

R108482  
LANGLOIS  
JOSEPH ALBER







# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner, Montreal.

.....Ottawa, August 7th, 1944.

From.....Head Office.....

R-108482 - W.O.2. LANGLOIS, Joseph A.R.

P. & N. H. 1063-J.

The Department of National Defence, Air Service,  
previously  
officially reports that the marginally named was reported -  
missing September 6th, 1943 after air operations  
now presumed dead 6-Sept-43, for official purposes,  
~~another~~ on service Overseas.

His next of kin is reported as - Father -  
C-1705, S/L. J.A. Langlois,  
No 1 "Y" Depot, R.C.A.F.,  
Lachine, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 50.00 a month to - Stepmother -  
Mrs. Anne M. Langlois,  
254 Lake Shore Rd.,  
Pointe Claire, Que.

As no D.A. was payable the Commission will not take  
any action unless a claim is filed.

E. Clewes,  
for  
Canadian Pension Commission.

/TF



**OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION**

NUMBER **R10842**

RANK **W.O.2**

UNIT **424 SQUADRON  
(OVERSEAS)**

TRADE **NAVIGATOR (SP. GR.)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

NAME **LANGLOIS, JOSEPH ALBERT ROGER**

MARITAL STATUS **SINGLE**

RELIGION **R.C.**

CANADIAN **XX**

FRENCH CANADIAN **YES**

OTHER

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

ADDRESS **C1705, S/L. J.A. LANGLOIS (FATHER)  
NO 1 "Y" DEPOT, R.C.A.F.  
LACHINE, QUEBEC.**

NAME **MRS. ANNE M. LANGLOIS**  
ADDRESS **254 ALEXANDER ROAD LAKE SHORE ROAD,  
D.A.B. POINTE CLAIRE P.Q.**

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

ADDRESS **C1705 S/L. J.A. LANGLOIS (FATHER)  
NO. 5 MANNING DEPOT R.C.A.F. (NOW RESIDING AT ABOVE ADDRESS)  
LACHINE QUEBEC.**

FATHER'S NAME

ADDRESS **C1705, S/L. JOSEPH ALBERT LANGLOIS,  
NO 1 "Y" DEPOT, R.C.A.F.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS **LACHINE, QUEBEC.**

LIVING ON ENLISTMENT **NO**

ADDRESS **DECEASED.**

**STEP-MOTHER LIVING.**

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

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

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

**CASUALTY DETAILS:**

AUTHORITY CAS. SIG. NO. **BOMBER MAIL LETTER DATED----23-JUNE-44**

**PREVIOUSLY REPORTED "MISSING" 6-SEPT-43. AFTER AIR OPERATIONS  
(OVERSEAS) (OVER BATTIPAGLIA, ITALY)**

**NOW "PRESUMED DEAD" 6-SEPT-43. FOR OFFICIAL PURPOSES.**

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

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

DATE **28-JULY-44.**

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

FOR CHIEF OF THE AIR STAFF



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R108492** RANK **FLIGHT SERGEANT** UNIT **424 SQUADRON OVERSEAS**

TRADE **AIR OBSERVER (SP GR)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

NAME **LANGLOIS, JOSEPH ALBERT ROGER**

MARITAL STATUS **SINGLE** RELIGION **R.C.** CANADIAN **YES**

FRENCH CANADIAN \_\_\_\_\_ OTHER \_\_\_\_\_

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

~~XXXXXXXXXXXXXXXXXXXX~~ **C1705 S/L J.A. LANGLOIS (FATHER)**  
**NO. 5 "M" DEPOT, R.C.A.F.,**  
**LACHINE, QUEBEC.**

NAME  
ADDRESS  
D.A.B.

**MRS. ANNE M. LANGLOIS**  
**254 LAKE SHORE ROAD,**  
**POINTE CLAIRE, P.Q. (STEPMOTHER)**

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

**C1705 F/L J.A. LANGLOIS (FATHER)**  
**NO. 5 MANNING DEPOT, R.C.A.F.,**  
**LACHINE, QUEBEC.**

FATHER'S NAME  
ADDRESS

**C1705 S/L J.A. LANGLOIS**  
**NO. 5 MANNING DEPOT, R.C.A.F.,**  
**LACHINE, QUEBEC.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME  
ADDRESS

**MOTHER DECEASED.**

LIVING ON ENLISTMENT **NO**

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

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 KRY---PCX596---4-9-SEPT-45.**

**"MISSING" 6-SEPT-45 AFTER AIR OPERATIONS (OVERSEAS).**

**(OVER BATTIPAGLIA, ITALY)**

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

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

DATE **21-SEPT-45.**

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

*E. Bellant*  
FOR CHIEF OF THE AIR STAFF



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

*4*  
**AIR**  
*A13537*

DECEASED  
MEMBER'S  
NAME

**J.A. Roger**  
(CHRISTIAN NAMES)

**Langlois**  
(SURNAME)

REGISTER NO.

20183

PAYEE

FILE NO.

24 July/45

ADDRESS

**Receiver General of Canada,  
Director of Estates,  
Ottawa, Ont.**

DATE

R108482

SERVICE NO.

WOI

FINAL RANK OR RATING

6 Sept/43

DATE OF TERMINATION OF OVERSEAS SERVICE

6 Sept/43

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **789** EQUAL TO **26** COMPLETE PERIODS AT \$7.50  
30

\$ **195.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **271** LESS **9** INELIGIBLE DAYS, EQUAL TO **262** DAYS @ 25C. PER DAY

\$ **65.50**

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ **5.70**  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ **1.85**  
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ **6.95** x 7 = \$ **48.65**

NO. OF DAYS **271** x \$ **48.65**  
183

\$ **72.05**

D. WAR SERVICE GRATUITY

\$ **332.55**

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ **332.55**

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

*P. & A. Bal. Trans. Trust Account*  
*Journal Voucher # 6101*

**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 **DRM** CHECKED BY **JFM**

TREASURY  
CHECKED BY *[Signature]* DATE **26.7.45**

*[Signature]*  
SERVICE REPRESENTATIVE



R + Ftc.

R.C.A.F. T. 81  
8M-6-40 (5295)  
H.Q. 1062-13-58

# ROYAL CANADIAN AIR FORCE

NAV/B. J. A. T. P. CANADA

## REPORT ON PUPIL AIR OBSERVER

### AIR AND GROUND TRAINING

Surname.....LANGLOIS..... Christian Names.....J.A.R.  
Number.....R108482..... Rank.....~~1.A.S.~~ 191

### 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 I.T.S. to Air Observers School.  
From Air Observers School to Bombing and Gunnery School.  
From Bombing and Gunnery School to Air Navigation School.

CAN 2

To be available on demand by the Training Command concerned.

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; one copy 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.

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

#### INITIAL TRAINING

1. No.....3..... Initial Training School. Course No.....33..... From 8-8-41 To 13-9-41

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	90	Drill.....	100	90
Armament (P. & O.).....	100	84	Law and Disc., etc.....	100	44
Signals	100	94	Hygiene & Sanitation	100	32
			TOTAL	400	

3. Maximum Marks ~~400~~ 500 Marks Obtained 434 Percentage 87 Pass or Fail P  
Position in Class 3 No. in Observers Class 18

4. Remarks...Speaks English with marked French accent. - Very clean and smart looking..  
airman. Little timid due to his extreme youth. - Very keen and alert. -  
Very intelligent - Commission material.

CERTIFIED TRUE COPY

No. 1 C.N.S., Rivers, Man.  
3-7-42

D.D. Findlay (signed) Wg. Comdr.  
Commanding Officer

Date:— 25-9-41  
No. 3 Initial Training School, RCAF,  
VICTORIAVILLE, P.Q.

To be passed to No. 9 A.O.S.



PART II  
AIR OBSERVERS SCHOOL

1. No.....9.....Air Observers School. Course No.....34.....From 29-9-41 To 3-1-42.....

**Air Training**

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
<b>Anson</b>	29:35	27:35	7:15	7:15		71:40

3. Proficiency as Air Observer 500. Marks obtained.....350.....

4. Remarks on Air Training and points which require special consideration.....

19th in class of 22

5. **Ground Training**

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
D.R. (Plotting).....	150	121	Maps and Charts.....	100	76
D.R. (Written)& DE(W/T).....	200 <del>150</del>	156	Meteorology.....	100	75
Compasses and Instruments.....	150	113	Photography.....	100	70
<del>XXXXXX</del> Bombing (written) <del>100</del>	<del>100</del>	62	Reconnaissance.....	100	65
Signals.....	100 <del>50</del>	80			
<b>Bombing Practical</b>	<b>N.A.</b>	<b>N.A.</b>	TOTAL.....	<del>1000</del>	818
				<b>1100</b>	

6. Remarks on Ground Training.....

15th in class of 22

7. Qualities as Officer or N.C.O. ~~300~~ <sup>850</sup> Marks obtained..... 490.....

8. Total Assessment ~~1800~~ <sup>1600</sup> Marks Obtained..... 1168..... Percentage..... 73.0..... Pass or Fail..... Pass.....

9. Position in Class..... 17..... No. in Class..... 22.....

10. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor)..... Average.....

Assessment as Air Observer (Ex., Above Av., Av., Below Av., or Poor)..... Average.....

11. Commissioned Rank (Appears suitable or unsuitable)..... Unsuitable.....

12. As Instructor (Appears suitable or unsuitable)..... Unsuitable.....

13. General Remarks on Training, Ability, etc.....

Hard working but hesitant because of youth and slight knowledge of English.

Very interested in the work.

CERTIFIED TRUE COPY

K.S. Pitcairn S/L (signed)  
Chief Instructor

No. 1 C.N.S., Rivers, Man.  
3-7-42

No.....9.....A.O.S. Date:— 30-12-41

To be passed to No.....6.....B.G.S.



PART III  
ARMAMENT TRAINING

1. No. 6 B.G.S. Course No. 34 From 5-1-42 To 14-2-42

**Air Training**

2. Flying Time:—

Aircraft	BOMBING		GUNNERY		Passenger	Total
	Day	Night	Day	Night		
<b>Battle</b>	13:45	3:50	7:40	-----	-----	25:15
						Brought Forward..... 71:40
						<b>GRAND TOTAL..... 96:55</b>

**Air Exercises**

3. BOMBING:—

(a) Individual High Level Bombing—Stationary Target (results converted to 10,000 ft.).

(i) Average error of all exercises D-134 yds. (ii) Average error of best exercise 89 yds.

(b) Low Level Bombing—Average error of all exercises N-99 yds.

(c) Total No. of bombs dropped—high level Day 30 Night 20 Low Level 8

4. AIR GUNNERY:—

(a) Beam Test..... (Average % hits to rounds fired)..... 14.1 %

(b) Beam Relative Speed Test..... (Average % hits to rounds fired)..... 3 %

(c) Under Tail Test..... (Average % hits to rounds fired)..... 8.5 %

(d) Total No. of Rounds Fired - **Air to Air Assessment** 1250

5. EXAMINATION RESULTS:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Bombing (W).....	150	106	Gunnery (W).....	100	76
Bombing (P).....	150	104	Gunnery (P).....	100	68

6. Proficiency as Bomb Aimer 300 Marks. Marks obtained..... 249

7. Remarks.....

His bombing results are satisfactory.

8. Proficiency as Air Gunner 200 Marks. Marks obtained..... 147

9. Remarks..... His air firing results are satisfactory, and his relative speed shooting will improve with practice.

**Character & Leadership 500**

10. ~~Qualities as an Observer N.C.O. 200~~ Marks. Marks obtained..... 369

**Ground & Air Training 1000**

11. ~~Total Assessment 1200~~ Marks obtained..... 750 Percentage..... 75 Pass or Fail..... Pass

Position in Class..... 15 No. in Class..... 27

12. ~~Composition Book (Appears suitable or unsuitable)~~

..... T. Lesswau S/L (signed)

for Chief Instructor

No. 6 B. & G.S. Date:— 14-2-42

13. General Remarks..... He is only of average ability, but is conscientious and

hardworking. He will be a competent observer.

CERTIFIED TRUE COPY

..... G.W. Du Temple S/L (signed)

for Officer Commanding

No. 6 B. & G.S. Date:— 14-2-42

No. 1 C.N.S., Rivers, Man.

3-7-42. \*To be passed to No. 2 A.N.S.

\*In the case of Air Observers who do not proceed to an Air Navigation School paragraphs 12 to 14 of Part IV will be completed at the Bombing and Gunnery School.



PART IV

ADVANCED AIR OBSERVERS TRAINING (At Air Navigation School)

1. No. 1 A.N.S. Course No. 41 From 25-5-42 To 3-7-42

Air Training

2. Flying Time:—

Aircraft	DAY		NIGHT		Passenger	B.G.S.	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			
Anson No. 2 A.N.S.	8:05	8:45	14:45	20:05			51:40
" No. 1 C.N.S.	7:00	7:05	6:35	6:30			27:10
Brought Forward.....							96:55
GRAND TOTALS.....							175:45

3. Proficiency as Air Navigator 250. Marks Obtained.....155

4. Remarks on Air Training and points which require special consideration.....

Ground Training

5. Examination Results:—

Subject	Maximum Marks	Marks Obtained
Astronomical Navigation (Plotting).....	150	110
Astronomical Navigation (Written).....	100	50

6. Remarks on Ground Training.....

Seems to understand the work but needs more experience in air.

Character & Leadership (250) 155

7. Total Assessment 500. Marks Obtained.....315 Pass or Fail..... Pass

8. Position in Class.....247 No. in Class..... 25

9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor)..... Below Average

10. Recommended as an Instructor (Yes or No)..... No

11. General Remarks on Training, Ability, etc.....

*[Signature]*  
Chief Instructor

No. 1 A.N.S. Date:— 3-7-42

12. Final Assessment (A.O.S., B.G.S. and A.N.S.)

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Air Observers' School.....	<del>2550</del> 2550	1731	*Air Navigation School.....	<del>500</del> 750	470
Bombing and Gunnery School	<del>1500</del> 1500	1119	Total.....	4800	3320

Percentage.....69.2 Pass or Fail..... Pass Position in Class..... No. in Class.....

13. Recommended for Commissioned Rank..... Assessment.....

14. Remarks..... Language difficulty inclined to slow him up. Should do better when given responsibility.

Position in Class 208 out of 277

ALTITUDE TOLERANCE TEST *Officer Commanding* 22/7/42

No. 1 A.N.S. Date:— 3-7-42

No. of 2 hr tests at 35,000 feet

15. Awarded Air Observer's Badge (date)..... 2 runs

Symptoms:

- 1. nil on 2 runs
- 2. mild on 3 runs
- 3. moderate on 3 runs
- 4. severe on 1 run

Recommended for:

- A. flying to 35,000 ft. or more
- B. limited flying to 35,000 ft.
- C. flying only to 25,000 ft.

\* Delete if not applicable.



LES FRÈRES DES ÉCOLES CHRÉTIENNES  
ÉCOLE SUPÉRIEURE CHOMEDEY  
1678 Ave de la Salle Maisonneuve

Montréal le 1 juillet 1941.

R.C.A.F.

M. Roger Langlois désire faire parti de l'aviation canadienne. Aussi je le recommande sans aucune hésitation à ses employeurs.

Le jeune homme a terminé brillamment ses études à l'école supérieure Chomedey-de-Maisonneuve après quatre années de travail assidu. Ses maîtres et ses compagnons l'ont toujours tenu en haute estime pour ses qualités sociales, sa franchise et son bon esprit. Dans les organisations scolaires il a joué un rôle de premier plan, se montrant plein d'entrain, débrouillard et rapide à juger les situations.

Dans l'espoir que la présente sera prise en considération. veuillez, Monsieur, agréer l'expression de mes sentiments distingués.

*Bertrand e.c.*

R.C.A.F. Records Office	
Rec'd. JUL 10 1941	
O. K. ....	C. B. ....
R. C. ....	N. I. ....
S. L. ....	P. A. ....



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full LANGLOIS, Roger (b) Reg'l. No. R-10022  
2. (a) Arm of service Air Force (b) Unit 4100 Squadron RCAF (c) Rank PO2  
3. (a) Date of birth 11-12-22 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, P.Q.  
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 7-9-46

PLEASE LEAVE BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 years (b) Were you attending school or college up to the time of enlistment? Yes  
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 Matriculation  
7. If you attended a university, give name of university and standing or degree secured NA  
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? NA (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? NA  
9. (a) What languages do you speak fluently? French, English (b) What languages do you read well? French, English

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) (Attending School) Not 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? Not attending school  
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked NA (b) State how long you had worked at this trade or occupation NA  
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified Office Work  
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment NA  
15. Give details of last employer, if any: Name NA Address NA  
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NA  
17. (a) If your last employment was in a business of your own, state nature and address of business NA (b) Date of discontinuing it NA

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

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

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

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

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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed  
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 years (c) In what provinces did you have experience? Quebec

## Section G—MISCELLANEOUS

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

DATE

July 8<sup>th</sup>

1946

SIGNATURE

Roger Langlois



NO. 2108482 RANK Sgt NAME Langlois J.A.R. Date... 29-9-42 .....

Date of Birth 15-12-22	Selection Board at .....	Married Single	Civil Occupation Student	Citizenship Can
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I.T.S.(W) Maths 3	90 %	<del>E.F.T.S.</del> A.O.S. 60.5 %	S.F.T.S. %
Nav.	%		%

Education Credits Ecole Chomedy Matric. 4 yrs	C.T.( ) 49/80	Sports Interests Swimming. Boxing. Handball.
-----------------------------------------------------	------------------	-------------------------------------------------

Flying time England.....hrs U.S.A. ....hrs Canada .....hrs 168.20	Service Schools attended 3 I.T.S. 2 A.N.S. 9 A.O.S. 1 C.N.S. 6 B & G	Time to Solo
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------	--------------

Unit by which eliminated #1 "Y" Depot	Reason for Elimination Medical	Recommendation of such Unit <sup>to return to</sup> Depot S.
---------------------------------------	--------------------------------	--------------------------------------------------------------

Medical Category	V.G.	Good	Average	Poor
AlBA3B				
Temperament		X		
Personality			X	
Keeness		X		
Intelligence			X	
Service Spirit		X		
Determination		X		

Decision of Reselection Board to return to "Y" Depot Air Observer.

Pending D.A.P.S.

Sent here from "Y" Depot to have his medical category raised. This is cleared up now, so see no reason why he should not go back.

D.C. Martin P/O

W.H. Cleaver P/O

Member

President



R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME.....LANGLOIS.....
CHRISTIAN NAMES.....JOSEPH ALBERT ROGER.....
MARRIED..NO.....NO. OF CHILDREN.....N.A.....

N.F.

FLY
ING

AGE...18...
HEIGHT...5'10...
WEIGHT...140...
PILOT...X...
OBSERVER...
W.A.GUNNER...

EDUCATIONAL:- NUMBER OF YEARS.....
High School...4 yrs.....Technical...none.....Commercial...
University (Name and dates of Attendance).....
None.....
Standing other Countries.....

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

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

FLYING EXPERIENCE:- Total hours NONE
Commercial Hours Solo.....Dual.....
Private Hours Solo.....Dual.....Pass.....
No. hours & types during last 2 yrs.....
NONE.....

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

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

MILITARY AND OTHER TRAINING:-
N.A.....

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

SPORTS:- (What branches) Swimming, boxing, handball (all
moderately)

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

HOBBIES:- None

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

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER
AND SUITABILITY FOR THE SERVICE:-
Affine lad - son of F/O. J.A. Langlois R.C.A.F. Highly
recommended by his former school master as a brilliant
pupil. Straight forward, industrious, keen. Good
material.

REFERENCES CHECKED

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY 7/7/41 (Date) (Initials)
REFERENCES NOT CHECKED

EXCELLENT.....
ABOVE AVERAGE...
AVERAGE...X...
BELOW AVERAGE...
MARK WITH AN X
THE DESCRIPTION
WHICH APPLIES

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Yes.

BEST FITTED FOR..... Pilot or Observer.

DATE: 1-7-41

RECRUITING CENTRE: Montreal, P.Q.

Signature of Officer
R.O. Gibeault F.O.





## ROYAL CANADIAN AIR FORCE

September 23, 1942.

ATTENTION: Medical Officer i/c.

Officer Commanding,  
Ceased Training Aircrew Squadron,  
Composite Training School, RCAF.  
Trenton, Ontario.

SUBJECT: R.108482 - Sgt.Obs.Langlois, J.A.R.

1. The marginally noted Sergeant was referred to the Acceleration Unit for tests with reference to previous apparent tendency to syncope.
2. This subject has a history of occasional attacks of fainting occurring about 5 years ago. These attacks were short in duration, and were unaccompanied by any other symptoms. Recently while at 35,000 feet, in one of the decompression chambers at "Y" Depot, he fainted following the onset of severe decompression sickness in the nature of pain in the region of the left elbow. Apparently he fainted before the observer could come to his aid. From his record he apparently has been able to withstand the usual flying, mostly in Ansons, but he has also flown in Harvards without noting any tendency to blackout.
3. This subject was observed during three occasions on the Tilt Table. His resting blood pressure was 120/60 and his response on the Tilt Table was within normal limits. There was no initial drop in the systolic pressure, and there was no marked decrease in the pulse pressure. These two criteria are indicative of a stable cardiovascular system.
4. He was exposed to eleven runs on the Accelerator ranging from 2 to 8.5 G. His blackout threshold is placed at 8 G which is definitely higher than average. Consciousness was lost on one occasion only and this was during the 8.5 G run. His E.E.G. tracings were entirely normal and it is interesting to note that even when consciousness was lost no convulsive episode occurred.
5. On the basis of these findings it is felt that this Sergeant Observer would make a first rate pilot of a fighter aircraft providing his ability to fly was within the standards required. There is no reason to infer from his previous history that he is subject to syncope, for in the first instance (5 years ago) he was definitely under par and the attacks were of short duration with no indication of an epileptic basis. Furthermore there is no familial history of epilepsy. Attacks of syncope in the decompression chamber at 35,000 feet are not uncommon in subjects who are in good condition and no significance can be attached to this one. There are no details regarding this attack and it may well have been due to an ill fitting mask with resulting anoxia. Furthermore syncope may be allied to sudden severe pain of this nature. With the resting blood pressure of between 120 and 130 systolic and no tendency to syncope under ordinary circumstances he is definitely not in the class of so-called hypotensives.
6. It should be added here that the Accelerator is not a test for the existence of tendency to epilepsy. This must be ruled out initially by taking a resting E.E.G. which is possibly one of the best criteria. Any subject showing a tendency to fainting in the upright position, or on assuming the upright position, should of course be examined on the Tilt Table and if there is any doubt, on the Accelerator.
7. It is considered from these facts that this man is fit for aircrew of any type.

*B. Rose*

(B. Rose, F/Lt.)  
FOR: Medical Officer i/c.,  
Acceleration Unit,  
No. 1 I.T.S. RCAF.,  
Toronto, Ontario.

Encl. M.10.



**CONFIDENTIAL**

R.108482  
R.C.A.F. Special Reserve  
R.C.A.F. M.2  
150M-8-40 (6421)  
H.Q. 1082-10-2

**ROYAL CANADIAN AIR FORCE**

RE-CHECKED BY NO. 3 MEDICAL SELECTION BOARD.

Medical Board held at Montreal, P.Q. Date 2-7-41

FILE NUMBER

2

Surname LANGLAIS Chr. Names JOSEPH ALBERT ROGER  
Nature of Commission M2-1 Date of Birth 16-12-22(18) Married or Single S  
Branch General List Hours Flown None  
Address 8352 Foucher Street, 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 Pneumonia at 9 months.  
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 Gonorrhoea NO
- (vi) TROPICAL DISEASE NO  
Malaria NO  
Dysentery NO
- (vii) EYE TROUBLE or Inflammation of Eyelids NO  
Wearing of Glasses NO  
Colour or Night Blindness NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears NO  
Deafness, Noises in the Ears, or Dizziness NO  
Frequent Colds in Head, Catarrh or Obstruction NO  
Prolonged Hoarseness or Loss of Voice NO  
Sea, Car or Train Sickness NO  
Discomfort on Swings, Roundabouts, Switchbacks NO
- (ix) OPERATIONS NO
- (x) Any Illness or Injury not mentioned above NO

Education Equivalent to 4 years of High School

Present Occupation Student Hobbies None

Previous Service N.A.

Athletics Swimming, boxing, handball, all moderately.

Habits—Smoking NONE Alcohol None

FAMILY HISTORY—Consumption None

Nervous Ailments, Mental Trouble, or "Fits" None

Father Alive—Health good Dead—Cause

Mother Alive—Health Dead—Cause 29- cause unknown

Brothers (2) Alive—Health good (0) Dead—Cause

Sisters (1) Alive—Health good (0) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 2-7-41 Signature Roger Langlois Witness New eloquin Ph



GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....good.....(b) Mentality.....good.....  
 Body Marks, Scars, Deformities.....scar above left knee.....  
 Size of Thyroid Gland.....not palpable.....  
 Surgical Abnormalities.....None.....  
 Results of Wounds, Injuries, Operations.....None.....

	Date 2-7-41	Assessing Room	Date	Assessing Room	Date 28/8/41	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	69 1/2				70		Date.....
Weight (lbs.)	128				135		
Chest Circumference (ins.)	32-34						
Body Build (lbs.)	-18						
LEG LENGTH (ins.)	42 1/2				45		
Pulse Rate	{ Sitting	84			84		Date.....
	{ Standing 1st	96					
	{ Standing 2nd	96					
	{ After Exercise	120					
	{ Time to Normal	40					
Arterial Walls	soft						Date.....
Blood Pressure	{ Systolic 130 Diastolic 80				115 85		
Heart	{ Size N Sounds clear Rhythm regul						Date.....
Lungs	N						
Breath held	70						
Expiratory Force	120						
Vital Capacity (Best of 5)							Date.....
Reflexes	{ Knee	N					
	{ Ankle	N					
	{ Triceps	N					
	{ Abdominal	N					
	{ Plantar	Flex					
Cranial Nerves	N						Date.....
Balancing Rod	R. L. S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. FS FS	R. L.	R. L.	R. L.	R. L.	R. L.	Date 1.9.41 Recheck alt - reg medis - approx 1/2 only
Tremors	{ Fingers F F Eyelids F F						
Abdomen	{ Liver not palp. Spleen not percuss. Muscular Tone good						Date.....
Urine	{ Albumen neg. Sugar neg.				+		
Initials of M.O.	luw				luw		
40 mm. Hg. Test	60 = 7/787,778,889,788						
Date							
Date							
Date							
Date							

Remarks by Consultant.

Fit

luw



Night Vision Test B'Mth.  
EYE EXAMINATION

14  
32

20/12/42

History	Neg.	No symptoms	
Visual Acuity	$\left\{ \begin{array}{l} R 20/20, \bar{c} 2.25 = 20/200 \\ L 20/20, \bar{c} 2.25 = 20/200 \end{array} \right.$	$\left\{ \begin{array}{l} R 20/20, \bar{c} 2.25 = 20/200 \\ L 20/20, \bar{c} 2.25 = 20/200 \end{array} \right.$	
Colour Vision	Ish. N.	N.	
Red, Green	sl. exo 1 1/2 in.	M.R. Exo 10	
Diaphragm Test	(P.D. = 60.) Bar at 0	P.D. 62 Bar at 0	
Convergence	$\left\{ \begin{array}{l} C. = 6.5 \text{ cms.} \\ S. C. = 7.5 \text{ cms.} \end{array} \right.$	$\left\{ \begin{array}{l} 7 \\ 8 \end{array} \right.$	
Accommodation	$\left\{ \begin{array}{l} R. \\ L. \end{array} \right. 7$	$\left\{ \begin{array}{l} 5 \\ 5 \end{array} \right.$	
Cover Test	lat. wong. R.R.	at 20 cm at 13 cm S.L. Lat. Dev.	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	Fit.	At hand and eye muscle FIT	
Initials of M.O.	<i>lud.</i>	Initials of M.O. <i>J. J. J.</i>	Initials of M.O.
Date	2-7-41	Date Aug 25/41	Date

EXAMINATION OF EAR, NOSE AND THROAT

History	Neg.		
Hearing	$\left\{ \begin{array}{l} R. \text{ Ear } w.v. 20 \\ L. \text{ Ear } w.v. 20 \end{array} \right.$	$\left\{ \begin{array}{l} w.v. 20 \\ w.v. 20 \end{array} \right.$	
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} R. \text{ Ear } N \\ L. \text{ Ear } N \end{array} \right.$	$\left\{ \begin{array}{l} N \\ N \end{array} \right.$	
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} R. \text{ Ear } Pat. \\ L. \text{ Ear } Pat. \end{array} \right.$	$\left\{ \begin{array}{l} Patent \\ Patent \end{array} \right.$	
Cochlear Apparatus	$\left\{ \begin{array}{l} R. \text{ Ear } \\ L. \text{ Ear } \end{array} \right.$	$\left\{ \begin{array}{l} \\ \end{array} \right.$	
Vestibular Apparatus	$\left\{ \begin{array}{l} R. \text{ Ear } \\ L. \text{ Ear } \end{array} \right.$	$\left\{ \begin{array}{l} \\ \end{array} \right.$	
Buccal Cavity	H		
Teeth	N		
Gums	N		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	N		
Remarks:	Fit		
Initials of M.O.	<i>lud.</i>	Initials of M.O. <i>J. J. J.</i>	Initials of M.O.
Date	2-7-41	Date 2/7/41	Date



HISTORY OF PRESENT CONDITION

Date.....2-7-41.....

Good type.

*Low eloquin 7/2*  
*J. M. S. B.*

*7d-*

A1B		N.V.C. 14
A3B	Turret	N.V.C. 14
A1B		N.V.C. 14
A1B	Vision	
A1B	Radio	
Sig:		<i>[Signature]</i>
Date		9/3/43

ALTITUDE TOLERANCE TEST

Date: 22/7/42

No. of 2 hr tests at 35,000 feet	1.	Symptoms	Recommended for:
	2.	nil on 2 runs	A. flying to 35,000 ft. or more
	3.	mild on "	B. limited flying to 35,000 ft.
		moderate on "	C. flying only to 25,000 ft.
		severe on 1	

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....2-7-41.....

(A1B)  
Cat. (A3B)

*Low eloquin 7/2*  
*J. M. S. B.*

*19.4*  
*Cat A, B & C*  
*Elackable*  
*Pres # 3.M.S.B.*

*all*

MEDICAL RE-EXAMINATION

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

Date \_\_\_\_\_ Signature \_\_\_\_\_ Witness \_\_\_\_\_











ROYAL AIR FORCE.

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

Official No. <sup>CAN</sup> R. 108482 Name LANGLOIS Joseph Albert <sup>Roger</sup> Rank T/Sgt. F/S  
 (In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Observer Special Qualifications \_\_\_\_\_  
 (e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 16.12.22 Religion R.C. Occupation in Civil Life \_\_\_\_\_

Last Enlisted 7.7.41 Current Engagement Def War.

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):  
C. 1705 St. J. A. LANGLOIS, No 5 MANNING DEPOT, LACHINE, 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.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.
1. K.C.	1. V. Depot	25.11.42.		Per O. AC2	4.7.41.
1. V. Depot	R.A.F.T.P.	11.12.42.		Observer. Std. LAE.	28.9.41.
	Emb. Can.	11.12.42.		" Spec. (2) T/Sgt	14.2.42.
	U.K.	18.12.42.	3PRE 26/43	(NAV) T/F/Sgt.	1.12.42.
INT. 13	3.P.R.E.	19.12.42.			
3 PRC	9(0) AFU	12.4.43			
9(0) A.F.U.	22.0.G.U.	18.5.43			
22.0.T.U.	311.F.T.U.	29/7/43			
U.K.	424 Sqdn. N.A.	18-8-43			
424 Sqdn.	N.S. Base Area				
	N.E. missing	7-9-43			
424 Sqdn.	RAF UK NEU	7.9.43			
S/S RAF UK new Pre Dead		6.9.43.			

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.

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AIR FORCE No. R108482

LANGLOIS, JOSEPH ALBERT ROGER

SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE *Montreal* RE-ENLISTMENT DATE *7-7-41*

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.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.	
Sos	4 m.d. Quebec	7 7 41	4 m.d. 162	Act 2	7 7 41	4 m.d. 162	Co 10		7 7 41	4 m.d. 162	20-9-41	28-9-41	85		3778156	
Sos	4 m.d. Quebec	8 8 41	4 m.d. 89	SAC	28 9 41	39TS156	a10		8 8 41	mw 41a	4-7-42	18-7-42	14	Pre-embark at travel time	1 Cns 159A	
Sos	325 Victoriaville	9 8 41	327/131	2/dgt (pd)	14 2 42	mw 41a	3035				2-8-42	16-8-42	14	Spec.	17211	
Sos	39TS Victoriaville	28 9 41	39TS156	T/P1 Sgt	1 12 42	RAF 3)					12-11-42	25-11-42		embark.	E317	
Tos	9 a.o.s. St. Johns	29 9 41	9AOS 55	T/Flt Lt (Sgt)	14 8 42	413675										
Sos	9 a.o.s. St. Johns	3 1 42	9AOS 113	T/WO2 (pd)	14 2 43	4B675										
Sos	6 B.S. Mt. View	4 1 42	MV 6	T/WO1 (pd)	14 8 43	AFRO 2479										
Sos	6 B.S. Mt. View	31 1 42	mw 28													
Sos	6 B.S. Mt. View	14 2 42	mw 41a													
Sos	2ans Penfield Ridge	15 2 42	2ans 41													
Sos	2ans Penfield Ridge	26 4 42	2ans 101													
T.O.S.	5 m.d. Lachine	27 4 42	5 m.d. 105													
S.O.S.	5 m.d. Lachine	8 5 42	5 m.d. 109													
T.O.S.	2ans Penfield Ridge	9 5 42	2ans 111													
S.O.S.	2ans Penfield Ridge	25 5 42	2ans 123													
T.O.S.	1 Cns. Riversman	26 5 42	1 Cns 132													
T.D.	1 Cns 149															
S.O.S.	1 Cns. Riversman	4 7 42	1 Cns 159A													
S.O.S.	NS 14 Depot, Halifax	5 7 42	12202													
S.O.S.	14 Depot Halifax	16 8 42	12239													
S.O.S.	14 Depot Halifax	14 8 42	E 231/66													
T.O.S.	14 Depot Halifax	17 8 42	E 166													
Sos	14 Depot Halifax	25 11 42	E 322													
Sos	14 Depot Halifax	26 11 42	14 337													
Sos	14 Depot Halifax	11 12 42	14 357,66													
S.O.S.	14 Depot Halifax	10 12 42	14 66													
COMPLETED		16 5 45														
Mentioning PCX 596		8/9/43														
PCX 730		10/9/43														
Sos	to Overseas	10 12 42	E 564													
P.D.		6 9 42														
B.M. 17C																
M.C. completed		30 9 44														

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OVERSEAS  
R.C.A.F. ENLISTMENT STATUS  
MARITAL STATUS  
HIGH & TECH. SCHOOL EDUCATION  
C.O.F.E. MAP. U.C. PRES. Z.C. MEM. PNO.  
RELIGION  
PROVINCE OF ENLISTMENT  
DISCHARGE  
AC



AIR FORCE No.

R108482

LANGLOIS, JOSEPH ALBERT ROGER

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE

DATE

Montreal  
7-7-41

RECORD OF SERVICE AIRMEN

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

7 BIRTH: DATE PLACE CITIZENSHIP

16-12-22 Montreal British

FATHER (FULL NAME) Albert Langlois

BIRTHPLACE Etats-Unis

MOTHER (FULL MAIDEN NAME) Aurea Monaghan

BIRTHPLACE Montreal

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE Y

JUNIOR MATRICULATION 3 yrs

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES 3

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

Nil

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

11. HONOURS-AWARDS, MENTIONS

King's A/O Badge

Authority mo 41a

DATE 14-2-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO DUAL PASSENGER

13. RELIGION R.C.

14. LANGUAGES English French

15. SPORTS swimming, basketball

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.

CHRISTIAN NAMES BIRTH DATE D.R.O.

CHRISTIAN NAMES BIRTH DATE D.R.O.

CHRISTIAN NAMES BIRTH DATE D.R.O.

CHRISTIAN NAMES BIRTH DATE D.R.O.

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: Paul Langlois RELATIONSHIP Brother

ADDRESS: 835 2 Doucher, Montreal D.R.O.

FULL NAME: @1705 A. Langlois RELATIONSHIP Father

ADDRESS: RCAF No 5 Manning Depot, Downs D.R.O. 8-1154-61

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

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

Forfeit pay 11/13/46 3 42 2ans 70.

21. ENGAGEMENTS

TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O.

Duration 7 7 41

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM TO DATE D.R.O.

Occ. Gov't. 2 hrs drawing class 8-7-41 47m 8162

Ente. part. pt. 4 hrs 9-8-41 325 121

Occ. Gov't. 4 hrs 29-9-41 9ms 55.

Occ. Gov't. 4 hrs + drawing 4-1-42 M.V. 6

Occ. Gov't. 2 hrs drawing 17-2-42 247 41

J.L.G. H. HC 10173 72-3-42 207 106 3

22.(A) ADDRESS PRIOR TO ENLISTMENT

835 2 Doucher, Montreal

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60 R79 B465 X-RAY AFM-13 IDN. CARD

13/7/41 FEB 27 42 12-7-41

OFF

KX

df



# R.C.A.F. Special Reserve

N° MATRICULE R108482 VERSÉ À # 4 M. D. Québec, P. Q. MÉTIER Pilot or Observer Standard

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

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

1. Nom LANGLOIS Prénoms en entier JOSEPH, ALBERT, ROGER.
2. Adresse actuelle 8352 Foucher, Montréal, Qué. Téléphone DU. 0554.
3. Adresse fixe 8352 Foucher, Montréal, Qué.
4. Lieu de naissance Montréal, Qué. Nationalité Canadien
5. Date de naissance 16 décembre 1922 Marié, célibataire, veuf, séparé, divorcé célibataire.
6. Enfants Aucune

Nom	Date de naissance	Nom	Date de naissance
	<u>P. A.</u>		

7. Profession Étudiant 8. Religion Catholique romain  
(Indiquez la confession religieuse)
9. Langues Français (très bien) Anglais (assez bien)  
Degré de connaissance
10. Plus proche parent (nom en entier) Paul Langlois Degré de parenté Frère  
Adresse du plus proche parent 8352 Foucher, Montréal P. Q.
11. Père (nom en entier) Albert Langlois Lieu de naissance États-Unis  
Adresse 8352 Foucher, Montréal, Qué. Nationalité Canadien  
Profession Flying Officer B. C. A. F.
12. Mère (nom de fille en entier) Aurèle Mongeau Lieu de naissance Montréal, Qué.  
Adresse Décédée. Nationalité Canadienne
13. Détails du service dans les armées de terre, de mer ou de l'air: Aucune

Unité	Lieu	Rang	Profession	Date	Motif de la libération
		<u>P. A.</u>	<u>R.C.A.F. Records Office</u>	<u>Rec'd. JUL 10 1941</u>	
			<u>O.K. I.T.E.</u>	<u>C. I. B.</u>	
			<u>R. C.</u>	<u>N. I.</u>	
			<u>S. I.</u>	<u>P. A.</u>	

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

93-53 9



21. Éducation:

	Nom de l'école	Date		Cours, sujets, etc.
		du	au	
Instruction primaire—Ecole publique ou séparée.....	Gomedey School	1929	38	Elémentaire
Cours supérieur—Collège, etc.....	Gomedey Montreal Que	1938	41	Scientifique
Cours technique.....				
Autres cours universitaires ou scolaires.....				
Cours par correspondance.....				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date		Motif du départ
		du	au	
None	P. A.			

23. Heures de vol, seul *P.A. None* accompagné *P.A. None* avec passager *P.A. None*

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C.

*Aucun*

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement.

*base et balle au mur. Modérément.*

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre.  
Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez.....

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Frère Hubert	1676 La Salle <sup>inscribed - Que.</sup>	Directeur d'école.
L.-P. Binette	1871 Blvd. Morgan <sup>Montreal - Que.</sup>	Stat. de police.
Sgt. Ernest Boucher	St-Hilaire	Sgt. de police.
Rev. Frère Bertrand	60. Rouville, P.Q. Ecole Gomedey <sup>maisonnière. Montreal, Que.</sup>	Professeur

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

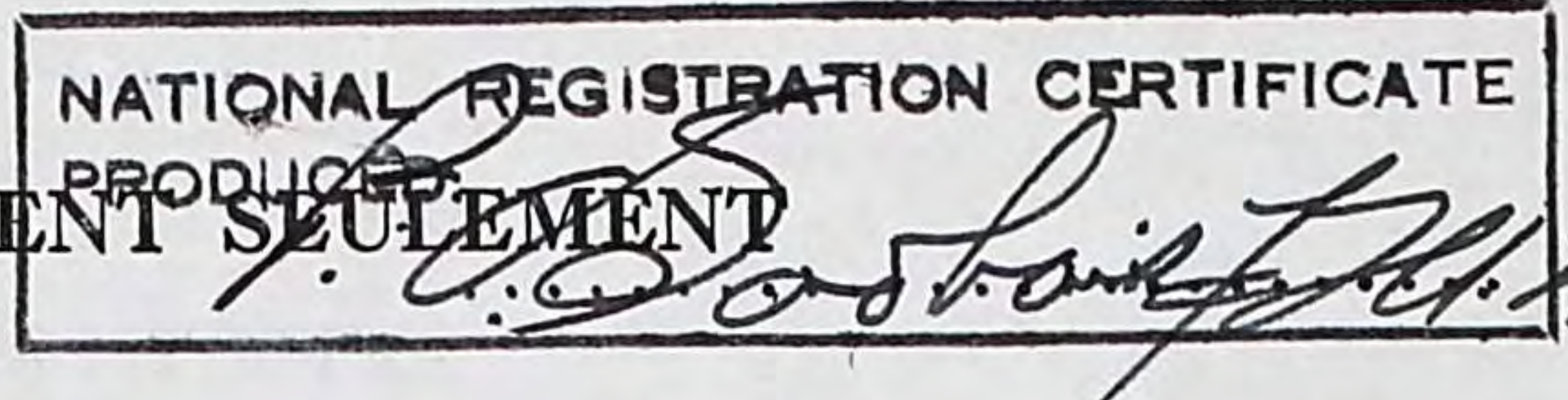
*Aucun*

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

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

Date *1<sup>er</sup> juillet* 19*41* Signature *Roger Langlois*





POUR L'USAGE DU DÉPARTEMENT SEULEMENT

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

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

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

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

(B) Rapport sur l'épreuve professionnelle—

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

Résultat.....

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

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

(C) DÉCLARATION D'ENGAGEMENT DE LA RECRUE

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

Date..... 7 juillet 1941..... Signature de la recrue: Roger Langlois

(D) SERMENT PRÊTÉ PAR LA RECRUE

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

Date..... 7 juillet 1941..... Signature de la recrue: Roger Langlois

(E) DÉCLARATION DE L'OFFICIER CERTIFICATEUR

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

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

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

à..... Montreal, P. Q. ce..... 7 jour de..... juillet 19..... 41

Signature de l'Officier: P. B. ... Grade: ... Unité: RCAF Recruiting Centre, Montreal.



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

Partie 1. Renseignements obtenus de la recrue—

- 1. Age 18 2. Avez-vous souffert d'une des maladies suivantes
- (a) Rhumatisme..... No (j) Affection nasale..... No
- (b) Tuberculose..... (k) Maladies des oreilles.....
- (c) Bronchite ou asthme..... (l) Maladies des yeux.....
- (d) Affection cardiaque..... (m) Epilepsie.....
- (e) Maladie du rein ou de la vessie..... (n) Maladie nerveuse ou mentale.....
- (f) Gastrite intestinale..... (o) Syphilis.....
- (g) Hernie..... (p) Gonorrhée.....
- (h) Varices..... (q) Fracture.....
- (i) Pieds plats ou déformés..... (r) Autre maladie ou défectuosité.....

3. Avez-vous jamais porté des lunettes? No

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

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

*Roger Langlois*

Observations des examinateurs..... none

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

- 1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....  
scar above left knee
- 2. Taille..... 5 pieds..... 9 1/2 pouces. 3. Poids..... 128 livres.
- 4. Teint..... Fair 5. Couleur des yeux..... Brown Cheveux..... Brown
- 6. Développement { Bon Passable Médiocre 7. Tour de poitrine—Expiration..... 32 pouces
- Degré d'expansion..... 2 pouces
- 8. Ouïe—Droite..... W.V. 20..... Gauche..... W.V. 20..... Tympan—Droit..... n..... gauche..... y
- 9. Vue—sans lunettes—droit..... 20/20..... avec lunettes—droit..... N.A.
- gauche..... 20/20..... gauche.....
- 10. État de la bouche et des dents..... H.a.P.H.y
- 11. Urine—Albumine..... neg..... Sucre..... neg
- 12. Anomalies révélées à l'examen (congénitales et pathologiques)..... none

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

A 1 B A 3 B

Observations spéciales des médecins.....  
3-7-41 X - Ray # 83735 (neg) DJH

- Part 2 Cont'
- 13. Reflexes..... N
- 14. Heart..... N
- 15. Lungs..... N
- 16. Blood Pressure..... 130/80
- 17. Colour Vision..... N. 1/2

Date..... 2-7-41..... 19.....  
*Hubert* Président *D.H.* Membre

Membre



H. C. A. F. A. 47  
REV. 1st EDITION  
1950

ROYAL CANADIAN AIR FORCE



SERVICE  
AND  
PAY BOOK

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



# ROYAL CANADIAN AIR FORCE SERVICE BOOK

## INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

*Missing*  
Air Force No. R108482 Surname LANGLOIS  
Christian Names (in full) Joseph ALBERT  
Date of Birth: 16/12/22 Religion R.C.  
Date of Enlistment/Appointment 2-7-41  
Married (M), Widower (W) or Single (S) S.  
Occupation in Civil Life N.A.

Signature of Holder.....

Name and Address of Next-of-Kin FATHER  
C.1705 S/LDR. J.A. LANGLOIS.  
NO. 5 MANNING DEPOT. LACHINE QUE

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

AS Brown CO  
Certified Correct W.B. MacKenzie F/lt

Date 3/3/43 Place RCAF 44/08











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.....





R 108482 | X 7215



Langlois J A R





B108482

3



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	<b>OVERSEAS (ITALY)</b>		Official name of civil municipality or township	Place an X over the word which applies to this municipality or town, village, parish or township											
	Street	No.		Hospital or Institution												
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname	<b>LANGLOIS</b> <i>(Block letters)</i>				Do not write in this space	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH									
	Given names	<b>JOSEPH ALBERT ROGER</b>					22. Date of death	<b>September</b>		<b>6th</b>		19 <b>43</b>				
4. RESIDENCE	Street	<b>Foucher Street</b>		No.	<b>8352</b>		23. I HEREBY CERTIFY that I attended deceased from									
	Official name of civil municipality or township	<b>Montreal</b>				.....19..... to.....19.....										
	Municipal county	Province <b>Quebec</b>				and last saw h.....alive on.....19.....										
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced <i>(Write the word)</i>			24. CAUSE OF DEATH										
<b>Male</b>	<b>Canadian</b>		<b>Single</b>			I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.					(a) <b>Previously reported missing after air operations, now for official purposes, presumed dead.</b>					
9. If married give name of wife or husband of deceased					(b).....											
10. BIRTHPLACE (Province or Country)					Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).											
11. DATE OF BIRTH					II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.											
12. AGE OF DECEASED					III If a communicable disease is mentioned on this certificate, give											
Years					(a) Date of appearance.....19.....											
Months					(b) Duration of disease.....days											
Days					25. If a woman, was there a puerperal condition?.....											
If less than one day old					26. Was there a surgical operation?.....Date of.....19.....											
.....hrs. or.....min.					State findings.....Was there an autopsy?.....											
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	<b>Navigator</b>				27. If death was due to external causes (violence) fill in also the following:—											
	<b>R.C.A.F.</b>				Accident, suicide or homicide..... <b>Accident</b> .....Date..... <b>Sept. 6th</b> .....19 <b>43</b>											
	<b>Sept. 6/43</b>				Manner of injury..... <b>Presumed killed during air operations</b> (How sustained)											
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.	<b>R.C.A.F.</b>				Nature of injury.....											
	<b>Two</b>				Specify whether injury occurred in industry, in home, or in public place <b>public place</b>											
15. Date deceased last worked at this occupation					Signed.....M.D.											
16. Total years spent in this occupation					Address.....Date.....19.....											
17. NAME					28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)											
18. BIRTHPLACE (Province or Country)					29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.											
FATHER	<b>Langlois, Albert</b>				<b>D. Emmond. st.</b> <b>For (R.C.A.F. Records Officer)</b>											
MOTHER (Maiden Name)	<b>Mongeau, Aurea</b>				This signature authorizes the collector to accept this form as authentic.											
19. Place of burial, cremation or removal					(Voir l'autre côté pour le français)											
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)																

B 711



NAME LANGLOIS, Joseph Albert Roger

FILE NO. 1022-L-2664

RANK ~~W/SGT.~~ <sup>W/O/2</sup> ~~XXXXXXXXXXXX~~ Navigator

CATEGORY ~~MISSING~~ PRES DEAD

REG. NO. R108482

DATE OF DEATH 6-Sept-43

MOTHER LIVING: NO

WIFE: NA

MINISTERIAL CARD: 30/9/43 ROYAL MESSAGE:

MEMORIAL CROSS  
TO CHAPLAIN:

**AUG 31 1944**

DEL'D TO MOTHER:

To father

To father: 28 Jan 44  
new card:

DEL'D TO WIFE:

To father: 5-Aug-44

C1705  
Squadron Leader J.A. Langlois,  
No. 1 "Y" Depot, R.C.A.F.,  
Lachine, Quebec.

125392

~~5/10/44 Mrs. J.A. Langlois  
25 Lake Shore Road,  
Pointe Claire P.Q.~~

COMMAND: NO 3 TC

(C1705)

RELIGION: R.C.

*jm*