

J90084
GRAVEL
JOSEPH VICTOR



Ecole Notre-Dame-de-Grâces School

Montreal, le 17 septembre, 19 41

A qui de droit:

Je soussigné certifie par les présentes que le porteur, Jacques Gravel, ayant fréquenté l'école ci-dessus mentionnée, obtint les notes suivantes dans la dixième année du cours primaire supérieur, équivalant à la troisième année de " High School".

Religion	74%	Anglais	78%
Français	79%	Sciences	80%
Mathématiques	75%	Géo. - Histoire.	76%

En foi de quoi j'ai signé,

G. Colver, r.c.
Directeur.

Royal Canadian Air Force
Montreal

A qui de droit

Je, Gracia M. Gravel, certifie que
mon fils, Jacques, fait application
pour servir dans la R.C.A.F.,
avec mon plein consentement.

Gracia M. Gravel

Mars le 14/1943



ROYAL AIR FORCE FERRY COMMAND
BRITISH AIR MINISTRY

TELEPHONE:
WALNUT 7721

MONTREAL AIRPORT.
DORVAL, P. QUE.

January 30th, 1943

Royal Canadian Air Force,
Recruiting Centre,
1254 Bishop Street,
MONTREAL, Que.

Dear Sirs;-

It is understood that Mr. Jacques Gravel is contemplating joining the R. C. A. F., to train as air crew.

I have known this young man for over four years, and in my opinion he would be an asset to the R. C. A. F. He is very interested in the Air Force, is above average intelligence, keen and energetic.

I am pleased to recommend him, as I feel sure he will be found satisfactory in all respects.

Yours very truly,

F. Dugal,
Technical Progress Officer.

ROYAL CANADIAN AIR FORCE



Name GRAVEL. JOSEPH VICTOR JACQUES K-2 2 4 4 4 3

Rank AC/2 R.C.A.F.

Age 17 Height 5' 10" Weight 127

Hair LIGHT BROWN Eyes GREY GREEN Hair on face FAIR

Marks, scars, etc. SCAR BETWEEN EYEBROWS

J. V. J. Gravel (Signature of holder)
R. A. Chopin F/Lt (Signature of issuer)

Place #5 "W" DEPOT LACHINE QUE. Date APRIL 15th, 1943.

Card serial number 251264

Right Index
Finger



IF YOU LOSE THIS CARD,

NOTIFY YOUR C.O. IMMEDIATELY, GIVING HIM
FULL PARTICULARS

IF YOU FIND THIS CARD,

PLEASE MAIL IN AN ENVELOPE ADDRESSED TO:

"THE SECRETARY,

DEPT. OF NATIONAL DEFENCE FOR AIR,
OTTAWA ATTENTION P.I.B.

NO POSTAGE NECESSARY



K 21 4443 MA 2262

GRAVEL. V. V. V.

33

KODAK



R 22 44 3

1850

Gravel 2

R.C.A.F. 2-25
1944
34-25-1

ROYAL CANADIAN AIR FORCE



SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, AND
MUST BE RETURNED ON DEMAND

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.

890084
R229443

Air Force No. 890084 Surname Gravel
Christian Names (in full) Joseph Victor Jacques
Date of Birth 26-9-25 Religion R.C.
Date of Enlistment/Appointment 6-4-43.
Married (M), Widower (W) or Single (S) S.
Occupation in Civil Life Office clerk.

Signature of Holder Gravel

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—
Estacion Gravel (mother)
3405 Ave Oxford apt 5 h 10 e
Montreal P.Q.

Certified Correct Adelworth
Date..... Place #1 / Depot

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.....

C-140
C-10784

5858, 10-3-50

Mrs. Gratia M. Gravel, (mother)
Apt. 5,
3405 Oxford Avenue,
N. D. S.
Montreal,
Que.

Jan. 46.

MEMORIAL BAR	MEMORIAL BAR
DATE DE	DATE DES
REC. NO.	3269

FRENCH CARD

NAME GRAVEL, Joseph Victor Jacques FILE NO. R224443
 RANK ~~Sgt~~ ~~XXXXXXXXXXXX~~ GUNNER P/O CATEGORY ~~XXXXXXXXXX~~ MISSING PRES DEAD REG. NO. ~~XXXXXXXXXX~~ J90084

DATE OF DEATH: 9-May-44 MOTHER LIVING: YES WIFE: NA

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

To Mother-

To mother, *26-9-45*

DEC 11 1945

DEL'D TO MOTHER:

DEL'D TO WIFE:

DEC 5 1945

Mother only.

~~Mme. Joseph Georges Gravel~~
 Mme. Joseph Georges Gravel,
 3405, avenue Oxford, appt. No. 5,
 N. D. G., Montreal, P. Q.

COMMAND:

RELIGION:

m283
[Signature]

AIR FORCE No.

K. 224443

GRAVEL, JOSEPH VICTOR JACQUES

ENLISTMENT RE-ENLISTMENT

PLACE Montreal Que. DATE 6-4-43

RSS

J. 90084

OFFICER RECORD OF SERVICE AIRMEN

Home 7-5-44

Form with sections: BIRTH, FATHER, BIRTHPLACE, MOTHER, EDUCATIONAL STANDING, CHILDREN, PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE, HONOURS-AWARDS, MENTIONS, FLYING EXPERIENCE ON ENLISTMENT, RELIGION, LANGUAGES, SPORTS, RECLASS'NS-PROMOTIONS-ETC., TRADE AND CHARACTER, MEDICAL HISTORY, HOSPITALIZATION, COURSES-TESTS, ETC., DOCUMENT CONTROL.

AIR FORCE No.

PR J. 90084
224443

GRAVEL
SURNAME

R.C.A.F. Special Reserve

JOSEPH VICTOR JACQUES
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal P. 2

DATE 6-4-43

RELIGION

R.C.

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		
16/Oct/43	30/Oct/43	14	Embarkation	DR0248A			S.O.S.		#13 Rec. #5 M.D.		6 4 43	DR0 83/43	Ent Sub All conf 28 June/43	#1 M.D. 158		
			Issued SLTW #C	391531 d/12 Oct/43			T.O.S.		No.5 MD		6 4 43	DR0 83/43	sent to sent flying pay 5-9-43	DR0 2157		
22.11.43	28.11.43	6	Pl.	DR0 90/43			S.O.S.		#5 M.D. #12 E.D.		17 5 43	DR0 118/43				
13.1.44	21.1.44	8	HAS Priochene	431sgd 44			T.O.S.		#5 M.D. #12 E.D.		18 5 43	DR0 117/43				
1.2.44	9.3.44	7	HAS leave	W/Sq 10			S.O.S.		#12 E.D. #1 M.D.		27 6 43	DR0 #151/43				
22.4.44	30.4.44	9	P.L.W.	1631 21/44			T.O.S.		" "		28 June 43	DR0 158				
							S.O.S.		#17 M.D. #1 A.G.G.T.S		23 7 43	DR0 128				
							S.O.S.		#1 A.G.G.T.S # 9 B+G		4 9 43	DR0 163				
							S.O.S.		# 9 B+G #1 YD		29 Oct 43	DR0 248A				
									Awaiting Embarkation							
							S.O.S.		No.4 P.R.C. No.3 P.R.C.		1 10 43	DR0 275				
									Emb. Halifax							
									Desemb. V.K.							
									INT. C140 3 P.R.C.							
							S.O.S.		#4 Rec - 11064 CW		14 12 43	DR0 110/43				
							Wt.		11064 CW from 61 Base							
							T.O.S.		#21 Sqn from 61 Base							
									F/13 Missing from 431 Sqd.							
							T.O.S.		RCAF N/E Unit (M)		10 5 44	AFRO 1246/44 431 Sgd. 26/44 CR 466 431 Sgd. 26/44 NEU 49/44				
									PRES. DEAD							
											9 5 44	CR 770	AK NEU 112	Supp AFRO 1361		
							CHARACTER AND TRADE ASSESSMENT									
							DATE		CHARACTER		TRADE ASSESSMENT					
							15 Oct 43		Categorized AG		DR0 248A					
							HONOURS, AWARDS AND MENTIONS									
							DATE		AWARD		AUTHORITY					
							15 Oct 43		Air Gunners' Badge		PR0248A					

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embarked 1/11/43

R. J. 90084
 AIR FORCE No. ~~224443~~

GRAVEL
 SURNAME

R.C.A.F. Special Reserve

JOSEPH VICTOR JARQUES
 FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal, P. 2
 DATE 6-4-43

RELIGION

R.C.

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

Comm. 7.5.44

R.C.A.F. FORM R230
 150M-7-42 (2446)
 H.Q. 885-R-230

BIRTH DATE <u>26-9-25</u>	PLACE <u>Montreal P. 2</u>	COUNTRY <u>Canada</u>	CITIZENSHIP <u>Canadian</u>	RACIAL ORIGIN <u>Canadian</u>	PARTICULARS OF FAMILY	
CIVIL EDUCATION					SINGLE, MARRIED, WIDOWER, DIVORCED <u>Single</u>	
PUBLIC SCHOOL					WIFE (FULL MAIDEN NAME) OR HUSBAND	
HIGH SCHOOL ENTRANCE					PRESENT ADDRESS (IN PENCIL)	
TECHNICAL SCHOOL					PLACE OF MARRIAGE	
CORR./BUSINESS COURSES					AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	
JUNIOR MATRICULATION <u>X grade</u>					DATE	
SENIOR MATRICULATION					DATE	
UNIVERSITY					DATE	
LANGUAGES SPOKEN <u>French & English</u>					DATE	

CIVIL OCCUPATIONS AND EXPERIENCE		CHILDREN			
<u>Office Clerk 1942-1943</u>		NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

PREVIOUS SERVICE	NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
<u>Air Cadets mtl P. 2. Cadet 1942-1943</u>	<u>Gracia Gravel (Mother) 3405 Oxford Ave. Apt 3-702 Montreal Que.</u>

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS				AIRMEN AND AIRWOMEN				OFFICERS, AIRMEN/AIRWOMEN						
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.	RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
<u>P/O (R) Sd. G.L. Gen. Off.</u>	<u>7 5 44</u>	<u>26/166/44</u>		<u>AC 2</u>	<u>6 9 43</u>		<u>St. Anicet</u>	<u>6 4 43</u>		<u>St. Anicet (Op)</u>	<u>S</u>		<u>P</u>	
				<u>L.A.C.</u>	<u>4 9 43</u>	<u>DR0163</u>	<u>Arcane</u>		<u>TOR0</u>	<u>Air Gunner</u>	<u>S</u>		<u>P</u>	<u>15 6 43</u>
				<u>T/Sgt (Pd)</u>	<u>15 Oct 43</u>	<u>DR0248A</u>	<u>A.S. Op</u>	<u>27 7 43</u>	<u>98/43</u>					
							<u>Arcane (A.G.) (S)</u>	<u>27 6 43</u>	<u>DR0150/43</u>					
							<u>A.G. Sp</u>	<u>15 Oct 43</u>						

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

ADVISE ENTRIES
 UNIT RECORDS RETURNED
 TO CANADA

CONFIDENTIAL

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

C.M.H.

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

FILE NUMBER

224443

Medical Board held at Montreal, P.Q. Date 16-3-43

Surname GRAVEL (17) Chr. Names Joseph Victor Jacques
Nature of Commission M. 2 Date of Birth 26 Sept Married or Single Single
Branch General List Hours Flown 1925 None
Address 3405 Ave. Oxford Apt 5, N.D.G. Montreal, P.Q.

HAVE YOU ANY HISTORY OF:-

- (i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
- (ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
- (iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsillitis NO
Diphtheria, Scarlet Fever or Scarlatina Scarlet Fever at 3
- (iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
- (v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhoea NO
- (vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
- (vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness Sick in street car in childhood
Discomfort on Swings, Roundabouts, Switchbacks NO
- (ix) OPERATIONS NO
- (x) Any illness or Injury not mentioned above None

Education X Grade (Quebec)

Present Occupation Office Clerk Hobbies None

Previous Service Air Cadets Sept 1942 to date

Athletics Moderately

Habits—Smoking 5 Cigs. a day Alcohol Occasionally

FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO

Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health NA Dead—Cause Angina Pectoris

Mother Alive—Health Good Dead—Cause NA

Brothers (3.) Alive—Health Good (1.) Dead—Cause Pneumonia at 12

Sisters (3.) Alive—Health Good (1.) Dead—Cause Meningitis at 5

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 16-3-43 Signature [Signature] Witness R. Charbonneau [Signature]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Sedentary (b) Mentality Standard
 Body Marks, Scars, Deformities None
 Size of Thyroid Gland Not palp.
 Surgical Abnormalities None
 Results of Wounds, Injuries, Operations None

	Date <u>16-3-43</u>	Date	Date	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	69			Date
Weight (lbs.)	127			
Chest Circumference (ins.)	30½ - 33½			
Body Build (lbs.)	10			
LEG LENGTH (ins.)	42			
Pulse Rate	(Sitting) 84			Date
	(Standing 1st)			
	(Standing 2nd)			
	(After Exercise)			
(Time to Normal)				
Arterial Walls	Soft			Date
Blood Pressure	(Systolic) 130 (Diastolic) 90			
Room Temperature	Warm			
Heart	(Size in cms.) N			Date
	(Sounds) N			
	(Rhythm) N			
Lungs	(Inspection) N			Date
	(Palpation) N			
	(Percussion) N			
	(Auscultation) N			
	(Expiratory Force) N A			
	(X-Ray) Neg			
Reflexes	(Knee) N N			Date
	(Ankle) N N			
	(Triceps) N N			
	(Abdominal) N N			
	(Plantar) N N			
Cranial Nerves	INTACT			Date
Balancing Rod	R. L. N A	R. L.	R. L.	
Self Balancing	R. L. IS IS	R. L.	R. L.	
Tremors	(Fingers) None			Date
	(Eyelids) None			
Abdomen	(Liver) Not palp			Date
	(Spleen) Not palp			
	(Muscular Tone) Normal			
Urine	(Albumen) Neg			Date
	(Sugar) Neg			
Initials of M.O.	RC			

40 mm. Hg. Test 16-3-43
 Date 60 secs 1st try 6, 6 6 6, 7 7 6, 6 7 6, 6 6 5 RC
 Date
 Date
 Date

EYE EXAMINATION

History..... None

Visual Acuity { R. 20/20, \bar{c} 2.50 = 20/200
 L. 20/20, \bar{c} 2.50 =

Colour Vision..... Normal Ishihara

Red, Green..... M.R. 1.5D Eso

Diaphragm Test (P.D. = 58) Bar at 2

Convergence { C. = 6 cms.
 S. C. = 10 cms.

Accommodation { R.)
 L.) 8

Cover Test..... No deviation

Fundi and Media..... Fit

Fields..... Normal

REMARKS: Fit ALBA3B

RC

Initials of M.O..... Initials of M.O..... Initials of M.O.....

Date 16-3-43 Date Date

EXAMINATION OF EAR, NOSE AND THROAT

History..... None

Hearing { R. Ear..... WV 20 ft
 L. Ear..... WV 20 ft

External Ear, Meatus Membranes { R. Ear..... N
 L. Ear..... N

Middle Ear, Eustachian Tubes { R. Ear..... Pat.
 L. Ear..... Pat.

Cochlear Apparatus { R. Ear..... -----
 L. Ear..... -----

Vestibular Apparatus { R. Ear..... -----
 L. Ear..... -----

Buccal Cavity..... Healthy

Teeth..... Fit

Gums..... Normal

Pharynx..... Normal

Nasopharynx..... Not seen

Nose..... Good airways

Larynx..... Not seen

REMARKS: Fit

RC

Initials of M.O..... Initials of M.O..... Initials of M.O.....

Date 16-3-43 Date Date

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

Good Candidate, standard mentality, sedentary physique. Does all tests very well. R.C.

No. 13 Recruiting Centre	0 5 M.D.
Fit - A1B ✓ A3B (Turret) ✓ A3B ✓ A3B (Vision) ✓	A1B A1B (T) A3B A3B (V)
Date: 16-3-43	Date: 12-4-43
R. Charbonneau FL	M.O. <i>[Signature]</i> M.O.

#10.9.9.T.S(T)
29/7/43

A1B.
A3B. (T)
A3B.
A3B. (V)

N.V.A. AA23
#1 AGGTS(T)

John G. Hagan 7/10

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

DATE SEP 5 1943 CATEGORY APPROVED FIT: A1B A3B (Turret) A3B A3B (Vision)	DATE OCT 15 1943 CATEGORY APPROVED FIT: A1B A3B (Turret) A3B A3B (Vision) On completion of training
<i>[Signature]</i> SMO	<i>[Signature]</i> SMO

#9 Bombing & Gunnery School, Mont-Joli, P.Q.

7.7

A1B		N.V.C.
A3B	Turret	N.V.C.
A3B		N.V.
A3B	Vision	
A3B	Radio	
Sig:		
Date		

23

[Signature]
17/11/43

Mrs. Joseph Georges Gravel
Apt. 5, 3405 Oxford Avenue
N.D.G., 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. J90084 FD17

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

6 Oct. 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

GRAVEL, Joseph Jacques Victor P/O

J90084 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.

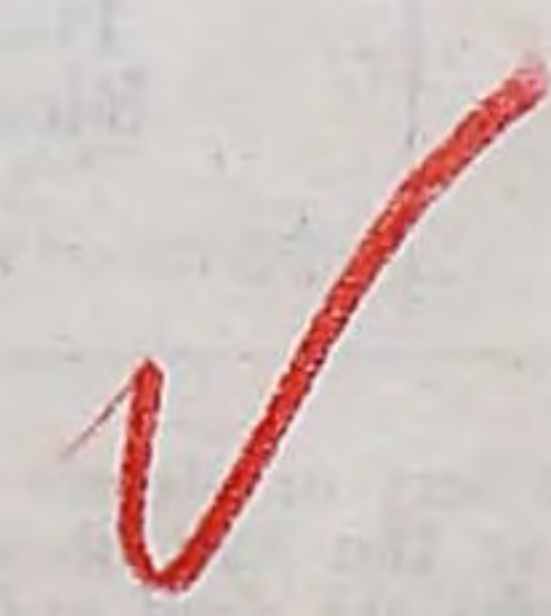
If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

deR/VR

Philip Smith Col.

Director of Estates.

Ans Mrs ✓



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.....	none			
2	Children of the Deceased and dates of their Births.....	"			
3	Father of the Deceased.....	Joseph Georges Gravel	53	Death: May 11, 1941	
4	Mother of the Deceased.....	Gratia Marcotte Gravel	57	3405 Oxford Ave. Montreal.	
5	Brothers of the Deceased	Full Blood	4	Georges E. Gravel. 32 Clement Gravel 25 Gilles Gravel 16 Jean Claude Gravel 12	Strathmore. Que c/o Cons. Paper Corp. Roberval, Que 3405 Oxford Ave. Montreal. Death: Jan. 12, 1931
		Half Blood		none	
6	Sisters of the Deceased	Full Blood	4	Françoise Gravel 34 Rolande Gravel Dugal 31 Madeleine Gravel 29 Jacqueline Gravel 24	3405 Oxford Ave. Mlt 5630 Decelles, Mlt. 3405 Oxford Ave. Mlt Death: Feb. 3, 1942
		Half Blood		none	
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		
	Jean Claude Gravel Jacqueline Gravel				

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Victor Jacques Gravel
9	Date of his birth.	September 26th 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal, October 18, 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bordeaux, Montreal, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal, Quebec, Canada. (b) 1925 to 1944 (c) (d)
14	Nature of employment before enlistment.	Office Boy
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal

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?	single
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.	a) Bank account in U.K. b) Name and address of bank unknown but must be known by the service through service will c) Yes d) Account not a joint account
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	\$45.00 In my possession.
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?	a) \$50.00 b) Bearer. d) 2nd. e) In my possession a) He started to buy a \$200 Bond in England and made a few payments on same.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitain Life Insurance \$648.00 Beneficiary Mrs Gratia Gravel
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no no
----	--	----------

(PLEASE TURN OVER)

DECLARATION

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

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

*.....mother.....of the deceased.

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

Mrs J. G. Gravel

{Signature of Informant

3405 Oxford Avenue Apt 5, Montreal Address

CERTIFICATE

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

See above. Mrs J.G. Gravel. { Name of informant } is the mother.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 22nd day of October 1945

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

Pausin

Qualification C.C.S.

Address 7557 L. Gustophe - Colonel Mtl.

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

See my letter of September 26th 1945.

R.C.A.F. Special Reserve

CORPS D'AVIATION ROYAL CANADIEN
(FORMULE D'ENGAGEMENT)

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

1. Nom **GRAVEL** Prénoms en entier **Joseph, Victor, Jacques**
 2. Adresse actuelle **3405 Ave Oxford, Apt 5, N.D.G., Montreal, P.Q.** Téléphone **WA 3481**
 3. Adresse fixe **3405 Ave Oxford, Apt 5, N.D.G., Montreal, P.Q.**
 4. Lieu de naissance **Montreal, P.Q.** Nationalité **canadien-français**
 5. Date de naissance **Sept 26, 1925** Marié, célibataire, veuf, séparé, divorcé **celibataire**
 6. Enfants

Nom	Date de naissance	Nom	Date de naissance
	N.A.		

7. Profession **Commis de bureau** 8. Religion **catholique-romaine.**
 (Indiquez la confession religieuse)
 9. Langues **Français et Anglais couramment**
 Degré de connaissance
 10. Plus proche parent (nom en entier) **Gracia M. Gravel** Degré de parenté **mere**
 Adresse du plus proche parent **3405 Ave Oxford, Apt. 5, N.D.G., Montreal, P.Q.**
 11. Père (nom en entier) **Joseph Georges Gravel** Lieu de naissance **Maskinongé, P.Q.**
 Adresse **décédé** Nationalité **canadien-français**
 Profession **maître de Court.**
 12. Mère (nom de fille en entier) **Gracia Marcotte** Lieu de naissance **Yamachiche, P.Q.**
 Adresse **3405 Ave Oxford, Apt. 5, N.D.G., Montreal, P.Q.** Nationalité **canadienne-française**

13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date		Motif de la libération
				du	au	
Air Cadets	Mtl.	Cadet	R.C.A.F. Records Office	Sept 1942	à date	
			Rec'd. APR 9 1943			
			O.K. C.I.B.			
			R.C. N.I.			
			S.L. P.A.			

14. Honneurs, récompenses, citations **Non**
 15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? **oui Air Cadets.**
 16. Avez-vous déjà demandé de faire partie du C.A.R.C.? **non** Si oui, où? **N.A.**
 Quand? **N.A.** Résultat **N.A.**
 17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? **NON**
 Si oui, indiquez la nature de l'infirmité **N.A.**
 18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? **NON**
 Si oui, indiquez la nature de l'infirmité **N.A.**
 19. Avez-vous jamais été trouvé coupable de délit? **NON** Si oui, indiquez-en la nature **N.A.**
 20. Avez-vous des dettes? **NON** Si oui, donnez des détails **N.A.**

628-382

21. Éducation:

	Nom de l'école	Date		Cours, sujets, etc.
		du	au	
Instruction primaire—Ecole publique ou séparée.....	Ecole St-Frs. Laval St-Joseph de Bordeaux	1931	1940	9e année cours primaire
Cours supérieur—Collège, etc.....	Académie N.D. Grace	1940	1941	10 année
Cours technique.....				
Autres cours universitaires ou scolaires.....	Sir Georges Williams Col.	1941	42	Third High
Cours par correspondance.....				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date		Motif du départ
		du	au	
Consolidated Paper Corp. Mtl.	commis de bureau	June '42	to present	

23. Heures de vol, seul..... non..... accompagné..... non..... avec passager..... non.....

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C.A.R.C. *aviation*
..... aucun.....

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement.....
..... hockey, ski, ^{bicyclette} ~~natation~~, natation, modérément.....

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre.
Service navigant.
Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez **Aircrew Std. (deferred)**
Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez des personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Mr. J. R. Wallace	Consolidated Paper Corp. Ltd. Montreal, P.Q.	Office Mgr.
Mr. F. Dugal	Montreal Airport, Dorval, P.Q.	Technical Progress Officer.
M. E. S. Gallop	Consolidated Paper Corp. Ltd.	Ass't-treasurer
M. D. L. Adams	do do	treasurer

28. Autres renseignements se rapportant à votre demande d'engagement..... aucun.....

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires?..... oui.....

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date..... 15 mars..... 19. 43 Signature..... *J. Wallace*
F.P.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED 82 Ste Ann
B.P. Place d'Armes
J.R. Beault
March 16
1943

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) Rapport de l'officier qui a eu une entrevue avec le candidat—

*Surrendered 6-4-43
André Giguère cpl.*

Type d'homme..... Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date..... Signature..... Grade.....

(B) Rapport sur l'épreuve professionnelle— (L'épreuve professionnelle n'est pas requise dans le cas d'ouvriers non spécialisés)

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C.A.R.C.....

Date..... Signature..... Grade.....

(C) DÉCLARATION D'ENGAGEMENT DE LA RECRUE

Je, soussigné, Joseph Victor Jacques Gravel déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre; ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date..... 6th April 1943.....

J. Gravel
Signature de la recrue

(D) SERMENT PRÊTÉ PAR LA RECRUE

Je, soussigné, Joseph Victor Jacques Gravel promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date..... 6th April 1943.....

J. Gravel
Signature de la recrue

(E) DÉCLARATION DE L'OFFICIER CERTIFICATEUR

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à..... Montreal PQ..... ce..... 6th..... jour de..... April..... 1943.....

B. Hecker
Signature de l'Officier

T.L.
Grade

No. 13 Recruiting Centre Mtl PQ
Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT
CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

- 1. Age.....17..... 2. Avez-vous souffert d'une des maladies suivantes.
- (a) Rhumatisme.....NO..... (j) Affection nasale.....NO.....
- (b) Tuberculose.....NO..... (k) Maladies des oreilles.....NO.....
- (c) Bronchite ou asthme.....NO..... (l) Maladies des yeux.....NO.....
- (d) Affection cardiaque.....NO..... (m) Epilepsie.....NO.....
- (e) Maladie du rein ou de la vessie.....NO..... (n) Maladie nerveuse ou mentale.....NO.....
- (f) Gastrite intestinale.....NO..... (o) Syphilis.....NO.....
- (g) Hernie.....NO..... (p) Gonorrhée.....NO.....
- (h) Varices.....NO..... (q) Fracture.....NO.....
- (i) Pieds plats ou déformés.....NO..... (r) Autre maladie ou défectuosité.....NO.....

3. Avez-vous jamais porté des lunettes?.....NO.....

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

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

Signature de la recrue

Observations des examinateurs.....

Scarlet fever at 3. Sick in street car in childhood.

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

- 1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....
- None
- 2. Taille.....5.....pieds.....9.....pouces. 3. Poids.....127.....livres.
- 4. Teint.....fair..... 5. Couleur des yeux.....Hazel.....Cheveux.....fair.....
- 6. Développement { Bon
Passable
Médiocre } 7. Tour de poitrine—Expiration.....30½.....pouces
- Degré d'expansion.....3.....pouces
- 8. Ouïe—Droite W.V. 20 ft. Gauche W.V. 20 ft. Tympan—Droit.....N.....gauche.....N.....
- 9. Vue—sans lunettes—droit.....20/20..... avec lunettes—droit.....N.A.....
- gauche.....20/20..... gauche.....N.A.....
- 10. État de la bouche et des dents.....Healthy.....
- 11. Urine—Albumine.....Neg.....Sucre.....Neg.....
- 12. Anomalies révélées à l'examen (congénitales et pathologiques).....
- None

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A 1 B
A 3 B Turret
A 3 B
A 3 B Vision

17-3-43 Ray 177308 Neg N

Observations spéciales des médecins.....

Good candidate; standard mentality, sedentary physique. Part 2 Cont.

Does all tests well. R.C. F/L.

MEDICAL RECHECK

I certify upon my honor that I have suffered no loss or disability since my last medical examination for the RCAF.

Date March 16th 1943

(Signature) R. Charbonneau

Date 6 April 1943

Président

Witness

- 13. Reflexes.....N.....
- 14. Heart.....N.....
- 15. Lungs.....N.....
- 16. Blood Pressure.....S.D. 130/90.....
- 17. Colour Vision.....N. Ishi.....

Membre

Membre

March

ROYAL AIR FORCE.

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

Official No. CAF R. 224445 ⁴⁰⁸⁴ Name GRAVEL Joseph Victor Jacques Rank T/Sgt
 (In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 26.9.25. Religion R.C. Occupation in Civil Life Office Clerk 42-43.

Last Enlisted 6.4.43. Current Engagement D of W

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

If Reservist, which Class ("E," "F," V.R.) S.R. Whether Married, Single or Widower 3

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

Mother & Grand, 3145, Oxford Ave Apt 5 NYC, New York

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 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.
9 B & G	1 Y Depot	29.10.43.		Aircrew Std. AC2.	6.4.43.
1 Y Depot.	U.K.	1.11.43.		Air Gunner Std. AC2.	27.6.43.
	Emb Halifax	1.11.43.		2" " " LAC.	4.9.43.
	Disemb. U.K.	9.11.43.		" " "Spec" T/Sgt.	15.10.43.
Int. C.140	3 (RCAF) P.R.C.	10.11.43.		Air Gunner Grp.2.T/Sgt.	15.10.43.
3 (RCAF) P.R.C.	<u>NO. 1664</u> <u>CONVERSION UNIT</u>	<u>14.12.43</u>			
<u>Produce</u>	<u>No 431 Sqn</u>	<u>6.1.44</u>			
<p><u>Discharged on app. 6.5.44</u> <u>to Commission</u> <u>0/01166/44</u></p>					

SECTION 3.—GOOD CONDUCT BADGES.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

PLEASE
LEAVE
BLANK

1. (a) Print name in full..... GRAVEL - JOSEPH-VICTOR JACQUES (b) Reg'l. No. K-224443
 2. (a) Arm of service..... R.C.A.F. (b) Unit..... 30 MANNING DEPOT (c) Rank..... AC2
 3. (a) Date of birth..... SEPT-26-1925 (b) Have you any dependents?..... YES (c) Place of residence at time of enlistment..... MONTREAL, QUE
 4. (a) Place of enlistment..... MONTREAL, QUEBEC (b) Date of enlistment..... 6/1/43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 16 (b) Were you attending school or college up to the time of enlistment?..... NO
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... 4 years high school
 7. If you attended a university, give name of university and standing or degree secured..... NA
 8. (a) Did you ever enter upon a trade apprenticeship?..... NO (b) If so, for what occupation?..... NA (c) Did you finish it?..... NA (d) If you did not finish it, how long did you serve at it?..... NA
 9. (a) What languages do you speak fluently?..... FRENCH - ENGLISH (b) What languages do you read well?..... FRENCH - 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)..... WORKING (b) At time of enlistment of what trade union or professional society were you a member?..... NA

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?..... NA
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... NA (b) State how long you had worked at this trade or occupation..... NA
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified..... NA
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment..... NA
 15. Give details of last employer, if any: Name..... NA Address..... NA
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... NA
 17. (a) If your last employment was in a business of your own, state nature and address of business..... NA (b) Date of discontinuing it..... NA

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..... CONSOLIDATED PAPER CORPORATION Address..... MONTREAL-QUE.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)..... PULP & PAPER MANUFACTURING
 20. (a) Your specific occupation..... MAIL GENERAL CLERK (b) Number of years' experience at this occupation with any employer..... 1 1/2 years
 21. (a) Did your employer promise definitely to give you employment on discharge?..... YES (b) Did your employer refuse to promise you employment on discharge?..... NA (c) Do you wish to return to your former employment?..... YES

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

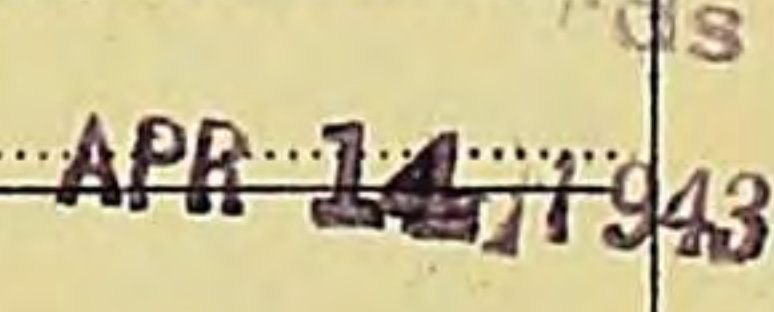

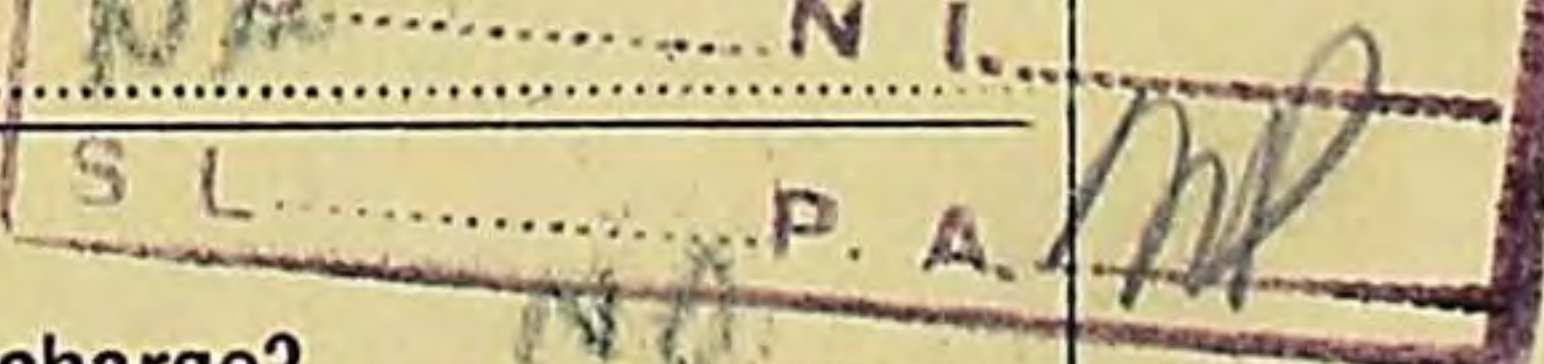
22. (a) State nature of business, or professional practice..... NA (b) Where was it located?..... NA
 23. (a) Number of years engaged in this business..... NA (b) Have you made, or will you make plans to return to the same or a similar business on discharge?..... NA

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE..... April 7th 1943 SIGNATURE..... Jacques Gravel

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13968

This is to Certify that

J90084 PILOT OFFICER JOSEPH VICTOR JACQUES GRAVEL
.....
(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 18TH day of SEPTEMBER 1945

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

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											
	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	GRAVEL (Block letters)														
	Given names	JOSEPH VICTOR JACQUES														
4. RESIDENCE	Street	Oxford Ave., Apt. #5														
	Official name of civil municipality or township	N.D.G., Montreal														
	Municipal county	Province Quebec														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
Male	Canadian		Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec																
11. DATE OF BIRTH September 26th 1925 (Month) (Day) (Year)																
12. AGE OF DECEASED 18 Years Months Days If less than one day oldhrs. or.....min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Air Gunner															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.															
	15. Date deceased last worked at this occupation May 9/44															
16. Total years spent in this occupation One																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER		Gravel, Joseph Georges										Quebec				
MOTHER (Maiden Name)		Marcotte, Gracia										Quebec				
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..... May 9th 1944 (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from19..... 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. Previously reported missing after air operations, now presumed dead.																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... due to (c).....																
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
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 AccidentDate May 9th 1944 (State which) Manner of injury Presumed killed during air operations (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place public place																
Signed..... M.D.																
Address.....Date.....19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) For (R.C.A.F. Records Officer) This signature authorizes the collector to accept this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																

WILL

(a) Names in full to be written. (1) (a) I, Joseph-Victor-Jacques-Gravel of the City of Montreal in the County of Montreal District Province of Quebec Office Clerk (Civil Occupation)

a member of the Royal Canadian Air Force, Number K-224443 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(2) I GIVE, DEVISE AND BEQUEATH unto my (a) Mother, (b) Gratia Gravel, (c) 3405 Oxford Ave #5, N.D.M. Montreal, Que. (d) all my estate.

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

(4) I appoint Mrs. Gratia M. Gravel - 3405 Oxford Ave #5, N.D.M. Montreal, Que. to be the Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this seventh day of April 1943.

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.

First Witness sign here. (5) P. McQuade (Signature) 35 Rue St. Jacques (Permanent Home Address)

Gravel (Signature of Testator)

Second Witness sign here. P. G. G. (Signature) 5676 McTavish Ave (Permanent Home Address) Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

Noted APR 10 1943 O.K. R.G. B.L. P.A.

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:
 - (a) my wife
 - (b) Mary Brown
 - (c) 26 Cherry Ave., Ottawa, Ont.
 - (d) all my estate.

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

“my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. and my household goods and effects.”	\$100.00
“my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.	\$100.00”
“my friend, John Smith, 60 LaSalle St., Winnipeg, Man.	\$100.00”

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as “my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont., the balance of my estate” or “my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them”.

- (3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.
- (4) **Do not omit to date the will.** You are to **sign** the will with your usual signature in the presence of **two witnesses**, each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
- (5) Any additions or alterations to this Will must be initialled by the Testator and both Witnesses.

GENERAL

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

To be completed only by personnel who have previously executed a Will.

STATEMENT OF LOCATION OF WILL

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

.....
(Name and address in full)

.....
(Signature)

BX. 25483

PERSONAL EFFECTS OF P/O. GRAVEL, J.V.J. (J. 90084)

=====

~~XXXXXXXXXX~~

1 Brown fibre trunk containing:-

- 1 Blue leather toilet case contg;
- 1 Hair Brush.
- 2 combs.
- 1 tooth brush container.
- 1 shaving brush container.
- 1 bottle.
- 1 pr scissors.

1 Soap dish contg:

- 1 Ronan Wrist watch unserviceable.
- 1 Pen knife.
- 1 Metal pipe cleaner.
- 5 Collar Pins.
- 2 Keys.
- 1 Brush cleaner.
- 1 Shoe horn.
- 1 screw driver.
- 2 studs.
- 1 brown leather wallet.
- 1 steel mirror.
- 1 Steel mirror.
- 1 Pr black leather shoes.
- 3 Face clothes.
- 1 pipe.
- 4 ties.
- 1 suit pyjamas.
- 2 towels.
- 1 Flag Union Jack.
- 2 Pr shorts.
- 1 Whisk.

- 1 Pr sun glasses in case.
- 2 A.G. Bdgges.
- 4 Canada Badges.
- 1 Bunch o f keys.
- 1 Bundle of correspondence. New Testament. Snaps. Booklets.
- 1 Leather tobacco pouch.
- 8 Prs socks.
- 1 Pr swim trunks.
- 1 Metal soap dish.
- 1 Pr slippers in leather case.
- 1 Sweat shirt.
- 12 handkerchiefs.
- 1 vest.
- 1 Brown money belt (empty)
- 1 Torch.
- 1 Blue haversack.
- 4 Sgts. chevrons.
- 4 Books.
- 1 RAAF Badge.
- 1 Brown wallet (empty)
- 1 Note book.
- 1 Address book.
- 1 Black stamp case.
- 1 Blue writing case (empty)

1 Victory loan receipt extracted by Unit and forwarded to ~~Mr~~ ~~XXXXXXXXXX~~ RCAF O/S. H.Q. London. W.C.2.

Cash amounting to £9.13.9d found amongst the personal effects has been credited to his Service Account. ~~XXXXXXXXXX~~

P.T-0

CASUALTY ENQUIRY AND INVESTIGATION REPORT

FROM: Officer Commanding, No.2 M.R.& E.U. ~~bx~~ RAF.

TO: Air Ministry (P4 Cas) 77 Oxford Street, London W1.

DATE: 16th July, 1946.

YOUR FILE REFERENCE: P/416951/44/MR407 DATED: 30TH May, 1946.

CASUALTY ENQUIRY NO : B185

NAME OF SEARCH OFFICER: F/LT J.A.M. STUART SECTION: No.8.

OUR REFERENCES: 2 MREU/2035/AIR/579.

AIRCRAFT TYPE: Halifax

SERIAL NO: L.K.884.

TARGET: HAINE St. PIERRE

DATE REPORTED MISSING: 8/9 May 1944.

PLACE OF CRASH: RANCE

MAP REF: 5/O.57

PLACE OF BURIAL: GOSSELIES

MAP REF: 6/J.61.

PARTICULARS AND FATE OF CREW

Service	A.F. Number	Rank	Name and Initials	Position	Fate
R.C.A.F.	J7760	F/L	MEAD R.F.	PILOT	KILLED
R.A.A.F.	AUS.425128	F/SGT	CROSTHWAITE D.C.	NAVIGATOR	"
R.C.A.F.	J.21610	F/O	WEBLEY L.C.	BOMB AIMER	"
R.C.A.F.	J.12046	F/O	GIROLAMI A.R.	WOP/AG	"
R.C.A.F.	R.177225	SGT.	QUIMET J.A.	MU/AG	"
R.C.A.F.	R.224443	SGT.	GRAVEL J.V.	R/AG	"
R.A.F.	1867602	SGT.	GUTTRIDGE D.V.	F/ENG	"

With reference to your letter B P416951/44/MR.407 dated 30th May, 1946 exhumations were carried out in GOSSELIES Communal Cemetery map reference 6/J.61, as requested by you in the hope that correct burial particulars may be made known for the above mentioned crew in Grave No's 98-99 and 102 .

2. German burial cards held on this Unit states F/Lt. MEAD, F/Sgt CROSTHWAITE, F/O WEBLEY, F/O GIROLAMI and 3 unknowns are buried in Graves NO's 98-99 taken from a crash at RANCE map reference ~~5/O.57~~ 5/O.57 on 9 May 1944, while Grave NO. 102 contains the body of Sgt. C.R. NATHEL 27 22 from a crash at the same place at the same date.

3. The Town of RANCE ~~at~~ has been visited and ~~from~~ information obtained reveals the fact that there was only one crash there on May 9th 1944 or anywhere near that date therefore I assume that the man the Germans identified as N ATHEL must have been a member of the crew reported in this case or else the German burial card for the above named airman must be incorrect in so far as the place and date of crash~~x~~ are concerned. This I consider very unlikely.

4. Findings of the exhumations are as under:-

Grave NO. 98 Unknown R.A.F. -Two bodies/ 3 legs found. Two belonging same body, other belonging to another (different size). Particles of black hair, NOthing found to establish definite identity.

Grave NO.99 Identity disc found- 12046 GIROLAMI A. RCAF on body of rather sturdily built man of medium height wearing battle dress blouse with F/O braid and flying brevet bearing letters WAG. In a pocket of the battle dress was found small photograph unidentifiable with name "CLARE", also small cross inside small leather pouch also small biblical photograph with inscription "ABIDE WITH GOD".

Another body wearing dark blue battle dress (RAAF) with F/Lt. braid on epaulettes and RAAF Observer brevet. Nothing found to establish definite identity.

Grave No.102 Two bodies found. Unknown RAF. Pieces of fair hair. Four femurs found. Nothing to establish definite ~~and~~ identity.

5. As the above findings disagreed to information contained on German burial cards it was decided to exhume graves 100 and 101 although German burial cards held at this Unit state that these graves contain the remains of UNKNOWN airmen who crashed at GRAND RENG map reference 5/0.49 on 9 May 1944. However, enquiries made at the above mentioned place ~~failed~~ failed to locate a crash in the commune.

6. The findings of the exhumations on Graves 100 and 101 are as under:-

Grave No1 100 Unknown RAF, no rank found. Dark brown hair. Handkerchief found with 1 blue and 1 purple stripe, few black stripes and 1 red stripe. ~~Only one~~ Only one left femur found. Nothing to establish definite identity.

Grave No. 101 UnknownRAF no rank found, approx ~~5~~ 5'10" in height. Fair hair, pieces of blue battle dress. RAF laundry mark T.D. 178 shirtmaker "ARROW" Shirt No. J.D. 39 H?7

7. In regards to para 3 it was thought that the service NO.2722 was out of place for an RAF NCO and a check made on the Air Force list failed to reveal any officer by the name of C.R. NATHEL ~~and NATION and the number~~ Service No. 2722.

However the name of a WAAF Section officer is shown as W. NATION with the service number 1722.

As the name NATHEL and NATION and the number 2722 and 1722 are similar it is thought that one of the airmen in this crew may have been friendly with S/O NATION and may have been carrying on his person something belonging to or addressed to this Section Officer .

May this line be investigated with the view to establishing whether or not the above surmises are correct.

8. This Cemetery was exhumed by the Americans ~~in~~ some time ago.

(G.J. HUSSEY) S/L
for Wing Commander, Officer Commanding,
No. 2M.R.&E. Unit. RAF.

Investigating Officer's
Initials.....JAS F/L

C O P Y

K
224443

AC 2 GRAVEL JOSEPH VICTOR JACQUES

APPENDIX "B"
M.O. M:10/13
14 Jan. 1943.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

STANDARD AIRCREW (DEFERRED)

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

(a) That I will, on completion of recruit training at Manning Depot perform any ground duties including General Duties which may be specified at the discretion of the Commanding Officer of the unit to which I may be attached, until the Royal Canadian Air Force is in a position to commence my training as aircrew.

(b) That I will not be entitled to any trade pay nor to remuster whilst so employed, but that I will be entitled to be reclassified, if found satisfactory, to AC. 1 and LAC, in accordance with ordinary R.C.A.F. procedure for General Duties Airmen.

(c) That I will appear before an Aircrew Selection Board at Manning Depot and may be selected for training in any aircrew category; or if I am found unsuitable for aircrew training, the Aircrew Selection Board may, at its discretion, remuster me to a ground trade or to General Duties or discharge me from the R.C.A.F. Similar remustering or discharge action may be taken at any subsequent time that I am found unsuitable for Aircrew training by competent R.C.A.F. authorities.

(d) That at the end of not more than six months' service as Standard Aircrew (Deferred), I will be remustered to the Aircrew category for which I was selected and subject to the exigencies of the Service, will commence Aircrew training which may include preliminary educational or similar courses.

Joseph Victor Jacques

(Witness) R.C.A.F. Records Office (Signature of Applicant)

MONTREAL, P.Q.

(Place) 6th April 1943
(Date)

Rec'd. APR 9 1943
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

A.F.M. 23(i)
14 Jan., 1943

RECORD OF PAY

TOS FOR PAY 6-4-43

CLAIM FOR OUTFIT ALLOWANCE FORWARDED

APPOINTED OR ENLISTED

MARRIED

TO..... ON.....

AT Montreal, Que. ON 6-4-43

OR SINGLE Single

No. K22443

NAME IN FULL GRAVEL, J.V.J.

OCT 21 1943
2954
30

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.
83	6/1/43	AG2	S	AS	1.30		1.30	NA	No. 5 M.D. R.C.A.F.	(Mrs.) Gratia Gravel	1/11/43	20.00	20.00	(VOL.)	Mother			
163	1/9/43	14E	S	AS	1.50		1.50		Rec'd 1st Lt.									
215	5/9/43	L.M.C.	S	AS	1.50	75	2.25		Ent FR - Eff 5/9/43									
248	15/11/43	Sgt	SA	AS	3.20		3.20		App't 1st Sgt (H.E.)									

PERIOD 1943	No. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.	DEBIT B/F	OTHER DEBITS		CAS. PAY	MID PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT						DESCRIPTION	AMOUNT						
6-30/4	25	32.50					32.50							15.00	19.10	17.50	4.10	#12 E.D. MONTREAL.
1-17/5	17	22.10					22.10			4.10				15.00	19.10		3.00	SOS TO #12 E.D. MONTREAL. EFF MAY 17 '43 DRO NO. 118
18-31/5	14	18.20				3.00	21.20									21.20		
1-27/6	27	35.10					35.10							20.10	15.00	35.10		0
28-30/6	3	3.90					3.90										3.90	SOS to I.M.D. EFF 27/6/43 D.O. 151
1-23/7	23	29.90	28.75	SIA-158	3.75	3.90	66.30				1.33	17.03	21.00	10.00	35.00	66.00	3.00	TOS. 28-6-43 DRO 157
24-31/7	8	10.40				3.00	10.70										10.70	5/10-28.6-158
Aug	31	40.30				10.70	51.00							11.00	20.00	31.00	20.00	0
1-31/9	3	3.90					5.40										5.40	SOS TO 9BxG. EFF SEP 4 DRO 163 J. J. Benaudon E.6
5-30/9	26	58.50				5.40	63.90							3.00	30.00	33.90		NO. 215 TOS #92485. Mont Sol. 1st Lt. Eff 5/9/43
1-29/10	15	48.00	7.00				86.50							4.60	9.00	94.60	8.10	NO. 2487 SOS TO #1111 DEPOT HEALN'S EFF 24-10-43. AUT. 20-11-43. EMBARK. LEAVE- 16-30/10/43
										8.10							8.10	23-10-43 m. J. Gravel

OUT

Preface

IN

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R. C. A. F. S. 5
(REVISED-9-41)
25M PADS OF
100-9-41 (806)
H. Q. 1062-23-5

NO. OF GROUPS

K.M.

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO*

MRS J G GRAVEL 3405 OXFORD AVE APT 5 MONTREAL PQ

(REPORT DELIVERY)

FROM*

RCAP CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

MY

REFERENCE AND DATE

YOUR

10-MAY

(Use Double Space Typing)

990084 ✓

REGRET TO ADVISE THAT YOUR SON K TWO TWO FOUR FOUR
FOUR THREE SERGEANT JOSEPH VICTOR JACQUES GRAVEL
IS REPORTED MISSING AFTER AIR OPERATIONS OVERSEAS
MAY NINTH STOP LETTER FOLLOWS

French / name

43/10 ROMAN CATHOLIC

This message must be sent **AS WRITTEN**
and may be sent by **W/T**.
Signature

R04

This message must be sent **IN CYPHER**
and may be sent by **W/T**.
Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

TIME OF
ORIGIN

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER

T.H.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possible distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J90084 (R22443)** RANK **P/O**
 TRADE **A/G (G.L.)**
 NAME **GRAVEL, JOSEPH VICTOR JACQUES**

UNIT **431 SQDN.**
(OVERSEAS)

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

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

NEXT OF KIN **MRS. JOSEPH GEORGES GRAVEL**
 RELATIONSHIP **MOTHER**

ADDRESS **APT. 5, 3405 OXFORD AVENUE N.D.G. MONTREAL QUEBEC**



FATHER'S NAME **DECEASED**

ADDRESS _____ LIVING ON ENLISTMENT **NO**

MOTHER'S NAME **MRS. GRACIA MARCOTTE GRAVEL**

ADDRESS **APT. 5, 3405 OXFORD AVENUE N.D.G. MONTREAL QUEBEC** LIVING ON ENLISTMENT **YES**

ADDRESS AT TIME OF ENLISTMENT **SINGLE APT. 5, 3405 OXFORD AVE. NDG. MONTREAL QUEBEC**

MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**

OCCUPATION **CLERK**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **NOT KNOWN 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-----750**

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

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

ALL WILLS (1)

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

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

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

DATE **18-SEPT-45**

Get P64

Wm Bushnell

FOR CHIEF OF THE AIR STAFF

45688

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

A-20496 ⁴
AIR
G.P.

DECEASED
MEMBER'S
NAME

J.V. Jacques

(CHRISTIAN NAMES)

Gravel

(SURNAME)

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

22768

10 Sept/45

J90084

P/O

9 May/44

PAYEE
ADDRESS

Mrs. Gratia Gravel,
3405 Oxford Ave., Apt. 5,
Montreal, Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

9 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 400 EQUAL TO 13 COMPLETE PERIODS AT \$7.50

\$ 97.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 191 LESS 10 INELIGIBLE DAYS, EQUAL TO 181 DAYS @ 25c. PER DAY

45.25

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 X 7 = \$ 55.65

NO. OF DAYS 191 X \$ 55.65
183

58.08

D. WAR SERVICE GRATUITY

200.83

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

200.83

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ 100% OF \$ 200.83 = \$ 200.83
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY

MK

CHECKED BY

AMS

TREASURY

CHECKED BY

DATE

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA, - CANADA.

Rec'd. SEP 12 1945

P. & A. SECTION



J90084 (RO)

REGISTERED

OTTAWA, Canada, 27th January, 1947.

Mrs. Gratia M. Gravel,
3405 Oxford Avenue, Apt. 5,
N.D.G. Montreal, P.Q.

Dear Mrs. Gravel:

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.V.J. Gravel.

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.

/BBC

J90084 (DPC)

Ontario,
17th January, 1951.

Mrs. J. G. Gravel,
3405 Oxford Avenue,
MONTREAL, N.D.G., Quebec.

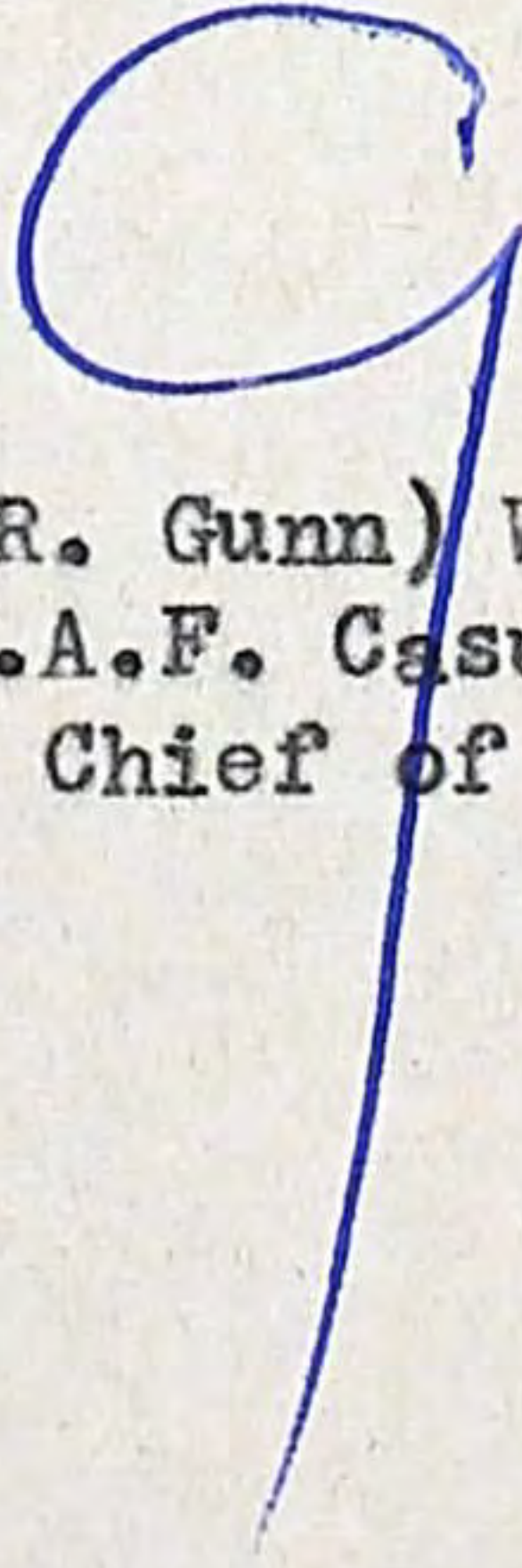
Dear Mrs. Gravel:

It is with regret that I refer to the loss of your son, Pilot Officer Joseph Victor Jacques Gravel, who lost his life on air operations against the enemy, but you will wish to know that the graves at the Gosselies Cemetery, where your son and his crew companions are resting, have been re-numbered. You will recall that in our letter of September 11th, 1946, you were advised that the graves were numbered 98 to 102. The new numbers are 97, 98 and 99.

The cemetery is situated in the village of Gosselies, Belgium, which is approximately twenty-six miles south of Brussels, Belgium, and the graves will be cared for and maintained in perpetuity by the Imperial War Graves Commission (of which Canada is a member), who will also erect a permanent headstone at your son's resting place, and the Commission will write to you before the stone is prepared. New photographs of the temporary marker now in place at the graves have been received from overseas and the photographs are herewith enclosed.

I would like to take this opportunity of expressing to you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,


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

Encl. 2

WRG/DRP

Surname GRAVEL Christian Names J.V.J.
R.A.F. or } J. 90084 Rank P/O
Army or }
Command _____ Branch or Trade A/G
Unit 431 Sqn. Under instruc- }
tion as }
Age _____ Total }
Service } **CONFIDENTIAL.**

Hospital or Sick List—Record Card.

Hospital or Station } RCAF O/S HQ
rendering this form }

No. of enclosure in Form 48 _____ Serial No. in Form 38 }
or in A. & D. Book }

Dates of:

Arrival as direct admission _____ from _____

„ „ transfer _____ from _____

Discharge to duty _____

„ as an invalid or to unit for invaliding _____

Transfer _____ to _____

Death 9.5.44

Number of days under treatment _____

CLINICAL NOTES.

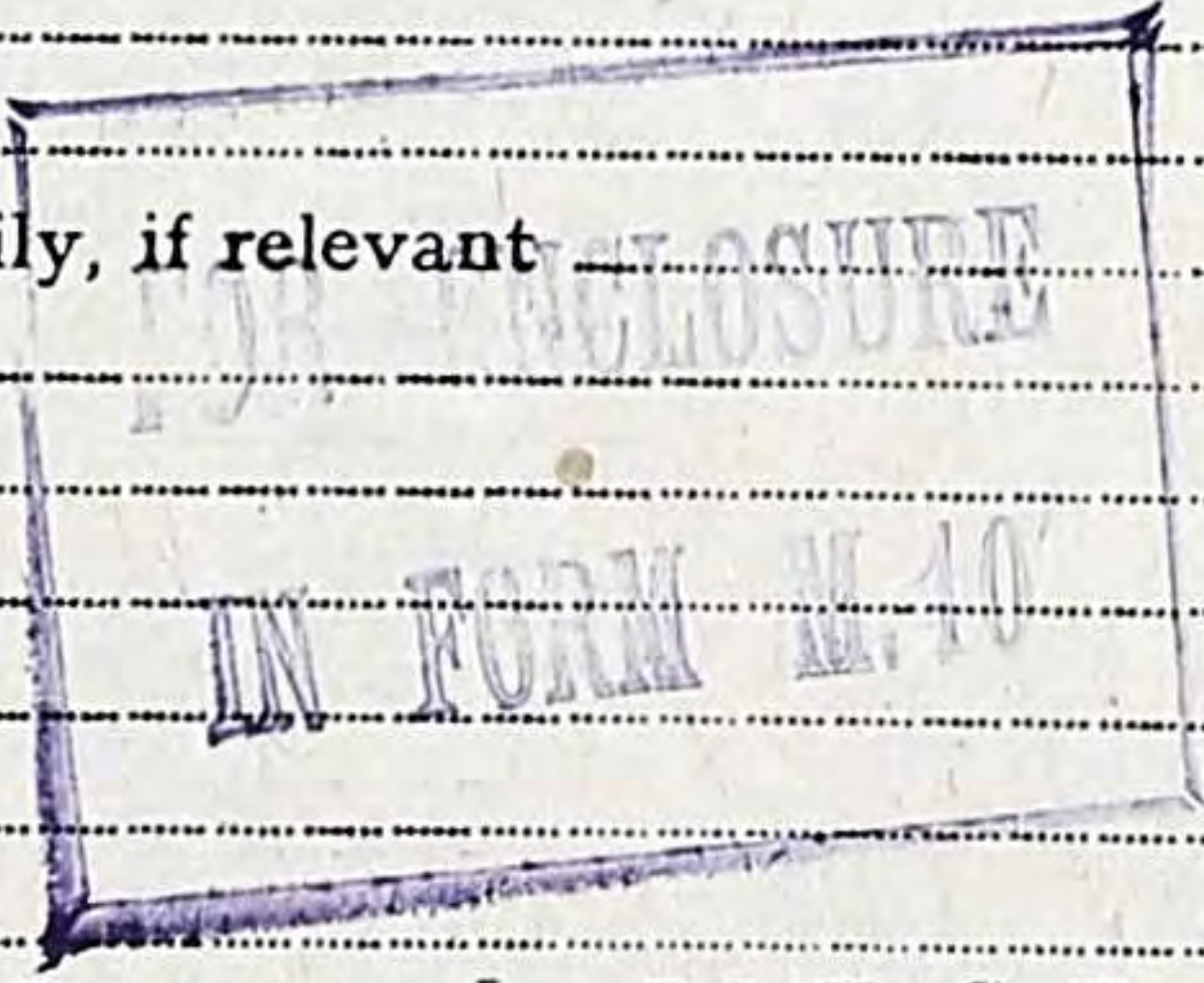
Disease or injury Death Presumed

New disease supervening, and date _____

Operation, nature and date _____

Anæsthetic, and method of administration _____

Date _____ Previous history of case and family, if relevant _____



9.5.44

Condition on admission Death Presumed RCAF C.R.

461/26

H.S. Dunham S/L
(H.S. Dunham) S/L (M.3)

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 9 BOMBING AND GUNNERY SCHOOL

1. SURNAME..... GRAVEL CHRISTIAN NAMES..... Joseph Victor Jacques
 2. NUMBER..... R224443 3. RANK..... LAC 4. COURSE NO..... 62
 5. POSTED # 1 AGGTS FROM..... 6. DATE COURSE COMMENCED..... Sept 6/43 7. DATE COURSE ENDED..... Oct 15/43 8. POSTED #1 "Y" DEPOT, TO..... HALIFAX, N.S.
 9. AIRCREW TRADE..... AIR GUNNER 10. HEIGHT..... 5'10" 11. GIRTH..... 31 1/2"

12. EQUIPMENT USED							
TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
BATTLE	V.G.O.	V.G.O.	630	Bristol	Bristol	1000	14:10
	Browning	Browning			B.P.		
					F.N.		

13. GROUND WORK			14. AIR WORK		
SUBJECT	MARKS ALLOTTED	MARKS OBTAINED	FLYING EXPERIENCE	DAY	NIGHT
GUNS, PYROS. AND AMMO. (WRITTEN)	200	117	NUMBER HOURS FLOWN	19:20	
GUNS (PRACTICAL)	100	76	NO. CINE EX. COMPLETED	3	
SIGHTING (WRITTEN) ORAL	250	194	ROUNDS FIRED	AIR TO GROUND	300
TURRETS (PRACTICAL)	200	174		AIR TO AIR	2630
A/C RECOGNITION	150	131	% HITS AIR TO AIR	5.0	
SIGNALS	100	65	AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
TOTAL	1000	757		1000	750
PERCENTAGE		75.7			

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	74

16. DEGREE OF SUITABILITY FOR FURTHER TRAINING	0	1	2	3
	NOT AT ALL SUITABLE	MODERATELY SUITABLE	DEFINITELY SUITABLE	EXTREMELY SUITABLE
AS A GUNNERY INSTRUCTOR		X		

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS: - Position 26th in course of 128. Neat appearance. A good student who is mentally alert. Has sufficient self assurance and displays initiative when the course is clear. Co-operative and dependable.

DATE: - October 15, 1943

2247
 H.P. CRABB G/C
 9 OFFICER COMMANDING
 NO. BOMBING & GUNNERY SCHOOL

R.C.A.F.CERTIFICATE OF EDUCATION

THIS IS TO CERTIFY THAT

K224443Gravel, J.V.

(Number)

(Name)

has been a trainee at the Pre-Aircrew Education Course

Western Technical-Commercial School, Torontoat ~~#27 Pre-Aircrew Education Course, R.C.A.F. Station, Toronto.~~

(Place)

He has taken the Royal Canadian Air Force final examination in the following subjects and is recommended as educationally qualified for the category of AIRCREW

<u>Subject</u>	<u>Mark</u>
English	<u>75</u>
Science	<u> </u>
Mathematics	<u>66</u>
Signals	<u>100</u>
Aircraft/Recognition	<u> </u>

Remarks: Entered June 28/43Date : July 22/43Signed: [Signature]
(Examination Officer)