

J88364
LEFEBVRE
JOHN WALTE



R 164577

738



RI 64577
A3249

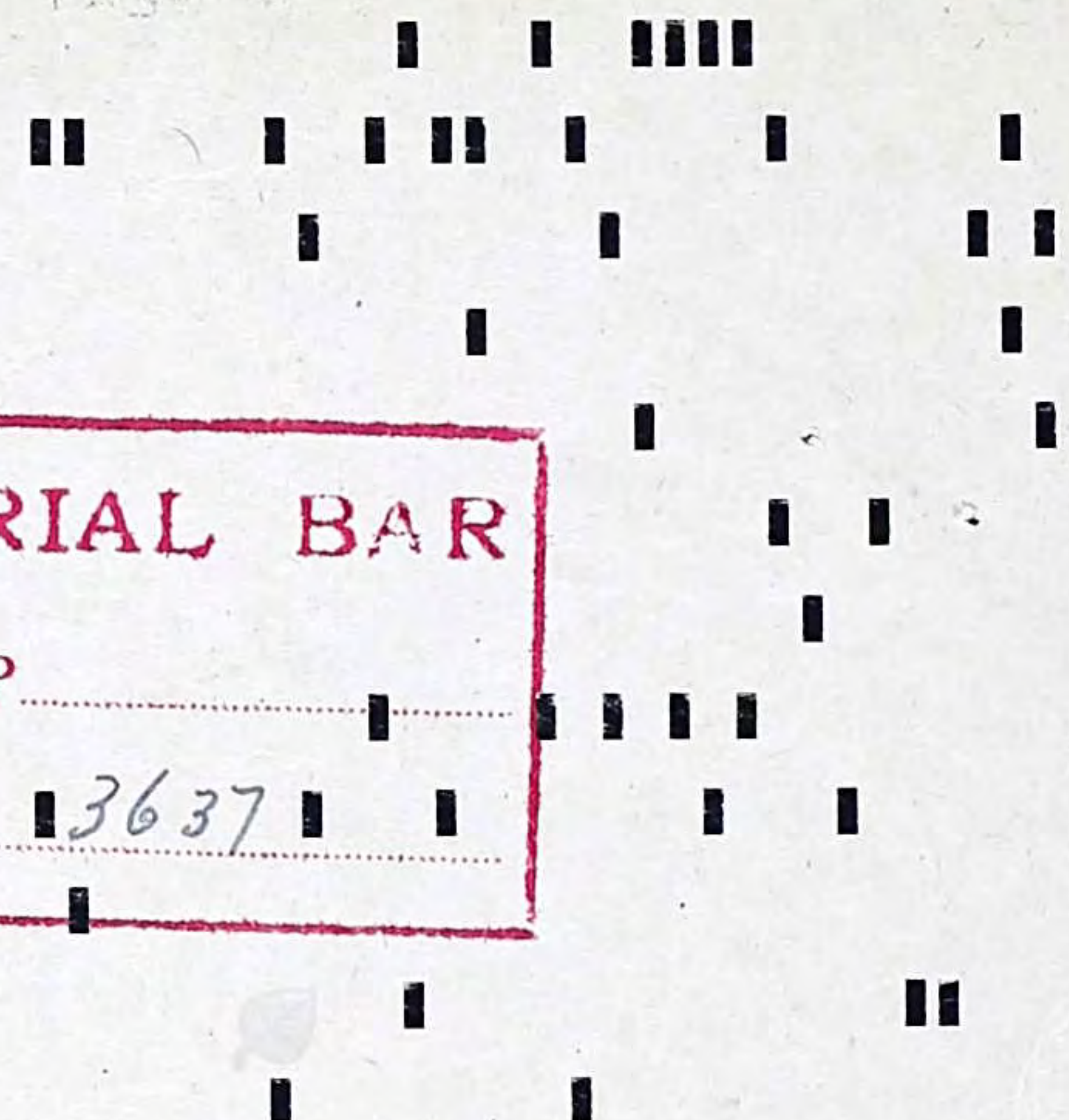
7116 - 31 - 3 - 50

Mrs. Evelyn Lefebvre (mother)
634 First Ave.,
Verdun,
Ane.

Dec. - 45

MEMORIAL BAR
DATE DESP.....
REGN. NO. 3637

English



NAME LEFEBVRE, John Walter Raymond

FILE NO. FD R164577

RANK ~~XXXBYSGTXXX~~ NAVIGATOR P/O

CATEGORY ~~MISSING~~ PRES. DEAD

REG. NO. ~~xxxR164577~~ J88364

DATE OF DEATH: 9-May-44

MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 30-5-44

ROYAL MESSAGE: AUG 3 1945

MEMORIAL CROSS
TO CHAPLAIN:

To Mother and Father-

DEL'D TO MOTHER:

To Mother & Father--21st Apr-45

DEL'D TO WIFE:

AUG 2 1945

Mr. & Mrs. J. A. Lefebvre, (Joseph Avila)
634 First Avenue,
Verdun, Quebec.

COMMAND:

RELIGION:

Handwritten initials/signature

R.C.A.F. Special Reserve

AIR FORCE No. R.164577 POSTED TO #5 M.D., Lachine, P.Q. TRADE Observer or Pilot Std.

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

7N-10
12-10

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

- 1. Surname LEFEBVRE FULL Christian Names JOHN WALTER RAYMOND
2. Present Address 634--1st Avenue, Verdun, Montreal, P.Q. Telephone Yo. 4650
3. Permanent Address 634--1st Avenue, Verdun, Montreal, P.Q.
4. Place of Birth Verdun, Montreal, P.Q. Citizenship Canadian
5. Date of Birth May 4th, 1921 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

Table with 4 columns: Name, Date of birth, Name, Date of birth. Row 1: N.A., empty, empty, empty.

- 7. Occupation Office clerk 8. Religion Roman Catholic State denomination
9. Languages English and French fluently State proficiency
10. Next of Kin (Full Name) Evelyn Lefebvre Relationship Mother Address 634--1st Avenue, Verdun, Montreal, P.Q.
11. Father (Full Name) Joseph Avila Lefebvre Birthplace Rigaud, P.Q. Address 634--1st Avenue, Verdun, Montreal, P.Q. Citizenship Canadian Occupation Foreman
12. Mother (Full Maiden Name) Evelyn Cagan Birthplace Rigaud, P.Q. Address 634--1st Ave., Verdun, Montreal, P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service: None

Table with 6 columns: Unit, Place, Rank, Trade, Date (From, To), Reason for discharge. Row 1: N.A., empty, empty, empty, empty, empty.

R.C.A.F. Records Office Rec'd. MAY 9 1942 O. Kelly C.I.B. R. d. P. A.

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

Handwritten signature

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	St. Willibrord's High School, Verdun, P.Q.	1928	1938	Primary completed, graduated 4 years High.
High School—Collegiate Institute, etc.....	D. Sullivan Business Col. Montreal, P.Q.	1938	1939	Business course.
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Canadian National Railway, Montreal, P.Q.	Office clerk.	1939	-----	Still employed.

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.....
Swimming, bowling, fishing, hunting, skating, football, occasionally.....

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

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

Name	Address	Occupation
Rev. Father Elliott ²⁸⁻⁴⁻⁴²	St. Willibrord Parish, Willibrord St., Verdun, P.Q.	Priest
Mr. I. James	Dominion Rubber Co., Delorimier St., Montreal, P.Q.	Foreman
Mr. Richard ²⁸⁻⁴⁻⁴²	632--1st Ave., Verdun, P.Q.	Car Repairer C.N.R.
Mr. H. F. Walker	510 ^{ABDILLEZ} Chamilly Square, Montreal, P.Q.	Freight Agent.

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..... April 22nd, 19 42. Signature..... *[Handwritten Signature]*

CFL.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED

\$2.106

[Handwritten Signature]

FOR OFFICIAL USE ONLY

MAY 4 1942

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test—

Trade in which tested.....

Result.....

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

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

(C) DECLARATION MADE BY MAN ON ATTESTATION

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

Date.....May 4 th,.....19..42.....

[Handwritten Signature]
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date.....May 4th.....19..42.....

[Handwritten Signature]
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.....4th.....day of.....May,.....19..42..

[Handwritten Signature]
Signature of Officer

Rank

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

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 ever had measles for more than one week's duration. *yes.*

I have revealed my full medical history and have not withheld any information.
Signature of Applicant
[Signature]

Examiner's Remarks re above

Diphtheria 1924, good recovery.

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

1. Identification marks or scars (if operative obtain history)..... *none*

2. Height..... *5* feet..... *3* inches. 3. Weight..... *146* pounds.

4. Complexion..... *med* 5. Color of Eyes..... *Brown* Hair..... *Brown*

6. Development Good Fair Poor 7. Chest Measurement—Full expiration..... *34* inches
Range of expansion..... *4* inches

8. Hearing—Right..... *W. 20ft* Left..... *W. 20ft* Tympana—Right..... *N* Left..... *N*

9. Vision—Without glasses—Right..... *20/15* With glasses—Right..... *na*
Left..... *20/15* Left..... *na*

10. Condition of mouth and teeth..... *Healthy - one carious tooth*

11. Urine—Albumen..... *neg* Sugar..... *neg*

12. Abnormalities (Congenital and Pathological) found on Examination..... *none*

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

ATBT
A3B

1/5/42 # Boy # 120 KSH Neg. RMH
Any special remarks of the Medical Officers.....

ATBT, pending trial in service plane
1/5/42. Re. unsuitable for piloting duties on account of short legs. Cat A3/B

Part 2 Cont', Reflexes..... *N*

14. Heart..... *N*

15. Lungs..... *N*

16. Blood Pressure S. D. *135/85*

Date..... *30/4/42* 19.....

17. Colour Vision..... *N 9*

Whateen F/O R.H. Hartman, Jr.

President

Member

Member

Airman's Statement at Embarkation

1. Number... 164577 Rank... SGT. Name... LEFEBURE JOHN RAYMOND
Surname Christian Name
2. Name of person to be notified in case of casualty... MRS J.A. LEFEBURE
.....
Address... 634 FIRST AVE VERDUN QUE Relationship, if any... MOTHER
3. Alternative name of person to be notified in case of casualty.....
..... MR. J.A. LEFEBURE 634 FIRST AVE VERDUN QUE.....
4. Legal next of kin... EVELYN LEFEBURE
Full Christian Names
5. Single, married, widower, divorced, separated... SINGLE
Full Christian Names of wife.....
Address.....
6. If married, have you completed a will since marriage?..... If so, state location.
.....
- ~~7. Have you completed necessary documentation for dependent's allowance?.....~~
8. Are parents living?.. Father... YES..... Mother... YES.....
9. Parent's names (only if living) Give full Christian names.....
Father... JOSEPH AVILA LEFEBURE.....
Address... 634 FIRST AVE VERDUN QUE.....
Mother... EVELYN LEFEBURE.....
Address... 634 FIRST AVE VERDUN QUE.....
10. Your own permanent home address... 634 FIRST AVE VERDUN QUE.....
11. Religion (name of Church)... ROMAN CATHOLIC.....
12. Have you Identification Discs?..... YES.....

Airman's signature.....

Date.....

A.C.J.

A.C.M.

St. Willibrord's High School

681 WILLIBRORD AVE.

VERDUN, P.Q.

June 15 1938

This is to certify that

Raymond J. Lefebvre is a student in the
Fourth High, graduating on June 17

He is faithful, steady, persevering and
courteous. He is worthy of any trust.

Very respectfully

Brother Macarone

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

- 1. SURNAME..... LEBEVRE.....
- 2. CHRISTIAN NAMES..... JOHN WALTER RAYMOND.....
- 3. APPLYING FOR ENLISTMENT AS..... OBSERVER OR PILOT.....

SELECTION BOARD

- 4. PERSONNEL OFFICER
Education..... XI.....
A to I Score..... 56/80 C.T.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)
English is his mother's tongue, 4 yrs. High School. Average in maths. Graduated fifth in his class. Appears to be the determined fighter type. G.C. Score reveals he could acquire instructions satisfactorily.

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

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

25-4-42

Signed B.J. LaBrosse F/L

5. MEDICAL OFFICER

Medical Category.....

ASSESSMENT: (Physical; Temperamental) Good appearance. Alert mentality.
Healthy - Recommendable type - Unfit for pilot due to short legs.

RECOMMENDED FOR..... O or W.O.-A.G.....

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

Signed J.P. St. Germain F/O

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness) Completed 4 years High School. Fair in maths. Health seems good. Hunting and fishing. Keen to fly. Prefers to be a fighter pilot. Alert, Quick response. Seems good aircrew material. May need W.E.T.P.

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

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

22/4/42

Signed J. C. Laffoley F/O

FOUND ACCEPTABLE FOR.....

O. J. P. S.
[Signature]
Commanding Officer

No. 13 Recruiting Centre.

DATE:

A.F.M. 5
24.12.41.

MAY 4 1942

R.C.A.F. Records Office	
Rec'd. MAY 9 1942	
O. K. <i>[Signature]</i>	C. L. B.
R. G. <i>[Signature]</i>	N. I.
S. L.	P. A.

ROYAL AIR FORCE.

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

Official No. CAN.R.164577. Name LEFEBVRE, John Walter Raymond. Rank T/Sgt Pd.
 (In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 4.5.21. Religion R.C. Occupation in Civil Life Office Clerk 1939-to date.

Last Enlisted 4.5.42. Current Engagement D of War

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

If Reservist, which Class ("E," "F," V.R.).....^{SR.} Whether Married, Single or Widower.....

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

Mr. J.R. Lefebvre (Father) 634, 61-Avenue, Verdun, Montreal, P.Q., 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.")

Next of Kin

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

SECTION 1.—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.
4 A.O.S.	1 Y Depot	3.4.43.		P or O Sgt A.C.2.	4.5.42.
1 Y Depot	RAF.TP	15.5.43.		Navigator L.A.C.	7.11.42.
	Emm Halifax.	16.5.43.		Navigator Spec. T/Sgt. Pd.	19.3.43.
	Disemb <u>H.K.</u>	24.5.43.		<u>T/F/Sgt.</u>	<u>19/9/43.</u>
Intake C.72.	3 P.R.C.	24.5.43.			
3 P.R.C.	<u>NO. 6 (D) AFU</u>	<u>3.8.43</u>			
<u>601 AFU</u>	<u>23 OTU</u>	<u>31.8.43</u>			
<u>230 TU</u>	<u>Dalton</u>	<u>30.11.43</u>			
<u>61 Base</u>	<u>425</u>	<u>27/3/44</u>			
<u>425 Sqdn.</u>	<u>RAF Fyke N/E UNIT.</u>	<u>9/5/44.</u>			
SECTION 3.—GOOD CONDUCT BADGES.					
			* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.
					Date of Effect.

Discharged on appointment to comm. 6-5-44. 10/10/44.

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

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

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

Rank.	Character.	Trade Classification.	Proficiency.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
			A	B	C			
T/Sgt	VG	Air - Nav.	ON STRENGTH FOR TRAINING ONLY.				31.8.43	[Signature]
T/Sgt	VG.	Air - Nav.	ON STRENGTH FOR TRAINING ONLY.				20.11.43	[Signature]
T/F/Sgt	V.G.	NAVIGATOR	Supn.			Rec'd.	9/5/44	[Signature]
8.8 79 2 01								
POR 103/43. 9 days Priv. leave 20.12.43 - 29.12.43. RW. D 488035. 22/5/44 RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS 43 3PRE 6.6.43 to 10.6.43 5 days Priv. leave RW. C102763								

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 Aircrew Navigator Badge	19.3.43.

Observer Pilot. Std

CANADA

ROYAL CANADIAN AIR FORCE

C.T.E.

788364

LEFEBVRE RECORD OF SERVICE AIRMEN

A.F. No. 164577

Surname Lefebvre

Christian Names John Walter Raymond

R.C.A.F. Special Reserve

Religion P.C

Born 4-5-21 Place Verdun, P.Q. Country Canada

Citizen of Canada Racial Origin French Canadian

PARTICULARS OF FAMILY

M.S.D.W.

Wife's Maiden Name

Present Address (in pencil)

Table with columns for CHILDREN NAMES, PLACE OF BIRTH, and DATE. Two columns are present, both currently empty.

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

M.A.R. Lefebvre (Father) 634 - 1st Avenue - Verdun - Montreal - P.Q.

CIVIL EDUCATION

CIVIL OCCUPATIONS AND EXPERIENCE

High School Entrance X Jr. Mat. 4 years. Sr. Mat. Technical School Business Courses X University

Officer. 1939 - to date.

PREVIOUS SERVICE

ENLISTMENT

Med. Cat. DATE Med. Cat. DATE

None.

Date 4-5-42

A3B 30 4 42

At Montreal. Que

A3B 19 3 43

Term Duration

RANK AUTH. DATE TRADE AUTH. DATE TRADE TESTS AND COURSES

Handwritten entries for ranks (A.C.2, S.A.G., Sqr(T)P.O., P/O), dates, trades (O.P., Demust. Air Navigator, Aircrew 2nd. Sqr.), and trade tests (Demust. Air Navigator, S.P., P.O.P.).

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Table with columns for LEAVE (FROM, TO, AUTH. AND DESCRIPTION) and CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS (DATE, CHARACTER, TRADE AND ASSM., HONOURS AND AWARDS, AUTH.).

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.P. 13	#12 R.C.M.T.I.	#5 Lachine. Que.	4-5-42				
DRO 106/42	T.O.S. #5170	Lachine, Que.	4-5-42				
D.R.O. 255/42	#5 MD	#4 MD	2-7-42				
DRO 218	#4 MD	#3 IFS					
	Quebec	Victorville	12-9-42				
DRO 270/42	Entitled to action allowance of 50 cents per diem from 16-11-42 to 21-11-42. 15 days. Art. 196 (4) R. 67.						
DRO 270/42	3 T.A.	4 A.O.S.					
	Victorville, P.Q.	London, Ont.	21-11-42				
DRO 567/42	4 A.O.S. London	4 dep. Halifax	30.1.43				
DRO 130/42	1 dep. Halifax	R.A.F. T.P.	15 May 43				
	Embarked	Halifax	16.5.43				
	Disembarked	N.S.	24.5.43				
	Intake C-72	3 P.R.C.	24.5.43				

ROYAL CANADIAN AIR FORCE

NAVIGATORS. REPORT ON PUPIL AIR OBSERVERS

AIR AND GROUND TRAINING

SURNAME..... Lefebvre, Christian Names..... J.R.
Number..... R164577 Rank..... L.A.C.

INSTRUCTIONS

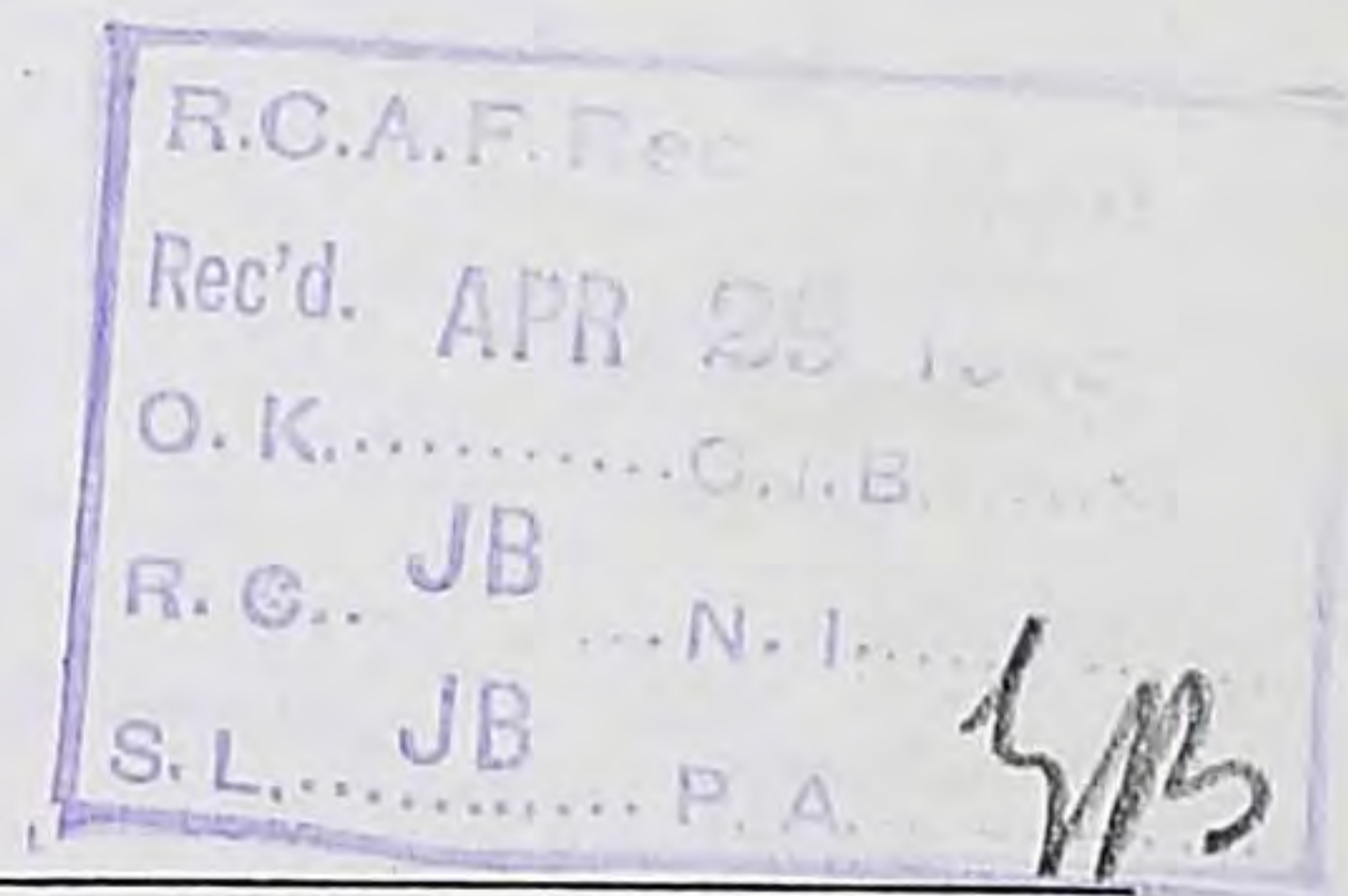
Instructions regarding Form T.81 are given in A.F.A.O. A.51/22, paras. 5, 10, 11, and 15. CROSS OUT WORDS NOT APPLICABLE.

PART I

1. No..... 3 INITIAL TRAINING SCHOOL? COURSE No..... 62 FROM..... 14-9-42
To..... 6-11-42

2. EXAMINATION RESULTS.

SUBJECT	MARKS		REMARKS
	Maximum	Obtained	
Mathematics.....	150	123	Eager and determined. Good worker. Reliable. Serious. Good aircrew material. Character & leadership: ... 108 Alternative recommendation: Air Bomber.
Armament.....	50	50	
Signals.....	150	144	
Navigation.....	150 200	111	
Visual Link Trainer.....			
Airmanship, Theory of Flight and Engines.....	100	98	
Drill.....	100	78	
Law and Discipline, etc.....	100	90	
Hygiene and Sanitation METEOROLOGY.....	50	38	
A/C Recognition.....	100	94	
Anti-Gas.....	50	48	
TOTAL.....	1000	874	
Position in Class	46	Percentage	87 %
No. in Class	130	PASS	FAIL



[Signature]
Commanding Officer

To BE PASSED TO..... #4 A.O.S.

No..... 3 I.T.S.

DATE..... 6-11-42

Lefebvre

PART II (For Aircrew Navigators)

1. No. 4 Air Observer School. Course No. 64 From 22-11-42
 To 19-3-43

2. Flying Time

	DAY		NIGHT		PASSENGER	TOTAL
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
ANSON	31/20	28/35	18/45	21/45		100/25
.....						
.....						

3. Examination and Proficiency:

Subject	Marks		Remarks
	Maximum	Obtained	
Navigation (Air Work).....	700	432	Navigation: Some inaccuracies in plotting and calculation - little initiative and slow to react to a new situation - good effort and attitude. General:
Photography (Air Work).....	100	65	
Elements of Navigation.....	500	339	
Magnetism and Compasses.....	100	69	
Instruments.....	50	27	
Signals (Practical).....	100	80	
Signals (Written).....	50	38	
Maps and Charts.....	50	42	
Meteorology.....	100	63	
Photography.....	50	18 35	
Reconnaissance.....	50	32	
Aircraft Recognition.....	100	100	
Armament.....	50	44	
Totals	2000	1349	
Position in Class	20 2	Percentage	67 %
No. in Class	23	Pass	20
Assessment as Aircrew Navigator	Av.		
As Instructor	Suitable	Unsuitable	
Commission Rank	Sixth class	Unsuitable	
Character and Leadership.....	Maximum 1000	Obtained 567	

L. W. Davidson

Chief Instructor

Awarded Aircrew Navigators Badge - Date 19-Mar-43

No. 4 A.O.S. Date 19-Mar-43

BV.23944.

PERSONAL EFFECTS OF NO: J.88364. P/O. LEFEBVRE. J.W.R.

1. Carton contg:-

- | | |
|--------------------------------------|-----------------------------------|
| 1. Pr.pyjamas. | 1. Pr.sunglasses in leather case. |
| 1. Pr.black leather oxfords. | 1. Khaki canvas money belt. |
| 1. Towel. | 1. Deck of cards in case. |
| 1. Pr.brown leather scampers. | 1. Prayer Book. |
| 1. Scarf. | 1;Brown leather zipper brief case |
| 1. Blue kit bag. | contg:- notepaper. |
| 2. Blue woollen pullovers. | 1. Shirt. |
| 1. Pr.swimming trunks. | 3. Prs.shorts. |
| 1. Book. | 1. Officers style haversack. |
| 9. Prs.socks. | 1. Lock. |
| 7. Handkerchiefs. | 1. Black leather zipper toilet |
| 1. Brown leather zipper case contg:- | case contg:- 1. Schick razor |
| 3. Brevets, 'N' | in box. |
| 4. Collar studs. | 1. Towel. |
| 1. fountain pen - top unserviceable. | 1. Package letters and |
| 1. Crown. | snaps. |
| 2. Keys. 1. Nail file in case. | |
| 1. Pr.scissors. | |
| 1. Catholic Cross with token. | |
| 1. Religious token. | |
| 1. Beas. 2. pieces of cufflinks. | |
| 1. Air Force diary. | 1. Post Office Savings Bank |
| 6. Vests. | Book - 51652 Bournemouth. |
| 1. Brush. | Extracted by unit and forward- |
| 1. Black leather zipper wallet. | ed to R.C.A.F. H.Q. Overseas, |
| 1. Wrist watch case (empty) | London. |
| 3. Prs.suspenders. | |
| 1. Sergeant's chevron | |

NOTE:

Original Station inventory signed by H.E.Briggs, F/O. dated 10/5/44.

Effects checked at Central Depository 27/6/44, 5/7/44 & 13/7/44.

13

MINUTE 1.

D.P.S.

1. No.425 R.C.A.F. Squadron reported that Halifax aircraft, LK.798, with a crew of 8, failed to return from an operational attack on Haines St. Pierre, Belgium. It left base at approximately 0130 hours on the 9th. May, 1944, after which no further news was received. P/O. J.W.R. Lefebvre was a member of this crew. (enc. 3 and 5).
2. A telegram from the I.R.C.C. quoting German information, states that Sgt. Beluse, Sgt. Aubry and one not R.C.A.F. member of this crew were taken Prisoners of War and one identified not R.C.A.F. member of this crew together with one unknown were killed on the 9th. May, 1944. (enc. 1D).
3. A further telegram from the I.R.C.C. quoting German information, states that another member of this crew, F/Sgt. McConnell is a Prisoner of War. As two members of this crew, W.O.1. Cormier and Sgt. Brown are now safe, and as they complete the crew of eight, it is possible to assume that the one unknown is P/O. Lefebvre, however, action was not taken to reclassify him to "Missing Believed Killed in Action", awaiting further confirmatory evidence regarding the death and burial of the one unknown. (enc. 1A, 1B and 1C).
4. In view of the evidence received and the lapse of time, it is accordingly submitted that the death of CAN/J88364 P/O. J.W.R. LEFEBVRE, be presumed, for official purposes, to have occurred on the 9th. May, 1944.
5. Three R.C.A.F. members of this crew, Sgt. Aubry, F/Sgt. McConnell and Sgt. Beluse are now Prisoners of War and the two R.C.A.F. remaining members of this crew, Sgt. Brown and W.O.1. Cormier, are safe. The two remaining members of this crew were not R.C.A.F. personnel.

8/3/45.

M. M. Goldberg cpl.

ORIGINAL ON F4/CAS/CAN.

8/3/45.

"RETURN" 4-7 VOL. 8 FOLIO 197

Pop Listte Ottawa No. 67B 9/3/45

Para: 4. of Minute 1. approved.

M. Cameron Flt Lt
for R.C.A.F. Casualties Officer.

MINUTE 2.

J. S. HARRIS.

Wing Commander,
for Director of Personal Services.

8/3/45.

Handwritten signatures and initials

Ottawa, Canada, 19th August, 1946.

Mr. J.A. Lefebvre,
634 First Avenue,
Verdun, Quebec.

Dear Mr. Lefebvre:

It is indeed with regret that I must advise you that according to information which has now been received from a Missing Research and Enquiry Unit on the Continent, your son, Pilot Officer John Walter Raymond Lefebvre, lost his life.

According to information which was secured from captured German documents, the aircraft of which your son was a member of the crew crashed near Kortrijk 20 kilometres North West of Rooselaere, Belgium at approximately 4 A.M. on May 9th, 1944, and your son and Flying Officer White lost their lives at that time. They were buried by the German authorities in the Communal Cemetery at Wevelghem, Belgium. Your son's grave is Grave No. 459. A representative from the Unit visited this Cemetery and has confirmed that your son is buried as advised above and further states that the body of Flying Officer White has been re-interred by the American authorities in an American Cemetery.

The reverent care of the burial places of all who served in the Forces of the British Empire is the task of the Imperial War Graves Commission. Already eminent architects are at work, planning the construction of beautiful cemeteries and each individual grave will be supported and sustained by the nations of the Empire. I hope that it may be of some consolation to you to know that your gallant son's grave is in sacred care and keeping.

Yours sincerely,

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

LRO:GB

POST PRESUMPTION MEMORANDUM 2850.

P.4.Cas. M.R.2. 15.7.46.

FILE NUMBER	RANK	NUMBER	NAME	INFORMATION
<u>P.416974/44</u> Cas. Date 8/9.5.44.	F/O.	U.S.A. T.223135	WHITE, L.	<u>BELGIUM</u> A report from No. 2 M.R. & E.U. states that F/Sgt. Lefebvre was interred in the Parish Cemetery at Wevelghen in Grave No. 459, F/O. White originally interred in the same cemetery in grave number 458, has now been re-interred in a U.S. Military Cemetery by an American Graves Unit.
	F/SGT.	R.164577	<u>LEFEBVRE, J.R.W.</u>	
		988364		

Circulation

G.96140.

Amendments
Chron. Cards.
B.4. (Pres.)
Miss Crabbe (B.7.)
M.R. Folder
P. Folder
M.C.I.

R.C.A.F.
R.A.A.F.

PA

J88364 (RO)



REGISTERED OTTAWA, Canada, 21st December, 1946.

Mrs. Evelyn Lefebvre,
634 First Avenue,
Verdun, Quebec.

Dear Mrs. Lefebvre:

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.W.R. Lefebvre.

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J88364 (2164577)** RANK **P/O** UNIT **425 SQDN OVERSEAS**
 TRADE **NAV (G.L.)**
 NAME **LEFEBVRE, JOHN WALTER RAYMOND**
 PRESENT MARITAL STATUS **SINGLE** RELIGION **R.O.** CANADIAN **YES**
 FRENCH CANADIAN _____ OTHER _____
 NEXT OF KIN **5 MR JOSEPH AVILA LEFEBVRE**
 RELATIONSHIP **FATHER**
 ADDRESS **634 FIRST AVE. VERDUN. QUE.**
 FATHER'S NAME **MR JOSEPH AVILA LEFEBVRE**
 ADDRESS **634 FIRST AVE. VERDUN. QUE.** LIVING ON ENLISTMENT **YES**
 MOTHER'S NAME _____
 ADDRESS **SAME AS FATHERS** LIVING ON ENLISTMENT **YES**
 ADDRESS AT TIME OF ENLISTMENT **634 FIRST AVE. VERDUN. QUE.** MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**
 OCCUPATION **OFFICE CLERK**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **N/K BEING OBTAINED**
 IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO _____
 IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? _____

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **BOMBER MAIL LETTER-----d-9-MARCH-45**

PREVIOUSLY REPORTED "MISSING" 9-MAY-44 AFTER AIR OPERATIONS (OVERSEAS) (NE OVER HAINE ST. PIERRE FRANCE)

NOW "PRESUMED DEAD" 9-MAY-44 FOR OFFICIAL PURPOSES



LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO **NO** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **NO**
 CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO **NO** DATE **4-APRIL-45**
2 ADMINISTRATOR OF ESTATES, OTTAWA **74855**
 FOR CHIEF OF THE AIR STAFF

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

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

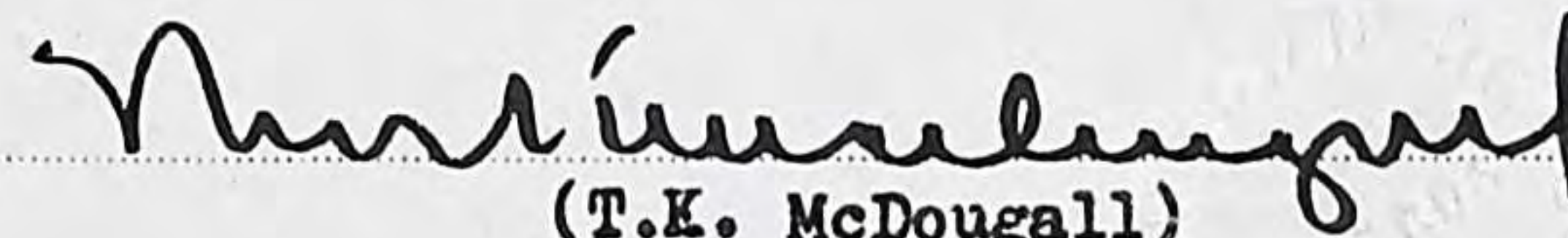
NO. 11826

This is to Certify that

088364 PILOT OFFICER JOHN WALTER RAYMOND LEFEBVRE
(Number) (Rank) (Name in Full) (Unit) R.C.A.F.

has been officially reported as missing since the 9TH day
of MAY, 1944, and that, full inquiries having been
made, no information has been received which would indicate that he may be still alive.
For official purposes, therefore, he is presumed to have died on or since the above
mentioned date.

Dated at Ottawa, Canada, this 6TH day of APRIL 1945



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

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

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

WILL

(a) Names in full to be written. (1) (a) I, John, Walter, Raymond, Lefebvre of the City Montreal of the Town Montreal Village Montreal Township St. Jacques in the County of St. Jacques District St. Jacques Province of Quebec (Civil Occupation) Clerk

a member of the Royal Canadian Air Force, Number P-164577 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

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

- (a) mother,
- (b) Mrs. Evelyn Lefebvre,
- (c) 634 - 1st Ave, Verdun, Montreal, Que.
- (d) all my estate

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

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

- (a)
- (b)
- (c)

Name and address of Executor.

(4) I appoint Mrs Evelyn Lefebvre, 634-1st Ave, Verdun, Montreal, Que. to be the ~~Executor~~ Executrix of this my Last Will. (Name) (Address)

IN WITNESS WHEREOF I have hereunto set my hand this 5th day of May 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.

[Signature]
(Signature of Testator)

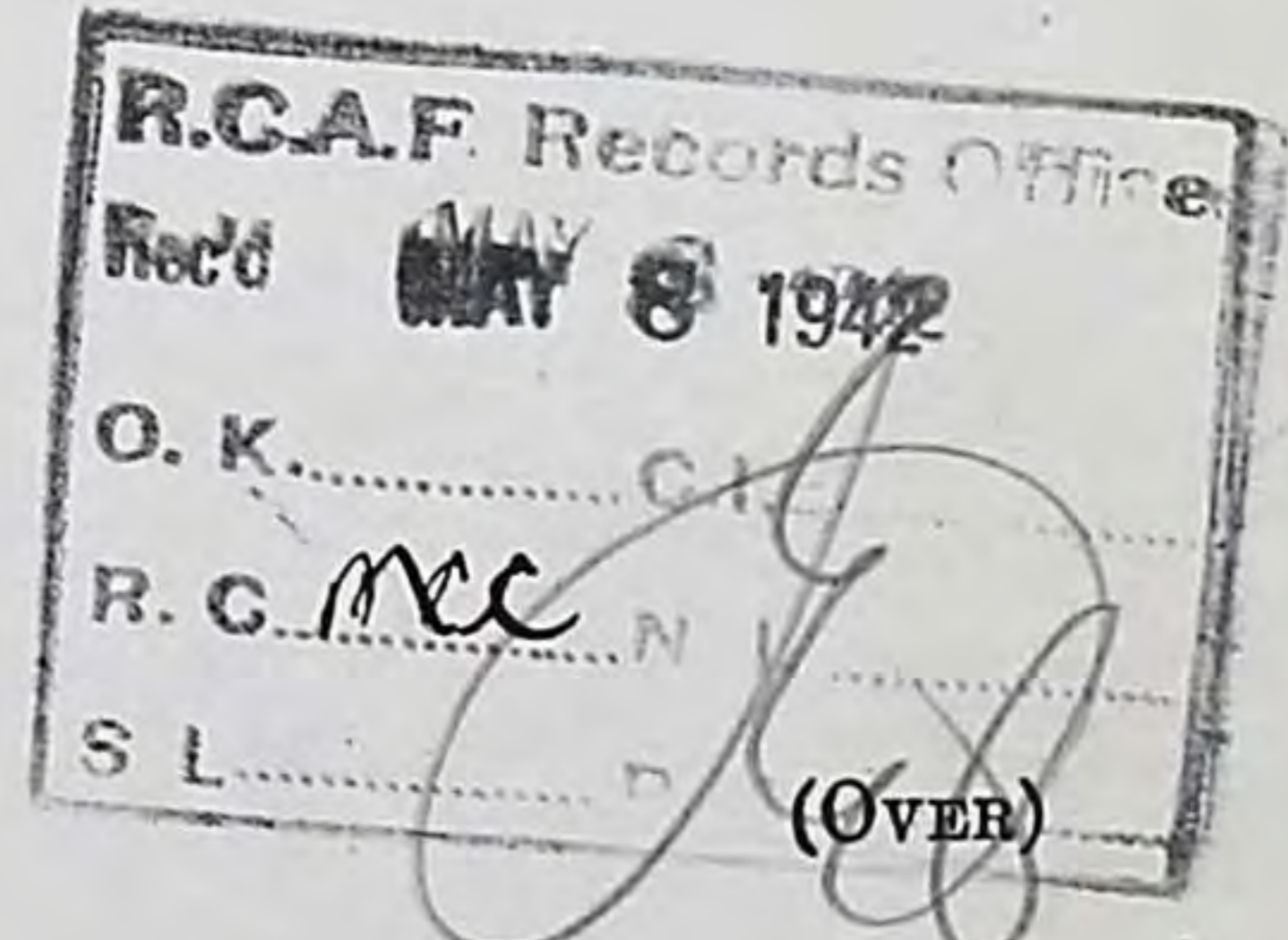
First Witness sign here.

(5) [Signature] (Signature)
Chateau-Richer (Permanent Home Address)
Clerk (Occupation)

Second Witness sign here.

[Signature] (Signature)
30 Sweetland Ottawa (Permanent Home Address)
Club (Occupation)

(Witnesses are not to be beneficiaries.)



Mr. Joseph Avila Lefebvre,
634 First Ave.,
Verdun, Que.

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

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

and the following number quoted:—

H.Q. J-88364 FD 82

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 26 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

LEFEBVRE John Walter Raymond, P/O,

J-88364 RCAF



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

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

CYS/BJH

W. J. ... Col.

Director of Estates.

*200 Rate
O.K.R.B.*

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.....	<i>J. Avila Lefebvre</i>	<i>52</i>	<i>634 First Ave Verdun Que</i>
4	Mother of the Deceased.....	<i>Evelyn Lefebvre (nee Cregan)</i>	<i>50</i>	<i>✓ ✓</i>
5	Brothers of the Deceased	Full Blood	<i>Leo Lefebvre</i> <i>Robert Lefebvre</i>	<i>20</i> <i>18</i> <i>✓ ✓</i> <i>✓ ✓</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Stella Lefebvre</i>	<i>21</i> <i>✓ ✓</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

8	Full names
9	Date of his
10	Place and d
11	Place and d
12	Place where
13	State, in or resided befo
14	Nature of e
15	State wheth so, where si
16	Name plac permanent
17	Did he leav
18	If married, a in the U.S.A. community contract dea
19	Did he have give name a Do you wis
20	Amount of where locat
21	Amount of whether reg
22	If deceased payable unc therein.
23	Describe ot space on pa
24	Did the dec (a) His (b) Serv An itemize hereto, "approv particula
25	Have you o part th amount

(NOTE: and burial i zone, and if authorized by the Gov

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Walter Raymond
9	Date of his birth.	May 4 th 1921
10	Place and date of his marriage.	-
11	Place and date of his parents' marriage.	Verdun Jan 22nd 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Verdun Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) (c) (d)
14	Nature of employment before enlistment.	Clerk (C.M.R.)
15	State whether he owned the premises in which he lived, and, if so, where situated.	-
16	Name place where deceased stated he intended to make his permanent home.	Verdun, Que

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. in custody of Air Forces
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	-
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Yes. } montreal Bank Verdun Branch acc No 1838 - Amount \$66.26 also amount unknown in Bank in England.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	metropolitan Life Insurance Co \$1000.00 father J.A. Lafleur
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	-

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	\$35.00 paid to St. Willebrod Church on April 20 th Verdun Que

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

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 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.

Jos Avila Lefebvre {Signature of Informant
634 1st Avenue Verdun Address
Que

CERTIFICATE

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

*See above.

Lefebvre { 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 Verdun P.Q. this 30th day of April 1945

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

Arthur H James Qualification Commissioner of the Superior Court of Montreal
Address 673 Darnachais Blvd - Verdun P.Q.

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

Deceased Money:— Shortly before my son was reported missing (May 8/44) he informed us that he had an account in England. The Bank and amount entered are unknown, but his letters seemed to indicate amount was approx. (\$200.⁰⁰/_{xx}).

Personal Belongings:— In paragraph 8 of enclosed memorandum you state that personal belongings will be forwarded. We are not desirous of receiving any of his clothes, but are willing to donate them to Officers' Kit Replacement Bureau, London England. However, please forward articles such as watch, bracelet, etc if recovered.

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH		Municipal county OVERSEAS (FRANCE)	Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township												
2. LENGTH OF STAY		(a) In hospital or institution	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.....	LEFEBVRE (Block letters)		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH										
4. RESIDENCE		Street.....	1st Avenue		No.....	634		22. Date of death.....									
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		23. I HEREBY CERTIFY that I attended deceased from									
Male		Canadian				Single	19..... to.....19.....									
9. If married give name of wife or husband of deceased		and last saw h..... alive on.....19.....															
10. BIRTHPLACE (Province or Country)		Quebec															
11. DATE OF BIRTH		May	4th	1921	24. CAUSE OF DEATH												
12. AGE OF DECEASED		Years	Months	Days	If less than one day old		I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.										
23						(a) Previously reported missing after air operations, now presumed dead.											
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		May 9/44		16. Total years spent in this occupation		Two		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).									
17. NAME		18. BIRTHPLACE (Province or Country)															
FATHER		Lefebvre, Joseph Avila		Quebec		III If a communicable disease is mentioned on this certificate, give											
MOTHER (Maiden Name)		Cegan, Evelyn		Quebec		(a) Date of appearance.....19.....											
19. Place of burial, cremation or removal		25. If a woman, was there a puerperal condition?.....															
20. Date of burial.....19.....		26. Was there a surgical operation?.....Date of.....19.....															
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church.....		(b) Civil municipality of.....		(c) Municipal county.....		State findings.....Was there an autopsy?.....									
(d) Date.....19.....		(Month)		(Day)		(Year)		27. If death was due to external causes (violence) fill in also the following:—									
		Accident, suicide or homicide.....		Date.....		May 9th 44		Accident									
		Manner of injury.....		(State which)		Presumed killed during air operations		Manner of injury.....									
		Nature of injury.....		(How sustained)		public place		Specify whether injury occurred in industry, in home, or in public place.....									
		Signed.....M.D.															
		Address.....Date.....19.....															
		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)										29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.					
		For (R.C.A.F. Records Officer)															
		This signature authorizes the collector to accept this form as authentic.										(Voir l'autre côté pour le français)					

Haw.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J88364 (2164577)** RANK **P/O** UNIT **425 SQDN OVERSEAS**
 TRADE **NAV (D.L.)**
 NAME **LEFEBVRE, JOHN WALTER RAYMOND**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<input checked="" type="checkbox"/>				

PRESENT MARITAL STATUS **SINGLE** RELIGION **R.C.** CANADIAN **YES**
 FRENCH CANADIAN OTHER

NEXT OF KIN **MR JOSEPH AVILA LEFEBVRE**
 RELATIONSHIP **FATHER**
 ADDRESS **634 FIRST AVE. VERDUN. QUE.**

FATHER'S NAME **MR JOSEPH AVILA LEFEBVRE**
 ADDRESS **634 FIRST AVE. VERDUN. QUE.** LIVING ON ENLISTMENT **YES**

MOTHER'S NAME
 ADDRESS **SAME AS FATHERS** LIVING ON ENLISTMENT **YES**

ADDRESS AT TIME OF ENLISTMENT **634 FIRST AVE. VERDUN. QUE.** MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**

OCCUPATION **OFFICE CLERK**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **N/K BRING OBTAINED**

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **BOMBER MAIL LETTER-----d-9-MARCH-45**
PREVIOUSLY REPORTED "MISSING" 9-MAY-44 AFTER AIR OPERATIONS (OVERSEAS) (XB OVER HAINE ST. PIERRE FRANCE)
NOW "PRESUMED DEAD" 9-MAY-44 FOR OFFICIAL PURPOSES

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO **NO** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO **YES** DATE **4-APRIL-45**

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO **NO**
 FOR CHIEF OF THE AIR STAFF

J.E. Thompson
 74855

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

4
AIR
A10851

DECEASED
MEMBER'S
NAME

John W.R.

Lefevre

REGISTER NO.

21661

PAYEE
ADDRESS

(CHRISTIAN NAMES)
Receiver General of Canada,
Director of Estates,
Ottawa, Ont.

(SURNAME)

FILE NO.

14 AUG/45

DATE

J.88384

SERVICE NO.

P/O

FINAL RANK OR RATING

9 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 737 EQUAL TO 24 COMPLETE PERIODS AT \$7.50

\$ 180.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 361 LESS 17 INELIGIBLE DAYS, EQUAL TO 344 DAYS @ 25C. PER DAY

86.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 6.25
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 7.95 X 7 = \$ 55.65
NO. OF DAYS 361 X \$ 55.65

109.78

D. WAR SERVICE GRATUITY

375.78

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

375.78

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

P. & A. Bal Trans. Trust Account
Journal Voucher # 6142

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 BGB CHECKED BY JW

TREASURY
CHECKED BY [Signature] DATE 17-8-45

[Signature]
SERVICE REPRESENTATIVE

AT

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: JOHN W. R. LEFEBVRE Register No.
 (Christian Names) (Surname)
 PAYEE: R. C. O. F. C. File No. 21551
 (Christian Names) (Surname) Date 14 AUG 1945
 ADDRESS: Service No. J 88 364
 Final Rank or Rating P/O
 Date of Discharge 9 MAY 1944

Date of Termination of O/S service 9 MAY 1944

A. TOTAL QUALIFYING SERVICE \$ 180.00
 No. of days 737 equal to 24 complete periods @ \$7.50
 30

B. QUALIFYING OVERSEAS SERVICE \$ 86.00
 No. of days 361 less 17 ineligible days, equal to 344 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE \$ 109.78

Daily Rates at Discharge
 91.23 Pay \$ 6.25
 18.55 Subsistence or Lodging
 and Provision Allowance \$ 1.70
 Additional Pay
 \$
 Dependents' Allowance 1/30 of \$ \$
 TOTAL \$ 7.95 x 7 = \$ 55.65
 No. of days 361 x \$ 55.65
 183

Handwritten notes:
 9-37
 1800
 12923

DD. WAR SERVICE GRATUITY \$ 375.78

E. Deductions

Overpayment of	Pay and Allowances	\$
	Dependents' Allowance	\$
	and Assigned Pay	
Other deductions		\$

F. TOTAL AMOUNT PAYABLE \$ 375.78

G. YOUR PROPORTION: (D.A. in issue to you)
 (Total D.A. in issue) = _____ of \$

PREPARED BY <u>B 3B</u>	CHECKED BY <u>[Signature]</u>
----------------------------	----------------------------------

Large handwritten signature

J 883 64
R 164577

Surname *Lefebvre*

Full Christian Name *John Walter Raymond*

ENLISTMENT/APPOINTMENT
PLACE *Montreal*
DATE *4-5-42*

RELIGION
R.A.C.

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

Comm. 7.5.44
R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY
<i>4-5-21</i>	<i>Verdun, Que.</i>	<i>Canada</i>	<i>Can.</i>	<i>Fr. Can.</i>	<i>Single</i>

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION <i>4 yrs.</i>
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE

DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CIVIL OCCUPATIONS AND EXPERIENCE

<i>Office Clerk</i>

CHILDREN

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

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>Montreal 30-4-42</i>	<i>A3B</i>		
<i>19-3-43</i>	<i>A3B</i>		

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

*Mr. J. R. Lefebvre (Father)
634-1st. Ave. Verdun
Montreal, Que.*

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
<i>P/O SREK NAV.</i>	<i>7 5 44</i>	<i>1081/44</i>	

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>AC-2</i>	<i>4 5 42</i>		<i>P.O.D.</i>	<i>4 5 42</i>	
<i>LAC</i>	<i>7 11 42</i>		<i>Air Nav. Sgt.</i>	<i>7 11 42</i>	
<i>T/Sgt.</i>	<i>19 3 43</i>		<i>Sgt.</i>	<i>19 3 43</i>	
<i>T/Flt Lt</i>	<i>19 9 43</i>	<i>870 618-2</i>			
<i>T/Flt Lt</i>	<i>19 3 44</i>	<i>757/43</i>			
		<i>965/44</i>			
		<i>2021/44</i>			

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

J 88364
R 164577

SURNAME
LEFEBVRE

FULL CHRISTIAN NAME
JOHN WALTER RAYMOND

ENLISTMENT/APPOINTMENT
PLACE *Montreal*
DATE *4-5-42*

RELIGION
R.B.
R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES			
FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
6-6-43	10-6-43	5	P/Leave	3 PRC 139/43		SOS		1 "Y" Depot		15 5 43	DR0 130		
24-11-43	29-11-43	6	Pass Leave	Perth 67				Disembarked U.M.		24 5 43	E 670		
20-12-43	28-12-43	9	Annual Leave	61 Base 103		TOS		at: 3 PRC.		24 5 43	Ind. C. 72		
20-2-44	26-2-44	7	Pass Leave	1664 CU 23/44		Att.		to: 11 C.I.B.		18 6 43	1500/02/43		
1-3-44	10-3-44	9	Pass Leave	1664 CU 29/44		Att.		to: 50 group		12 7 43	968/109/43		
						Att.		to: 26 E.F.T.S.		23 7 43	3074/43		
						SOS		3 PRC to 6(0) AFU		3 8 43	190143		
						TOS		Perthone		31 8 43	Perthone 44		
						SOS		Perthone to 61 Base		30 11 43	61 Base 97/43		
						CH		61 Base to 1664 C.U.		3 1 44	1664 CU 2/44		
						SOS		61 Base to 425 sq.		27 3 44	61 Base 33/44		
						TOS		425 sq. for 61 Base		2 2 44	425 sq. 15/44		
						Det		1664 CU for 61 Base		27 3 44	61 Base 22/44		
						SOS		425 sq. RCAF U.K.N.E. unit		9 5 44	425 sq. 15/44		
								FIB Missing from 425 sq.		8 4 5 44	AFRO 1338/44 CA 461		
								Presumed Dead		9 5 44	CL 723	AFRO supp. 625	
CHARACTER AND TRADE ASSESSMENT													
HONOURS, AWARDS AND MENTIONS													
DATE	AWARD		AUTHORITY										
15 1 44	C VSMR & MLE		1664 CU 22/44										

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 16-5-43

AIR FORCE No. **R164577**

LEFEBVRE, JOHN WALTER RAYMOND
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE *Montreal, Que.* RE-ENLISTMENT PLACE _____ DATE *4.5.42*

C.R. FILE NUMBER *R-55*

J. 88364

OFFICER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE *4.5.21* PLACE *Verdun, Que.* CITIZENSHIP *British*

FATHER (FULL NAME) *Joseph Andre Lefebvre*

BIRTHPLACE *Piquet, Que.*

MOTHER (FULL MAIDEN NAME) *Emelyne Cegon*

BIRTHPLACE *Piquet, Que.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *x Que*

JUNIOR MATRICULATION *x*

SENIOR MATRICULATION

TECHNICAL SCHOOL *1938-9 (university course) Que.*

UNIVERSITY

CORRESPONDENCE COURSES *6*

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
<i>Quebec</i>	<i>4.5.42</i>				

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

office clerk 1939, still C.N.P.

9300

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

Date and Place of Signing R 40-

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

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: *Emelyne Lefebvre* RELATIONSHIP *mother*

ADDRESS: *634-1st Ave, Verdun, Montreal, Que.* D.R.O.

FULL NAME:

ADDRESS: D.R.O.

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE
<i>4A0556A</i>	<i>14-3-43</i>
<i>10-849-92</i>	<i>15-1-44</i>

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

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

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER

22.(A) ADDRESS PRIOR TO ENLISTMENT

634-1st Ave, Verdun, Montreal, Que.

22302

13. RELIGION *R.C.*

14. LANGUAGES *English + French 3*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN.CARD
<i>8-5-42</i>	<i>11-5-42</i>	<i>5-5-42</i>			<i>44</i>

15. SPORTS *swimming, bowling, fishing, hunting, skating, football.*

AIR FORCE No. R164577

LEFEBVRE, JOHN WALTER RAYMOND

ENLISTMENT PLACE Montreal, Que. RE-ENLISTMENT DATE 7.5.42 C.R. FILE NUMBER R.55

J. 88364

OFFICER

RECORD OF SERVICE AIRMEN

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

Table with columns for 1. POSTING, 2. RECLASS'NS-PROMOTIONS-ETC., 4. TRADE AND CHARACTER, 6. LEAVE, 3. MEDICAL HISTORY, 5. COURSES-TESTS-ETC., and 6(A) RATINGS AND QUARTERS. Includes handwritten entries for various units and dates.

Wsg COMPLETED

31/5

Vertical scale on the right edge of the form, numbered 1 to 39.