R104713
LAURENCE
JOSEPH FERNA

R-M047!3
490

Laurence J. Ó.Q

126688

NAME LAURENCE, Joseph Fernand Rolland FILE NO. 1022-L-3107

RANK F/Sgt. Air Gunner CATEGORY ~~MISSING~~ PRES. DEAD REG. NO. R104713

DATE OF DEATH: 26 May 43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 11 June 43 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN: AUG 21 1944

AUG 23 1944

To mother (french card)
To mother 8-3-44

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs.Joseph Octave Raoul Grignon,
7731 St. Denis St.,
Montreal, Que.

COMMAND: No. 3

RELIGION: R.C.

Am

ROYAL CANADIAN AIR FORCE

SERVICE
AND
PAY BOOK

Miss.

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.

P. Donnelly wif 23 ½

MISSING 27/5/43

Air Force No. R104713 Surname LAURENCE

Christian Names (in full) JOSEPH FERNAND ROLLAND

Date of Birth 7-10-21 Religion R.C.

Date of Enlistment/~~Appointment~~ 7-6-41

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

Occupation in Civil Life

Signature of Holder

Name and Address of Next-of-Kin Mr R. GRIGNON
7731 St Denis St.
Montreal, P.Q.

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

J H Irwin WS

Certified Correct Sgt A B MacLennan F/L

Date 31-3-43 Place RCAF O/S H.Q.

RAF Ranks as at 1-2-43 Agt Air.

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
G.D.			
Sw. Ad. C	11-7-4x		
A.G.	9-10-4x		

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
AC1	9-9-41		
LAC	9-12-41		
SGT	9-10-4x		
F/S	9-4-43	0/0649/43	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

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.
9.6.41	A4B			

BLOOD GROUP

Date	International	Initials of M.O.

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

R.C.A.F. Special Reserve

AIR FORCE No. R. 104713 POSTED TO No. 4 Manning Depot Quebec TRADE General Duties Guard (Standard)

carded G. Duties

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname LAURENCE FULL Christian Names JOSEPH, FERNAND, ROLLAND
2. Present Address 631 Guizot St. Montreal Que. Telephone Du 4623
3. Permanent Address 631 Guizot St Montreal Que.
4. Place of Birth Montreal Que. Citizenship Canadian
5. Date of Birth October 7, 1921 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single
6. Particulars of Children

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

7. Occupation Aircraft worker 8. Religion Roman Catholic (State denomination)
9. Languages French + English fluently (State proficiency)
10. Next of Kin (Full Name) Aline Laurence Relationship Mother
    " Address 631 Guizot St. Montreal Que.
11. Father (Full Name) Donat Emilien Laurence Birthplace Montreal Que
    " Address Deceased Citizenship Canadian
    " Occupation (accountant)
12. Mother (Full Maiden Name) Aline Figuère Birthplace Montreal Que.
    " Address 631 Guizot St 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. JUN 12 1941
O.K. ... C.I.B.
R.C. ... N.I.
S. ... 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.

187-356

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Champagnat School St Pierre School	1927	1940	Primary Commercial Course
High School—Collegiate Institute, etc.	Montreal Que			
Technical School	Cartierville	9th Feb	May	Aircraft work
University or School other than above	Youth training plan	1941	1941	
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
N A				

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

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

25. Sports engaged in. State: ~~extensively, moderately,~~ occasionally Skating, hockey baseball, soft ball, 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 General Duties
~~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. Arthur A. Flaskar	5969 De la Roche Montreal Que	Teacher
Dr. Leo Lorrain	3944 St Denis Montreal Que	Veterinary

28. Other information that may have any bearing on this application I learned about aircraft work: fitting, sheet metal Sub-assembly + final assembly

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 30 May 1941 Signature Fernand Laurence

NATIONAL REGISTRATION CERTIFICATE PRODUCED

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type: Good General appearance: Good

Suitability for (state in what capacity): Standard General Duties Trained

Date: 2/6/41 Signature: J.R.O. Gibeault Rank: F/O

(B) *Report of Trade Test—*

Trade in which tested: N. a.

Result: N. a.

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

Date: 2/6/41 Signature: J.R.O. Gibeault Rank: F/O

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

I, Joseph Fernand Rolland Laurence 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 9th, 1941 19.. Fernand Laurence
Signature of Recruit

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

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

Date: June 9th, 1941 19.. Fernand Laurence
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 Que. this 9th day of June 19 41.

P. Barbeau F/O — R.C.A.F. Recruiting Centre Mtl.
Signature of Officer — Rank — Unit

Finger Printed
Date 9-6-41
Initials E.B.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 2. Have you ever suffered from any of the following defects in health?

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

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

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

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

Signature of Applicant Fernand Lawrence

Examiner's Remarks *re* above ..... None.

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

1. Identification marks or scars (if operative obtain history) ..... wart just in midline over 5th Dorsal Spine.

2. Height 5 feet 3 1/2 inches. 3. Weight 113 pounds.

4. Complexion Fair. 5. Color of Eyes Blue Hair Fair.

6. Development {~~Good~~ Fair ~~Poor~~} 7. Chest Measurement—Full expiration 28 1/2 inches

Range of expansion 2 1/2 inches

8. Hearing—Right Wv. 20/ft 15 Left Wv. 20/ft 15 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/25 Left 20/20 With glasses—Right / Left } NO

10. Condition of mouth and teeth ..... Carious teeth. otherwise normal.

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination ..... See above only

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-1B

Any special remarks of the Medical Officers

3-6-41 X-Ray # 80282 neg
9-6-41 Reflexes Normal

Part 2 Cont'd.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S. D. 120/80
17. Colour Vision N(15/15)

Date 2 - 6 - 1941

President Member Member

AIR FORCE No. R104713

SURNAME: LAURENCE, FULL CHRISTIAN NAMES: JOSEPH FERNAND ROLL

ENLISTMENT / RE-ENLISTMENT — PLACE Montreal, Que — DATE 9-6-41

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	4 M.D. Quebec	9	6	41	4 M.D. 138
S.O.S	4 M.D. Quebec	15	7	41	4 M.D. 169
T.O.S	Newfoundland Airport Gander	16	7	41	Nf 51
S.O.S	Nfld. Airport. (amended)	8	9	41	Nf 97
T.O.S	RCAF Det. N. Sydney, N.S.	13	9	41	117 B R 26
T.O.S	RCAF Det. N. Sydney	9	9	41	117 B R 26
Attd t.	Sydney for duty disp. stns gtn	23/10	3/6	42	NSS 73-143 S 75 143
T.O.S	2016 RIC Halifax	1/4	7	42	Hl 162
S.O.S	RCAF Det. N. Sydney	16	7	42	NSS 174
T.O.S.	4 9 BGS Mont Joli	17	7	42	9 B G S 202
S.O.S.	9 B G S Mont Joli.	10	10	42	9 B G S 271 ½
T.O.S.	3 T.C. Montreal Que.	11	10	42	3 T C 212.
S.O.S.	3 T.C. Montreal	1	11	42	3 T C 216
T.O.S	1 Y Depot. Halifax.	2	11	42	1 Y 310
S.O.S	1 Y depot RAF trainee pool	22	11	42	1 Y 342
		22	11	42	E 559
	Gypsying PX 6463	1/6 / 27/5	5	43	
	Pres. Dead. (PEX 562 15-2-44)	26	5	43	
	W S D.	29	9	44	

Completed WSG JA OCT 31 1944

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	9	6	41	4 M.D. 138.
AC 1	9	9	41	117 B R 41
LAC	9	12	41	HSO 208
t/Sgt (paid)	19	10	42	9 B G S 271 ½
T/F/Sgt (Paid)	9	4	43	G B 641

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.
9-6-41	R 100	A4B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
GD Guard		9	6	41	4 M.D. 138
899 S					
Sec Guard	C	11	7	42	NSS 171
Air Gunner	Sgt.	9	10	42	9 B G S 271 ½

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
4-2-42	18-2-42	14	annual	NS 029
19-10-42	2-11-42	14		3 T C 214

AIR FORCE No. R104713 R

SURNAME: LAURENCE, FULL CHRISTIAN NAMES: JOSEPH FERNAND ROLLAND

ENLISTMENT PLACE Montreal, Que DATE 9-6-41

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 17-10-21 PLACE Montreal Que CITIZENSHIP British

FATHER (FULL NAME) Donat Emilien Laurence ~~Montreal Que~~ (Deceased)

BIRTHPLACE Montreal Que.

MOTHER (FULL MAIDEN NAME) Aline Giguère

BIRTHPLACE Montreal Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que.

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES X

G.P. of I.P. 4 mos. aircraft work

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

Nil.

9510

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Awarded Air Gunner's Badge	9BUS2719½	9-10-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO DUAL PASSENGER

13. RELIGION Roman Catholic

14. LANGUAGES French & English

3

15. SPORTS skating, hockey, baseball, softball, stamp collecting, reading.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

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: Aline Laurence RELATIONSHIP Mother

ADDRESS: D.R.O.

FULL NAME: Mr R. Grignon RELATIONSHIP

ADDRESS: 2751 St Denis St Montreal D.R.O. NS160-162

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	4 6 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Rec. Gov't tickets + draw rations		10/6/41	4 MD 138
rec. gov't tickets & draw. rtns.		21-7-41	MD 51
Cease acc. Bonus - glid. stg.		12-9-41	MD 97
Att 117 BR rtns	Glid duty disc	13-9-41	117 BR 19
Cease att 117 BR rtns	Glid duty disc	26-10-41	NSD171
Att Sub Base	Det N Sydney	27-10-41	NSD171
SL 2.2	# C41552	2-2-42	NSD30

22.(A) ADDRESS PRIOR TO ENLISTMENT

631 Dufferin St Montreal Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
19/6/41	DEC 19 '41	25/6/41				AHF KT

AIR FORCE No. R104713

SURNAME: LAURENCE, FULL CHRISTIAN NAME: JOSEPH FERNAND ROLLAND

ENLISTMENT/APPOINTMENT
PLACE Montreal, Que
DATE 9-6-41

RELIGION: R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
1-4-43	12-4-43	12	Priv leave	240, TU. 8/43.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	3TC Montreal		1 11 42	3TC 215
SOS	1 Y Depot	RAF Transit Camp	22 11 42	1Y 342
Embarked	UK.		30 11 42	6559.
20S.	at 24 O.T.U.		2 2 43	33/20.
20S.	at RAF Driffield Yorks		12 4 43	31/3/43 PGM.
SOS	RAF Driffield	to 1663 Conv Unit	15 4 43	22/43.
SOS	N163 Conv Unit	to RAF Driffield	22 4 43	12/42.
Posted	to 77 Sqdn.		16 5 43	1/43.
MISSING			26 5 43	CR 322.
WAR CASUALTIES	NE Accts Depot		26 5 43	77 Sqdn 7/43.
T.O.S.	77 Sqd. to	RCAF N/E.U. (F.B.m)	26 5 43	N/E.U. 1/43
PRESUMED DEAD			26 5 43	CR 428 AFRO 513/44
SOS	NE Unit	(Pres Dead)	27 5 43	NE U 11/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
9 10 42	Air Gunner's Badge	9BGS 271

ADVI... ...ES
UNIT RE... ...ONED
... TO ...

Emb.

23-11-42

AIR FORCE No. R104713

SURNAME: Laurence, FULL CHRISTIAN NAME: Joseph Fernand Rolland

ENLISTMENT/APPOINTMENT
PLACE Montreal Que
DATE 9-6-41

RELIGION: ~~McDock Mining~~ Roman Catholic

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
7-10-21	Montreal, Que	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE X	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES X D.P.Y.T. 4 mos. Aircraft Work	LANGUAGES SPOKEN French

CIVIL OCCUPATIONS AND EXPERIENCE

9510

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
9-6-41 R100	A+B		

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)

Aline Laurence Mother (No address)
Mr. R. Grignon, 7751 St Denis St, Montreal Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	9 6 41	4MD138	G.D. Guard.	9 6 41	4MD138
AC1	9 9 41	117SR41			
LAC	9 12 41	NSO 208	Sec Gd. C	11 7 42	SS 171
T. Sgt (paid)	9 10 42	9BGS271	Air Gunner SS		9BGS 271
T/A/Lt Sgt	9 4 43	010641/43	A1-RD 8 24/44 NEV 10/44		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVICE ENTERED
UNIT RECORDS RETURNED
TO CANADA

Lauzé Curtis Edward

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

A.F. No.	Surname	Christian Names	Religion
R104713	Laurence	Joseph Fernand Rolland	Roman Catholic

Born 7/10/21 Place Montreal Country Quebec Citizen of Canada Racial Origin French

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 7/10/21 (7-6-41)	High School ~~Entrance~~ 1 yr Jr. Mat. Commercial Sr. Mat.	Nil
At Montreal Que	Technical School Corres. Courses	
Term Duration War	University	

Rank	Date			Med. Cat.	Date		
Ac 2	8	6	41	AHB	9	6	41
A.C.1	9	9	41				
LAC	9	12	41				
T/Sgt	9	10	42				

CIVIL OCCUPATIONS AND EXPERIENCE

None

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.		
L. Di Tonnard	Stat		P	2	6	41							
Sec. Guard	"C"	-	P	11	7	42							
A.G.	Mf.		P	9	10	42							

PARTICULARS OF FAMILY ~~W~~ S ~~D~~

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

Mrs Alvie Laurence (Mother) Mr. R. Grignon
7731 St Denis St.
Montreal, Que.

LEAVE

From	To	Auth. and Description
4-2-42	18-2-42	Annual
19-10-42	2-11-42 (14)	Emb. Ord 314/1942.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
			A.G. Badge	9-10-42

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
MO B/13	B/C Montreal Que.	#4 M.D. Quebec Que.	9/6/41	DRO 271/42	9 B&G. Montjoli	3 T.C.H.Q. Montreal	10-10-42
				DRO 212/42	9 B&G.	3 TCHQ	11-10-42
				DRO 215 d/26-10-42 SOS	3TCHQ. No. 1 "Y"	Halifax	2-11-42
DRO 168	#4 M.D. Quebec Que	RCAF Station Mpeg Airport	15-7-41	LeRell 340	No 1 Spec Pol	RAFSP Buckley	22/11/42
							23-11-42
DRO 97/41	RCAF Stn. Gander, Nfld	RCAF Det N. Sydney N.S.	8-9-41			U.K.	30-11-42
				30/42 (4/114)	Gnd-T.	3PRC	1-12-42
D.R.O. 42 Returned from T. Duty at R.C.A.F. Stn Sydney by road 1715 hrs 11-6-42				28/43 (50/32) 26/43 (20/32)	3 P.R.C.	24 O.T.U.	2.2.43
				21/43	24 O.T.U.	Stn. Driffield	13-4-43
DRO 162 (N. SYDNEY) Proceeded Temp. Duty to No 1 R.C. Halifax by rail 1-7-42 T.O.C. 310969 Returned to RCAF Stn. N. Sydney, 4-7-42				4/43.	Driffield	166 O.U.	25-4-43
				240TU 12/43	166 O.U.	Driffield	23-4-43

R.C.A.F. R.44C
100M—12-40 (8755)
[redacted]. 1062-3-58

(OVER)

1663 c.U 11/43	Driffield CC 1151	77 s QN. Mining 77 s QN.	16-5-43 26-5-43				

Finger Printed
Date 9-6-41
Initials E.B.

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 104713 Name LAURENCE Joseph Fernand Gelland Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 7.10.21 Religion R.C. Occupation in Civil Life None

Last Enlisted 7.6.41 Current Engagement Dispn.

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. R. Trignon, 7731 St. Denis St., Montreal, Que.

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 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
3TC HQ	1 Depot	2.11.42		AC2 P.D. Sol.	7.6.41
1 Depot	RAFTP	22.11.42		AC1	9.[illegible]
	Lukeny	23.11.42		LAC	9.1[illegible]
	G.K.	30.11.42		A.P. Sol.	11.7.42
Instr. T	3PRC	1.12.42.		Sgt. Spec	9.10.42
28/43 3PRC.	24 O.T.U.	2.2.43	0/0649/43	PROM. F/S	9.2.43
24. O.T.U.	RAF. Driffield	23.4.43.			
RAF. Driffield.	No. 1663 Con Unit	16.4.43.			
1663 CU	77 Sqdn	16-5-43			
NO. 77 SQUADRON,	Killed in Casualtie	26.5.43.			
	W/E Accounts				
	D.A.F.C.				
~	TOSRCAF UKNEU	27-5-43			
SOSRCAF UKNEU	PRES DEAD	27.5.43			

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.

(*10349) Wt. 23821—1216 100M 8/42 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.	A/G	ON STRENGTH FOR TRAINING ONLY.				23.4.43	D. Smith W/C
T/Sgt	V.G.	A/G	On strength for training only				16/8/43	[illegible] W/C
Sgt.	V.G.	A/G.	On strength for less than a month				26.5.43	[illegible] W/CDR.

"CERTIFIED TRUE COPY"

CONFIDENTIAL

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at NORTH SYDNEY, N.S. *Date* June 21st, 1942.

R.104713 LAC

Surname LAURENCE *Chr. Names* Fernand, Joseph, Rolland.
Nature of Commission *Date of Birth* 8-10-21 *Married or Single* S.
Branch Air-gunner *Hours Flown* Nil.
Address R.C.A.F. Kelly Beach, North Sydney, N.S.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown N
Severe or "Sick" Headaches, Migraine N
Fits or Convulsions of any kind N
Sun or Heat Stroke N
Head Injury or Concussion (including "knock-out") N
Insomnia, Nightmares, Sleep-walking, or Bed-wetting N
(ii) LUNG TROUBLE or Consumption N
Bronchitis, Pneumonia or Pleurisy N
Asthma or Hay Fever N
(iii) HEART DISEASE, "Weak or Strained Heart" N
Fainting Attacks or Giddiness N
Rheumatism, Rheumatic Fever or "Growing Pains" N
Frequent Sore Throats or Tonsillitis Tonsillectomy 1938
Diphtheria, Scarlet Fever or Scarlatina N
(iv) STOMACH or BOWEL TROUBLE N
Chronic Indigestion or Pain after Food N
(v) KIDNEY or BLADDER TROUBLE N
Syphilis or Gonorrhœa N
(vi) TROPICAL DISEASE Never in tropics
Malaria N
Dysentery N
(vii) EYE TROUBLE or Inflammation of Eyelids N
Wearing of Glasses N
Colour or Night Blindness N
(viii) EAR TROUBLE, Earache or Discharge from Ears N
Deafness, Noises in the Ears, or Dizziness N
Frequent Colds in Head, Catarrh or Obstruction N
Prolonged Hoarseness or Loss of Voice N
Sea, Car or Train Sickness N
Discomfort on Swings, Roundabouts, Switchbacks N
(ix) OPERATIONS Tonsillectomy 1938.
(x) Any Illness or Injury not mentioned above
No fractures - no bad accidents - never in hospital

Education Grade 8
Present Occupation Security Guard R.C.A.F. Hobbies Nil
Previous Service 13 months, R.C.A.F.
Athletics Baseball, hockey
Habits—Smoking No Alcohol Occas. beer
FAMILY HISTORY—Consumption N
Nervous Ailments, Mental Trouble, or "Fits" N
Father Alive—Health Dead—Cause 49 - unknown
Mother Alive—Health 46 - Good Dead—Cause
Brothers (2) Alive—Health (....) Dead—Cause 2 - infancy and
Sisters (3) Alive—Health (....) Dead—Cause 3 - childhood

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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 21-6-42 *Signature* Sgd. Fernand Laurence *Witness* Sgd. J.C. O'Neill F/L.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique.....Slight.....*(b)* Mentality.....S.1.....

Body Marks, Scars, Deformities....Raised mole 5th. thoracic spine.

Size of Thyroid Gland.....N.

Surgical Abnormalities.....Nil

Results of Wounds, Injuries, Operations.....Nil

	Date 21-6-42	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	64½						
Weight (lbs.)	111						*Date*
Chest Circumference (ins.)	51-2						
Body Build (lbs.)	-15						
Leg Length (ins.)	Ample						
Pulse Rate — Sitting	78						
Pulse Rate — Standing 1st	108						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	120						
Pulse Rate — Time to Normal	40 sec.						
Arterial Walls	N						
Blood Pressure — Systolic	125						
Blood Pressure — Diastolic	80						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held	N						
Expiratory Force	N						
Vital Capacity (Best of 5)	N						
							Date
Reflexes — Knee	N						
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	N						
Cranial Nerves	N						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod							
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1 FS	1FS					
Tremors — Fingers	Nil						
Tremors — Eyelids	Nil						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	N						
Urine — Albumen	Neg						
Urine — Sugar	Neg						
Initials of M.O.	J.C.O.						

40 mm. Hg. Test.....

Date.....65 Secs. 111110/111111/111011/10109/8

Date.....

Date.....

Date.....

Remarks by Consultant.

Very slight small type - he is 13 lbs. underweight for his small height - however tests O.K.

Borderline.

EYE EXAMINATION

History	Nil		
Visual Acuity	R20 /20 , $\bar{c}$ +2.50 = Blur		
	L20 /20 , $\bar{c}$ +2.50 = Blur		
Colour Vision	Normal - Ish.		
Red, Green	N.A.		
Diaphragm Test (P.D. =	N.A.)		
Convergence	C. = N.A. cms.		
	S. C. = N.A. cms.		
Accommodation	R. N.A.		
	L. N.A.		
Cover Test	N.A.		
Fundi and Media	NORMAL		
Fields	NORMAL		
Remarks:	A3b.		
	Initials of M.O. J.C.O.	*Initials of M.O.*	*Initials of M.O.*
	Date 21-6-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Nil

Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear	N		
	L. Ear	N		
Vestibular Apparatus	R. Ear	N		
	L. Ear	N		
Buccal Cavity		Clean		
Teeth		Suff.		
Gums		No sepsis		
Pharynx		N		
Nasopharynx		N		
Nose		N		
Larynx		N		
Remarks:	FIT.	*Initials of M.O.* J.C.O.	*Initials of M.O.*	*Initials of M.O.*
		Date 21-6-42.	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 21-6-42

Very short - considerably underweight - slight slender type- however his tests all fairly satisfactory - no defects - fairly good for plain Air Gunner.

Category A 3 b,

Sgd. J.C. O'Neill, F/L.

Certified Correct.

G.H. Givan Flt

MEDICAL OFFICER I/C
R.C.A.F. STATION HOSPITAL
NORTH SYDNEY, N. S.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date

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

OFFICIAL No. R.104713 **NAME AND INITIALS** LAURENCE J.F.R. (IN BLOCK LETTERS) **DATE OF ENLISTMENT** 9-6-41

SHEET No. One. (IN WORDS) **SIGNATURE AND RANK OF C.O.** A J Chopin Flo For (A. Raymond) W/Cmdr. **DATE** 11-6-41

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
RCAF Station, North Sydney	9-3-42	LAC		FAILING TO APPEAR AT A PLACE OF RENDEZ VOUS APPOINTED BY HIS COMMANDING OFFICER AT 0800 HOURS 9-3-42 (SECTION 15 (2)	Sgt Thibault	7 Days C.B.	9-3-42	F/L D.E. Tilley	N.E.R. Flo
				CERTIFIED NO ENTRY					
				Certified No Entry		S/L for O/C W.O. For O/C RAF STATION. DRIFFIELD			23.4.43. 16.4.43.
				Certified no Entry		1663 Conversion Unit			16/6/43
				CERTIFIED NO ENTRY.		F/L Adjutant, No. 77 SQUADRON.			18 JUN 1943
				To be carried over					

R.C.A.F. R. 71
15M—11-40 (8152)
H.Q. 1062—3-53

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME .....LAURENCE.....L.A.C. R104713.....

2. CHRISTIAN NAME .....Joseph Fernand Rolland.....

3. APPLYING FOR ENLISTMENT AS ..Remustering Standard Air Gunner.....

---

4. PERSONNEL OFFICER
Education .....S.Quebec.....

Classification Test ..41..G.T.....

ASSESSMENT: Educational Standing; Ability to Learn: Personal Background.
Finished VIII in Qebec 1940. Was studying sheet metal work etc., when he enlisted. Speaks good English. Alert, manly type. "C" Score good for air gunner. Above average of remuster to Air Gunner.

RECOMMENDED FOR ..... ~~Air Gunner~~ Air Crew (A G) .....

SUITABLE FOR COMMISSION .....Possibly.....

Signed .....F.K. Stewart F/O.....
F.K.Stewart F/O

---

5. MEDICAL OFFICER
Medical Category ..... A3B (Not examined for A1B) .....

ASSESSMENT(Physical ; Temperament)
Aggressive type, but not very sturdy according to his story

RECOMMENDED FOR ..... ~~Air Gunner~~ Air Crew (A G) .....

SUITABLE FOR COMMISSION ..... No .....

Signed .....J.L. Thompson.....
J.L.Thompson F/Lt.

---

6. INTERVIEWING OFFICER
ASSESSMENT: (General Fitness) Bright, sincere young man. Keen to fly. Good material for proposed duties

RECOMMENDED FOR ..... ~~Air Gunner~~ Air Crew (A G) .....

SUITABLE FOR COMMISSION .....

signed .....R.D. Macleod F/O.....
R.D.Macleod F/O

FOUND ACCEPTABLE FOR ..... ~~Air Gunner~~ Air Crew (A G) .....
DATE .....30-6-42.....

L.T. Chapman F/L
(L.T.Chapman) Flight Lieutenant,
Commanding Officer
No. 16 Recruiting Centre, R.C.A.F.
Halifax, N. S.

A F M 5.

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME .....LAURENCE.....L.A.C. R104713.....

2. CHRISTIAN NAME .....Joseph Fernand Rolland.....

3. APPLYING FOR ENLISTMENT AS ..Remustering Standard Air Gunner.....

---

4. PERSONNEL OFFICER
Education .....S. Quebec.....

Classification Test ..41..G.T.....

ASSESSMENT: Educational Standing; Ability to Learn: Personal Background.
Finished VIII in Qebec 1940. Was studying sheet metal work etc., when he enlisted. Speaks good English. Alert, manly type. "C" Score good for air gunner. Above average of remuster to Air Gunner.

RECOMMENDED FOR .....~~Air Gunner~~ Air Crew (A G).....

SUITABLE FOR COMMISSION .....Possibly.....

Signed .....F.K. Stewart F/O.....
F.K.Stewart F/O

---

5. MEDICAL OFFICER
Medical Category .....A3B (Not examined for A1B).....

ASSESSMENT(Physical ; Temperament)
Aggressive type, but not very sturdy according to his story

RECOMMENDED FOR .....~~Air Gunner~~ Air Crew (A G).....

SUITABLE FOR COMMISSION .....No.....

Signed .....J.L. Thompson.....
J.L.Thompson F/Lt.

---

6. INTERVIEWING OFFICER
ASSESSMENT: (General Fitness) Bright, sincere young man. Keen to fly. Good material for proposed duties

RECOMMENDED FOR .....~~Air Gunner~~ Air Crew (A G).....

SUITABLE FOR COMMISSION .....

signed .....R.D. Macleod F/O
R.D.Macleod F/O

FOUND ACCEPTABLE FOR .....~~Air Gunner~~ Air Crew (A G).....
DATE .....30-6-42.....

L.T. Chapman F/L
(L.T.Chapman) Flight Lieutenant,
Commanding Officer
No. 16 Recruiting Centre, R.C.A.F.
Halifax, N. S.

A F M 5.

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: LAURENCE JOSEPH FERNAND ROLLAND (b) Reg'l. No. R 104713
2. (a) Arm of service: air force (b) Unit: M.D. Manning Depot (c) Rank: O C 2
3. (a) Date of birth: 7-10-21 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Montreal P.Q.
4. (a) Place of enlistment: Montreal (b) Date of enlistment: 9-6-41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Junior High School
7. If you attended a university, give name of university and standing or degree secured: N. A
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? aircraft worker (c) Did you finish it? yes (d) If you did not finish it, how long did you serve at it? N. A
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): Not Working (b) At time of enlistment of what trade union or professional society were you a member? N. A.

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE: June 10th 194 1 SIGNATURE: Fernand Laurence

R.C
Rec'd JUL 11 1941 ffice
O. K. C.I.B.
R. N. I.
S. L. P. A.

General Oil Heating Services Reg'd.

SPECIALIZING IN
TIMKEN
SILENT AUTOMATIC
OIL BURNER SERVICE

"A SERVICE YOU'LL SWEAR BY AND NEVER AT"

24 HOUR SERVICE
CHarrier-2859--

SPECIALIZING IN
IMPERIAL
FURNACE
FUEL OIL

Montreal May 23rd 1941

R.C.A.F.

Gentlemen

this will introduce Mr Fernand Laurence I have known Mr Laurence for a number of years and beleive he is a young man of energy and ability and he is willing to do any kind of work to get a foothold in the line of aviation.

Yours truly

Romeo Aubry

R.C.A.F. Records Office
Rec'd. JUN 12 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

La Commission des Ecoles Catholiques de Montréal. The Montreal Catholic School Commission.

Ecole St Agnes Boys School
356 Boucher St
Montreal, May 20th 1941

To the R.C.A.F.

This is to certify that Mr. Fernand Laurence was a pupil at St Agnes Boys School for the last two years. He completed the Eighth Grade last June, this was equivalent to one year Commercial High.

As a Student, he was bright and intelligent, and always ranked each month among the first five, out of a class of 25. He was always pleasant, obedient to his teacher, honourable and trustworthy.

R.C.A.F. Records Office
Rec'd. JUN 12 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. 80

Sincerely Yrs.
E. J. Rowley
Principal.

F. 122 - 25,000 - 6 - 40.

La Commission des Écoles Catholiques de Montréal.

The Montreal Catholic School Commission.

Ecole St. Agnes' Boys' School

Montreal, May 29, 1941.

To the R. C. A. F.

The bearer, Fernand Laurence, was a pupil in my class during the term 1939-40. He finished the 8th grade in a very satisfactory manner. He is intelligent and honest, and above all a student who takes an interest in his work and will always co-operate with his superiors.

Sincerely,

Arthur A. Glashan.

(teacher)

R.C.A.F. Records Office
Rec'd. JUN 12 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P A. .....

F. 122 - 25,000 - 6 - 40.

ROYAL CANADIAN AIR FORCE

TRAINING REPORT

AIR GUNNER

No. 9 B. & G. School

1. Surname Laurence Christian Names Joseph. Fernand Roland

2. Number R104713 Rank LAC Course No. 36B

3. Posted from RCAF N. Sydney NS Posted to #9 B & G Duration Of Course From 20-7-42 To 9-10-42

4. Aircrew Category _____ Height _____ Girth _____

5.

Type Aircraft	Type Guns		Type Turrets	
	In Air	Ground	In Air	Ground
	V.G.O.	Browning		F.N.
		V.G.O.		B.P.
		Skeet		Bristol

6. STAGE I

	Mks. Possible	Mks. Obtained
Armament Oral	100	73
Armament Written	300	150
Anti-Gas	100	78
A/C Recognition	100	56
Navigation	100	54
Maths, Hygiene, Admin., etc.	150	79
Signals	100	55
Drill	100	85
TOTALS	1050	630
Percentage		60%

7. STAGE II

AIR AND GROUND TRAINING	Day	Night
Flying Time	13.45	
Films Exposed	1½	
Hrs. Turret Manip.	3.43	
Skeet (No. Rds.) I.T.S	159 45	
25x Range " I.T.S	900 420	
200x Range "	425	
Air to Ground "	350	
Air to Air " XXX	2075	
% Hits Air to Air	5.1.%	

ASSESSMENT Subject	Mks Poss.	Mks. Obtd.
Arm. Written	150	112
Practical and Oral	200	140
Aircraft Rec.	100	59
Ability as Firer	100	67
TOTAL	550	378
Total Training Marks ITS		630
		1008
Percentage		63.0%
Personal Assessment	800	458
		1466

8. No. in class 42 Position in class 35 Pass or Fail Pass

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

10.

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.

11. Remarks: **Inclined to be lazy. Could do better.**

Date: 9-10-42 **(E.A. Nanton) S/L** Chief Instructor

Date: 9-10-42 **(R.H. Little) W/C** Officer Commanding No. 9 B. & G. S.

CONVERSION TABLE

for Determining Pupil's "Ability as a Firer"

% Hits	Pupil's Score 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
3	50	65	75	85	90	100	100								
4	35	57	67	75	80	90	95	100	100						
5	25	53	60	70	75	80	90	95	95	100	100				
6	20	50	57	65	70	75	80	85	90	95	96	100	100		
7	15	45	55	60	67	72	75	80	85	90	92	95	97	100	100
8	10	40	52	58	63	68	72	75	80	85	88	90	93	97	97
9	5	35	50	56	60	64	70	72	75	80	82	85	90	93	93
10	0	30	47	54	59	60	67	70	73	75	78	82	86	90	90
11		25	43	52	57	58	63	68	72	72	75	80	82	86	87
12		20	40	50	55	57	60	65	68	70	73	75	77	82	84
13		15	37	47	54	56	58	63	66	68	70	73	75	77	82
14		10	33	43	52	55	57	60	64	67	68	70	73	75	78
15		5	30	40	50	52	55	57	62	65	67	68	70	73	75

(COURSE AVERAGE)

(1) Determine the pupil's percentage hits to rounds fired - air to air.
(2) Determine the course average percentage hits to rounds fired - air to air.
(3) Checking (1) against (2) we obtain the pupil's mark for "ability as a firer".

Note: The chart has been arranged so that:

(a) Pupils scoring less than 30% of course average will obtain a mark less than 50 (Failure)
(b) Pupils scoring about the course average will obtain a mark of 75.
(c) Pupils scoring double the course average or more will obtain a mark of 100.

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

Presumed dead.

RANK Sgt. NO. R104713. NAME Lawrence J. F. 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
9 B & G Mount Joli 9.10.42																													12	45					12	45

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R104713 RANK F/SGT. UNIT 77 SQDN

TRADE AIR/GUNNER (SP GR) (OVERSEAS)

NAME LAURENCE, JOSEPH FERNAND ROLLAND

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

MARITAL STATUS SINGLE RELIGION R.C. CANADIAN

FRENCH CANADIAN YES OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. J.O.R. GRIGNON, (MOTHER)

ADDRESS 7731 ST. DENIS ST., MONTREAL, QUE.

NAME MRS. RAOUL GRIGNON, (MOTHER REMARRIED)

ADDRESS D.A.B. SAME ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

FATHER'S NAME

ADDRESS LIVING ON ENLISTMENT NO

MR. & MRS. JOSEPH OCTAVE RAOUL GRIGNON,

MOTHER'S NAME 7731 ST. DENIS ST., LIVING ON ENLISTMENT YES

ADDRESS MONTREAL, QUE.

(STEP-FATHER)

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN EWT.----POX563----1-12-FEB-44. MBJ/25 16 FEB.

PREVIOUSLY REPORTED "MISSING" 26-MAY-43 AFTER AIR OPERATIONS (OVERSEAS)

NOW "PRESUMED DEAD" 26-MAY-43 FOR OFFICIAL PURPOSES.

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

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

DATE 26-FEB-44

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

A M Buchanan

FOR CHIEF OF THE AIR STAFF

ATS-RT 7

COPY FOR DOCUMENT FILE

18018

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: OVERSEAS — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township — Street — No. — Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution ... Years ... Months ... Days — (b) In municipality where death occurred ... Years ... Months ... Days — (c) In Province ... Years ... Months ... Days — (d) In Canada (if immigrant) ... Years ... Months ... Days

3. NAME OF DECEASED (Block letters)
Surname: LAURENCE
Given names: JOSEPH FERNAND ROLLAND

4. RESIDENCE
Street: Guizot Street — No. 631
Official name of civil municipality or township: Montreal
Municipal county: — Province: Quebec

5. SEX: Male

6. NATIONALITY (Citizenship): Canadian

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (Write the word): Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: October (Month) 7th (Day) 1921 (Year)

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

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Air Gunner
14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: R.C.A.F.
15. Date deceased last worked at this occupation: May 26/43
16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Laurence, Donat Emilien	Quebec
MOTHER (Maiden Name)	Giguere, Aline	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: May (Month) 26th (Day) 1943 (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: May 26th 43 ...19...
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)

R.C.A.F. A81-A
5M-12-44 (4876)
H.Q. 885-A81-A

45-0904

AIR

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph F.R. (CHRISTIAN NAMES) Laurence (SURNAME)

REGISTER NO.

FILE NO. 2725

PAYEE: Receiver General of Canada,

DATE: 1 Aout/45

ADDRESS: Director of Estates,

SERVICE NO. R.104713

Ottawa, Ont.

FINAL RANK OR RATING FS

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Mai/43

DATE OF DISCHARGE 26 Mai/43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 717 / 30 EQUAL TO 23 COMPLETE PERIODS AT $7.50	172.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 186 LESS 27 INELIGIBLE DAYS, EQUAL TO 159 DAYS @ 25C. PER DAY	39.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE	
	PAY $ 3.25	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
	ADDITIONAL PAY $	
	$	
	$	
	DEPENDENTS' ALLOWANCE 1/30 OF $ $	
	TOTAL $ 4.50 ×7 = $ 31.50	
	NO. OF DAYS 186 / 183 ×$ 31.50	32.01
D. WAR SERVICE GRATUITY		244.26
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		244.26

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

~~P. & A. Bal.~~ Trans. Trust Accou
Journal Voucher #G 115

AUG 17 1945
J. K. ..... C.I.S.
R. G. ..... N. I.
L. ..... P. A.

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
TMG	JFM

TREASURY	
CHECKED BY	DATE
	7/8/45

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. AUG 3 1945
P. & A. SECTION