R104961
ERICKSON
LEIF TAPIO

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

R 10496

ERICKSON. L.T.

DOMIN[illegible]

NATIONAL REGISTRATION REGULATIONS, 1940

REGISTRATION CERTIFICATE

This certificate must always be carried upon the person of the registrant.

Electoral District No. 82 — Ste. Anne (Name)

Polling Division No. 178 ..... (Name if any)

Leif Erickson
Signature of Registrant

THIS IS TO CERTIFY THAT

Leif Erickson

residing at 850 Richmond Square

Montreal was duly registered under the above-mentioned Regulations this 14th day of August 1940.

J. D. Robinson

Deputy Registrar.

Signature de l'inscrivant .....

RÈGLEMENTS CONCERNANT L'INSCRIPTION NATIONALE, 1940

CERTIFICAT D'INSCRIPTION

L'inscrit doit toujours porter son certificat sur lui.

District électoral N° ..... (Nom)

Arrondissement de votation N° ..... (Nom, s'il en est)

JE CERTIFIE QUE

.....

domicilié(e) à.....

.....s'est régulièrement inscrit(e) en conformité des règlements susmentionnés ce.....jour d..... .....1940.

.....

Sous-registraire

NATIONAL REGISTRATION
IDENTIFICATION CARD

Name --- Lief Erickson ---

Address -- 850 Richmond Sq. Apt.10

City --- Montreal, Que.---

Tel. No. --(Janitor's) FI 7075--

IN CASE OF ACCIDENT OR SERIOUS ILLNESS
PLEASE NOTIFY,

--- Mr. or Mrs. H. Erickson ---

------- (Above Address) -----

THIS SPACE WILL TAKE

MOTOR VEHICLE PERMIT

AND

REGISTRATION CARD

IMPORTANT. **Inoculation Certificate.** **R.A.F. Form 1657A**

This Certificate must be retained, carried on the person, and produced for inspection when required.

Certified that No. 104961 *Rank* W/O

Name ERICKSON *was inoculated*

against Yellow Fever on 13/12/43 *(date)*

Signature of Medical Officer P.A. Jamieson

Registered Qualifications M.B. B.Ch.

(UNIT STAMP)

(C48629)

R104961

Name ERICKSON Lief Tapio

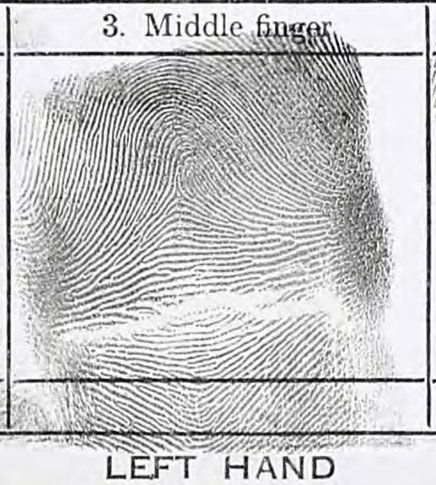
Classification

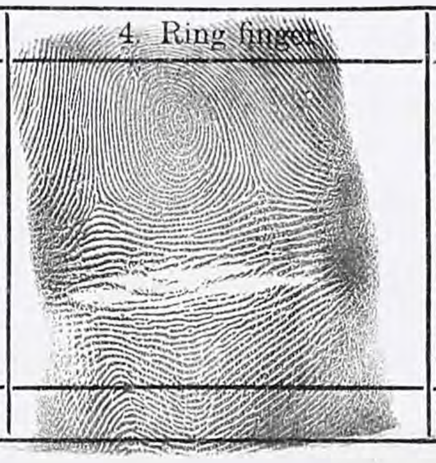
No. 11244 Sex Male

Reference

RIGHT HAND

1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger





LEFT HAND

6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger

Impressions taken by: Jae Edmund Beckard G

(Signature of person taking prints)

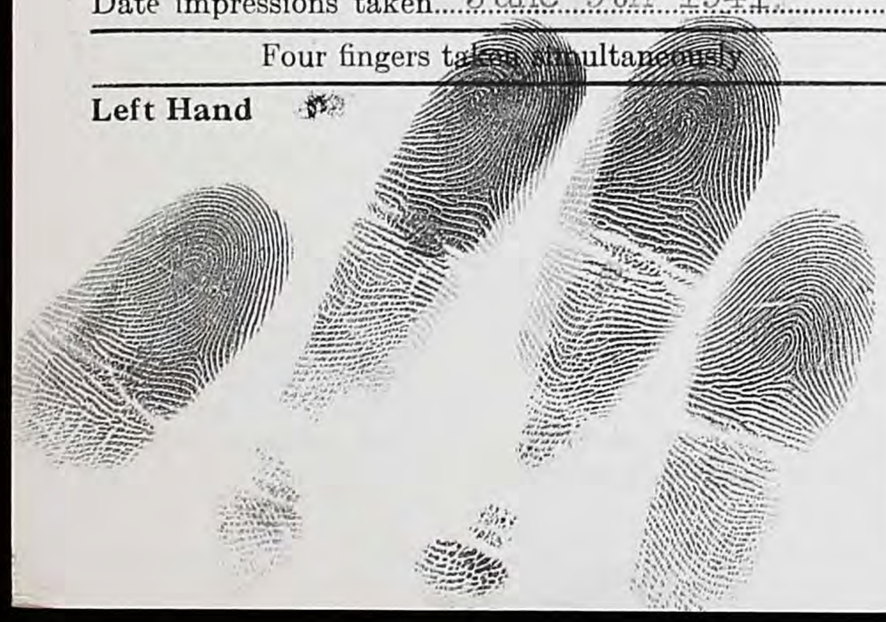
Date impressions taken June 9th 1941

Note amputations

Signature of printed person: Lief Erickson

Four fingers taken simultaneously

Left Hand

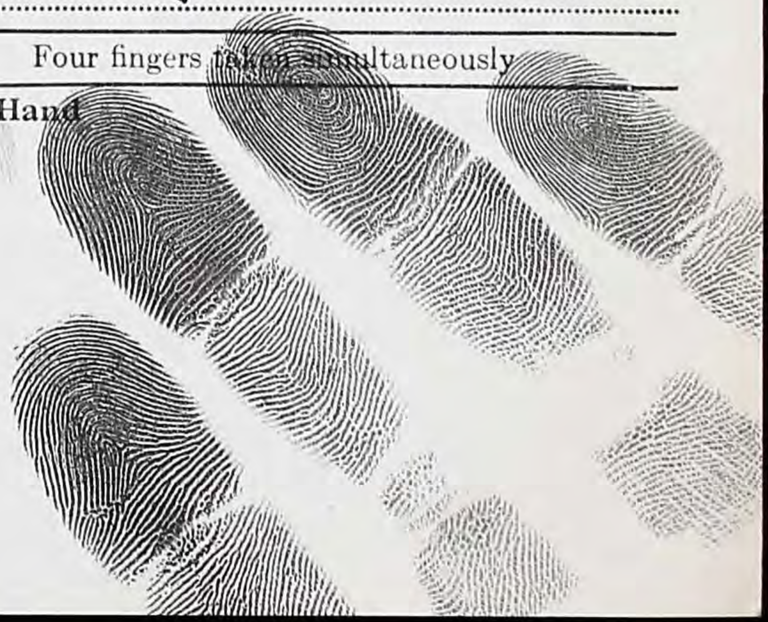


Left thumb

Right thumb

Four fingers taken simultaneously

Right Hand



ROYAL CANADIAN AIR FORCE

Name ERICKSON Lief Tapio R 104961

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

Age 18 Height 5' 6" Weight 129

Hair Brown Eyes Blue Hair on face Light

Marks, scars, etc none visible

Lief Erickson (Signature of holder)

A.M. Kennedy. F/O (Signature of issuer)

Place Montreal Recruiting Centre Date June 9th 1941

Card serial number 11244

Right Index Fingerprint

Impressions forwarded to Headquarters P.I.B. by A. L. R. Lapointe Rank F/O Date June 9th 1941

FOR HEADQUARTERS USE ONLY

R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

Received for Photostat by ..... Rank ..... Date .....

Forwarded to H.Q. P.I.B. by ..... Rank ..... Date .....

HEADQUARTERS FINGERPRINT SECTION

Received at P.I.B. by ..... Rank ..... Date .....

Classified at P.I.B. by ..... Rank ..... Date .....

Checker ..... Searcher ..... Date .....

R.C.A.F. R. 159
90M—11-40 (8302)
H.Q. 1062-3-114

5.45

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R104961	T/Kpl	S.G.	Lief Tofin	Eriksson

Reason for termination of service: KILLED 26-1-44

TOTAL SERVICE:

T.O.S. 9-6-41 S.O.S. 26-1-44 963 DAYS

T.O.S. _____ S.O.S. _____ _____ DAYS _____

TOTAL ~~963~~ 962 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING SERVICE ~~963~~ 962 DAYS

OVERSEAS SERVICE:

From: 13-6-43 To: 26-1-44 136 DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL 136 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING OVERSEAS SERVICE 136 DAYS

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

E.M. Root S/O

R. C. A. F. RECORDS OFFICE
OTTAWA

COMPUTER'S INITIALS	M.S.
CHECKER'S INITIALS	Edd.
DATE	28-11-44

R.C.A.F.-R.310

(3)

6606/R104961

DEC 01 1944

850 Richmond Sq.,Apt.10,
Montreal,Que.,
Nov.20,1944.

R104961
R02(wsg)

The Secretary,
Dept.of National Defence for Air,
Ottawa.
Attention Records Officer.

Dear Sir:

I wish to file this letter as an application for payment of the War Service Gratuity on behalf of our son Leif T.Erickson, who was killed on active service. He served as a Wireless Operator Air Gunner in the Royal Canadian Air Force bearing service number R104961 and final rank as Warrant Officer First Class. He commenced his services on the 6th of June 1941 and served until his death on the 27th of January 1944.

I wish to state that he was our only son and child,and my wife and I were in monthly receipt of $80.00 from his service pay.

Address to which payments of gratuity are to be forwarded:

Mr. Herman Erickson,
850 Richmond Sq.,Apt.10,
Montreal,Que.

ack of receipt of application

Yours truly,

Herman Erickson.

C23

NOV 24 1944

6606
R-104961

R104961

1945 JAN 25 AM 9:37

850 Richmond Sq., Apt10,
Montreal, Que.,
Jan. 24 1945.

The Secretary.,
Dept. of National Defence for Air,
Ottawa, Ontario.

Re. File No. R.104961 (DAF/A8)

Dear Sir,

In your letter of January 19th last, I was informed that my application for the war service gratuity in respect to my late son, W.O.1 Lief T. Erickson, has not been accepted, since your records indicate that pay was assigned to my wife, Mrs. Hilja Erickson.

I wish to declare that the application was submitted on behalf of my wife and the gratuity should be payable to her.

I remain

Yours truly,

Herman Erickson.

Certified that Herman Erickson (F)
is the beneficiary under the will of the
late R.104961 WO2 ERICKSON L.T.

(J.MacL. Murray)
Air Commodore
for Chief of the Air Staff

AIR FORCE No. R104961 R

SURNAME: ERICKSON, FULL CHRISTIAN NAMES: LIEF TAPIO

ENLISTMENT PLACE Montreal Que DATE 9-6-41

RE-ENLISTMENT

C.R. FILE NUMBER 1

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 4-9-22 | PLACE Kannus, Finland | CITIZENSHIP Finnish 5

FATHER (FULL NAME) Herman Erickson

BIRTHPLACE Kannus Finland

MOTHER (FULL MAIDEN NAME) Hilja Sundell

BIRTHPLACE Sampere Finland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Quebec

JUNIOR MATRICULATION 2 yrs.

SENIOR MATRICULATION

TECHNICAL SCHOOL 0

UNIVERSITY

CORRESPONDENCE COURSES 2 yrs. Business corresp. 2.

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

Office clerk - 6 mos.
Office clerk - 2 yrs.

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Awarded Air Gunner's Badge	5BAS 154	8-6-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO	DUAL	PASSENGER

13. RELIGION Lutheran 6

14. LANGUAGES English, Finnish 4

15. SPORTS

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT) 1.

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Herman Erickson RELATIONSHIP Father

ADDRESS: 850 Richmond Sq Apt 10 Montreal D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: 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	9 6 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Dec. pub. gtrs & dressing stations		10-6-41	1 MD 137, 1 ED 136
Adtd to MD from ED for ste+gtr	MD for ste+gtr	6-7-41	1 MD 160
Cease to be attd to	MD for stns+gtrs	25-10-41	1 MD 260 1 ED 252
Rep+ one pub gtrs+ stns		25-10-41	4W 198
Issued S.L.W. #C. 71856		22-12-41	4 A.S. 147
Issued T.W.S.	L.C 106.744	6-6-42	9BAS 154

22.(a) ADDRESS PRIOR TO ENLISTMENT

850 Richmond Sq. Apt. 10, Montreal

22502

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
16/6/41	2-9-42					KX

AIR FORCE No. R104961

ERICKSON, LIEF TAPIO

SURNAME — FULL CHRISTIAN NAMES

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.	1 M.D. Toronto	9	6	41	1MD137
SOS	1MD Toronto	5	7	41	1MD159
TOS	1ED Toronto	6	7	41	1ED156
SOS	1ED Toronto	25	10	41	1ED252
TOS	4 A.S. Guelph, Ont.	26	10	41	4WS98-99
T.D.	to F.S. Burtch 5/11/41	16/10	4	42	4W.S.95
SOS	4WS Guelph	9	5	42	4WS109
TOS	9BGS, Mont Joli	10	5	42	9BGS131
SOS	9BGS Mont Joli	22	6	42	9BGS159
TOS	8 AOS Ancienne Lorette	23	6	42	8AOS91
SOS	8 AOS Anc Lorette	28	5	43	8AOS122
	E.A.C. Halifax amended				
SOS	8 AOS Anc Lorette	28	5	43	8AOS123
TOS	EAC for rep to 310 TU Debert	29	5	43	31 OTU 132
SOS	310 TU Debert	25	8	43	310TU192
T.O.S.	1Y Halifax	26	8	43	1YD214
SOS	1Y Depot	13	9	43	1Y232
	3 P.R.C.				
	KILLED	26	1	44	
	Missing	26	1	44	
	PCX 366	27	1	44	
	NOV 28 1944				
6606	WSB.				
	~~[illegible]~~	~~11~~	~~10~~	~~19~~	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	9	6	41	1MD137
Lac	25	11	41	4A.S.124
T/Sgt (paid)	8	6	42	9BGS159
T4 cancelled				8AOS63
a/Flt/Sgt/pd	1	3	43	8AOS49
a Flt/Sgt/pd	8	12	42	8AOS63
f/Flt Sgt/pd	8	12	42	8AOS78
T/WO2 (pd)	8	6	43	1Y207
31WO1	8	12	43	A3RO874

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	R100	A3B	
7-11-41	M2	A3B	
Stn Hosp	13-3-43	19-3-43	8AOS66-66

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.A.G.	S	9	6	41	1MD137
W.A.G.	Spec G.	8	6	42	9BGS159
3045					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans. from Co. 29 to Co. 31		22	12	41	4 A.S.S.
Trans to Case 31					4WS85

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
18-10-41	25-10-41	7	Special	1ED246
9-6-42	23-6-42		Special L.	9BGS159
30-11-42	14-12-42	14	ann	8AOS174
12-8-43	25-8-43	14	Pre Emb	310TU192

R.C.A.F. OVERSEAS — ENLISTMENT MARTIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OF E. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PRO. — RELIGION — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R104961

Erickson — SURNAME

Leif Tofio — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal Que

DATE 9-6-41

RELIGION Lutheran

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
13-11-43	19-11-43	4	Priv/L	3 PRC 20/43

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
31 12 43	V. G.	Sat. Sat.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
	A. G. Badge	DRO 159

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	#8 A.O.S.	E.A.	29 5 43	DRO 122
	#3 OTO	1 X D	25 8 43	DRO 196
SOS	1 U Depot	3 PRC	13 9 43	" 233
	Emb	Halifax	13 9 43	
	Dis	UK	19 9 43	
	Int C 126	3 PRC	20 9 43	
ATT	Bournemouth to 11 Radio School		6 10 43	B'mouth 11 RS 16/43 35/43
C.T.B.A	to 11. R.S.		10 11 43	11 RS 41/43 3 PRC 17/43
SOS	3 PRC to 104 OTU		23 11 43	104 (T) OTU 12/43 3 PRC 29/43
SOS	104 OTU to Nutts Corner		21 12 43	104 (T) OTU 16/44 44 Ep. 1/44
ATT.	NUTTS CORNER TO MULLAGHMORE		15 1 44	NUTTS CORNER 5/44
F/A KILLED FROM 104 O.T.U.			26 1 44	AFRO 358/44 CR 421
Reported missing as result of an aircraft accident			26 1 44	Nutts Corner 7/44
Posted R.C.A.F. N.K.N/E			26 1 44	Nutts Corner 9.44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Emb	13.9.43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R 104861 (9)

SURNAME: Erickson

FULL CHRISTIAN NAME: Leif Lofio

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

RELIGION: Lutheran

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
4-9-22	Kaamme	Finland	Canada	Finnish

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
9-6-41	A3B		

PARTICULARS OF FAMILY

SINGLE, ~~MARRIED, WIDOWER, DIVORCED~~

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Mrs. Herman Erickson (Father)
850 Richmond Sq. apt 10.
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.
T/F/Sgt.	8 12 42		W.O.A.C. '8'	8 6 42	
T/WO11	8 6 43	14D 207			
T/WOI	8 12 43	866/44 HQRO 874/44			

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
W.O.A.C.				8 6 42

AIR FORCE No. R104986.

SURNAME: ERICKSON.

FULL CHRISTIAN NAME: LIEF TAFIO.

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

RELIGION: Lutheran

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

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
4-9-22	Karone.	Finland	Canadian	Finnish

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk

PREVIOUS SERVICE

Nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
9-6-41	A3B.		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

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)

Mr. Herman Erickson (Father)
850. Richmond Sq. Apt 10.
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.
T/F/Sgt.	8 12 42		WOAG. "SP"	8 6 42	
T/WO II	8 6 43	1YD207			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
WOAG				8 6 42

AIR FORCE No. R104961

ERICKSON. LIEF TAFIO
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal Que.
DATE 9.6.41.

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

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
13.11.43	19.11.43	7	Prim/L.	3 PRC 20/43

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
	A.G. Badge	DRO 159.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	#8AOS	EAC	29 5 43	DRO 122
	#3/OTO	1 X D.	25 8 43	DRO 196
SOS	1 X Dep.	3 PRC	13 9 43	" 233
	Emb.	Halifax	13 9 43	
	Dis	U.K.	19 9 43	
	Int C126	3 PRC	20 9 43	
Att	B'mouth to 11 Radio Sch.		6 10 43	B'mouth 11 RS 16/43 35/43
CTBA	to 11 R.S.		10 11 43	11 RS 41/43 3 PRC 12/43
SOS	3 PRC to 104 OTU.		23 11 43	104(T) OTU 12/43 3 PRC 29/43
SOS	10 401 OTU - Nutts Corner		21 12 43	104 TOTU 16/44 44 Grp. 1/44
ATT.	NUTTS CORNER to MULLAGHMORE		15/1/44	NUTTS CRN. 5/44
F/A	Killed from 104 O.T.U.		26 1 44	CR 421

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

Emb 13-9-43

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

R0104961 ERICKSON LIEF T — W011

1 NUMBER — 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. SERVICE MEDAL	C.V.S.M.
AWARD									✓	✓	✓
AWARD AND CLASP											✓
APPLICATION DISPATCHED											
RIBBON ISSUED					67389						
MEDAL ISSUED											

NUMBER — PREFIX — NAME — RANK — CODE

A J B K S C L T D M U E N V F O W G P X H Q Y I R Z

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Herman Erickson (Father)
850 Richmond Square,
apt. 10,
Montreal,
Que.

Dec.-44.

7185

MEMORIAL BAR
DATE DESP
REGN NO. 1,221

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.

R104961 1

Air Force No. R104961 Surname Erickson

Christian Names (in full) Lief Tapio

Date of Birth 4-9-22 Religion Lutheran

Date of Enlistment/Appointment 9-6-41

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

Occupation in Civil Life Clerk

Signature of Holder J. Erickson

Name and Address of Next-of-Kin

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

Mr. Herman Erickson Father
850 Richmond Sq apt 10
Montreal Que.

Certified Correct [illegible]

Date 13.8.43 Place Y Depot
Halifax

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
WORG. SP	8-6-42		E K Goddard Fl

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/F/sgt	8-12-42		E K Goddard Fl
T/WO II	8-6-43	14D207/43	F W Anderson S/L

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
1750	29/8/43	[illegible]

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.
13.10.42	A3B	B2	J. F. HOPKIRK	

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
4-9-43	1/2		JG

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
11.6.41	Prim. Take	J. F. HOPKIRK

Susceptibility Test	Date	Result	
Schick Test	11.6.41	Pos.	
Dick Test	11.6.41	Neg.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
DIP Tox 1ST	18.6.41	1cc	J. F. HOPKIRK
" " 2nd	23.7.41	1cc	
TABT 1ST	11.6.41	1cc	
" 2nd	2.7.41	1cc	
" 3rd	23.7.41	1cc	
" Annual	10.4.42	½cc	
TABT	8.4.42	5cc	
Mantoux Test - Neg	26.5.42		

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

CONFIDENTIAL

R.C.A.F. Special Reserve

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 Montreal, P.Q. *Date* 14-3-41

Surname ERICKSON *Chr. Names* LIEF TAPIO
Nature of Commission N-2-S *Date of Birth* 4-9-22 *Married or Single* S
Branch Gen. List. *Hours Flown* None
Address 850 Richmond Square, Apt. 10, Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

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

Education 2 yrs. High School
Present Occupation Office Clerk Hobbies N.A.
Previous Service N.A.
Athletics Ice skating, swimming, baseball, brood jump, high jump.
Habits—Smoking 10 c.a.d. Alcohol None
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (....) Alive—Health (....) Dead—Cause
Sisters (....) Alive—Health (....) 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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 14-3-41 *Signature* Lief Erickson *Witness* M Roche

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique... **Athletic** ..... *(b)* Mentality..... **Standard** .....
Body Marks, Scars, Deformities..... **mole on the neck** .....
Size of Thyroid Gland..... **N** .....
Surgical Abnormalities..... **None** .....
Results of Wounds, Injuries, Operations..... **None** .....

	Date... 14-3-41 Assessing Room	Date.. 27-5-41. Assessing Room	Date..... Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	66			
Weight (lbs.)	129½			*Date*.....
Chest Circumference (ins.)	32-35½			
Body Build (lbs.)	N-2			
Leg Length (ins.)	NA			
Pulse Rate — Sitting	90	78		
Pulse Rate — Standing 1st	108	96		
Pulse Rate — Standing 2nd	96	84		
Pulse Rate — After Exercise	120	108		
Pulse Rate — Time to Normal	55	20		
Arterial Walls	N			
Blood Pressure — Systolic	115	110		
Blood Pressure — Diastolic	68	75		
Heart — Size	N			
Heart — Sounds	N			
Heart — Rhythm	N			
Lungs	N			
Breath held	100			
Expiratory Force	120			
Vital Capacity (Best of 5)				
Reflexes — Knee	NN	N		*Date*.....
Reflexes — Ankle	NN	N		
Reflexes — Triceps	NN	N		
Reflexes — Abdominal	Sl.			
Reflexes — Plantar	Flexor			
Cranial Nerves	NN			
	R. L.	R. L.	R. L.	R. L. R. L. R. L.
Balancing Rod	1S 1S			
	R. L.	R. L.	R. L.	R. L. R. L. R. L.
Self Balancing	1S 1S			
Tremors — Fingers	SF SF			
Tremors — Eyelids	SS SS			*Date*.....
Abdomen — Liver	N			
Abdomen — Spleen	N			
Abdomen — Muscular Tone	Good			
Urine — Albumen	neg.	Neg		
Urine — Sugar	neg.	Neg		
Initials of M.O.	MO	MO		

40 mm. Hg. Test..... 60 = 789,9109,999,788 ..... MO
Date ..... 27-5-41 55 778,776,666,77 ..... MO
Date .....
Date .....
Date .....
Date .....

Remarks by Consultant.

EYE EXAMINATION

History	Neg.		
Visual Acuity	R 20/20 , c + 2.25 = 20/200	20/20 c 2.25 20/200	
	L 20/20 , c + 2.25 = 20/200	20/20 c 2.25 20/200	
Colour Vision	N. Ish.	N. Ish.	
Red, Green	N.A.		
Diaphragm Test (P.D. = ")			
Convergence	C. = " cms.		
	S. C. = " cms.		
Accommodation	R.	7	
	L. 7	7	
Cover Test	N.A.		
Fundi and Media	N		
Fields	N		
Remarks:			
	Initials of M.O. MD	*Initials of M.O.* [illegible]	*Initials of M.O.*
	Date 14-3-41	*Date* 27-5-41	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Neg.			
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	Pat.		
	L. Ear	Pat.		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		H		
Teeth		Good D.C. 18		
Gums		H		
Pharynx		H		
Nasopharynx		H		
Nose		H		
Larynx		H		
Remarks:				
		Initials of M.O. MD	*Initials of M.O.*	*Initials of M.O.*
		Date 14-3-41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 14-3-41

Satisfactory Average type

A3B

M. Duche F/O D. Hutton F/L

"[illegible] 27-5-41 Rechecked Normal.

Category A3B

M. Duche F/L.

D. Hutton F/L

8-5-42
Night Vision Test
- H. 12132.

A1B		N.V.C.	7/12
A3B	Turret	N.V.C.	
A3B		N.V.C.	
A3B	Vision		
A3B	Radio Sig.		
Date			

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY A3B APPROVED
DATE 7 1941
J. H. Freeman F/L M.O.
No 4 WIRELESS, ~~or B. and G.~~ School

MEDICAL RE-EXAMINATION

I certify upon my honour that I have suffered no illness or disability since my last medical examination.

Date 9/6/41 Signature A. Lindsay Witness D. Hutton F/L

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~LAC~~ Sgt. NO. R104961 NAME Erickson, L.T.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	SINGLE-ENGINE AIRCRAFT DAY 2ND PILOT (B) Hrs	Mins	SINGLE-ENGINE AIRCRAFT DAY DUAL (C) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 2ND PILOT (E) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 2ND PILOT (H) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY DUAL (J) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 2ND PILOT (L) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT DUAL (M) Hrs	Mins	CREW DUTIES OBSERVER (N) Hrs	Mins	CREW DUTIES AIR GUNNER (O) Hrs	Mins	CREW DUTIES OTHER (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
#4 W.S.F.S. BURTCH																													14	00					14	00
18-4-42																																			14	00
#9 B&G																													7	20						
6-6-42																																			21	20
No 9 B&G																																				
#8 A.O.S. ANCIENNE LORETTE QUE																																				
30-6-42																													6	30					6	30
26-7-42																													49	10					55	40
31-8-42																													33	10					88	50
29-9-42																													50	00					138	50
31-10-42																													50	50					189	40
27-11-42																													19	40					209	20
28-12-42																													18	35					227	55
29-1-43																													33	10					261	05
27-2-43																													49	40					310	45
31-3-43																													28	45					339	30
30-4-43																													53	10					392	40
25-5-43																													61	30					454	10
																													~~68~~	~~20~~					68	20

CERTIFIED CORRECT
#9 B&G R. Keeton Lt

CERTIFIED CORRECT
SIGNATURE H. W. Shelton F/O
for C.S.O. No. 8 A.O. OBSERVER SCHOOL
ANCIENNE LORETTE, P.Q.

No. 31 Operational Training Unit,
Royal Air Force

Flying Times for Period MAY 31 1943 to AUG 11 1943

CERTIFIED :-

W Bumpstead-Johns W/C
Chief Instructor, 31 O. T. U.,
R. A. F.

Wireless Operator Air Gunner

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R/104961	Erickson	Leif Tapio	Lutheran

Born 4/9/22 Place Kannus Country Finland Citizen of ~~Finland~~ Canada Racial Origin Finnish

ENLISTMENT

Date 9/6/41
At Montreal Que
Term Duration of War

CIVIL EDUCATION

High School ~~Entrance~~ 2 yr. Jr. Mat. Sr. Mat.
Technical School Corres. Courses
University

PREVIOUS SERVICE

Nil

Rank	Date	Med. Cat.	Date
AC 2	9 6 41	A3B	2 6 46
L.A.C. 12 L.A.G.	25 11 41		
T/Sgt (Pd)	8 6 42		
A/F/Lgt (PD)	8 12 42		
T/F/Sgt (P)	8 12 42		

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk - 1939-41

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
W.O. (A.G.) Std									
Wop/Sp Grp			P	8 6 42					

PARTICULARS OF FAMILY ~~M~~ 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)

Mr. Herman Erickson (Father) 850 Richmond Sq. Apt 10. Montreal Que.

LEAVE

From	To	Auth. and Description
18-10-41	25-10-41	DR.O. 186 d/Spec Leave.
DR0147/41	Asspec.	Leave Warr No 71856
9.6.42	23-6-42	(14) Spec Leave DRO 159
Issued SLTW #C106744 d/6.6.42.		
30-11-42	14-12-42	(14) Annual DR0174
12.8.43	25.8.43	(14) Pre Embk. " 192
SLTW No C: 265443		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature
DRO 159	Awarded Air Gunner's Badge.			
Categorized "CH"				

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
MD B/13	B/C Montreal Que.	#1 R.D. Toronto	8/6/41
DR.O. 159/41	#1 MD Toronto.	#1 E.D. Depot Toronto	5/7/41
D.R.O. 252/41	No. 1 Equip. Depot	No. 4 W/S. Guelph.	25-10-41
DRO 98/28-10-41	TOS at No 4 W.S. Guelph Ont.		26-10-41
DRO 109/5-6-42	S.O.S.	#4 W.S. Guelph	#9 B&G. Montreal Que. 9-5-42

Authority	Unit from	Unit to	Date
DRO 159	#9 B&G	#8 AOS Aerodrome Toronto Ont.	22.6.42
Dispersal Strength Completed			19/7/43
DRO 122/43 SOS	#8 AOS	E.H.C. Halifax N.S.	29-5-43
DRO 196. (31/32/191)	31 OTU.	1Y DEPOT	25/8/43

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

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

NO.31 OPERATIONAL TRAINING UNIT, R.A.F.STATION,
DEBERT N.S.

REPORT ON QIRELESS OPERATOR - AIR & GROUND TRAINING.

SURNAME....Erickson.....CHRISTIAN NAMES....Lief Tapis.....

NUMBER....R.104961.....RANK.....F/Sgt.....

COURSE NO...32.....FROM....31/5/43....TO....11/8/43....

F L Y I N G T R A I N I N G

1 FLYING TIMES AT O.T.U.

AIRCRAFT	D A Y		N I G H T		
	1st W/OP	2nd W/OP	1st W/OP	2nd W/OP	
HUDSON	59.40	-	8.40	-	
TOTAL	59.40	-	8.40	-	

2(a). AIR GUNNERY RESULTS.

E X E R C I S E	NO. OF ROUNDS FIRED	% HITS TO ROUNDS FIRED
BEAM RELATIVE SPEED TEST UNDER TAIL TEST	2300	8.5 %

2.(b) TOTAL ROUNDS FIRED: GROUND....500.....AIR TO GROUND...1000.....

AIR TO AIR...2300.....

3. AIR EXERCISES NOT CARRIED OUT.

GROUND TRAINING.

4. GROUND TRAINING RESULTS.

SUBJECT	% MARKS OBTAINED	SUBJECT	% MARKS OBTAINED
Morse (W.P.M.) (22)	95 %	AIRMANSHIP	53 %
Signals Procedure	73 %	TACTICS	95 %
Armament	80 %	INTELLIGENCE	100 %
		TORPEDOES	N/A

5. REMARKS BY CHIEF GROUND INSTRUCTOR:-(GROUND)

Average pupil. Keen and Quick. Needs more practice in Aldis.

R H Thompson ..... S/Ldr.
CHIEF GROUND INSTRUCTOR, 31 O.T.U.

6. REMARKS BY CHIEF INSTRUCTOR (Ability as Air Operator & Air Gunner etc.) (AIR)

A very good air operator and a competent air gunner.

S Bungfeatherstone ..... W/CDR.,
CHIEF INSTRUCTOR, 31 O.T.U.

7. REMARKS BY COMMANDING OFFICER

A satisfactory N.C.O. Keen and efficient.

Lawson ..... G/CAPT.,
COMMANDING NO. 31 O.T.U., R.A.F. STATION,
DEBERT, N.S.

DATE 17th August, 1943.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME ERICKSON

CHRISTIAN NAMES LIEF TAPIO

MARRIED SINGLE NO. OF CHILDREN NONE

EDUCATIONAL:- Number of years 10

High School 2 yrs. Technical ..... Commercial ....

University (Name and dates of Attendance) .....

N.A.

.....

Standing other Countries Finnish Citizen .....

FLYING EXPERIENCE:- Total hours N.A.

Commercial Hours Solo ..... Dual .....

Private Hours Solo ..... Dual ... Pass .....

No. hours & types during last 2 years .....

N.A.

.....

MILITARY AND OTHER TRAINING:-

N.A.

.....

.....

.....

SPORTS:- (What branches) Ice skating, swimming, baseball, ...

broad jump, high jump, hurdling .....

HOBBIES:- N.A. .....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:- .....

This young man seems very bright, pleasant, anxious .....

to learn. .....

.....

.....

REFERENCES CHECKED

REFERENCES CHECKED // SATISFACTORY 28/3/41 (Date) (Initials)

REFERENCES CHECKED // UNSATISFACTORY

REFERENCES NOT CHECKED

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK? NO .....

BEST FITTED FOR Wireless Operator Air Crew. .....

.....

DATE: 14-3-41

RECRUITING CENTRE: Montreal, P.Q.

A. L. L. Lapointe

Signature of Officer

A. L. L. Lapointe F.O.

AGE 18

HEIGHT 5'2½

WEIGHT 140

N.F.

ADMINISTRATION ...
TECHNICAL .....
EQUIP./ACCTS ....
GEN. LIST .....

FLY/ING

PILOT .....
OBSERVER .....
W.O.A. GUNNER X

APPROACH
Confident X
Nervous .....
Easy .....

CARRIAGE
Upright .....
Medium X
Athletic .....

DRESS
Neat .....
Conservative ....
Clean X
Careless .....

PHYSIQUE
Medium X
Heavy Set .....
Slender .....

SPEECH
Clear X
Slow .....
Hesitant .....

RESPONSE
Quick X
Deliberate .....
Slow .....

MANNER
Alert X
Confident .....
Sincere .....
Reserved .....
Nervous .....
Overbearing .....
Irresponsible ....

EXCELLENT .....
ABOVE AVERAGE ....
AVERAGE X
BELOW AVERAGE ....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R 104961 NAME AND INITIALS (IN BLOCK LETTERS) ERICKSON L.T. DATE OF ENLISTMENT 9-6-41

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. H Lee Foster P/o FOR (G.N. IRWIN) W/C DATE 10-6-41

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
No. 4 W.S. GUELPH, Ont.	13-3-42	LAC		W.O.A.S. Absenting himself without leave from 2230 hrs. to 2330 hrs. 12-3-42.	S.P.Report	3 days, C.B.	13-3-42	(A.S.Mitchell) F/O	(A.S.Mitchell) F/O O.C.#1 Squadron
				To be carried over					

R.C.A.F. R. 71
25M—8-40 (6352)
H.Q. 1062—3-53

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.104961 Name ERICKSON Lief Tafio Rank T/W.O.II.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W/OP.AG. Gr.2 Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 4.9.22 Religion Lutheran Occupation in Civil Life Clerk 1939-41

Last Enlisted 9.6.41 Current Engagement D of W

If a member of the Auxiliary Air Force

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

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

Mrs T. Erickson 850 Richmond Sq. Apt 10. Montreal Que Mother

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

Next of kin

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

Section I.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
31 OTU	No.1 Y Depot.	25.8.43
No.1 Y Depot.	3 PRC	13.9.43
	Emb.Halifax.	13.9.43
	U.K	19.9.43
(Int.C.126)	3 PRC	20.9.43
3 PRC	No. 104 OTU	23.11.43.
104 O.T.U	Nuts Corner	21.12.43.
Nuts Corner	Died as result of an aircraft accident	27.1.44

Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
	W/OP.AG. "Std" AC2	9.6.41
	" " " LAC	25.11.41
	" " Sp. T/Sgt	8.6.42
	" " " A/F/Sgt (pd)	8.12.42
	" " " T/E/Sgt.	8.12.42
	" " " T/W.O.II.	8.6.43
	" " Gr.2. "	8.6.43

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	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
W/O 2	V.G.	W/OP (AG)	ON STRENGTH FOR TRAINING ONLY				31.12.43	P.J. Heppell S/L
W02	V.G	W/OP(AG)					27.1.44	W. Cauldwell F/O

ON STRENGTH FOR TRAINING ONLY

POR 20/43.	7 Days Priv. Leave 13.11.43 - 19.11.43 RAF/E/6245.		A Capt W/O
POR 13/43.	48 hr. Pass 2.10.43 — 3.10.43.		A Capt 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 Air Gunners Badge.	8.6.42

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

Mack, 4 AIR

40004

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Lief T. (CHRISTIAN NAMES) Erickson (SURNAME)

REGISTER NO.

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 6606

DATE 19 June/45

SERVICE NO. R.104961

FINAL RANK OR RATING WO 1

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Jan/44

DATE OF DISCHARGE 26 Jan/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 962 / 30 EQUAL TO 32 COMPLETE PERIODS AT $7.50	240.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 136 LESS 2 INELIGIBLE DAYS, EQUAL TO 134 DAYS @ 25c. PER DAY	33.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE	PAY $ 5.45		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ $		
	TOTAL $ 6.70 ×7 = $ 46.90		
	NO. OF DAYS 136 / 183 ×$ 46.90	34.86	
D. WAR SERVICE GRATUITY		308.36	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		308.36	

JUL 12 1945
O.K. C.B.
R.C. N.I.
S.L. P.A.

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

~~P & A. Bal.~~ Trans. Trust Account
Journal Voucher # G58

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
LGS	MRG

TREASURY

CHECKED BY	DATE
	22-6-45

SERVICE REPRESENTATIVE

△T

Treasury Office.
Air Force Services
OTTAWA, - CANADA.
Rec'd. JUN 20 194
P. & A. SECTION

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R104961 RANK W.O.1 TRADE W.O.A.G. (SP GR) UNIT 104 O.T.U. OVERSEAS

(WITH EFF. FROM 6-DEC-43)

NAME ERICKSON, LIEF TAPIO

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

MARITAL STATUS

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

NAME
ADDRESS
D.A.B.

ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

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

ADDRESS

RELIGION CANADIAN FRENCH CANADIAN OTHER

PARENTS NAMES

ADDRESS

FATHER LIVING ON ENLISTMENT

MOTHER LIVING ON ENLISTMENT

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

ASSIGNED EXTRACTS RE NAME, RANK

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PCX496---d-28-JAN-44.

4732

CASUALTY DETAILS:

"KILLED" 28-JAN-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(ABOUT EIGHTY MILES EAST OF ARBROATH, SCOTLAND)

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

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

DATE 28-MAY-44.

Don Bushnell

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

7

COPY FOR DOCUMENT FILE

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Erickson Christian Names L.T.

Number R104961 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 4 Wireless School. Course No. 31 To 8-5-42 From 24-11-41

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 3.40 hours.

(b) In Flying Classroom, listening watch N.A. hours.

(c) In 2-seat aircraft as sole operator 10.20 hours.

R.C.A.F. Records Office
Rec'd JUL 2 1942
R. C. JB
S. L. CR

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

~~Above average~~
Average
~~Below average~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	39	Signals Organization	150	138
Radio Equipment	250	220	Armament	100	88
Morse (buzzer and lamp)	200	200	Drill and P.T.	50	35
Procedure	200	178	TOTALS	1000	898

Maximum Marks, 1000. Marks Obtained 898 Percentage 89.8 Pass or Fail Pass

Position in Class 11 No. in Class 115

5. Date authorized to wear Wireless Operator's Badge 8-5-42

PART I—*Concluded*

WIRELESS TRAINING

6. ~~Comments as to suitability for Commissioned rank:—~~ Numerical assessment as to suitability for Commissioned Rank:

(To be marked on a basis of 500 marks)

180

a/t Kingsee S/C

Officer Commanding

No. 4 Wireless School

Date 8 MAY 1942

To be passed to No. 9 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 9 B. G. S. Course No. 31

2. Dates of Courses:— From 11-5-42 To 8-6-42

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Battle	7:20			7	20

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test 7.5%

(*b*) Beam Relative Speed Test 4.1%

(*c*) Under Tail Test 8.1%

5. *Total Rounds Fired*—

Ground 735%

Air to Ground 165%

Air to Air 1258%

6. *Assessment*— Marks Obtained

(*a*) Written Examination ..... (100 Marks) 92

(*b*) Practical and Oral Examination ..... (100 Marks) 80

(*c*) Ability as Firer ..... (250 Marks) 164

(*d*) ~~Qualities as an N.C.O.~~ ..... (150 Marks) .....

Totals ..... (600 ~~Marks~~ 450) 336

7. Position in Class 3 No. in Class 30 Pass or Fail P

8. Date authorized to wear Air Gunner's Badge 8-6-42

9. ~~Comments on suitability for Commissioned Rank:~~ Numerical assessment as to suitability for Commissioned Rank: 167

(To be marked on a basis of 250 marks)

10. Remarks

A very good man in all armament.

(M.A. Nanton) S/L. *Chief Instructor*

No. 9 B. G. S.

Date 8-6-42

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained	
Wireless School	1000 1500	1078	71.8%
Bombing and Gunnery School	600 700	503	71.8
TOTALS	2200 1600	1581	71.8

12. Percentage ... 71.8 ... Pass or Fail ... P ... Position in Class ... 17 ...

No. in Class ... 30 ...

13. ~~Recommended for Commissioned Rank~~ ... Assessment ...
(yes or no) *(ex., above average)*

14. Remarks ... Pleasant nature - Will improve withe age. ...

...

...

...
(R.H. Little) W/C, *Officer Commanding*
No. ... 9 ... B. G. S.

Date ... 8-6-42. ...

R 104961

CONFIDENTIAL

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

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

Medical Board held at Montreal, P.Q. *Date* 14-3-41

FILE NUMBER

Surname ERICKSON *Chr. Names* LIEF TAPIO
Nature of Commission N-2-S *Date of Birth* 4-6-22 *Married or Single* S
Branch Gen. List. *Hours Flown* None
Address 850 Richmond Square, Apt. 10, Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

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

Education 2 yrs. High School
Present Occupation Office Clerk Hobbies N.A.
Previous Service N.A.
Athletics Ice skating, swimming, baseball, brood jump, high jump
Habits—Smoking 10 c.a.d. Alcohol None
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (....) Alive—Health (....) Dead—Cause
Sisters (....) Alive—Health (....) 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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 14-3-41 *Signature* Lief Erickson *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Standard

Body Marks, Scars, Deformities mole on the neck

Size of Thyroid Gland N

Surgical Abnormalities None

Results of Wounds, Injuries, Operations None

	Date 14-3-41	Assessing Room	Date 27-5-41.	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	66						
Weight (lbs.)	129½						*Date*
Chest Circumference (ins.)	32-35½						
Body Build (lbs.)	N+2						
Leg Length (ins.)	NA						
Pulse Rate (Sitting)	90		78				
Pulse Rate (Standing 1st)	108		96				
Pulse Rate (Standing 2nd)	96		84				
Pulse Rate (After Exercise)	120		108				
Pulse Rate (Time to Normal)	35		20				
Arterial Walls	N						
Blood Pressure (Systolic)	115		110				
Blood Pressure (Diastolic)	68		75				
Heart (Size)	N						
Heart (Sounds)	N						
Heart (Rhythm)	N						
Lungs	N						
Breath held	100						
Expiratory Force	120						
Vital Capacity (Best of 5)							*Date*
Reflexes (Knee)	NN		N				
Reflexes (Ankle)	NN		N				
Reflexes (Triceps)	NN		N				
Reflexes (Abdominal)	Sl.						
Reflexes (Plantar)	Flexor						
Cranial Nerves	NN						
Balancing Rod	R. 1S L. 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. 1S L. 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors (Fingers)	SF SF						
Tremors (Eyelids)	SC SC						*Date*
Abdomen (Liver)	N						
Abdomen (Spleen)	N						
Abdomen (Muscular Tone)	Good						
Urine (Albumen)	neg.		Neg				
Urine (Sugar)	neg.		Neg				
Initials of M.O.	MP		MP				

40 mm. Hg. Test 60 = 789,9109,999,788 MP

Date 27-5-41 55 778.776.666.77 MP

Date

Date

Date

Date

Remarks by Consultant.

EYE EXAMINATION

History	Neg.		
Visual Acuity	R. 20/20 , c + 2.25 = 20/200	20/20 c 2.25 20/200	
	L. 20/20 , c + 2.25 = 20/200	20/20 c 2.25 20/200	
Colour Vision	N. Ish.	N. Ish.	
Red, Green	N.A.		
Diaphragm Test (P.D. = ")			
Convergence	C. = " cms.		
	S. C. = " cms.		
Accommodation	R.		
	L.)7	7	
Cover Test	N.A.		
Fundi and Media	N.		
Fields	N		
Remarks:			
	Initials of M.O. [signature]	*Initials of M.O.* [signature]	*Initials of M.O.*
	Date 14-3-41	*Date* 27-5-41	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Neg.		
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	Pat.	
	L. Ear	Pat.	
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity		H	
Teeth		Good D.C. 18	
Gums		H	
Pharynx		H	
Nasopharynx		H	
Nose		H	
Larynx		H	
Remarks:			
		Initials of M.O. [signature]	*Initials of M.O.*
		Date 14-3-41	*Date*

HISTORY OF PRESENT CONDITION

Date 14-3-41

Satisfactory Average type

A3B

27-5-41 Rechecked Normal.

Category A3B

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY A.3.B. APPROVED
DATE 7 Jun 19 41.
F/L M.O.
No. 4 WIRELESS, ~~or B. and G.~~ School

R.C.A.F. Records Office
Rec'd NOV 21 1941
O. K. C.I.B.
R. C. N.
S. L. P. A.

MEDICAL RE-EXAMINATION

I certify upon my honour that I have suffered no illness or disability since my last medical examination.

Date 9/6/41 Signature _____ Witness _____

ERICKSON L. T. Date 15/5/41

CATED IN ACCORDANCE WITH A.F.M.O. M.10/10

OVERSE INFORMATION DISCLOSED

F/O.

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 ERICKSON LIEF TAPIO (b) Reg'l. No. R104761
2. (a) Arm of service RCAF (b) Unit # 1 M.D. TORONTO (c) Rank AC2
3. (a) Date of birth 4/9/12 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
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 15 (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.) 2 YRS. HIGH SCHOOL
7. If you attended a university, give name of university and standing or degree secured NA
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? ENGLISH & FINNISH (b) What languages do you read well? ENGLISH & FINNISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer J. L. MARLER & CO. Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) STOCK BROKER.
20. (a) Your specific occupation OFFICE CLERK (b) Number of years' experience at this occupation with any employer 2 YRS.
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? 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? NA (c) In what provinces did you have experience? NA

Section G—MISCELLANEOUS

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

DATE June 10 1941 SIGNATURE L. Erickson

R.C.A.F. Records Office
Rec'd AUG 19 1941
O. K..... C I.B.....
R. C..... N I.....
S. L..... P EDW

SWEDISH AMERICAN LINE

1410 STANLEY STREET :: MONTREAL, QUE.

ARNE RUTQUIST
DISTRICT MANAGER

March 12th, 1941

Royal Canadian Air Force,
Recruiting Centre,
1254 Bishpo Street,
Montreal, Que.

Gentlemen,

The bearer, Mr. Lief Erickson, was employed at our office for a period of six months during the year 1939 as junior clerk, typist, etc. He never evinced anything but the greatest possible confidence in his employers and in their business, and always rendered the most faithful and efficient service.

Unfortunately we were obliged to dispel with his service, not at all because he was not satisfactory to us, but because we could no longer continue the position that he occupied, due to conditions that have stopped trans-Atlantic travel and similarly affected our business.

We hope that he will qualify as a recruit for your service.

A. Rutquist

District Manager.

AR/t

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

WOODWARD MARLER
LESLIE MARLER

CABLE ADDRESS
MARCO, MONTREAL.

J. L. Marler & Co.

ESTABLISHED 1875
MEMBERS MONTREAL STOCK EXCHANGE
MEMBERS MONTREAL CURB MARKET

501 ST. PETER STREET
(COR. NOTRE DAME ST.)

Montreal, March 13th, 1941.

Royal Canadian Air Force,

Recruiting Centre,

1254 Bishop St., Montreal, P.Q.

Gentlemen:-

We wish to state that Lief Erickson has been in our employ for the past eighteen months. During that time we have found him an excellent employee, punctual, conscientious and anxious to learn. We have no doubt that he would be good material as a recruit for the R. C. A. F.

Yours truly,

J. L. Marler

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

Royal Canadian Air Force,
Recruiting Centre,
1254 Bishop St.,
Montreal, P.Q.

March 28th, 1941

Gentlemen:-

I hereby declare that I, Herman Erickson, having arrived in Canada from Finland on the ship Andania, at the port of Quebec on the 12th. day of August, in the year nineteen hundred and twenty-four (1924), have since resided solely in Canada.

I also declare that on the 19th day of February, nineteen hundred and forty-one (1941) I filed an application with the proper authorities in Montreal, P.Q., to become a naturalized Canadian.

A. M. Garth Herman Erickson.

JUSTICE OF THE PEACE
District of Montreal.

. . . . . .

(Witness)

MAR 28 1941

R.C.A.F. Records Office
Rec'd. JUN 12 1941
O. K. ..T.E.... C. I. B. .....
R. C. ..G.K.... N. I. .....
S. L. ..... P. A. ..8.....

March 12th, 1941.

Royal Canadian Air Force,

1254 Bishop St.,

Montreal, P.Q.

I, Herman Erickson, the undersigned, do hereby declare that Lief Tapio Erickson is my son and was born in Kannus, Finland, on the fourth day of September in the year nineteen hundred and twenty-two (1922).

Mothers Maiden Name : ~~Hix~~ Hilija Sundell

Herman Erickson.

A. Mack
(Witness)

MAR 12 1941

JUSTICE OF THE PEACE
District of Montreal.

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

R.C.A.F. Special Reserve

No. 1 Manning Depot Toronto

22-B-121
Aircrew
Wireless Operator Air (Standard)

AIR FORCE No. R. 104961 POSTED TO — TRADE Gunner

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

BLOCK LETTERS.

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

1. Surname ~~ERICKSON~~ Erickson Full Christian Names ~~LIEF TAPIO~~ Leif Tapio
2. Present Address 850 Richmond Sq. Apt. 10, Montreal Que. Telephone FI. 7075
3. Permanent Address 850 Richmond Sq. Apt. 10, Montreal, Que. (Janitors)
4. Place of Birth Kannus, Finland Citizenship Finnish
5. Date of Birth September 4, 1922 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single
6. Particulars of Children

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

7. Occupation Office clerk 8. Religion Protestant (Lutheran)
   State denomination
9. Languages English and Finnish fluently
   State proficiency
10. Next of Kin (Full Name) Herman Erickson Relationship Father
    " Address 850 Richmond Sq. Apt. 10, Montreal, Que.
11. Father (Full Name) Herman Erickson Birthplace Kannus, Finland
    " Address 850 Richmond Sq. Apt. 10, Montreal Que. Citizenship Finnish
    " Occupation Tailor
12. Mother (Full Maiden Name) Hilija Sundell Birthplace Tampere, Finland
    " Address 850 Richmond Sq. Apt. 10, Montreal, Que. Citizenship Finnish
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
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R.C. N
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.

188-158

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Woodland School Verdun, Que.	Sept. 1928	June 1931	Elementary
	Royal Arthur School Montreal, Que.	1931	1936	
High School—Collegiate Institute, etc.	Montreal High School Montreal, Que.	1936	Feb. 1938	Science
Technical School				
University or School other than above				
Correspondence Courses, etc. Night	Strathearn School Montreal, Que.	1938	1940	Business Correspondence, Typing

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Swedish American Steamship Line 1410 Stanley St. Montreal, Que.	Office clerk	Mar. 1939	Sept. 1939	Business Slow.
J. L. Marler & Co. Montreal, Que.	Office clerk	Oct. 1939	—	Still employed

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. ~~N.I.L~~ None.

25. Sports engaged in. State: extensively, moderately, occasionally Ice skating, Swimming, Baseball, (Field athletics) — Broad jump, High jump, Hurdling (All 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 A.a.

If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer~~; (c) ~~Air Gunner~~ 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
Andre Monday	501 St. Peter St. Montreal, Que.	Manager
C. A. Wylie	1421 Atwater Ave, Montreal, Que.	Executive director
Miss E. de la Haye	2424 Grand Blvd. Montreal, Que.	Securities teller
R. L. Davies	226 St. James St. Montreal, Que.	Manager

28. Other information that may have any bearing on this application I have been in Canada for the past sixteen years. My parents have sent in their application to be a naturalized Canadian.

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 March 13 1941 Signature Leif Erickson

NATIONAL REGISTRATION CERTIFICATE
PRODUCED

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, Lief Tapio ERICKSON 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.....

Lief Erickson
Signature of Recruit

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

I, Lief Tapio ERICKSON 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.....

Lief Erickson
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 ninth day of June 19 41

L. O. Gadbois Flt/O
Signature of Officer

Rank

R.C.A.F. Recruiting Centre Montreal.
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. 18 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? No

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

Examiner's Remarks *re* above None.

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

Signature of Applicant

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

1. Identification marks or scars (if operative obtain history) mole at back

2. Height 5 feet 6 inches. 3. Weight 129 pounds.

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

6. Development (Good / ~~Fair~~ / ~~Poor~~) 7. Chest Measurement—Full expiration 32 inches

Range of expansion 2½ inches

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

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

Left 20/20 Left N.A.

10. Condition of mouth and teeth Healthy

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 A3/3

Any special remarks of the Medical Officers

2)-5-41 Rechecked: D.K.H. Riche D.

28-5-41 x-Ray # 79692 ~~Dud~~ Doubtful D.K.H.

30-5-41 x-Ray rechecked Ext. D.K.H.

4-6-41 Rechecked normal D.K.H.

Part 2 Cont.
13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S.D. 110/75
17. Colour Vision Dark Hr.

Date 14-3-1941

D.K.H. Riche D. President

John C. Helios M.D. Member

Member