J87009
BROWN
CLEMENT HECTO

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IF YOU FIND THIS CARD, please mail in an envelope addressed to: "The Secretary; Dept. National Defence (Air); Ottawa, Canada; attent-

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name BROWN CLEMENT HECTOR R 164151

Rank AC2 R.C.A.F

Age 27 Height 5'10" Weight 140

Hair BROWN Eyes GREY Hair on face DARK

Marks, scars, etc. NONE VISIBLE

C. H. Brown (Signature of holder)

John R. Christie F/O (Signature of issuer)

Place NO. I. M. DEPOT TORONTO ONT Date MAY 27 1942

Card serial number 144852

IF YOU LOSE THIS CARD, notify your C. O. immediately, giving him full particulars.

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NO POSTAGE NECESSARY.

R 164 51
763

MISSOURI SCHOOL OF MINES AND METALLURGY
A DIVISION OF THE UNIVERSITY OF MISSOURI

OFFICE OF REGISTRAR
AND STUDENT ADVISOR

ROLLA, MISSOURI

April 2, 1942

TO WHOM IT MAY CONCERN:

This is to certify that Clement Hector Brown graduated from the School of Mines and Metallurgy in 1941 with a Bachelor of Science degree in Mechanical Engineering.

Respectfully submitted,

Noel Hubbard per Eleanor McRae

Noel Hubbard
Asst. Registrar

M A R R I A GE C E R T I F I C A T E

I,.....Ralph Ward..... a Minister..... hereby

Certify that on the... 24th... day of..... October.... A.D. 1941

Mr..... Clement H. Brown

of..... St. Louis ..... State of... Missouri

and Miss Marie Jane Monroe

of.... St. Louis..... State of.... Missouri

were by me legally joined in

H O L Y M A T R I M O N Y

In the... City.. of ... St. Louis.... State of Missouri

according to the laws of said State and under authority of a marriage license

issued the... 24th.... day of ..... October.... 1941 by the

Recorder of Deeds of the City of St. Louis, State of Missouri.

Ralph R. Ward

Grace Presbyterian Church

May 22nd, 1942.
CERTIFIED TRUE COPY

(H. E. Fleming) Flt. Lt.,
Commanding Officer,
No. 8 Recruiting Centre, RCAF,
Windsor, Ontario.

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

AIR FORCE No. R.164151 POSTED TO No. 1 "M" Depot, Toronto, Ontario. TRADE Observer or Pilot (Std.)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

SPECIAL RESERVE

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

1. Surname BROWN FULL Christian Names CLEMENT HECTOR
2. Present Address Y.M.C.A. Windsor, Ontario. Telephone CA-4453
3. Permanent Address 6037 Enright, St. Louis, Missouri.
4. Place of Birth Montreal, Quebec. Citizenship Canadian.
5. Date of Birth January 18th, 1915. Married, ~~Single, Widower, Separated, Divorced~~ Married
6. Particulars of Children

Name	Date of birth	Name	Date of birth
NONE			

7. Occupation Mechanical Engineer 8. Religion Presbyterian. (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) Marie Jane Brown Relationship Wife
    " Address 6037 Enright Ave., St. Louis, Missouri.
11. Father (Full Name) Clement McFarlane Brown Birthplace Lachine, Quebec.
    " Address Lachine, Quebec. Citizenship Canadian.
    " Occupation Foreman - Dominion Bridge Co.
12. Mother (Full Maiden Name) Margaret Ellen Harpur Birthplace Ottawa, Ontario.
    " Address 1433 Laurel Ave. St. Louis, Missouri. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
NONE						

R.C.A.F. Records Office
Rec'd. JUN 4 1942
O.K. C.I.B.C.
R.C.H.A. N.I. R.W.M.
S.L. 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? 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? Yes If so, state particulars Loan $150.00 - Auto $50.00.

R.C.A.F. Form R. 100
150M—10-41 (993)
H.Q. 1062-3-83

455-44

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Earl Grey, LACHINE, QUE	1921	1924	
	McKeough, Chatham.	1924	1926	
High School—Collegiate Institute, etc.	Victoria	1926	1928	General
	Windsor Coll. Inst.	1928	1930	
Technical School	Soldan High School, St. Louis Mo.	1930	1934	Coll. Prep.
University or School other than above	Missouri School of Mines & Metallurgy.	1937	1941	Mechanical Eng. (Degree)
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Wagner Elec. Corp.	Jun. Engineer	1941	May 1942	Join RCAF.
Western Union Tel. Co.	Messenger	1936	1937	Back to college.
Chevrolet Motor Co.	Stock Chaser	1935	1936	Better position.
International Shoe Co.	Shp'g. Clerk	1934	1935	Laid Off.
All in St. Louis, Missouri.				

23. Flying Experience (in Hours) Solo 17 Dual 18 Passenger 00

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

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

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.....
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 persons who can give references as to character and ability.

Name	Address	Occupation
Mr. Henry Uelk	6110 Etzel Ave., St. Louis, Missouri.	Draftsman.
Rev. Ralph Ward	5639 Page Avenue, St. Louis, Missouri.	Minister
Mr. Robt. Schoenthaler	416 S. Osage St., Bartlesville, Oklahoma.	Engineer
Mr. Len. Wolff Jr.	514 Kirkham Rd., Webster Groves, Missouri.	Engineer

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 May 22nd, 1942. Signature Clem. H. Brown

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: CLEMENT HECTOR BROWN (b) Reg'l. No. 16 HIST
2. (a) Arm of service: R.C.A.F. (b) Unit: P.I.M. DEPOT (c) Rank: AC2
3. (a) Date of birth: JAN. 10, 1915 (b) Have you any dependents? YES (1) (c) Place of residence at time of enlistment: ST. LOUIS, MO.
4. (a) Place of enlistment: WINDSOR ONT. (b) Date of enlistment: MAY 26, 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 26 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 4 YRS. HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured: B.S. IN MECH. ENG.
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH WELL

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: WAGNER ELEC. CORP Address: ST. LOUIS MO.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): ELEC. & AUTO. EQUIP.
20. (a) Your specific occupation: JUN. MECH. ENG. (b) Number of years' experience at this occupation with any employer: 1 YR.
21. (a) Did your employer promise definitely to give you employment on discharge? NO. (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? UNCERTAIN

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
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: I would like to return to civil life as an auto. air brake engineer

R.C.A.F. Records Office
Rec'd JUN 17 1942
C.I.B.
B.C. N.I.
S.L.

DATE May 27 1942 194..

SIGNATURE Clem. H. Brown

187009

R.C.A.F. R-272
25M-3-44
H.Q.885-R-272

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.

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(1) Name of Officer or Other Rank BROWN CLEMENT HECTOR
(Surname first—Christian names in full—Block capitals)

(2) Air Force Number and Rank J87009 P/O

(3) Unit 1667 C.U. SANDTOFT, YORKS.

(4) Are you married? YES

(5) If married, state,

(a) Full name of your wife MRS. MARIE JANE (MONROE) BROWN

(b) Present postal address of wife 1447 BURD AVE., ST. LOUIS, MO., U.S.A.

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys – Girls –

Names and ages NIL

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NIL

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

Name NIL

Postal Address

R.C.A.F. Records Office
Rec'd SEP 25 1944

[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 NIL

(11) Is your father alive? YES

If so, state name and address, occupation CLEMENT McF. BROWN
C/o McNAMARA BROS. CONST. CO., GOOSE BAY, LABRADOR, ACC'T

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

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

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

(14) Is your mother alive? YES

If so, state name and address MRS. MARGARET E. BROWN
1433 LAUREL AVE., ST. LOUIS, MO., U.S.A.

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

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

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? NIL

(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 NIL

Full Name NIL

Postal Address NIL

Amount contributed monthly during the past six months NIL

(18) Are you insured? YES

If so, in what Company? METROPOLITAN & PRUDENTIAL
(Give number of policy)

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 in 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.

Clement H. Brown
(Signature of officer or man)

Date July 25, 1944

D. Hamilton W/Cdr.
FOR GROUP CAPTAIN,
Officer Commanding, R.A.F. STATION, SANDTOFT

Date 26 July 1944.

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

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L. A. C. NO. R.164151 NAME Brown, C. H.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	2ND PILOT (B) Hrs	Mins	DUAL (C) Hrs	Mins	NIGHT 1ST PILOT (D) Hrs	Mins	2ND PILOT (E) Hrs	Mins	DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	2ND PILOT (H) Hrs	Mins	DUAL (J) Hrs	Mins	NIGHT 1ST PILOT (K) Hrs	Mins	2ND PILOT (L) Hrs	Mins	DUAL (M) Hrs	Mins	CREW DUTIES OBSERVER (N) Hrs	Mins	AIR GUNNER (O) Hrs	Mins	OTHER (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
#13 E.F.T.S., St. Eugene, Ont.	5 Feb. 43.		27	10			35	35	1	15			3	45																					67	45
#2 S.F.T.S. Uplands, Ont.	11 June 43		64	35			76	00	10	45			6	50																			18	50	158	10
#1 BRS.	3-9-43.																										44	35.							44	35

Wt.9425/57 426,000 4/42 W.H.&S. 668/56

ROYAL AIR FORCE.

General Conduct Sheet.

Form 121.

Air Commodore
Air Officer i/c Records

J87009 CAN.R.

Official No. ~~16.4151~~ *Name and Initials* BROWN. C.H. (IN BLOCK CAPITALS). *Date of Enlistment* 25th. May. 1942 *Sheet No.* ONE. (IN WORDS). *Signature and Rank.* *Date* 17th. Oct. 1943.

UNIT AND PLACE.	Date of Offence.	Rank.	Cases of Drunkenness (IN RED INK)	OFFENCE.	Witnesses.	Punishment Awarded.	Date of Award or of Order dispensing with trial.	By whom Awarded.	INITIALS AND RANK OF OFFICER MAKING ENTRY AND REMARKS, WITH DATE.
				CERTIFIED NO ENTRY					
				CERTIFIED NO ENTRY R.A.F. WYMESWOLD		F/Lt. 6(P) A & U. Little Rissington			28.3.44
				CERTIFIED NO (FURTHER) ENTRY		P/O. No. 11 Base. R.A.F. Lindholme			19.6.44. 2.6.44

[P.T.O.

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME ..... BROWN .....

2. CHRISTIAN NAMES ..... CLEMENT HECTOR .....

3. APPLYING FOR ENLISTMENT AS ..... Observer or Pilot (Std.) .....

SELECTION BOARD

4. PERSONNEL OFFICER

Education ..... B. Sc. Missouri .....

~~A-to-L Score.~~

C.T. ..... 51 .....

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

Suitable.

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

SUITABLE FOR COMMISSION ..... Yes .....

Signed ..... D A Stewart F/O
D. A. Stewart F/O.

---

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical; Temperamental)

Fit for all aircrew.

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

SUITABLE FOR COMMISSION ..... Yes .....

Signed ..... G L Anderson Flt Lt
G. L. Anderson Flt. Lt.

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6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Alert, clean cut, slim build, cooperative, pleasant, good material for aircrew.

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

SUITABLE FOR COMMISSION ..... Yes .....

Signed ..... P J Spring Flt Lt
P. J. Spring Flt. Lt.

FOUND ACCEPTABLE FOR ..... Observer or Pilot (Std.) .....

H E Fleming Flt/Lt
(H. E. Fleming) Flt. Lt.,
Commanding Officer,
#8 Recruiting Centre, RCAF,
Windsor, Ontario

DATE: May 23rd, 1942.

A.F.M. 5
24.12.41

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

Skilled Tradesmen with Acting Rank

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 duties not directly or indirectly connected with the trade in which I have applied, i.e..... until such time as the R.C.A.F. is in a position to employ me in said trade.

(b) That within a period of three months from date of enlistment I will be required to qualify in all respects for the acting rank and group which I have been granted on enlistment. These qualifications apply to both the trade and my knowledge of drill and discipline.

(c) That if I fail to qualify during that period, I will be given the following option.

(i) Remustering to the trade group and reverting to the rank for which qualified.

or

(ii) Taking my discharge.

2. I have carefully read this agreement and fully understand it to be in addition to the declaration in the Attestation Paper that it will be necessary for me to sign if I should be attested.

(Witness) (Signature of Applicant)

(Place) (Date)

A.F.M. 23 (B)
2-4-41

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.
VICTORIAVILLE, P. Q.

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at VICTORIAVILLE QUE. *Date* 17-9-42

FILE NUMBER
R-164151

Surname Brown *Chr. Names* Clement, Hector
Nature of Commission *Date of Birth* 18-1-15 *Married or Single* Married
Branch *Hours Flown*
Address 1433 Laurel Ave. St. Louis Mo. U.S.A.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown
Severe or "Sick" Headaches, Migraine
Fits or Convulsions of any kind
Sun or Heat Stroke
Head Injury or Concussion (including "knock-out")
Insomnia, Nightmares, Sleep-walking, or Bed-wetting
(ii) LUNG TROUBLE or Consumption
Bronchitis, Pneumonia or Pleurisy
Asthma or Hay Fever
(iii) HEART DISEASE, "Weak or Strained Heart"
Fainting Attacks or Giddiness
Rheumatism, Rheumatic Fever or "Growing Pains"
Frequent Sore Throats or Tonsilitis
Diphtheria, Scarlet Fever or Scarlatina
(iv) STOMACH or BOWEL TROUBLE
Chronic Indigestion or Pain after Food
(v) KIDNEY or BLADDER TROUBLE
Syphilis or Gonorrhœa
(vi) TROPICAL DISEASE
Malaria
Dysentery
(vii) EYE TROUBLE or Inflammation of Eyelids
Wearing of Glasses
Colour or Night Blindness
(viii) EAR TROUBLE, Earache or Discharge from Ears
Deafness, Noises in the Ears, or Dizziness
Frequent Colds in Head, Catarrh or Obstruction
Prolonged Hoarseness or Loss of Voice
Sea, Car or Train Sickness
Discomfort on Swings, Roundabouts, Switchbacks
(ix) OPERATIONS
(x) Any illness or Injury not mentioned above

Education B.Sc. in Mech. Eng. from Mo Sch. of Mines & Met.
Present Occupation Jr. Engineer Hobbies Automobile engines
Previous Service
Athletics baseball, basketball
Habits—Smoking light Alcohol very light
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health fair Dead—Cause
Brothers (....) Alive—Health (....) Dead—Cause
Sisters (1) Alive—Health good (1) Dead—Cause

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

Date 17-9-42 *Signature* Clement H. Brown *Witness* [illegible] Sgt.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique..... *(b)* Mentality.....
Body Marks, Scars, Deformities.....
Size of Thyroid Gland.....
Surgical Abnormalities.....
Results of Wounds, Injuries, Operations.....

	#3 M.S.B. Date 16-9-42	Date.....	Date.....	Remarks on any Abnormalities Found
Height (ins.)	70			Date.....
Weight (lbs.)	144			
Chest Circumference (ins.)	34			
Body Build (lbs.)				
Leg Length (ins.)	42			
Pulse Rate — Sitting	72			
Pulse Rate — Standing 1st				
Pulse Rate — Standing 2nd				
Pulse Rate — After Exercise				
Pulse Rate — Time to Normal				
Arterial Walls	n			Date 16-9-42
Blood Pressure — Systolic	130			
Blood Pressure — Diastolic	80			Sinus arrythmia
Room Temperature				
Heart — Size (in cms.)	n			
Heart — Sounds	n			
Heart — Rhythm	n			
Lungs — Inspection	n			
Lungs — Palpation	n			
Lungs — Percussion	n			
Lungs — Auscultation	n			
Lungs — Expiratory Force	n			
Lungs — X-Ray	n			Date.....
Reflexes — Knee	n			
Reflexes — Ankle	n			
Reflexes — Triceps	n			
Reflexes — Abdominal	n			
Reflexes — Plantar	n			
Cranial Nerves	n			
	R. L.	R. L.	R. L.	
Balancing Rod				
	R. L.	R. L.	R. L.	
Self Balancing				
Tremors — Fingers				Date.....
Tremors — Eyelids				
Abdomen — Liver	n			
Abdomen — Spleen	n			
Abdomen — Muscular Tone	n			
Urine — Albumen	n			
Urine — Sugar	n			
Initials of M.O.	JDC M			

40 mm. Hg. Test.....
Date.....
Date.....
Date.....
Date.....

EYE EXAMINATION

History: No symptoms

Visual Acuity	R 20/20 , $\bar{c}$ ~~2.50~~ = Blur c p.h. 20/20		
	L 20/30 , $\bar{c}$ ~~2.50~~ = Blur c p.h. 20/20		
Colour Vision	Normal Ish. #9		
Red, Green	M.R. Ortho		
Diaphragm Test (P.D. =	60 Bar) at 3		
Convergence	C. = 6 cms.		
	S. C. = 18.5 cms.		
Accommodation	R 9.5		
	L 9.5		
Cover Test	Sl. Div. Dev/RR		
Fundi and Media	N		
Fields	N		
REMARKS:	A1BA3B High S.C.		
	Initials of M.O. JFM	*Initials of M.O.*	*Initials of M.O.*
	Date 16-9-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing	R. Ear	WV 20'		
	L. Ear	WV 20'		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	Pat		
	L. Ear	Pat		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		Healthy		
Teeth		good		
Gums		n		
Pharynx		Tonsils + cG +		
Nasopharynx		~~no obst.~~		
Nose		no obst.		
Larynx		n		
REMARKS:		*Initials of M.O.* JDCM	*Initials of M.O.*	*Initials of M.O.*
		Date 16-9-42	*Date*	*Date*

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

FAMILY Neg.

EDUCATION University graduate B.Sc.

INTELLIGENCE above average

MOTIVATION good P or N

EMOTIONAL STABILITY good

GENERAL ADJUSTMENT good

COMMENTS above average trainee.

JDC Macdonald Sqd./Ldr.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT Date 16-9-42

PILOT

OBSERVER

W/OPERATOR

A/GUNNER

M.O. J.D.C. Macdonald Sqd.

N. VISION	12 A
E. E. G.	N8
. . G.	
NUMBER	2

NOV 20

as. Kor

NATIONAL REGISTRATION CERTIFICATE PRODUCED NA. American Resident Resident Alien

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test (Not required for Standard (Tradesmen)—*

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

Date May 26th, 1942. Clem. H. Brown
Signature of Recruit

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

I, CLEMENT HECTOR BROWN - - - - - - - - - - - - - do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date May 26th, 1942. Clem. H. Brown
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 Windsor, Ontario. this 26th day of May, 1942.

G. G. Monroe
(P. J. Spring) Signature of Officer

Flight Lieutenant, Rank

No. 8 Recruiting Centre, RCAF, Windsor, Ontario. Unit

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CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 27 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? no
4. Have you had any illness for more than one ~~week's~~ yes duration.
5. I certify that I have revealed my full medical history and have not withheld any relevant information.

Signature of Applicant Clem. H. Brown

Examiner's Remarks *re* above. dip. at 13. – mastoid –

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

1. Identification marks or scars (if operative obtain history). none.
2. Height 5 feet 10 inches.
3. Weight 135 pounds.
4. Complexion fair.
5. Color of Eyes blue Hair dk br.
6. Development ~~Good~~ Fair ~~Poor~~
7. Chest Measurement—Full expiration 33 inches
   Range of expansion 2 1/4 inches
8. Hearing—Right WV 20 Left WV 20 Tympana—Right N Left N.
9. Vision—Without glasses—Right 20/15-1 With glasses—Right
   Left 20/25. Left 20/20
10. Condition of mouth and teeth healthy – good repair.
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 A1B45B

Part 2 Cont.

Any special remarks of the Medical Officers

13. Reflexes phys
14. Heart N.
15. Lungs clear. May 23rd, 1942. Chest x-ray negative.
16. Blood Pressure S. D. 140/85
17. Colour Vision N Ishi.

Date May 22nd 1942.

President Member Member

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. ~~CAN.R.164151~~ J87009 Name BROWN. Clement Hector. Rank ~~T.Sgt.~~
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot. Grp.2. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 18.1.15. Religion Presb. Occupation in Civil Life Engineer.1yr.Messenger.1yr. Stockchaser.1yr.Shipping Clerk.1yr.

Last Enlisted 26.5.42. Current Engagement D of W.

If a member of the Auxiliary Air Force

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

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

Mrs. M. G. Brown (Wife) 1447A Bird Ave. St. Louis, Miss. U.S.A.

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.")

N of K

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

Section I.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
1.G.R.S.	1.Y. Depot.	18.9.43.		P/O Std. AC.2.	26.5.42.
1.Y. Depot.	U.K.	8.10.43.		Pilot. " LAC.	7.11.42.
	Emb.New York.	8.10.43.		" Spec. T.SGT.	11.6.43.
	Disemb.U.K.	16.10.43.		Pilot.Grp.2. "	11.6.43.
Int.C.133.	RAF.Bournemouth.	17.10.43.			
RAF.Bournemouth.	No. 6(P)AFU	16.11.43.			
6(P)AFU.	28.O.T.U.	28.3.44			
28.O.T.U.	11. Base.	19.6.44.			
No. 11 Base.	Discharged on appointment to a commission	2.6.44.			
	Para 392/18.			Ro 80 2/8/44	

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

(*11902—10349) Wt. 54527—5881 50M 4/43 T.S. 700

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. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/Sgt	V.G.	Pilot c/I	ON STRENGTH FOR TRAINING ONLY.				31/12/43	Mafwood S/L
T/Sgt.	V.G.	Pilot c/I.	ON STRENGTH FOR TRAINING ONLY.				28.3.44	[illegible]
T/Sgt.	V.G.	PILOT.	ON STRENGTH FOR TRAINING ONLY				19.6.44.	[illegible]
T SGT	V.G.	PILOT	ON STRENGTH FOR TRAINING ONLY ~~LESS THAN 1 MONTH~~				2.6.44.	[illegible] F/O

POR 5/43. 7 Days Prw. Leave 28.10.43 – 5.11.43. RW. E15313 [illegible] W/O

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.Os.C., etc.

Authority.	Nature.	Date of Effect.
	Awarded Pilots Flying Badge.	3.9.43.
A.O.C.	Recommended for Commission	

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R.A.F.—TRAINING REPORT

R.A.F. Form 5015.

PILOT

No. 28 OPERATION TRAINING UNIT

1. Surname Brown Christian Names Clement Heltor

2. Number R164151 3. Rank Sgt 4. Course No. 37

5. Posted from 6 (P).A.F.U. 6. Date course commenced 28/3/44 7. Date course ended 19/6/44 8. Posted to 11. Base

9. Ground Examinations			10. Flying Tests		
Subject	Marks Allotted	Marks Obtained	Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	210	(a) General Flying	400	280
(b) Armament	300	212	(b) Applied Flying	200	140
(c) Meteorology	100	-	(c) Instrument Flying ...	250	175
(d) Navigation	200	158	(d) Night Flying	100	70
(e) Signals	100	60	(e) Link Trainer	50	28
Total	1,000	640	Total	1,000	693
PER CENT.		70%	PER CENT.		69.3%

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	70

12. **Remarks :** An Above average pilot and captain who has experience little difficulty in the course.
Has been recommended for a commission

Commissioning action taken

P.L.B.Morgan W/CDr
Chief Instructor
28.O.T.U. Wymeswold

Date 14/6/44 Signed J.R.Boll G/Cpt.
Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf.)

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	Link Trainer
Wellington X	Day ...	5.25	10.00	36.00	-	1.05	8.50	10.00
	Night...	5.00	9.45	31.10	-			

14. **Flying Accidents.—All** flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
							Comment
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
			- N I L				

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
"W.O." —Write off.

Certified that this
pupil has passed compression
chamber test

F.A.Drury S/Ldr

C.G.I. 28.O.T.U.

(*12125—10275) Wt. 11892—43 50M 5/43 T.S. 700
(*13137—10275) Wt. 30508—1917 50M 9/43 T.S. 700

REPORT ON PERSONNEL - GENERAL RECONNAISSANCE SCHOOL T.22 (G.R.)

NAME BORN, C.H. NO R164151 RANK Sgt. SUMMERSIDE, P.E.I.

COURSE NO. 988 DATE COMMENCED 5-7-43 DATE TERMINATED 3-9-43

NAVIGATION - FLYING TIMES.

AIRCRAFT TYPE	DAY	NIGHT	TOTAL
ANSON	44:35		44:35

RESULTS - PILOTS COURSE

SUBJECTS	MARKS	MAXIMUM	PERCENT
D.R. Navigation Intermediate	67	100	67
D.R. Navigation Final	270	300	90
D.R. Navigation Airwork	200	300	66
Reconnaissance	146	200	73
Reconnaissance Airwork	71	100	71
Astro Navigation	85	100	85
Compasses and Instruments	134	200	67
Meteorology	100	200	50
Signals	70	100	70
Coding	78	100	78
Ship Recognition	163	200	81
Photography	80	100	80
Visual Signals	Pass	Pass	Pass
TOTAL	1464	2000	73.2

Order of merit 16 Pass Pass

Size of class 24 Fail

INSTRUCTOR'S REMARKS:-

Alert and conscientious, should prove a capable G.R. captain. Recommend commissioning.

J.E. Lyons F/O
Course Instructor.

RECOMMENDATION FOR FUTURE EMPLOYMENT:-

1 Long Range G.R. 2 Fighter Recce. 3 Torpedo Bombers.

CHIEF INSTRUCTOR'S REMARKS:-

An intelligent and well educated student, reliable and keen.

A/W Mackel W/C
Chief Instructor

O.C. STATION'S REMARKS:-

Recommended for a Commission.

G/C
Commanding Officer,
No.1 G.R.S., SUMMERSIDE, P.E.I.

1-9-43

R.C.A.F. T.58A
Revised: 1-42

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME: Brown, CHRISTIAN NAMES: C.H. NUMBER: R164151 RANK: LAC

I.T.S. #3 VICTORIAVILLE COURSE NO. 62 FROM 14-9-42 TO 6-11-42

E.F.T.S. 13 COURSE NO. 70 FROM 7 Dec/42 TO 5Feb/43.

S.F.T.S. 2 XXXX COURSE NO. 75 FROM 22-2-43 TO 11-6-43.

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

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	91					
2. Law, Discipline	97					
3. Navigation	93	159	146			
4. General Studies						
5. Airmanship	97	181	141			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	96					
10. Armament (written)	86	81	60			
11. Armament (Practical)			41			
12. A/C Recognition	98	67	38			
13. Drill	93					
14. Signals (Written)	100		45			
15. Signals (Practical)		100	100			
16. Meteorology	80		46			
TOTAL OBTAINED	941	588	617			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	94	84.0	82.2			
NUMBER IN CLASS	130	30	56			
POSITION IN CLASS	9	4	11			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours	69	
Instrument	69	74
Clear Hood	114	69
Navigation	34	81
TOTAL OBTAINED	217	224
TOTAL POSSIBLE	300	300
PERCENTAGE	72.3	74.6
NUMBER IN CLASS	28	56
POSITION IN CLASS	13	13

(3) FLYING APTITUDE

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

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
13 EFTS	FINCH II	35:35	27:10	3:45	1:15		7:15	12:00			6:55	
2 SFTS	HVD	76:00	64:35	6:50	10:45	14:50	31:15	25:00	11:55	10:55	4:00	18:50

(5) ACCIDENTS (C.A.P. 100 Accident.

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

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	Yes	No	4	5	3	1	2
S.F.T.S.		YES			P(A.AV)	AV.	AV.

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

	Marks Obtained
Flying (Para.3)	540
G.I. S. (Para. 1) 617	617
Character & Leadership(Para8)	389
TOTAL	1546
PERCENTAGE	68.71
STANDING IN GLASS	38

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	135
S.F.T.S.	254
TOTAL	389

(9) CERTIFIED:

(a) That this pupil pilot has (~~has not~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~is not~~) authorized to wear the Pilot's Flying Badge, w.e.f. 11. June. 1943.

A/Chief Instructor
No. 2 S.F.T.S.

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

(a) I.T.S.

Intelligent & mature. Excellent educational background. Seems to be overconfident. Good Service Spirit.

Alternative Recommendation: Air Navigator.

W/Cmdr.
Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) S.F.T.S.

C.E.I. Good student. Keen and sincere. Mature lad.

LINK: Good attitude, average performance, airspeed and maintenance of altitude inaccurate.

C.F.I. General flying good, overcontrols on instruments, with hard work should do well.

Chief Supervisory Officer
No. 13 E.F.T.S.

(c) S.F.T.S.

Slightly lacking in initiative. Forgetful of detail.
An average pilot who should have done much better in flying training.

A/Chief Instructor
No. 2 S.F.T.S.

(d) S.F.T.S.

I concur.

Commanding Officer
No. 2 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

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

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

Confidential

PILOT

R.A.F. TRAINING REPORT.

No. 6 (P) ADVANCED FLYING UNIT

R.A.F. Form 5014

1. Surname BROWN. Christian Names Clement Hector.
2. Number R. 164151 3. Rank Sgt. 4. Course No. 74
5. Posted from 3 P.R.C. 6. Date course commenced 16:11:43 7. Date course ended 28:3:44 8. Posted to 28 O.T.U.

9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	300
(b) Applied Flying	200	150
(c) Instrument Flying ...	250	180
(d) Night Flying	100	70
(e) Link Trainer	50	26
Total	1,000	726
PER CENT.		73%

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	65

Degree of Suitability for further training	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
11. As a Flying Instructor	X			

(Mark "X" in appropriate column.)

12. **Remarks :**

A keen pilot who has worked well throughout the course. His i/f. and navigation are good: he shows confidence and should make a good operational pilot.

Date 26:3:44 Signed M. PAPWORTH. S/L for Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf)

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger 2nd Pilot.	Formation	Instru-ment	Link Trainer
	Day ...							
	Night...							

14. Flying Accidents.—All flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
							Comment
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	e.g. " Engine Failure " " Inexperience " " Carelessness," etc.

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
"W.O." —Write off.

(*11077—10274) Wt. 38188—P2393 30,000 12/42 T.S. 700

Confidential | R.A.F.—TRAINING REPORT | R.A.F. Form 5015.

PILOT

No. 28 OPERATION TRAINING UNIT

1. Surname Brown Christian Names Clement Heltor

2. Number R164151 3. Rank Sgt 4. Course No. 37

5. Posted from 6 (P).A.F.U. 6. Date course commenced 28/3/44 7. Date course ended 19/6/44 8. Posted to 11. Base

9. Ground Examinations			10. Flying Tests		
Subject	Marks Allotted	Marks Obtained	Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	210	(a) General Flying	400	280
(b) Armament	300	212	(b) Applied Flying	200	140
(c) Meteorology	100	-	(c) Instrument Flying ...	250	175
(d) Navigation	200	158	(d) Night Flying	100	70
(e) Signals	100	60	(e) Link Trainer	50	28
Total	1,000	640	Total	1,000	693
PER CENT.		70%	PER CENT.		69.3%

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	70

12. **Remarks :** An Above average pilot and captain who has experience littl difficulty in the course.
Has been recommended for a commission

Commissioning action taken

P.L.B.Morgan W/Cdr
Chief Instructor
28.O.T.U. Wymeswold

Date 24/6/44 Signed [illegible] G/Capt.
Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf.)

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	Link Trainer
Wellington X	Day ...	5.25	10.00	36.00	-	1.05	8.50	10.00
	Night...	5.00	9.45	31.10	-			

14. Flying Accidents.—All flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
							Comment
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
			- NIL				

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
" W.O." —Write off.

Certified that this
pupil has passed compression
chamber test

F.A.Drury S/Ldr

C.G.I. 28.O.T.U.

(*12125—10275) Wt. 11892—43 50M 5/43 T.S. 700
(*13137—10275) Wt. 30508—1917 50M 9/43 T.S. 700

Confidential

R.A.F.—TRAINING REPORT

R.A.F. Form 5012A

PILOT

NO. 1523 BEAM APPROACH TRAINING FLIGHT

1. Surname BROWN Christian Names : Clement Hector

2. Number : R164151 3. Rank : Sergeant 4. Course No. : 90

5. ~~Posted~~ Attached from No.6(P)AFU 6. Date Course commenced 12 Jan 44 7. Date Course ended 8 Feb 44 8. Posted to

9. Flying Times (at this Unit) :

Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
	Dual	Solo	Dual	Solo				
Oxford	21:20	-	-	-	21:20	15:25	-	07:45

10. Flying Tests

SUBJECT	Marks Allotted	Marks Obtained
(a) B.A. PROCEDURE AND "Q" CODE (LINK TRAINER)	200	140
(b) RECEIVER OPERATION	100	70
(c) INSTRUMENT FLYING...	250	135
(d) CLOUD AND NIGHT FLYING	250	140
(e) GENERAL APPLICATION OF B.A. PROCEDURE (FLYING)	200	125
TOTAL	1,000	610
	PER CENT. :	61 %

11. Remarks : -

This pupil has worked hard throughout the course. Instrument flying quite good, beam procedure good. Could use S.B.A. in an emergency.

Date 8th February 1944 Signed [signature] F/Lt.

Officer Commanding.

(*12550—10896) Wt. 19599—861 20M 7/43 T.S. 700

R.C.A.F. T.58A
Revised: 1-42

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME Brown, CHRISTIAN NAMES C.H. NUMBER R164151 RANK LAC

I.T.S. #3 VICTORIAVILLE COURSE NO. 62 FROM 14-9-42 TO 6-11-42

E.F.T.S. 13 COURSE NO. 70 FROM 7 Dec/42 TO 5Feb/43

S.F.T.S. 2 COURSE NO. 75 FROM 22-2-43 TO 11-6-43

TRAINEE FROM: CAN.: XXXX U.K.: AUS.: N.Z.:

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS %	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	91					
2. Law, Discipline	97					
3. Navigation	93	159	146			
4. General Studies						
5. Airmanship	97	181	141			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	96					
10. Armament (written)	86	81	60			
11. Armament (Practical)			41			
12. A/C Recognition	98	67	38			
13. Drill	93					
14. Signals (Written)	100		45			
15. Signals (Practical)		100	100			
16. Meteorology	80		46			
TOTAL OBTAINED	941	588	617			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	94	84.0	82.2			
NUMBER IN CLASS	130	30	56			
POSITION IN CLASS	9	4	11			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours	69	
Instrument	69	74
Clear Hood	114	69
Navigation	34	81
TOTAL OBTAINED	217	224
TOTAL POSSIBLE	300	300
PERCENTAGE	72.3	74.6
NUMBER IN CLASS	28	56
POSITION IN CLASS	13	13

(3) FLYING APTITUDE

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

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
13 EFTS	FINCH II	35:35	27:10	3:45	1:15		7:15	12:00			6:55	
2 SFTS	HVD	76:00	64:35	6:50	10:45	14:50	31:15	25:00	11:55	10:55	4:00	18:50

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

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

R.C.A.F. Records Office
Rec'd JUL 9 1943
O.K. JB C.I.B.
C JB
S. P.A.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	Yes	No	4	5	3	1	2
S.F.T.S.		YES			P (A.AV)	AV.	AV.

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

		Marks Obtained
Flying (Para.3)		540
G.I. S. (Para. 1)	617	617
Character & Leadership(Para8)		389
TOTAL		1546
PERCENTAGE		68.71
STANDING IN CLASS		38

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	135
S.F.T.S.	254
TOTAL	389

(9) CERTIFIED:

(a) That this pupil pilot has (~~has not~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~is not~~) authorized to wear the Pilot's Flying Badge, w.e.f. 11 June 1943.

A/ Chief Instructor
No. 2 S.F.T.S.

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

(a) I.T.S. Intelligent & mature. Excellent educational background. Seems to be overconfident. Good Service Spirit.

Alternative Recommendation: Air Navigator.

W/Cmdr.
Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

C.E.I. Good student. Keen and sincere. Mature lad.

(b) E.F.T.S.

LINK: Good attitude, average performance, airspeed and maintenance of altitude inaccurate.

C.F.I. General flying good, overcontrols on instruments, with hard work should do well.

Chief Supervisory Officer
No. 13 E.F.T.S.

(c) S.F.T.S.

Slightly lacking in initiative. Forgetful of detail.
An average pilot who should have done much better in flying training.

A/ Chief Instructor
No. 2 S.F.T.S.

(d) S.F.T.S.

I concur.

Commanding Officer
No. 2 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

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

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

REPORT ON PERSONNEL - GENERAL RECONNAISSANCE SCHOOL T.22 (G.R.)

NAME. BORWN, C.H. ..... No. R164151 ..... RANK Sgt. .... SUMMERSIDE, P.E.I.

COURSE NO. 98B ..... DATE COMMENCED. 5-7-43 ..... DATE TERMINATED. 3-9-43 ....

NAVIGATION - FLYING TIMES.

AIRCRAFT TYPE	DAY	NIGHT	TOTAL
ANSON	44:35		44:35

RESULTS - PILOTS COURSE

SUBJECTS	MARKS	MAXIMUM	PERCENT
D.R. Navigation Intermediate	67	100	67
D.R. Navigation Final	270	300	90
D.R. Navigation Airwork	200	300	66
Reconnaissance	146	200	73
Reconnaissance Airwork	71	100	71
Astro Navigation	85	100	85
Compasses and Instruments	134	200	67
Meteorology	100	200	50
Signals	70	100	70
Coding	78	100	78
Ship Recognition	163	200	81
Photography	80	100	80
Visual Signals	Pass	Pass	Pass
TOTAL	1464	2000	73.2

Order of merit ..... 16 ..... Pass ..... Pass .....

Size of class ..... 24 ..... Fail .....

INSTRUCTOR'S REMARKS:-

Alert and conscientious, should prove a capable G.R. captain. Recommend commissioning.

Rec'd. 1 NOV 1943
O.K. ..... C.B. .....
R.C. JB ..... N.I. .....
S.L. JB ..... P.A. .....

J.E. Lyons F/O.
..... Course Instructor.

RECOMMENDATION FOR FUTURE EMPLOYMENT:-

1 Long Range G.R. ..... 2 Fighter Recco. ..... 3 .... Torpedo Bombers. ....

CHIEF INSTRUCTOR'S REMARKS:-

An intelligent and well educated student, reliable and keen.

..... W/C
Chief Instructor

O.C. STATION'S REMARKS:-

Recommended for a Commission.

..... G/C
Commanding Officer,
No.1 G.R.S., SUMMERSIDE, P.E.I.

1-9-43

4899

(1518)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT WINDSOR:ONT ON 26-5-42

~~MARRIED~~ OR SINGLE MARRIED

No. R164151

NAME IN FULL BROWN Clement Hector

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
126	26-5-42	HC2	S.	A.S.	1 30				#I M DEPOT:DRO 126
230	28-9-42	AC2	S	A S	1 30	50	1 80		Authorized to draw Ration allowance
278	7-11-42	LAC	S	A.S.	1 50	50	2 00		RECL LAC.
160	6-12-42	LAC	S	A.S.	1 50	75	2 25		F/P
141	11-6-43	Sgt.	S	a.s.	3 70	–	3 70		Appt. I/Sgt. pd. Rem. Aircrew Pilot Spec. grp.

ASSIGNMENTS

Assignee		Eff. Date	Amount	Total
~~BROWN(MRS)MARIE JANE~~	NE 1-2-43	~~1-6-42~~	~~22 00~~	~~22 00~~
✓	✓	1-2-43	23 00	23 00
✓	✓	1-7-43	35 00	35 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
30-5-42	WIFE		

REMARKS — N.D.T. Class.

Period 1942	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
26-31/5	6	7 80					7 80	+								0	7 80	
1-30/6	30	39 00				7 80	46 80	20 00					A50-6 7 00	10 00	37 00	9 80	—	
1-23/7	23	29 90					29 90	15 33						10 00	25 33		4 57	SOS #8 SFTS MONCTON. 23-7-42 #177 W.L. Kerrington
24-31/7	8	10 40				4 57	14 97	4 67							4 67		10 30	
1-31/8	31	40 30				10 30	50 60	20 00					10 30	10 00	40 30	10 30	NIL	
1-17/9	17	15 60					15 60	8 00					7 60		15 60		Nil	S.O.S. No 3 I.T.S. VICTORIAVILLE EFF 12-9-42 DRO 217 W.A. Fulleland F/L
18/31-9	18	23 40					24 90	12 00							12 00	12 90	—	T.O.S. 13-9-42 DO 221
28/31-9	3		1 50															
1-31-10	31	40 30	15 50				55 80	20 00						18 00	38 00	17 80	—	
1/30-11	24	4 80	15 00				58 80	20 00					37 00		57 00		1 80	DO 278-DO 280
	30	39 00	X 2 00 X															
1/5-12	5	7 50	3 50			1 80	12 80	3 34					5 96		9 30		3 50	SOS TO #13 EFTS. EFF 5-12-42 DO 292 J.E. Bergeron F/L
6-31/12	26	58 50				3 50	62 00	16 66					4 53 X		62 00		—	TOS #13 E.F.T.S. 26-12-42 DO 160
		2 50																R.A. off 31st Dec/42 to 4th JAN/43 inc. (5 days) No #2
JAN	31	69 75					72 25	20 00						24 00	44 00	28 25	—	
		7 50																
1-20/2/43	20	45 00					52 50	16 00						21 00	37 00		15 50	SOS 25 FTS EFF 20/2/43 DO 22 R/A 6-20/2/43 INCL. DO 2
Feb	8	18 00				15 50	33 50	7 00						—	7 00	26 50	0	T.O.S. EFF. 21-2-43 D.O. 46
MAR	31	69 75					69 75	23 00						25 00	48 00	21 75	0	
APR	30	67 50					67 50	23 00						25 00	48 00	19 50	0	
MAY	31	69 75					69 75	23 00						25 00	48 00	21 75	0	
JUNE	10	22 50	7 00					19 17					A56 65 83					SOS TO COURSE 97, #16 R.S. SUMMERSIDE, P.E.I. EFF. 25-6-43 DO 141 R.A. ON LEAVE 12-25-6-43 DRO 141
	15	55 50					85 00							—	85 00	—	0	
26-30/6	5	18 50					18 50	3 83			A136		25 00		28 83		10 33	DO 153 T.O.S. 30 June 26/43 [redacted]
1-31/7	31	114 70					114 70	23 00		10 33				35 00	68 33	46 37	0	

1943

283
30

R.C.A.F. FORM A.28
40M—1-42 (1513)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Windsor Ont. ON 26.5.42

MARRIED OR SINGLE Married

No. R164151

NAME IN FULL BROWN, CLEM[redacted] HECTOR

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
141	11.6.43	Sgt.	S	A.S.	3 70		3 70		App. T/Sgt. Rem Spec Group.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Brown Mrs. Marie Jane	1.7.43	35 00	35 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
30.5.42	Wife.		

REMARKS

N.D.T. Class.

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to This Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1.31.8	31	114 70					114 70	35 00			Adj. a/p July	12 00		45 00	92 10	22 70	✗	~~[illegible] 1/ab/pr 4/Sep 18/43~~
1.18.9	18	66 60	7 00	D.O. 212 RAL.			73 60	21 00			E733 P238	24 35 017			73 60		✗	R R Clearbout 26
																	26 ✗	and. by Treas 8-9-43 R. M. Taylor

AIR FORCE No. J87009 R164151

SURNAME: Brown

FULL CHRISTIAN NAME: Clement Hector 7.3.0.4.4.0.3

ENLISTMENT/~~APPOINTMENT~~ PLACE: Windsor Ont. DATE: 26/5/43

RELIGION: Presbyterian

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
28.10.43	3.11.43	7	C. Leave	3.P.R.C. 5/43
15.3.44	21.3.44	7	Special Leave	6(O) AFU.
10.6.44.	18.6.44.	9.	P/L.	Wymeswold 10/44
28-8-44	3-9-44	7	P/L	100 Sqn 44

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
11 6 43	Pilots Badge	DRO 141

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
3 9 43	Cat. "P.G."	DRO 211

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	#2 S.F.T.S	#1 G.R.S.	25 6 43	DRO. 141
"	#1 G.R.S.	#1 Y.D.	18 9 43	" 211
	#1 Y.D.	#3 D.R.C	8 10 43	DRO 255
	Embarked New York		8 10 43	
	Disembarked U.K.		16 10 43	
	Posted C.133 RAFO mtk		17 10 43	
S.O.S.	3.P.R.C. to 6(P) A.F.U.		16 11 43	3.P.R.C. 25/11/43 6(P) AFU 10/43
ad	6. A.F.U. to 1523 BAT F/lt		11 1 44	6 A.F.U. 3/44
TOS	Wymeswold f. 6. AFU		28 3 44	Wymeswold 23/4 6(P) AFU 7/44
SOS	Wymeswold to 11 Base		19 6 44	11 Base 30/44 Wymeswold 19/44
	Reposted 11 Base (Appt to Comm)		7 7 44	11 Base 3/44
	Att to 11 OTU fr 11 Base		25 30 6 44	11 OTU 33/44 11 Base 55
TOS	100 Sqn.		25 8 44	100 Sqn. 14.
F/lt	Missing from 100 Sqn.		12 9 44	AFRO 2274/44 CRS67
TOS	N/EU		13 9 44	148/44
	PRES DEAD		12 9 44	CR833 UKN/EU 156 Supp AFRO 1424

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embarked 8/10/43.

AIR FORCE No. J87209 R164151

SURNAME: BROWN

FULL CHRISTIAN NAME: CLEMENT HECTOR

ENLISTMENT/~~APPOINTMENT~~ PLACE Windsor Ont. DATE 26/5/42

RELIGION: Presbyterian

Comm. 3.6.44.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
18/1/15	Montreal	Canada	Canada	British

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION H.S. 6 yrs.
HIGH SCHOOL ENTRANCE ✓	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Engineer 1 yr. Messenger 1 yr. Stock Clerk 1 yr.
Shipping Clerk 1 yr.

PREVIOUS SERVICE

Nil.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
27/5/42	A & B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: M.

WIFE (FULL MAIDEN NAME) OR HUSBAND: Marie Jane Monroe

PRESENT ADDRESS (IN PENCIL): 1447A Burd Ave., St. Louis, Mo.

PLACE OF MARRIAGE: St Louis Mo. U.S.A. DATE: 24/10/41

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

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

Marie Jane Brown (wife)
1447A Burd Ave.
St. Louis Mo. U.S.A.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

8 1M00

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O I.R.(G.L) Pilot	3 6 44	O.O. 105/44	—

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

Nil

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
1 Sgt (PD)	11 4 43	Dho 141	Pilot Op.	11 6 43	Dho 141
T/F/Sgt.	11 3 44	O.O. 066/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R164151

BROWN, CLEMENT HECTOR

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Windsor — DATE 26-5-42

RE-ENLISTMENT

C.R. FILE NUMBER RSS

J.87009

OFFICER RECORD OF SERVICE AIRMEN

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

1. POSTING (INDICATE S.O.S. AND T.O.S.)

Temporary Duty Un Ass

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
PoS	1 MD Toronto	26	5	42	1MD126
SOS	#1 MD Toronto	23	7	42	1MD177
TOS	#8 S.F.T.S. Moncton	24	7	42	8SF178
TD	Dorchester	1/6	8	42	8SF188
SOS	8 S.F.T.S. Moncton	12	9	42	8S7217
TOS	3 D.T.S. Victoriaville	13	9	42	3DTS221
SOS	3 D.T.S. Victoriaville	5	12	42	3DTS292
TOS	13 E.F.T.S. Cougeue	6	12	42	13EF160
SOS	13 E.F.T.S. Cougeue	20	2	43	13EF22
T.O.S.	2 D.F.T.S. Upland Ont.	21	2	43	2S7.46
SOS	2 D.F.T.S. Upland Ont.	25	6	43	2S7.141
TOS	1 G.R.S. Summerside P.E.I.	26	6	43	1GRS155
SOS	1 G.R.S. S'side	18	9	43	1GRS212
TOS	1 Y. Depot Halifax	18	9	43	1Y232
SOS	1 Y Halifax	8	10	43	1Y253
	3 PRC				
	Missing	12	9	44	DCL821
	PC K888	13	9	44	d 16/9/44
Presumed Dead 12 Sept 44 DCL 1102 d/18 Aug. 45					

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2	26	5	42	
8				
LAC	7	11	42	3DTS278
T/Sgt. (pd.)	"	6	43	2S7.141
P/O 3-6-44 (APR 179/31-7-44) T8				GB 1015

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
22-5-42	R100	A.B.A.3B	
16-9-42	M21	A1B1A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
O/P	S	26	5	42	
300 f.					—
A C (Pilot)		7		42	1MD137
Air Navig. compelled	S	24	10	42	3DTS293 245
a/c Pilot	S	4	6	43	2S7.141
Plt Gen Gt 1MOO		3	6	44	(APR 179/31-7-44)

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categorized P.A. - 2S7.141		

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Trans to Lect 98		3 7 43	BSO.161

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
6-11-42	29-11-42	24	Spec Leave	3DTS278
12-6-43	25-6-43	14	" "	2S7.141
4-9-43	18-9-43	14	Pre-emb.	(GRS212)
50				

1 R.C.A.F. OVERSEAS — 2 ENLISTMENT MARITAL STATUS — 3 PRESENT MARITAL STATUS — 4 HIGH & TECH. SCHOOL EDUCATION — 5 C. OF E. BAP. U.C. PRES. R.C. HEB. MIS. OTHER RELIGION — 6 PREV. SERV. PRO. — 7 PROVINCE OF ENLISTMENT — 8 DISCHARGE — 9 AC

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

R.C.A.F. FORCE No. ~~R164151~~

SURNAME: BROWN
FULL CHRISTIAN NAMES: CLEMENT HECTOR

ENLISTMENT — PLACE Windsor Ont — DATE 26-5-42.
RE-ENLISTMENT

C.R. FILE NUMBER: RSS.

J.87009

OFFICER RECORD OF SERVICE AIRMEN

Comm. 3-6-44

7. BIRTH: DATE 18-1-15 — PLACE Montreal P.Q. — CITIZENSHIP British 2

FATHER (FULL NAME) Clement McFarlane Brown

BIRTHPLACE Lachine, P.Q.

MOTHER (FULL MAIDEN NAME) Margaret Ellen Harpur

BIRTHPLACE Ottawa, Ont.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Ont.
JUNIOR MATRICULATION X Ont. U.S.A.
SENIOR MATRICULATION X U.S.A.
TECHNICAL SCHOOL
UNIVERSITY Degree Mechanical Eng. U.S.A.
CORRESPONDENCE COURSES
9.

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

Dexter Shoe Co. - Ship'g clerk - 1934-35
Chev. Motor Co - stockchaser - 1935-36
West. Union Tel. Co. messenger - 1936-37
Wagner Elec. Corp - jun. engineer - 1941-42
7130

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

N.A.
0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilot's Flying Badge	28 #141	11-6-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO 17 hrs DUAL 18 hrs PASSENGER nil

13. RELIGION Presbyterian.
4

14. LANGUAGES English
1

15. SPORTS baseball

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

WIFE (FULL MAIDEN NAME) Marie Jane Monroe

PLACE OF MARRIAGE St. Louis, Missouri — DATE 24-10-41

AUTHORITY (IF AFTER ENLISTMENT)
2

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Marie Jane Brown — RELATIONSHIP Wife
ADDRESS: 1447 A. Bird Ave, St. Louis Mo. USA — D.R.O. 14.228
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
duration	26 5 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
S.R.T.W.	C 75618	22-12-42	BC72

Date and Place of Signing R 40:

22.(A) ADDRESS PRIOR TO ENLISTMENT

6034 Enright St. Louis, Mo.

X2900
OHF.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
1-6-42	9-6-42	27-5-42				Ky
19-10-43						Id. Id.
						Iw
						4

INVESTIGATION REPORT

FROM: No. 3 M.R.E.U., B.A.F.O.

TO: AIR MINISTRY, P.4. (Cas), 73/77 OXFORD STREET, LONDON.

COPY TO:

Date: 2nd June, 1947 Investigation Officer: F/L W.J. SMITH Section: 15

A.M. File Reference: A.M. Cas. Enquiry No:

Unit Reference: Section Reference: X 102/X 563

Aircrafi type & number: Lancaster I ME 828 Date & Time: 12.9.44

Position of crash: FRANKFURT Map Reference: L 51/M 77

Crew: Particulars of burial:

Aus. 423001	A/F/O	K.I.	COLE	PILOT
J. 87009	P/O	C.H.	BROWN	2nd PILOT
577575	SGT	N.	RITCHIE	F/ENG
1580896	SGT	J.N.	JEFFERIES	NAV.
1527435	F/S	B.S.	KENT	A/B
1195317	F/S	T.M.	MEIR	2nd A/B
1474275	F/S	A.	PLASTOW	WO/AG
1806460	SGT	K.J.	HAMILTON	A/G
1647557	SGT	C.V.	GEORGE	R/G

Cemetery & Map Reference: FRANKFURT/Main, Main Cemetery, L 51/M 67

Articles found:

Any further action:

RESULT OF INVESTIGATION AND FINDINGS:

Lancaster I ME 828, flying in a Westerly direction, was carrying a bomb load when it was hit by Ack Ack fire. Crashing near ESCHERSHEIMER LANDSTRASSE, the resulting explosion scattered remains over a considerable area.

2. This aircraft is undoubtedly the one mentioned in paragraph 4(a) your letter dated 10th January, 1946, reference 422974/44/F.4.MR.(2) Casualty Enquiry G 427. The latter statement was arrived at be elimination, after all crashes in Frankfurt ~~City~~ City had been accurately plotted and investigated.

3. Lieutenant Bernard, former chief of Police 11 section Frankfurt, was in charge of the police cordon around the aircraft crash scene. He states that 5 coffins were filled with small pieces of human remains and taken to Frankfurt Main Cemetery. He further states that in his opinion, it would be impossible to count the number of bodies.

4. With reference to attached exhumation reports, on Frankfurt Main Cemetery Row 35 Grave 6 contains remains of F/O COLE, K.I., identified from RAAF wings, F/O braid, and GErman records. Row 32, Grave 16 contains remains of SGT C.V. GEORGE, identity ~~fr~~ from name on collar band. (Body removed from communal coffin, Grave 6, Row 35).

Row 35, Grave 5 (foot of coffin) SGT HAMILTON, L.R.
IDENTITY from name on shirt.
(head of coffin) F/SGT PLASTOW, A.
identity from F1250 R.

5. With reference to Frankfurt Main Cemetery Plan and attached exhumation reports,
Row 34, Grave 19
Row 35, Grave 3 & 4 contain remains of Unknown English Flyers,
date of death 12.9.44.

p.t.o.

Grave diggers at Frankfurt Main Cemetery are positive that the above mentioned graves contain remains which ~~are found~~ came from the scene of aircraft crash, as did F/O COLE. Therefore, in my opinion, as only five coffins came from this crash and two have sofar been accounted for (ref. para 4, 35/5 & 35/6), it would be reasonable to assume that those 3 graves 34/19, 35/3 & 35/4 contain the remains of the following missing members of this crew:-

P/O	C.H.	BROWN
SGT	N.	RITCHIE
SGT	J.N.	JEFFERIES
F/S	B.S.	KENT
F/S	T.M.	MEIR

6. It is therefore suggested that when final concentration takes place, the above mentioned coffins be placed ~~with the names of those 5 crew members.~~ in a communal grave and a plaque erected, inscribed with the names of those 5 crew members.

7. Your views on this subject are awaited before further action takes place.

F/L W.J. SMITH, D.F.C.
Investigating Officer

F/L H. BROOKS, M.C.
O.C. 15 M.R.E.S.

J87009 (R.O.4)

OTTAWA, Canada, 22nd September, 1944.

Mr. C.M. Brown,
Apt. 6, Balmoral Apts.,
275 Jarvis Street,
Toronto, Ontario.

Dear Mr. Brown:

It is with deep regret that I must confirm our recent telegram informing you that your son, Pilot Officer Clement Hector Brown, is reported missing on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your son and the entire crew of his aircraft failed to return to their base after taking off at 6:10 P.M. on September 12th, 1944, to carry out air operations over Frankfurt, Germany.

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

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

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

Yours sincerely,

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

Re[illegible]is whole Form and instructions on[illegible] side before commencing to co[illegible]te.

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

WILL

(a) Names in full to be written.

(1) (a) I, Clement Hector Brown of the City ~~Town~~ ~~Village~~ ~~Township~~

of St. Louis in the County of ~~District~~

~~Province~~ State of Mo. U.S.A.

(Civil Occupation)

a member of the Royal Canadian Air Force, Number R.164 151 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) wife

(b) Marie Jane Brown

(c) 1447 A. Burd Ave. St. Louis. Mo. U.S.A.

(d) My whole estate

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

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

(a)

(b)

(c)

Name and address of Executor.

(4) I appoint Marie Jane Brown (Name) 1447 A Burd Ave. St. Louis. Mo. U.S.A. (Address)

to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 20th

day of September 19 4

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.

x Clement Hector Brown
(Signature of Testator)

First Witness sign here.

(5) Norman Quitt
(Signature)

Saint John N.B.
(Permanent Home Address)

Clerk.
(Occupation)

Second Witness sign here.

D J Kintrea
(Signature)

Thessalon Ont
(Permanent Home Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F.
Rec'd OCT 19
O. K.
R. C.
S.

(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 is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

(c) 26 Cherry Ave., Ottawa, Ont.

(d) all my estate

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**

and my household goods and effects".

"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, the balance of my estate", or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, the balance of my estate in equal shares or in the event that one dies before the other, the balance to the survivor".

(3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.

(4) **Do not omit to date the will.** You are to sign the will with your usual signature in the presence of two witnesses, each of whom must immediately thereafter, and in your presence, 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

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....

(Name and address in full)

.....

.....

(Signature)

Mrs. Clement Hector Brown.
1447A Burd Ave.,
St. Louis 12, MO.
U.S.A.

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. J87009 FD 229

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

7 Sep 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

BROWN, Clement Hector, P/O
J87009 R.C.A.F.

ESTATES BRANCH OCT 3 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

Col.

Director of Estates.

FEM/IMF

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		Marie - Jane Brown	27	1447a Burd Ave St. Louis, Missouri
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		Clement McFarlane Brown	62	unknown
4	Mother of the Deceased		Margaret Ellen Brown	54	1433 Laurel Ave St Louis, Mo.
5	Brothers of the Deceased	Full Blood	none		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Wyneva Margaret Vincent	28	1433 Laurel Ave ~~1433 Laurel Ave~~ St Louis, Mo.
		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.	Clement Hector Brown
9	Date of his birth.	Jan. 18, 1915
10	Place and date of his marriage.	St. Louis, Mo. - Oct. 24, 1941
11	Place and date of his parents' marriage.	Saulte Ste. Marie, Ont., Mar 26, 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal Que., Canada
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., - 10 yrs (b) Windsor Ont. - 3 yrs (c) St. Louis, Mo - 3 yrs (d)
14	Nature of employment before enlistment.	Jr Mechanical Engineer
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.	St. Louis, Mo. U.S.A.

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 known of
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 known of
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life Insurance of New York $1000 (only small part payable due to war clause) beneficiary - wife Reliable Ins. $300 beneficiary - mother
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.	no

(Please Turn Over)

DECLARATION

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

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

Marie-Jane Brown — Signature of Informant

1447a Burd Ave, St. Louis, Mo — Address

CERTIFICATE

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

*See above.

Dated at St. Louis, Mo. USA, this 29th day of September 1945

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

Dorothy Anne Stark — Qualification Notary Public

Address St. Louis, Missouri, USA

My Commission expires 12/16/46

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

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

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date March 30, 1946

The Estates Branch has received the following personal effects of

NAME J.87009, P/O BROWN C.H.

2 Towels
1 Towel (torn in half)
10 White singlets
1 Pr. khaki trousers
3 Khaki shirts
6 Prs. white athletes trunks
6 Blue shirts
6 Blue collars
1 White linen tea-cloth
2 Black ties
15 Handkerchiefs
1 Officers F/S cap with badge
1 Blue woollen slipover
4 Prs. blue woollen socks
1 Pr. black woollen socks
1 Clothes brush
1 Knife in leather sheaf
1 Gillette safety razor
1 Pr. black leather mittens
1 Zip leather tobacco pouch
1 Hairbrush
3 pipes
1 Brass button stick
1 Utility cigarette lighter
1 Tube of lead refills
1 Pr. gilt cuff links
4 Collar studs
1 Canadian badge
2 Boxes razor blades
1 Pkt. of "Lather-leaves"
1 Pr. sun glasses in case

Received the effects as listed

SIGNATURE Marie-Jane Brown

DATE REC'D March 27, 1946

JG

1 Diary
1 New Testament
2 Pocket books
Photographs
1 Pocket book
1 Driving license
1 Toothbrush
1 Shaving brush
1 Gillette razor in case
2 Prs. black leather shoes
1 Khaki holdall
2 White woollen undervests
1 Toilet bag
1 Housewife
1 Polishing brush
1 Pr. brown boot laces
2 Hanks of wools
1 Pr. grey woollen stockings
1 Black leather strap
1 Blue haversack
1 Pr. canvas shoes
1 Officers blue raincoat
1 Officers blue tunic
1 Pr. officers blue trousers
1 Coathanger
1 P brevet
27 Assorted books
Correspondence
2 Keys
1 Envelope with photographs
1 Photograph in cardboard
1 Sweat shirt
1 Woollen vest
3 Prs. socks
3 Handkerchiefs
1 Pr. black socks

1 Gladstone bag

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

CLEARED F.B.C.B.

DECEASED MEMBER'S NAME: Clement H. (CHRISTIAN NAMES) Brown (SURNAME)

REGISTER NO. 20236-5

FILE NO. 28919

DATE 25 Jan/46

SERVICE NO. J.87009

FINAL RANK OR RATING P/O

DATE OF DISCHARGE 12 Sep/44

PAYEE: Mrs. Marie-Jane Brown,

ADDRESS: 1447A Burd Ave., St. Louis, Mo., U.S.A.

DATE OF TERMINATION OF OVERSEAS SERVICE 12 Sept./44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 841 / 30 EQUAL TO 28 COMPLETE PERIODS AT $7.50	210.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 341 LESS 1 INELIGIBLE DAYS, EQUAL TO 340 DAYS @ 25c. PER DAY	85.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 6.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70		
ADDITIONAL PAY	$		
	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 47.20	$ 1.57		
TOTAL	$ 9.52	×7 = $ 66.64	
NO. OF DAYS 341 / 183		×$ 66.64	124.18

D. WAR SERVICE GRATUITY	419.18
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	419.18

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 OF $ 419.18 =$ 419.18

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20

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.

FEB 14 1946

PREPARED BY	CHECKED BY
JLC	DRM

TREASURY

CHECKED BY	DATE
	1/2/46

P.A.

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F. GL

Name: BROWN (Surname) Clement. E. (Christian Names) No.: J-87009

P/O (Rank) R.C.A.F. O/S (Unit) 17-9-44 (Date of Death)

AMOUNT

L.P.C. $ 414.57

Date: 20-12-45

Other Credits

Total 414.57

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Marie Jane Brown 1447 A., Burd Ave., St. Louis Missouri, U.S.A. (Sole beneficiary under will)	414.57

P4. TO TREAS. 22-1-46, gm.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
~~0000~~ ~~9999~~	833	01	70	000	414.57

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

75M—2-45 (6771)
H.Q. 1772-80-2

Surname	Christian Names	Decorations	Personal No.
BROWN	Clement Hector		J.87009

Commission	Branch	Category	Symbols	Nationality
R.C.A.F.	G.D.	PILOT		CANADIAN

Subs. or Tempy.	RANK.	Date or Year of Birth	Aircraft (Service types) flown since 1939
	P/O (3.6.44.)	1915	Harvard. Wellington Oxford
Acting		Med. Category or Limitations A1B B3B	

POSTINGS, etc.

P or A	To Unit	Group	Duty	Rank of Post	Date of Effect	Acting Rank	Authority
P	6(P) AFU.	23.	Training	Sgt.	16.11.43.		Not Known
P	28 OTU.	93	-	Sgt	28.3.44		
P	11 Base	1	Conversion	Sgt.	19.6.44		936/1633/44
Re P.	11 Base.	1	-	P/O	7.7.44		16/3862/44
P	100 Sqdn	1	Ops.		25.8.44		16/5054/44
P	RCAF. U/K N/E Unit	1	Missing		13.9.44		16/5602/44

R.A.F. Form 2004. Command Posting Record Card.

(8965) (9) 11/43 Wt.46652 100m (6) 1/44 Gp.697 C&SLtd

Surname BROWN

Christian Names CLEMENT HECTOR

Decorations

Personal No. J. 87009

POSTINGS, etc. (contd.)

P or A.	To Unit	Group	Duty	Rank of Post	Date of Effect	Acting Rank	Authority

Courses of Instruction, etc.

Miscellaneous Notes.

S.14 (Cas.) A.4

POST PRESUMPTION MEMORANDUM NO. 2455/49

FILE NUMBER P.423001/44 DATE 19.10.49

Relating to LANCASTER ME.828 Missing on 12/13.9.44

Crashed at FRANKFURT, GERMANY

NUMBER	RANK	NAME	BURIAL DETAILS	INFORMATION
			BAD TOLZ (DURNBACH) BRIT. MIL. CEM.	GERMANY
			Plot Row Grave	M.R.E.S. report
A.417806	Fg.Off.	COLE K.I.	8 E 1	concentration of this
1474275	F.S.	PLASTOW A.H.J.	8 E 2	crew to the cemetery
1806460	Sgt.	HAMILTON K.J.	8 E 3	indicated from
1647557	Sgt.	GEORGE G.V.	8 E 4	FRANKFURT MAIN CEMETERY.
J.87009	Plt.Off.	BROWN C.H.	) 8 E 5-8	
1580896	F.S.	JEFFERIES J.	) inclusive	Case Closed.
1527435	F.S.	KENT B.S.	) Collective with	
1195317	F.S.	MEIR T.M.	) 3 members of	
577573	Sgt.	RITCHIE F.	) another crew.	

Cas. Can. 2
R.A.A.F. O.H.Q. 3

RECEIVED 28 Oct 49 CASUALTY SECTION

Circulation:
P.File
S.14.Cas.(A.2) (Alpha)
S.14.Cas.(A.2) (Chron.Cards)
S.14.Cas.(A.2) (MEM)
S.14.Cas.(A.4)

G.246465(b)/JMB/10/49(NFS)/12

J070 9(DPC)

Mrs. M.J. Brown,
1447A Burd Ave.,
St. Louis 12, Mo., U.S.A.

22nd February, 1950.

Dear Mrs. Brown:

It is with regret that I refer to the loss of your husband, Pilot Officer Clement Hector Brown, 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 Frankfurt, Germany, it was found that your husband and the members of his crew had been buried with the crew of another aircraft. Of the sixteen members of the two crews, eight were individually identified. Flying Officer Cole, Flight Sergeant Plastow, Sergeant Hamilton and Sergeant George, members of your husband's crew, were among those individually identified.

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 the members of his crew together with the crew members of the other crew were moved to the permanent British Military Cemetery at Bad Tolz. Bad Tolz is twenty-eight miles south south east of Munich, Germany. The cemetery is known as the Bad Tolz (Durnbach) British Military Cemetery. Your husband, together with the members of both crews who could not be identified separately were laid to rest in multiple graves 5/8 in row E, plot 8 and those graves will be registered collectively with their names. The identified members of the two crews lie at rest in adjacent graves.

This British Military cemetery and the graves 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.

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,

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

FFT:GB

NAME BROWN, Clement Hector, FILE NO. FD257

RANK P/O CATEGORY ~~MISSING~~ PRES DEAD REG. NO. J87009

DATE OF DEATH: 12-Sept-44 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 28-9-44 ROYAL MESSAGE: OCT 27 1945 MEMORIAL CROSS TO CHAPLAIN:

To Wife-

To wife - 28-8-45

Mrs. C. H. Brown,
1447A Burd Avenue,
St. Louis, Mo., U.S.A.
12

272 68

Mother-
Mrs. C. M. Brown,
1433 Laurel Avenue,
St. Louis, Mo., U.S.A.

DEL'D TO MOTHER:

DEL'D TO WIFE: OCT 26 1945

COMMAND:

RELIGION:

mb

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

[redacted]UMBER J87009 (R164151) RANK P/O UNIT 100 SQDN OVERSEA

TRADE PILOT (G.L.)

NAME BROWN, CLEMENT HECTOR

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

PRESENT MARITAL STATUS MARRIED RELIGION PRES. CANADIAN CAN BORN U.S. CITIZEN

FRENCH CANADIAN OTHER

NEXT OF KIN MRS CLEMENT ~~MEECE~~ HECTOR BROWN

RELATIONSHIP WIFE

ADDRESS 1447A BURD AVE. ST. LOUIS 12, MO. U.S.A.

FATHER'S NAME MR CLEMENT MACFARLANE BROWN

ADDRESS APT 6, BALMORAL APTS. 275 JARVIS ST. TORONTO. ONT. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS C.M. BROWN

ADDRESS 1433 LAUREL AVE. ST. LOUIS MO. U.S.A. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 6037 ENRIGHT ST. LOUIS. MO. USA. MARITAL STATUS AT TIME OF ENLISTMENT MARRIED

OCCUPATION MECHANICAL ENGINEER

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

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

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

ESTATES BRANCH AUG 29 Rec'd H. Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAIL LETTER----------d-28-JULY-45

PREVIOUSLY REPORTED "MISSING" 12-SEPT-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER FRANKFURT GERMANY)

NOW "PRESUMED DEAD" 12-SEPT-44 FOR OFFICIAL PURPOSES

ALL WILLS (1)

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

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

DATE 22-AUG-45

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/[redacted]

B C Galashaw Sgt

W. M. Adamson

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

46184

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

1. PLACE OF DEATH
City, Town or Village of: OVERSEAS (GERMANY) Street:
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of: Enlisted Windsor, Ont. County or District of:

2. LENGTH OF STAY (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED BROWN (Surname or last name) CLEMENT HECTOR (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of: St. Louis Street: 6037 Enright Avenue
Township of: County or District of: Province of: Missouri, U.S.A.

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian		Married	Quebec

10. Date of Birth: January (Month by name) 18th (Day) 1915 (Year)

11. AGE: Years 29 | Months | Days | If less than one day hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Pilot
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation: Sept.12th 1944

14. Total years spent in this occupation: Two

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased: Monroe, Marie Jand

16. Name of father: Brown (Surname or last name) Clement McFarlane (Given or Christian names)

17. Maiden name of mother: Harpur (Surname or last name) Margaret Ellen (Given or Christian names)

18. Birthplace:
Father: Quebec (Province or Country) Mother: Ontario (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, this 5th day of September 19 45
Signature of informant: R.D. Dooley F/O Relationship to deceased:
Address: For (R.C.A.F. Records Officer)

20. Burial, Cremation or Removal: Date: (Month by name) (Day) 19 (Year)
Place of Burial: (Municipality) Cemetery:
Burial Permit was issued by: Address:

21. Funeral Director:
Name: Address:

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: September (Month by name) 12th (Day) 19 44 (Year)

24. I HEREBY CERTIFY that I attended deceased from: 19
to: 19, and last saw h: alive on: 19

	CAUSE OF DEATH	DURATION Yrs.	Mos.	Dys.
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.				

25. If a woman, was the death associated with pregnancy? Duration: weeks. Was there a delivery?

26. Was there a surgical operation? Date of operation: 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 of injury: Sept.12th 19 44
Manner of injury: Presumed killed during air operations (How sustained)
Nature of injury:
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: public place

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**

Division Registrar's Record No.
Date of Registration: 19 (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

INSTRUCTIONS

Physician's Statement of Cause of Death.—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, i.e. the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.

(d) Use always accepted terms for morbid conditions and never record mere symptoms.

(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal", e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.

(f) **Cancer.—In all cases the organ or part first affected should be specified.**

(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident, suicide,** or **homicide,** and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example I	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) —— due to (c) ——	due to (b) —— due to (c) ——	due to (b) Acute appendicitis due to (c) ——	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) ——
II.	II	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	——	——	——	Chronic interstitial nephritis	Chronic bronchitis

STILLBIRTH

"A dead-birth (stillbirth) is the birth of a (viable) foetus, after at least twenty-eight weeks pregnancy, in which pulmonary respiration does not occur; such a foetus may die either: (a) before, (b) during or (c) after birth, but before it has breathed."

The special stillbirth registration form (buff coloured) must be used in registering a stillbirth.