

J86776
STAVES
ARTHUR

WIEBE

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 ARTHUR WILBERT SIMES (b) Reg'l. No. J 86776
2. (a) Arm of service R.C.A.F. (b) Unit #14 DEPOT LACHINE (c) Rank 710
3. (a) Date of birth 28-6-23 (b) Have you NO (c) Place of residence LACHINE AVE MONTREAL
any dependents? at time of enlistment
4. (a) Place of enlistment MONTREAL (b) Date of enlistment 24-9-41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on 18 (b) Were you attending school or college up to the time of enlistment? YES
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.) JUNIOR MATRIC.
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? NONE (b) What languages do you read well? NONE

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) NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member? —

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school? YES
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked GENERATOR ERECTION (b) State how long you had worked at this trade or occupation 1 MONTH
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 1-9-41
15. Give details of last employer, if any: Name MR. H. LARGE Address CON. GEN. ELECTRIC CO. TORONTO
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ELECTRICAL ENGINEERING
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it —

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 27-7-44 194 SIGNATURE Arthur Wilbert Simes

642
CONFIDENTIAL

K.T.S.
R.C.A.F. Special Reserve

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

R135001
ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q.

Date Sept. 19/41.

FILE NUMBER

Surname STAVES Chr. Names ARTHUR WILBURT
Nature of Commission M-2-1 Date of Birth June 28/23 Married or Single Single
Branch Gen List. Hours Flown None
Address 4030 Lacombe Ave., Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown No
Severe or "Sick" Headaches, Migraine No
Fits or Convulsions of any kind No
Sun or Heat Stroke No
Head Injury or Concussion (including "knock-out") No
Insomnia, Nightmares, Sleep-walking, or Bed-wetting No
(ii) LUNG TROUBLE or Consumption No
Bronchitis, Pneumonia or Pleurisy No
Asthma or Hay Fever No
(iii) HEART DISEASE, "Weak or Strained Heart" No
Fainting Attacks or Giddiness No
Rheumatism, Rheumatic Fever or "Growing Pains" No
Frequent Sore Throats or Tonsillitis T & A
Diphtheria, Scarlet Fever or Scarlatina No
(iv) STOMACH or BOWEL TROUBLE No
Chronic Indigestion or Pain after Food No
(v) KIDNEY or BLADDER TROUBLE No
Syphilis or Gonorrhoea No
(vi) TROPICAL DISEASE No
Malaria No
Dysentery No
(vii) EYE TROUBLE or Inflammation of Eyelids No
Wearing of Glasses No
Colour or Night Blindness No
(viii) EAR TROUBLE, Earache or Discharge from Ears No
Deafness, Noises in the Ears, or Dizziness No
Frequent Colds in Head, Catarrh or Obstruction No
Prolonged Hoarseness or Loss of Voice No
Sea, Car or Train Sickness No
Discomfort on Swings, Roundabouts, Switchbacks No
(ix) OPERATIONS T & A out 1927 No
(x) Any illness or Injury not mentioned above ~~XXXXXX 1927~~ German measles

Education Junior Matriculation, Four years High School.
Present Occupation Nil Hobbies Nil
Previous Service Nil
Athletics Football, Swimming.
Habits—Smoking Cig. 10 a day Alcohol No
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" Sister has nervous traits
Father Alive—Health good Dead—Cause N.A.
Mother Alive—Health good Dead—Cause N.A.
Brothers (0...) Alive—Health good (0.) Dead—Cause N.A.
Sisters (1.) Alive—Health (0.) Dead—Cause N.A.

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 20/9/41 Signature Arthur Staves Witness [Signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique...good.....(b) Mentality...Standard.....
 Body Marks, Scars, Deformities.....Nil.....
 Size of Thyroid Gland.....not palpable.....
 Surgical Abnormalities.....nil.....
 Results of Wounds, Injuries, Operations...Vaccination mark left arm.....

	Date...19-9-41	Date...22-12-41	Date.....	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	65"			Date...19-9-41. B.P. $\frac{140}{100}$
Weight (lbs.).....	144	146		
Chest Circumference (ins.).....	35" - 37"			
Body Build (lbs.).....	19	21		
LEG LENGTH (ins.).....	39"			
Pulse Rate { Sitting.....	72	90		Date.....
Standing 1st.....	84	96		
Standing 2nd.....	78	84		
After Exercise.....	108	108		
Time to Normal.....	25"	30		
Arterial Walls.....	soft			Date.....
Blood Pressure { Systolic.....	140	125		
Diastolic.....	100	85		
Room Temperature.....				
Heart { Size (in cms.).....	n.	N.		
Sounds.....	n.	N.		Date.....
Rhythm.....	neg.	REG.		
Lungs { Inspection.....	none			
Palpation.....	n.			
Percussion.....	n.			
Auscultation.....	n.	Clear		Date.....
Expiratory Force.....	150"			
X-Ray.....				
Reflexes { Knee.....	none	SL.		
Ankle.....	none			
Triceps.....	none			Date.....
Abdominal.....	none	Abs.		
Plantar.....	none	FL		
Cranial Nerves.....	none	N.		
Balancing Rod.....	R. L. none none	R. L. 3 U. 2 FS		
Self Balancing.....	R. L. none none	R. L. 3 U. 2 FS		Date.....
Tremors { Fingers.....	no no	0		
Eyelids.....	no no	0		
Abdomen { Liver.....	not palp.	N		
Spleen.....	not palp.	N		
Muscular Tone.....	good	Fair		Date.....
Urine { Albumen.....	neg.	Neg.		
Sugar.....	neg.	Neg.		
Initials of M.O.	<i>Sh</i>	F.C.B.		
40 mm. Hg. Test...7-788/887/787/878/87 - 70 secs.				
Date...22-12-41. 60 sec. 8/9 10 10/10 10 10/10 9 9/998				<i>Sh</i>
Date.....				
Date.....				
Date.....				
Date.....				

22-12-41. Borderline pulse. Otherwise very fit.
 Average type. Not very mature but should improve. WANTS PILOT. (3)

F.C. Barton, FL./LT.

EYE EXAMINATION

History	NIL.	No symptoms.
Visual Acuity	$\left\{ \begin{array}{l} 20/20, 2.25 D 20/200 \\ 20/20, 2.25 D 20/200 \end{array} \right.$	$\left\{ \begin{array}{l} 20/20 \text{ } \bar{c} + 2.50 = 20/200 \\ 20/20 \text{ } \bar{c} + 2.50 = 20/200 \end{array} \right.$
Colour Vision	Normal - Ish.	C.V.N. (#9 + shihara)
Red, Green	Esophoria	M.R. Eso 2
Diaphragm Test (P.D.)	60 bar thru at 2	P.D. 60 Bar at 1
Convergence	$\left\{ \begin{array}{l} C. = 7 \text{ cms.} \\ S. C. = 8 \text{ cms.} \end{array} \right.$	$\left\{ \begin{array}{l} 7 \\ 8 \\ 9 \end{array} \right.$
Accommodation	$\left\{ \begin{array}{l} R. \\ L. \end{array} \right\} 10 \text{ Cms.}$	$\left\{ \begin{array}{l} 9 \\ 9 \end{array} \right.$
Cover Test	No Shoria	At 20' N at 15 in. Sl. Lat. Div.
Fundi and Media	Normal	N. R.R.
Fields	None	N.
REMARKS:	NIL	R.H. R.E. FIT A1B-A3B.
Initials of M.O.	<i>[Signature]</i>	Initials of M.O. J.V.V.N.
Date	19/9/41	Date 22-12-41.

EXAMINATION OF EAR, NOSE AND THROAT

History	NIL T & A 1927
Hearing	$\left\{ \begin{array}{l} R. \text{ Ear } W.V. - 20 \\ L. \text{ Ear } W.V. - 20 \end{array} \right.$
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} R. \text{ Ear } N \\ L. \text{ Ear } N \end{array} \right.$
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} R. \text{ Ear } N. \text{ Patent} \\ L. \text{ Ear } N. \text{ Patent} \end{array} \right.$
Cochlear Apparatus	$\left\{ \begin{array}{l} R. \text{ Ear } - \\ L. \text{ Ear } - \end{array} \right.$
Vestibular Apparatus	$\left\{ \begin{array}{l} R. \text{ Ear } - \\ L. \text{ Ear } - \end{array} \right.$
Buccal Cavity	Clean
Teeth	Healthy
Gums	Healthy
Pharynx	Healthy
Nasopharynx	not seen
Nose	ear m.f. tuch. - 1
Larynx	not seen
REMARKS:	
Styp. mf tuch (1)	Initials of M.O. <i>[Signature]</i> Date 19/9/41.
	Initials of M.O. F.C.B. Date 22-12-41.
	Initials of M.O. Date

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

19/9/41. Good type. Passes tests well.

B.P. 140 To have recheck.
100

Inf. tuchinates enlarged - To have

D.P.N.S. consult M.

otherwise fit for aircrew "ATBT"

M. G. G. G.
M. G. G. G.

22-9-41. B.P. 135
85

D.P.N.H. recheck O.K.

Fit for aircrew.

"A1B" "A3B"

M. G. G. G.
M. G. G. G.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....30-12-41.

- (1) Fast pulse--otherwise fit.
- (2) Night vision test average plus
- (3) R.H.--R.E.

Category A1B-A3B.

F.C. Barton

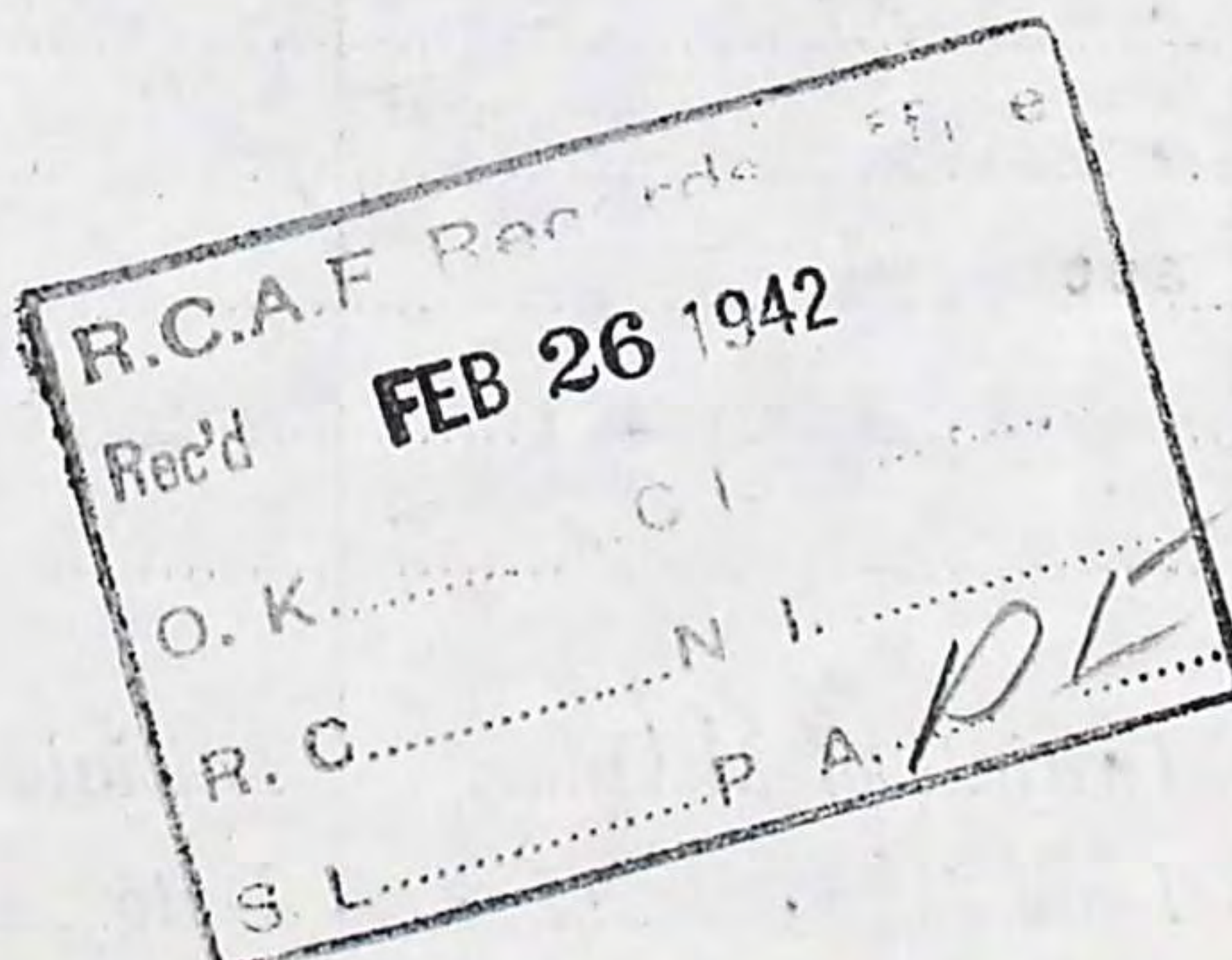
F.C. Barton, FL./LT.

NIGHT VISION TEST

17/32 Average +

DECOMPRESSION CH.

Com. med. good.



Mrs. C.M. Staves,

78 Burndale Avenue,
Lansing, Ontario.

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.86776 FD 81

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

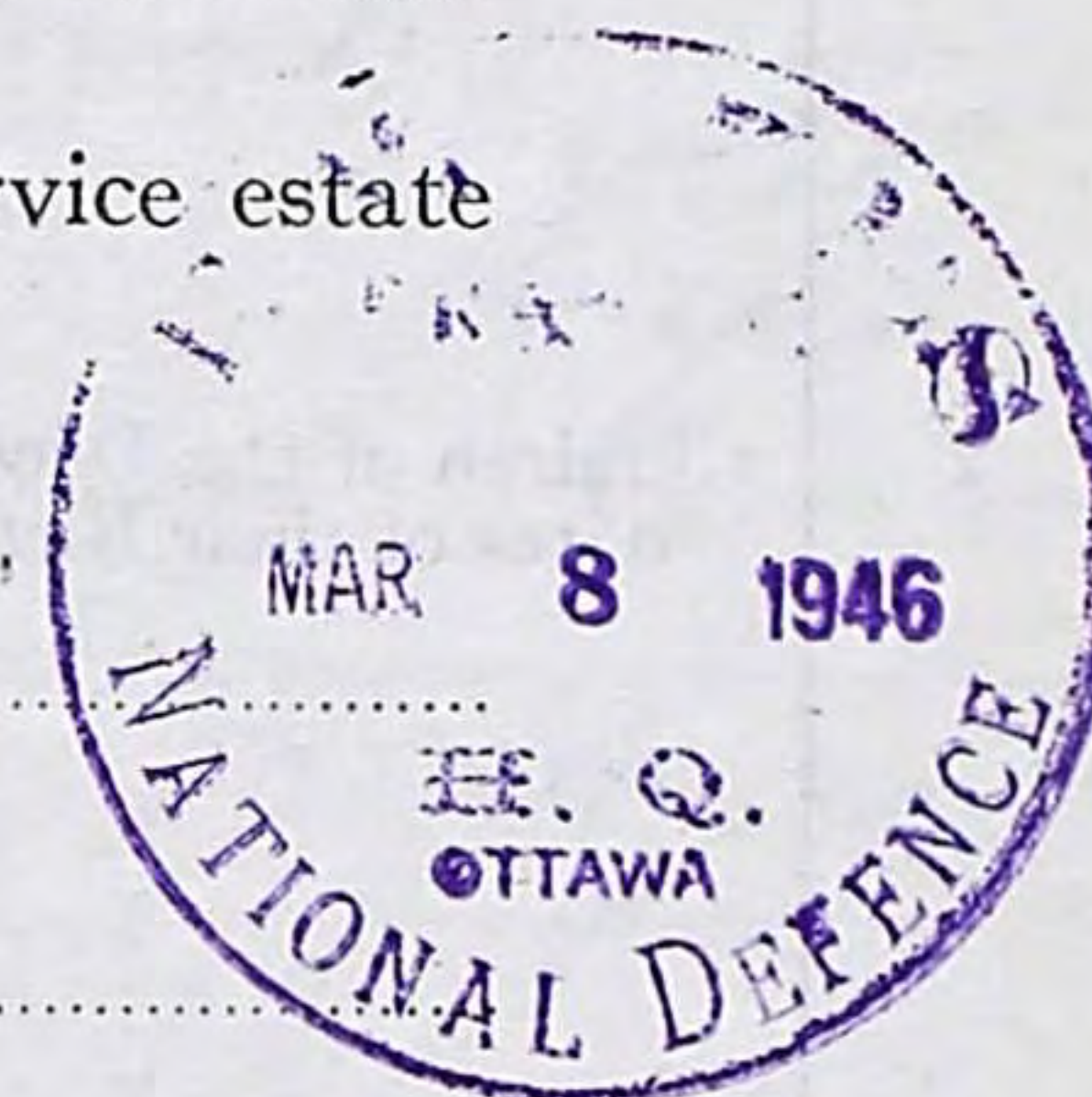
February 12th, 1946.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

STAVES, Arthur Wilbert, F/O

J.86776

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.

GWH/MEM

Gordon H.
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.....	Olive Staves	25	1171 Summerways Road, Hull, Yorks. England	
2	Children of the Deceased and dates of their Births.....	None.			
3	Father of the Deceased.....	Edward Staves	53	78 Burndale Ave. Lansing, Ont.	
4	Mother of the Deceased.....	Christina M. Staves	52	Same.	
5	Brothers of the Deceased	Full Blood	None.		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Christine H. Staves. 23	78 Burndale Ave. Lansing, Ont.	
		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		

8	Full
9	Date
10	Place
11	Place
12	Place
13	State
14	Nat
15	Stat
16	Nam
17	Did
18	If m
19	(a)
	(b)
	(c)
	(d)
20	Am
21	(a)
	(b)
	(c)
	(d)
	(e)
22	If c
23	De
24	Di

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Arthur William Staves
9	Date of his birth.	28 th June 1923
10	Place and date of his marriage.	Hull. 19 th August 1944.
11	Place and date of his parents' marriage.	Hill of Beath. Fife, Scotland. 14 th July 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hill of Beath. Fife, Scotland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Toronto Ont. 1 year. (b) Winnipeg. Man 12 years (c) Montreal. Que. 6 months. (d)
14	Nature of employment before enlistment.	East Kildonan Collegiate School.
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	Canada

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?	No.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	None.
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Ins. Co. \$340 Metropolitan Ins. Co. \$234
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

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.	None.
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DECLARATION

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

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

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

Christina M. Staves {Signature of Informant
78 Burnside Ave. Lansing {Address
Ontario

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

*See above.

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

Dated at Lansing, Ont. this 5th day of March 1946

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

Address

Qualification

W.B. Jenkins Commissioner of Oaths
78 Poyntz Ave. Lansing, Ont.

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

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 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>no</u> |
| (i) Flat or Deformed Feet..... | <u>no</u> | (r) Other Disease or Defect..... | <u>German measles</u> |

3. Have you ever worn glasses? no

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

Examiner's Remarks re above.....

5. I certify that I have revealed my full
medical history and have disclosed
any relevant information.
Arthur Starnes
Signature of Applicant

Inf in 1927.

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

1. Identification marks or scars (if operative obtain history).....
Wacc mark left arm
2. Height..... 5 feet..... 7 inches. 3. Weight..... 144 pounds.
4. Complexion..... medium 5. Color of Eyes..... Hazel Hair..... Brown
6. Development { Good ☒
Fair ☐
Poor ☐ 7. Chest Measurement—Full expiration..... 35 inches
- Range of expansion..... 2 inches
8. Hearing—Right..... W.V. 20' Left..... W.V. 20' Tympana—Right..... N Left..... N
9. Vision—Without glasses—Right..... 20/20 With glasses—Right..... 1
- Left..... 20/20 Left..... 1
10. Condition of mouth and teeth..... Good
11. Urine—Albumen..... N Sugar..... N
12. Abnormalities (Congenital and Pathological) found on Examination.....

Shyp. Inf. Kuruato - Left.
Hypertension

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

A, B, C
A, B, A, B

32
9
41

Any special remarks of the Medical Officers.....

I have D.P.N. H. consult
re name
Hypertension - Recheck
sm

Part 2 Cont.

13. Reflexes..... N

14. Heart..... N

15. Lungs..... N

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

17. Colour Vision.....

normal 28h
22/9/41

Date.....

19.....

President

Member

Member

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(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, **Arthur Wilbert Staves**.....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. 24th**.....19 **41**.....**Arthur Staves**
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

I, **Arthur Wilbert Staves**.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date.....**Sept. 24th**.....19 **41**.....**Arthur Staves**
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.....**24**.....day of.....**Sept.**.....19.....**41**

M. Massue Gb.
Signature of Officer.....Rank.....**RCAF Recruiting Centre Montreal.**
Unit

This airman has not been fingerprinted.

DATE.....
for C.O., RCAF. Recruiting
Centre, Montreal, P.Q.

SEP 27 1941

C.I.B.

A. H. Reynolds

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Prince Edward Public School Winnipeg, Manitoba	1929	1937	Primary Courses
High School—Collegiate Institute, etc.....	Lord Wolseley High School Winnipeg, Manitoba	1937	1941	Matriculation Course
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		Reason for leaving
		From	To	
Canadian General Electric Beauharnois, P.Q.	Helper - Generator erection	July 1941	Sept. 1941	To return to school

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

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

.....None.....

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

.....Soccer & Swimming - moderately.....

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.....Pilot.....
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~~ ⁴ persons who can give references as to character and ability.

Name	Address	Occupation
Mr. M. Thurling	Canadian General Electric Co. Montreal, P.Q.	Manager, Contract Service Dept.
Mr. J.H. Moir	111 Hazeldell Avenue, East Kildonan, Manitoba	Principal of East Kildonan Collegiate
Captain C. Smith	Highway Lunch East Kildonan, Manitoba	Owner
Rev. P.V. Samson	East Kildonan United Church East Kildonan, Manitoba	Minister

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.....September 13th.....1941.....Signature.....Arthur Stanes.....

+

AIR FORCE No. R135001 POSTED TO # 1 M.D. Toronto, Ont. TRADE Pilot or Observer Std.

ROYAL CANADIAN AIR FORCE
(ATTESTATION PAPER)

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

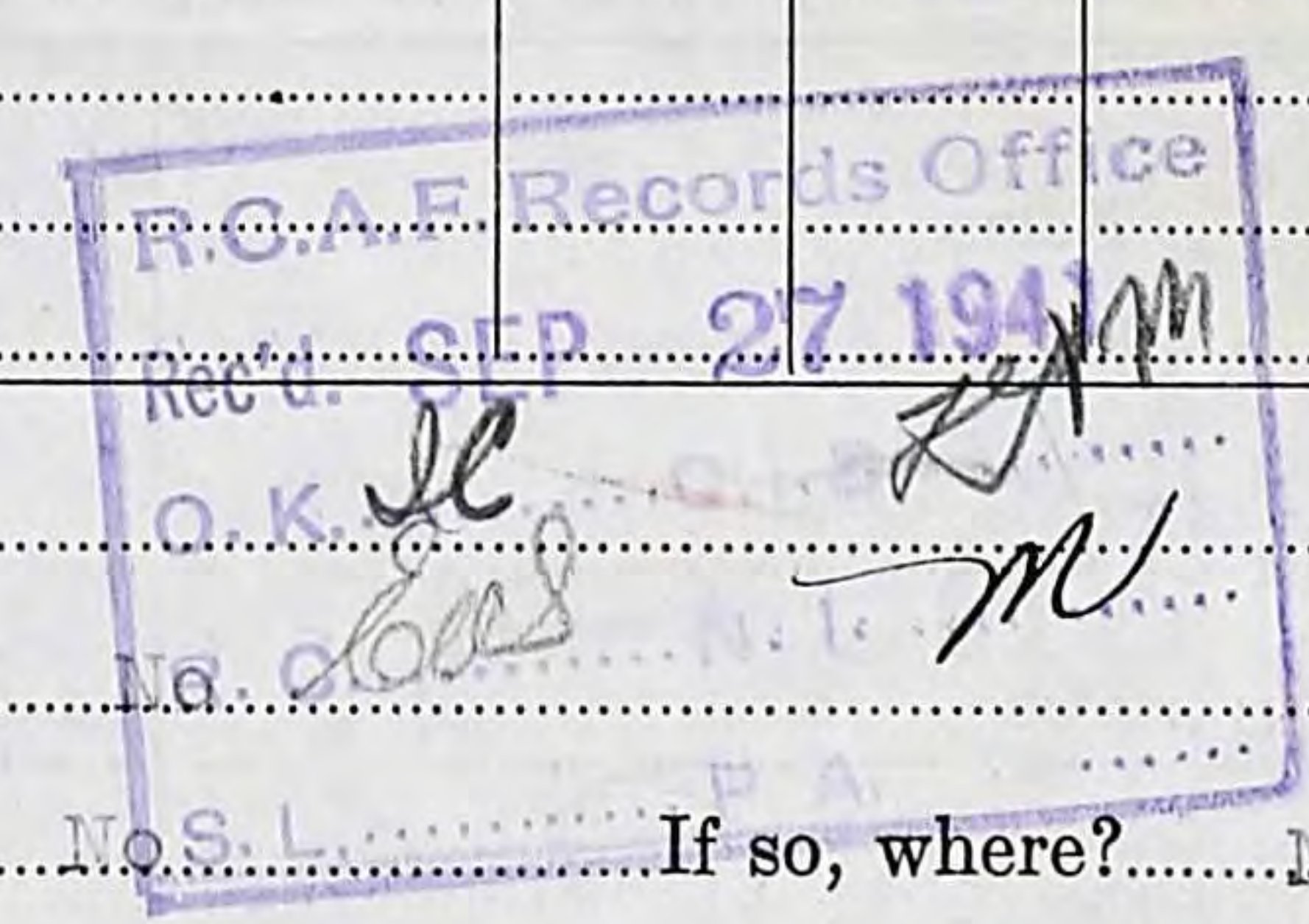
1. Surname STAVES FULL Christian Names ARTHUR WILBERT
2. Present Address 4030 Lacombe Avenue, Montreal, P.Q. Telephone None
3. Permanent Address 4030 Lacombe Avenue, Montreal, P.Q.
4. Place of Birth Victoria Cottage, Hill of Beath, Dunfermline, Scotland Citizenship Canadian
5. Date of Birth June 28th, 1923 ~~Married~~, ~~Single~~, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single
6. Particulars of Children None

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

7. Occupation Unemployed 8. Religion United Church
State denomination
9. Languages English Fluently
State proficiency
10. Next of Kin (Full Name) Edward Staves Relationship Father
" Address 4030 Lacombe Avenue, Montreal, P.Q.
11. Father (Full Name) Edward Staves Birthplace Hull, England
" Address 4030 Lacombe Avenue, Montreal, P.Q. Citizenship Canadian
" Occupation Electrical Engineer
12. Mother (Full Maiden Name) Christina Wanderson Burt Birthplace Victoria Cottage, Hill of Beath, Dunfermline, Scotland
" Address 4030 Lacombe Avenue, Montreal, P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service: None

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
N.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? 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.



Handwritten signature and initials in red ink.

Handwritten number 215-187 and other markings.

ROYAL CANADIAN AIR FORCE



Right Index
Fingerprint



Name STAVES Arthur Wilbert R 1 3 5 0 0 1

Rank ~~1st Lt~~ *Capt* R C A F

Age 18 Height 5'5" Weight 150

Hair Brown Eyes Brown Hair on face Light

Marks, scars, etc. None visible

Arthur Staves (Signature of holder)

A. W. Kennedy 3/10 (Signature of issuer)

Place # 1 M Depot Toronto Ont Date Sept 26-41

Card serial number

67495

IF YOU LOSE THIS CARD, notify your C.O.

immediately, giving him full particulars

IF YOU FIND THIS CARD, please mail in

an envelope addressed to: "The Secretary;

Dept. National Defence (Air); Ottawa, Canada; Attention P.I.B."

NO POSTAGE NECESSARY

1944-45 L.C.E. ONT.

43





STAVES, A.

FO7

NUMBER

NAME _____

29	RANK
----	------

SERVICE AWARD CARD

39-45
STAR

ATL. STAR

A/C EU
STAR

AFRIC/STAR

PACIFIC STAR

**BURMA
STAR**

ITALY
STAR

ER. AN
GER.
STAR

DEFEND
MEDAL

GEN.
SER.
MEDAI

C. V. S.

✓



135

1

1

NUMBER

H O

NAME

RANK

3003 CODE

AWARD

AWARD AND CLASP

APPLICATION
DISPATCHED

RIBBON
ISSUED

MEDAL
ISSUED

215546 $\frac{10}{49}$

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

2388- 13/3/50

Mrs. Olive Staves (Widow) (18-3-50)

~~78 Burndale Ave.~~, 171 Summergangs Rd.,

~~Lansing,~~

~~Ont.~~

Hull East,
York, England

Sept. 16

17-2-47
MEMORIAL BAR

DATE DESP

REGN. NO

2535

NAME STAVES, Arthur Wilbert,

FILE NO. FD8

RANK ~~P/O~~ F/O

CATEGORY

~~MISSING~~ PRES DEAD

REG. NO. J86776

DATE OF DEATH: 6 JAN-45 MOTHER LIVING: YES

WIFE: YES

MINISTERIAL CARD: 23-1-45 ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN:

To Wife- To Mother and Father-

To Wife & Father & Mother 24-Oct-45

Mother- & Father-

Mrs. A. W. Staves,
171 Summergangs Road, Hull,

Mr & Mrs. Edward Staves,
78 Burndale Avenue,
Lansing, Ontario.

~~HULL~~ East Yorkshire, ENGLAND.

DEL'D TO MOTHER:

DEL'D TO WIFE:

COMMAND:

RELIGION:

MB

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.

86776¹
Air Force No. R135001 Surname STAVES
Christian Names (in full) ARTHUR WILBERT
Date of Birth 28.6.23 Religion U.C.
Date of Enlistment/Appointment 24.9.41
Married (M), Widower (W) or Single (S) S
Occupation in Civil Life HELPER-GENERATOR
ERECTION
Signature of Holder Arthur Staves
Name and Address of Next-of-Kin Father
Edward Staves - 129
CHILTERN HILL RD - TORONTO
Que.
Name, Address, and Relationship of Person to be informed
of Casualties—
.....
.....
.....
.....
.....
Certified Correct J. A. B. Mackenzie S/L
Date 2.4.43 Place RCAF O/S HQ

2

[illegible]

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
AC2	24.9.41		
LAC	9.3.42		
SGT	27.4.42		
F/SGT	27.10.42	19070	
WO II	27.4.43	30/43	
PO	8.6.44	19073	
FO	8.12.44	30/43	
		0/01015/44	
		0/01287/44	

} Robinson

52

[illegible]

(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]

LEAVE RECORD
(With Special Leave Warrant A.24)

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

MEDICAL CLASSIFICATION

[illegible]**BLOOD GROUP**

Date	International	Initials of M.O.

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

Susceptibility Test	Date	Result	
Schick Test.....	26.9.41	NEG	} ysa
Dick Test.....	26.9.41	NEG	
.....			

[illegible][illegible]

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

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

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

P.O.R. 102.

101-101-9-D

19

210

24-6-0
45-0-0
32-0-0

10/10-0

J86776 (R.O.)

OTTAWA, Canada, 10th February, 1947.

REGISTERED

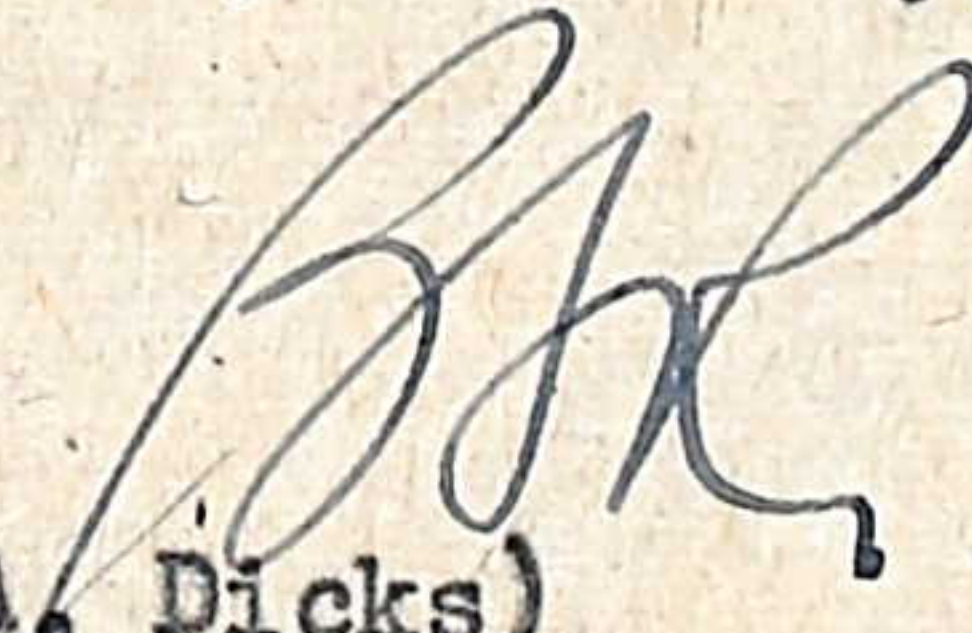
Mrs. Olive Staves,
171 Summergangs Rd,
Hull East,
York, England.

Dear Mrs. Staves:

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 A.W. Staves.

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/RU

P.A.

P/O. Staves Aw

P.427304

Copy to Ottawa 12/1

From: N.C., No.431 Squadron.

To: The Under Secretary of State, Air Ministry (P.4.Cas.,)
73-77 Oxford Street, London, W.1. Copy to: H.Q. No.6 Group.

Date: 7th January, 1945.

Ref: 431S/320/74/P.1.

Accident to Lancaster X KB 821 - 6th January, 1945.

With reference to this Unit's signal A.3 dated 7th January 1945, the following confirmation is submitted regarding this casualty.

2. The aircraft took off at 1504 hours on the 6th January 1945, and the target was HANAU. Nothing has been heard from the aircraft or crew since time of take off. The crew were as follows:-

J.6390	F/L.	B.M. Adilman	Pilot
J.16530	F/O.	G.R. Pool (DFC)	Nav.
J.18427	F/O.	F.J. Nickerson	B/A.
J.85341	F/O.	E. McQuitty	WOP/AG.
J.86776	F/O.	A.W. Staves	MU/AG.
J.86774	P/O.	W.G. Gillissie	R/AG.
C.18115	F/L.	L.K. James	F/E.

3. Only the next of kin residing in this country have been advised by signal.

Sgd: R.M. Mickles F/Lt.,
for Wing Commander, Commanding,
No.431 (RCAF) Squadron.



FILE No. 8

ROYAL CANADIAN AIR FORCE
OVERSEAS

7th January, 1945

Dear Mrs. Staves,

Before you receive this letter, you will have had a telegram informing you that your husband Pilot Officer Arthur Wilbert Staves is missing as a result of air operations.

At approximately 3.00 o'clock on the afternoon of the 6th instant, Arthur and members of his crew took off from this aerodrome to carry out operations over HANAU, Germany, but unfortunately failed to return.

It is with regret that I write to you to-day, to convey the feelings of my entire Squadron. Arthur was popular with this Squadron, and was one of my "ACE" Air Gunners. Arthur had 5 operational sorties to his credit on his second tour, and a total of 32½ operational hours over enemy territory. There is always the possibility that your husband may be a prisoner of war, in which case you will either hear from him direct, or through Air Ministry, who will receive advice from the International Red Cross Society.

Arthur's effects have been gathered together, and forwarded to the Royal Air Force Central Depository, where they will be held until further news is received, or in any event for a period of at least six months, before being forwarded to you through the Administrator of Estates, Colnbrook.

May I offer my most sincere sympathies as well as those of my Officers and men in your anxiety.

Sincerely yours,

E. M. Mitchell
(E.M. Mitchell) W/Cdr.,
Officer Commanding
No. 431 (R.C.A.F.) Squadron.

Mrs. A.W. Staves,
171 Summergangs Rd.,
Hull, E. Yorks.

11 JAN 1945

LETTER RECEIVED.....11.1
ORIGINAL SENT.....N/A by visit
COPY TO OTTAWA.....15.1
PHOTOS SENT TO.....N/A

From: A.M. S.14 Cas.

To: R.A.F. L.O.

Ref: P427304/S.14.Cas(C.7)

Date: 5 May, 1948

Thank you for your report Section reference 85 GCU/L/X132 dated 13th March, 1948, that refers to Lancaster KB.821 of 431 Sqdn. reported missing from operations against Hanau on 6th January, 1945.

Crew:

Pilot	J6390	F/Lt	Adilman, B.M.	Missing
Nav.	J16530	F/O	Pool, G.R. DFC	"
B.A.	J18427	F/O	Nickerson, F.J.	"
W.A.G.	J85341	F/O	McQuitty, T.	"
M.U.G.	J86376	P/O	Staves, A.W.	"
R.A.G.	J86774	P/O	Gillissie, W.G.	"
F.E.	C18115	F/L	James, L.K.	"

All Death Presumed 6.1.1945

Of the crew of seven only three can be identified from your exhumation reports, they are as follows:-

Body 1	F/Lt.	James
Body 3	P/O	Staves
Body 4	F/Lt	Adilman
Body 2	XXXX could be either F/O's Pool, Nickerson, or McQuitty.	

As there are still three members to be accounted for it would be appreciated if (1) a further search could be made in the Forest of Hanau, near the river Kinzig, and, if this proves fruitless it is probable that these bodies were washed down the river, and buried elsewhere.

Contact the American Graves Service to find whether the nine Americans buried at Langendiebach comprised the whole crew of the a/c that crashed in December, 1944.

Your further report is awaited.

J.A. STURCH

S.14. (Cas.) C.5

POST PRESUMPTION MEMORANDUM NO. 331/49

FILE NUMBER P.427304/45

DATE 24.1.49

Relating to LANCASTER KB.821

Missing on 6.1.45

Crashed at LANGENDIEBACH, GERMANY

NUMBER	RANK	NAME	BURIAL DETAILS	INFORMATION
			<u>BAD TOLZ</u> <u>(DURNBACH)</u> <u>BRIT. MIL. CEM.</u> <u>Plot Row Grave</u>	<u>GERMANY</u> Exhumation at the LANGENDIEBACH Cem.: four bodies were found, three were identified and buried as stated. The unknown in grave 20. As there are four members unidentified and unaccounted for they are classified as no known graves. Case closed.
-C.18115	Flt.Lt.	JAMES L.K.	V B 17	
-J.86776	Plt.Off.	STAVES A.W.	V B 18	
-J.6390	Flt.Lt.	ADILMAN B.M.	V B 19	
		UNKNOWN	V B 20	
-J.16530	Fg.Off.	POOL G.R. (DFC)	)No Known Grave)Names to be)recorded on)the Memorial)to the Missing	
-J.18427	Fg.Off.	NICKERSON F.J.		
-J.85341	Fg.Off.	McQUITTY T.		
-J.86774	Plt.Off.	GILLISSIE W.G.		

Circulation:

P. File

S.14. (Cas.) C.5

B.1(Alpha)

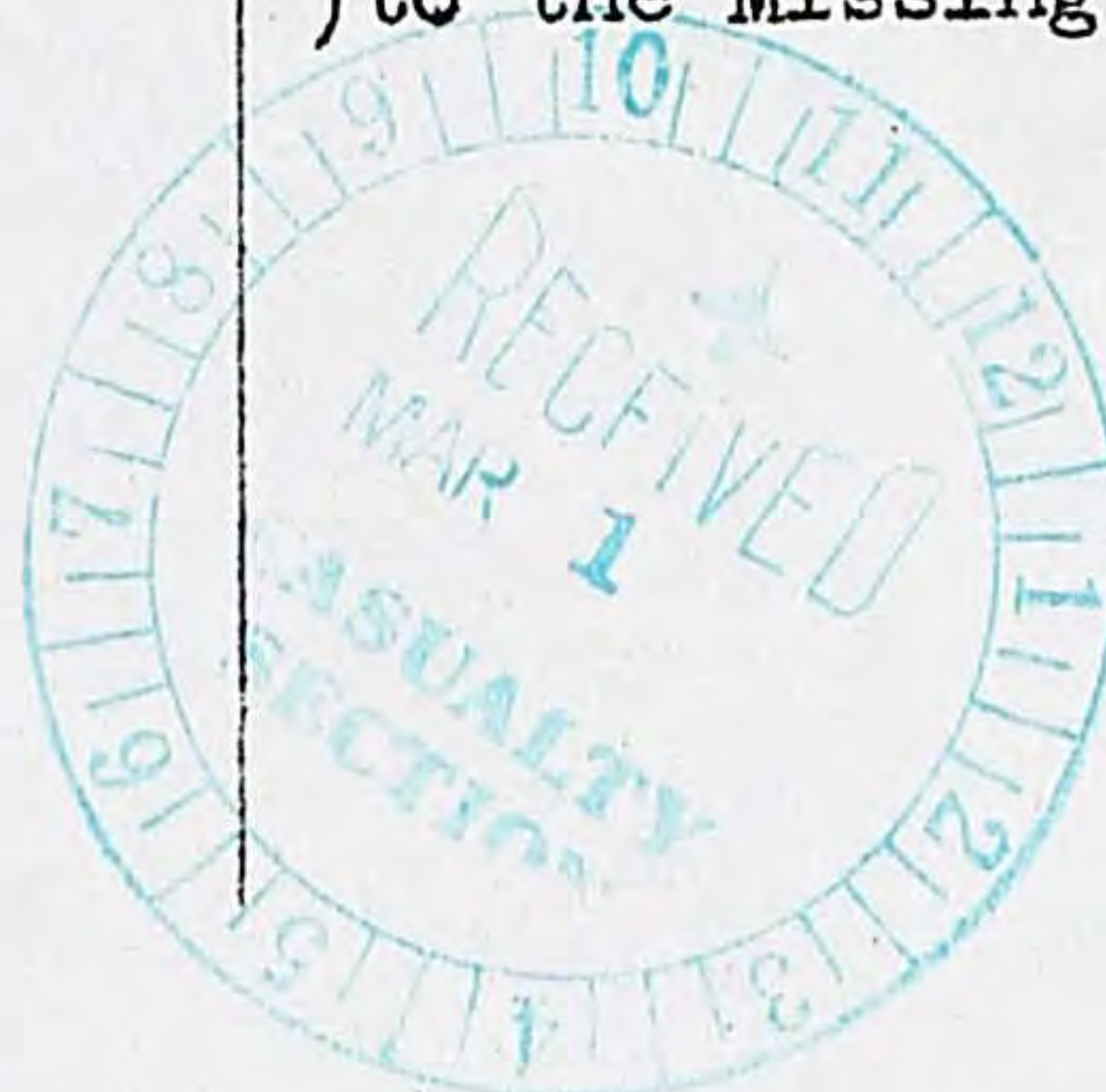
S.14. (Cas.) C.7

B.1(Chron.Cards)

Cas.Can. 8

B.1(MEM)

G.218283/MKL/2/49 (W.S.H.)



CC

OTTAWA, Canada, July 25th, 1949

Mrs. Olive Staves,
78 Burndale Ave.,
Lansing, Ontario.

Dear Mrs. Staves:

It is with regret that I refer to the loss of your husband, Flying Officer Arthur Wilbert Staves, but a report has been received from our Missing Research and Enquiry Service concerning your husband and the members of his crew.

The report states that as a result of exhumation work carried out in the cemetery at Langendiebach, 4 miles North East of Hanau and 13 miles East North East of Frankfurt, Germany, the graves of your husband, Flight Lieutenant James and Flight Lieutenant Adilman were located and identified. Although Search Teams of this Service have now completed a sweep of this area, no graves could be found which could be associated with any other members of your husband's crew.

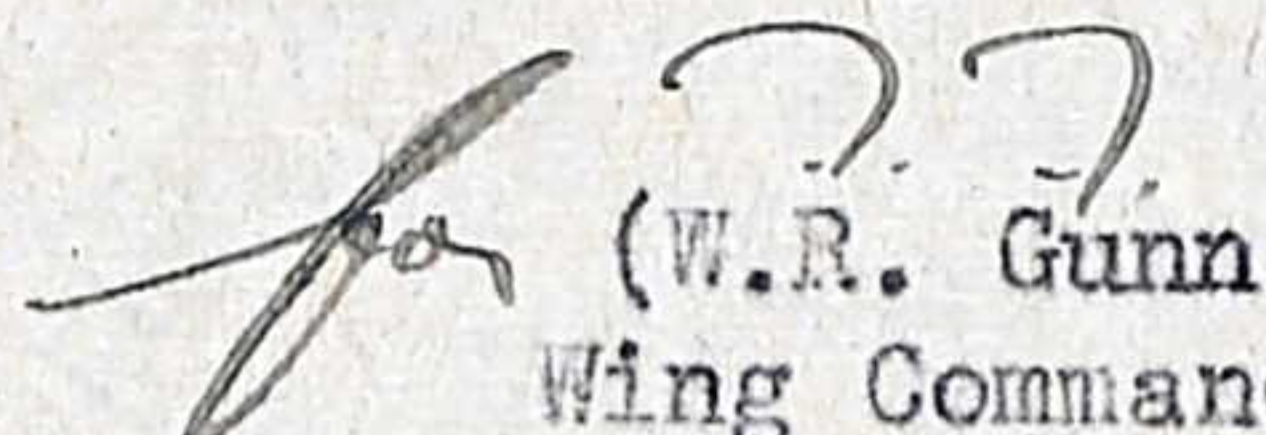
In accordance with the agreed policy of the Nations of the British Commonwealth that all British aircrew buried in Germany would be moved to British Military Cemeteries located in Germany, your husband and his two crewmates were moved to the permanent British Military Cemetery at Bad Tolz which is located 28 miles south east of Munich, Germany. The cemetery is known as the Bad Tolz (Durnbach) British Military Cemetery. Your husband was laid to rest in Plot 5, Row B, Grave No. 18.

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

- 2 -

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

Yours sincerely,


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

*Parents live at same
address J.F.*

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J86776** RANK **F/O** UNIT **431 SQDN OVERSEAS**
 TRADE **A/S (G.L.)**
 NAME **SEAVES, Arthur Wilbert**

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

PRESENT MARITAL STATUS RELIGION CANADIAN
 FRENCH CANADIAN OTHER

NEXT OF KIN

RELATIONSHIP

ADDRESS

FATHER'S NAME

ADDRESS

LIVING ON ENLISTMENT

MOTHER'S NAME

ADDRESS

LIVING ON ENLISTMENT

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

AIR MIN RWT FCX7837--d-11-SEP 1-45

**PREVIOUSLY REPORTED "MISSING" 6-JANUARY-45 (AFTER AIR OPERATIONS OVERSEAS) OVER NAZAU GERMANY
 NOW PRESUMED DEAD 6-JANUARY-45 FOR OFFICIAL PURPOSES**

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

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

DATE **12-OCT-45**

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

R.C.A.F. Special Reserve

~~Signature of Officer~~
D.A. Stevenson F.O.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

APPENDIX "A"
Bulletin No. 174

AIRCREW

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I hereby acknowledge that I have read, understand and agree to the following conditions of service:

(a) That I may be called upon to perform other than Aircrew duties until the R.C.A.F. is in a position to commence my training as such.

(b) That if at any time prior to completion of my training in Canada under the British Commonwealth Air Training Plan, I am found unsuitable for further training in any Aircrew category:

(i) I may be remustered to any other Aircrew category for which I may be found suitable,

or

(ii) If found unsuitable for Aircrew category I may be given the option of remustering for service in any ground duties for which I may be recommended by a Board of Officers, or, of taking my discharge, provided, however, that if, in the opinion of the Commanding Officer of the Station, failure of my part to qualify for flying duties was intentional, I may be denied the right to exercise the option of discharge.

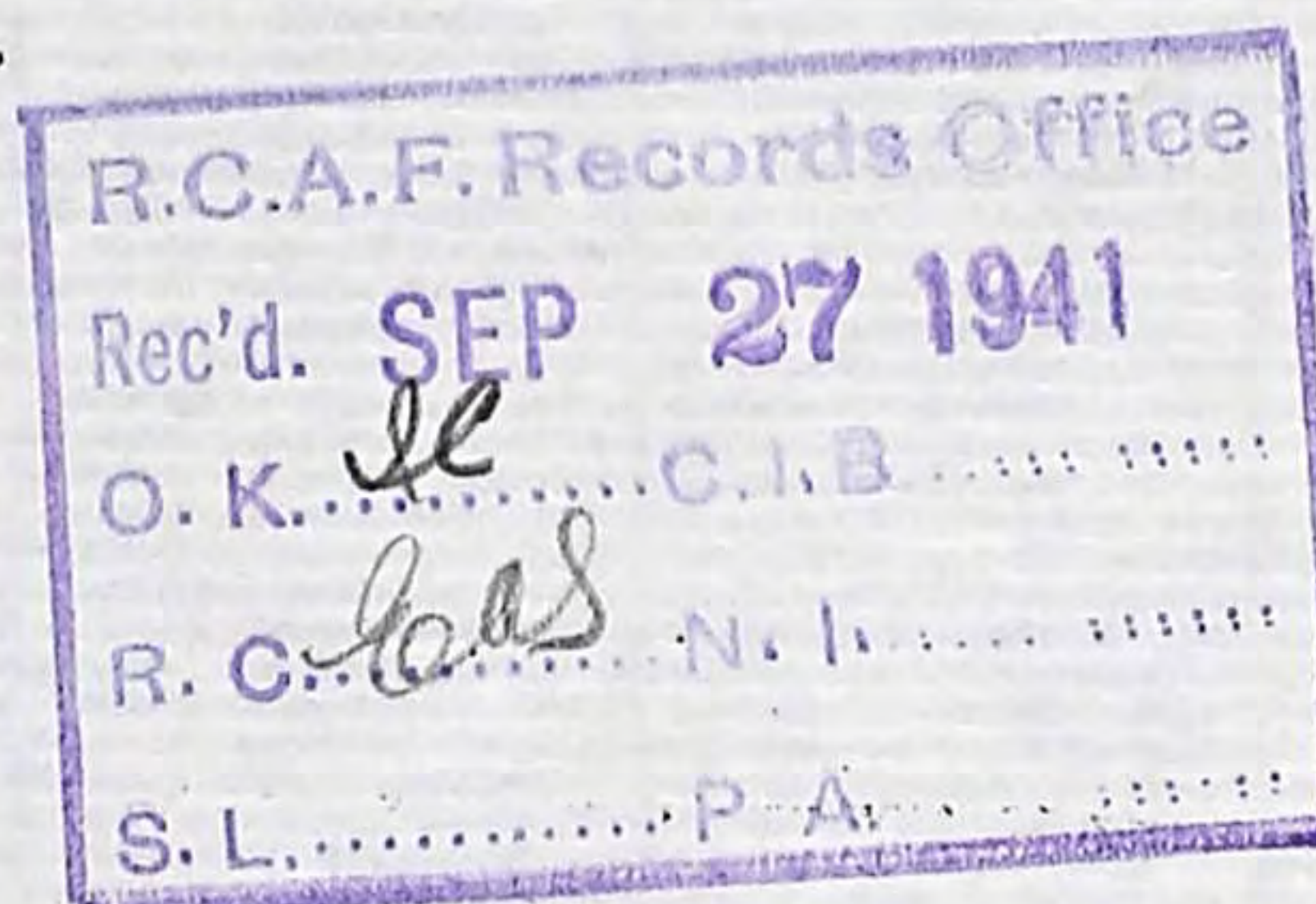
[Signature]
(Witness)

Arthur Staves
(Signature of Applicant)

Montreal, P.Q.
(Place)

Sept. 24th, 1941.
(Date)

A.F.M. 23(C)
8-7-41

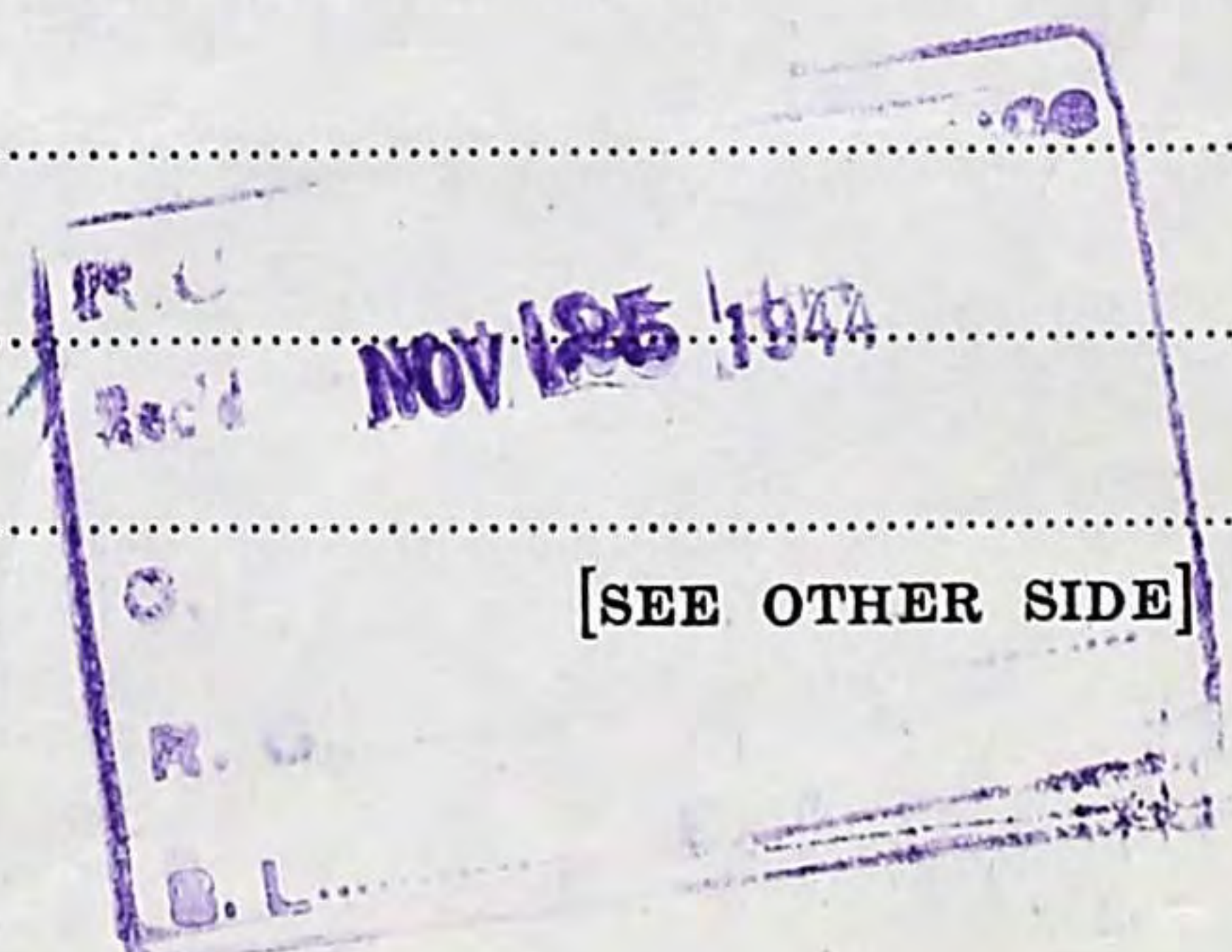


PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE R.C.A.F.
(ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) To be completed in one copy only and forwarded to the R.C.A.F. Records Officer, A.F.H.Q., Ottawa.

- (1) Name of Officer or Other Rank..... STAVES. ARTHUR WILBERT.
(Surname first—Christian names in full—Block capitals)
- (2) Air Force Number and Rank..... T-86776. P/O.
- (3) Unit..... 1659 Con. Unit.
- (4) Are you married?..... YES.
- (5) If married, state,
(a) Full name of your wife..... OLIVE STAVES.
(b) Present postal address of wife..... 171 SUMMERGANGS RD. HULL E. YORKS.
- (6) If married, have you been regularly supporting your wife? YES If not—state reasons.....
- (7) Are you a widower?..... NO
- (8) Have you any children?..... NO..... Number of boys..... Girls.....
Names and ages.....
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... NA.
- Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
- Name..... NA.
- Postal Address..... NA.



- 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.....

*E. STAVES. ELECTRICAL ENGINEER.
#21 MAYFAIR AVE FOREST HILL TORONTO 10.*

- (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.....

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.....

*C.M. STAVES.
#2 MAYFAIR AVE FOREST HILL TORONTO 10.*

- (15) If your mother is a widow, are you her sole or partial support? *N/A*

- (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? *N/A*

- (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? *PRUDENTIAL*

(Give number of policy) *NO. UNKNOWN*

Have you made arrangements for payment of your Insurance Premiums? *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 *10/10/44*

[Signature]
(Signature of officer or man)

Date *17-10-44*

Officer Commanding *[Signature]*

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.

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname.....STAVES..... Christian Names..Arthur Wilbert.....
Number.....R.135001..... Rank.....LAC.....

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—
- Original and Duplicate—From Wireless School to Bombing and Gunnery School.
2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.
3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.
4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No..... Wireless School. Course No..... To..... From.....

2. Flying Times—

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

R.C.A.F. Records Office
Rec'd. MAY 18 1942
O. K.C...B.....
R. C. JB N. I.....
S. 'E P A. *[Signature]*

Above average
Average
Below average

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

4. Ground Training—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50		Signals Organization...	150	
Radio Equipment.....	250		Armament.....	100	
Morse (buzzer and lamp).....	200		Drill and P.T.....	50	
Procedure.....	200		TOTALS.....	1000	

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

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

5. Date authorized to wear Wireless Operator's Badge.....

PART I—Concluded
WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—
.....
.....
.....
.....

.....
No. Officer Commanding
Wireless School

Date

To be passed to No. 7 B. G. S.

PART II
ARMAMENT TRAINING

1. No. 7 B. G. S. Course No. 28

2. Dates of Courses:— From 30-3-42 To 27-4-42

AIR TRAINING
GUNNERY

3. Flying Time:—

Aircraft	Day	Night	Passenger	Total	
				Hrs.	Mins.
Battle	11:25	-	-	11	25
.....					
.....					

4. Air Gunnery Results—

Average percentage
hits to rounds fired

(a) Beam Test..... 7 %
(b) Beam Relative Speed Test..... 6 %
(c) Under Tail Test..... 6 %

5. Total Rounds Fired—

Ground..... 530 %
Air to Ground..... 300 %
Air to Air..... 2300 %

6. Assessment—

Marks Obtained

(a) Written Examination..... (100 Marks) 70
(b) Practical and Oral Examination..... (100 Marks) 84
(c) Ability as Firer..... (250 Marks) 177
(d) Qualities as an N.C.O..... (150 Marks) 80

Totals..... (600 Marks) 331

7. Position in Class 10 No. in Class 33 Pass or Fail Pass

8. Date authorized to wear Air Gunner's Badge 27-4-42

9. Comments on suitability for Commissioned Rank 135/250

10. Remarks Above average intelligence but lacks sufficient power
of concentration to take full advantage of it.
.....
.....

.....
.....
No. 7 B. G. S.
Date 27-4-42

Chief Instructor

PART II—Concluded

AIR TRAINING

11. Final Assessment (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	-
Bombing and Gunnery School.....	450 600	331
TOTALS.....	450 1600	331

12. Percentage **73.6** Pass or Fail **Pass** Position in Class **10**

No. in Class **33**

13. Recommended for Commissioned Rank **-** Assessment **-**
(yes or no) (ex., above average)

14. Remarks **Cooperative, attentive and neat.**

W. E. Dipple G/c
.....
Officer Commanding
No. **7**..... B. G. S.

Date **27-4-42**

Para. 9 Numerical assessment as to suitability for Commissioned Rank.
(To be marked on a basis of 250 marks maximum).

135/250

AIR FORCE NO J 86776
R135001 NAME OF OFFICER OR AIRMAN STAVES A.W.

EVIDENCE OF MARRIAGE

DESCRIPTION OF DOCUMENT Certified Copy of an Entry of Marriage.

NO. D/3 809702 No.225 DATE 5th September 1944

ISSUING AUTHORITY A.E. Keyes, Curate

HUSBAND (FULL NAME) Arthur Wilbert STAVES

WIFE (FULL MAIDEN NAME) Olive STAVES

DATE OF MARRIAGE 19th August 1944

PLACE OF MARRIAGE The Parish Church in the Parish of Drypool in
the County Borough of Kingston Upon Hull.

DATE 26-10-44

CERTIFIED TRUE EXTRACT

M. S. Ross
.....
(M.S. Ross) A/S/O

(SIGNATURE & RANK)

A.F.M. NO.13





McGill University

Montreal, September 15th 1941

I hereby certify that Mr. Arthur Wilbert Staves

has educational qualifications which I consider to be substantially the equivalent of Junior Matriculation, for admission to the Royal Canadian Air Force.

Signed,

N. W. Morton

N. W. Morton

ED. BOYD
Chairman

B. R. BENNETT
Vice-Chairman

M. A. ANDERSON

MRS. VIOLET COLVILLE

F. W. DRYDEN

V. M. SNOW

JOHN COLVIN
Sec'y-Treas.

Principals
J. H. MOIR
Collegiate—Lord Wolseley
H. W. FERRIER
Prince Edward
A. G. S. WILLIAMS
Polson
A. J. ANDERSON
Salisbury

East Kildonan School District No. 14

East Kildonan Collegiate Institute,

EAST KILDONAN,.....May...28th,....1941,.....194.....
Man.

TO WHOM IT MAY CONCERN :

Re Arthur Staves.

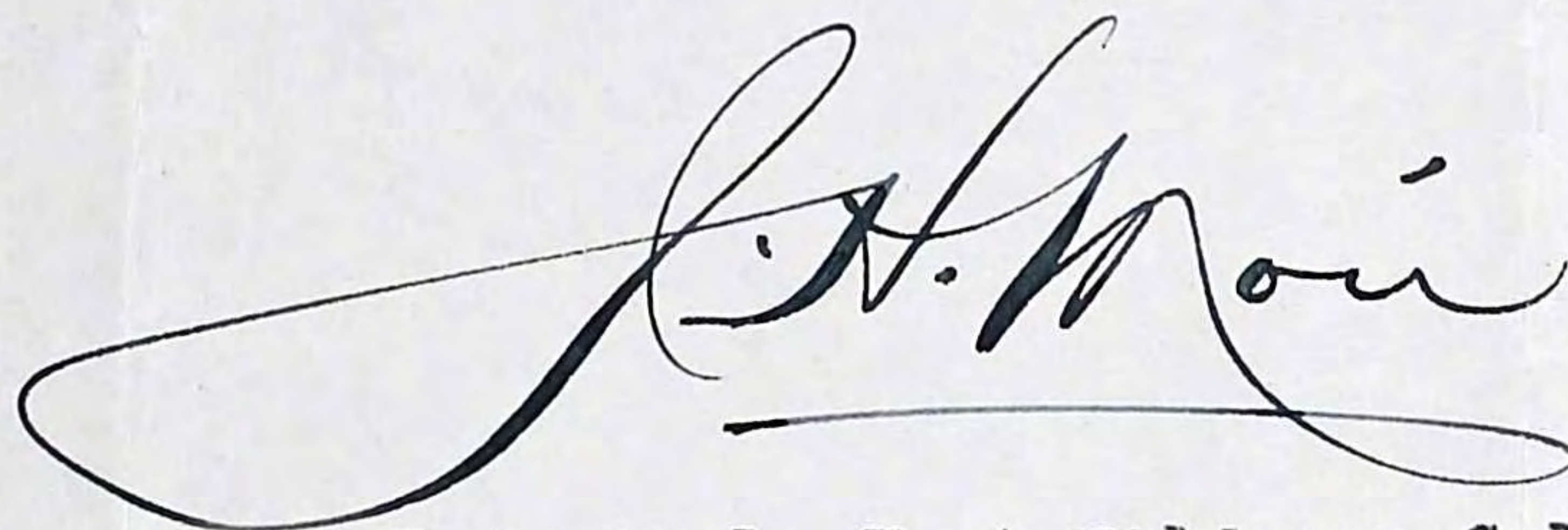
This certifies that the student named above has been in attendance at this collegiate for the past four years while taking the matriculation course.

Since he is leaving for Montreal before the final examinations the standing indicated below has been granted on his work done up to the present:

GRADE TEN : Clear standing granted.

GRADE ELEVEN : Standing granted, in the High School Leaving Course, in all subjects except French, Algebra, and History.

The above can be verified after June 30th/41 by writing to The Registrar, Dep't of Education, Winnipeg, Man.



Principal, East Kildonan Collegiate.

Registered in 1st Tech.


Official No. CDN/R133001 Name STAVES, Father Gilbert Rank Sgt
(In full in block capitals, surname first). (Or acting appointment).

Date of Birth.....28/6/23 Religion.....M Occupation in Civil Life.....Inspector Election

Last Enlisted.....24/9/41..... Current Engagement.....Report.....

If a member of the Auxiliary Air Force.....

If Reservist, which Class (" E," " F," V.R.) SP..... Whether Married, Single, or Widower single

Name, address and relationship of legal next of kin (to be entered in pencil):

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).

(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

[illegible]

* The authority to be quoted will be the serial number of the relevant P.O.R.

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
			A	B	C			
T/SGT	V. G.	Air Gunner	ON STRENGTH FOR TRAINING ONLY				24.8.42	G. P. Evans P.O.
T/SGT	V. S.	Air Gunner	ON STRENGTH FOR TRAINING ONLY				18.10.42	K. R. M. J. F. M.
T/SGT	V. G.	A/G	Sat	Sat	-		31/12/42	P. W. J. T. C.
T/SGT	V. G.	A/G	Sat	Sat	-	Rec'd	11/5/43	2. H. J. M. W. C.
T/SGT	V. G.	A/G	ON STRENGTH FOR LESS THAN ONE MONTH				31.5.43	P. W. J. T. C.
T/SGT	V. G.	A/G	ON STRENGTH FOR TRAINING ONLY				30/9/43	P. W. J. T. C.
T/SGT	V. G.	A/G	Non Effective strength only				19.11.43	W. J. H. S. C. C.
T/SGT	V. G.	A/G	Sat	Mod	-		31.12.43	P. W. J. T. C.
T/SGT	V. G.	A/G	Sat	Sat	-		3.6.44	P. W. J. T. C.

10 days P. leave 18.11.44-1.5.44. R/W F. 230486. S.L.S.A. 28/2/44 28/2/44 R/W 219013. S.L.S.A. 16.2.44-14.2.44.								
10 days P. leave	16.2.44	14.2.44	R/W 40 E. 77534					P. W. J. T. C.
10 days P. leave	3.12.43	16.12.43	R/W 40 E. 77534					P. W. J. T. C.
10 days P. leave	22.8.43	(15 days P. leave)	R/W C634203 - S.L.S.A. - POR 26/43 RCAF					P. W. J. T. C.
ANNUAL LEAVE	3.5.43	9.5.43	9 days	W. C.	F/LT No. 61 Sqn		12/43	F.W. 50946 S.A. 7
ANNUAL LEAVE	4/4/43	12/4/43	9 days	W. C.	F/LT No. 61 Sqn		2/43	F.W. 56946 S.A. 9
ANNUAL LEAVE	30/1/43	7/2/43	9 days	W. C.	F/LT No. 61 Sqn		7/43	R.W. I.
ANNUAL LEAVE	20/11/42	28/11/42	9 days	W. C.	F/LT No. 61 Sqn		12/42	F.W. 100140.
POR 198/42	12 days P. leave	12.2.42	R/W 1 96112					P. W. J. T. C.

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.O.s.C., ETC.

Authority.	Nature.	Date of Effect.
POR. 54/44	Ribbon of the 1939-43 Star in acc. with A.M.O. 268/44	- A -

J. A. T. P. CANADA

AIRCREW PILOT OR OBSERVER (STD)

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.

Surname

Christian Names

Religion

Born 28-6-23

Place

VICTORIA COLLEGE
HILLOE BIRTH
DUNFERMLINE

Country

SCOTLAND

Citizen of

CANADA

Racial
Origin

ENGLISH

ENLISTMENT

CIVIL EDUCATION

PREVIOUS SERVICE

Date 28-6-23 24-9-41

High School Entrance X

Jr. Mat. X

Sr. Mat.

NONE

At MONTREAL

Technical School

Corres. Courses

Term DURATION

University

RANK

DATE

Med. Cat.

DATE

CIVIL OCCUPATIONS AND EXPERIENCE

ACC 24 9 41 AIDA 3B 22 9 41

HELPER-GENERATOR ERECTION 3 MOS 1941

LAC 9 3 42

Lgt. 27 4 42

COURSES AND TRADE TESTS

Comm. Po. 8 6 44 H.Q. 519.
P15752/10.6.44.

Trade

Grp.

%

PorF

Date Rem.

Trade

Grp.

%

PorF

Date Rem.

P-0

S

P

15 9 41

Rem. Air

Rem. A. S. S. S. S.

10 70

9 3 42

Rem. A. S. S. S. S.

27 4 42

27 4 42

PARTICULARS OF FAMILY

M S D

Wife

Maiden Name

Present Address (in pencil)

Children

Names

Date of Birth

Place of Birth

NAME(S)

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

Edward Staves (Father)

4030 LaCombe Ave., Montreal, Que.

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM

TO

AUTH. AND DESCRIPTION

DATE

CHARACTER

TRADE AND ASSM.

HONOURS AND AWARDS

SIGNATURE

11-2-42 25-2-42 14 days Special DRO 38

28-4-42 12-5-42 14 days Special DRO 38

27-4-42 Awarded A.S.S. Badge. DRO #106

MOVEMENTS AND CASUALTIES

AUTHORITY

UNIT FROM

UNIT TO

DATE

AUTHORITY

UNIT FROM

UNIT TO

DATE

M.O. R 13

R/CMTL #1 MD

QUE

TORONTO, ONT

24-9-41

154 (2/51)

21375

3 PRC

29-5-42

DRO 231

#1 MD

#1 MD

27-10-41

198 (54/55)

3 PRC

7 AGS

22-7-42

DRO 146 / 41

#145 FTS

#51 TS

6-12-41

27/42 (32)

7 AGS

61 EPR

24-8-42

" 38

#51 TS

MTS

25-2-42

37/42 (30/74)

61 EPR

204 EPR

4-10-42

DRO 148

#145 FTS

MTS

15-8-42

109/42 (13)

204 EPR

61 EPR

18-10-42

Attended Gunner course at
 Stopmy Down 23.7.42 65
 10.8.42 And obtained 7/4 90
 Cat: B- 7AGS 198/42 (54/55)

	Time	Permitted	No. of days
61 SAB. (42) 13/43 (43/43)	Absence	2120 hrs 8.2.43	1
61 SAB. 2/43	Absent	2001 hrs. 20-3-43	8 hrs. 19 min.

PERSONAL EFFECTS OF NO: J.86776. P/O. STAVES. A.W. 1813

1. Blue Cabin Trunk contg:-

1. Officers Greatcoat.
1. Officers Tunic
CVM & 1939/43 Star.
1. Dressing Gown.
1. Polisher.
1. Brown zipper bag.
1. Pr. shoe trees.
1. Box contg:-
 2. Packs of playing cards.
1. Photograph in circular frame.
1. Pr. slippers.
2. Souvenir coins.
1. Officers raincoat.
2. Prs. trousers.
5. Brushes.
3. Prs. gloves.
2. Prs. shoes.
1. Bundle miscellaneous, correspondence snapshots etc.
1. Box contg:- combination Ronson
Lighter and Cigarette Case.
2. Large snapshots in wooden stand.
1. Blue leather writing case contg:-
 1. 'Duro' fountain pen (black)
 1. Eversharp pencil.
 1. Arm band.
 1. Key chain.
 1. Pr. metal cuff links.
 2. Studs.
 1. Box miscellaneous buttons.
 1. Address book.
 1. Diary.

1. Key ring. Chain.
7. Keys and 2 trouser cli
1. Blue leather pocket
wallet.
1. Black leather tobacco
Pouch.
1. Nail file.
1. Mirror in metal frame.

1. Brown Zipper bag contg:-

1. Ceremonial Cap and Badge
1. Leather belt.
1. Ghissal.
2. Knives in sheaths.
1. Torch.
1. Padlock.
1. Wrench (small)
1. Tie.
6. Collars.
3. Vests.
1. Sweater.
3. Towels.
1. Pr. braces.
1. File.
1. Screw driver.
1. Shoe horn.
1. Pr. Tone Ray glasses in
case.
3. Pipes.
19. Handkerchiefs.
4. Shirts. 9. Prs. shorts.
2. Prs. Pyjamas. 9. Prs. socks.
1. Officers Haversack.

16 MAY 1945

Received the effects as listed above

Signature - O. Staves

Date 14 / 5 / 1945

A.T.O.....

/Cont'd.....

NOTE:

1. Envelope contg: Repatriation Documents.
 1. Marriage certificate D.3809702 with Postagram attached.
 1. Cheque Book, contg:- stubs.
 1. Cheque Book - The Bank of Montreal with 23 cheques.
 1. Bank Book - The Bank of Montreal.
- Extracted by unit and forwarded to R.C.A.F. H.Q. Overseas,
London.

.....

Cash amounting to 3/10, found amongst the Personal Effects,
has been credited to his Service Account.

1 Cycle retained at Unit pending disposal instructions.

Original Station Inventory Signed ??????????????
Undated

Effects checked at Central Depository 27. 1. 45.

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

WILL

R.C.A.F. R. 60
50M-8-40 (6698)
H.Q. 1062-3-45

Last
Permanent
Civilian
Address

(1) I, ARTHUR WILBERT STAVES of the Toronto City Town Village Township
of Toronto in the County York District
Province of ONTARIO (Civil Occupation)

a member of the Royal Canadian Air Force, Number R-135001 do hereby
revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto My Father.
EDWARD STAVES.
129 CHILTERN HILL RD. TORONTO ONT.
ALL OF MY ESTATE both REAL AND PERSONAL.

Relationship,
Names and
Address of
Residuary
Beneficiaries.

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

(4) I appoint EDWARD STAVES 129 CHILTERN HILL RD.
(Name) (Address)
TORONTO ONT., to be the Executor of this my Last Will.
Executor

IN WITNESS WHEREOF I have hereunto set my hand this 20th day of
July 1942

Signed and acknowledged by the Tes-
tator, 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.

AS Staves
Staves AS.
(Signature of Testator)

First
Witness
sign here.

(5) Albion
(Signature)
1523 Binghamwood Place,
(Address)
Winnipeg
(Occupation)
Accountant

Second
Witness
sign here.

W. Watt
(Signature)
682 Fischer St, Pembroke Ont.
(Address)
Acts Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

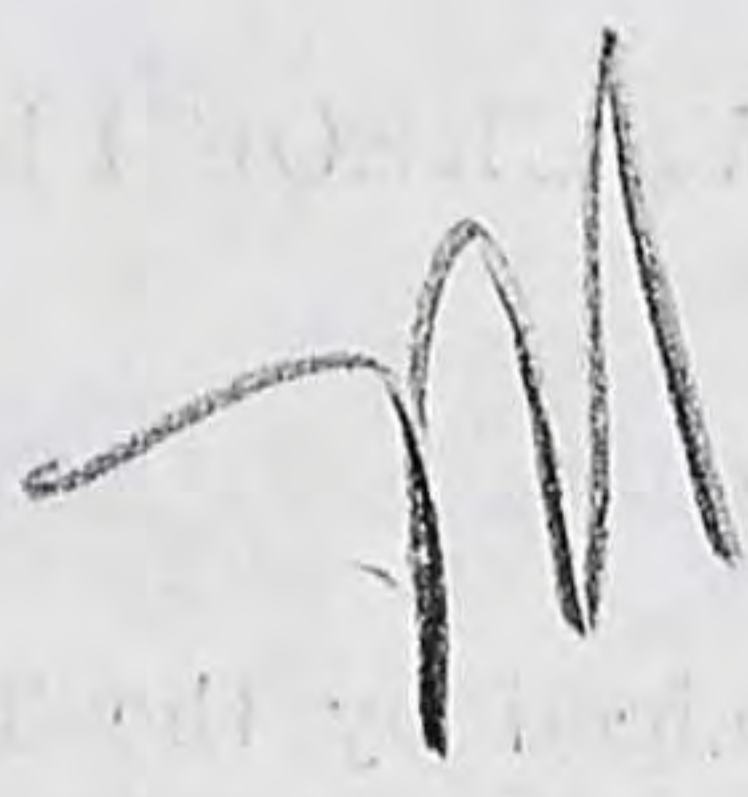
NOTE

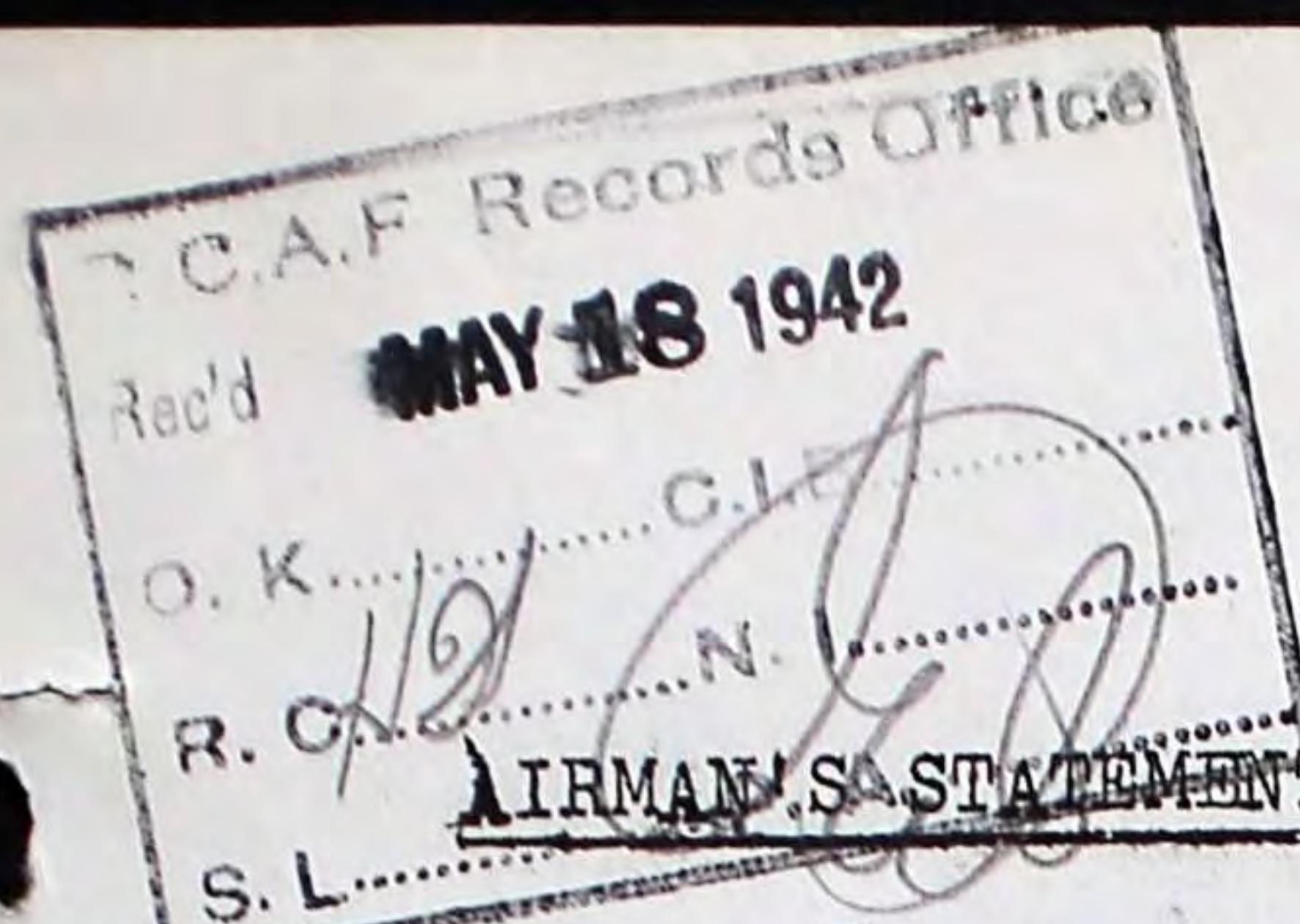
- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—
"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....\$.....00 and
my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.\$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....\$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....\$.....00",
and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.





AIRMAN'S STATEMENT AT EMBARKATION

1. Number *R-135001* Rank *Sgt* Name *STAVES* *ARTHUR WILBERT*
Surname Christian Names

2. Name of person to be notified in case of casualty *STAVES EDWARD*

Address *129 CHILTERN HILL Rd. TORONTO ONT.* Relationship, if any *FATHER*

3. Alternative name of person to be notified in case of casualty

4. Legal next of kin *STAVES EDWARD*
Full christian names

5. Single, married, widower, divorced, separated *SINGLE*

Full christian names of wife

Address

6. If married, have you completed a will since marriage If so, state location

7. Have you completed necessary documentation for dependent's allowance

8. Are parents living Father *YES* Mother *YES*

9. Parent's names (If living give full christian names)

Father *STAVES EDWARD*

Address *129 CHILTERN HILL Rd. TORONTO ONT.*

Mother *STAVES CHRISTINE*

Address *129 CHILTERN HILL Rd. TORONTO ONT.*

10. Your permanent home address *129 CHILTERN HILL Rd. TORONTO ONT.*

11. Religion *UNITED*

12. Have you identification discs and card? *no discs*

Airman's signature *Staves A.W.*

Date *12/5/42*

RECORD OF PAY

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

APPOINTED OR ENLISTED
AT Montreal, Que.

MARRIED
OR SINGLE Single

No. R 135001

NAME IN FULL

Staves
**STAVES,
Arthur Wilbert**

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. No.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD. PAY	COMBINED RATE	PEN. DED.	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
	1-12-41	AC2	S	A/S	130				No. 14 SFTS Aylmer Off.	Staves, Ed Edward (F)	1-6-42	36.00	36.00	✓				
70	9-3-41	LAC	S	A/S	150		150		Released LAC 9-3-41									
90	30-3-42	LAC	S	AS	150	75	225		Ent. to H/L									
106	27-4-42	Sgt	St	AS	295		295		with 2nd Badge No. 7 Bldg									

1941 PERIOD	No. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.	DEBIT B/F	OTHER DEBITS		CAS. PAY	MID PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT						DESCRIPTION	AMOUNT						
1/12	6	780					780						780		780			146 SOS #5 ITS eff: 6-12-41 R. Miller to
7-12-41	25	3250					3250						2125	1125	3250			TOS #5 ITS from #14 SFTS Aylmer Off. eff 7-12-41 DO 107
1-1-42	31	4030					4030				10-18	40		2025	2065		1965	SOS K.T.S. TRENTON EFF. 25.2.42 DPO 38 -
1-2-42	28	3250				1965	5215						216	65	5085		130	Q.R. Brown F/L
2-2-42	3	390				130	520								520			DO 56 TOS ITS Trenton # 5 ITS. Belleville 26-2-42
18-3-42	8	1040					4040						2040	2000	4040			DO 70 Removal A.G. 9-3-41
28-3-42	20	3000					4040						2040	2000	4040			DO 83 SOS KTS TRENTON TO #7 Bldg Paulson 28-3-42
APR 28-31	3	450					450						380		450		450	W.R. 86. Fld. 29-3-42
30-3-42	2	50					70						203		3		3	DO 106 SOS to 11 DEPOT 28-4-42 FROM
APR 1-26	26	5850				450	8840						500	3500	10383		3843	7 Bldg LUR 27-4-42 TO 11-5-42
27-28	2	590					590				E-13-(MFC.512)	508	6875					Cl. 2. L.
29-30	2	590					590			3843					3343		2753	
1-5-5	15	4425					4425			2753					1500	4253	172	SOS 14 DEPOT 15-5-42 E488
						172					*Error in Ep 10 00						828	Dr. and by Treas 15/6/42

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county OVERSEAS (GERMANY)		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this town City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred
3. NAME OF DECEASED		Surname STAVES		Given names ARTHUR WILBERT		Do not write in this space	
4. RESIDENCE		Street Lacombe Avenue		No. 4030		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	English	Married				
9. If married give name of wife or husband of deceased							
10. BIRTHPLACE (Province or Country) Scotland							
11. DATE OF BIRTH June 28th 1923							
12. AGE OF DECEASED 21 Years Months Days If less than one day old							
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Air Gunner							
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.							
15. Date deceased last worked at this occupation Jan. 6/45							
16. Total years spent in this occupation Three							
17. NAME							
18. BIRTHPLACE (Province or Country)							
FATHER		Staves, Edward		England			
MOTHER (Maiden Name)		Burt, Christina Manderson		Scotland			
19. Place of burial, cremation or removal							
20. Date of burial							
21. PLACE OF REGISTRATION OF THIS BURIAL							
(a) Name of parish or church							
(b) Civil municipality of							
(c) Municipal county							
(d) Date							
22. Date of death January 6th 1945							
23. I HEREBY CERTIFY that I attended deceased from							
and last saw him alive on							
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.							
Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).							
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							
(b) Duration of disease							
25. If a woman, was there a puerperal condition?							
26. Was there a surgical operation? Date of							
State findings							
27. If death was due to external causes (violence) fill in also the following:—							
Accident, suicide or homicide Accident Date Jan. 6th 1945							
(State which)							
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							
Address							
Date							
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)							
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							
For (R.C.A.F. Records Officer)							
This signature authorizes the collector to accept this form as authentic.							
(Voir l'autre côté pour le français)							

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

700

NUMBER 586776 FINAL PAID F/O RANK FL GROUP Arthur Kilbert CHRISTIAN NAMES Stanes SURNAME

Reason for termination of service:

180CL 1130 2/21-9-45

TOTAL SERVICE:

T.O.S. 24-9-41 S.O.S. 6-1-45 1201 DAYS

T.O.S. _____ S.O.S. _____ DAYS

TOTAL 1201 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ DAYS

From: _____ To: April _____ DAYS

From: _____ To: _____ DAYS

TOTAL QUALIFYING SERVICE 1201 DAYS

OVERSEAS SERVICE:

From: 15-5-42 To: 22-6-44 770 DAYS

From: 4-8-44 To: 6-1-45 156 DAYS

From: _____ To: _____ DAYS

TOTAL 926 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ DAYS

From: _____ To: _____ DAYS

From: _____ To: _____ DAYS

TOTAL QUALIFYING OVERSEAS SERVICE 926 DAYS

1946 1748
745 978
1201 770
1790
156

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

R.C.A.F. RECORDS OFFICER

COMPUTER'S INITIALS	<u>JS</u>
CHECKER'S INITIALS	<u>JS</u>
DATE	

J86776
AIR FORCE No. R13500T

Staves, Arthur Wilbert
SURNAMEFULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 24-9-41

RELIGION
C

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

Comm. 8.6.44

R.C.A.F. FORM R230
100M-3-43 (3137)
n.w. 889-R-230

BIRTH DATE 28-6-23	PLACE Victoria College Dunfermline	COUNTRY Scotland	CITIZENSHIP British	RACIAL ORIGIN	PARTICULARS OF FAMILY			
CIVIL EDUCATION					SINGLE, MARRIED, WIDOWER, DIVORCED Single			
PUBLIC SCHOOL					WIFE (FULL MAIDEN NAME) OR HUSBAND Oliver Staves			
HIGH SCHOOL ENTRANCE					PRESENT ADDRESS (IN PENCIL)			
TECHNICAL SCHOOL					PLACE OF MARRIAGE Parish Church, County Borough of Kingston - Hull			
CORR./BUSINESS COURSES					DATE 19-9-44			
CIVIL OCCUPATIONS AND EXPERIENCE					AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT) POR 61 Base 102/44			
PREVIOUS SERVICE					CHILDREN			
9000					NAMES PLACE AND DATE OF BIRTH NAMES PLACE AND DATE OF BIRTH			
NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)								
Edward Staves, Father 2 MAYFAIR AVE. FOREST HILL TORONTO								
Mrs O. Staves (wife) 141 SUMMERGANGS RD. HULL E. YORKS								
EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN								
TYPE FROM TO					TYPE FROM TO			
PLACE AND DATE OF MEDICAL 22-9-41 A1B A3B								
OFFICERS					AIRMEN AND AIRWOMEN			
RANK, BRANCH AND CATEGORY P.O. R. & L. Officer T/F/O					RANK Ac 2 Lac Sgt T. pd. T/Sgt T/Lt Col. T/Lt Col. Sgt			
DATE 8-6-44 8-12-44					DATE 24-4-41 9-3-42 27-4-42 27-10-43 27-4-43 27-9-43			
AUTH. 205/44. 116.6.44. 563/45.					AUTH. 1M1223 E70 7B91069 19074. 30/43. 19074. 30/43.			
DUTIES PERFORMED DURING SERVICE, E.G. ADJ.					TRADE Por 10 Lac Lac Lac Lac Lac			
COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER)					DATE 24-9-41 9-3-42 27-4-42 27-10-43 27-4-43 27-9-43			
					AUTH. 1M1223 E70 7B91069 19074. 30/43. 19074. 30/43.			
					COURSE OR TRADE Trans Case 43 Posted KTS London Lyns Case 75 R.H. B.S.C. at Yarmbury B 61			
					GRP. %			
					PF DATE 20-2-42 23-7-42 28-8-42 16-9-43			

ADVISE UNIT RECORDS RETURNED TO CADA

J 86476
R. 35001

STAVES. ARTHUR WILBERT

RELIGION

montreal

24-9-84

R.C.A.F. FORM R230

SURNAME

FULL CHRISTIAN NAME

PD Supp 293.
 663/46
 ED 12/45
 E P 29 - 941P AFRO 1600
 NEW 169 TO CANAD

E/Date	16-5-42
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R
ORCE
10. RI35001STAVES, ARTHUR WILBERT
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE
NUMBER R.55.

PLACE

DATE

Montreal
24-9-41R.C.A.F. FORM R44(B)
30M-B-41 (637)
H.Q. 1062-3 58

J86776

OFFICER

RECORD OF SERVICE - AIRMEN

Comm 8-6-44

7. BIRTH: DATE PLACE CITIZENSHIP

28-6-23 Victoria, British Columbia British

FATHER (FULL NAME) Edward Staves

BIRTHPLACE Hull, England

MOTHER (FULL MAIDEN NAME) Christina Henderson

Burr, St

BIRTHPLACE Hill of Beath, Dunfermline, Scotland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Man.

JUNIOR MATRICULATION X Man. (according to McGill University)

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

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

Helper - Generator erection 3 mths

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

11. HONOURS-AWARDS, MENTIONS

A/G Badge 7B510640 27-4-42

Operational Wings G B903

1937-43 Star 2B 27-41

2B 27-40

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO DUAL PASSENGER

13. RELIGION

U.C.

14. LANGUAGES

English

15. SPORTS

Soccer Swimming

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED

WIFE (FULL MAIDEN NAME) Olive Staves

PLACE OF MARRIAGE County Borough of Kingston on Hull

AUTHORITY (IF AFTER ENLISTMENT) D-A 212-32

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.

CHRISTIAN NAMES BIRTH DATE D.R.O.

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CHRISTIAN NAMES BIRTH DATE D.R.O.

CHRISTIAN NAMES BIRTH DATE D.R.O.

21. ENGAGEMENTS

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

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

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Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

Duration 24 9 41

22.(A) ADDRESS PRIOR TO ENLISTMENT

4030 Lacombe Avenue,

Montreal, Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

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

3-10-41 30-9-41

28-4-42 24-8-42

24-8-42

24-8-42

24-8-42

24-8-42

24-8-42

24-8-42