R111471
ANDERSON
NORMAN THOMA

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R11471

ANDERSON. N.T.

AIR FORCE No. R. 111471 POSTED TO No. 1 Manning Depot, Toronto, Ontario. TRADE AIR CREW WIRELESS-OPERATOR AIR-GUNNER ~~Sta~~.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Anderson FULL Christian Names Norman Thomas.
2. Present Address Lachute Mills Quebec Box 72 Telephone 9 or 10.
3. Permanent Address Lachute Mills Quebec c/o Mr. Geo. Y. Deacon.
4. Place of Birth Lachute Quebec Citizenship Canadian.
5. Date of Birth Feb. 8th 1921 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single.
6. Particulars of Children

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

COMPLETE

7. Occupation Mechanics Helper 8. Religion Protestant. United. (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) George Young Deacon Relationship Uncle.
    " Address Lachute Mills Quebec.
11. Father (Full Name) Robert Lawrence Anderson Birthplace Huntingdon P.Q.
    " Address Deceased Citizenship Canadian
    " Occupation Railway Conductor.
12. Mother (Full Maiden Name) Emma May Elizabeth Anderson Birthplace Huntingdon P.Q.
    " Address Deceased Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

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

R.C.A.F. Records Office Rec'd. JUL 17 1941 O.K. C.I.B. R.C. S.L. P.A.

14. Honours, Awards, Mentions N. A.
15. Are you now on any Naval, Military or Air Force Reserve? N. A.
16. Have you previously made application to join the R.C.A.F.? N. A. 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? N. A.
    If so, state nature of disability N. A.
18. Have you ever been or are you now in receipt of a Disability Pension? No. A.
    If so, state nature of Disability N. A.
19. Have you ever been convicted of an indictable offence? N. A. If so state nature N. A.
20. Are you in debt? No. If so, state particulars N. A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-23

104-275 gm

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Sochute High School	Sept. 1928	June 1935	Grades 1 to 7.
High School—Collegiate Institute, etc.	Sochute High School	Sept 1936	June 1940	Grades 8 to 9.
Technical School				
University or School other than above				
Correspondence Courses, etc.	Lincoln Airplane & Flying School Lincoln Nebr. U. S. A.	Jan. 1941		

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
George Young Deacon	Mechanics Helper	June 1940		I went to Enlist.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. I have helped the mechanics in our Garage to repair Automobiles after School and on my Holidays. I have helped build model aeroplanes.

25. Sports engaged in. State: extensively, moderately, occasionally I have played Hockey and Soft Ball occasionally for the Sochute High school.

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.....
If for Flying Duties, state preference as (a) ~~Pilot~~; (b) ~~Observer~~; (c) Air Gunner (d) ~~Wireless Operator~~ (Air Crew).
(Cross out words not applicable.)

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

Name	Address	Occupation
George V. Graham	Sochute Mills Que.	Salesman.
William F. Roberts	Sochute Mills Que.	Clerk.
Geo. Y. Deacon	Sochute Mills Que.	Ford Dealer
William J. Deacon	Sochute Mills Que.	Mechanic

28. Other information that may have any bearing on this application. I do not smoke or drink. I can drive a car or truck.

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 May 23rd 19 41 Signature Norman ~~[illegible]~~ J. Anderson.

(A) *Report of Interviewing Officer*—

Type.....

Suitability for (state in what c

Date.....

(B) *Report of Trade Test*—

Trade in which tested.....

Result.....

Trade qualifications other than

.....

Date.....

(C) DECL

I, Norman Thomas AND particulars are true, and I hereby and overseas, in the Royal Canadian thereafter, and in any event for a p services.

Date July 11, 1941.

(D) O

I, Norman Thomas ANDER declare) that I will be faithful and

Date July 11, 1941.

(E) C

The Recruit above named wa he would be liable to be punished a

The above questions and answ

I have taken care that he unde as replied to and the said Recruit h

at RCAF R/C Ottawa, Ontar

Signatu

Date		Courses—Subjects, etc.
From	To	
Sept. 1928	June 1935	Grades 1 to 7.
Sept 1936	June 1940	Grades 8 to 9.
Jan. 1941		

Date		Reason for leaving
From	To	
June 1940		I went to Enlist.

Dual N. A. Passenger N. A.

have helped the

automobiles after School

lped build model aeroplanes.

y I have played Hockey

s for the Lachute

o enlist.

(c) Air Gunner (d) ~~Wireless Operator~~ (Air Crew).

racter and ability.

	Occupation
ills Inc.	Salesman.
lls Inc.	Clerk.
lls Inc.	Ford Dealer
ls Inc.	Mechanic

n. I do not smoke

ear or touch.

ion are compulsory? yes.

me is correct to the best of my knowledge and

an ~~Thomas~~ T. Anderson.

FOR OFFICIAL USE ONLY

NATIONAL REGISTRATION CERTIFICATE PRODUCED. ED35 P21 [signature]

(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, Norman Thomas ANDERSON 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 July 11, 1941. 19...... Norman T. Anderson.
Signature of Recruit

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

I, Norman Thomas ANDERSON do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date July 11, 1941. 19...... Norman T. Anderson.
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 RCAF R/C Ottawa, Ontario. this 11th day of July 1941

[signature] P/O Signature of Officer — for Commanding Officer, R. C. A. F. Recruiting Centre, 90 O'Connor Street, OTTAWA, ONTARIO. Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Finger P... Date ... Initials ...

Part 1. Information obtained from the applicant—

1. Age. 20 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism ..... No
(b) Tuberculosis ..... No
(c) Bronchitis or Asthma ..... No
(d) Heart Disease ..... No
(e) Kidney or Bladder Disease ..... No
(f) Gastro-intestinal ..... No, Appendectomy 1938
(g) Rupture ..... No
(h) Varicose Veins ..... No
(i) Flat or Deformed Feet ..... No
(j) Nasal Trouble ..... No
(k) Ear Disease ..... No
(l) Eye Disease ..... No
(m) Epilepsy ..... No
(n) Nervous or Mental Disease ..... No
(o) Syphilis ..... No
(p) Gonorrhoea ..... No
(q) Bone Fracture ..... No
(r) Other Disease or Defect ..... No

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

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

Examiner's Remarks *re* above .....

Norman J. Anderson
Signature of Applicant

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

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

1. Identification marks or scars (if operative obtain history) .....
Appendectomy scar

2. Height ..... 5' ..... feet ..... 10 ..... inches. 3. Weight ..... 132 ..... pounds.

4. Complexion ..... fair ..... 5. Color of Eyes ..... blue ..... Hair ..... brown

6. Development { ~~Good~~ / Fair / ~~Poor~~ } 7. Chest Measurement—Full expiration ..... 30 ..... inches

Range of expansion ..... 3 ..... inches

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

9. Vision—Without glasses—Right ~~W. U.~~ 20/15 With glasses—Right .....

Left ..... 20/15 ..... Left .....

10. Condition of mouth and teeth ..... Count 30 Pts 20

11. Urine—Albumen ..... N ..... Sugar ..... N

12. Abnormalities (Congenital and Pathological) found on Examination .....

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 **A3B**

Any special remarks of the Medical Officers ..... 11-7-41 X-Ray 13742 Neg. (Chest)

Part 2 Cont'.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. D. 120/65

17. Colour Vision N - ish

Date ..... 26-5-41 ..... 19.....

President ..... Member ..... Member

R.C.A.F. T. 82
5M—4-41 (59)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname ANDERSON Christian Names N. T.

Number R111471 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. 29 To 14/3/42 From 27/10/41.

2. *Flying Times*—

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

(b) In Flying Classroom, listening watch Nil hours.

(d) In 2-seat aircraft as sole operator Nil hours.

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	NA	Signals Organization	150	NA
Radio Equipment	250	NA	Armament	100	NA
Morse (buzzer and lamp)	200	NA	Drill and P.T.	50	NA
Procedure	200	NA	TOTALS	1000	NA

Maximum Marks, 1000. Marks Obtained NA Percentage NA Pass or Fail C.T. 13/11/41.

Position in Class NA No. in Class NA

5. Date authorized to wear Wireless Operator's Badge NA

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) In spite of 4 weeks extra instruction, this trainee seemst to be absolutely unable to obtain any grasp of the Morse Code. He seems to try hard and has obtained fair marks on his other subjects after a second attempt, but he still failed to make progress in Morse.

A H Russell W/C
Officer Commanding
No. 4 Wireless School

Date November 13, 1941.

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

PART II

ARMAMENT TRAINING

1. No. ..... B. G. S. Course No. .....

2. Dates of Courses:— From ..... To .....

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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

(*a*) Beam Test ..... %
(*b*) Beam Relative Speed Test ..... %
(*c*) Under Tail Test ..... %

5. *Total Rounds Fired—*

Ground ..... %
Air to Ground ..... %
Air to Air ..... %

6. *Assessment—* Marks Obtained

(*a*) Written Examination ..... (100 Marks) .....
(*b*) Practical and Oral Examination ..... (100 Marks) .....
(*c*) Ability as Firer ..... (250 Marks) .....
(*d*) Qualities as an N.C.O ..... (150 Marks) .....

Totals ..... (600 Marks) .....

7. Position in Class ..... No. in Class ..... Pass or Fail .....

8. Date authorized to wear Air Gunner's Badge .....

9. ~~Comments as to suitability for Commissioned Rank~~ Numerical assessment as to suitability for Commissioned Rank:
(To be marked on a basis of 250 marks)

10. Remarks .....

.....

.....

.....
Chief Instructor
No. ..... B. G. S.

Date .....

sioned Rank:
.....
of 4 weeks extra instruction,
.....
obtain any grasp of the Morse
.....
r marks on his other subjects
.....
ake progress in Morse.
.....
.....
Officer Commanding
.....Wireless School

vember 13, 1941.
.....

e No.....
.....

r	Total	
	Hrs.	Mins.
...	.....	
...	.....	

	Average percentage hits to rounds fired
....	.....%
....	.....%
....	.....%
....	.....%
....	.....%
....	.....%

	Marks Obtained
arks)	.....
arks)	.....
arks)	.....
arks)	.....
arks)	.....

. Pass or Fail.....
.....
sioned Rank:
.....
.....
.....
.....
.....
Chief Instructor
.B. G. S.
.....

PART II—*Concluded*

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	.....
Bombing and Gunnery School.....	600	.....
TOTALS.....	1600	.....

12. Percentage.....Pass or Fail..... Position in Class.....

No. in Class.....

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

14. Remarks.....
.....
.....

.....
Officer Commanding
No.....B. G. S.

Date.....

R.C.A.F. A-92
[illegible]
[illegible]

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

[illegible]

Identity No. 1779214

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.

M/S 4-12-43 C/R 405

Air Force No. R111471 Surname Anderson

Christian Names (in full) Norman Thomas

Date of Birth 8-2-21 Religion U. C.

Date of Enlistment/Appointment 11-7-41

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

Occupation in Civil Life Mechanic helper 1940 to enlist.

Signature of Holder Norman T. Anderson

Name and Address of Next-of-Kin

Mrs. George Young Deacon,
Lachute Mills Quebec, Canada

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

Mr George Young Deacon (uncle)
Lachute Mills Que.,
Canada.

Certified Correct ~~[illegible]~~ ~~[illegible]~~ J Bond F/L F/Lt

Date ~~Mar. 18/43~~ 18.4.43 Place ~~[illegible]~~ ~~Halifax~~

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A.E.M. "B"	1-4-43	DRO.53	A.J. Bond F/L.
FITTER II E GROUP I (ACI)	1.4.43		
F/ENG	20-10-42	POR 94/42	

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
A.C.1	27-4-42	DRO.132	A.J. Bond F/L
LAC	1-4-43	POR 22/43	A.J. Bond F/L.
SGT.	20-10-42	POR 94/42	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer
5.5.43	11.5.43	

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
4-3-43	17-3-43	T.W.# C202581
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
26-5-41	A3B	M13.		
26-5-41	A1B-A3B	M2.		

BLOOD GROUP

Date	International	Initials of M.O.
19-3-43	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES

VACCINATION

Date	Result	Initials of M.O.
14-7-41	Prim. Take	
22-7-42		

Susceptibility Test	Date	Result	
Schick Test	14-7-41	Neg	
Dick Test	14-7-41	Neg.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
T.A.B.T. — 1st	14-7-41	1 cc	
" — 2nd	4-8-41	1 cc	
" — 3rd	1-9-41	1 cc	
Wass. Test - Neg	5-8-42	—	

J. E. HOPKIRK

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.

PRESCRIPTION FOR SPECTACLES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O. .....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O. .....

DENTURES SUPPLIED

Particulars	Date	Initials of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

(a) An R.C.A.M.C. Medical Officer,

(b) A Medical Officer of the Dept. of Pensions and National Health, or

(c) A civilian medical practitioner,

in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No................Rank.......................Name...........................

states that he has executed a Will and that the same has been deposited with...

at...

Signature of Officer...

Rank or Appointment..

Date...

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer...

Rank or Appointment..

Date...

Date Certificate extracted.................... To Whom sent....................

Signature of Officer.................... Unit....................

To Whom sent....................

Unit....................

Date Will extracted....................

Signature of Officer....................

...RIL-10th/43 PAY...
...CEIVED-3£-pounds
...-15th/43
...ved-2 S. subsistence allowance.
...-3£-APRIL-29th/43

DOMINION OF CANADA

NATIONAL REGISTRATION REGULATIONS, 1940

REGISTRATION CERTIFICATE

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

Electoral District	No. 25	Argyle (Name)
Polling Division	No. 7	(Name if any)

THIS IS TO CERTIFY THAT

Norman T. Anderson

residing at Lachute

was duly registered under the above-mentioned Regulations this 19 day of August 1940.

Gabriel Valois

Deputy Registrar.

Norman T. Anderson

Signature of Registrant

CONFIDENTIAL

R.C.A.F. M.2
50M—12-39 (3211)
H.Q. 1062-10-2

Ene ⊗

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at OTTAWA, ONTARIO *Date* MAY 26/41

Surname ANDERSON *Chr. Names* NORMAN THOMAS
Nature of Commission *Date of Birth* 8/2/21 *Married or Single* Single
Branch R.C.A.F. *Hours Flown* None
Address Lachute Mills, Quebec Box 72

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 Scarlet Fever at 5-6 years of age
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 Appendectomy 1938

(x) Any Illness or Injury not mentioned above NO

Education 2 years High School
Present Occupation Labourer Hobbies Stamp collecting
Previous Service None
Athletics Fair hockey, softball
Habits—Smoking NO Alcohol NO
FAMILY HISTORY—Consumption NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health Dead—Cause Unknown
Mother Alive—Health Dead—Cause "
Brothers (0) Alive—Health (0) Dead—Cause
Sisters (0) Alive—Health (1) 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 26-5-41 *Signature* Norman T. Anderson *Witness* J. M. Houze F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique .... wiry .... *(b)* Mentality .... standard

Body Marks, Scars, Deformities .... Appendectomy scar

Size of Thyroid Gland .... not enlarged

Surgical Abnormalities .... none

Results of Wounds, Injuries, Operations .... none

	Date 26-5-41	Assessing Room	Date 28/9/42	Assessing Room	Date	Assessing Room
Height (ins.)	70		—			
Weight (lbs.)	132		155			
Chest Circumference (ins.)	30-33		—			
Body Build (lbs.)	-13		—			
LEG LENGTH (ins.)	N.A.		—			
Pulse Rate – Sitting	84		84			
Pulse Rate – Standing 1st	108		|			
Pulse Rate – Standing 2nd	96		|			
Pulse Rate – After Exercise	108		|			
Pulse Rate – Time to Normal	15		|			
Arterial Walls	Soft		Soft			
Blood Pressure – Systolic	120					
Blood Pressure – Diastolic	68					
Heart – Size	N		N			
Heart – Sounds	N		N			
Heart – Rhythm	Reg		reg			
Lungs	Clear		N			
Breath held	85		—			
Expiratory Force	N.A.		—			
Vital Capacity (Best of 5)	4000		—			
Reflexes – Knee	N		—			
Reflexes – Ankle	N		—			
Reflexes – Triceps	N		—			
Reflexes – Abdominal	N		—			
Reflexes – Plantar	fl		—			
Cranial Nerves	N		—			
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Balancing Rod	1/s 1/s		—			
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Self Balancing	N.A.		S1 S1			
Tremors – Fingers	N		—			
Tremors – Eyelids	N		—			
Abdomen – Liver	N		—			
Abdomen – Spleen	N		—			
Abdomen – Muscular Tone	Good		—			
Urine – Albumen	N		—			
Urine – Sugar	N		—			
Initials of M.O.	M.H.		MH			

REMARKS ON ANY ABNORMALITIES FOUND

Date ....

Date ....

Date ....

40 mm. HG. Test .... 75 secs 8/6 9 9, 9 9 8, 8 8 8, 8 7 7, 7 7 7 M. HOUZE F/O

Date ....

Date ....

Date ....

Date ....

Remarks by Consultant.

Underweight but wiry should improve in training. Borderline Diastolic B.P.

Fit.

M. HOUZE
F/O

History .... Negative

Visual Acuity R20 /15 , +c 2.25 =
L20 /15 , +c 2.25 =

Colour Vision .... N - ish

Red, Green .... N.A.

Diaphragm Test (P.D. = N.A.)

Convergence C. = N.A.
S. C. = N.A.

Accommodation R. .... N.A.
L. .... N.A.

Cover Test .... N.A.

Fundi and Media .... N

Fields .... N

Remarks:

Fit

Initials of M.O. M.

Date 26-5-41

EXAMINATI

History .... Negative

Hearing	R. Ear	W.V.
	L. Ear	W.V.
External Ear, Meatus Membranes	R. Ear	N
	L. Ear	N
Middle Ear, Eustachian Tubes	R. Ear	Pat
	L. Ear	Pat
Cochlear Apparatus	R. Ear	N
	L. Ear	N
Vestibular Apparatus	R. Ear	N
	L. Ear	N
Buccal Cavity		N
Teeth		Count
Gums		N
Pharynx		N
Nasopharynx		N
Nose		N
Larynx		N

Remarks:

Fit

Initial

Date

AMINATION

tality .... standard

sessing Room	Remarks on any Abnormalities Found
	Date
	Date
. L.	
. L.	
	Date

7 7 7 M. HOUZE F/O

ng. Borderline Diastolic B.P.

M. HOUZE
F/O

EYE EXAMINATION

History	Negative	neg.	
Visual Acuity R	R20/15, $\bar{c}$ +2.25 = Blur	20/20 +250 20/200	
Visual Acuity L	L20/15, $\bar{c}$ +2.25 = Blur	20/20 +250 20/200	
Colour Vision	N - ish	N Isho #9	
Red, Green	N.A.		
Diaphragm Test (P.D. = N.A.)		PD 6.3, Exo at 2	
Convergence C. = ... cms.	N.A.	8.5	
Convergence S. C. = ... cms.	N.A.	8.5	
Accommodation R.	N.A.	6.5	
Accommodation L.	N.A.	6.5	
Cover Test	N.A.	Sl divergence R.P.	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	Fit	Fit A, B A3 B	
	Initials of M.O. M.H.	*Initials of M.O.* [illegible]	*Initials of M.O.*
	Date 26-5-41	*Date* 28/9/42	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History .... Negative

Hearing R. Ear	W.V. 20 ft	W V 20	
Hearing L. Ear	W.V. 20 ft	W V 20	
External Ear, Meatus Membranes R. Ear	N	~~[illegible]~~ intact	
External Ear, Meatus Membranes L. Ear	N	intact	
Middle Ear, Eustachian Tubes R. Ear	Pat	patent	
Middle Ear, Eustachian Tubes L. Ear	Pat	patent	
Cochlear Apparatus R. Ear	N	} app norm	
Cochlear Apparatus L. Ear	N		
Vestibular Apparatus R. Ear	N		
Vestibular Apparatus L. Ear	N		
Buccal Cavity	N	N	
Teeth	Count 30 Points 20	good	
Gums	N	clean	
Pharynx	N	N	
Nasopharynx	N	N	
Nose	N	N	
Larynx	N	N	
Remarks: Fit	*Initials of M.O.* M.H.	*Initials of M.O.* [illegible]	*Initials of M.O.*
	Date 26-5-41	*Date* 28/9/42	*Date*

HISTORY OF PRESENT CONDITION

Date 26-5-41

Underweight but wiry, should improve in training. Borderline Diastolic B.P.

Cat. A 3 B

M. HOUZE
F/O

28/9/42 I certify on my honor that I have suffered no illness or disability since my enlistment.
Norman J. Anderson.

Fit for all air crew
Category A, B A3 B
Neil Gordon F/L

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 26/5/41 A 3 B H. C. Harvie Sqn Ldr

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

Date.......... ....
(Applicant's Signature) (Witnessed by M.O.)

CATEGORY A3B APPROVED
DATE Oct. 3 19 41
J. H. Tresner F/L M.O.
No. 4 WIRELESS, ~~or B. and G.~~ School

R0 111471 ANDERSON NORMAN T LAC6

NUMBER · NAME · RANK

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

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.~~ WAR MEDAL	C.V.S.M.		OP wg 8		
AWARD	✓		✓							✓	✓				
AWARD AND CLASP											✓				
APPLICATION DISPATCHED															
RIBBON ISSUED															
MEDAL ISSUED														24/10/46	

3685

NUMBER · NAME · RANK · PREFIX · CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

1627 17/3/50

Mrs. Ethel Deacon (aunt)
Lachute Mills,
Que.

May-45.

MEMORIAL BAR
DATE DESP
REGN. NO 3196

NAME ANDERSON, Norman Thomas FILE NO. 1040-A-415

RANK Sergeant, CATEGORY ~~MISSING~~ ~~XXXXXX~~ PRES. DEAD REG. NO. R111471

DATE OF DEATH: 4 Dec. /43 MOTHER LIVING: N.A. WIFE: M.A.

MINISTERIAL CARD: 17 Dec 43 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

NOV 17 1944

To Uncle:

To Uncle-5-9-44

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. George Young, DEACON,
Lachute Mills,
Quebec.

COMMAND: No. 3 T.C.

RELIGION: United Church

Jm

AIR FORCE No. R111471 | ANDERSON, NORMAN THOMAS (SURNAME / FULL CHRISTIAN NAMES)

ENLISTMENT — PLACE: Ottawa, Ont. DATE: 11-7-1941
RE-ENLISTMENT — PLACE: DATE:
C.R. FILE NUMBER:

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 8-2-1921 PLACE Lachute P.Q. CITIZENSHIP British. 2

FATHER (FULL NAME) Robert Lawrence Anderson deceased.

BIRTHPLACE Huntingdon P.Q.

MOTHER (FULL MAIDEN NAME) Emma May Elizabeth Anderson deceased.

BIRTHPLACE Huntingdon P.Q.

8. EDUCATIONAL STANDING

- HIGH SCHOOL ENTRANCE x P.Q.
- JUNIOR MATRICULATION 1 yrs. H.S. P.Q.
- SENIOR MATRICULATION
- TECHNICAL SCHOOL
- UNIVERSITY
- CORRESPONDENCE COURSES Lincoln Airplane flying school – U.S.A. – 6 mos.)

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

Mechanic's helper 1 year

9000

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS) SOLO ____ DUAL ____ PASSENGER ____

13. RELIGION United Church 2

14. LANGUAGES English 1

15. SPORTS Hockey, softball.

Mechanically inclined. Aircraft models.

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: George Young Deacon RELATIONSHIP Uncle.

ADDRESS: Lachute Mills, P.Q. 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	11 7 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. pub. qtrs & drawing rtns		12-7-41	1 MD 165
Pub. qtrs & rtns		30-9-41	4WS 25
Rep. & ceases to	occ. pub. qtrs & rtns	14-11-41	4WS 113
Gov't qtrs & dr. rtns		14-11-41	E277
Issued T.W. #193259			4 WS. 112.
Got qtrs & rtns		8-12-41	MU 194
Iss. Spec. Leave	TW #C83537	15-3-42	MU 84
1 LTW.	" C 202581	1-3-43	M 055
Sp. L.	T.W. #C202456	17-1-43	M.V. 92

22.(a) ADDRESS PRIOR TO ENLISTMENT

Lachute Mills, P.Q.

20206

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) O.A.F.

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
	APR 21 '42	18-7-41			K.X. R.M.

AIR FORCE No. R111471

ANDERSON, NORMAN THOMAS
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Ottawa, Ont. — DATE 11-7-1941
RE-ENLISTMENT
C.R. FILE NUMBER

12

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

RECORD OF SERVICE AIRMEN

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	11	7	41	1 M.D 165
S.O.S.	1 M.D. Toronto	27	9	41	1 M.D 232
T.O.S.	4 W.S. Guelph	28	9	41	4WS 75
S.O.S.	4 W.S. Guelph (amended)	14	11	41	4 A.S. 116 / 4WS 113
T.O.S.	KTS Trenton	14	11	41	E277
S.O.S.	4 A.S. Guelph	13	11	41	4 A.S. 116
T.O.S.	K.T.S. Trenton (amended)	14	11	41	E 277-308
S.O.S.	K.T.S. Trenton Ont.	8	12	41	E 297
T.O.S.	6 B.G.S. Mt. View	9	12	41	MV 195
T.O.S.	K.T.S. Trenton	15	11	41	E 308
	RCAF Stn vice 6 BGS	31	1	42	MV 28
amendment by E308 cancelled		by E921			
S.O.S.	Mountain View	3	3	43	MV 55
T.O.S.	1 Y D Halifax	4	3	43	1Y-71
S.O.S.	1Y to RAF trainee pool	27	3	43	1Y 8940
	Miss				
S.O.S.	to Overseas	27	3	43	E631
	W. S. G. Comp.	29	9	44	
	Missing	4	12	43	
	PCX 962	5	12	43	

P.D.B.M. 25 A

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2.	11	7	41	1 M.D 165
L.A.C.	29	10	41	4WS 100
A.C.2	20	11	41	E288
A.C.1	27	4	42	MV 132.
L.A.C. 7	1	4	43	YB 555
T/Sgt pd	15	9	43	YB 883

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

HOSPITALIZATION (IN BLACK INK)

DATE / HOSPITAL / QUARTERS	FORM / ADMITTED / CONFINED	CATEGORY / DISCHARGE / RET'N DUTY	REMARKS / D.R.O.
11-7-41	R.100	A.3.B.	
3-10-41	M2	A3B.	

CAS/WSG

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.A.G.	S.	11	7	41	1 M.D 165
A.E.M.	S.	20	11	41	E288
A.E.M.	C	27	4	42	MV 129 / MV 125
5036					
A.E.M.	B	1	4	43	YB 555
Aircrew Flt Eng	A	15	9	43	YB 883

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans Course 27A-29A		30	10	41	4WS 100
Ceased Training		13	11	41	4WS 95 / 4 A.S. 112
Rec. A.E.M.	S.	20	11	41	E.T.T.B.
A.E.M. "C"	52F	26	1	42	M.V. T.T.
Trans to class gp.					4WS 62
Insl. for Rem. A.E.M. "B"		1	4	43	MV 53

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
16-3-42	29-3-42	14	annual	M.V. 52
18-1-43	31-1-43	14	annual	M.V 21
4-3-43	17-3-43	14	Emb	MV 55

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

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT	RELIGION
R 111471	Anderson,	Norman Thomas	PLACE Ottawa DATE 11-7-41	United

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
8-2-21	Lachute, Que	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	1 yr Que
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION	
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES	Lincoln Aeroplane flying School USA 6 mos	LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

9000
Mechanic

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
11-7-41	A3B		
3-10-41	A3B.		

PARTICULARS OF FAMILY

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

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
George Young Deacon (uncle) Lachine Mills, Que.
(LACHUTE MILLS Que CR405)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMEN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	11 7 41	1MD165	WAGS	11 7 41	1MD165
LAC	29 10 41	4WS100	AEMS	20 11 41	E288
AC2	20 11 41	E288	AEM lo	27 4 42	MV125
AC1	27 4 42	MV132	A.E.M. B.	failed	
LAC	1 4 43	00555/43	A.E.M. "B"	1 4 43	00555/43 DRO 53/43
~~LAC~~ cancelled 4089 a 46/43	1 4 43	4089 2/43	Flt Engineer A	15 9 43 00883/44	1659 Conv. Unit 95/43.
T/Sgt 00883/44	15 9 43	1659 CU. 95/43.			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Trans. Crse 27A-29	A			30 10 41
Ceased training				13 11 41
Rec AEM	S			20 11 41
AEM	C	52	F	26 1 42
Trans to Crse 29			4 WS	6 2
Sel for remu AEM	B			1 4 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R111471 | ANDERSON (SURNAME) | NORMAN THOMAS (FULL CHRISTIAN NAME)

ENLISTMENT/APPOINTMENT — PLACE: Ottawa — DATE: 11-7-41

RELIGION: United

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
22 10 43	30 10 43	9	Priv Leave	431 Sqd 135/43

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM / TO	DATE	AUTHORITY
20 S	KTS Trenton	15 11 41	E 308
S.O.S.	to Overseas	27 3 43	E.631
	Disembarked U.K.	4 4 43	E.631
at	3. P.R.C.	5 4 43	Int 070
T.O.S.	at 408 Sqdn.	16 4 43	408 Sqdn. 7/43
Att.	1659 C.U. S.P.	3/3 8 43	408 Sq 26/43
Catt.	S.H.Q. A & I section	6/ 7 43	Leeming 29/43
SOS	408 Sqdn to 1659 CU	3 8 43	408 Sq 29/43
TOS	at 431 Sqdn from 1659 CU	21 10 43	1659 CU 24/43; 431 Sq /43
F/B Missing from 431 Sqd.		3/4 12 43	AFRO 113/44; CR 405
"	"	4 12 43	431 Sqd 154/43
Missing Believed Killed			CR 418 22-1-44
TOS	431 Sqd to RCAF HEU (FBM)	5 12 43	HEU 4/43
Presumed Dead		4 12 43	CR 5'42; AFRO 1439/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
15 9 43.	F/Eng badge	1659 Conv Unit 95/43.

Emb. 28/3/43.

Lachute,Que.
May 21st.,1941.

Royal Canadian Air Force

38 Rideau Street

Ottawa,Ont.

Dear Sirs:-

This is to certify that Norman Thomas Anderson,is well known to me;that he was born in the Town of Lachute,County of Argenteuil,about the year 1921;that he has lived his entire life in the Town of Lachute and that his character is entirely above reproach.

I have no hesitation whatsoever in vouching for his character and ability to receive instruction in any of the Services that it may be found convenient to make use of his services

G J. Calder

Deputy-clerk of the CIRCUIT COURT in and for the County of Argenteuil.

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME ANDERSON

CHRISTIAN NAMES NORMAN THOMAS

MARRIED SINGLE NO. OF CHILDREN N.A.

N.F. / FLYING

EDUCATIONAL STANDING:- Number of years

High School 2 yrs. Technical Commercial

University (Name and dates of Attendance)

N.A.

Standing Other Countries N.A.

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo N.A. Dual

Private " Solo Dual Passenger N.A.

No. Hours & Types during last 2 yrs N.A.

MILITARY AND OTHER TRAINING:-

N.A.

R.C.A.F. Records Office
Rec'd JUL 17 1941
O.K. M.K. C.I.B.
R.C.M.P. N.I.
S.L. P.A.

SPORTS:- (What branches)

Hockey, Softball.

HOBBIES:

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

Very willing lad. Says he will take anything, but wants to be Air Gunner. Rural type, slow spoken. Should develop with drill and discipline.

REFERENCES CHECKED --SATISFACTORY
" " --UNSATISFACTORY
" NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? No.

BEST FITTED FOR W.O. - A.G.

DATE 23-5-41.

RECRUITING CENTRE
OTTAWA

(R.L. Gaghier) F/O
Signature of Officer

A.F.M.5

AGE 20
HEIGHT 5'11"
WEIGHT 142

ADMINISTRATION
TECHNICAL
EQUIP/ACCTS
GEN. LIST
PILOT
OBSERVER
W.O. AIR GUNNER X

APPROACH
Confident
Nervous
Easy X

CARRIAGE
Upright
Medium X
Athletic

DRESS
Neat
Conservative
Clean X
Careless

PHYSIQUE
Medium
Heavy set
Slender X

SPEECH
Clear
Slow X
Hesitant

RESPONSE
Quick
Deliberate X
Slow

MANNER
Alert
Confident
Sincere X
Reserved
Nervous
Overbearing
Irresponsible

EXCELLENT

ABOVE AVERAGE

AVERAGE X

BELOW AVERAGE

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

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 ANDERSON, NORMAN, THOS. (b) Reg'l. No. R 111471
2. (a) Arm of service RCAF (b) Unit #1 Manning Depot (c) Rank AC 2
3. (a) Date of birth 8/2/21 (b) Have you any dependents? No (c) Place of residence at time of enlistment LACHUTE
4. (a) Place of enlistment OTTAWA (b) Date of enlistment 11 7 41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (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
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? Eng. (b) What languages do you read well? Eng.

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? No

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 G. Y. DEACON Address LACHUTE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Garage Dealer
20. (a) Your specific occupation MECH. HELPER (b) Number of years' experience at this occupation with any employer 1 yr
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? (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 (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form AERO Eng Mechanic

DATE July 12 1941 SIGNATURE Norman T. Anderson

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

ROYAL CANADIAN AIR FORCE

SPECIAL RESERVE

ENLISTMENT AGREEMENT

APPENDIX "C"
Bulletin No. 150

AIRCREW

1. In the event of my being accepted for enlistment in the Royal Canadian air Force, I hereby acknowledge that I have read, understand and agree to the following conditions of service:

(a) That I may be called upon to perform other than Aircrew duties until the R.C.A.F. is in a position to commence my training as such.

(b) That if at any time I am found unsuitable for further training in the above category:

(i) I may be remustered to any other Aircrew category for which I may be found suitable,

or

(ii) If found unsuitable for any Aircrew category I may be given the option of remustering for service in any ground duties for which I may be recommended by a Board of Officers, or, of taking my discharge, provided, however, that if, in the opinion of the Commanding Officer of the Station, failure on my part to qualify for flying duties was intentional, I may be denied the right to exercise the option of discharge.

B. [illegible] Smith
(Witness)

Norman J. Anderson
(Signature of Applicant)

R.C.A.F. Recruiting Centre
90 O'Connor Street,
OTTAWA, ONTARIO.
(Place)

July 11, 1941.
(Date)

A.F.M. 23 (C)
2-4-41

R.C.A.F. Records Office
Rec'd JUL 17 1941
O. K. M.H. C.I.B.
R. C. R.M. N. I.
S. I. P. A.

LACHUTE HIGH SCHOOL

LACHUTE, QUEBEC

GEO. Y. DEACON, Esq.
CHAIRMAN OF COMMISSIONERS

DR. G. A. CLUNIE
SEC.-TREASURER

CLIFTON L. HALL, M.A.
PRINCIPAL

May 22, 1941.

The Officer Commanding
R. C. A. F.
38 Rideau Street
Ottawa
Ont.

Dear Sir:

This letter will introduce Mr Norman Anderson.

Mr Anderson attended the Lachute High School between the years 1928 and 1940, finishing the work of the ninth grade in the latter year.

He is a young man of good character and habits. I am pleased to recommend him to you and shall gladly answer any inquiries you may care to address to me concerning him.

Yours faithfully
Clifton L. Hall.
Principal.

R.C.A.F. Records Office
Rec'd JUL 17 1941
O. K. M.H. C.I.B.
R. C. A. M. N. I.
S. L. P. A.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: ANDERSON
(Block letters)
Given names: NORMAN THOMAS

Do not write in this space

4. RESIDENCE

Street: No.:
Official name of civil municipality or township: Lachute Mills
Municipal county: Province: Quebec

5. SEX: Male

6. NATIONALITY (Citizenship): Canadian

7. RACIAL ORIGIN:

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 8th (Day) 1921 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
22			....hrs. or ....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Dec.4/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Anderson, Robert Lawrence	Quebec
MOTHER (Maiden Name)	Anderson, Emma May Elizabeth	Quebec

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:
(b) Civil municipality of:
(c) Municipal county:
(d) Date: (Month) (Day) (Year) 19....

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 4th (Day) 19 43 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Previously reported missing after air operations, now
due to for official purposes, presumed dead.

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

II

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

III If a communicable disease is mentioned on this certificate, give
(a) Date of appearance: ....19....
(b) Duration of disease: ....days

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

26. Was there a surgical operation? Date of ....19....
State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide (State which): Accident Date: Dec.4th 19 43
Manner of injury (How sustained): Presumed killed during air operations
Nature of injury:
Specify whether injury occurred in **industry, in home, or in public place**: public place

Signed ....**M.D.**
Address ....**Date** ....**19**....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
D. Emond. S.O.
For (R.C.A.F. Records Officer)
This signature authorizes the collector to accept this form as authentic.

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

(Voir l'autre côté pour le français)

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

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM DU MILITAIRE DÉFUNT: Norman Thomas (PRÉNOMS) ANDERSON (NOM)

No DU REGISTRE: 32272

No DU DOSSIER:

BÉNÉFICIAIRE: Director of Estates,

DATE: 13-7-50

ADRESSE:

No MATRICULE: R-111471

GRADE DÉFINITIF: SGT.

DATE À LAQUELLE LE SERVICE OUTRE-MER A ÉTÉ TERMINÉ: 4-12-43

DATE DE LIBÉRATION: 4-12-43

	$ ¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION	
NOMBRE DE JOURS 877 / 30 ÉQUIVALANT À 29 PÉRIODES COMPLÈTES @ $7.50	217.50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION	
NOMBRE DE JOURS 253 MOINS 7 JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À 246 JOURS @ 25 CENTS PAR JOUR	61.50
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION	
C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER	
TAUX QUOTIDIENS LORS DE LA LIBÉRATION	
SOLDE $ 3.70	
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $ 1.25	
SOLDE SUPPLÉMENTAIRE $	
$	
$	
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ $	
TOTAL $ 4.95 X7 = $ 34.65	
NOMBRE DE JOURS 253 / 183 X$ 34.65	
VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C	47.90
D. GRATIFICATION DE SERVICE DE GUERRE	326.90
E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $	
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $	
AUTRES DÉDUCTIONS $	
F. MONTANT TOTAL PAYABLE P. & A. Bal. Trans. Trust Account 25/7/50 Journal Voucher # P.A. 73	326.90

G. VOTRE PART DE LA GRATIFICATION EST—

ALLOCATION FAMILIALE MILITAIRE QUI VOUS EST VERSÉE $ _____ DE $ NIL =$ 326.90

MONTANT TOTAL DE L'ALLOCATION FAMILIALE MILITAIRE VERSÉE $

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR
EC	[illegible]

TRÉSOR	
VÉRIFIÉ PAR	DATE
[illegible]	21/7/50

[illegible] Capt.
REPRÉSENTANT MILITAIRE

ΔTU