personal effects have been collected and forwarded to the Central Depository, Colnbrook, Slough, Bucks., who, after completion of necessary details, will communicate with you as to their disposal.

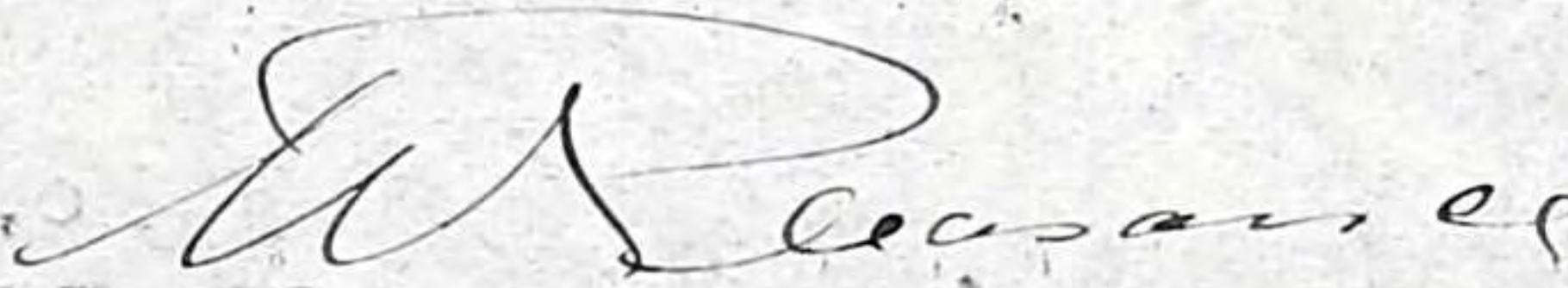
10 JUN 1944

AWAITING OF VIO  
ST THER 20104  
OVER



May I convey my sincere sympathy to you in your great loss and hope with you that better news may follow.

Yours sincerely,

  
(W.P. Pleasance DFC) Wing Commander,  
Commanding 419 (R.C.A.F.) Squadron.

Mrs. C.B. Lauder,  
1148 Chomedey St.,  
Apt. 2.,  
Montreal, P.Q. Can.

LETTER RECEIVED.....	10-6
ORIGINAL SENT.....	15-6
COPY TO OTTAWA.....	19-6
PHOTOS SENT TO.....	N/A



9

MINUTE 1.

D.P.S.

1. No.419 R.C.A.F. Squadron reported that Lancaster aircraft, KB.706, with a crew of 7, failed to return from an operational attack on Aachen. It left base at 23.39 hours on the 24th. May, 1944, after which no further news was received. The aircraft was due to return to base at approximately 04.39 hours on the 25th. May, 1944. P/O. D.M. Robson, F/Sgt. W.D. Lillico, F/O. G.R. Lauder and P/O. P.S. Smith were members of this crew.
2. A telegram from the I.R.C.C. quoting German information, states that W.O.1. Robson, Sgt. Lillico and one identified, not R.C.A.F. member of this crew, together with four unknown were killed on the 25th. May, 1944. As this completes the crew of seven, it is possible to assume that two of the four unknown are F/O. Lauder and P/O. Smith, however, action was not taken to re-classify them to "Missing Believed Killed in Action", as there is no confirmatory evidence regarding the death and burial of the four unknown.
3. A further telegram from the I.R.C.C. quoting German information, states that Sgt. Lillico was buried in the Communal Cemetery, Tilburg, North Brabant, Grave No.46. Tilburg, North Brabant is located in Holland. (see respective file, enc. 14).
4. In view of the evidence received and the lapse of time, it is accordingly submitted that the death of CAN/J86588 P/O. D.M. ROBSON, CAN/R164710 F/SGT. W.D. LILICO, CAN/J28208 F/O. G.R. LAUDER, and, CAN/J88153 P/O. P.S. SMITH, be presumed, for official purposes, to have occurred on the 25th. May, 1944.
4. The three remaining members of this crew were not R.C.A.F. personnel.

9/1/45.

*M. M. Goldberg LAC*

13/1/45.

*M. Cameron S6*  
for R.C.A.F. Casualties Officer.

MINUTE 2.

Minute 1. approved.

*5/2/45*  
*mc*  
**J. S. HARRIS.**

Wing Commander,  
for Director of Personal Services.

15/1/45.

*WRE*

ORIGINAL ON P.A. CAS/CAN  
"RETURNS" 4-12. 7. 180  
Para. 3. of

P.O. list to Ottawa 588 20/1/45.

12 N.C.O. i/c *M. M. Goldberg LAC*



S.14 (Cas.)C.5

POST PRESUMPTION MEMORANDUM NO. 4468/48

FILE NUMBER P.417616/44

DATE 20.9.48

Relating to LANCASTER KB.706

Missing on 25.5.44

Crashed at MOLENEIND, HOLLAND

NUMBER	RANK	NAME	BURIAL DETAILS	INFORMATION
			<u>TILBURG GENERAL CEMETERY</u>	<u>HOLLAND</u>
J. 86588	Plt.Off.	ROBSON D.M.	Grave 47	M.R.E.U. report burial of this crew as indicated.
1575907	Sgt.	SMITH T.H.J.	" 48	
J. 88153	Plt.Off.	SMITH P.S.	) " 49	
1099356	Sgt.	HOARTY J.	)(Communal)	
J. 28208	Fg.Off.	LAUDER G.R.	Grave 50	
1867863	Sgt.	MORGAN B.R.	" 51	Case closed.
			<u>BERGEN-OP-ZOOM CANADIAN CEM.</u>	
J.93687	Plt.Off.	LILLICO W.D.	Plot Row Grave 5 H 1	

Circulation:

P.File S.14. (Cas.C.5)  
 B.1(Alpha) S.14. (Cas.C.6)  
 B.1(Chron.Cards) Cas. Can.5  
 B.1(MEM)

G.203960(f)/JBD/9/48/NFS



P.417616/44/S.14.Cas.C.6.

2nd April, 1948.

Officer Commanding,  
Low Countries Detachment, M.R.E.S.

With reference to your 2MREU/2039/Air/X1610  
dated 30th January, 1948, and accompanying exhumation reports,  
it is agreed that the most satisfactory way of marking the graves  
would be as follows:-

J86588	P/O	Robson, D.M.	Grave 47
1575907	Sgt	Smith, T.H.J.	48
J88153	P/O	Smith, P.S.	49
1099356	Sgt	Hoarty, J.	Collective
J28208	F/O	Lauder, G.R.	Grave 50
1867863	Sgt	Morgan, B.R.	51

Please arrange for registration accordingly.

J.Y.D. Robinson.







# Royal Canadian Air Force

## CERTIFICATE OF PRESUMPTION OF DEATH

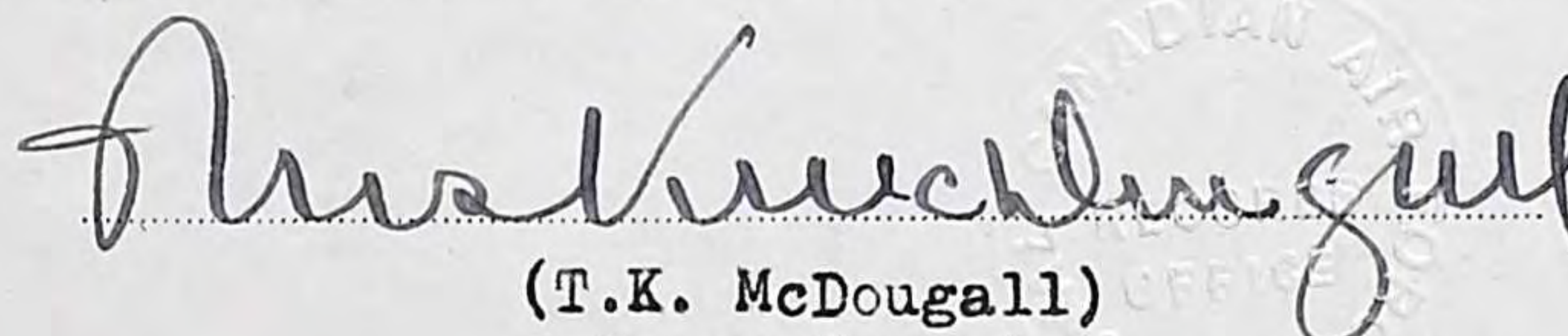
NO. 11160

**This is to Certify that**

J28208 FLYING OFFICER GORDON ROBERT LAUDER R.C.A.F.  
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 25th day  
of MAY, 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 15th day of FEBRUARY 1945



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



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county <b>OVERSEAS (GERMANY)</b>		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	
2. LENGTH OF STAY		(a) In hospital or institution		(b) In municipality where death occurred		(c) In Province	
3. NAME OF DECEASED		Surname <b>LAUDER</b> (Block letters)		Given names <b>GORDON ROBERT</b>		Do not write in this space	
4. RESIDENCE		Street <b>Chomedy Street, Apt. 2</b>		No. <b>1448</b>		City <b>Montreal</b>	
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)	
<b>Male</b>		<b>Canadian</b>		<b>English</b>		<b>Married</b>	
9. If married give name of wife or husband of deceased		<b>Berronard, Catherine Beatrice</b>					
10. BIRTHPLACE (Province or Country)		<b>Quebec</b>					
11. DATE OF BIRTH		<b>August</b>		<b>7th</b>		<b>1915</b>	
12. AGE OF DECEASED		Years <b>28</b>		Months		Days	
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		<b>Air Bomber</b>					
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		<b>R.C.A.F.</b>					
15. Date deceased last worked at this occupation		<b>May 25/44</b>		16. Total years spent in this occupation		<b>Two</b>	
17. NAME		FATHER		MOTHER (Maiden Name)		18. BIRTHPLACE (Province or Country)	
		<b>Lauder, Alfred</b>		<b>Gordon, Edith Rachel</b>		<b>England</b>	
						<b>Quebec</b>	
19. Place of burial, cremation or removal							
20. Date of burial		19					
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church					
		(b) Civil municipality of					
		(c) Municipal county					
		(d) Date					
		(Month)		(Day)		(Year)	

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death **May 25th** 19 **44**  
(Month) (Day) (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 for official purposes, presumed dead.**Morbidity 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.  
(b) due to  
(c)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? 19

26. Was there a surgical operation? Date of 19

State findings. Was there an autopsy? 19

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

Accident **May 25th** 19 **44**  
(State which)Manner of injury **Presumed killed during air operations**  
(How sustained)

Nature of injury

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



Mrs. Gordon Robert Lauder,

1448 Chomedey St.,

Apt. 2,

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. J28208 FD34

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

22 Feb 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

LAUDER, Gordon Robert

F/O

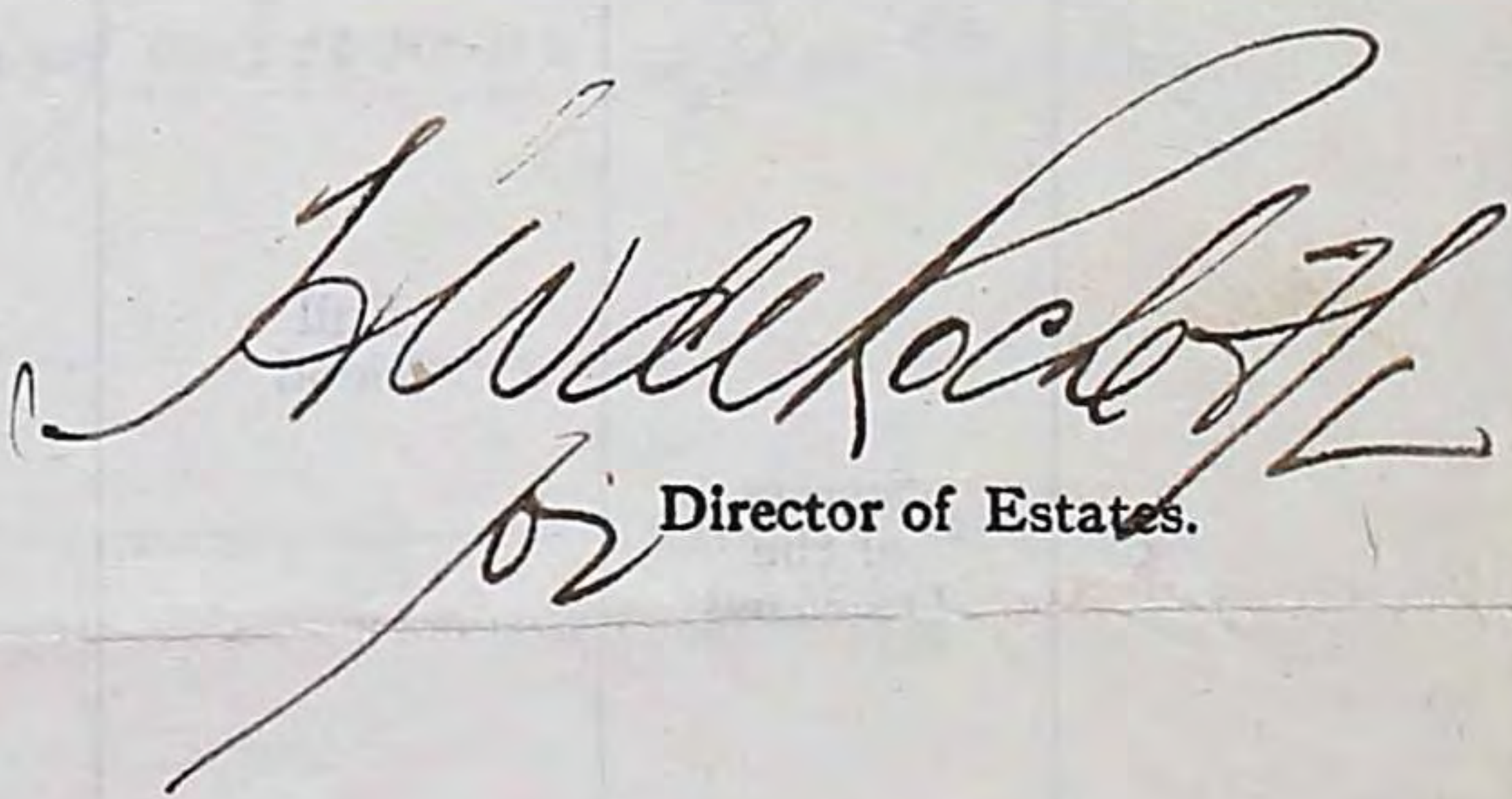
J28208

RCAF

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.

HWD/EK

  
Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	Catherine Beatrice Lauder	24	1448 C. Lomedy St. apt 2 Montreal, Que. Canada.
2	Children of the Deceased and dates of their Births.....	Estelle Ann Lauder	Born April 18, 1944	1448 C. Lomedy St. apt 2 Montreal, Que. Canada.
3	Father of the Deceased.....	Died Jan 18/1936 Alfred Hombin Lauder		
4	Mother of the Deceased.....	Edith Gordon Lauder	March 28th 1888	420 b. Larion St. Montreal, Que. Canada.
5	Brothers of the Deceased	Full Blood	George Alfred Lauder	26 yrs. 420 b. Larion St. Montreal, Que. Canada
		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.	<i>Garclon Robert Lauder</i>
9	Date of his birth.	<i>aug 7<sup>th</sup> 1915</i>
10	Place and date of his marriage.	<i>April 11, 1942 Montreal, Que. Can.</i>
11	Place and date of his parents' marriage.	<i>Montreal, Que. Can. Sept 1914</i>

PARTICULARS OF DOMICILE

12	Place where deceased was born.	<i>Montreal, Que. Can.</i>
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) <i>Montreal, Que. Can.</i> (c) (d)
14	Nature of employment before enlistment.	<i>Office Clerk</i>
15	State whether he owned the premises in which he lived, and, if so, where situated.	<i>NO</i>
16	Name place where deceased stated he intended to make his permanent home.	<i>Montreal, Que. Can.</i>

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	<i>will with R. C. A. F.</i>
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?	<i>Marriage Contract</i>
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	<i>Bank account - Royal Bank in Montreal Que. Can. also 22 in Royal Bank in London Eng.</i>
20	Amount of War Savings Certificates held by deceased. Indicate where located.	<i>\$60.00 in safety Deposit Box at Royal Bank of Can.</i>
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	<i>Prudential, \$800.00 mother as Canada Life Assurance Beneficiary and 1000.00 wife as Beneficiary.</i>
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.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	
<p>(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)</p>		

(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

\* Catherine B. Lauder wife 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.

Catherine B. Lauder {Signature of Informant  
1148 Concedley St. Apt 2 Montreal Que. Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Catherine B. Lauder

\*See above. { Name of informant } is the\* wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 16<sup>th</sup> day of March 1945

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

Langley Qualification Commissioner - Superior Court Dist. of Montreal

Address 5867 Notre Dame de Grace Ave Montreal Que.

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



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

R.C.A.F. R. 60  
(REVISED 1-42)  
40M-1-42 (1617)  
H.Q. 1062-3-45

WILL

(a) Names in full to be written. (1) (a) I, Gordon Robert Lauder of the City Town Village Township  
of Montreal in the County of Cartier  
Province of Quebec Office clerk  
(Official Occupation)

a member of the Royal Canadian Air Force, Number R 164715 do hereby  
revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife",  
"father", "mother",  
"friend", etc.  
(b) Insert the name of  
beneficiary(y) (ies) in  
full.  
(c) Insert the  
address(es) if known.  
(d) Here state "all of  
my estate" or the  
particular articles or  
money intended to be  
given.  
See reverse side for  
example.

(2) I GIVE, DEVISE AND BEQUEATH unto my

- (a) Wife  
(b) Catherine Beatrice Lauder  
(c) 1448 Chomedey St. (Apt. 2) Montreal, Que.  
(d) All my estate

Draw a diagonal line  
through Para. (3) if not  
applicable, i.e., if all Es-  
tate disposed of in Para.  
(2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:

- (a)  
(b)  
(c)

Name and address of  
Executor.

(4) I appoint Catherine Beatrice Lauder 1448 Chomedey St. (Apt. 2)  
(Name) (Address) Montreal, Que.  
to be the Executor of this my Last Will.  
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 15<sup>th</sup>  
day of September 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.

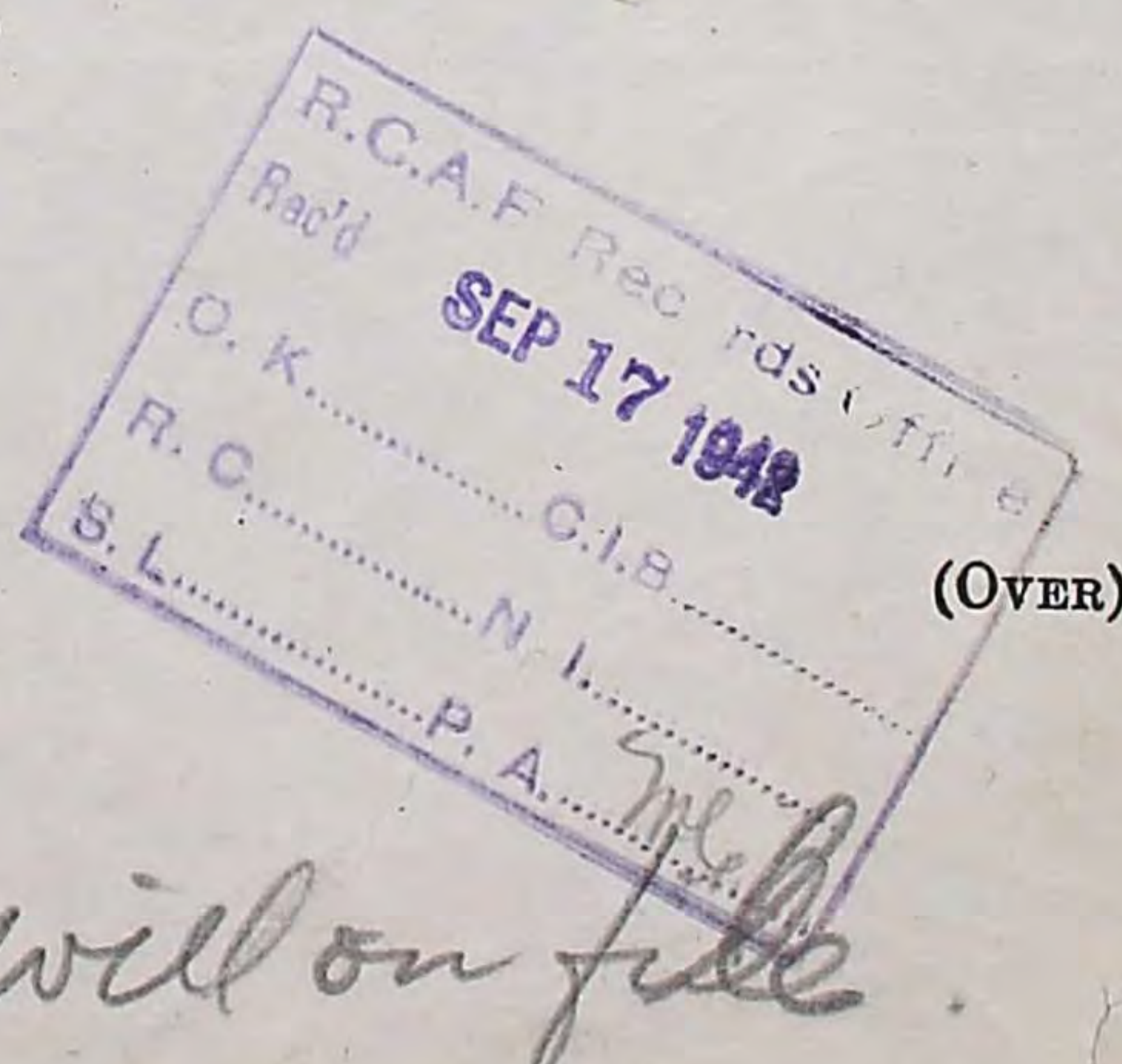
First Witness sign  
here.

(5) Robert P. Kessy Gordon R. Lauder  
(Signature) (Signature of Testator)  
742 Beatty Ave  
(Permanent Home Address)  
Clerk  
(Occupation)

Second Witness sign  
here.

R. Garneau  
(Signature)  
5876 St. Hyacinthe  
(Permanent Home Address)  
Clerk  
(Occupation)

(Witnesses are not to be beneficiaries.)





To be made out in duplicate

M.F.M. 5  
25M-0-42 (4975)  
H.Q. 1772-30-1651

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 LAUDER GORDON ROBERT  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R-164715 AC 2

(3) Unit No 5 M.D. LACHINE, QUEBEC

(4) Are you married? Yes

(5) If married, state,

(a) Full name of your wife CATHERINE BEATRICE LAUDER

(b) Present postal address of wife 1448 Chomedey St (Apt. 2) Montreal.

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

(7) Are you a widower? No

(8) Have you any children? No Number of boys -N.A. Girls N.A.

Names and ages N.A.

(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?.....*NO*.....

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

(11) Is your father alive?.....*NO*.....

If so, state name and address, occupation.....*N.A.*.....

(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.....*EDITA RACHEL LAUDER*  
*420 Charon St Montreal, Que*.....

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....*\$35.00 per month*.....

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?.....*Lives with my brother*.....

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

If so, state the following particulars:—

Relationship.....*N.A.*.....

Full Name.....*N.A.*.....

Postal Address.....*N.A.*.....

Amount contributed monthly during the past six months.....*N.A.*.....

(18) Are you insured?.....*Yes*.....

If so, in what Company?.....*Prudential Life Assurance Co.*.....  
(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.

Date.....*Sept. 15<sup>th</sup> 1942*.....

*Gordon R. Lauder*  
(Signature of officer or man)

Date.....*11.5.42*.....

*H.H. Smith*  
For Officer Commanding *825 M.D. Lachine, Que.*

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.



DEPARTMENT OF NATIONAL DEFENCE  
NAVY        ARMY        AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

PC 4  
AIR  
A-13658

DECEASED  
MEMBER'S  
NAME

Gordon R.  
(CHRISTIAN NAMES)

Lauder  
(SURNAME)

REGISTER NO.

FILE NO.

21856

DATE

25 July/45

SERVICE NO.

J28208

FINAL RANK OR RATING

F/O

DATE OF DISCHARGE

25 May/44

PAYEE  
ADDRESS

Mrs. Catherine B. Lauder,  
547 Charron St.,  
Montreal, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

25 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 650 EQUAL TO 21 COMPLETE PERIODS AT \$7.50

\$ 157.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 298 LESS 20 INELIGIBLE DAYS, EQUAL TO 278 DAYS @ 25C. PER DAY

\$ 69.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.00  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.70  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 61.12

\$ 2.03

TOTAL \$ 10.73

NO. OF DAYS 298  
183

X 7 = \$ 75.11

X \$ 75.11

\$ 122.31

D. WAR SERVICE GRATUITY

\$ 349.31

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 349.31

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 61.12 OF \$ 349.31 = \$ 349.31  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ 61.12

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 JFM CHECKED BY RT

TREASURY  
CHECKED BY W. L. Scott DATE 27-7-45

SERVICE REPRESENTATIVE



Treasury Office.  
Air Force Services  
OTTAWA, - CANADA.  
Rec'd. JUL 27 1945  
P. & A. SECTION



1 blue metal Suitcase containing:-

1 pr Civilian Trousers,  
1 pr Braces,  
2 Tunics,  
2 pr Trousers,  
1 Rain Coat,  
1 Great Coat,  
1 Dressing Gown,  
2 Shaving Brushes,  
1 Box of Mathematical Instruments,  
5 Tooth Brushes,  
1 Pr Gymn Shorts,  
2 pr Summer underwear,  
1 Pencil Sharpener  
1 pr Spectacles in case,  
1 Money Belt.  
1 pr Sun Glasses,  
1 Sewing kit,  
1 Small Mirror,  
1 pen  
1 Photo Wallet,  
1 Button stick  
2 pr Combination Underwear,  
1 Bathing Suit,  
3 pr Pyjamas,  
1 New Testament,  
1 Tie Clip  
1 Zip Post Folio  
2 Pullovers,  
2 Scarfs,  
2 Small keys,  
1 Set Lower Dentures,  
1 Cap F/S,  
1 pr. Khaki Trousers,  
4 Shirts,  
1 Waterman Pen & Pencil Set,  
1 Propelling Pencil  
1 Ruler

1 pr shoes,  
1 pr shoe trees,  
1 pr Goggles,  
1 Hand Towel,  
3 Shirts,  
1 pr Pyjamas,  
2 Sports Shirts,  
1 Pr Brown Leather Gloves,  
1 Handle  
2 Bundles of Personal Correspondence  
1 Bundle of Photographs & Personal papers,  
1 Brown Wallet containing  
6 Souvenir Coins  
Personal Papers,  
1 Personal Phonogram Record,  
1 Small Cloth Bag,  
1 Belt,  
1 pr Braces,  
1 Toilet Holdall,  
3 Luggage Straps,  
2 Shoe Brushes,  
13 Handkerchiefs,  
3 Ties,  
1 Nail File,  
7 pr Shorts,  
1 pr Suspenders,  
7 vests,  
1 Tooth Brush,  
16 pr Socks,  
1 Pamphlet,  
6 books,  
1 New Testament,  
1 Map,  
1 Blue Snap Case,  
1 Blue writing case,  
1 Brown Leather Grip (Zip U/S)

P. T. O.



- Bank Book - The Royal Bank of Canada Accts. No. 44399  
 2. Cheques - The Royal Bank of Canada - Serial Nos. A. 526073 to 096; A. 733123 to 144; A. 743945 to 968.  
 1. R.C.A.F. Form A.47 (Original Will included).

The above items have been extracted by the Unit and forwarded to R.C.A.F. Overseas Headquarters, London.

Cash amounting to 2/4d. found amongst the personal effects has been credited to his Service Account.

3 shirts,

1 Towel,

2 vests,

3 pr Socks,

1 Phonograph Record.

1 Personal Letter.

7 Snapshots.

2 Badminton Racquets.

2 Presses.

3 Shuttlecocks.

2 pr shorts,

1 pr pyjamas,

2 Handkerchiefs.

ORIGINAL STATION INVENTORY SIGNED BY ??

EFFECTS CH CKEC AT CENTRAL DEPOSITORY

24.6.44.

NO



J28208 (RO)



OTTAWA, Canada, 26th July, 1947.

R E G I S T E R E D

Mrs. Catherine B. Lauder,  
547 Charron Street,  
Montreal, Quebec.

Dear Mrs. Lauder:

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, G.R. Lauder.

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/HMD