J93511
ASHLEY
ROBERT JOSEP

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

R 17131 2
A 5369

R 17312
A5369

R 7131 2
A 5369

R 171312
3267

Ashley R

AIR FORCE No. ~~R171312~~

ASHLEY, ROBERT JOSEPH

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT

PLACE Montreal

DATE 12-6-42

C.R. FILE NUMBER Res SC

J.93511

OFFICER RECORD OF SERVICE AIRMEN

Comm 22-12-44 13

R.C.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	Montreal R/C	11	6	42	Mtl R/C 57
SOS	= Montreal R/C	15	7	42	M R/C 68
TOS	#5 M Depot Lachine	16	7	42	5MD169
Proc T.D.	5MD 256				
SOS	5MD Lachine Que	24	10	42	5MD255
TOS	31TS Victoriaville Que	25	10	42	3ITS258
SOS	3 I2S Victoriaville	23	1	43	3 I2S 23
TOS	11EF21 Cap de la Madeleine	24	1	43	11EF11
SOS	11 EFTS	20	3	43	11EF35
T.O.S.	13 S F St Hubert	21	3	43	13SF74
SOS	13 S. F St. Hubert	23	7	43	13SF162A0
TOS	1 Y Depot Halifax N.S.	24	7	43	1Y 182
S.O.S.	1 Y.D. to R.A.F. Trainees Pl.	2	8	43	1 Y.D. 195
Missing - 15 Jan. 45. DCD 926 d/20 Jan. 45.					
Presumed Dead. 15 Jan. 45. - DCD 1210 d/1 Feb. 45.					
SOS	1 Hans Rd Knightsbridge London SW3 on presumption of death	15	1	45	DB46-1

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	12	6	42	Mtl R/C 57
8				
LAC	31	12	42	31TS3
J. Sgt. Pd.	9	7	43	13SF162A0
TFS	9	4	44	GB1103
~~P/O 22-12-44 (AP&R 89 d/2-4-45~~				
P/O 22-12-44 (AP&R 89 d/2-4-45)				GB1372 AFRO594/45

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.
8-4-42	R-100	A1B A3B	
13 Mtl Hosp	22-6-43	24-6-43	13SF151-155
5 MD Hosp	24-6-43		5MD153

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
AC ITS (W ETP)	S	12	6	42	Mtl R/C 57
310S					
W/T Pilot	S	31	12	42	31TS3
Pilot's (ers 27)	SG	9	7	43	13SF162A0
~~Pilot Br. Gl~~		~~22~~	~~12~~	~~44~~	~~AP&R 89 2-4-45~~
Pilot Br. Gl		22	12	44	(AP&R 89 2-4-45)

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categ	P. A	13SF162A0

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
13-6-42	grad		LWP	Mtl R/C 57
30-12-42	1-2-43	33	amended Special	31TS16 31TS3
31-12-42	18-1-43	19	Special	31TS16
10-7-43	23-7-43	14		13SF162A0

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

AIR FORCE No. R171312 R

SURNAME: ASHLEY, FULL CHRISTIAN NAMES: ROBERT JOSEPH

ENLISTMENT PLACE Montreal DATE 12-6-42

RE-ENLISTMENT

C.R. FILE NUMBER 3055

J.93511

OFFICER RECORD OF SERVICE AIRMEN

Comm 22-12-44

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

7. BIRTH: DATE / PLACE / CITIZENSHIP 3

28-11-20 Manistique Mich. USA American

FATHER (FULL NAME) Mr. Charles Henry Ashley

BIRTHPLACE Liverpool England.

MOTHER (FULL MAIDEN NAME) Gertrude Helen Noiles

BIRTHPLACE Amherst, Nova Scotia

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x U.S.A.

JUNIOR MATRICULATION 3yrs U.S.A.

SENIOR MATRICULATION

TECHNICAL SCHOOL 1yr. Commercial P.Q.

UNIVERSITY

CORRESPONDENCE COURSES

4

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

Clerk - 1939-40 Montreal Stock Exchange

Inspector - 1940-41 Can. Car & Foundry.

Upholster 4-41 to 10-41 Krobeler Mfg. Co.

Tool Room Clerk - 10-41 to 1942 Engine work & training

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Pilots Flying Badge	13SF162A0	9-7-43
C.V.S.M. & Rubbin	OBSO	15-1-44
M.I.E.W.O.F.		

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 4 hr.

13. RELIGION R.C

1

14. LANGUAGES English (fluently)

1

15. SPORTS general.

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: Mr. Charles Ashley. RELATIONSHIP Father

ADDRESS: 2140 - Marcil St. N.D.G. D.R.O. 1

FULL NAME: Montreal RELATIONSHIP

ADDRESS: P.Q. D.R.O.

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

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	12 6 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

2140 - Marcil St. N.D.G.
Montreal
P.Q. Quebec

123

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	[redacted]M-13	IDN. CARD
24-7-42	28-6-42	24-7-42			

AIR FORCE No. J.93511. R77312

SURNAME: ASHLEY

FULL CHRISTIAN NAME: ROBERT JOSEPH

ENLISTMENT/APPOINTMENT — PLACE: MONTREAL — DATE: 12-6-42

RELIGION: R.C

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

Comm. 22-12-44

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
28-11-21	MANISTIQUE Mich.	U.S.A.	U.S.A.	ENGLISH

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION	3 yrs
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION	
TECHNICAL SCHOOL	UNIVERSITY	
CORR./BUSINESS COURSES	LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

CLERK.
INSPECTOR. (MACHINE SHOP.)
UPHOLSTERER.

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

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)

Charles Ashley Father.
2140 Marcil Ave. N.D.G.
Montreal. P.Q.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O(R)SS. GL. PILOT.	22/12/44	DHQ 1372/45 } ATRO 524/45 }	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC v	12/6/42		Aircrew. I.T.S.	12/6/42	
LAC	31/12/42	DRO3/43	Remust. Pilot	31/12/42	
T/Sgt	9/7/43	DRO162	Remust. Pilot Sgt.	9/7/43	DRO102
F/Sgt Sqn Ldr	9/4/44	SHAEC/S4W 001183/44			
T/WO II	9/10/44	001283/44.			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

I.5144.5

AIR FORCE No. J-93511. R177212

ASHLEY — SURNAME

ROBERT JOSEPH. — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE MONTREAL
DATE 12-6-42

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
26 8 43	1 9 43	4	Prv Leave	3PRC 2/5/43
28 9 43	2 10 43	4	Prv Leave	3 PRC 14/43
12 10 43	16 10 43	5	Prv Leave	3 PRC 20/43
25 10 43	30 10 43	6	Prv Leave	3PRC 4/43
12 11 43	18 11 43	7	Prv Leave	3PRC 18/43
14 12 43	20 12 43	4	Prv Leave	3 PRC 52/43
8 4 44	14 4 44	10	Prv Leave	4(P)AFU 44
27 8 44	3 9 44	8	Prv Leave	Lapsed 4/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
15 1 44	Bar to CVSM and Mn Lo	4(P)AFU 11/44

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	11 EFTS	13SFTS	22 6 43	DRO 151
	13SFTS	1Y&T	23 7 43	" 162
	1 Y&T	RAF ~~ME~~	2 8 43	~~DRO 190~~
	EMIB. NEW YORK.		3 8 43	
	DISEMB. U.K.		11 8 43	
	INT. C 119. 3 P.R.C.		12 8 43	
Proceeded on Temp Duty to			4 12 43	3PRC 44/43
	Pen Corner House for Medical Exam. re Loans to U.S. Forces			
Proceeded on Temp Duty to Pen Corner House for interview re Loans to U.S. Forces			31.12.43	3 PRC 57/43
	Returned from Pen Corner House		27 12 43	3 PRC 57/43
SOS	3PRC to 4(P)AFU		18 1 44	3PRC 16/44
SOS	4(P)AFU to 5 PDC		19 4 44	5PDC 53/44
ATT	to 4 Wing		19/4/44	5PDC 53/44
Transferred to Draft 8935 (4) (g)			20 4 44	5PDC 58/44
SOS	5PDC to RAF Middle East		14 5 44	5PDC 67/44
T.O.S.	Sm. Lapsed to S(ME) ARC.		24 6 44	Lapsed 11-1 S(ME)ARC 47/44
TOS	5 NE ARC		24 5 44	5 NE ARC. 43/44
TOS	3 BPD		8 9 44	MAAF. 93
SOS.	Lapsed to 22. P.T.C.		3 9 44	ME 5/11/44 ME 22/11/44
SOS.	22. PTC to HQ. MAAF.		7 9 44	
TOS	417 Sqdn		27 10 44	417 SQN 43
SOS	3BPD - 5 RFU		29 9 44	3BPD 103
TOS	5 RFU		29 9 44	5RFU MAAF 11/45
SOS	5 RFU to 417 Sq		27 10 44	5RFU MAAF 11/45
Struck to Comm			21 12 44	5'S' PTC 44/45
FB	Missing		15 1 45	C.L. 72/45 AFRO 379.
TOS	N/EU		15 1 45	39/45.
	Presumed Dead		15 1 45	P.C. 4583 dd/11/2/46.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Admitted SSQ 31 12 43	3PRC Lapsed 4/43
Discharged SSQ. 4.1.44	3PRC 3/44
Adm. C.S.Q 20.9.44	3BPD 96 MAAF
Klisk C.S.Q 23.9.44	" "

DVPSE 4 ENTRIES
UNIT RECORDS RETURNED TO CANADA

Ref:- R.171312/ASHLEY,

No. 5 Missing Research & Enquiry Unit
A.P.O. S. 565
Royal Air Force,
c/o British Troops in Austria.

8 December, 1947.

Air Ministry, (S. 14 Cas.)
2, Seville Street,
Knightsbridge,
London, S.W.1.

Wait Doc file for Dental

RECEIVED
JAN 13
CASUALTY
SECTION

Copy to:- R.C.A.F. Overseas H.Q.
11, Hill Street, London, W.1.

J.193511 - P/O ASHLEY, R.J.
Prev. R.171312 - W/O

SPITFIRE J.F. 958 - 417 Sqdn.(RCAF.)

15.1.1945.

P/O Ashley flying Spitfire J.F. 958 was detailed to take No. 4 position in an escort mission on the morning of January 15th, 1945.

2. They took off at 09.30 hrs., flew to the rendezvous point, contracted the Kittyhawks they were to escort, and set course with them at approximately 09.45 hrs. to carry out a bombing mission over Latisana.(M.R.2288, Sh. 40, Italy, 1/100.000)

3. At approximately 10.20 hrs. J. 92459, P/O McKay, flying in Blue 3 position, heard W/O Ashley call up Blue leader to say his engine was running rough but that he could carry on. A few minutes later he again called and said that his engine had cut, and that he would have to bale out. At this time, they were at 11.000 ft. just off the coast. The Blue leader instructed P/O McKay to stay with Blue 4.

4. Spitfire J.F. 958 glided inland, crossing the coast at approx. Map Reference 0865 (Sheet 52, Italy, 1/100.000.) The aircraft glided about 3 miles inland, and, at one time, turned over on its back, then recovered and flew on. It finally turned and headed for the coast again, flying an extremely erratic course. At approx. M.R. 0805 (Sheet 52, Italy 1/100.000) it went into a steep dive and crashed on the coast at about 10.25 hrs.

5. When P/O McKay landed, he stated that that he did not see W/O Ashley leave the aircraft, nor did he see any sign of a parachute. But he did not believe that there was anyone at the controls when Spitfire J.F. 958 headed out to sea the last time.

6. Investigations were carried out by our Searcher Parties and the following information was obtained:-

Local inhabitants were interrogated and they disclosed, that an aircraft had crashed in the mouth of the river Piave (M.R. 018615, Sheet 52, Italy, 1/100.000) on 15th January, 1945. A description of the crash was obtained from Cattalani Gelindo, who lives in Revedoli (M.R. 0163, Sh. 52) He stated that the aircraft, accompanied by one of the same type, appeared to be out of control, prior to crashing, and was flying a very erratic course. The incident had occurred between 10.30 hrs. and 11.00 hrs. He remembers that when the aircraft went down for the last time, the pilot's helmet, and goggles fell out of the cockpit. The Germans hed kept the inter-comm set, but had given the helmet and goggles to civilians.

7. These civilians were traced, and the helmet and goggles examined. They were found to be both of R.A.F. standard equipment, but bore no identifying marks whatsoever.

8. Several attempts were made with the aid of divers, to examine the aircraft still in the River Piave. On the fifth attempt, parts of the right hand side of the cockpit were recovered, from these it was possible to establish that the aircraft was a Spitfire VIII or IX, with a Merlin Engine. Further parts were recovered, but owing to past efforts and the fact that the aircraft was settling deeper into a mud bank, the ~~salvage~~ wreckage was commencing to break up under salvage strain. The latter or number identity of the Spitfire could not be established.

9. Our Searcher Party ~~were~~ was later informed of a body buried at M.R. 010618, Sheet 52. They then proceeded to the spot and found a rough grave marked by a wooden cross, devoid of inscriptions.

10. On exhumation they found a complete skeleton. There were only small minute pieces of clothing in the grave, of no value to identification, except a Mae West with A.M. markings. It was closely examined for the personal numbers etc. of the wearer without success.

11. Enquiries were made in an endeavour to link up this casualty but locals were most uncertain regarding circumstances and date of death. However, it appears that this Unknown was washed ashore on one of two dates namely December, 1944, or February, 1945, and had at that time been in the sea a short while. The Germans are reported to have buried the body and removed identification papers, rings and a watch from the body.

12. The remains were taken to 154 British General Hospital, Mestre, Italy, where a full examination was carried out. The Pathologists' report is attached herewith. The remains are now buried in Padua Military Cemetery, Plot 6, Row C, Grave 9.

13. Every effort, made to identify this Unknown have proved unsuccessful, however on studying the outstanding cases in this area, it seems possible that this casualty could be P/O Ashley.

14. We are of the opinion that the second addressee, with the aid of medical and dental records, may be able to identify this Unknown as P/O Ashley.

Wing Commander, Commanding
5 M.R.E.U. R.A.F. B.T.A.

LA/JVF.

A.M

The remains examined consisted of an almost complete skeleton, the bones were clean and practically entirely devoid of soft tissue.

No fractures either recent or old were present, the only feature suggestive of injury was that the left patella was adherent to the medial aspect of the proximal end of tibia.

Only a few of the small bones of the hands and feet remained, both first ribs and some vertebrae were missing.

The following measurements were taken.-

Bone	Right	Left
Humerus	14"	14"
Ulna	12¼"	12¼"
Radius	11½"	11½"
Femur (Front tip of Greater Trochaner)	20½"	20½"
Tibia	17½	17½"
Fibula	17¾	17¾"
Clavicle	6½	6"

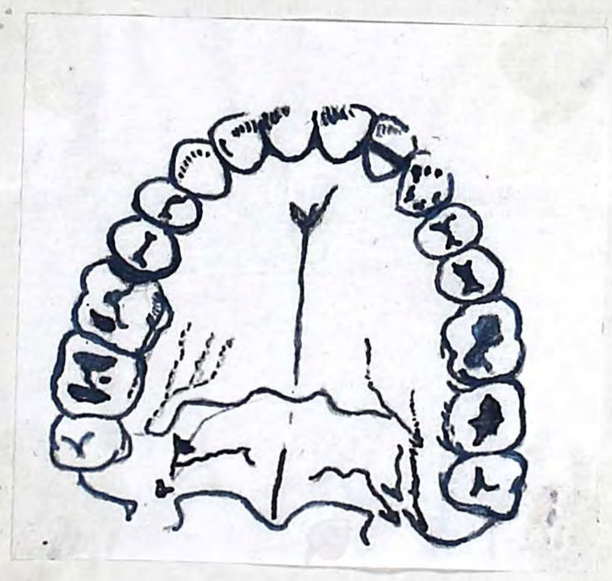
The pelvis was of characteristic male type.

Examination of the skull revealed no injury. The teeth showed evidence of dental care and as there were some well marked variations from average, a dental report is attached. X-Ray examination of the lower ends of the femora showed a faint epiphyseal line.

UPPER JAW. 7| Two coronal AcR's ✓
6| " " " & M Cr AcR ✓
|7 Coronal AcR
|6 Two Coronal AcR
|2 Missing

LOWER JAW 6|6 M Cr & Ch Cr fillings in both teeth.

Teeth and jaws well developed 8|8 probably partly erupted in the mouth, may be on dental chart as unerupted.



CONCLUSIONS:

These findings suggest that the skeleton examined was that of a young adult male aged about 23 years and probably over six feet in height.

Ht 6ft 0½ ins
Born 8/11/21

(SIGNED) ?????????????

Pathologist 154 B.G.H. C.M.F.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J93511 (~~R171312~~) RANK PILOT OFFICER UNIT 417 SQDN (OVERSEAS)

TRADE PILOT

NAME ASHLEY, ROBERT JOSEPH

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 ~~XXX~~ AMERICAN

FRENCH CANADIAN OTHER

NEXT OF KIN MR CHARLES HENRY ASHLEY

RELATIONSHIP FATHER

ADDRESS 1630 LINCOLN AVENUE MONTREAL QUEBEC.

FATHER'S NAME MR & MRS CHARLES HENRY ASHLEY

ADDRESS 1630 LINCOLN AVENUE LIVING ON ENLISTMENT YES

MOTHER'S NAME MONTREAL QUEBEC.

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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?

ESTATES BRANCH FEB 20 1946 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

AFHQ PRESUMPTION OF DEATH MEMO NO. 564---d--29-JAN-46

PREVIOUSLY REPORTED "MISSING" 15-JAN-45 AFTER AIR OPERATIONS OVERSEAS (BOMBER ESCORT DUTY OVER LATISANA BRIDGE ITALY)

NOW "PRESUMED DEAD" 15-JAN-45 FOR OFFICIAL PURPOSES.

All Will (1)

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

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

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

DATE 1-FEB-46

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

48118

Mrs. Charles H. Ashley,
1630 Lincoln Avenue,
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. J.93511 FD 32

ESTATES BRANCH
MAR 14 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 27, 1946

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

ASHLEY, Robert Joseph, P/O

J.93511 R.C.A.F.

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.

GWH/NM

Director of Estates.

M.F.W. 77
3M—11-45 (8368)
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.....		nil		
2	Children of the Deceased and dates of their Births.....		nil		
3	Father of the Deceased.....		Charles Henry Ashley	54	May 28 - 92 1630 Lincoln Ave Montreal Can
4	Mother of the Deceased.....		Mrs Gertrude Ashley	52	Apr 12 - 94. 1630 Lincoln Ave Montreal Can.
5	Brothers of the Deceased	Full Blood	1 Charles William Ashley	29	June 16 - 17 1630 Lincoln Ave Montreal Can
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	nil		
		Half Blood	nil		
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
	nil		nil		nil

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert-Joseph Ashley
9	Date of his birth.	November 28 — 1920
10	Place and date of his marriage.	nil
11	Place and date of his parents' marriage.	September 4 — 1916 Amherst Nova Scotia

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Manistique Michigan
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Manistique Mich. 3 mos. (b) Mattawamkeag Maine 15 yrs (c) Montreal. Que. 6 years. (d)
14	Nature of employment before enlistment.	Stock-taking
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	nil

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?	nil
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.	Nil
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	Nil
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?	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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.	Nil.

(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 Gertrude Ashley (Signature of Informant)

1630 Lincoln Ave. Address

Montreal Can.

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Gertrude Ashley {Name of informant} is the* 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 Seventh day of March 1946

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

Henry Smeaton S.J. Qualification Clergyman, ex S/Sr. Chaplain

Address Dean of Studies, Loyola College, 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 addressed and relationship of other relatives should be set out below.)

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

I would like my Sons uniform if I may have it

Thanks

Mrs Gertrude Ashley
1630 Lincoln Ave
Apt 1
Montreal
Que
Can.

R.C.A.F. Special Reserve

AIR FORCE NO. R 171312 POSTED TO No. 13 R/C Montreal, P.Q. TRADE Aircrew I.T.S. (YT)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. [redacted] name ASHLEY Full Christian Names ROBERT JOSEPH
2. Present Address 2140-Marcil St. N.D.G. Montreal, P.Q. Telephone Wa. 3142
3. Permanent Address 2140-Marcil St. N.D.G. Montreal, P.Q.
4. Place of Birth Manistique, Michigan Citizenship American
5. Date of Birth November the 28th, 1921 Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children N.A.

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

7. Occupation Tool Room Clerk 8. Religion Catholic, Roman (State denomination)
9. Languages English, fluently (State proficiency)
10. Next of Kin (Full Name) Mr. Charles Ashley Relationship Father
    " Address 2140-Marcil St.N.D.G. Montreal, P.Q.
11. Father (Full Name) Mr. Charles Henry Ashley Birthplace Liverpool, England.
    " Address 2140-Marcil St. N.D.G.Montreal. P.Q. Citizenship English
    " Occupation Dining car Stewart.
12. Mother (Full Maiden Name) Gertrude Hellen Noiles Birthplace Amherst, Nova Scotia
    " Address 2140-Marcil St. N.D.G. Montreal, P.Q. 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. JUN 19 1942 O.K. C.B. R.C. N.I. S.L. P.A.

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

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

644-238

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Mattawamkeag Primary & Grammar	Sept. 1926	June 1934	Primary & Grammar
High School—Collegiate Institute, etc.	Mattawamkeag High School Mattawamkeag, Maine, U.S.A.	1934	1937	3 years High School
Technical School	Daniel O'Connel School	1938	1939	(Commercial course)
University or School other than above	Montreal, P.Q.			
Correspondence Courses, etc				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Montreal Stock Exchange Montreal, P.Q.	Clerk	1939	1940	Better position
Canadian Car & Foundry Pointe-St-Charles, P.Q.	Inspector	1940	1941	Left to play baseball.
Kroheler Mfg. Co. Montreal, P.Q.	Upholster	April 1941	Oct. 1941	Better position
Engine Works & Traning Montreal, P.Q.	Tool Room clerk	Oct. 1941	1942	To join the R.C.A.F.

23. Flying Experience (in Hours) Solo None Dual None Passenger 4 hours

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

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

Baseball (Extensively) football, basket-ball, track,) swimming, bowling, skiing, skating, (Moderately)

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

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

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

Name	Address	Occupation
Mr. A. McDonald	Canadian Car & Foundry Pte-St-Charles, P.Q.	Chief Clerk
Mr. A.J. Lynch OK	Engine Works & Training, Montreal, P.Q.	Works Manager.
Mr. D.G. MacIntyre OK.	Engine Works & Training, Montreal, P.Q.	Purchasing Agent.
Mr. N. Cowley	2352-Melrose Ave. N.D.G. Montreal, P.Q.	Clerk

28. Other information that may have any bearing on this application None.

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

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

Date April 6th 1942 Signature R. J. Ashley

/LST$_J$

NATIONAL REGISTRATION CERTIFICATE
PRODUCED
82 146 W.B. Denez Jr 12.6.42

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—*

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,.....Robert Joseph ASHLEY.....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.....June 12th,.....19 42 .....R. J. Ashley.....
Signature of Recruit

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

I,.....Robert Joseph ASHLEY.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date.....June 12th,.....19 42.. .....N.A. American Citizen.....
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.....Twelfth.....day of.....June.....19 42...

W.B. Denez Jr .....No. 13 R/C, Montreal, P.Q.....
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age.

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

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

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

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

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

R. J. Ashley
Signature of Applicant.

Examiner's Remarks *re* above ..... measles. Bed 2 weeks.

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

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

2. Height 6 feet 1/2 inches.
3. Weight 181 pounds.
4. Complexion fair
5. Color of Eyes Blue Hair Brown
6. Development ~~Good~~ ~~Fair~~ ~~Poor~~
7. Chest Measurement—Full expiration 36 inches
   Range of expansion 3 inches
8. Hearing—Right W/ 20 Left W/ 20 Tympana—Right N Left N
9. Vision—Without glasses—Right 20/15 With glasses—Right na
   Left 20/15 Left na
10. Condition of mouth and teeth 2 carious teeth
11. Urine—Albumen Neg Sugar Neg
12. Abnormalities (Congenital and Pathological) found on Examination ..... none

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1 B A3 B

8-4-42 116331 X-Ray Neg R Th Ch

Any special remarks of the Medical Officers.

Part 2 Cont'.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 120 S. D. 70
17. Colour Vision N Dsh

Date 8/4/42 19

O. D. Letourneau F/O
President

R. Th. Mauthews F/L.
Member

Member

CONFIDENTIAL

R.C.A.F. Special Reserve

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

ROYAL CANADIAN AIR FORCE

Medical Board held at MONTREAL, P.Q. *Date* 8-4-42

FILE NUMBER

Surname ASHLEY *Chr. Names* ROBERT JOSEPH
Nature of Commission M.2 *Date of Birth* 28-11-1921 *Married or Single* Single.
Branch Gen. List *Hours Flown*
Address

HAVE YOU ANY HISTORY OF:—

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

Education 3 yrs. H.S.
Present Occupation Clerk Hobbies None
Previous Service None
Athletics Baseball Basket-ball
Habits—Smoking 15 cig. a day Alcohol Occasionally moderately.
FAMILY HISTORY—Consumption No. Diabetes No. Haemophilia No.
Nervous Ailments, Mental Trouble, or "Fits" No.
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (1) Alive—Health Good (0) Dead—Cause
Sisters (0) Alive—Health (0) Dead—Cause

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

Date 8-4-42 *Signature* R. J. Ashley *Witness* [illegible] F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Good *(b)* Mentality Good

Body Marks, Scars, Deformities None

Size of Thyroid Gland Normal

Surgical Abnormalities None

Results of Wounds, Injuries, Operations None

	Date 8-4-42	Date 12-6-42	Date	Remarks on any Abnormalities Found
Height (ins.)	6'-1/2"			
Weight (lbs.)	181			*Date*
Chest Circumference (ins.)	36-39			
Body Build (lbs.)	30			
Leg Length (ins.)	44			
Pulse Rate — Sitting	84	84		
Pulse Rate — Standing 1st	102	108		
Pulse Rate — Standing 2nd	96	96		
Pulse Rate — After Exercise	114	132		
Pulse Rate — Time to Normal	30	40		
Arterial Walls	Normal			*Date*
Blood Pressure — Systolic	120	130		
Blood Pressure — Diastolic	70	80		
Room Temperature	Normal			
Heart — Size (in cms.)	10 cms.			
Heart — Sounds	Clear			
Heart — Rhythm	Reg.			
Lungs — Inspection	Normal			
Lungs — Palpation	"			
Lungs — Percussion	"			
Lungs — Auscultation	"			
Lungs — Expiratory Force	120			
Lungs — X-Ray				*Date*
Reflexes — Knee	Physiological	normal		
Reflexes — Ankle	"			
Reflexes — Triceps	"			
Reflexes — Abdominal	"			
Reflexes — Plantar	"			
Cranial Nerves	Intact			
Balancing Rod	R. L. - -	R. L.	R. L.	
Self Balancing	R. L. S S	R. L.	R. L.	*Date*
Tremors — Fingers	None			
Tremors — Eyelids	None			
Abdomen — Liver	Normal			
Abdomen — Spleen	Normal			
Abdomen — Muscular Tone	Good			
Urine — Albumen	Neg.	neg		
Urine — Sugar	Neg.	neg		
Initials of M.O.	J.M.L.	CstO		

40 mm. Hg. Test 8/91112/101111/1098/877/ J.M.L.

Date 12-6-42 60=8/101111.10109,897,666 CstO

Date

Date

Date

EYE EXAMINATION

History Nil

Visual Acuity	R 20/15 , c̄ — =		20/20
	L 20/15 N. 1 sh , 1 2.50 c — =	20/200	20/20
Colour Vision			
Red, Green	M.R. Ortho		
Diaphragm Test (P.D. = 62)	4/5 @ 2		
Convergence C. =	6 cms.		
Convergence S. C. =	Blur @ 9 cms.		
Accommodation R.	Crowd @ 10		
Accommodation L.			
Cover Test	Ortho		
Fundi and Media	N		
Fields	N		
Remarks:	A1B, A3B		
Initials of M.O.	G.A.H.	*Initials of M.O.* Cst O	*Initials of M.O.*
Date	April 8th, 1942	*Date* 12-6-42	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing R. Ear	W V 20		
Hearing L. Ear	W V 20		
External Ear, Meatus Membranes R. Ear	N		
External Ear, Meatus Membranes L. Ear	N		
Middle Ear, Eustachian Tubes R. Ear	Pat		
Middle Ear, Eustachian Tubes L. Ear	Pat		
Cochlear Apparatus R. Ear	-		
Cochlear Apparatus L. Ear	-		
Vestibular Apparatus R. Ear	-		
Vestibular Apparatus L. Ear	-		
Buccal Cavity	Clean		
Teeth	2 carious teeth		
Gums	healthy		
Pharynx	Normal		
Nasopharynx	Not seen		
Nose	Normal		
Larynx	Not seen		
Remarks: Fit.			
Initials of M.O.	G.A.H.	*Initials of M.O.*	*Initials of M.O.*
Date	April 8, 1942	*Date*	*Date*

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

Good physical condition, overweight, but hard and very likely to loose some with drill. Average intelligence, average aircrew material.

(A1B, A3B) J.M. Latour F/O.

R.M. Matthews F/L.

12-6-42 Recheck fit.
A1B,A3B Claude StOnge F.L.,

FIT
PILOT
OBSERVER
~~W/OPERATOR~~
~~A/GUNNER~~

Date 12.6.42
A. B A3 B

M.O. R. M. Matthews

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

AIRCREW (9TS)(VT)

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

J-93511
~~R-111312~~
A.F. No.

ASHLEY
Surname

ROBERT JOSEPH
Christian Names

R.C.
Religion

Born 28-11-21 Place Manistique, Mich. Country United States Citizen of U.S.A. Racial Origin English

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

Wife's Maiden Name

Present Address (in pencil)

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

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

Charles Ashley, Father,
2140 Marcil Ave., N.D.G.,
Montreal, P.Q.

CIVIL EDUCATION

High School Entrance — Jr. Mat. 3 yrs — Sr. Mat.

Technical School — Business Courses

University 12 wks (WEPT) (academic)

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk. 2 yrs.
Inspector (Machine Shop) 1 yr.
Upholsterer, 6 mos.

PREVIOUS SERVICE

Nil.

ENLISTMENT

Date 12-6-42
At Montreal
Term Duration

Med. Cat.	DATE	Med. Cat.	DATE
A1B A3B	12 6 42		

RANK	AUTH.	DATE	TRADE	AUTH.	DATE
AC2		12 6 42	Aircrew 9TS(VT)		12 6 42
LAC	DRO 3/43.	31 12 42	Remust. Pilot	~~Stat~~	31 12 42
T/Sgt. ~~AC~~ 0162		9 7 43	Remust Pilot Spec	Temp.	9 7 43
~~AC~~ 0 1372/45		22 12 44	DRO 162		

TRADE TESTS AND COURSES

TRADE	GP	%	P or F	DATE
Aircrew 9TS(VT)	S		P.	
Remust. Pilot	~~Stat~~			31 12 42.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
13-6-42	15-7-42 Graduation	O.C.W.O.R.
30-12-42	1-2-43 Spec. Leave	DRO 3/43 33 days.
Above entry amended		DRO 16/43
31-12-42	18-1-43 Spec. Leave	DRO 16/43 19 days
10-7-43	24-7-43 (14)	Embarkation

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
9 7 43	Awarded Pilot Flying Badge			DRO 162
9 7 43	Categorized P.A.			DRO 162

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	RIC	RIC					
	Montreal	Montreal	12-6-42				
	R/C Mtl Que	#5 Lachine	16-7-42				
D.R.O 169/42	T.O.S #5 M.D	Lachine Que	16-7-42				
D.R.O. 253-42	#5 M.D	#3 I.T.S.	24-10-42.				
DRO 21/43	#3 I.T.S.	#11 E.F.T.S.					
	Valcartier Que	Cap de la Madeleine, Que	23-1-43				
DRO N° 35/43	N° 11 E.F.T.S	N° 13 S.F.T.S					
	Cap de la Madeleine P.Q	, St. Hubert, Que					
D.R.O. N° 151/43	Adm ~~to~~ from M.D.	Hospital	22-6-43				
DRO 162/43	13 S.F.T.S	#1 K DEPOT.	23-7-43				

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK LAC No. R 171312 NAME ASHLEY, R.J.

			SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT															
UNIT	PERIOD ENDING	SERIAL NO.	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

64

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK LAC NO. R 171312 NAME ASHLEY, R.J.

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
#11 EFTS	1943																		
	Jan 31				6 40														6 40
	Feb. 7				2 40														2 40
	" 14		1 05		4 05														5 10
	" 21		7 45		5 30														13 15
	" 28		10 30		4 50			1 00											16 20
	March 7		4 05		3 05			55											8 05
	" 14		15		2 40														2 55
	" 21		2 05		5 00														7 05
	TOTAL		35 45		34 30			1 55											62 10
#13 SETS	8/4/43		53 25		50 30	11 30		8 35										28 45	154 00
			79 10		115 00	11 30		10 30											216 10

Chief Flying Instructor
No. 11 E.F.T.S.

O.C. No. 2 SQUADRON
13 S.F.T.S. ST. HUBERT

GRAND TOTAL

RAF ME 4-2-44

Confidential

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

PILOT

No. 7 ADVANCED FLYING UNIT

D8935

1. Surname ASHLEY. Christian Names ROBERT JOSEPH.
2. Number R.171912 3. Rank SGT. 4. Course No. 67
5. Posted from 3 P.R.C. 6. Date course commenced 20.1.44. 7. Date course ended 6.4.44. 8. Posted to 5 P.D.C.

9. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	250
(b) Applied Flying	200	150
(c) Instrument Flying ...	250	160
(d) Night Flying	100	68
(e) Link Trainer	50	32
Total	1,000	660
PER CENT.		66%

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

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

(Mark "X" in appropriate column.)

12. **Remarks :** This N.C.O. has shown steady continual progress, is definite average in all respects. Sickness has caused his appearances at flights to be spasmodic. Navigation - Good. I.F. and Map Reading - Good. Aerobatics - Average. Formation - Average. Applied flying - Average.

Date 9.4.44. Signed J.M. FOXLEY NORRIS W/C.
for Officer Commanding.

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

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instrument	Link Trainer
MASTER II.	Day ...	8.25	26.30	38.50	1.00	7.30	4.05	9.45
	Night...	1.55	6.10	3.05				

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

(1) Type of Aircraft (Name)	(2) Date of Accident Day Month Year	(3) Day or Night " D " or " N "	(4) Previous Reports e.g. 765c Number or other reports (if any)	(5) Nature of Accident Use one or two words (e.g. " Taxying " " Heavy Landing " " Over-shooting " etc.)	(6) Amount of Damage " R.U." " R.X.U." or " W.O."*	(7) Degree of pupil's responsibility " None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
MASTER II.	8.2.44	D		Broken Tail-Wheel.	R.U.	FULL	Error of Judgement.

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

(*11077—10274) Wt. 38188—P2393 30M 12/42 T.S. 700
(*12116—10274) Wt. 12085—49 40M 5/43 T.S. 700

R.C.A.F. Special Reserve

Appendix "D"
M.20/10

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME..... ASHLEY

2. CHRISTIAN NAMES..... Robert Joseph

3. APPLYING FOR ENLISTMENT AS..... Observer or Pilot

SELECTION BOARD

4. PERSONNEL OFFICER 11 U.S.A.

Education..... 43

A to L Score.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)
3 yrs. H.S. U.S.A. Also 1 yr. Commercial. S.K. tests show a definite weakness in math. and a relative weakness in Science. Personally prefers to take pre-enlistment course. Good aircrew material. esc. score sufficient.

RECOMMENDED FOR..... W.E.T.P. Academic

SUITABLE FOR COMMISSION..... NO

7-4-42 Signed J.L. Gibault F/O

---

5. MEDICAL OFFICER

Medical Category..... A1B A3B

ASSESSMENT: (Physical; Temperamental)
Good physical condition. Overweight, but fairly hard, should improve with drill. Average intelligence, average aircrew material.

RECOMMENDED FOR..... Aircrew

SUITABLE FOR COMMISSION..... NO

Signed J.J.P.A. Latour F/O

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)
3 yrs. High School. Very good in maths. Health record good. Driving 4 years. All sports extensively. Boxing a little. Keen to fly, alert, intelligent, prefer fighter pilot. Recommendable.

RECOMMENDED FOR..... O or P

SUITABLE FOR COMMISSION..... Yes

6-4-42 Signed J.C. Laffoley F/O

FOUND ACCEPTABLE FOR..... W/C

DATE: 12.6.42

Commanding Officer
No. 13 Recruiting Centre.

A.F.M. 5
24.12.41.

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

ROYAL AIR FORCE.

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

Official No. ~~CAN.R.~~ J93511 Name ASHLEY Robert Joseph Rank ~~T/Sgt.~~ P/O
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 28.11.21 Religion R.C. Occupation in Civil Life Clerk 2 yrs. Inspector 1 yr.

Last Enlisted 12th June 42. Current Engagement D. of W Upholsterer 6 mon

If a member of the Auxiliary Air Force

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

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

mr. b. ashley (father) 2140 marcil ave 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 o/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.
13.S.F.T.S.	No.1.Y Depot	23.7.43.		Aircrew ITS. A.C.2.	12.6.42.
No.1.Y Depot	RAF.TP	2.8.43.		Pilot "Std" L.A.C.	31.12.42.
	Emb.New York	3.8.43.		Pilot "Sp" T.Sgt.	9.7.43.
	Dis.Emb.U.K.	11.8.43.		Pilot(Gp.2.) T.Sgt.	9.7.43.
Intake.C.119	3 PRC.	12.8.43.			
3 RCAF PRC	No. 7(P) AFU	18.1.44			
No: 7(P) AFU.	No: 5 P.D.C. (8935).	19.4.44			
	DISEMB - ME.	20.5.44.			
ME.	5(ME) A.R.C.	24.5.44			
5 MEARC	FAYID	24.6.44			
R.A.F. STATION, FAYID	22 P.T.C.	3.9.44			
22 P.T.C.	HQ. MAAF	4-9-44			
3 B.P.D.	5 R.F.U.	29.9.44.			
5 RFU	417 Lysander	27.10.44			
Missing from Operations 15 January, 1945.					
"CERTIFIED clothing returned to store"					
	(L.J. Doucet) Flt Lieut.				
Discharged on appointment To Commission 21.12.44 O/C 1372/45					

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.
RCAF GENERAL CONDUCT SHEET HAS BEEN RAISED IN CANADA.			

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

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

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/SGT	V.G	PILOT	ON STRENGTH			FOR TRAINING ONLY	3.9.44	[illegible] S/L
T/SGT	V.G	PILOT	ON STRENGTH			FOR TRAINING ONLY	27.10.44	[illegible] F/Lt

POR 11/44	(10 days "EMB" leave) 8.4.44 to 14.4.44 R.W. 762760.							[illegible] F/S/O.
POR 52/43 16	17.12.43	to 20-12.43	4 days Priv. Leave			RW. E17318		[illegible] S/O
POR 43.	7 Days Priv: Leave		12.11.43 - 18.11.43.			RW. E16229.		[illegible] W/O.
POR 43.	6 Days Priv: Leave		25.10.43 - 30.10.43			RW. C81371.		[illegible] W/O
43	12.10.43	to 16.10.43	5 days Priv. Leave			RW. C813606		[illegible] W/O
POR 11/43.	5 Days Priv: Leave		28.9.43 - 2.10.43.			RW. C812349.		[illegible] W/O.
215/43 3PRC.	26.8.43	to 1.9.43	7 days Priv. Leave			RW. C810950		[illegible] W/O
POR 211/43.	48 hr. Pass.		21.8.43 - 22.8.43.					[illegible] W/O.

Record of Leave and Issue of Free Travelling Warrants

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

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

Authority.	Nature.	Date of Effect.
	Awarded Pilots Flying Badge	9.7.43.
AMO. 73/44.	Authorised to wear the Canadian Volunteer Service Medal Ribbon & Maple Leaf Emblem.	15-1-44.

Sheet Destroyed, date.....
Date of last entry.....
Number of cases of drunkenness.....
Date of last instance of drunkenness.....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

J. 93511

OFFICIAL No. ~~R.171312~~ NAME AND INITIALS ASHLEY, R.J. (IN BLOCK LETTERS) DATE OF ENLISTMENT 12-6-42

SHEET No. One (IN WORDS) SIGNATURE AND RANK OF C.O. H H Smith P/O For (A.Ray mond) Gr. Capt. DATE 1-10-42

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
#13 SFTS St.Hubert, P.Q.	27-5-43	LAC		W.O.A.S. Negligently damaging His Majesty's Aircraft Harvard #2927 while taxiing aircraft carelessly and in such a manner as to collide with a parked automobile causing damage to wing tip of aircraft.	Documentary	7 days C.B.	31-5-43	W/C A.B. Searle	[signature] F/O E.F.L F/O 31-5-43
				Certified No Entry. M M Hewlett P/S/O Asst: adjutant RAF Station PETERBOROUGH					18. 4. 44.
				CERTIFIED NO ENTRY	[signature]		F/LT.	Adjutant, No. 5 (M.E.) A.R.C	24.6.44
				CERTIFIED NO FURTHER ENTRY	J W Morton	F/O A/ADJT.		R.A.F. STATION, FAVID	3. 9. 44
				CERTIFIED NO ENTRY	[signature]	F/O A/Adj.	22	PERSONNEL TRANSIT CENTRE, R.A.F.	7-9-44
				To be carried over Certified No Entry	[signature]	adj No. 3. B.P.D.		(Aircrew Pool) RAF 6 M.D.	29. 9. 44
				Certified No Entry	[signature]	adj No 5 RFU.		RAF CMF.	27-10-44

R.C.A.F. R. 71
50M—1-41 (8774)
H.Q. 1062—3-53

Brought forward

Reported missing from operations 15 January, 1945

Certified no entry: J. Howe Flt. Lieut., Adjutant, No.417 Squadron, R.C.A.F., D.A.F., C.M.F.

Confidential

R.A.F. Form 5015

R.A.F. TRAINING REPORT

PILOT

No. OPERATION TRAINING UNIT

1. Surname ASHLEY Christian Names Robert Joseph.
2. Number R. 171312 3. Rank Sgt. 4. Course No. 25.
5. Posted to R.A.F. Station, Fayid. 6. Date course commenced 26.6.44.
7. Date course ended 25.8.44 8. Posted to No. 22 P.T.C.

9. Ground Examinations		
Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	227
(b) Armament	300	226
(c) Meteorology..	100	96
(d) Navigation	200	191
(e) Signals...	100	77
Total	1,000	817
Per cent.		82%

10. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	280
(b) Applied Flying	200	140
(c) Instrument Flying	~~250~~	-
(d) Night Flying	~~100~~	-
(e) Link Trainer	50	30
Total	~~1,000~~ 650	450
Per cent.		69%

	Marks Allotted	Marks Obtained
11. Assessment of Qualities of Character and Leadership	100	75

12. Remarks:

Armament Results.

A.A. Air to ground firing. Rounds fired 725 Hits 14.8%

B.A. Air to air firing 1200 (Hits). Shadow firing Nil

Number of feet of cine film exposed 160

A capable pilot. Has shown sound judgement with an aggressive temperament as a fighter pilot. Exemplary as an N.C.O. and should be considered for a commission when he joins his squadron.

Date 25.8.44 Signed J.R.H. LEWIS W/Cdr.

Officer Commanding

Training Wing,

R.A.F. Stn. Fayid.

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

13. **Flying Times** (at this Unit)

Type of Aircraft	Time	Dual to lst Solo	Total Dual	Solo	Passenger	Formation	Instrument	Link Trainer
Harvard	Day	4.25	11.15	3.15				3.00
Spitfire	~~Night~~ Day			31.00		6.35		

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

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

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

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 AIR

DECEASED MEMBER'S NAME: Robert J. (CHRISTIAN NAMES) Ashley (SURNAME)

REGISTER NO. E619-7

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 30798

DATE 25 July/46

SERVICE NO. J93511

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 15 Jan./45

DATE OF DISCHARGE 15 Jan./45

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 917 / 30 EQUAL TO 30 COMPLETE PERIODS AT $7.50	225.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 533 LESS 17 INELIGIBLE DAYS, EQUAL TO 516 DAYS @ 25c. PER DAY	129.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 6.25		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70		
	ADDITIONAL PAY $		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
	TOTAL $ 7.95 ×7 = $ 55.65		
	NO. OF DAYS 533 / 183 ×$ 55.65	162.09	
D. WAR SERVICE GRATUITY		516.09	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		516.09	

Records Office AUG 9 1946 C.I.B. N.I. C. B.L.

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ OF $ _____ = $

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

PREPARED BY	CHECKED BY
AMS	H

TREASURY	
CHECKED BY	DATE
	31-7-46

SERVICE REPRESENTATIVE

ΔT

Declaration on file changing name from Robert J. Ashley to Robert Joseph Ashley

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (ITALY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Part | 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: ASHLEY (Block letters)

Given names: ROBERT JOSEPH

Do not write in this space

4. RESIDENCE

Street: Marcil Street, N.D.G. No. 2140

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): United States

11. DATE OF BIRTH: 28th (Day) November (Month) 1921 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Jan.15/45

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Ashley, Charles Henry	England
MOTHER (Maiden Name)	Noiles, Gertrude Hellen	Nova Scotia

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 15th (Day) 19 45 (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 for official purposes, presumed dead.

due to

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

(b)

due to

(c)

II

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

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 Jan.15th 19 45

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

Nature of injury.... (bomber escort duty)

Specify whether injury occurred in industry, in home, or in public place.... public place

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

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

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

R.A. Woody F/O

For (R.C.A.F. Records Officer)

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

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

(Voir l'autre côté pour le français)

H.W.

ROYAL CANADIAN AIR FORCE R.C.A.F. T.58A

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME Ashley, CHRISTIAN NAMES R.J. NUMBER R171312 RANK LAC

I.T.S. #3 VICTORIAVILLE COURSE NO. 65 FROM 26-10-42 TO 1-1-43

S.F.T.S. #11 CAP DE LA MADELEINE COURSE NO. 73 FROM 25-1-43 TO 19-3-43

S.F.T.S. #13 ST. HUBERT XXXXX COURSE NO. 77 FROM 22-3-43 TO 9-7-43

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

(1) G.I.S. RESULTS

	Finals			Supps.		
	%ITS	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	85					
2. Law, Discipline	87					
3. Navigation	69	154	97			
4. General Studies						
5. Airmanship	70	146	100			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti Gas	88					
10 Armament (written)	92	37	70			
11 Armament (practical)	86	37	35			
12 A/C Recognition	94	83	46			
13 Drill	72					
14 Signals (Buzzer)	85	90	37			
15 Signals (Lamp)	100		100			
16 Meteorology	76		37			
TOTAL OBTAINED	861	547	522			
TOTAL POSSIBLE	1050	700	750			
PERCENTAGE	82	78.1	69.6			
NUMBER IN CLASS	128	34	49			
POSITION IN CLASS	61	22	40			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
x Armament 20 Hours	x 64	105
Instrument	66%	104
Clear Hood	96	204
Navigation	30	107
TOTAL OBTAINED	192	520
TOTAL POSSIBLE	300	750
PERCENTAGE	64	69.3
NUMBER IN CLASS	35	49
POSITION IN CLASS	29	30

(3) FLYING APTITUDE

	EFTS	SFTS
Natural Skill	A	A
Skill in landing	A	A
Airmanship	A	A
Cockpit Drill	A	A
Instrument Flying	A	A
Night Flying	A	A
Aerobatics	A	A
Formation Flying	NA	A
Map Reading	A	A
Wind Sp.& Direction Finding (TE)	NA	
Straight Runs over as Pilot (TE)	NA	

(4) FLYING TIME

SCHOOL	TYPE A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	FORMATION	Instrument.	LINK	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	PASSENGER
#11 EFTS	Finch 2	34.30	25.45	1.55	-	-	7.00	11.00	4.00	1.15	12.40	-
13 SFTS	Hvd.II	80:30	53:25	8:35	11:30	13:50	28:45	22:00	18:20	8:00	6:05	

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

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

R.C.A.F. Records Office
Rec'd. SEP 7 1943
O.K. C.I.B.
R.G. JB N.I.
S. P.A.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							—
S.F.T.S.	A	A	A	A	A	A P.1	A

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

	Marks Obtained
Flying (Para.3)	520
G.I.S. (Para.1)	522
Character & Leadership(Para.8)	484
TOTAL	1526
PERCENTAGE	67.8
STANDING IN CLASS	33

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP.

I.T.S.	130
S.F.T.S.	354
TOTAL	484

(9) CERTIFIED:

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

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

9-7-43

Chief Instructor
No. 13 S.F.T.S.

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

(a) I.T.S. Keen. Reliable. Good natured & energetic. Well recommended.

Alternative Recommendation: Air Navigator.

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

(b) E.F.T.S. Noisy type of youth, not co-operative - not interested in Ground School.

J.G. Elliott, C.G.I.

Average student. Was nervous at beginning of training. Overcontrols on instrument flying. No solo cross country. Missed 2.05 dual and 1.00 hour solo night flying due to weather.

A/C.F.I.
~~Chief Supervisory Officer~~
No. 11 E.F.T.S.

(c) S.F.T.S. W.R.McAllister F/L.

Clear hood - Averagepilot. Forced landings and precautionary landings need practice.
Instrument - Average. Overcontrols, needs practice on primary instruments
G.I.S. - Low average. Not fully cooperative.
L.T. - 78%
Not recommended for Commission

Chief Instructor
No. 13 S.F.T.S.

(d) S.F.T.S.

Commanding Officer
No. 13 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.53A

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

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

Airman's Statement at Embarkation

1. Number R-171342 Rank SGT. Name ASHLEY ROBERT JOSEPH
   Surname Christian Names

2. Name and address of person to be notified in case of casualty:
   MRS. C. H. ASHLEY 356 KENSINGTON AVE.
   WESTMOUNT, QUEBEC Relationship, if any MOTHER

3. Alternative or second name of person & address to be notified in case of casualty...
   MR. C. H. ASHLEY SAME ADDRESS

4. Legal next of kin(wife, if married, father if unmarried, mother if father deceased).
   ASHLEY CHARLES HENRY
   Surname Christian Names

5. Are you single, married, widower, divorced, separated? SINGLE
   Full Christian & surname of wife N.A.
   Address: N.A.

6. If married, have you completed a will since marriage? N.A. If so, state location...

7. Have you completed necessary documentation for dependent's allowance YES

8. Are your parents living? Father YES Mother YES

9. Full Christian & surname of parents (if living)
   Father ASHLEY CHARLES HENRY
   Address 356 KENSINGTON AVE. WEST MOUNT, QUE.
   Mother ASHLEY GERTRUDE MAE
   Address SAME AS FATHERS

10. Your own permanent home address 356 KENSINGTON AVE. WESTMOUNT QUE.

11. Religious Denomination R. C.

12. Have you Identification Discs? YES

Airman's usual signature R. J. Ashley

Date 24-7-43

R.C.A.F. Records Office
Rec'd AUG 28 1943
O.K. C.I.B.
R.C. N.I.
S.L.

R. C. A. F.

Appendix "B"
M.24/1

EVIDENCE OF EDUCATION

This is to certify that Ashley R.J. has
name

been given school knowledge tests in the following subjects:

Math (Subject) and Science (Subject) and Reading (Subject).

at No. 13 Recruiting Centre, Montreal, and has obtained the following marks:

R.C.A.F. Records Office
Rec'd. JUN 19 1942
O.K. C.I.B.
R. G. N. I.
S.L. P.A.

Subject	Mark	
Math A.	12	~~Pass~~ Fail
Science A.	19	~~Pass~~ Fail
Reading A.	13	Pass ~~Fail~~

(Delete word not applicable)

Date: 7-4-42

Signed: J. L. Gibault Flo.
(Manning Personnel Officer)

A.F.M.64
14.11.41

DECLARATION OF BIRTH

(Parents)

DOMINION OF CANADA)
PROVINC E OF)
COUNTY OF)

TO WIT:

I, Gertrude Ashley, of Montreal (2140 Marcil Ave N.D.G.)

do hereby solemnly declare that my son, Robert J. Ashley

was born at Manistique, Michigan U S A

on the 28 day of November A.D. 1920

and that I am his mother, _____,
(Mother) (Father)

AND I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath.

Declared before me at the)
City of Westmount)
This 1)
day of Sept A.D. 1942)

Mrs Gertrude Ashley.
Signed.

Dept. C Hawkins.
A Commissioner, Notary, etc.

Justice of the Peace & District of Montreal
Commissioner of the Superior Court. Province of Quebec.

R.C.A.F. Records Office
Rec'd SEP 30 1942
O. K. G.I.B.
R. C. N.I.
S.L. P.A.

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

SJ09351 1 ASHLEY ROBERT J — POB

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.			OP WP	
✓						✓		✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
					6102									RIBBON ISSUED
													8/3/47	MEDAL ISSUED

PREFIX NUMBER NAME RANK COD

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

~~MEDALS RET'D UNDELIVERED~~
~~AND RET'D TO STOCK~~

~~1347 - 7/10/49~~

no later address available
Hold pending application

Mrs. Gertrude Ashley (mother)
1630 Lincoln Ave.,
Montreal,
Que. Oct.-46

Medals & Memorial Bar
Received by hand. 28/10/51 AGR.

MEMORIAL BAR
DATE DESP
REGN. NO. by hand

NAME ASHLEY ~~XXXXX~~, Robert Joseph

FILE NO. ~~XXXXX~~ R171312

RANK ~~W.O.2~~ ~~XXXXPILOT~~ P.O

CATEGORY ~~MISSING~~ PRES DEAD

REG. NO. ~~XXXXXXX~~ J93511

DATE OF DEATH: 15-Jan-45

MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 29-1-45

ROYAL MESSAGE:

MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father-
To mother and father, 4-2-46

FEB 20 1946

DEL'D TO MOTHER:

DEL'D TO WIFE:

FEB 19 1946

Mr. & Mrs. Charles Henry Ashley,
~~356 Kensington Avenue,~~ 1630 Lincoln Avenue,
~~Westmount, Quebec.~~ Montreal, Quebec.

COMMAND:

RELIGION:

MB

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

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 15301

This is to Certify that

J93511 PILOT OFFICER ROBERT JOSEPH ASHLEY R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 15TH day

of JANUARY, 1945, 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 1ST day of FEBRUARY 1946

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

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

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

WILL

(a) Names in full to be written.

(1) (a) I, Robert Joseph Ashley of the City ~~Town~~ ~~Village~~ ~~Township~~ of Westmount, Quebec in the ~~County~~ District of Wachelaga Province of Quebec Inspector (Civil Occupation)

a member of the Royal Canadian Air Force, Number R-171312 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Mother
(b) Gertrude Ashley
(c) 356 Kensington Ave. Westmount, Que.
(d) All my estate

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

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

(a)
(b)
(c)

Name and address of Executor.

(4) I appoint Gertrude Ashley, (Name) 356 Kensington Ave, Westmount Que. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 17th day of July 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.

R. J. Ashley (Signature of Testator)

First Witness sign here.

(5) [signature] (Signature)
576 Monkland Ave Mtl (Permanent Home Address)
Clerk (Occupation)

Second Witness sign here.

[signature] (Signature)
[illegible] (Permanent Home Address)
Clerk. (Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd JUL 24 1942
O.K. C.I.B.
R.C. N.I. 7/10
S.L. P.A.

(OVER)