J92028
DECELLES
LEO LORNE

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

GENERAL INFORMATION

EDUCATION.
Junior Matric 2 yrs.
CIVIL EXPERIENCE.
Bookkeeper 41 to date.
SPORTS.

HOBBIES.

SERVICE EXPERIENCE.
Nil.
R.194225
29.9.42
T/Sgt.
A.G.

R.C.A.F. R. 198D
20M—5-44 (4625)
H.Q. 885-R-198D

FULL NAME Serv. No.

GUNN. DE CELLES Leo Lorne Normand J.92028

Birth Date	Age on Appointment	Date of Appointment
3.1.24	20	23.2.44

POSTINGS

Rank	Date	Station	Date	Duty
P/O	23.2.44	Overseas OC	1233/8.12.44	
		Missing	25.2.44 CR 433	
		Emb.3.8.43		

CHARGES

R.No.46756. [redacted] R.19422, Sgt. Decelles, J.A.J.

1 [redacted]erton cmtg.
1 pr. black leather shoes.
1 pr. shoe trees.
1 electric heating ring. DAMAGED
2 towels.
1 pr. shorts.
1 pr. bathing trunks.
2 face cloths.
1 blue linen bag.
3 torches.
1 shaving brush.
1 bundle of letters and photos.
1 envelope of photos.
4 leather gloves.
2 leather mittens.
1 Rosary.
1 knife.
1 fork.
1 spoon.
2 combs. (1 broken)
1 pipe.
1 steel mirror, in case.
1 pad lock.
2 studs.
1 Gillette razor in box.
1 note book.
1 photo wallet.
2 religious books.
1 soap tin.
3 tooth brushes.
2 tooth brush cases. 1 BROKEN D
1 "A.C" brevet.
2 brushes. [redacted]
1 boot polisher.

1 chain.
1 kit bag clasp.
1 pr. braces.
1 collar.
1 leather strap.
3 boots.
3 shoe laces.
9 handkerchiefs.
26 socks.
1 shirt.
1 white sweater.
4 prs. pants.
4 vests.
2 blue shirts.
3 blue collars.
2 blue handkerchiefs.
1 note case cmtg.
4 letters.
sundry photographs.
1 address book.
1 key case with 4 keys.
1 U.S.A. 5 cent coin.
10 Canadian 5 cent coins.
1 "Waterman" fountain pen.
1 propelling pencil.

Next of Kin :- (Mother)

Mrs.M.Decelles,
4111, Northcliffe Ave.,
Montreal,
P.Q. Can.

1 Post Office Savings book, Stradishall Camp, 645, has been extracted by Unit and forwarded to [redacted] A.C.A.F. Overseas Headquarters, London.

Cash amounting to £5.13.3 and stamps to the value of 3d, found amongst personal effects, have been credited to his service account and forwarded to Air Ministry.

✓

Mrs Leo De Celles,
Apt 2., 4111 Northcliffe Ave.,
N.D.G., Montreal, P.Q.

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. R194225 FD 5

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH FEB 9 1945 H.Q. OTTAWA NATIONAL DEFENCE

27 Jan. 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

DE CELLES, Leo Lorne Normand Sgt.

R194225 R.C.A.F. O/S

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.

Director of Estates.

DBS/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Leo de Celles		Passed on May 14th 1943
4	Mother of the Deceased.....		Maud de Celles		4111 Northcliffe Ave apt 2.
5	Brothers of the Deceased	Full Blood	Jordan de Celles Robert de Celles		4111 Northcliffe Ave apt 2.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Lilian de Celles		4111 Northcliffe Ave apt 2.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Leo. Lorne, Norman
9	Date of his birth.	Feb. 6, 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal — June

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal June
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	Bookkeeper
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.	Montreal June

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
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?	Deposit in Bank Overseas
20	Amount of War Savings Certificates held by deceased. Indicate where located.	One Hundred Dollars
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	(Bearer) One Hundred Dollars in Mother's
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Prudential Ins. Com of Can. (care Montreal) about fifty dollars in (War Restrictions) Premium
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.	
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.	

(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)

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.

Maud McBelles — Signature of Informant

4111 Northcliffe Ave. Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Maud McBelles (Name of informant) is the* Informant and "Mother" of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 8th day of February 19 41

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

Geo. H. Grant — Qualification Clergyman

Address 924 St. Catherine East Montreal

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

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

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

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 10409

This is to Certify that

R194225 SERGEANT DE CELLES, LEO LORNE NORMAND R.C.A.F
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 25TH day

of FEBRUARY, 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 19TH day of JANUARY 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.

WILL

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

(1) I, DE CELLES Leo Lorne Normand of the City / Town / Village / Township of Montreal in the County / District of

Last Permanent Civilian Address

Province of Quebec, Bookkeeper
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R194225 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

MY MOTHER: Mrs Maude DeCelles
of 4111 Northcliffe Ave. Apt.2. N.D.G.
Montreal, Que.
MY WHOLE ESTATE

IN THE EVENT OF MY MOTHER'S DEATH BEFORE MINE, I GIVE, DEVISE AND BEQUEATH UNTO.

MY FATHER: Mr Leo DeCelles
of 4111 Northcliffe, Ave. N.D.G. (APT#2)
Montreal,Que.
MY WHOLE ESTATE.

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Mr Lorne Scott (Name) of 4138 Northcliffe Ave. N.D.G. Montreal (Address)
RETIRED.
, to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 30th day of September 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.

L. DeCelles
(Signature of Testator)

First Witness sign here.

(5) W.R. Hayman
(Signature)

170 Dovercourt Rd Toronto, Ont
(Address)

Clerk. RCAF. R59632
(Occupation)

Second Witness sign here.

(Signature)

26 Havelock, St. Toronto, Ont.
(Address)

Clerk. RCAF. R129457
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd OCT 13 1942
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

[OVER]

To be made out in duplicate

M.F.M. 5
25M—6-42 (4975)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank.....DE CELLES.....LEO LORNE NORMAND.....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Official Number and Rank.....R 194225.....AC 2.....

(3) Unit.....No. 1 M DEPOT R.C.A.F. TORONTO.....

(4) Are you married?.....NO.....

(5) If married, state,

(*a*) Full name of your wife.....NA.....

.....

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

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

.....NA.....

(7) Are you a widower?.....NO.....

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

Names and ages.....NA.....

.....

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

.....

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

Name.....NA.....

Postal Address.....NA.....

.....

...ras Office
OCT 21 1942
O. K.....C.I.B.....
R. C.....N. I.....
P. A.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....NA.....

.....

.....

(11) Is your father alive?.....YES.....

If so, state name and address, occupation.....LEO DE CELLES LEO.....

.....4111 NORTHCLIFFE AVE. N.D.G. MONTREAL P.Q.

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

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

.....NA.....

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

(14) Is your mother alive?.....YES.....

If so, state name and address.....DE CELLES MAUD.....

.....4111 NORTHCLIFFE AVE. N.D.G. MONTREAL P.Q.

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

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

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

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

If so, state the following particulars:—

Relationship .....NA.....

Full Name .....NA.....

Postal Address .....NA.....

Amount contributed monthly during the past six months.....NIL.....

.....

(18) Are you insured?.....YES.....

If so, in what Company?.....PRUDENTIAL LIFE.....
(Give number of policy)

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

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

X L.D. LeCelles.
(Signature of officer or man)

Date.....SEPTEMBER 30, 1942.....

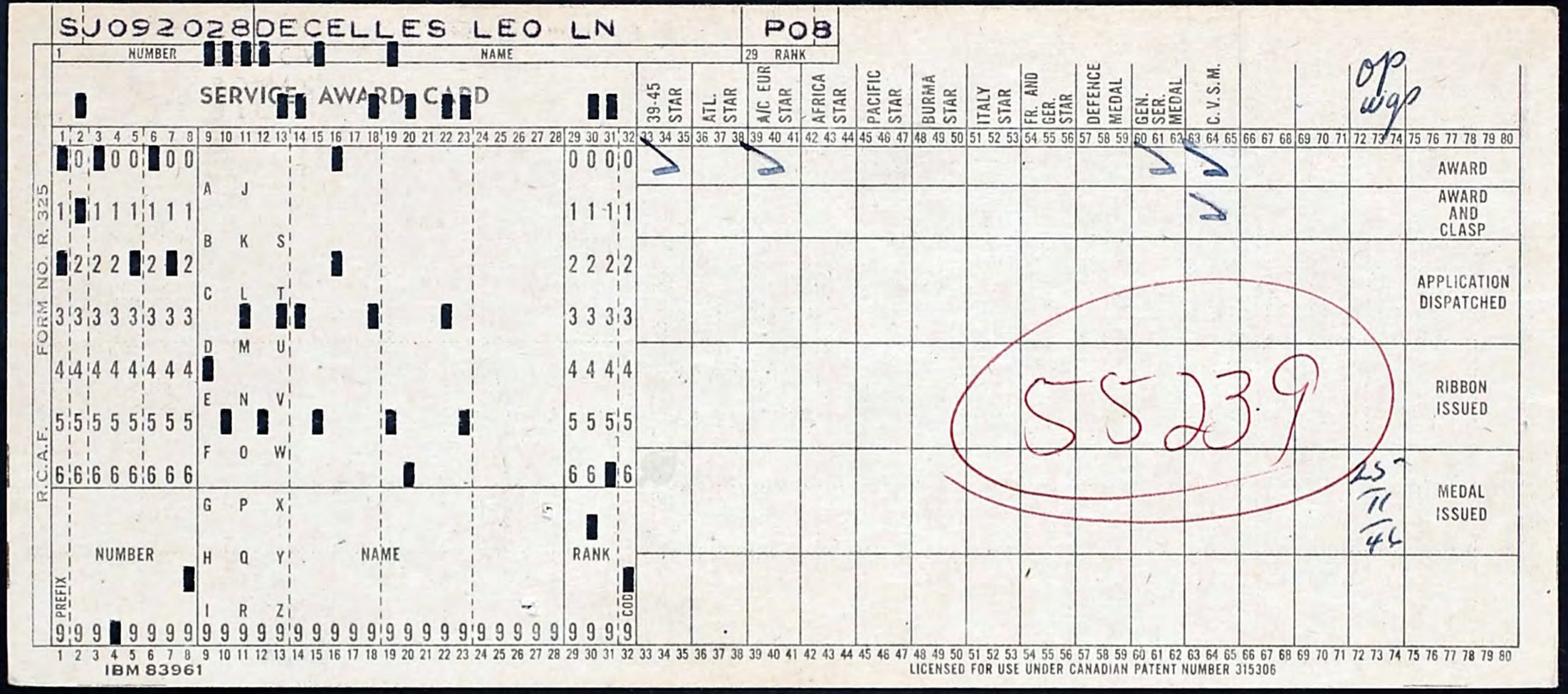
.....

Officer Commanding.....FOR (H.Q. McDONALD) W/C

Date.....SEPTEMBER 30, 1942.....

No. 1 M DEPOT R.C.A.F. TORONTO

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


SJ092028 DECELLES LEO LN
P08
1 NUMBER
NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
PREFIX
NUMBER
NAME
RANK
COD
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
OP wqp
SS239
25 11 42
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

5855, 10-31-50

Mrs. Maud De Celles (mother)
apt. 2, 4111 Northcliffe ave.,
N. D. G.,
Montreal,
Que.,

aug.-45.

English

MEMORIAL BAR
DATE DESP
REGN. NO 3923

NAME DeCELLES, Leo Lorne Normand FILE NO. R194225

RANK ~~Sgt.XXXXXXXXXXXXXX~~ P/O CATEGORY ~~XXXXXXXX~~ PRES. DEAD REG. NO. J92028

DATE OF DEATH: 25 Feb. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 10-3-44 ROYAL MESSAGE: MAY 7 1945 MEMORIAL CROSS TO CHAPLAIN: MAY 4 1945

To mother

To Mother- FEB 4 = 1945

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. Leo DeCelles,
4111 Northcliffe Avenue, Apt 2, N.D.G.,
Montreal, Quebec.

COMMAND:

RELIGION:

A.B.

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

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

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

~~R194225~~ J 92028.

1

Air Force No. ~~R194225~~ Surname DE CELLES

Christian Names (in full) LEO LORNE NORMAN

Date of Birth 3-2-24 Religion R.C

Date of Enlistment/Appointment 29-9-42

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

Occupation in Civil Life BOOKKEEPER

Signature of Holder L. N. De Celles

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—

Mrs Maude De Celles
4111 Northcliffe Ave
Apt 2 - KOG
Montreal P.Q.

Certified Correct [signature]

Date 8.7.43 Place [illegible] Depot
Halifax.

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A G 9p	9-7-43	163	[signature]

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
S gt	9-7-43	163	[signature]
P/O	23-2-44	% 1233/44	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
1250	26-7-43	[signature] Wilson P/O

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

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

MEDICAL CLASSIFICATION

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

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP B	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
27/7/43	13		

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
2-10-42	T. HOPKINS	

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

A 1942 5
3350

Dec Cilleo L3

460

Form 667 B.

NAME ..... Decelles A.L.

RANK & No. Sgt. R 194225

Battle Casualty CRV 6010H refers

ROYAL AIR FORCE

FLYING CLOTHING CARD

Date of Issue
and
Unit Stamp

Leo Lagarde P/O

Signature of Equipment Officer

I	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity issued	Date	I.-V. Numbe	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
748	Boots, flying, knee	1	17/8	7465	[illegible]		
234	Socks	2	-	-			
	Caps, flying						
	Earpieces, Type B... ..						
	Ring, earpiece securing ..						
	Caps, blank						
766	Gauntlets, flying, left hand ..	1	17/8	7465			
761	„ „ right hand ..	1	"	"			
434	Mitters knitted	1	"				
293	Linings, gauntlets	1	"	"	[illegible]		
264	Gloves, silk	1	"	"			
353	Suits, flying, Collars	1	"	"			
303	„ „ Linings, inner ..	1	31/1/44	F 5586	[illegible]		
369	„ „ Suits, outer ..	1	31/1/44		[illegible]		

2	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity Issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
930	Goggles	1	11/12/	5C 2088	[illegible]		
225 711	~~Glasses, tinted~~ Wrist coat L/H	1	28/11/	5C 2902			
713	~~non-tinted~~ Left Pad L/H	1	..	-			
714	~~Spectacles, anti-glare~~ Lenings L/H L/H	1	..	-			
717	~~Respirators, complete~~ .. R/H L/H	1	..	-			
720	~~Helmets, steel~~ Socks R/F L/H	1	..	-			
723	Nets, camouflage .. R/F L/H	1	..	-			
726	Ointment, anti-gas. Socks Connector L/H	2	..	-			
767	Capes Gloves R/H L/H	1	..	-			
770	Covers, cap .. R/H L/H	1	..	-			
225 180	Curtains, steel helmet .. Caps Skull ..	1	..	-			
8D 476	Eyeshields Tore	1	..	-			
164	Battery	1	..	-			

[illegible]

3	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
4419	Helmets, flying, Type B. .. (Without Mask, Oxygen)	1	17/8	7445	[signature]		
438	~~Masks, Oxygen, Type D.~~ .. Buoyancy Suit	1				31/1/44	[signature] F/O
837	~~Masks, Microphone, Type E.~~ .. (Non Oxygen) Pads Flotation	1				55419	[signature] F/O
	Masks, Microphone, Type E. .. (Oxygen) Lining. H.W.	1					
	Receiver, telephone, head, Type C... .. .. .. Glare Linings H.W.	1 1	10/1/44	1-4/243	[signature]		
	Pistol, revolver No. Sacks. H.W.	1 1					
767 772	Pistol, automatic, ·455 No. Glares. E.H.	1 1					
2728	Magazines, ·455 .. .. Rock	1					
2378	Brushes, cleaning .. .. Cells.	2					
	Rods, cleaning						
643	Masks Oxygen	1	17/8	7465	[signature]		
578	Tubing Elec	1	"	"			
526	Adeps Min Bag	1	"	"			

4	ITEM.	ISSUES.				RETURNS.	
Reference Number	Description	Quantity Issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
22B/1	BAGS KIT	1	17/8	7465	[signature]		
"/152	SOCKS WORSTED	2	"	"			
22C/[illegible]	SUITS BLOUSES	1	2				
"/[illegible]	" TROUSERS	1	2				
60/561	TUBING FLEXIBLE	1	17/8	7465			
22C/431	GLOVES CHAMOIS	1	12/12/43	5C 3041	[signature]		
"/454	CONTAINERS ANKLI						
"/453	PADS H/C						
10A/13120	MICROPHONES	1	28.8.43	19727	[signature]	21291 25/10/43	[signature]
10A/12401	RECEIVERS	2	28.8.43	19727			

ITEM.		ISSUES.				RETURNS.	
Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
	Jacket Drain E/H	1	27/9			27/11/45 SC 1955	[signature] D/SO
	Trousers " E/H	1	—			"	[signature] D/SO
	Glaucoma Flying E/H	1 Pr	—	23393.	[signature]	"	[signature] D/SO
	Boots " E/H	1 Pr.	—			"	[signature] D/SO
	Whistles A/C	1	—				
	Trocks white	1	—				
	Respirator Cin	1	—			CAO 282	[signature] W/O
367	Drawers	3	5/10	CAO 67	[signature]		
373	Vest.	3	—				
77	Bag Kit.	1	—				
10A. 12571	Microphone	1	18/11/43	SC 2744	[signature]		
10A 13466	Receivers	2	"	SC 2744			
806 645	Stockings S Roll	1	11/12/43	SC 3088	[signature]		

SPECIAL INSTRUCTIONS FOR USE IN WAR:

1. This card is to be retained by the individual to whom it is issued and produced on the occasion of all issues and returns of flying clothing. All issues are to be signed by the recipient and all returns by the equipment officer receiving the equipment. Exchanges of flying clothing are *not* to be recorded on the card.

2. In the event of an officer or airman being unable to produce his card its loss is to be reported to the accountant officer for action under A.M.O. A.1161/42. The loser of a card is liable to be charged for any deficiencies in his equipment according to the scales appropriate to his duties.

3. Articles lost on active service through the exigencies of the campaign, or whilst actually flying, or destroyed in a flying accident, will be replaced free provided a certificate, signed by the officer commanding the unit in which the loss or damage occurred, is produced.

Wt. 35999/02338 196M 12/42 C.N.&Co.Ltd. 749 (8983)

ROYAL CANADIAN AIR FORCE

Name DE CELLES, LEO LORNE NORMAN R 1 9 4 2 2 5

Rank AC2 R C A F

Age 18 Height 5'8" Weight 120

Hair DARK BROWN Eyes BROWN Hair on face LIGHT

Marks, scars, etc. SCAR AT LEFT SIDE OF MOUTH AND ON RIGHT ARM
SCAR ON LEFT MIDDLE FINGER

L H De Celles (Signature of holder)

J. Gilfoldie F/L. (Signature of issuer)

Place NO. 1 "M" DEPOT TORONTO Date OCT.3/42

Card serial number 1 7 5 2 8 3

RANK	POSTED TO	DATE
A.C. L	#3 B.4G. McDonald	[redacted]
	Mar.	25/5/43

Confidential

R.A.F. TRAINING REPORT

A I R G U N N E R

No. 10 Operational Training Unit.

Surname..... DECELLES ..... Christian Name..... LEO LORNE NORMAN .....

Number. R. 194225 Rank. Sgt ..... Course Number..... 60 .....

Posted From. 3 PRC ..... Date Course Commenced. 25 Aug 43 ..... Date Course Ended 19/Oct/43 ..... Posted to. 2637 Com. Unit

System of Assessment	90%-100% Exceptional	75%-89% Above average	60%-74% Average	Below 60% Below Average

Ground Work	Ass.	Air Practices		No Ex.	No films or rounds	Ass.
Sighting including practices on GTST	Av	Cine Camera Gun		-	-	-
Guns, maintenance harmonisation etc.	A/Av	Cine Cyro Assessor		4	8	Av
Turrets drill components etc.	A/Average	Fighter Affiliation		3	6	Av
Aircraft recognition	Av	Air to Air firing		1	600	.5
Range estimation	Av	Air to Sea firing	Day Night	1 1	500 500	- -
Tactics	Av.	Self Tow	Day Night	-	-	-
Fighting control	Av					
Turret Manipulation	Av	800 25x Range.	No Ex. 3	400x Range	No Ex. day -	No Ex. night -

TYPE OF AIRCRAFT	TYPE OF GUNS		TYPE OF TURRET	
	In Air	On Ground	In Air	On Ground
WELLINGTON III X	B.G.	B.G.	F.N. 20	F.N. 5-20

FLYING EXPERIENCE	DAY	NIGHT	TOTAL
	22.30	23.00	45.30

Exercises not completed or requiring further practise:- Self tow
8 line mags

Remarks: This N.C.O. has the theoretical knowledge well in hand but seems rather backward in applying it practically. His shooting is rather poor.

D. Sullivan F/L. Sgt Edr.
Chief Armament Instructor.

Whether recommended for a commission: No

Whether recommended for a Gunnery Leaders Course: No

Signed J. Hurry W/C
Chief Instructor

Signed J. Hurry W/C
for Officer Commanding.

Aircrew A.G. R.C.A.F. Special Reserve

J

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

J 92028

R 194225 — A.F. No.
De Celles — Surname
Leo Loene Normand — Christian Names
RC. — Religion

Born 3-1-21 Place Montreal. PQ Country Canada Citizen of Canada Racial Origin French Canadian

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

Wife's Maiden Name

Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Mr Leo De Celles (Father)
4111 Northcliffe Ave. Apt. 2. N.D.G. Montreal - PQ

CIVIL EDUCATION

High School Entrance ✓ Jr. Mat. 2 years. Sr. Mat.

Technical School Business Courses ✓

University

CIVIL OCCUPATIONS AND EXPERIENCE

Book Keeper - 1941 to date.

PREVIOUS SERVICE

N.A.

ENLISTMENT

Date 29-9-42 A1BA3B

At Montreal PQ

Term Duration

Med. Cat.	Date			Med. Cat.	Date		
	29	9	42				

Rank	Auth.	Date			Trade	Auth.	Date		
Acx		29	9	42	Aircrew AG		29	9	42
L/Ac.	11 RO 13c/43	15	5	43	Rear Air Gunner		9	7	43
temp sgt	Dlo 163A	9	7	43	(spec grade)	Dlo 163A			
A/60	00 12 33/44	23	2	44					

Trade Tests and Courses	GP	%	P or F	Date		
Aircrew AG	S		P	29	9	42

LEAVE

From	To	Auth. and Description
15-5-43	19-5-43 (5 dys)	Compass. Dlo 136
10-7-43	23.7.43 (14 dys)	Conb Dlo 163A

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date			Character	Trade and Assm.	Honours and Awards	Auth.
9	7	43		A/G.	Air Gunner Badge	Dlo 163A

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	#13 R.C. M.H.	#1 Toronto -	29-9-42				
#13.0235	"	"	29-9-42				
#1MD 281	#1MD Toronto	#5 SFTS Brantford	23-11-42				
MO 243/42	T.O.S. #5 SFTS	Brantford	24-11-42				
ORO 258/42	Pass T.D.	Palermo (Canad) Arty	12-12-42				
			14-12-42				
DRO 39/43	SOS #5 SFTS Brantford	#9 PAED. Montreal Que	21 Feb/43				
DRO. 10/43	#9 P.A.E. Det. McGill - Mtl.	R.C.A.F. Station Trenton, Ont.	20-3-43				
T.O.S. #	#9 PAE Det.	#2 ACTS.					
DRO 82/43	McGill Univ.	Trenton	21-3-43				
> O.S.	#2 ACTS.	#3 B & G.					
DHQ 135/43	Trenton	MacDonald	15-5-43				
DRO 163A	#3 B&G MacDonald	#1 Y Depot Halifax	23 July 43				

No. 5 Service Flying Training School, Brantford, Ontario.

No. R194225 Rank AC2 Name Decelles, L.L.N.

Tarmac 6

From Nov. 26/42 To Feb. 18th /43

Received instruction in the following subjects:
(Appendix "A" to C.I. 39/5, dated 23/12/41)

Subject	Total Marks	Marks Obtained	Rank in Subject	Total No. of Hours of Instruction
P.T. and Drill	100	78	11	44
Mathematics	100	89	1	63
Aircraft Recognition	100	44	35	31
Signals	mis./wds.per min.	80	10	36
Navigation	**100**	96	9	12

Subject	Put a check (✓) under appropriate remark			Tot.No. of Hrs. of Instruction
	Actively Participates	Interested	Not Interested	
Games	✓			
Progress of War		✓		12
First Aid				

Conduct Good Average 77 No. in Class 43

Responsibility Good

Remarks

To be enclosed in Document Envelope , R.C.A.F., R.I, and listed on the face thereof under "Miscellaneous".

James Walker
(J.C.Walker) P/O
for Commanding Officer,
No. 5 S.F.T.S., R.C.A.F.,
Brantford, Ontario.

R.C.A.F. G.141

R.C.A.F.

C E R T I F I C A T E O F E D U C A T I O N

THIS IS TO CERTIFY THAT

R.194225 DeCelles, L.L.N.
(Number) (Name)

has been a trainee at the Pre-Aircrew Education Course at McGill Univ., Montreal
(Place)

under the auspices of the ~~War Emergency Training~~ University Pre-Aircrew Education Programme. He has taken the Royal Canadian Air Force final examinations in the following subjects and (HAS) (HAS NOT) been recommended as educationally qualified for the category of AIRCREW ~~(PILOT)~~ (AG)

Subject	Mark		Mark
English	56	Signals	75
Science	N.A.	A/C Rec.	94
Mathematics	97		

Remarks:

Date: 20-3-43

Signed: A.M. Lawson F/O
(Examination Officer)
(W.F.Purvis) Flight Lieutenant,
Chief Instructor, No. 9 P.A.E.D.,
McGill Uni., Montreal, P.Q.

R.C.A.F. Special Reserve

Applicant for AIRCREW ( ) or for GROUND DUTY ( ) Date..September.29th,.1942..

PERSONAL RECORD

1. NAME:....DE.CELLES,.Leo.Lorne.Normand.....2. NUMBER R.194225.....
(Surname and Christian names in Block Letters)

3. EDUCATION: Highest standing attained, Province and course (e.g.XII, Ont.Tech.)
.....9th.....(Dates of last school attended) From.1941...To.....1942..

4. TESTS: (a) C.T.45....(Form.....) (b) E.A.T.....(Form.....) (c) C.A.T..40.....
(d) M.A.T.....(e) Cl. A.T.....
(f) Compensating Factors (if any).....
.....,
(g) Suitable for AIRCREW (X) or GROUND DUTIES ( ) (State Trade)...Air.Gunner.

DATE....7-8-1942..... Signature.....J.L..Gibeault.F/O.....

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

Employer, Business & Place	Details of Duties	From	To
	UNEMPLOYED	1940-1941	
James Richardson & Sons Ltd., Montreal,Que.,	Bookkeeper	1941-194---	To date.

6. Details of Service or Similar Training: (e.g. military, auxiliary, COTC, cadets, etc.)
.....

7. HOBBIES & SPORTS: (a) In school years.....All.sports.....
(b) In civil life.....All.sports.....

8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Knowledge of Typing, Mechanics, etc.)
Driving.

DATE.....

---

9. AGE..18.....Height...5.8..... Weight120.....
Visual Acuity..20/20--20/20.Colour-Vision.N.Ish.....Medical Category..A1BA3B....
(Mark X as a pplicable) M.O.'S ASSESSMENT:

Fit all Aircrew	( )
Fit Pilot	( )
Fit Air Obs.,Nav., WO (AG)	( )
Fit Air Bomber, Air Gunner	( )
Fit Ground Duties only	( )
M.2 Exam not given (state reason)	( )

Physically Fit. Neat,XXXXXXX Fairly well dressed. Quiet, mannered. With same XXXXXXXXX XXXXXXXXXXX possible inferiority complex. Average aircrew material. Feel he might not make aircrew I.T.S., (W.E.T.P.)

DATE.....Signature.....Jackson.Fay..F/O.....

---

10. INTERVIEWING OFFICER'S ASSESSMENT: Bilingual. 18tears. 2 years High School. 1 years Comm. Good in alg. No. trig. no geom. Fine type of youth. Keen, alert, has stamina and good health, and fi able to pass test recommendable for

RECOMMENDED FOR.....Aircrew I.T.S., W.E.T.P.Signature....P..Chevalier.F/L.Date.23-7-1942.

This space for use of Selection Board at "M" Depot

SELECTED FOR.....

Signature.....
No. "M" Depot Selection Board.

Signature.....
Commanding Officer
#13 Recruiting Centre
R.C.A.F.
.....

Note: Information called for on the reverse side of this form is also to be provided when submitting applications under Manning Order No.10/25 AFM.53 d/17-9-42.

11. Bar
9/1

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~Sgt. P/O.~~ No. ~~R 142225~~ J92028. NAME De Celles, L.L.R.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT						MULTI-ENGINE AIRCRAFT						CREW DUTIES			PASSENGER	TOTAL
			DAY			NIGHT			DAY			NIGHT							
			1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	OBSERVER	AIR GUNNER	OTHER		
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
			Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins	Hrs Mins
3 B+G S. Macdonald, Man. 8 July/43.					Certified Correct.														22 50

Officer Commanding
Armament Training-Squadron
No. 3 B. & G. SCHOOL R.C.A.F.
MACDONALD, MAN.

22 50

ROYAL CANADIAN AIR FORCE

TRAINING REPORT

AIR GUNNER

1. Surname DECELLES Christian Names Leo Lorne Norman

2. Number R194225 Rank LAC Course No. 55

3. Posted from #2 AGCTS Trenton, Ont. Posted to #1 Y Depot, Halifax, N.S.

4. Duration of Course: From 5/April/43 To 9/July/43

5. Aircrew Category A1B A3B T Height 68" Girth 30"

6.

Equipment Used				
Type Aircraft	Type Gun		Type Turrets	
	In Air	Ground	In Air	Ground
Battle Anson	V.G.O.	V.G.O. Browning	Bristol	Bristol Fraser-Nash Boulton-Paul

7. STAGE I

	Mks. Poss.	Mks. Obtd.
Armament Oral	100	71
Armament Written	300	239
Anti-Gas	100	86
Aircraft Recognition	100	82
Mathematics	50	50
Navigation	100	83
Law Admin. Hygiene, etc.	100	68
Signals	100	70
TOTAL	950	749
Percentage		78.8

8. STAGE II

Air and Ground Training Assessment

	Day	Night
Flying Time	22:50	
Films Exposed	0'	
Hrs. Turret Manip.	15:00	
Skeet (# Rds)	400	
25 X Range.	760	
200 X. Range.	700	400
Air to Ground	450	
Air to Air	3500	
% Hits Air to Air	10	

Subject	Mks. Poss.	Mks. Obtd.
Armament Written	150	119
Practical & Oral	100	82
Aircraft Recognition	100	90
Drill	100	71
Signals	100	60
Ability as Firer	100	80
TOTAL	650	502
TOTAL TRNG. MARKS	1600	1251
Percentage		78.2
Personal Assessment	800	520

9. No. in Class 116 Position in Class 35 Pass or Fail Pass

10. Recommended for commissioned rank. No (Yes or No)

11. Experience in arming, loading and harmonizing turrets, etc, No. of Hrs. 3:00

12.

Suitability for further training as a Gunnery Instructor	Not at all Suitable	Moderately Suitable	Definitely Suitable	Extremely Suitable
	X			

Mark "X" in the appropriate column.

13. REMARKS:- Average student.

Date:- 14/May/43

(signed) M Culling P/O
Chief Instructor

Date:- 14/May/43

(signed) F.A. Clark F/O
for Officer Commanding,
No. 2 A.G.G.T.S.,
R.C.A.F. Station, Trenton, Ont.

(Certified True Copy) [signature] F/L

14. REMARKS:- Average student, good steady worker, finding no apparent difficulty with the course of instruction. Occasionally displays initiative, but prefers to follow, but is keen and cheerful in what he undertakes.

Date:- 9/July/43

[signature] S/L
Chief Instructor

Date:- 9/July/43

[signature] G/C
Commanding Officer,
No. 3 B.&.G School, R.C.A.F.,
MacDonald, Manitoba.

Form T.82.

Confidential

R.A.F. TRAINING REPORT

A I R G U N N E R

No. Operational Training Unit.

Surname....DECELLES..... Christian Name...LEO LORNE NORMAN.....

Number R. 194225. Rank...Sgt..... Course Number.....O..... .....

Posted From...I.P.R.C.... Date Course Commenced 25 Aug 43..... Date Course Ended 19/Oct/43..... Posted to 1657 Con. Un

System of Assessment	90%-100% Exceptional	75%-89% Above average	60%-74% Average	Below 60% Below Average

Ground Work	Ass.	Air Practices		No Ex.	No films or rounds	Ass.
Sighting including practices on GTST	Av	Cine Camera Gun		-	-	-
Guns, maintenance harmonisation etc.	A/Av	Cine Cyro Assessor		4	8	Av
Turrets drill components etc.	A/Av	Fighter Affiliation		3	6	Av
Aircraft recognition	Av	Air to Air firing		1	600	Av
Range estimation	Av	Air to Sea firing	Day Night	1 1	500 500	-
Tactics	Av	Self Tow	Day Night	- -	-	
Fighting control	Av					
Turret Manipulation	Av	800 25x Range	No Ex. 3	400x Range	No Ex. day -	No Ex. night -

TYPE OF AIRCRAFT	TYPE OF GUNS		TYPE OF TURRET	
	In Air	On Ground	In Air	On Ground
WELLINGTON III X	B.G.	B.G.	F.N. 20	F.N. 5 20

FLYING EXPERIENCE	DAY	NIGHT	TOTAL
	22.30	23.00	45.30

Exercises not completed or requiring further practise:- Self tow
8 Cine mags

Remarks: This N.C.O. has the theoretical knowledge well in hand but seems rather backward in applying it practically. His shooting is rather poor.

Sgd., D. Sullivan Ter., S/Ldr.
Chief Armament Instructor.

Whether recommended for a commission: No

Whether recommended for a Gunnery Leaders Course: No

Signed J. Hurry W/C
Chief Instructor

Signed J. Hurry W/C
Officer Commanding.

for

R.C.A.F. Special Reserve

AIR FORCE No. R.194225 POSTED TO #1 M.D., Toronto, Ontario TRADE Aircrew A.G.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

R7 67/ 19-2-45

1. Surname DE CELLES Full Christian Names LEO LORNE NORMAND
2. Present Address 4111 Northcliffe Ave., apt.2 N.D.G. Montreal, Que Telephone EL.6182
3. Permanent Address 4111 Northcliffe Ave., apt.2 N.D.G. Montreal, Que
4. Place of Birth Montreal, Que Citizenship Canadian
5. Date of Birth February 3rd, 1924 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Bookkeeper 8. Religion Roman Catholic (State denomination)
9. Languages English & French fluently (State proficiency)
10. Next of Kin (Full Name) Leo DeCelles Relationship Father
    " Address 4111 Northcliffe Ave., apt.2, N.D.G. Montreal, Que
11. Father (Full Name) Leo DeCelles Birthplace St-John's, Que
    " Address 4111 Northcliffe Ave., apt. 2 N.D.G. Montreal, Que Citizenship Canadian
    " Occupation Salesman
12. Mother (Full Maiden Name) Maud Jordan Birthplace Montreal, Que
    " Address 4111 Northcliffe Ave., apt.2, N.D.G Montreal, Que Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

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

R.C.A.F. Records Office Rec'd. OCT 7 1942 O.K. C.I.B. R.C. N.I. S.L. P.A.

14. Honours, Awards, Mentions N.A.
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.

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

5-22-257

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Daniel O'Connell, Montreal, Que	1931	1938	Primary completed
High School—Collegiate Institute, etc.	D'Arcy McGee, High, Montreal, Que	1938	1940	2nd year High completed
Technical School				
University or School other than above	Sir George Wm College, Montreal, Que	1941	1942	Evening courses Commercial Course.
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
	UNEMPLOYED	1940	1941	
James Richardson & Sons Ltd., Montreal, Que	Bookkeeper	1941	----	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. Driving.

25. Sports engaged in. State: extensively, moderately, occasionally All sports (Occasionally)

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

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

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

Name	Address	Occupation
Mr. J.McL.Stephen 5-8-42	James Richardson & Sons, 3192 Westmount Blvd., Westmount, Que	Director
Mr. F.E. Bolin	" " " "	Manager
Mr. Packard 5-8-42	C/O L.H. Packard Shoe Co Ltd., 370 Craig st. Montreal, Que	Proprietor
Mr. Keegan	Prudential Insurance Co. Montreal, Que	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 July 23rd 19 42 Signature L. H. McCellan

G.D.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 80/114

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

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

Trade in which tested.....

Result.....

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

.....

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

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

I, Leo Lorne Normand DeCelles, 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 September 29th, 1942 L.D. DeCelles.
Signature of Recruit

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

I, Leo Lorne Normand DeCelles, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date September 29th, 1942 L.D. DeCelles.
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 29th day of Sept. 1942

J.D. DeCelles Lt
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. 18 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism NO
(b) Tuberculosis NO
(c) Bronchitis or Asthma Hay fever - See below.
(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 Slight septal deviation [redacted] below
(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 childhood diseases

3. Have you ever worn glasses? part 2 mos close work.

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

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

Signature of Applicant

Examiner's Remarks re above

Hayfever for past 6 yrs - sensitive to ragweed - attacks last 6 weeks - slight in nature - able to work.

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

1. Identification marks or scars (if operative obtain history) Vacc scar r arm. mole r forearm - scar lower lip.

2. Height 5' feet 8 inches. 3. Weight 120 pounds.

4. Complexion fair 5. Color of Eyes Brown Hair Brown.

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 36 inches
Range of expansion 2 inches

8. Hearing—Right W.V.20 Left W.V.20 Tympana—Right Normal Left Normal

9. Vision—Without glasses—Right 20/20 With glasses—Right N.A.
Left 20/20 Left N.A.

10. Condition of mouth and teeth Good

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination Slight deviation of nasal septum to left. Both inferior turbinates hypertrophied - acceptable.

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

X ray 10/7.

15.8.42 X Ray 138151 Neg N.A.D.

Any special remarks of the Medical Officers

Average airmen material
29.9.1/2 Kc Fit/Sll

Part 2 Cont'd.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 106 S. D. 64
17. Colour Vision N Shg

Date Aug 14 1942

J. Moody F/L
President

W. Jackson Kay Flt/Lt
Member

Member

AIR FORCE No. J92028. ~~R194225~~

DE CELLES — SURNAME

LEO LORNE NORMAND — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE MONTREAL - PQ
DATE 29-9-42.

RELIGION: ROMAN CATHOLIC

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

Comm. 23.2.44.

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
3-1-24.	MONTREAL - PQ	CANADA	CANADIAN	FR- CANADIAN.

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION ✓ (2 yrs)
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

BOOKKEEPER - 141 - to date.

PREVIOUS SERVICE

N/A.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
29-9-42.	A1B A3B.		

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O (R) SS. GL. Gunn. Off.	23 2 44	AFRO 48/45 1233/44	

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

PARTICULARS OF FAMILY

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

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
Mrs. Maud Decelles, (mother)
4111 NORTHCLIFFE AVE APT 2 - N.D.G
MONTREAL - PQ

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Temp Sgt	9 7 43	DRO163A			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Rem. Air Gunner	5			9 7 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J-92028. ~~R194225~~

De CELLES — SURNAME

LEO LORNE NORMAND — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal, P.Q.
DATE 29. 9. 42

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
26.10.43	5-11.43	11	Prio/L	120TU 40/43
29.11.43	3.12.43		P/L	1657CU 54/43
10-2-44	15-2-44	6	P/L	460Sqd 3/44
13.12.43	15-12.43	3	Prio/L	11Base 9/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
9 7 43		A.G.
31 12 43	V.G.	Sat. Sat.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
9 7 43	AIR GUNNERS BADGE	DRO - 163A

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
	#2AGGTS - #3B&G	15 5 43	DRO 135/43
	Trenton - Macdonald		
	#3B&G - 1 Y D.	23 7 43	PRO 163A
	Macdonald - Halifax		
Sos	1 Y Dep. RCA4TP	2 8 43	DRO 197
	Embarked N.Y.	3 8 43	
	Disembarked UK	11 8 43	
	Arr. 3 PRC Int C119	12 8 43	
Sos	3PRC - 120TU	24 8 43	120TU 26/43 3PRC 214/43
SOS	12.OTU to 1657 CU	5 11 43	1657CU 50/43 12.OTU 43/43
Att	Feltwell for Escape Course	5 11 43	RAF Feltwell 18/43.
ATT	1483(B) GF from 1657CU.	21/27 11/11 43	1483(B) GF 74/43. 1483(B) GF 76/43
CTBA	Feltwell for Escape Inse.	12 11 43	Feltwell 18/43
TOS	31 Base from 1657CU	1 1 44	31 Base 1/44
AET	to 1657CU	1/9 1/ 44	31 Base 6/44 31 Base 1/44
SOS	31 Base to 11 Base	9 1 44	11 BASE 3/44 31 Base 6/44
ATT	121 Base Binbrook	23/29 1 44	121 Base 15/44
TOS	460 Sqn from 11 Base	28 1 44	11 Base 6/44 460 Sq 2/44
F/B	Missing from	25 2 44	AFRO 766/44
	460 Sqd.	24 2 44	CR 433
SOS	460 Sqdn to RCAF UK N/E Depot (Missing)	25 2 44	N/E Unit 5/44 460 Sqdn 6/44
	Presumed Dead		C.L. 661 AFRO Supp 132.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 3-8-43

AIR FORCE No. ~~R.194225~~ J.92028

SURNAME: DE CELLES, FULL CHRISTIAN NAMES: LEO LORNE NORMAND

ENLISTMENT PLACE Montreal P.Q. DATE 29-9-42

RE-ENLISTMENT

C.R. FILE NUMBER R 55

OFFICER

RECORD OF SERVICE AIRMEN

Comm 23-2-44

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

7. BIRTH: DATE 3-2-24 PLACE Montreal Que CITIZENSHIP British

FATHER (FULL NAME) Leo De Celles

BIRTHPLACE St John's Que.

MOTHER (FULL MAIDEN NAME) Maud Jordan

BIRTHPLACE Montreal Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	X 2nd
JUNIOR MATRICULATION	2 yrs. "
SENIOR MATRICULATION	
TECHNICAL SCHOOL	1 yr comm (evening)
UNIVERSITY	
CORRESPONDENCE COURSES	

2

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

Unemployed 1940-41.
James Richardson & Sons Ltd Bookkeeper 1941-42

8100

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	3BB.113A	9-7-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R.C

14. LANGUAGES French - English (fluently)

3

15. SPORTS All sports.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Leo De Celles RELATIONSHIP Father

ADDRESS: 4111 Northcliffe Ave Apt 2 Montreal Que D.R.O.

FULL NAME: Mrs Maud De Celles RELATIONSHIP Mother

ADDRESS: 4111 Northcliffe Ave. Apt 2 NDG, Montreal D.R.O. 14180

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	29 9 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

Date and Place of Signing R 40-

22.(a) ADDRESS PRIOR TO ENLISTMENT

4111 Northcliffe Ave Apt 2 NDG Montreal Que

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-R[redacted]	AFM-13[redacted]	IDN. CARD	
	8-10-42	28-10-42				KX
						LG
						EP

AIR FORCE No. ~~R.194225~~

DE CELLES, LEO LORNE NORMAND [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal P.Q. — DATE 29. 9. 42

RE-ENLISTMENT

C.R. FILE NUMBER RSS

J.92028

OFFICER RECORD OF SERVICE AIRMEN

13. 60mm 23-2-44

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

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

Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	1 M D. Toronto	29	9	42	1 M D 235
S.O.S	1 M D Toronto	23	11	42	1 M D 281
TOS	No. 5 S.F.T.S Brantford Ont	24	11	42	5SF243
T.D.	5SF258				
SOS	5 S F Brantford	21	2	43	5 D 739
TOS	9 PAE McGill U.	22	2	43	9PAE5
SOS	9 PAE	20	3	43	9PAE10
TOS	Stn. Trenton	21	3	43	E 82
SOS	Stn Trenton	15	5	43	E 135
TOS	3B + G MacDonald	16	5	43	3B.G.118
S.OS	3BPG. MacDonald	23	7	43	3BPG 163A
T.O.S	1Y Depot. Halifax N.S.	24	7	43	14D182
SOS	1Y D to RAF Trainees Pool	2	8	43	1Y195
Presumed Dead 25 Feb 44.		DCL913d/5 Jan 45			
20149	COMPLETED	16	5	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	29	9	42	1 M D 235
LAC	15	5	43	E135
T/Sgt. pd	9	7	43	
P/O	23	2	44	GB 1233
P/O 23-2-44/APR.2/8-1-45				AFR048

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
29.9.42	R100	A.B F/3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
AC (AG)	S.	29	9	42	1 M D 235
Air Gunner S.G.		9	7	43	3BPG163A0
Gun off Br. Gl		23	2	44	APR2/8-1-45

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Trans to Course 55			3BG151a0
Trans. Crse 54			E121.

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
10-7-43	23-7-43		embk. leave	3BPG 113A
15-5-43	19-5-43		Compass	E136

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D.R.O

R.C.A.F. OVERSEAS — ENLISTMENT MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION — PROVINCE OF ENLISTMENT — DISCHARGE — AC

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY) | Official name of civil municipality or township: | Place an X over the word which applies to this municipality (or 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: DECELLES (Block letters)

Given names: LEO LORNE NORMAND

4. RESIDENCE

Street: Northcliffe Ave., Apt.2 No. 4111

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: February (Month) 3rd (Day) 1924 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	20			....hrs. 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: Feb.25/44

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Decelles, Leo	Quebec
MOTHER (Maiden Name)	Jordan, Maud	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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 25th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

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

(a) Previously reported missing after air operations, now due to for official purposes, 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.**

....

....

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide (State which): Accident Date: Feb.25th 19 44

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

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)

M. L. PACKARD, PRESIDENT

B. E. PACKARD, VICE-PRES.

G. L. P. SMART, SEC'Y-TREAS.

PACKARD BUILDING
729 ST. ANTOINE ST.

L. H. PACKARD & CO. LIMITED

MANUFACTURERS OF
CHILDREN'S HIGH GRADE SHOES
BOUDOIR SLIPPERS
SPATS, OVERGAITERS, ETC.
SHOE FINDINGS AND SHOE STORE SUPPLIES

P. O. Box 458
MONTREAL
CANADA

August 3, 1942.

To:- Royal Canadian Air Force

Dear Sirs:

I take great pleasure in recommending Norman DeCelles, the son of Mr. Leo DeCelles, who has been a member of our staff for many years.

Young Mr. DeCelles has been known to me for a number of years and I can vouch for his honesty and sobriety. He possesses a good character and no little ability, and I feel sure he will measure up to the high standards required by your Service.

Yours truly,

MLP:DF

R.C.A.F. Records Office
Rec'd. OCT 7 1942
O. K. ..... C. I. B. .....
R. C. ..... M. I. .....
S. L. ..... P. A. .....

The Prudential Insurance Company of America

August 4th 1942

The Royal Canadian Air Force
Montreal.

Gentlemen.

This is to certify that the undersigned has known Mr. Norman De Celles all of his lifetime.

Norman De Celles is of a fine character, comes from an excellent family, and would prove a credit to any organisation. His engagment in your service I would highly recommend. I am

Yours Very Truly

J. C. Deegan

Representative

R.C.A.F. Records Office
Rec'd. OCT 7 1942
O. K.....C. I. B.....
R. C.....N. I.....
E. L.....P. A.....

JAMES RICHARDSON & SONS, LIMITED

GRAIN MERCHANTS
ESTABLISHED 1857

LOCAL OFFICE

BOARD OF TRADE BUILDING,
Montreal, CANADA

August 5th, 1942.

Officer Commanding,
Royal Canadian Air Force,
Recruiting Office,
Bishop St.
Montreal, Que.

Dear Sir:

The bearer of this letter, Leo L. Norman DeCelles, has been employed by this office for the past year and one-half, starting as board marker and now employed in our accounting Department.

His progress has been satisfactory and we have no hesitation in recommending him for his honesty and application to duty.

Yours very truly,

JAMES RICHARDSON & SONS LIMITED.

F E Bolin

Manager.

FEB/ON

R.C.A.F. Records Office
Rec'd. OCT 7 1942
O. K.....C. I. B.....
R. C.....N. I.....
S. L.....P. A.....

THE THOMAS D'ARCY Mc GEE HIGH SCHOOL

TWO HUNDRED AND TWENTY PINE AVENUE WEST

MONTREAL, CANADA

July 31, 1942.

The Commanding Officer,
Royal Canadian Air Force:

I hereby certify that Norman Decelles completed two years of High School here.

During his stay in this school he gave evidence of being honest, industrious and capable.

Yours truly,
Brother Labelle
Principal

R.C.A.F. Records Office
Rec'd. OCT 7 1942
O. K.....C. I. B.....
R. C.....N. I.....
S. L.....P. A.....

SIR GEORGE WILLIAMS COLLEGE
OF THE MONTREAL Y.M.C.A.

1441 DRUMMOND STREET
MONTREAL
CANADA

FACULTY OF ARTS, SCIENCE AND COMMERCE
HENRY F. HALL, B.A., L.R.E, DEAN.

July 25, 1942.

Officer Commanding,
Recruiting Office,
Royal Canadian Air Force,
Montreal, Quebec.

Dear Sir:

This is to certify that Norman DeCelles attended the Evening High School of this College and satisfactorily completed the third year of the Commercial course (Grade X).

Yours faithfully,

Henry F. Hall

Dean.

R.C.A.F. Records Office
Rec'd. OCT 7 1942
O. K.....C. I. B.....
R. C.....N. I.....
S. L.....P. A.....

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full.....(b) Reg'l. No.....
2. (a) Arm of service.....(b) Unit.....(c) Rank.....
3. (a) Date of birth.....(b) Have you any dependents?.....(c) Place of residence at time of enlistment.....
4. (a) Place of enlistment.....(b) Date of enlistment.....

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school.....(b) Were you attending school or college up to the time of enlistment?.....
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.).....
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?.....(b) If so, for what occupation?.....(c) Did you finish it?.....(d) If you did not finish it, how long did you serve at it?.....
9. (a) What languages do you speak fluently?.....(b) What languages do you read well?.....

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below).....(b) At time of enlistment of what trade union or professional society were you a member?.....

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

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

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

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

.....

DATE.....194..... SIGNATURE.....

R.C.A.F. Records Office Rec'd OCT 6 1942 O.T. N.I. R.C. P.A. S.L.

R.C.A.F.-G.141

R.C.A.F.

C E R T I F I C A T E O F E D U C A T I O N

THIS IS TO CERTIFY THAT

R.194225 DeCelles, L.L.N.
(Number) (Name)

has been a trainee at the Pre-Aircrew Education Course at McGill Univ., Montreal
(Place)

under the auspices of the University Pre-Aircrew Education ~~War Emergency Training~~ Programme. He has taken the Royal Canadian Air Force final examinations in the following subjects and (HAS) ~~(HAS NOT)~~ been recommended as educationally qualified for the category of AIRCREW ~~(A.T.S.)~~ (AG)

Subject	Mark		Mark
English	56	Signals	75
Science	N.A.	A/C Ree.	94
Mathematics	97		

Remarks:

Date: 20-3-43

Rec'd MAR 29.1943
O.K ..... C.I.B.
..... N.I.
..... P.A.

Signed: A Hawson FIO
(Examination Officer)
for (W.F.Purvis) Flight Lieutenant,
Chief Instructor, No. 9 P.A.E.D.,
McGill Uni., Montreal, P.Q.

CONFIDENTIAL

R.C.A.F. Special Reserve

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

C.M.H. 2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* August 13-42

FILE NUMBER
R.194225

Surname DECELLES *Chr. Names* LEO LORNE NORMAN
Nature of Commission M 2 *Date of Birth* 3-2-24 *Married or Single* Single
Branch General List *Hours Flown* None
Address 4111 Northcliffe Ave., Apt 2, 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 Hayfever for past 6 yrs-sensitive to ragweed-slight last 6 wks.
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsilitis T & A 1928
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses For two months past - close work -"sees better without them"
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS T & A 1928 Lacerated lips repaired lower 1928, upper 1938
(x) Any illness or Injury not mentioned above
Measles, mumps, whooping cough, chickenpox

Education Grade X Quebec
Present Occupation Bookkeeper Hobbies Driving
Previous Service N A
Athletics All sports occasionally
Habits—Smoking 15 Cigs./day Alcohol Occasionally

R.C.A.F. Records Office
Rec'd JUL 13 1943
No. K C.I.B.
R.C. N.I.
S.L. P.R.

FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits"
Father Alive—Health GOOD Dead—Cause NA
Mother Alive—Health GOOD Dead—Cause NA
Brothers (2) Alive—Health GOOD (0) Dead—Cause NA
Sisters (1) Alive—Health GOOD (0) Dead—Cause NA

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 14-8-42 *Signature* L. D. DeCelles *Witness* W. Jackson Flt Lt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Wiry *(b)* Mentality Standard
Body Marks, Scars, Deformities Vacc scar rt arm, mole rt forearm, scar lower lip.
Size of Thyroid Gland Normal
Surgical Abnormalities N A
Re[illegible]s of Wounds, Injuries, Operations Scar left lower lip from dog bite

	Date 14-8-42	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	68			
Weight (lbs.)	120			Date
Chest Circumference (ins.)	30			
Body Build (lbs.)	N			
Leg Length (ins.)	38"			
Pulse Rate — Sitting	72			
Pulse Rate — Standing 1st	108			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	120			
Pulse Rate — Time to Normal	20"			
Arterial Walls	Soft			Date
Blood Pressure — Systolic	106			
Blood Pressure — Diastolic	64			
Room Temperature	Normal			
Heart — Size (in cms.)	N			
Heart — Sounds	N			
Heart — Rhythm	N			
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N			
Lungs — Expiratory Force	N A			
Lungs — X-Ray	NEGATIVE			Date
Reflexes — Knee	N			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar				
Cranial Nerves	N			
Balancing Rod	R. N L. A	R. L.	R. L.	
Self Balancing	R. 1 L. 1	R. L.	R. L.	
Tremors — Fingers	FS FS SC			Date
Tremors — Eyelids	SC			
Abdomen — Liver	O			
Abdomen — Spleen	O			
Abdomen — Muscular Tone	N			
Urine — Albumen	Neg			
Urine — Sugar	Neg			
Initials of M.O.				

40 mm. Hg. Test
Date August 14-42 1st try 54= 6, 6 7 8, 7 5 6, 5 6 5, 5 W.J.F.
Date
Date
Date

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

14-8-42 Candidate physically fit. Neat fairly well dressed - quiet, not very impressive - average aircrew material. Cat. A1BA3B W.Jackson Flay F/L

FIT | Date 29/9/42

PILOT

OBSERVER

W/OPERATOR

A/GUNNER

M.O.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

CATEGORY A = B(T)
A = B
A = B(V)

DATE JUL 1943 19

No. WIRELESS, or B. and G.

APPROVED

EYE EXAMINATION

History: Worn glasses for 2 mos. for close work.

Visual Acuity	R. 2Ø 20, $\bar{c}$ —— =		
	L. 2Ø 20 $\bar{c}$ $\pm$2.50 $\bar{c}$ —— = 20/200		
Colour Vision	Normal Ishahara		
~~Red, Green~~	Mad. Rod Ortho		
Diaphragm Test (P.D. = 64)	4 out		
Convergence	C. = 6 at 0 cms.		
	S. C. = 7 - rt cms.		
Accommodation	R. 8 / L. 8 Blur		
Cover Test	No deviation		
Fundi and Media	Normal		
Fields	Normal		
Remarks:	A1BA3B		
	Initials of M.O. K.W.S.	*Initials of M.O.*	*Initials of M.O.*
	Date 13-8-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History: T & A 1928

Hearing	R. Ear	WV 20	
	L. Ear	WV 20	
External Ear, Meatus Membranes	R. Ear	Normal	
	L. Ear	Normal	
Middle Ear, Eustachian Tubes	R. Ear	Patent	
	L. Ear	Patent	
Cochlear Apparatus	R. Ear	-------	
	L. Ear	-------	
Vestibular Apparatus	R. Ear	-------	
	L. Ear	-------	
Buccal Cavity		Normal	
Teeth		Good	
Gums		Healthy	
Pharynx		Normal	
Nasopharynx		Not seen	
Nose		Slight deviation of septum to left. Inferior turbinates enlarged - acceptable.	
Larynx		Not seen	
Remarks:	Fit		
		Initials of M.O. K.W.S.	*Initials of M.O.*
		Date 13/8/42	*Date*

12.

Suitability for further training as a Gunnery Instructor	Not at all Suitable	Moderately Suitable	Definitely Suitable	Extremely Suitable
	X			

Mark "X" in the appropriate column.

13. REMARKS:- Average student.

Date:- 14/May/43

(signed) M Culling P/O
Chief Instructor

Date:- 14/May/43

(signed) F.A. Clark F/O
for Officer Commanding,
No. 2 A.G.G.T.S.,
R.C.A.F. Station, Trenton, Ont.

(Certified True Copy) A Belgore F/L

14. REMARKS:- Average student, good steady worker, finding no apparent difficulty with the course of instruction. Occasionally displays initiative, but prefers to follow, but is keen and cheerful in what he undertakes.

Date:- 9/July/43

C Taylor S/L
Chief Instructor

Date:- 9/July/43

R/Rees G/C
Commanding Officer,
No. 3 B.&.G School, R.C.A.F.,
MacDonald, Manitoba.

Form T.82.

ROYAL CANADIAN AIR FORCE

TRAINING REPORT

AIR GUNNER

1. Surname DECELLES Christian Names Leo Lorne Norman

2. Number R194225 Rank LAC Course No. 55

3. Posted from #2 AGGTS Trenton, Ont. Posted to #1 Y Depot, Halifax, N.S.

4. Duration of Course: From 5/April/43 To 9/July/43

5. Aircrew Category A1B A3B T Height 68" Girth 30"

6.

Equipment Used				
Type Aircraft	Type Gun		Type Turrets	
	In Air	Ground	In Air	Ground
Battle Anson	V.G.O.	V.G.O. Browning	Bristol	Bristol Fraser-Nash Boulton-Paul

7. STAGE I

	Mks. Poss.	Mks. Obtd.
Armament Oral	100	71
Armament Written	300	239
Anti-Gas	100	86
Aircraft Recognition	100	82
Mathematics	50	50
Navigation	100	83
Law Admin. Hygiene, etc.	100	68
Signals	100	70
TOTAL	950	749
Percentage		78.8

8. STAGE II

Air and Ground Training Assessment

	Day	Night
Flying Time	22:50	
Films Exposed	0'	
Hrs. Turret Manip.	15:00	
Skeet (# Rds)	400	
25 X Range.	760	
200 X. Range.	700	400
Air to Ground	450	
Air to Air	3500	
% Hits Air to Air	10	

Subject	Mks. Poss.	Mks. Obtd.
Armament Written	150	119
Practical & Oral	100	82
Aircraft Recognition	100	90
Drill	100	71
Signals	100	60
Ability as Firer	100	80
TOTAL	650	502
TOTAL TRNG. MARKS	1600	1251
Percentage		78.2
Personal Assessment	800	520

RCAF Records Office
Rec'd AUG 5 1943
O.K. C.I.B.
R.G. JB N.I.
S. JB B.A.

9. No. in Class 116 Position in Class 35 Pass or Fail Pass

10. Recommended for commissioned rank. No (Yes or No)

11. Experience in arming, loading and harmonizing turrets, etc, No. of Hrs. 3:00

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

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Serv

Official No. CAN.R.~~19425~~ 193028 Name DE CELLES Leo Lorne Normand Rank T/SGT P/O.
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 3.1.24 Religion R.C Occupation in Civil Life Book keeper 1941-date

Last Enlisted 29.9.42 Current Engagement D of W

If a member of the Auxiliary Air Force

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

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

mo. m. De Celles (mother) 411 Northcliffe Ave Apt 2 NDG Montreal PQ

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here " Next of Kin.")

N of K

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

Section I.—Movements and Casualties.			Section 2.— Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
3 B & G	No 1 Y Dep	23.7.43		A.Gunner. Std AC2	29.9.42
No 1 Y Dep	RAF.T.P	2.8.43		" " " LAC	15.5.43
	Emb New York	3.8.43		" " Sp T/SGT	9.7.43
	UK	11.8.43		A.Gunner. Gr.2. T/SGT	9.7.43
Int.C.119	3 PRC	12.8.43			
3 PRC	12 OTU	24. 8.43			
12 OTU	1657 CU	5-11-43			
1657 CU	11 Base	9.1.44			
No. 11 Base	460 Sqdn.	28.1.44			
460 Sqdn.	RCAF U/K N.E. Depot	25. 2 44			
Discharged on appr. to Commission, 22.2.44 P/1233/44.					

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

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

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

Section 4.—Character and Trade Proficiency.

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

	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt	V.G.	A/G	ON STRENGTH FOR TRAINING ONLY				5/11/43	R. Lloyd W/C
Sgt	VG	A/G	Sat	Sat	—	—	31.12.43	J. Hall F/L
Sgt.	V.G.	A/G.	Sat.	Sat.	-	Recommended	25.2.44	S/L
								W/C

Record of Leave and Issue of Free Travelling Warrants

P.O.R. (Can) 3/44	6 days	priv. leave from	10/2	to 15/2/44	W/SLSA.	R.W. issued.	F/L.
CAN 54 43	5 days	"P" leave	29.11.43	- 3.12.43.	R.W.D	393804	C.P. Coad W/O.
NOR Can. 40/43	P leave	11 days	26.10.43	to 5.11.43	FRW	D703093	M Brown S/O

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

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.
	Awarded Air Gunner Badge	9.7.43