ADRAIN
ROBERT ROSS ANDERSON
J37722

R.C.A.F. Special Reserve

FORCE No. R.189664 POSTED TO #13 Rec. Centre, Mtl, PQ TRADE Aircrew (ITS)(WETP)

RWP. 62-Rbb 23-11-43

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

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

1. Surname ADRAIN FULL Christian Names Robert Ross Anderson
2. Present Address 5823- Clanranald Ave., Montreal, P.Q. Telephone At.8587
3. Permanent Address 5823- Clanranald Ave., Montreal, P.Q.
4. Place of Birth ~~6th of September~~, Montreal, P.Q. Citizenship Canadian
5. Date of Birth September 6th, 1909 Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children NA.

| Name | Date of birth | Name | Date of birth |
|---|---|---|---|
| NA. | | | |
| | | | |
| | | | |
| | | | |

7. Occupation Salesman 8. Religion Prebyterian Church (State denomination)
9. Languages English, fluently French a little. (State proficiency)
10. Next of Kin (Full Name) Mr. A.W. Adrain Relationship Brother
    " Address 5823- Clanranald Ave., Mtl.,P.Q.
11. Father (Full Name) Mr. Samuel Adrain Birthplace Montreal, P.Q.
    " Address 4194- Westhill Ave., Montreal, P.Q. Citizenship Canadian
    " Occupation Retired.
12. Mother (Full Maiden Name) Jane Anderson Birthplace Glasgow, Scotland.
    " Address Deceased Citizenship Scotch.
13. Details of any Naval, Military or Air Force Service: None

| Unit | Place | Rank | Trade | Date From | Date To | Reason for discharge |
|---|---|---|---|---|---|---|
| NA. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

R.C.A.F. Records Office
Rec'd. SEP 14 1942
O.K. C.B.
R.C. N.I.
S.I. P.A.

14. Honours, Awards, Mentions None.
15. Are you now on any Naval, Military or Air Force Reserve? No.
16. Have you previously made application to join the R.C.A.F.? No. If so, where? NA.
    When? NA. Result NA.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No.
    If so, state nature of disability NA.
18. Have you ever been or are you now in receipt of a Disability Pension? No.
    If so, state nature of Disability NA.
19. Have you ever been convicted of an indictable offence? No. If so state nature NA.
20. Are you in debt? No. If so, state particulars NA.

5 11-322

21. Particulars of Education:

| — | Name of school | Date From | Date To | Courses—Subjects, etc. |
|---|---|---|---|---|
| Primary Education—Public or Separate School | Fairmount School, Montreal, P.Q. | Sept. 1917 | June 1924 | Primary Grade 7th. |
| High School—Collegiate Institute, etc. | Montreal High School, Montreal, P.Q. | 1924 | 1927 | Completed 3 yrs. H.S. |
| Technical School | | | | |
| University or School other than above | | | | |
| Correspondence Courses, etc. | | | | |
| | | | | |

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

| Employer and place | Duties, trades, positions | Date From | Date To | Reason for leaving |
|---|---|---|---|---|
| Greenshield Hudson Racine Ltd., St-Paul St., Mtl.,P.Q. | Salesman | 1927 | 1941 | Better position |
| Milner & Rhodes, Ltd., Montreal, P.Q. | Salesman | 1941 | --- | Still employed. |
| | | | | |
| | | | | |
| | | | | |

23. Flying Experience (in Hours) Solo None Dual N^a. Passenger NA.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. None.

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

Baseball - golf, hunting, fishing, swimming, (Occasionally)

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

If for Ground Duties, state Air Force trade in which you wish to enlist Aircrew I.T.S.
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. W.E. Rhodes | 3777- Melrose Ave., N.D.G., Montreal, P.Q. | Owner. of Milner & Rhodes |
| Mr. F. Godel | 227- Kensington Ave., Westmount, P.Q. | Buyer. for Milner & Rhode |
| Mr. J.M. Fraser | 4- Murray Ave., Westmount, P.Q. | Director of Greenshields Hudson Racine |
| Mr. H. Racine | 3878- Ramezay Rd., Montreal, P.Q. | Vice-president of Greenshields. |

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 July 13th 1942 Signature L. Adrain

4.9.42

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 102/89 Windsor Ont.

MMFacasse Cpl

## FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

[redacted]

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.....

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

I, Robert Ross Anderson ADRAIN .....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 Sept. 4th, 1942 R. Adrain
Signature of Recruit

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

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

Date Sept. 4th, 1942 R. Adrain
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, PQ. this 4th day of Sept. 1942

[signature]
Signature of Officer

Rank

#13Rec. Centre, Montreal, PQ.
Unit

# FOR OFFICIAL USE ONLY

## CERTIFICATE OF MEDICAL EXAMINATION

*Part 1. Information obtained from the applicant—*

1. Age. 37 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? for last 4 yrs.

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

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

Signature of Applicant L. Adrain

Examiner's Remarks *re* above Appendicectomy 1937.

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

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

2. Height 5' 7" feet inches. 3. Weight 158 pounds.

4. Complexion Dark 5. Color of Eyes Blue Hair Dark

6. Development ~~Good~~ ~~Fair~~ ~~Poor~~ 7. Chest Measurement—Full expiration 33 inches

Range of expansion 3 inches

8. Hearing—Right 20/20 Left 20/20 Tympana—Right N Left N

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

Left 20/25 Left nil

10. Condition of mouth and teeth Good -

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 A2B

8-8-42 X-Ray 136852 Negative R.M.B.

Any special remarks of the Medical Officers 4-9-42 Rc. Fit A1B A2B S.B.S.

Part 2 Cont.:

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 145/90.

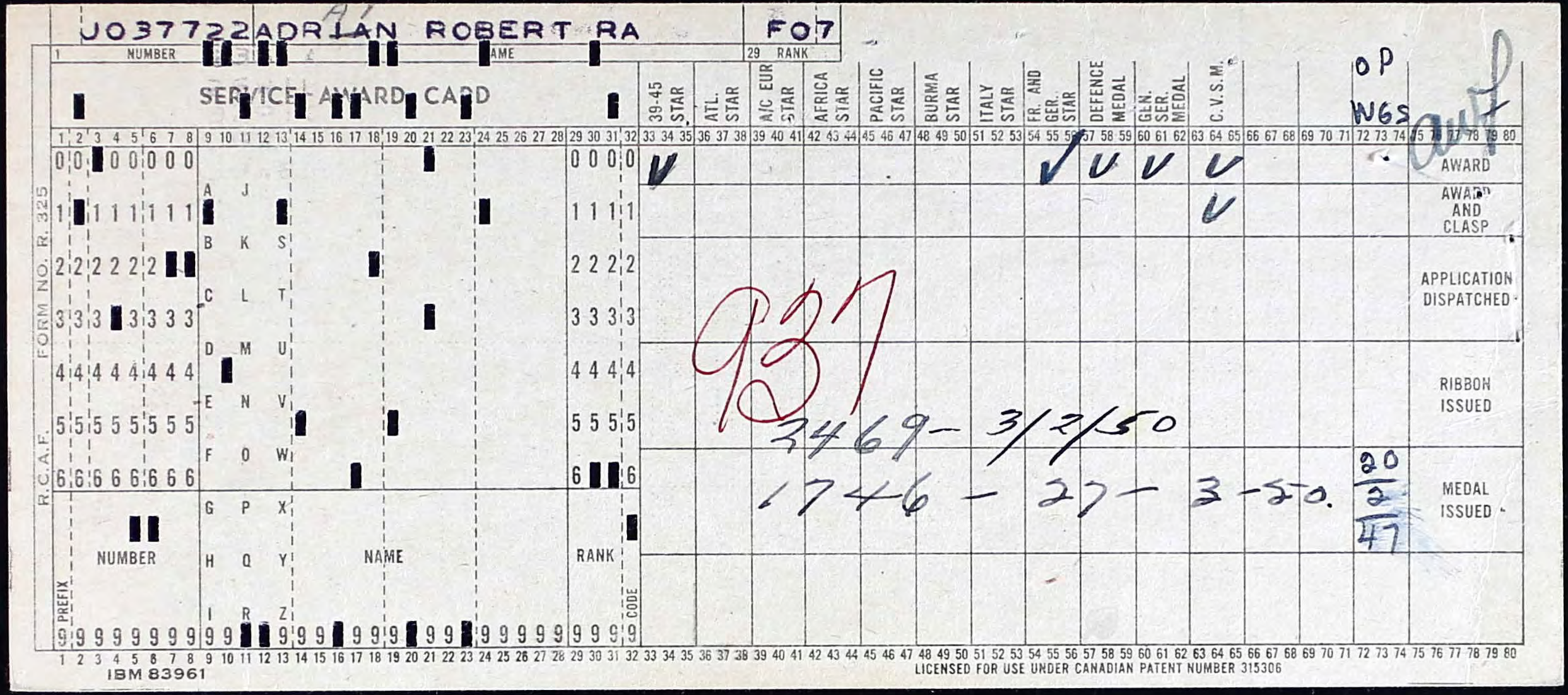
17. Colour Vision N

Date August 9th 1942

S. B. Simmons
President

R. M. Hawkes Fl
Member

Member


J037722 ADRIAN ROBERT RA
F07
1 NUMBER
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
GLN. SER. MEDAL
C.V.S.M.
OP
W65
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
937
3469 - 3/2/50
1746 - 27 - 3 - 50.
20/2/47
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Alexander H. Adrain (Brother)(Exec)

c/o ~~Gerard Mortel, Barrister, etc,~~

~~419 St. Hubert St.,~~

~~Montreal,~~

~~Que.~~

Clanranald

5823 Clanranald Ave.,

Montreal, P.Q.

Sept.-46

MEMORIAL BAR

DATE DESP.....

REGN. NO. 1,252

PERSONAL RECORD

Appendix "A" to
Bulletin No.261
28.8.42

R.C.A.F. Special Reserve

1. NAME ADRAIN ROBERT ROSS ANDERSON
(Surname) (In Block Letters) (Christian Names)

2. NUMBER R.189664 3. AGE

4. EDUCATION
(a) School or University last attended Montreal High School Mtl.,P.Q. From 1924 To 1927
(b) Highest standing attained (e.g. Grade XII Ont.,H.S.Entrance,B.A.degree, etc.
Completed 3 yrs. H.S.
(c) Subject or Course taken

5. TESTS
(a) C.T. Score 48 (Form ) (b) E.A.T. Score 12 (Form "A")
(c) C.A.T. Score (d) M.A.T. Score (e) Cl.A.T.Score

6. CIVIL EXPERIENCE (In chronological order by years)

| Employer, nature of business and place | Details of Duties | Date From | Date To |
|---|---|---|---|
| Greenshield HudsonRacine Ltdd Mtl.,P.Q. | Salesman | 1927 | 1941 |
| Milner & Rhodes Ltd, Mtl.,P.Q. | Salesman | 1941 | --- Still employed. |

Note: Time spent since leaving school or university must be fully shown without any unaccounted intervals. If applicant has had Service training (Military, Auxiliary, C.O.T.C., Air Cadets, etc.) particulars are to be attached in the form of a memorandum.

7. HOBBIES AND SPORTS
(a) In School Years
(b) In Civil Life Baseball, golf, hunting, fishing, swimming, (Occasionally)

8. OTHER QUALIFICATIONS (e.g. Languages, First Aid experience, Knowledge of typing, mechanics, etc.)

None.

9. Medical Category A1B,A3B I.O. Visual Acuity 20/20 20/25 Colour Vision N. Ish.

R.C.A.F. Records Office
Rec'd. SEP 14 1942
O.K. C.I.B.
P.C. M.2 Examination
not given
P.A.

12. Medical Classification (Mark X as applicable)

| Aircrew | Aircrew | | Aircrew |
|---|---|---|---|
| Fit for all aircrew duties (X) | Fit only for: Pilot ( ) Other than Pilot ( ) | Fit only for ground crew ( ) | M.2 Examination not given ( ) |

13. Recruiting Officer's Assessment Completed 3 yrs. H.S. Fair in maths. Health record good. Can drive a car - Salesman - Swimming - golf, hunting - Fair marksman - Keen to fly - Aircrew no preferences - Keen - good physique - Looks excellent potential - Recommended - Aircrew I.T.S. J.C. Laffoley F/O.

DATE 13-7-42 4.9.42

Commanding Officer
13 Recruiting Centre

Note: In the event of this applicant being recommended for rank and grouping under M.10/25 the information called for on the reverse side is to be provided.

**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 ADRAIN, ROBERT ROSS ANDERSON
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank J37722 P/O

(3) Unit #1 Y. DEPOT HALIFAX

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower?

(8) Have you any children? 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

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

Name

Postal Address

R.C.A.F. Records Office
MAR 15 1944
O.K. ... N.I. ...
R.C. ... P.A. ...
3 L. ...

[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 .....

(11) Is your father alive? YES.

If so, state name and address, occupation ADRAIN Samuel

4194 WESTHILL AVE. MONTREAL RETIRED.

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

(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.....

$15 per month.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? NO ESTATE REMAINING. BROTHERS SHARE SUPPORT.

(14) Is your mother alive? NO.

If so, state name and address .....

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

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? .....

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

(18) Are you insured? YES.

If so, in what Company? METROPOLITAN LIFE 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.

L. Adrain
(Signature of officer or man)

Date Nov/19/43.

---

A/S/O Batchelor
for: Officer Commanding No. 1 "Y" Depot, Halifax, N.S.

Date 20-November-43

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

FOR COMPLETION AND RETURN BY



**Form P. 64**

Mr. Samuel Adrain,
5823 Clanranald Avenue,
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. J.37722 FD 325

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

January 2, 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

ADRAIN, Robert Ross ~~Alexander~~ ANDERSON., F/O

J.37722 R.C.A.F.

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

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

ESTATES BRANCH FEB 8 1945 H.Q. OTTAWA NATIONAL DEFENCE

/CF

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 | | Samuel Adrain | 76 | 5823 Clanranald Ave Montreal, Que. |
| 4 | Mother of the Deceased | | Deceased | | Jan. 31st 1940. |
| 5 | Brothers of the Deceased | Full Blood | Alexander William Adrain | 43 | 5823 Clanranald Ave Montreal, Que. |
| | | Samuel. | Lorne Allan Adrain | 39 | 4194 Westhill Ave. Montreal, Que. |
| | | 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 Ross Anderson Adrain |
| 9 | Date of his birth. | September 6th 1909 |
| 10 | Place and date of his marriage. | — |
| 11 | Place and date of his parents' marriage. | Montreal - 1900. |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal - Que. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Montreal - Que - 1909 - 1939<br>(b) Windsor - Ont. - 1939 - 1941<br>(c) Montreal - Que. - 1941<br>(d) |
| 14 | Nature of employment before enlistment. | Salesman. |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | no. |
| 16 | Name place where deceased stated he intended to make his permanent home. | Montreal, Que. |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is? | no. |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | — |
| 19 | (a) Did he have a Bank, Post Office or other deposit account?<br>(b) Give name and address of bank, etc., and the amount on deposit.<br>(c) Do you wish it administered with the pay account?<br>(d) If it is a joint account, state the survivor's name and relationship to the deceased. | yes.<br>Bank of Montreal, University + St Catherine Sts Montreal. A/c # 4222. .85¢<br>yes.<br>— |
| 20 | Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located. | $130.00 FACE VALUE - BANK OF MONTREAL. UNIVERSITY + ST. CATHERINE STS. - SAFETY DEPOSIT BOX. #4 MONTREAL. |
| 21 | (a) Amount of Victory Loan Bonds left by deceased.<br>(b) State whether bearer or registered.<br>(c) State in whose name they are registered.<br>(d) During what loan were they purchased? (1st, 2nd, 3rd, etc.)<br>(e) In whose possession, and address, are they? | $200.00<br>Bearer - Registered as to principle<br>ROBERT. ROSS ANDERSON. ADRAIN.<br>4TH.<br>Alexander W. Adrain. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | METROPOLITAL 686-464 A3 $1675 FATHER.<br>LIFE INS. Co 244 128 A3 - $1559.33 ESTATE. |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | PROPERTY IN PARISH OF ST. ZOTIQUE, QUE.<br>ASSESSED VALUE - $900.00 - SEE OVER. |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>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. | |

(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

*Brother 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.

Alex Wadrau — {Signature of Informant}

5823 Clanranald Ave. Montreal — Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Alex W. Adrian

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

Dated at Montreal this 19th day of February 19 46

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

M. X. Murphy — Qualification Commissioner of the Superior Court District of Montreal

Address 3334 Hampton Ave. Montreal

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

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

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

RE. PROPERTY.

A piece of land situate, lying and being in the Parish of St. Zotique, known and designated on the Official Plan and in the Book of Reference for the Parish of St Zotique as being lot number twenty-two and part of lot number twenty-three (22 and Pt. 23) bounded in front by Public Road, in rear by the River St. Lawrence, on one side by the property belonging to Adolphe Leblanc or representatives and on the other side by the property of Stephen Leblanc or representatives, the whole as now fenced and with buildings thereon erected.

| | | |
|---|---|---|
| 300 | Shares Wayside Cons. Gold Mines Ltd. | No Value |
| 500 | Malrobic Mines Ltd | " " |
| 2 | Northern Chibougimau Mines Ltd. | " " |

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

ESTATES BRANCH
JUL 3 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

DATE.. July 2nd 1946

The Estates Branch has received the following personal effects of

NAME..... J37722 P/O. ADRIAN, R.R.A. .....

1 Zip Bag.
25 Prs. Socks.
1 Balaclava.
1 Box of Name Cards.
1 Sewing Kit.
12 Packets Razor Blades.
1 Hair Brush.
3 Shoe Brushes.
1 Tooth Brush.
1 Button Polisher.
1 Pr. Spectacles in Case.
1 Pr. Socks Suspenders.
22 Handkerchiefs.
2 Souvenir Negatives.
2 Prs Pants.
3 Prs. Combinations.
1 Woollen Pullover.
1 Woollen Cardigan.
6 Vests.
1 Dress Cap.
1 Blue Haversack, empty.
1 Plastic Cup.
1 Greatcoat.
1 Raincoat.
1 Tunic with B. Brevet.
1 Pr. Trousers.
1 Heating Unit and Flex.
3 Pipes.
2 Leather Note Cases.
2 Diaries.
1 Address Book.
1 New Testament.
1 Comb.
1 Padlock.
3 Ties.
1 Soap Box.
1 Leather Belt.
Photos.
Picture Post Cards.
Souvenir Cards, etc.
Envelopes.
Letters.
2 Tin Openers.
1 Pocket Knife.
1 Shoe Horn.
2 Cycle Spanners.
1 Eversharp Pen and Pencil.
2 Cycle Pumps.
1 Cycle Pump.
4 Pkts Playing Cards.
1 Torch Case.
1 Shaving Brush.
1 Gillette Dafety Razor in case with 3 blades.
7 Keys on Chain.
2 Woollen Scarves.
7 Shirts.
2 Prs. Leather Gloves.
1 Leather Writing Case
1 Towel.
4 Prs. Pyjamas.
2 Prs. Braces.

Received the effects as listed

SIGNATURE.. A.R. Adrian

DATE REC'D.. June 28/46...

EMS.

CONT'D.

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

DATE. July 2nd 1946.

The Estates Branch has received the following personal effects of

NAME. J37722 F/O. ADRIAN, R.R.A.

1 Pr. Sock Suspenders.
1 Pr. Pyjamas.
1 Towel.
2 Shirts with collars attached.
1 Vest.
6 Handkerchiefs.

1 Suitcase.

ESTATES BRANCH
JUL 3 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

Received the effects as listed

SIGNATURE. R.R. Adrian

DATE REC'D. June. 28/46...

EMS.

"A"

W I L L

(1) (a) I, Robert Ross Anderson Adrain, of the City of Montreal, in the County of (District)..... Province of Quebec, Salesman, a member of the Royal Canadian Air Force, Number R 139664, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Brother

(b) Alex William Adrain

(c) 5823 Claranald Ave N.D.G. Montreal

(d) Half.

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

(a) Brother

(b) Samuel Lorne Allan Adrain

(c) 4194 Westhill Ave. N.D.G. Montreal

(4) I appoint Alexander William Adrain, 5823 Claranald N.D.G. to be the Executor of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 24th.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.

(Signed) R.Adrain

(5) (Signed) D.R.Gareau
5676 McLynn Ave.
Montreal,Que.
Clerk.

( " ) Roger Godin
4854 St Emilio, Mtl.
Clerk.

331 BAU-0801.56 -5153 MAY 7-46

Form 0623—(5000-2-46)

# In the Superior Court

*Province of Quebec*
District of Montreal

*BE IT REMEMBERED* that on this seventh ----------
day of May ------ One thousand nine hundred and forty-six.

Before me, undersigned, Deputy-Prothonotary of the Superior Court, for the province of Quebec, in the District of Montreal.

CAME AND APPEARED:

ALEXANDER WILLIAM ADRAIN, of the City of Montreal, Chief Clerk, in his quality of Executor by and in virtue of the last will and testament of the late ROBERT ROSS ANDERSON ADRAIN, of the City of Montreal, Salesman.

Who, by virtue of my Fiat upon his petition presented to me this day produced the ---------- Last Will and Testament made in the form derived from the laws of England of the said---- late ROBERT ROSS ANDERSON ADRAIN, member of the Royal Canadian Air Force, who when on active service, disappeared and is now for official purposes presumed to have died since the 8th day of April 1945 ----------

and prayed to be permitted to make Proof of the said Will, and that Probate thereof be granted; and due Proof of the said Will having been made, before me, this day, as appears by the deposition hereunto annexed, I declare the said Will hereunto also annexed, dated the 24th day of September 1942 ----------

marked with letter "A" to be Well and Duly Proved, and I DO hereby ORDER that the said Will be deposited in the Archives of the said Superior Court, at Montreal, and be registered in the register of Probates of the said Court, and that authentic copies of the said Will be given according to law.

Given under My Hand and the Seal of the said Superior Court,
at the said City of Montreal.

(Signed)

HERVE ROCH

Deputy-Prothonotary of the Superior Court.

I, the undersigned, do hereby certify that the foregoing

Last Will and Testament of the said ROBERT ROSS ANDERSON ADRAIN

and the order touching the Probate of the same are true copies of the originals remaining deposited in the Archives of the Superior Court at Montreal.

Montreal 9th May ---- 19 46.

Deputy-Prothonotary of the Superior Court.

LD/Comp. L.D.

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J37722 ~~(R189664)~~ RANK FLYING OFFICER UNIT 463 SQDN (OVERSEAS)

TRADE A/B (G.L.)

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

NAME ~~XXXXXX~~ ADRAIN, ROBERT ROSS ANDERSON

PRESENT MARITAL STATUS SINGLE RELIGION PRESBYTERIAN CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR SAMUEL ADRAIN

RELATIONSHIP FATHER

ADDRESS 5823 CLANRANALD AVENUE MONTREAL QUEBEC.

ESTATES BRANCH DEC 7 1945 H. Q. OTTAWA NATIONAL DEFENCE

FATHER'S NAME MR SAMUEL ADRAIN

ADDRESS 5823 CLANRANALD AVENUE MONTREAL LIVING ON ENLISTMENT YES

MOTHER'S NAME DECEASED

ADDRESS LIVING ON ENLISTMENT NO

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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

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

CASUALTY DETAILS:

RITY CAS. SIG. NO.

AFHQ PRESUMPTION OF DEATH MEMO NO. 212----d---6-NOV-45

PREVIOUSLY REPORTED "MISSING" 8/APRIL-45 (OFFICIAL MISSING DATE CORRECTED) AFTER AIR OPERATIONS OVERSEAS (OVER LUTZKENDORF 12 MILES SSW OF HALLE GERMANY)

NOW "PRESUMED DEAD" 8-APRIL-45 FOR OFFICIAL PURPOSES.

LS (1)

ATTACHED TO N TO A. OF E.? YES/~~NO~~

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

P. OF D. A. OF E. COPY YES/~~NO~~

BOND LETTERS (3)

DATE 22-NOV-45

FOR CHIEF OF THE AIR STAFF

ADMINISTRATOR OF ESTATES, OTTAWA

47260

Robert Ross anderson Adrain 189664

# 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 K. ROSS ANDERSON ADRAIN (b) Reg'l. No. R119114
2. (a) Arm of service RCAF (b) Unit ..... (c) Rank AC2
3. (a) Date of birth Aug 6/1919 (b) Have you any dependents? ..... (c) Place of residence at time of enlistment Montreal Que
4. (a) Place of enlistment Montreal (b) Date of enlistment Sept 4/42

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 years (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.) 3 yrs. High School
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? 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, French (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) Working (b) At time of enlistment of what trade union or professional society were you a member? None

## 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 Wm. Rolph Clark Ltd. Address Montreal Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Manufacturers Agent
20. (a) Your specific occupation SALESMAN (b) Number of years' experience at this occupation with any employer 3 yrs.
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? — (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? —

MAR 3 1943 Office

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

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

DATE Feb 17/1943 194.. SIGNATURE R. R. Anderson

FORMULE 6

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

**N'écrivez pas dans cet espace**

**1. LIEU DU DÉCÈS**

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

Rue | No. | Hôpital ou institution

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

**3. NOM DU DÉFUNT**

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

Noms de baptême ou prénoms .....

**RÉSIDENCE**

**4.** Rue ..... No. .....

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

Comté municipal ..... Province .....

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

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

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

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

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

**OCCUPATION**

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

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

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

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

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

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

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

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

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

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

**N'écrivez pas dans cet espace**

## CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

### 24. CAUSE DU DÉCÈS

**I**

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

dû à

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

dû à

(c) .....

**II**

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

.....

**III** Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19.....

(b) Durée de la maladie ..... jours

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

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

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

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

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

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

Nature de la blessure .....

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

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

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

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

.....

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

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

.....

**(For English see other side)**

Declaration on file changing surname from "Adrian" to "Adrain"

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

**1. PLACE OF DEATH**

Municipal county: OVERSEAS (GERMANY)

Official name of civil municipality or township:

Place an X over the word that applies to this municipality: City | Town | Village | Parish | Township | Territory

Street: No.: Hospital or Institution:

**2. LENGTH OF STAY**

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

**3. NAME OF DECEASED**

Surname: ADRAIN (Block letters)

Given names: ROBERT ROSS ANDERSON

Do not write in this space

**4. RESIDENCE**

Street: Clanranald Avenue No. 5823

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): Quebec

**11.** DATE OF BIRTH: September (Month) 6th (Day) 1909 (Year)

**12.** AGE OF DECEASED: Years 35 | Months | Days | If less than one day old ....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: Apr. 8/45

**16.** Total years spent in this occupation: Three

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | Adrain, Samuel | Quebec |
| MOTHER (Maiden Name) | Anderson, Jane | Scotland |

**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: April (Month) 8th (Day) 45 (Year) 19....

**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.

due to

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

(b)

due to

(c)

**II**

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

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

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

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

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: April 8th 19 45

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

Nature of injury:

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

**Signed** ....**M.D.**

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

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

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

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

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

**(Voir l'autre côté pour le français)**

R 189664 A 9449

J37722
3456

Adrian RA

P/8

CONFIDENTIAL R.C.A.F. FORM 5030

# R.C.A.F. TRAINING REPORT

## AIR BOMBER & NAVIGATOR (B)

## NO....4...BOMBING AND GUNNERY SCHOOL

1. SURNAME ADRIAN CHRISTIAN NAMES Robert Ross Anderson

2. NUMBER R189664 3. RANK LAC 4. COURSE NO. 85

5. POSTED FROM No. 3 I.T.S. 6. DATE COURSE COMMENCED 28-6-43 7. DATE COURSE ENDED 17-9-43 8. POSTED TO No. 4 A.O.S.

| 9. EQUIPMENT USED FOR GROUND TRAINING | | | | |
|---|---|---|---|---|
| TYPE OF GUNS | RDS. FIRED 25 YD.RANGE | TYPE OF TURRETS | RDS. FIRED 200 YD. RANGE | HRS. TURRET MANIPULATION |
| Browning | 345 | Bristol | 900 | 14:00 |
| | | Fraser-Nash | | |
| | | Boulton-Paul | | |

| 10. GROUND WORK | | |
|---|---|---|
| SUBJECT | MARKS ALLOTTED | MARKS OBTAINED |
| BOMBING (WRITTEN) | 300 | 246 |
| BOMBING (ORAL) | 200 | 166 |
| ~~GUNNERY~~ Sighting (ORAL) | 100 | 75 |
| GUNNERY (PRACTICAL) | 200 | 171 |
| A/C & SHIP RECOGNITION | 100 | 40<br>47 |
| SIGNALS | 100 | 5 S |
| TOTAL | 1000 | 750 |
| PERCENTAGE | | 75. |

| 11. AIR WORK | | |
|---|---|---|
| PROFICIENCY ASSESSMENT | | |
| | ALLOTTED | OBTAINED |
| PROFICIENCY AS A BOMB AIMER | 600 | 276 |
| PROFICIENCY AS AN AIR GUNNER | 400 | 308 |
| TOTAL | 1000 | 584 |
| PERCENTAGE | | 58.4 |

| 12. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP | MARKS ALLOTTED | MARKS OBTAINED |
|---|---|---|
| | 100 | 76 |

| 13. DEGREE OF SUITABILITY FOR FURTHER TRAINING | 0 NOT AT ALL SUITABLE | 1 MODERATELY SUITABLE | 2 DEFINITELY SUITABLE | 3 EXTREMELY SUITABLE |
|---|---|---|---|---|
| AS A BOMBING INSTRUCTOR | | x | | |

(MARK "X" IN APPROPRIATE COLUMN)

14. REMARKS:-

Good steady pupil. Good aircrew material.

DATE:- ...17th. Sept./43

for (J. G. Kerr) G.C.
OFFICER COMMANDING
NO....4 BOMBING & GUNNERY SCHOOL

15. **FLYING TIMES (At this Unit)**

| TYPE OF AIRCRAFT | | BOMBING | GUNNERY | TOTAL |
|---|---|---|---|---|
| Anson<br>Bolingbroke | DAY | 29:45 | 16:55 | 46:40 |
| Anson | NIGHT | 5:40 | | 5:40 |
| | | | TOTAL | 52:20 |

16. **BOMBING:-**

| TYPE OF SIGHTS USED | NUMBER OF BOMBS DROPPED | | | | AV. ERROR BEST TWO H.L. GROUP EX. (DAY) (RD.CV.10000') |
|---|---|---|---|---|---|
| | TIME | HIGH LEVEL | LOW LEVEL | H.E. | |
| CSBS<br>MK IX A | DAY | 69 | 12 | | 85 |
| CSBS<br>MK IX A | NIGHT | 24 | | | |

17. **GUNNERY:-**

| TYPE OF TURRETS USED | TYPE OF GUNS USED | TIME | ROUNDS FIRED | | % HITS | COURSE AVERAGE (DAY ONLY) |
|---|---|---|---|---|---|---|
| | | | AIR TO GROUND | AIR TO AIR | AIR TO AIR | |
| Bristol | Browning | DAY | 300 | 3000 | 4.6 | 4.25 |
| | | NIGHT | | | | |

CONFIDENTIAL

# R.C.A.F. TRAINING REPORT

R.C.A.F. FORM 5031

## AIR BOMBER

No. 4 AIR OBSERVER SCHOOL

1. Surname ADRIAN Christian Names Robert Ross Anderson
2. Number R.189664 3. Rank LAC 4. Course No. 85
5. Posted from #4 B & G
6. Date course commenced 19-Sep-43
7. Date course ended ~~29-Oct-43~~ 3/Nov/43.
8. Posted to #1 Y Dpo.

| 9. GROUND WORK | | | 10. AIR WORK | | |
|---|---|---|---|---|---|
| Subject | MARKS ALLOTTED | MARKS OBTAINED | Subject | MARKS ALLOTTED | MARKS OBTAINED |
| (a) Air Nav.-Elements | 200 | 154 | (a) Air Nav.-Day | 200 | 156 |
| (b) Aircraft Recognition | 250 | 250 | (b) Air Nav.-Night | 200 | 124 |
| (c) Signals-Practical | 250 | 250 | (c) Bombing | 300 | 205 |
| (d) Reconnaissance | 150 | 127 | (d) Photography | 300 | 194 |
| (e) Photography | 150 | 129 | | | |
| Total | 1000 | 910 | Total | 1000 | 679 |
| PER CENT | | 91 | PER CENT | | 67.9 |

| 11. Assessment of qualities of Character and Leadership | MARKS ALLOTTED | MARKS OBTAINED |
|---|---|---|
| | 100 | 75 |

| Degree of Suitability for further training | 0 NOT AT ALL SUITABLE | 1 MODERATELY SUITABLE | 2 DEFINITELY SUITABLE | 3 EXTREMELY SUITABLE |
|---|---|---|---|---|
| 12. As an Instructor | X | | | |

(Mark "X" in the appropriate column)

13. Remarks:

Passed/~~Failed~~ Good steady pupil. Air work a bit low but will improve.
Good aircrew material.

Date 29-Oct-43 Signed W. J. Moore F/L
Officer Commanding

N.B. (Flying times shown overleaf).

14. Flying Times (at this Unit):

| Type of Aircraft | Time | Navigation | Armament Flying | Other | Total |
|---|---|---|---|---|---|
| ANSON | Day | 23:15 | | 5:55 | 29:10 |
| | Night | 19:30 | | | 19:30 |

# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F. LL

Name ADRAIN, Robert, R.A. No. J37722
Surname Christian Names

F/O R.C.A.F. O/S 8.4.45
Rank Unit Date of Death

AMOUNT W.S.G. 510.31
L.P.C. $ 507.23

Date 17 Sep 46 Other Credits .82

Total 1018.36

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Brother | Alexander William Adrain,<br>Executor under the will of,<br>Robert R.A. Adrain (deceased),<br>c/o Gerard Martel,<br>Barrister, Etc.,<br>4119 Saint-Hubert St.,<br>Montreal, P.Q. | 1018.36 |

P4. TO TREAS. 24-10-46 Qd

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 0000 9999 XXXX | 833 | 01 | 70 | 000 | 1018.36 |

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—5-46 (9153)
H.Q.1772-45-27

## SEVENTH VICTORY LOAN BONDS

**Certified that** J-37722 (Regimental No.) F/O (Rank) ROSS ANDERSON AORIAN (Name)

has subscribed for $ 200 00 SEVENTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/~~Draft/Crossed Warrant/Money Order~~, for $ $44/14/10 has been received.

(b) By monthly assignments of pay $ .....

Bonds to be delivered to : MR. ALEXANDER WILLIAM AORIAN, 5823 CLANRANALD AVE (SNOWDON) MONTREAL, QUEBEC.

Date : 19/10/44

**NOTE : This stub to be torn off and handed to subscriber.**

J M Robbins F/LT

(Unit Representative)

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

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

2
AIR

## STATEMENT OF WAR SERVICE GRATUITY

Ref. E5-75-16

DECEASED MEMBER'S NAME: Robert (CHRISTIAN NAMES) R Adrain (SURNAME)

REGISTER NO.

FILE NO. 30078

PAYEE: Receiver General of Canada

ADDRESS: Director of Estates, Ottawa, Ont.

DATE 22 Mar/46

SERVICE NO. J37722

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 8 Apr/45

DATE OF DISCHARGE 8 Apr/45

| | $ | ¢ |
|---|---|---|
| **A. TOTAL QUALIFYING SERVICE** | | |
| NO. OF DAYS 929/30 EQUAL TO 30 COMPLETE PERIODS AT $7.50 | | 225.00 |
| **B. QUALIFYING OVERSEAS SERVICE** | | |
| NO. OF DAYS 502 LESS 29 INELIGIBLE DAYS, EQUAL TO 473 DAYS @ 25C. PER DAY | | 118.25 |
| **C. SUPPLEMENT FOR OVERSEAS SERVICE** | | |
| DAILY RATES AT DISCHARGE | | |
| PAY | $ 7.00 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.70 | |
| ADDITIONAL PAY | $ | |
| | $ | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | |
| TOTAL | $ 8.70 ×7 = $ 60.90 | |
| NO. OF DAYS 502/183 | ×$ 60.90 | 167.06 |
| **D. WAR SERVICE GRATUITY** | | 510.31 |
| **E. DEDUCTIONS** OVERPAYMENT OF PAY AND ALLOWANCES | $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | |
| OTHER DEDUCTIONS | $ | |
| **F. TOTAL AMOUNT PAYABLE** | | 510.31 |

ESTATES BRANCH APR 2 1946 H.Q. OTTAWA NATIONAL DEFENCE

**G. YOUR PORTION OF GRATUITY IS—**

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

**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 |
|---|---|
| JLC | GB |

TREASURY

| CHECKED BY | DATE |
|---|---|
| | 25-3-46 |

SERVICE REPRESENTATIVE

# Protestant Board of School Commissioners

## of the City of Montreal

HIGH SCHOOL OF MONTREAL
3449 UNIVERSITY STREET
THOMAS SOMMERVILLE, M.A., RECTOR

Recruiting Officer's Office
Rec'd. SEP 14 1942
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
P. A. .....

Royal Canadian Air Force.

I hereby certify that Ross Rodrigue attended this High School from 4th September 1923 until June 1926, completing the first three years of High School Education in the Academic Arts Course.

16th July. 1942

J. Sommerville, M.A. Rector

COPY FOR H.Q. OTTAWA

J31[redacted] F/O RRA ADRIAN

(NUMBER) (RANK) (NAME)

No. 463 (R.A.A.F.) Squadron.
England.

9th April, 1945.

Mr. A.W. Adrain,
5823, Clanranald Ave.
Montreal, Que.
Canada.

Dear Mr. Adrain,

I deeply regret to confirm that your brother, Flying Officer Robert Ross Adrain, was reported missing from a bombing raid on Lutzkendorf on the night of 8/9th April, 1945, and no news, as yet, has been received of the missing aircraft and crew.

His effects have been sent to the Central Depository, and in due course you will be hearing from the Air Board regarding them.

Please accept our deepest sympathy at this anxious time, and the assurance that you will be notified immediately anything is known.

Yours sincerely,

K.M. Kemp

K.M. Kemp, Wing Commander,
Commanding No. 463 Squadron.

May 9 Feb 1976

RECEIVED
MAR 5 1945
CASUALTY
SECTION

C 4

P/31535
Rec. 10/8

1, Denbrook Crescent,
Long Street,
Bradford
Yorkshire.
22/8/45

19

Dear Sirs,

I shall be obliged if you can give me any further information re my fiance, J 37722 F/O R.R.A. Adrain, 463 Sqdn., R.A.F. Waddington, Nr. Lincoln, who was reported missing on the night April 8/9th after a raid on an oil refinery at Lutzkendorf in the Halle, Leipzig area.

24 AUG 1945

I have been in touch
with the Canadian Red
Cross. Burlington Gardens. W.1.
However their Records and
Prisoner of War Department is
now closing down and they
suggest that I communicate
with you.

Whilst fully realizing
the immensity of your task
I consider further investigation
is necessary regarding
missing aircrew personnel

and shall be obliged if you will go further into this matter.

Trusting to hear from you in the near future.

Yours sincerely,

Fm Tempest

24 AUG 1945

1, Denbrook Crescent,
Long Street,
Bradford
Yorks.
4/9/45

Dear Sirs,

Referring to my letter of the 22nd ultimo to which I have not yet received a reply, I would again enquire if any further details are to hand re my fiance'

F/O R. R. A. Adrain, Air Bomber, R.C.A.F. 463 Squadron, R.A.F.

- 6 SEP 1945

Waddington, Nr. Lincoln, Lincs.
reported missing 8th April
after a raid on an oil
refinery at Lutzkendorf in
the Halle Leipzig area.

According to information
received from the rear gunner
(the only member of the
crew known to have returned
to England) instructions
were given to bale out
practically over target, the
aircraft having been damaged

by an a/a shell, thereby causing a fire on the starboard wing.

For your information the captain of the aircraft was P/O Baulderstone, R.A.A.F.

I should be glad to know what steps are being taken in connection with missing aircrew personnel and any assistance would be greatly appreciated.

Yours faithfully,

J.M. Tempest.

- 6 SEP 1945

21

AIR MINISTRY

73-77 Oxford St, London.W.1.

8th September, 1945.

CAN/P431535-45/P.4.Cas.C.2.

Dear Miss Tempest,

I wish to acknowledge your letters of 22nd August and 4th September concerning Flying Officer R.R.A. Adrain, and to advise that no news of him or the five other missing members of the crew has been received other than that given to you by Sergeant Broadhead.

Our Missing Research and Enquiry Service is carrying out investigations on the continent into the fate of all our missing personnel. This is necessarily a work of great magnitude and it may be a considerable time before all districts can be covered, but you may be assured that any information received will be forwarded to you promptly.

Please accept my sincere sympathy in this trying time.

Yours sincerely,

G.E.N.WELSH

(J.S.Harris)Wing Commander,
for Air Officer Commanding-in-Chief,
R.C.A.F.Overseas.

Miss F.M.Tempest,
1 Denbrook Crescent,
Tong Street,
Bradford, Yorks.
GEJW/PJA

(3)

P.4. CAN CAS.
R.402.

J 377244 F/O Adrian
R 166028 W/O J. Bonby.

27

Sir,

I, 3041042 Sgt. BROADHEAD, was detailed for operations on the 8th of April, 1945, the target being Lutzkendorf in the Leipsiz area. The Captain of the aircraft was F/O Baulderstone and the aircraft letters were JO-V. We were briefed to do a supporting run over the target before bombing, and it was on this run that a shell burst between the starboard mainplane and tail plane. The aircraft heeled over to port and went into a dive, but the pilot levelled out, completed the supporting run and turned on for the bombing run. As we commenced to bomb, the engineer noticed that the starboard wing was on fire near the roots. The Captain feathered both starboard engines, and ordered the crew to put on parachutes.

The air-bomber had by this time dropped the bombs and we were leaving the target with the fire showing no signs of abating. After consultation with the navigator on our position, the Captain ordered the crew to jump, the time was then 23.10 hours. I acknowledged by saying "rear gunner jumping" and then took off my helmet, and fell backwards out of the turret, I cannot remember hearing any of the crew respond.

When I reached the ground, I heard rifle and machine gun fire, so I hurried away from the spot as quickly as possible and came into contact with the 80th Division of the American 3rd Army on the tenth of April, about 8 miles west of Erfurt at 22.30 hours.

I remain,
Your obedient Servant,

SIGNED. D. BROADHEAD SGT.

This refers to P431535.

34/cas Engl/1

RS

1. DENBROOK CRESCENT,
TONG STREET,
BRADFORD,
YORKSHIRE,
10TH. DEC. 1945

RECEIVED
12 DEC 1945
CENTRAL REGISTRY

J. 34722 F/O. ADRAIN, R.R.A. (BOMBARDIER).

Dear Sirs,

Having been in communication with Canadian Casualty Branch, Air Ministry, The Canadian Red X and all likely sources of information I have been advised by No 1. Canadian General Hospital, Canadian Forces, Netherlands to write you in order to obtain some information regarding my fiancé, the above named airman who was reported missing on 8/9th. April, 1945 after bombing an oil refinery at

was the last man to leave the kite.

Other members of the crew were as follows:-

1827202 Sgt. Philip. W.S.
30H 1131 Sgt. Blythe. B.
30H 10H2 Sgt. Broadhead. D.

Sgt. Broadhead is the rear gunner from whom I have got details of the raid. The 'plane was piloted by P/O. Bandlerstone. R.A.A.F. To the best of my knowledge one other member of the crew was Canadian, and one Australian. by I am not in possession of their names or numbers.

If these men were not shot by the Germans upon baling out it is my opinion that they must be in some obscure place — probably in Russian lands as it is extremely unlikely that five men would be killed in baling out.

If you could possibly investigate this case and let me have some news regarding any of the boys I should be most grateful. Looking forward to your co-operation and early reply.

Freda M. Tempest

Lutzkendorf, in the Berlin - Leipzig area.

According to the report given by the rear gunner, the only member of the crew to return to England, the crew was forced to bale out practically over target after receiving a hit from an A/A shell. None of the crew sustained any injury as a result of the attack but the aircraft was set on fire and was seen to go down in flames and crash by the rear gunner; who, with the exception of the pilot

APPENDIX e

COPY

A I R M I N I S T R Y,
73 - 77 Oxford Street,
London. W.1.
19th December, 1945.

P.431535/P.4.Cas/CLO.

Miss F.M. Tempest,
1, Denbrook Crescent,
Tong Street,
Bradford. Yorks.

Dear Miss Tempest,

Your letter dated December 10th, addressed to Canadian Army Records Office, has been referred to us for reply.

It is desired to advise you that no further information has been received since you were last advised, in connection with the Casualty which resulted in the loss of your fiance.

As all Canadian Casualty Records have now been transferred to Ottawa, Canada, your enquiry has been forwarded to them, together with a copy of this reply.

As you are probably aware, Missing Research units have been established on the continent, and we sincerely trust that when the search has been extended to the area in which your fiance was lost, further details will be uncovered and advised to you.

It is noted that in your letter you mention that the Rear Gunner was the 2nd last to bale out, and that he observed the crash of the aircraft.

In his statement which appears on our file, he says that he "cannot remember hearing any of the crew respond"to the order to bale out. He also makes no mention

Over

APPENDIX D

COPY

A I R  M I N I S T R Y

73 - 77 Oxford Street,

London. W.1.

19th December, 1945.

P.431535/P.4.Cas/CLO.

Dear Broadhead,

Quoted hereunder is a portion of a letter received from Miss F.M. Tempest, fiancee of F/O. Adrian, a member of your crew.

" According to the report given by the rear gunner, the only member of the crew to return to England, the crew was forced to bale out practically over target after receiving a hit from an A/A shell. None of the crew sustained any injury as a result of the attack but the aircraft was set on fire and was seen to go down in flames and crash by the rear gunner, who with the exception of the pilot was the last man to leave the kite. "

Could we kindly have a statement from you indicating:

(a) Whether you knew definitely that any other member of your crew baled out.

(b) Whether you observed the actual crash of the aircraft.

(c) Whether you observed any explosion in the aircraft subsequent to your baling out, but before the aircraft actually struck the ground.

You will appreciate that it is our strong desire to establish all the facts of the Casualty in which your aircraft was involved, and that information supplied by yourself will probably be of considerable assistance when our Search units on the continent are combing the area in which the crash

Over

took place.

SGD. (V.A. MULHALL) Squadron Leader,
for Air Officer Commanding-in-Chief,
R.C.A.F. Overseas.

3041042,
Sgt. Broadhead, D.,
25, Sanderson Road,
Brightside,
Sheffield, Yorks.

APPENDIX E.

COPY

3041042 F/S Broadhead,
c/o 25 Sanderson Road,
Brightside,
Sheffield.
Yorks.

Dear Sir,

Re' your letter dated 19/12/45. I am afraid I can't tell you definitely whether any of my crew baled out, but when we received the order to jump, all the crew were at their respective exit positions, so it is very likely that they got out.

On leaving the aircraft, I was dazed by the force of the slipstream, but I did hear a kind of an explosion, prior to my pulling the rip-cord. I can't say whether the explosion was caused by the plane blowing up in the air, or striking the ground.

When my'chute opened I looked down, and observed a large fire, which I presumed to be the aircraft.

On reaching the ground I heard rifle and machine-gun fire, about one mile away, which could mean, that any member of the crew was captured and shot.

I hope that I have been of some assistance to you in your search, and wish you success in finding my crew.

I remain sir,
Your Obedient Servant
Sgd. D. Broadhead.

J37722 (RO)

OTTAWA, Canada, 20th February, 1947.

R E G I S T E R E D

Mr. Alex. W. Adrain,
5823 Clanranald Ave.,
Montreal, Quebec.

Dear Mr. Adrain:

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 brother, Flying Officer, R.R.A. Adrain.

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/MCL

J 37722 (DPC)

Ontario,
3 December, 1951.

Mr. A.W. Adrian,
5823 Clanranald Avenue,
Montreal, Quebec.

Dear Mr. Adrian:

It is with reluctance that after so long an interval, I must refer to the loss of your brother, Flying Officer Robert Ross Anderson Adrian, but due to the lack of any information concerning him since hewwas reported missing, it must be regretfully accepted and officially recorded that he does not have a "known" grave.

Due to the extreme hazards attending air operations there are, unhappily, many thousands of British aircrew boys who do not have "known" graves and all will be commemorated on General Memorials that will be erected at a number of locations by the Imperial War Graves Commission (of which Canada is a member), each Memorial representative of a theatre of operations. One of these Memorials will be erected at Runnymede, England and the name of your brother will appear on that Memorial.

I realize that this is an extremely distressing letter and that there is no manner of conveying such information to you that would not add to your heartaches. I am fully aware that nothing I may say will lessen your great sorrow, but I would like to express to you and the members of your family my deepest sympathy.

Yours sincerely,

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

FFF/MS