J87670
BAKER
JOHN DOUGL

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R 1540485391

Baker J D

R154048
A738

ROYAL CANADIAN AIR FORCE

SERVICE
AND
PAY BOOK

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

J 87670

1

Air Force No. R-154048 Surname BAKER

Christian Names (in full) JOHN DOUGLAS

Date of Birth 8-8-23 Religion ANG.

Date of Enlistment/Appointment 3-2-42

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

Occupation in Civil Life Salesman

Signature of Holder John D Baker

Name and Address of Next-of-Kin
Mr. Douglas Baker (Father)
135 Ballantyne Montreal West P.Q.

Name, Address, and Relationship of Person to be informed of Casualties—
Douglas Baker (FATHER)
135 Ballantyne Ave
Montreal West
P.Que Canada

Certified Correct M. I. Morton Ag

Date 7 Mar '43 Place No 4 Depot Halifax NS.

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
NAV(B)-SPL-	5-2-43	DRO-32	M I Morton Sgt

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/SGT.	5-2-43	DRO-32	M I Morton Sgt
P/O	22 5 44	0/01046/44	M Robinson Sgt

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer
27.1.44	2.2.44 +48	F/o.

LEAVE RECORD
(With Special Leave Warrant A.24)

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

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
28.1.42	A1BA3B	M10		
29.4.43	A1BA3B	M10		

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
4.2.42	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test	4.2.42		
Dick Test	4.2.42		

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
DIPTH TOX I	10.2.42	1 cc	
DIPTH TOX II	16.3.42	1 cc	
TABT I	4.2.42	1 cc	
TABT II	25.2.42	1 cc	
TABT III	19.6.42	1 cc	
TABT ANN	24.3.42	½ cc	
Kahn 2nd neg	12.7.42	—	
Kahn neg.	19.5.43.		

J. F. HOPKIRK

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

PRESCRIPTION FOR SPECTACLES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

8

DENTURES SUPPLIED

Particulars	Date	Initials of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

9

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

(a) An R.C.A.M.C. Medical Officer,

(b) A Medical Officer of the Dept. of Pensions and National Health, or

(c) A civilian medical practitioner,

in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a 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 shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....
Signature of Officer.....
Rank or Appointment.....
Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....
Rank or Appointment.....
Date.....

Date Certificate extracted.....
Signature of Officer.....
To Whom sent.....
Unit.....

Date Will extracted.....
Signature of Officer.....
To Whom sent.....
Unit.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

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

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

J087670 BAKER JOHN D — P08

1 NUMBER — NAME — 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.	Op. Torch		
✓							✓	✓	✓	✓			AWARD
							✓	✓		✓	27		AWARD AND CLASP
											1/47		APPLICATION DISPATCHED
													RIBBON ISSUED
													MEDAL ISSUED

A J B K S C L T D M U E N V F O W G P X H Q Y I R Z

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Sarah J. Baker (mother)
135 Ballantyne Ave.,
Montreal,
Que.

Feb.-46.

1104
~~9~~ - 6 - 10 - 49

MEMORIAL B K
DATE DESP
REGN. NO 3363

NAME BAKER, John Douglas, FILE NO. FD263

RANK P/O CATEGORY ~~MISSING BELIEVED KILLED~~ PRES DEAD REG. NO. J87670

DATE OF DEATH: 18-Sept-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 5-10-44 ROYAL MESSAGE: OCT 24 1945 MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father-

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

Mr. & Mrs. Douglas Baker, DEL'D TO WIFE: OCT 22 1945
135 Ballantyne Avenue N.,
Montreal, Quebec.
West

COMMAND:

RELIGION:

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 PARKER JOHN DOUGLAS (b) Reg'l. No. R-154048
2. (a) Arm of service R.C.A.F. (b) Unit No. 5 M.D. ARCHINE, QUE. (c) Rank AC2
3. (a) Date of birth AUG. 8/23 (b) Have you any dependents? NO (c) Place of residence at time of enlistment 331 BROADWAY AVE.
4. (a) Place of enlistment MONTREAL, QUE. (b) Date of enlistment 2/2/43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? COLLEGE
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) JUNIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured McGILL UNIVERSITY—DID NOT FINISH YEAR
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) NOT 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? JUST LEFT SCHOOL
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked SCHOOL (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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
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.) RETURN TO COLLEGE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form PLAN TO BECOME A MECHANICAL ENGINEER.

DATE February 4 194 SIGNATURE John D Parker

R.C.
Rec'd FEB 16 1942
O.K.
R. C.
S. L. P. A.

CONFIDENTIAL

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

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* Jan. 28 1942

FILE NUMBER R.154048.

Surname BAKER *Chr. Names* John Douglas
Nature of Commission Gen list *Date of Birth* Aug. 8 1923 *Married or Single* S.
Branch air crew *Hours Flown* nil
Address 331 Broadway, Lachine, Que.

HAVE YOU ANY HISTORY OF:—

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

Education 4 yrs. High School
Present Occupation student *Hobbies* none
Previous Service N.R.T.E. 3 month
Athletics hockey & rowing
Habits—Smoking - 0 - *Alcohol* occ.
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health GOOD *Dead—Cause*
Mother Alive—Health GOOD *Dead—Cause*
Brothers (2) Alive—Health GOOD (0) *Dead—Cause*
Sisters (3) Alive—Health GOOD (0) *Dead—Cause*

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

Date 28-1-42 *Signature* John D Baker *Witness* C. K. Morris

GENERAL MEDICAL AND SURGICAL EXAMINATION

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

	Date 28-1-42	#3 M.S.B. Date 16-6-42	Date	Remarks on any Abnormalities Found
Height (ins.)	5'10½	70		
Weight (lbs.)	150	152		Date
Chest Circumference (ins.)	36			
Body Build (lbs.)	7			
Leg Length (ins.)	ample	41		
Pulse Rate — Sitting	72	72		
Pulse Rate — Standing 1st	96			
Pulse Rate — Standing 2nd	84			
Pulse Rate — After Exercise	108			
Pulse Rate — Time to Normal	15			
Arterial Walls	soft	N		Date
Blood Pressure — Systolic	130	115		
Blood Pressure — Diastolic	75	80		
Room Temperature		70		
Heart — Size (in cms.)	N	N		
Heart — Sounds	N	N		
Heart — Rhythm	N	N		
Lungs — Inspection	N	N		
Lungs — Palpation	N	N		
Lungs — Percussion	N	N		
Lungs — Auscultation	N	N		
Lungs — Expiratory Force		N		
Lungs — X-Ray	NEG			Date
Reflexes — Knee	N	N		
Reflexes — Ankle	N	N		
Reflexes — Triceps	N	N		
Reflexes — Abdominal	N	N		
Reflexes — Plantar	N	N		
Cranial Nerves	N	N		
	R. L.	R. L.	R. L.	
Balancing Rod				
	R. L.	R. L.	R. L.	
Self Balancing	ifs ifs			
Tremors — Fingers	none			Date
Tremors — Eyelids	none			
Abdomen — Liver	N	N		
Abdomen — Spleen	N	N		
Abdomen — Muscular Tone	GOOD	Good		
Urine — Albumen	NEG	Neg.		
Urine — Sugar	NEG	Neg.		
Initials of M.O.	Cut			

60 secs. 7/81010.899.899.988 Cut

40 mm. Hg. Test
Date No mouthpiece available
Date
Date
Date

Fit

EYE EXAMINATION

History	nil	Orthoptic treatments 1934 for 4 months.	
Visual Acuity	R. 20/20, c 2.50 = 20/200	20/15 c 2.50 20/200	
	L. 20/20, c 2.50 =	20/20 c 2.50 20/200	
Colour Vision	N. Ish.	Normal Ishihara #9	
Red, Green	Eso. 3	M.R. Eso. 4 D	
Diaphragm Test (P.D. = 65)	bar at	5 6 L Alt. Neg at 20	
Convergence	C. = 6 cms.	6	
	S. C. = rt. 16 cms.	13.5	
Accommodation	R. 10	9.5	
	L.	9.5	
Cover Test	slight lat. convergence	R. & L. c^{q} R.R. Wide Con. Dev/No R	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	FIT A1B A3B S.C. Borderline	A3B Poor B.H. Poor cover test Esotropia for distance & area.	
	Initials of M.O. Lr	*Initials of M.O.* VFM	*Initials of M.O.*
	Date Jan. 28 1942.	*Date* 16-6-42	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	nil		
Hearing	R. Ear	w v 20	WV 20'
	L. Ear	w v 20	WV 20'
External Ear, Meatus Membranes	R. Ear	N	N
	L. Ear	N	N
Middle Ear, Eustachian Tubes	R. Ear	N	N
	L. Ear	N	N
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity		HEALTHY	Healthy
Teeth		"	Satisfactory
Gums		"	Healthy
Pharynx		"	N
Nasopharynx		"	N
Nose		"	N
Larynx		N	N
Remarks:		*Initials of M.O.* Lr	*Initials of M.O.*
		Date Jan. 28 1942	*Date* 16-6-42

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

~~26-1-42~~ Physically fit. ~~Issue~~ Assessed A1B A3B. good material.

#3 M.S.B.
I certify upon my honour that I have suffered no illness or disability since my last examination

C.K. Nord

D Whittaker

FAMILY Neg.

EDUCATION Jr. Matric.

INTELLIGENCE Pilot or observer

MOTIVATION Good average

EMOTIONAL STABILITY Good

GENERAL ADJUSTMENT Good

COMMENTS: This lad while not exceptionally bright, is a very good lad. He is young, and had his heart set on fighter pilot- when told that he could not be a pilot he was knocked down a bit, but soon decid ed that he could be an observer. He appears to be made of good stuff and should make good aircrew.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT | Date 16-5-42

[redacted]

OBSERVER
W/OPERATOR
A/GUNNER

L.P.C. 2
E.E.G. N-5
Night visual acuity qual. A
Score. 13

1.. Poor eye muscle balance.

M.O. J.D. Macdonald S/L.

R.C.A.F. Records / file
Rec'd AUG 13 1942
O. K. ..... C.I. .....
R. C. ..... N.I. .....
S. L. ..... P. A. .....

Mrs. Sarah Baker
135 Ballantyne Avenue
Montreal, Quebec.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. J87670 FD48

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

27 Aug 1945

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

BAKER, John Douglas P/O

J87670 RCAF

ESTATES BRANCH
SEP 5 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. Smith

MG/VR

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		
3	Father of the Deceased.....		Douglas Baker	47	135 Ballantyne Ave Montreal West
4	Mother of the Deceased.....		Sarah Baker.	44	" "
5	Brothers of the Deceased	Full Blood	Malcolm Ross Baker	13	" "
			Laurence Wilfred Baker	12	" "
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	Marian. A. Robb	23	66. 45rd Avenue Lachine
			Marjorie Baker	20	135 Ballantyne Ave
			Barbara Baker	16	" " "
		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.	John Douglas Baker
9	Date of his birth.	August 8th 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Feb. 2nd. 1921 Montreal. P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal P Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ~~Prov~~ Lachine (b) Pro of Quebec (c) (d)
14	Nature of employment before enlistment.	attending McGill University
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.	at Home

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?	none
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.	We believe he had a bank account with Bank of Montreal. in London Eng.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	$20.00 His mother
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?	we believe he purchased some Victory Bonds overseas we have no details
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None

(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

* father 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.

D. Baker ..... Signature of Informant

135 Ballantyne Ave Montreal West P.Q. ..... Address

CERTIFICATE

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

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

Dated at Montreal this 4th day of September 1945.

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

H. McTeer ..... Qualification COMMISSIONER OF THE SUPERIOR COURT DISTRICT OF MONTREAL

Address 5032 A Lansdowne Ave. Montreal, Que.

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

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

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

R.C.A.F. Special Reserve

AIR FORCE No. R154048 POSTED TO # 5 M.D. Lachine, P.Q. TRADE Pilot or Observer Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BAKER Full Christian Names JOHN DOUGLAS
2. Present Address 331 Broadway, Lachine, Que, Telephone 1403
3. Permanent Address 331 Broadway, Lachine, Que.
4. Place of Birth Montreal, Que. Citizenship Canadian
5. Date of Birth August 8th, 1923 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children NONE

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

7. Occupation Student 8. Religion Anglican (State denomination)
9. Languages English, fluently, French, very little (State proficiency)
10. Next of Kin (Full Name) Douglas Baker Relationship Father
    " Address 331 Broadway, Lachine, Que.
11. Father (Full Name) Douglas Baker Birthplace Liverpool, England
    " Address 331 Broadway, Lachine, Que. Citizenship Canadian
    " Occupation Manager
12. Mother (Full Maiden Name) Sarah Westerell Birthplace Liverpool, England
    " Address 331 Broadway, Lachine, Que. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
M.R.T.B. McGill University	Montreal, Que.	Private	--	Oct. 1941	--	Still there

14. Honours, Awards, Mentions NONE
15. Are you now on any Naval, Military or Air Force Reserve? Yes, Reserve of M.R.T.B.
16. Have you previously made application to join the R.C.A.F.? NO If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N.A.

R.C.A.F. Records Office
Rec'd. FEB 5 1942
O.K. H.Q. C.A.R.
R.C. N.I.
S.L. P.A. N.A.

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

383 — 34

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Guy Drummond School, Outremont, Que.	1930	1936	Primary
High School—Collegiate Institute, etc.	Lachine High School, Lachine, Que.	1936	1941	Primary and 4 years of high school
Technical School				
University or School other than above	McGill University, Montreal, Que.	1941	1942	Science
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
The T. Eaton Co., Montreal, Que.	Salesman	July 1940	Sept. 1940	To go back to college
The T. Eaton Co., Montreal, P.Q.	Salesman	July 1941	Sept. 1941	To go back to college

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

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

NONE

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

Hockey, Rugby, Swimming, Rowing, Skiing, Skating, Basketball, all moderately

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

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

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

Name	Address	Occupation
A.D. Robert 26-1	158-51 ST. Ave., Lachine, Que.	Inspector
H. Peberdy 26-1	55-35th Ave., Lachine, Que.	Artist
R.A. Gunther	4753 Grosvenor Ave., Montreal, Que.	Manager
J.B. Gunn	54 Vivian St., Town of Mt-Royal, Que.	Manager at T. Eaton Co.

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

NONE

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

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

Date January 20th, 1942 Signature John D Baker

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
25/53

FEB 3 1942

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

[redacted]e.....General appearance.....

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

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

Date February 3rd. 19 42. John D Baker
Signature of Recruit

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

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

Date February 3rd 19 42. John D Baker
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

at Montreal, P.Q. this 3rd day of February 19 42.

F Blackwell Fo # 13 RCAF. Recruiting Centre, Mtl.P.Q.
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age.

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

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

3. Have you ever worn glasses? ..... no

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

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

..... Signature of Applicant

Examiner's Remarks *re* above ..... Nil.

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

1. Identification marks or scars (if operative obtain history) ..... Scar above Rt Knee

2. Height 5 feet 10½ inches.

3. Weight 150 pounds.

4. Complexion Medium

5. Color of Eyes Hazel Hair L. Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~}

7. Chest Measurement—Full expiration 35 inches

Range of expansion 2½ inches

8. Hearing—Right W.N.W. Left W.N.W.

Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20

Left 20/20

With glasses—Right N/A.

Left .....

10. Condition of mouth and teeth Healthy

11. Urine—Albumen Neg Sugar Neg

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

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

28-1-42 Xray 107952 Neg

Any special remarks of the Medical Officers ..... 3-2-42 Recheck. OK. A3B0.H. Nomo

Part 2 Cont's

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 130/75

17. Colour Vision N. Sat

Date Jan 25 19 42

C.K. Norris M.D. ..... President

..... Member

..... Member

AIR FORCE No. ~~R154048~~ J87670

BAKER, JOHN DOUGLAS

SURNAME — FULL CHRISTIAN NAMES

[redacted] ENLISTMENT — RE-ENLISTMENT

PLACE Montreal

DATE 3-2-42.

C.R. FILE NUMBER Res. S.S.

OFFICER

RECORD OF SERVICE AIRMEN

13

Comm. 22-5-44.

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

1. POSTING (INDICATE S.O.S. AND T.O.S.) Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	5 M.D. Lachine	3	2	42	5 M.D. 29
T.D.	Rockcliffe	17/19	5	42	5 M.D. 119
S.O.S.	5 M Depot Lachine	6	6	42	5 M.D. 134
T.O.S.	39 T.S. Victoriaville	7	6	42	39 T.S. 137
S.O.S.	3 O.T.S. Victoriaville	1	8	42	3 O.T.S. 181
T.O.S.	6 A.O.S. Prince Albert	2	8	42	6 A.O.S. 184
S.O.S.	6 A.O.S. Prince Albert	12	9	42	6 A.O.S. 217
T.O.S.	1 C.N.S. Rivers	13	9	42	1 C.N.S. 225
S.O.S.	1 C.N.S. Rivers	27	12	42	1 C.N.S. 303
T.O.S.	7 B.G.S. Paulson	28	12	42	7 B.G. 1
S.O.S.	7 B.G. Paulson Man.	19	2	43	7 B.G. 32 a.o.
T.O.S.	34 O.T.U. Penfield Ridge N.B.	20	2	43	34 O.T.U. 57
S.O.S.	34 O.T.U. Pennfield Ridge	15	5	43	34 O.T.U. 120
T.O.S.	1 Y.D. Halifax	16	5	43	1 Y. 123
S.O.S.	1 Y.D. to R.A.F. T. Pool	26	5	43	1 Y. 137 A.O.
	Missing	18	9	44	DCL 826
	Pcx 326	19	9	44	d 22-9-44

Presumed Dead - 18 Sept. 44 - DCL 1083 a/26 July 45.

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A C 2	3	2	42	5 M.D. 29
8				
LAC	1	8	42	3 O.T.S. 181
Sgt. Temp (pd)	5	2	43	7 B.G. 32 a.o.
T/F W/Sgt.	2	8	43	G.B. 727
T/W O 2 (Pa)	5	2	44	G.B. 909
P.D. 22-5-44 (APR 218/18-9-44). T8				G.B. 1046

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.
3-2-42	R100	A1B, G3B	
Stu Hosp	29.5.42	30.5.42	5 M.D. 128

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P. or O.	S.	3	2	42	5 M.D. 29
301 S.					
Aircrew I.T.S.		1	7	42	3 O.T.S. 161
Air Obs.	S	1	8	42	3 O.T.S. 181
A/n (B)	std	23	10	42	1 C.N.S. 269
A/n (B) course 57 Sp.	G.	5	2	43	7 B.G. 32 a.o.
Nav off "B" G.L. 1 H.O.		22	5	44	(APR 218/18-9-44)

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
19-12-42	21-12-42	9	Kp	1 C.N.S. 303
6-2-43	19-2-43	14	Special	7 B.G. 32 a.o.
2-5-43	15-5-43	14	Emb.	34 O.T.U. 121
50				

DATE 3-2-42

OFFICER RECORD OF SERVICE AIRMEN

Comm 22-5-44

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

7. BIRTH: DATE / PLACE / CITIZENSHIP 2

8-8-23. Montreal, Que. British

FATHER (FULL NAME) Douglas Baker

BIRTHPLACE Liverpool, Eng.

MOTHER (FULL MAIDEN NAME) Sarah Westerell

BIRTHPLACE Liverpool, Eng.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que.

JUNIOR MATRICULATION X Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY McGill U. - 1941-42 (Science)

CORRESPONDENCE COURSES

8

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

Salesman — 4 mos. 3 mos/40 1 mo/41
Student. 1

9500
~~6600~~

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

M.R.T. B. McGill U. — Pte.
Oct. 1941 to date.

6

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Navigator Badge	7BG 32a0	5-2-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION C. E.

3

14. LANGUAGES English

1

15. SPORTS Hockey, rugby, swimming, rowing, skiing, skating, basketball,

16. SINGLE-MARRIED-WIDOWER SEPARATED-DIVORCED Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Douglas Baker RELATIONSHIP Father

ADDRESS: 135 Ballantyne ave North Montreal West Que DB 103-59

FULL NAME: Mr George Baker RELATIONSHIP Uncle

ADDRESS: 65 Barford Rd Speke Liverpool DB 131-99

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	3 2 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. gtrs & drawn rtns		3-2-42	5 M.D. 29
f L.G. WNSC	141130	17-12-42	1 cns 304

Date and Place of Signing R 40-

22.(A) ADDRESS PRIOR TO ENLISTMENT

331 Broadway,
Lachine, Que.

22707

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.
14-2-42	6-2-42	4-2-42				
		27-2-42				

AIR FORCE No. J.87670. ~~R154048.~~

BAKER — SURNAME

JOHN DOUGLAS — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 3.2.42.

RELIGION Anglican

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
18.6.43	24.6.43	7	Privilege	3PRC 149/43
15 8 43	17 8 43	3	Priv Leave.	420TU 83/43
2 10 43	4 10 43	4	Priv Leave	420TU 52/43
24 11 43	3 12 43	4	Priv Leave	296sqd 21/43
27 1 44	2 2 44	7/48	Priv Leave	ORTU 6/44
25 4 44	2 5 44	8	Priv Leave	570sqd 16/44

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
5 2 43	Air Observers Badge	ARO 32.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	1Y Depot RAF TP		26 5 43	ARO 139
	Disemb. UK		4 6 43	E672
TOS	3PRC		5 6 43	Int C79
att	177 Bde	3PRC 177/43	2/14 7/7 43	3PRC 163/43
TOS	420TU RAF.		20 7 43	420TU 28/43
ATT to	P.T.S Ringway		10/29 10/10 43	420TU 55/43
SOS	420TU to 296 Sqdn		22 11 43	296sqd 21/43 420TU 66/43
SOS	296 Sqd to ORTU		16 1 44	ORTU 5/44 296 Sqd 21/44
TOS at	570 Sqdn from ORTU		26 3 44	ORTU 9/44 570sqd 10/44
ATT to	Tilstock		13/23 4/7 44	570sqd 22/44, 36 1665 C.U. 35/44
CTBA to	1665. C.U.		21 7 44	1665 C.U. 36/44
TOS	570 Sqn.		5 8 44	570 Sqn. 41
F/B	Missing from 570 Sqd.		18 9 44	AFRO 2314/44 CR572
MISSING BELIEVED KILLED				CR577 d 26/9/44
TOS.	N.E.U.		19 9 44	148/44 AFRO 1328
	PRESUMED DEAD		18 9 44	CR811
SOS.	U.K. NEU (P.D)		18 9 44	UKNEU 145

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb 27.5.43

AIR FORCE No. ~~R 154 048~~ J 87670

Baker. John Douglas.
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 3.2.42.

RELIGION Anglican

Comm. 22/5/44.

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
8.8.23.	Montreal	Canada	Canada	English

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 4 yrs.
HIGH SCHOOL ENTRANCE X	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY 1 yr Science.
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

PARTICULARS OF FAMILY

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

CIVIL OCCUPATIONS AND EXPERIENCE

Salesman Summers 1940/41

CHILDREN

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

PREVIOUS SERVICE

MRTB. McGill University. Montreal. - Pte.
Oct 1941 / Feb. 1942.

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

Douglas Baker (Father) Mr G Baker (Uncle)
135 Ballantyre Avenue North 65 Barford Road
Montreal West. Quebec Speke Liverpool

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
3.2.42	A 1 3 B		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.
P/o SR (G L) Nav. Off. (B)	22 5 44.	00 1046/44.

DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
aC2.	3 2 42		P.O.	3 2 42	
LAC	1 8 42	D/o 181	Aircrew ITS	1 7 42	
T/Sgt.	5 2 43	-32.	air Observer	1 8 42	
T/F/Sgt	5 8 43	010 727/43	Nav. B. (Spec)	5 2 42	D/o 32
T/WO II	5 2 44	296 598 29 00909/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
P O.	S		P	3 2 42
Rem. aircrew	ITS.			1 7 42
" air observer	Std			1 8 42
Aircrew Nav (B)	Std			23 10 42
1 C.N.S Grse. #57.				18 12 42
340 TU. # 9.				30 4 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

The instructions regarding this form are contained in Chapter XIII, A.P. 1801 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN.R~~-154048~~ J87670 Name BAKER John Douglas Rank T.Sgt 8/o
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Nav B Spec Grp. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 8.8.23. Religion Anglican Occupation in Civil Life Salesman Summers 1940-41

Last Enlisted 3.2.42. Current Engagement Duration of War

If a member of the Auxiliary Air Force

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

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

Mr. Douglas Baker (Father) 135 Ballantyne Ave North Montreal Quebec Canada

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.")

Mrs. Ida C. Baker 65 Bedford Rd. Speke Liverpool

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.
34 O.T.U.	No. 1 Y Dep	15.5.43.		P or O Std AC2	3.2.42.
No. 1 Y Dep	RAF.T.P.	26.5.43.		Air Obs Std LAC	1.8.42.
	Emb Halifax	27.5.43.		~~Nav B Std~~ ~~LAC~~ 23.10.42. Nav Spec Grp. T.Sgt	5.2.43.
	U.K.	4.6.43.	PoR 23/43	Promoted T/F/SGT.	5-8-43
(Int C.79)	3 P.R.C.	5.6.43.	PoR 15/44	Promoted T/W/O. 2nd Class Pd.	5-2-44
3 P.R.C.	No. 42 O.T.U.	20.7.43			
No. 42 O.T.U.	No. ~~570~~ 296 Sqdn	22.11.43			
296 Squadron.	O.R.T.U. Thruxton	16.1.44.			
O.R.T.U.	570 Squadron.	27.3.44.			
Discharged from the RCAF under KRO (Cancelled) 392 para. 18 on 21.5.XX on being granted a Commission in the RCAF. Confirm. CM. letter A.663446/44/AR1(C) dated 5/8/XX.					

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

RO 80/11.9.44

* 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.
Sgt.	V.G.	NAV/B	ON STRENGTH FOR			TRAINING ONLY	21.11.43	A Sandall F/O
F/SGT	V.G	NAV B	SAT	SAT	—		31.12.43	[illegible]
F/SGT	V.G.	NAV.B.	SAT	SAT	—	—	16.1.44	[illegible] W/C.
F/SGT.	V.G.	NAV.B.	On Strength for			training only.	27.3.44	[illegible] F/O
W/O.	V.G	NAV.B.	Sat	Sat		Recd	22.5.44	[illegible] W/Cdr.

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.
PoR 6/44	Granted 7 days Pin Leave 27.1.44-2.2.44+48hr Pass RW 818668							F/O
PoR 98/43	7 days	pnw. 27/11/43 - 3/12/43 +28 hrs. E/A 2336.						[illegible] F/O
PoR 61/43	Prin.	26.10.43 - 4.11.43 (10 days) R/W. B 749021						S. Hellen F/O
PoR 52/43	Prin.	2.10.43 - 7.10.43 (6 days) R/W. B 343350						[illegible] F/O
33/43	"P"	15 - 17/8/43	3 days	RW. B 342273				[illegible] F/O
141/43 3PRC	18.6.43	to 24.6.43	7 days Pnw. Leave			RW C 103277		[illegible] F/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 Air Navigator Badge 5.2.43.	
10/44	Recommended for Commissioned Rank	

Aircrew Pilot or Observer (Std)

ROYAL CANADIAN AIR FORCE

Brew 34/9/41

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

A.F. No.	Surname	Christian Names	Religion
~~R154048~~ J87670	BAKER	JOHN DOUGLAS	Anglican

Born 8.8.23 Place Montreal, Que. Country Canada Citizen of Canada Racial Origin English

PARTICULARS OF FAMILY M. S. ~~D.~~ ~~W.~~

Wife's Maiden Name

Present Address (in pencil)

CHILDREN	NAMES	PLACE OF BIRTH	DATE	CHILDREN	NAMES	PLACE OF BIRTH	DATE

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

Douglas Baker (Father)
331 Broadway, Lachine, Que.

CIVIL EDUCATION

High School Entrance X Jr. Mat. 4 yrs. Sr. Mat.

Technical School Business Courses

University 1 yr. Science

CIVIL OCCUPATIONS AND EXPERIENCE

Salesman Summers 1940 & 41

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	DATE	Med. Cat.	DATE
M.R.T.B. McGill University Montreal Pte Oct/41 to Feb 1942	Date 3.2.42	A1B A3B	3 2 42		
	At Montreal				
	Term Duration				

RANK	AUTH.	DATE	TRADE	AUTH.	DATE
A/C 2	ADRO	3 2 42	P O		3 2 42
~~LAC~~	181/42	1 8 42	Remust. Aircrew T.T.S.		1 7 42
T/Sgt.	DRO 32	5 2 43	Remust. Air Observer Std.		1 8 42
P/O	00 1046/44	22 5 44	Nav (B) Sp. Group.	DRO 32	5 2 43

TRADE TESTS AND COURSES						
TRADE	GP	%	P or F	DATE		
P O	5		P	3	2	42
Remust. Aircrew T.T.S.				1	7	42
Remust. Air Observer Std.				1	8	42
Aircrew Nav (B) Std				23	10	42

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
19-12-42	27-12-42	DRO 303, Special
Issd SLTW # C14 1130 d/	17-12-42	
5 Feb/43	20 Feb/43	DRO 32 Special
2/5/43.	15/5/43.	121/43 (14) Comb.
Clarrand.	C 255223. iss. 29/4/43.	

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
5 2 43	Awarded Air Observers		Badge.	DRO 32.

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M O R 13	R/C Mtl/Que	#5 M.D. LACHINE	3-2-42				
DRO 29/42	T.O.S. 5 M.D. LACHINE QUE		3-2-42				
DRO 114/42	Proc. 17-5-42	Rockcliffe Ret	19-5-42				
D.R.O. 128/42	Admitted Station Hospital.		29-5-42.				
DRO 134/42	#5 M.D.	#31 T.S.	6-6-42.				
DRO 181/42	34 T.S.	6 A.O.D.					
	Victoriaville, P.Q.	Prince Albert, Sask.	1-8-42.				
DRO. 303/42	1 C.N.S., Riviers	7 B & G., Paulson	27-12-42				
DRO 32/43	#7 B.A.S.	34 O.T.U.	19 Feb/43.				
DRO 56. 120/43.	T.O.S. EAC. 34. OTU.	34. OTU. 1 D. HALIFAX.	20.2.43 15.5.43.				
DRO 139	1 3 Depot	RTFTP. Emb Halifax Disemb U.K	26-5-43 27.5.43 4.6.43				
	Intake C79 3.P.R.C.	3.P.R.C.	5.6.43				

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

P or O.

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

APPOINTED OR ENLISTED AT Montreal, Quebec ON 3-2-42

MARRIED OR SINGLE? Single

NO. R.154048 NAME IN FULL BAKER. J.D.

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
2g	3.2.42	AC2	S.	A.S.	1 20	- -	1 30	NA	#5 Manning Depot. Lachine, Que.
161	7.7.42	AC2	S	A.S	1 30		1 30	"	REMUST AIRCREW I.T.S.
181	1-8-42	LAC	S	A.S	1 50		1 50		Rel. LAC a Remust. Observer
184	2.8.42	LAC	S	A.S	1 50	75	2 25		DO 184 Auth. to draw Diff Pay. eff 2-8-42
264	23-10-42	LAC	S	A/S	1 50	75	2 25		Rem to A/W. Eff 23-10-42
32	5-2-43	Sgt	SPGP	A/S	2 70		2 70		APPT SGT (TEMP PAID) S.P.G.P AND ENT. TO WEAR BADGE 5-2-43

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
BAKER. Sarah. mother. vol. assigt.	1-3-42	10 00	10 00
Rec Gen. (Vic. Loan)	1.3.42	7 21 *	17 21
Rec. Gen. (V.C. LOAN)	30-9-42	7 21	10 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class.

* Do not deduct after September 42

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.			Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
2-28/2/42	28	33 80	- -	———	- -	ø	33 80	- -	- -	- -	- -	ø	———	- -	- -	15 00	15 00	18 80	ø	———
1/31-3-42	31	40 30				ø	40 30	17 21				ø				10 00	27 21	13 09	ø	
1/30-4-42	30	39 00					39 00	17 21								10 00	27 21	11 79	ø	
1-31/5/42	31	40 30					40 30	17 21								10 00	27 21	—	13 09	
1-6/6/42	6	7 80				13 09	20 89	3 44				ø			13 00		16 44		4 45	S.O.S. to #3 I.T.S. VICTORIAVILLE EFF. 6/6/42. DRO #134. T.O.S. EFF. 7-6-42 DO137
7/30.6	24	31 20				4 45	35 65	13 77				—	C.235 R.83	40		11 00				
													I.U.C. 258-R95	79-			25 96	9 69	—	
1/31/8/42	31	40 30					40 30	17 21					+		13 02	11 00	41 23		93	
1/1-9	1	1 50					1 50		51			93					1 50			S.O.S. To #6 AOS. EFF. 1-8-42 DO181. DRO 184 T.O.S #6 AOS fr. Debert 2-8-42
2-31/8	30	67 50					67 50	17 21								25 00	42 21	25 29		
1-17/9	17	27 00					27 00	6 90							20 10		27 00			DO 217 S.O.S to No.1 CTS Rivers, Man c/l. 17.9.42 M. F/O R. Lowrason a/c. 225 T.O.S from 6 AOS EFF 13-9-42
13-30/9	18	40 50					40 50	10 31							5 00		15 31	25 19	ø	
1-31/10	31	69 75					69 75	17 21								25 00	42 21	27 54	ø	
1-30/11	30	67 50					67 50	17 21								25 00	42 21	25 00	29	
Dec	27	60 75	4 50 2 50	acc. & hav. v/h. one charge A/P.		14 42	82 46	7 96					DRO 306 RA. Comm	2 50	7 00		80 46		2 00	SRO 300 RAS dem 7646. Pay from 27-12-42 DRO 303 SOS to #7 AOS DRO 303 RAS dem
28-31	4	9 00				2 00	11 00	2 04									2 04		8 96	DO 1 TOS EFF. 28-12-42
1-31	31	69 75				8 96	78 71	10 00								35 00	45 00	33 71	NIL	
1-4	4	9 00					71 50	6 35							A1 71 65 15				NIL	DRO 32 SOS TO 2 34 O.T.U. PENNFIELD RIDGE N.B. EFF. 19-2-43 DO 32 AVR 6-2-43 TO 19-2-43 (14 days) RMT. TO RTH. A/L ON.
20-28/2	9	33 30					33 30	3 65									3 65	29 65	—	
1-31/3	31	114 70					114 70	10 00								50 00	60 00	54 70	—	
1-30/4	30	111 00					111 00	10 00					E 157 IN 1037	3 58		50 00	163 67	103 67	57 33	
													NED 163 160	63 146						

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT ..... ON .....

MARRIED OR SINGLE Single

No. R154048 NAME IN FULL BAKER J.D.

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. No	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD. PAY	COMBINED RATE	PEN. DED.	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
		Sgt			3 70		3 70			SARAH BAKER VOL	1.3.42	10 00	10 00					

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
1-15 5	15	55 50		DO 121 L 2-15 5	7 00		62 50	5 00		57 53					62 53		- 03	DO120 SAS to 14 Depot eff 15 May/43 [signature] S/Ldr 34 OTU
				w/D.A.R.P. aug/42	57					- 03							54	A. audited by treasury 7/5/43 [signature]

R.C.A.F. T. 81 (Revised)
15M—4–42 (2009)
H.Q. 1062–13–58

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVERS

AIR AND GROUND TRAINING

SURNAME Baker. Christian Names J.D.

Number R154048 Rank L.A.C.

INSTRUCTIONS

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

PART I

1. No. 3 INITIAL TRAINING SCHOOL. COURSE NO. 55 FROM 8-6-42.
TO 31-7-42.

2. EXAMINATION RESULTS.

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Mathematics	150	100	Young, slightly immature lad, but capable, and responsible. Good background, good worker. Alert, quick reactions. Cheerful Good aircrew.
Armament	50	44	
Signals	150	99	
Navigation	200 150	127	
Visual Link Trainer			
Airmanship, Theory of Flight and Engines	100	98	Character and leadership:... 130
Drill	100	94	
Law and Discipline, etc	100	97	Alternative recommendation: Air Bomber.
Hygiene and Sanitation METEOROLOGY	50	40	
A/C Recognition	100	100	
Anti-Gas	50	46	
TOTAL	1000	845	

Position in Class	42	Percentage	85 %
No. in Class	90	PASS	FAIL

R.C.A.F. Records Office
Rec'd. MAR 23 1943
O.K. ....
R.C. JD N.I. ....
S.L. JB P.A. ....

S.
Commanding Officer

TO BE PASSED TO 6 A.O.S.

No. 3 I.T.S.

DATE 30-7-42.

PART II

1. No.....AIR OBSERVERS' SCHOOL. COURSE NO..... FROM.....

2. FLYING TIME:— To.....

AIRCRAFT	DAY		NIGHT		Bombing	Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			
.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....

3. BOMBING RESULTS:—

EXERCISE	Error in Yards converted to 10,000 feet	No. of Bombs Dropped
Grouping, Radius.....	.....	.....
Application, High Level.....	.....	.....
Bombs dropped on Navigation Flights and/or Camera Obscura Bombing.....	.....	.....

4. EXAMINATIONS AND PROFICIENCY:—

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Proficiency as A/Navigator.....	500	.....	NAVIGATION:
Proficiency as B/A.....	100	.....	
D.R. Plotting.....	150	.....	
D.R. and D/F. W/T (Written).....	200	.....	
Compasses and Instruments.....	150	.....	
Signals.....	100	.....	
Bombing.....	100	.....	
Maps and Charts.....	100	.....	
Meteorology.....	100	.....	
Photography.....	100	.....	
Reconnaissance.....	100	.....	ARMAMENT:
.....	.....	.....	
.....	.....	.....	
TOTALS.....	1,700	.....	
Position in Class	Percentage	%	
No. in Class	PASS	FAIL	GENERAL:
Assessment as A/O.....	.....		
As Instructor.....	Suitable	Unsuitable	
Commission Rank.....	Suitable	Unsuitable	
Character and Leadership.....	Maximum 850	Obtained	

.....
Chief Instructor

No.....A.O.S.

To be Passed to No.....B. & G. S.

Date.....

R154048 LAC BAKER, J.S.

PART II (FOR AIR OBSERVERS)

1. NO. 1 Central Navigation SCHOOL COURSE NO. 57 FROM 16-8-42 TO 18-12-42
Rivers, Manitoba.

2. FLYING TIME

AIRCRAFT	DAY		NIGHT		BOMBING	PASSENGER	TOTAL
	1st NAV	2nd NAV	1st NAV	2nd NAV			
Anson	50:30	21:50	28:40	6:45	13:15	Photo 3:50	124:50

3. BOMBING RESULTS

EXERCISE	ERROR IN YDS. CONVERTED TO 10,000 FEET	NO. OF BOMBS DROPPED
GROUPING RADIUS	111	21
APPLICATION, HIGH LEVEL Two Best Exercises	108	12
All Ex. 147 yds. 18 yds		
BOMBS DROPPED ON NAVIGATION FLIGHTS AND/OR CAMERA OBSCURA BOMBING	N/A	N/A

4. EXAMINATIONS AND PROFICIENCY:

SUBJECT	MARKS MAXIMUM	MARKS OBTAINED
NAVIGATION (AIR WORK)	600	372
BOMBING (AIR WORK)	100	71
PHOTOGRAPHY (AIR WORK)	100	89
ELEMENTS OF NAVIGATION	400	346
MAGNETISM & COMPASSES	100	89
INSTRUMENTS	50	36
SIGNALS (PRACTICAL)	100	50P
SIGNALS (WRITTEN)	50	38
BOMBING	100	75
MAPS & CHARTS	50	44
METEOROLOGY	100	62
PHOTOGRAPHY	50	47
RECONNAISSANCE	100	86
AIRCRAFT RECOGNITION	100	100
	...	
TOTALS	2000	1505

REMARKS

NAVIGATION

Inclined to be lazy; could make good Navigator.

ARMAMENT

Should be OK as Bomber; above average.

GENERAL

Somewhat erratic; results should have been better.

POSITION IN CLASS	20	PERCENTAGE 75.3 %	
NO. IN CLASS	28	PASS	FAIL
ASSESSMENT AS AIR OBSERVER	Average		
AS INSTRUCTOR	SUITABLE		UNSUITABLE
COMMISSION RANK	SUITABLE		UNSUITABLE
CHARACTER AND LEADERSHIP	MAXIMUM 1000	OBTAINED 440	

D. Fleet Taylor

CHIEF INSTRUCTOR

TO BE PASSED TO NO. 7 B.&G.S. NO. 1 C.N.S. DATE. 18-12-42

BAKER, John Douglas PART III

1. No. 7 Bombing and Gunnery School Course No 57 From Dec.29/42 To Feb. 5/43

2. Flying Time:-

Aircraft	Bombing		Gunnery		Passenger	Total
	Day	Night	Day	Night		
Anson	30:25	8:20	-	-		38:45
Bolingbroke	-	-	13:30	-		13:30
Battle						
Brought Forward						124:50
Grand Total						177:05

3. Bombing Results

Exercise	Average Error in Yds. Day	Night	No. of Bombs dropped Day	Night
Grouping ~~Application~~ - High Level -- Converted to 10000 ft	54	- 61	70	25
Low level **Best two exercises.**	94	-	20	-

4. Air Gunnery:-

Exercise	% Hits to Rounds fired	No. of Rds. fired.
Beam Test	19.2	400
Beam Relative Speed Test	6.3	2000
Under Tail Test	9.2	400

5. Examinations and Proficiency:-

Subject	Marks Max.	Obt	Remarks
Bombing(Written)	150	96	Bombing Good. **Bomb Aimer. Work a bit erratic.**
Bombing (Oral)	150	126	
Proficiency as a B/A	300	203	
Gunnery (Written)	100	62	
Gunnery(Practical)	100	72	
Proficiency as an A/G	200	142	
A/C Recognition	50	50	Gunnery **Average.**
Signals	50	48	
Total	1100	799	Turret Manipulation Total Time 9 Hrs 00 Mins.
position in class 25 / No. in class 29	percent pass	72.6 % ~~Fail~~	Turret-practical, harmonization, arming, etc., No. of Hrs 4
Commissioned Rank	Suitable	Unsuitable	General **Young lad who is really very keen, but inclined to treat course as being easy.**
Character and Leadership	Max. 500	Obt 425	

C. C. Taylor S/L — Chief Instructor

A E Stewart W/Cmdr — Officer Commanding

Awarded Navigator(b) Badge - Date **Feb.** 5/43

No. 7 B. & G. S

Date **Feb.** 5/43

PART IV

1. No.....AIR NAVIGATION SCHOOL. COURSE NO..... FROM.....

2. FLYING TIME:— To.....

AIRCRAFT	DAY		NIGHT		Bombing	Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			

Brought Forward.....

GRAND TOTAL.....

3. EXAMINATION AND PROFICIENCY:—

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Proficiency as Air Navigator	250		
Astronomical Navigation Plotting	150		
Astronomical Navigation (Written)	100		
TOTAL	500		
Position in Class.....	Percentage	%	
Number in Class.....	PASS	FAIL	
Recommended as Instructor	Yes	No	
Assessment as Air Navigator			
Character and Leadership	Maximum 250	Obtained	

.....
Chief Instructor

No.....A.N.S.

Final Assessment:- **Baker**

	Training Marks			Character & Leadership			Totals		
	Max.	Ob't	%	Max.	Ob't	%	Max	Ob't	%
Central Nav. School	2000	1505	75.3	1000	440	44	3000	1945	64.8
Bombing & Gunnery School	1000	799	72.6	500	425	85	1500	1224	76.5
Totals	3100 3000x	2304	74.3	1500	865	57.6	4500	3169	68.8

Remarks: Intelligent, but inclined to be lazy. Apt to be erratic.

H E Stewart W/Cmdr

.....
Officer Commanding

No. 1 ~~A.N.S.~~ or B. & G.S.

Date 8 Feb/43

PART III

1. No.....Bombing and Gunnery School. Course No..... From.....

2. Flying Time:— To.....

Aircraft	Bombing		Gunnery		Passenger	Total
	Day	Night	Day	Night		
				Brought Forward.....		
				Grand Total.....		

3. Bombing Results:—

Exercise	Average Error in Yards		No. of Bombs Dropped
	Day	Night	
Application—High Level—Converted to 10,000 feet			
Low Level			

4. Air Gunnery:—

Exercise	% Hits to Rounds Fired	No. of Rounds Fired
Beam Test		
Beam Relative Speed Test		
Under Tail Test		

5. Examinations and Proficiency:—

Subject	Marks		Remarks
	Maximum	Obtained	
Bombing (Written)	150		Bombing:
Bombing (Pract.)	150		
Proficiency as a B/A	300		
Gunnery (Written)	100		
Gunnery (Pract.)	100		
Proficiency as a A/G	200		Gunnery:
Total	1,000		
Position in Class.....	Percentage	%	
Number in Class.....	Pass	Fail	General:
Commission Rank	Suitable	Unsuitable	
Character and Leadership	Maximum 500	Obtained	

.....
Chief Instructor

.....
Officer Commanding

Awarded Air Observers Badge—Date.....

No.....B. & G. S.

To be Passed to No.....A.N.S.

Date.....

J87670

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank BAKER JOHN DOUGLAS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank J87670 P/O

(3) Unit 570 SQDN. RAF STATION, HARWELL

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA.

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

(7) Are you a widower? NO

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

Names and ages NA.

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

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

Name NA

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO.

If so, state her full name and Postal Address

N.A.

(11) Is your father alive? YES

If so, state name and address, occupation DOUGLAS BAKER

135 BALLANTYNE, MONTREAL WEST. QUE., — DEPT. MANAGER

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

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

N.A.

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

(14) Is your mother alive? YES

If so, state name and address MRS. SARAH BAKER

135 BALLANTYNE Ave., MONTREAL WEST, Que.

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

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

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

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

If so, state the following particulars:—

Relationship N.A.

Full Name

Postal Address

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

(18) Are you insured? YES.

If so, in what Company? T. EATON ASSURANCE CO.
(Give number of policy)

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

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

John D Baker
(Signature of officer or man)

Date 18 - 8 - 44

W Can
Officer Commanding 570 Squadron RAF.

Date 18. 8. 44.

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. Special Reserve

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME..... BAKER .....

2. CHRISTIAN NAMES..... JOHN DOUGLAS .....

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

SELECTION BOARD

4. PERSONNEL OFFICER

Education..... 4 Yrs. H.S. .....

A to L Score..... 38 .....

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

GOOD EDUCATION QUALIFICATIONS AND GOOD A.L. SCORE.
LEFT ~~KNOX~~ COLLEGE TO ENLIST.

RECOMMENDED FOR..... P. OR O. .....

SUITABLE FOR COMMISSION..... YES. .....

Signed B.J. LABROSSE F/O

---

5. MEDICAL OFFICER

Medical Category..... A.1.B - A.3.B .....

ASSESSMENT: (Physical; Temperamental)

Fit Quiet

RECOMMENDED FOR..... Pilot or Observer .....

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

Signed [signature]

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

CLEAN LOOKING INTELLIGENT BOY WITH AMPLE EDUCATIONAL BACKGROUND. PLEASANT MANNER: KEEN TO FLY.

RECOMMENDED FOR..... ANY CLASS OF AIRCREW .....

SUITABLE FOR COMMISSION..... YES. .....

Signed G.C. COMMON F/O

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

[signature]
Commanding Officer

DATE: FEB 3 1942

No.13 Recruiting Centre.

A.F.M. 5
24.12.41

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. Aglr No. R-154048 NAME BAKER J.D.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	(A) Mins	2ND PILOT (B) Hrs	(B) Mins	DUAL (C) Hrs	(C) Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	(D) Mins	2ND PILOT (E) Hrs	(E) Mins	DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	(G) Mins	2ND PILOT (H) Hrs	(H) Mins	DUAL (J) Hrs	(J) Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	(K) Mins	2ND PILOT (L) Hrs	(L) Mins	DUAL (M) Hrs	(M) Mins	CREW DUTIES OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
No. 6 AOS	31/8/42																									7	20							7	20
PRINCE ALBERT SASK	16/9/42																									12	25							19	45
#1 C.N.S. Riviere Man.	18-12-42																									105	05							124	50
No. 7 B.&G. Paulson	5th Feb. 43																									52	15							177	05
#34 O.T.U.	31/3/43.																									Day 26	10	Night 2	45					28	55
"	30/4/43.																									18	35	2	55					21	30
																										44	45	5	40					50	25

CERTIFIED CORRECT
J. R. Jerry F/L
CHIEF SUPERVISORY OFFICER
No 9 A. O. S., PRINCE ALBERT

Total Flying Time at No. 7 B and G. S. 52 hrs. 15 mins.
Certified Correct.
Date 8 Feb/43. E.G. Christian F/Lt.
for Chief Instructor

J. Farbar S/LDR.
C. F. I. No. 84, O. T. U.

ROYAL AIR FORCE.

Form 292.

Report on Officer, W.O., or Airman passing out from or leaving Courses of Instruction.

Surname (In block capitals.) BAKER Christian Name JOHN DOUGLAS Rank or Classification SGT. Official Number Can. 154048

Parent Unit 42 O.T.U. Trade of W.O. or Airman NAV/B

Nature of Course F/C Place Held ASHBOURNE Period of Course from 20.7.43 to 2.10.43

Subjects	% marks obtained in each subject	Is he suitable as an Instructor (Write "Yes" or "No" opposite subject)	Remarks and Disposal	Flying Times During Course				
1	2	3	4	5				
				Type of Aircraft	Dual	Solo or 1st Pilot	2nd Pilot	Other Duty
NAVIGATION	Grnd. Exam. 77%	No	A keen man - average.					
GUNNERY	85%	No	Above average.	ANSON		51.10		
A/C RECOG.	72%	No	Below average	WHITLEY		53.00		
PHOTOS.	70%	No	Slightly above average.					

% marks obtained	Result (See Instruction No. 3)

6. Special Qualifications ..... 296 Posted to ~~270~~ Squadron wef 22.11.43

7. Remarks by Commandant ..... A keen and sound man. General conduct good.

Signature ..... E.C. le Mesurier

Rank W/Cdr. Date 17.10.43

MINUTE 1.

D.P.S.

1. No.570 Squadron reported that Stirling aircraft, LK.121, with a crew of 6 and 1 passenger, failed to return from a Glider Towing operation West of Arnhem, approximately 20 miles South of Rotterdam, Holland. It left base at 12.08 hours on the 18th. September, 1944, after which no further news was received, however, a Stirling aircraft with No.570 Squadron markings on it, was seen to crash and burst into flames, 10 miles West South-West of Arnhem, Holland. It is thought to be Stirling aircraft, LK.121, although it was not actually identified as such. P/O. J.D. Baker was a member of this crew and Cpl. J.R. Coleman was the passenger. In view of this information, the crew and passenger of this aircraft were classified "Missing Believed Killed in Action".

2. In view of the evidence received and the lapse of time, it is accordingly submitted that the death of CAN/J87670 P/O. J.D. BAKER, and CAN/R94226 CPL. J.R. COLEMAN, be presumed, for official purposes, to have occurred on the 18th. September, 1944.

3. The five remaining member s of this crew were not R.C.A.F. personnel.

/ /45.

/ /45. for R.C.A.F. Casualties Officer,

MINUTE 2.

Para. 2. of Minute 1. approved.

/ /45. Wing Commander,
for Director of Personal Services.

Our file J87670(R.O.)
(P423247/44)

ROYAL CANADIAN AIR FORCE

OTTAWA, Canada, 4th September, 1946.

Officer Commanding,
No.2 M.R. & E. Unit,
B.A.F.O., Royal Air Force,
c/o British Army of the Rhine.

Casualty Enquiry H.590 (P423247/44)

1. Stirling aircraft LK.121, no engine numbers given, was reported missing after a Glider Towing operation 20 miles South of Rotterdam, Holland on the 18th September, 1944. The following crew were aboard:

1241289	F/S	C.W. Culling	Pilot	P.D.
CAN/J87670	P/O	J.D. Baker	Nav.	"
1518212	F/S	P.H.E. Browne	A/B	"
A.412361	P/O	G.S.C. Bell	W/Op. Air	"
1579644	F/S	E.P. Pope	A/G	"
2211528	Sgt.	V. Williams	F/E	"
CAN/R94226	Cpl.	J.R. Coleman	R/M (Passenger)	"

2. This aircraft took off at 1208 hours towing a Horsa glider to L.Z. West of Arnhem. A Stirling aircraft with 570 Squadron markings on it was seen to crash and burst into flames 10 miles West South West of Arnhem and this was thought to be LK.121.

3. May an investigation be made to ascertain the fate and b rial places of all members of this crew.

(W.A. Dicks)
Group Captain,
for Chief of the Air Staff.

AAG: B

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J87670 (R154048) RANK P/O UNIT t570 SQDN OVERSEAS

TRADE NAV (G.L.)

NAME BAKER, JOHN DOUGLAS

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

PRESENT MARITAL STATUS SINGLE RELIGION ANG. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR DOUGLAS BAKER

RELATIONSHIP FATHER

ADDRESS 135 BALLANTYNE AVE. MONTREAL. WEST. QUE.

FATHER'S NAME MR DOUGLAS BAKER

ADDRESS 135 BALLANTYNE AVE. MONTREAL. QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS SARAH BAKER

ADDRESS SAME AS FATHERS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 331 BROADWAY. LACHINE. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION STUDENT

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

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

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

ESTATES BRANCH AUG 17 1945 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAIL LETTER----------d-10-JULY-45

PREVIOUSLY REPORTED "MISSING" 18-SEPT-44 AFTER AIR OPERATIONS (OVERSEAS) (TOWING OPERATIONS S. OF ROTTERDAM HOLLAND)

NOW "PRESUMED DEAD" 18-SEPT-44 FOR OFFICIAL PURPOSES

ALL WILLS (1)

ATTACHED TO NOTIFICATION TO A. OF E.? YES/NOX

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NOX

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

DATE 8-AUG-45

D M Bardwell

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

45738

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: Overseas (Holland)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: Baker (Block letters)

Given names: John Douglas

Do not write in this space

4. RESIDENCE

Street: Broadway No. 331

Official name of civil municipality or township: Lachine

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Montreal, Quebec

11. DATE OF BIRTH: August (Month) 8th (Day) 1923 (Year)

12. AGE OF DECEASED: Years 21 | Months | Days | If less than one day old ....hrs. or....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation: 18th Sept. 44

16. Total years spent in this occupation: Two years

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Douglas Baker	England
MOTHER (Maiden Name)	Sarah Westerell	England.

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 18th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Previously reported "missing

due to after air operations

now for official purposes

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

(b) "Presumed Dead".

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: 18th Sept. 19 44

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

Nature of injury:

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

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

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

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

R. F. Boody F/O

for (R.C.A.F. Records Officer.

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

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

(Voir l'autre côté pour le français)

Hw.

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

WILL

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

(1) I, John Douglas Baker of the City / Town / Village / Township of Lachine in the ~~County~~ District of .....

Province of Quebec, STUDENT (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 154048 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Last Permanent Civilian Address

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

(2) I GIVE, DEVISE AND BEQUEATH unto my mother

Mrs. Sarah Josephine Baker
331 Broadway Ave.,
Lachine, Quebec.

all my Estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Mrs. Sarah Josephine Baker (Name) same as above (Address), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 4th day of February 1942.

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

John D Baker
(Signature of Testator)

First Witness sign here.

(5) Romeo Grignon
(Signature)
#5 M.D. Lachine Que
(Address)
Clerk
(Occupation)

Second Witness sign here.

E Pare
(Signature)
#5 M.D. Lachine Que
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

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

[OVER]

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....$.....00 and my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. . .....$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....$.....00",
and any personal gift, if desired.

(3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.

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

(5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

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

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

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)

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 AIR

M.L.
E-439-13

DECEASED MEMBER'S NAME: John D. (CHRISTIAN NAMES) Baker (SURNAME)

REGISTER NO.

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 27537

DATE 10 Dec/45

SERVICE NO. J.87670

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 18 Sept/44

DATE OF DISCHARGE 18 Sep/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 959/30 EQUAL TO 31 COMPLETE PERIODS AT $7.50	232.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 482 LESS 29 INELIGIBLE DAYS, EQUAL TO 453 DAYS @ 25c. PER DAY	113.25	
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 $	$		
TOTAL	$ 7.95 ×7 = $ 55.65		
NO. OF DAYS 482/183	×$ 55.65	146.58	
D. WAR SERVICE GRATUITY		492.33	
E. DEDUCTIONS — OVERPAYMENT OF	PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	$		
OTHER DEDUCTIONS			
F. TOTAL AMOUNT PAYABLE		492.33	

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Received JAN 7 1946 O.K. C.I.B. R. N.I. S.L. P.A.

Pay & Accts. Trans. Trust Account Journal Voucher #G309

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY

TREASURY

CHECKED BY: [signature] DATE: 13.12.45

[signature]
SERVICE REPRESENTATIVE

△T

BW.23123.

PERSONAL EFFECTS OF NO.J.87670. P/O. BAKER, J.D.

1 Cardboard Carton Containing:-
1 Greatcoat.
1 S.D.Tunic "O" Brevet.
1 balaclava.
1 F/S.Cap.
4 ties.
2 pullovers.
1 pr.leather slippers.
1 pr.suspenders.
4 prs.pyjamas.
7 shirts.
1 raincoat.
2 prs.S.D.Trousers.
2 prs.shoes.
1 belt canvas, money belt.
1 zip waistcoat.
8 prs.socks.
13 handkerchiefs.
2 towels.
5 collars.
1 pr.Gym shorts.
2 prs.long pants.
5 pr.short pants.
1 leather toilet case containing:-
1 shaving brush.
1 Gillette razor in case.
1 tooth brush.
1 styptic pencil.
1 tin talcum powder.
1 box razor blades - 8 pkts.
1 metal button stick.
2 photos in leather case.
1 writing pad & envelopes.
1 "O" Brevet & Crown.
1 key watch.
1 address book.
1 envelope of negatives.
1 pullover.
8 vests.
1 tooth brush.
1 blue leather writing case with name.
1 folder of photographs.
1 Airborne badge metal.
1 wrist strap.
1 pkt.correspondence.
2 wallets, 1 zip.
1 scarf.
1 portrait in leather folder.

1 towel.
6 handkerchiefs.
1 pr.socks.
2 shirts.
1 pr.pyjamas.
1 pr.pants.
1 pr.shorts.

Note.

Bank Pass Book, Bank of Montreal
Cheque Book, Bank of Montreal
extracted by Unit and forwarded to
R.C.A.A.F.O/S. H.Q.London.

Cash amounting to £2.0.2d. found amongst the personal effects and credited to his Service Account.XX XXXXXXXXXXXXXXXX.

Original Station inventory signed by ~~xxxxxxxxxx~~

??? F/L undated

Effects checked at Central Depository on 6.10.44.

J87670 (RO)

REGISTERED OTTAWA, Canada, 27th January, 1947.

Mrs. Sarah J. Baker,
135 Ballantyne Avenue,
Montreal West, P.Q.

Dear Mrs. Baker:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Pilot Officer J.D. Baker.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/BBO