R120191
RATELLE
ROGER EMILE

120191
951

Rafaelle R E. L

0429

R 120191 Ratelle

NAME RATELLE, Roger Emile Lucien FILE NO. 1022-R-3868

RANK Sgt. Air Gunner CATEGORY ~~MISSING~~ PRES. ?DEAD REG. NO. R120191

DATE OF DEATH: 13-May-43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 1-6-43 ROYAL MESSAGE: FEB 23 1944 MEMORIAL CROSS TO CHAPLAIN: FEB 16

To mother & father (french card) DEL'D TO MOTHER:

To mother & father 23-10-43 DEL'D TO WIFE:

Mr. & Mrs. Euclide Ratelle,
4681 Parthenais Ave.,
Montreal, Que.

COMMAND: No. 3

RELIGION: R.C.

187985

MFM 82A
192M-8-40 (6653)
H.Q. 1772-39-1774

Cat. A

LOI DE LA MILICE

Loi de Mobilisation de Ressources Nationales, 1940

ENROLEMENT

MILICE ACTIVE NON PERMANENTE DU CANADA

NO. MATRICULE D 451036

Pris à l'effectif de Les Fus. Mont-Royal 2nd Bn.
(Unité de la Milice)

1. Nom (Caractère d'imprimerie) Ratelle
2. Prénoms (au long) Lucien
3. Adresse actuelle 5273 8ieme ave. Rosemont Montreal
4. Lieu de naissance Montreal Date de naissance 19 avr. 1917
5. Religion C.R. 6. Profession Machiniste
7. Plus proche parent Euclide Ratelle (Pere)
(Nom et adresse)
5282 9ieme. ave. Rosemont Montreal
8. Signalement : Taille 5-5½ Poids 131
Yeux Bruns Cheveux Noirs
9. Préférence, le cas échéant, pour le service de la Marine, de l'Armée, ou de l'Aviation (Donnez des détails, aptitudes, etc.)

Marine

Daté ce 10ieme jour de jan 19 41

Centre d'instruction No. 43

Lucien Ratelle
(Signature de l'homme)

Paul Gendron Capt.
(Signature et grade de l'officier effectuant l'enrôlement).

Sceau

N.P.A.M. TRAINING CENTRE
No. 43
COURSE 3
ENDING
FEB 8 1941

Sceau du certificat d'instruction

H

Signature de l'officier apposant le sceau

(a) Education

8 ieme

(b) Tradesmen's Experience, if any:

Apprentie Mechanic

(c) Interested in learning a trade, particulars:

Mechanic

(d) General intelligence and manual dexterity:

Good

(e) Medical Category:

Slight

(f) Arm of service recommended by O.C. Company:

Aviation as Mechanic

(g) Remarks:

(sig.) Paul Gendron Capt.
O.C. "B" Coy.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R120101 RANK F/SGT(PAID) (RTTN EFF. 26-FEB-45) UNIT 419 SQDN OVERSEAS

TRADE AIR GUNNER (SP GR)

NAME RATELLE, ROGER EMILE LUCIEN

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

MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN OTHER

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

ADDRESS MR. EUCLIDE RATELLE (FATHER)
4651 PARTHENAIS AVENUE,
MONTREAL, QUEBEC.

NAME
ADDRESS
D.A.B.

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

ADDRESS

FATHER'S NAME
ADDRESS LIVING ON ENLISTMENT

MOTHER'S NAME LIVING ON ENLISTMENT
ADDRESS

AMENDED EXTRACT RE: RANK

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

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 SIG------PC1300------6-14-SEPT-45.

PREVIOUSLY REPORTED "MISSING" 15-MAY-45 AFTER AIR OPERATIONS (OVERSEAS) AND SUBSEQUENTLY REPORTED "NOW MISSING BELIEVED KILLED" (LOCATION NOT STATED)

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

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

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

DATE 20-OCT-46.

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

FOR CHIEF OF THE AIR STAFF

ATS-RT 7

COPY FOR DOCUMENT FILE

25670

R120191 AC2

RATELLE, Roger Emile Lucien

R.C.A.F. Special Reserve

Annexe "A"
Bulletin No. 174

CORPS D'AVIATION ROYAL CANADIEN

CONVENTION RELATIVE A L'ENGAGEMENT EN QUALITE DE

MEMBRE D'EQUIPAGE AERIEN

1. Je, soussigné, reconnais avoir lu et compris le présent document. De plus, au cas où je serais admis à m'enrôler dans le Corps d'aviation royal canadien, j'accepte les conditions ci-après énumérées:

(a) Je serai susceptible d'être appelé à remplir d'autres fonctions que celles inhérentes à l'emploi de membre d'équipage aérien, jusqu'à ce que le C.A.R.C. soit en mesure de me faire commencer mon cours d'instruction en cette qualité.

(b) Si, à un moment quelconque, avant d'avoir terminé mon instruction au Canada, aux termes du plan d'entraînement aérien du Commonwealth britannique, je suis trouvé inapte à poursuivre un tel cours.

(i) je pourrai être reclassé dans n'importe quelle autre catégorie des équipages aériens, répondant à mes aptitudes, ou

(ii) si je suis trouvé inapte à remplir aucune des fonctions inhérentes à l'emploi de membre d'équipage aérien, je pourrai avoir le choix d'être reclassé dans n'importe quelle catégorie des équipes au sol, selon la recommandation d'une Commission d'officiers, ou d'être libéré du service, à la réserve toutefois que, si, de l'avis de l'officier commandant la station où j'ai suivi ledit cours d'instruction, le défaut de me qualifier sous ce rapport a été voulu de ma part, je serai susceptible de me voir refuser le droit d'opter pour la libération.

(Témoin)

Montreal, P.Q.
(Lieu)

(Signature du postulant)

Aug. 22nd, 1941.
(Date)

A.F.M. 23 (C) Fr.
10-7-41

R.C.A.F. Records Office
Rec'd. AUG 26 1941
O. K. ..... C. I. B. .....
R. ..... N. I. .....
S. L. ..... P. A. .....

R.C.A.F. Special Reserve

INTERVIEW REPORT

SURNAME.....RATELLE.....

CHRISTIAN NAME..ROGER EMILE LUCIEN.....

MARRIED.....NO.....NO. OF CHILDREN.....N.A.

N.F.

FLYING

AGE.....24.....
HEIGHT..5'6.....
WEIGHT....145.....

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

EDUCATIONAL:- NUMBER OF YEARS.....12...

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

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

.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo....N O N E.....Dual.....

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

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

.....N O N E.....

MILITARY AND OTHER TRAINING:-

.....Military: 1 month trainee.....

.....Civilian: clerk 2 yrs, carpenter 4 yrs.....

.....

SPORTS:-(What branches) hockey, baseball moderately.....

.....

HOBBIES:-.....None.....

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

.....Neat, intelligent, recommended for W.O.A.G.....

.....Speaks English moderately.....

.....

.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

.....

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

BEST FITTED FOR.....training as W.O.Air Gunner.....

.....

R.C.A.F. Records Office
Rec'd: AUG 26 1941
R.C.

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

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

DRESS
Neat.....X...
Conservative..X..
Clear.....X.
Careless.....

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

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

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

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

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

DATE: 5-8-41

RECRUITING CENTRE: Montreal, P.Q.

Signature of Officer
J.P. Desloges Sqn. Ldr.

A.F.M.5

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

FILE NUMBER R120191

Medical Board held at Montreal, P.Q. *Date* 21-8-41

Surname Ratelle *Chr. Names* Roger, Emile, Lucien
Nature of Commission M-2-2 *Date of Birth* 19-4-17 *Married or Single* Single
Branch General List *Hours Flown* None
Address 4681 Parthenais St., Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsillitis NO
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS Tonsillectomy 9 years old.
(x) Any Illness or Injury not mentioned above None

Education 2 years High School
Present Occupation Clerk Hobbies None
Previous Service Military - 1 month trainee
Athletics Hockey, baseball, moderately
Habits—Smoking 8 cigs per day Alcohol NO
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" None
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (4) Alive—Health Good (3) Dead—Cause at birth.
Sisters (3) Alive—Health (2) Dead—Cause At birth.

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 12-8-41 *Signature* Lucien Ratelle *Witness* Yvore Belanger, F/Lt.

GENERAL MEDICAL AND SURGICAL EXAMINATION

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

Body Marks, Scars, Deformities 2 scars on forehead.

Size of Thyroid Gland N Small left varicocele 12-5-42: Same.

Surgical Abnormalities

Results of Wounds, Injuries, Operations Good result

	Date 21-8-41	Assessing Room	Date 12-5-42	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	65½						
Weight (lbs.)	132						*Date*
Chest Circumference (ins.)	35						
Body Build (lbs.)	132						
Leg Length (ins.)	39		39				
Pulse Rate — Sitting	78						
Pulse Rate — Standing 1st	96						
Pulse Rate — Standing 2nd	96						
Pulse Rate — After Exercise	120						
Pulse Rate — Time to Normal	25 secs.						
Arterial Walls	N		N				
Blood Pressure — Systolic	138		130				
Blood Pressure — Diastolic	85		90				
Heart — Size	N		N				
Heart — Sounds	N		N				
Heart — Rhythm	N		N				
Lungs	N		Clear				
Breath held							
Expiratory Force	N						
Vital Capacity (Best of 5)							
							Date
Reflexes — Knee	N						
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	SLOW						
Reflexes — Plantar	N						
Cranial Nerves							
Balancing Rod	R. L. IS IS	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. ISIS	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	O						
Tremors — Eyelids	O						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	N						
Urine — Albumen	Neg.						
Urine — Sugar	Neg.						
Initials of M.O.	Y.B.						

40 mm. Hg. Test 8/998/1099/10910/111011/11 for 65 secs.

Date 12-5-42: 7/776/868/888 50 secs.

Date

Date

Date

Remarks by Consultant.

EYE EXAMINATION

History	Negative.		
Visual Acuity	R.20/20 , $\bar{c}\,\underline{2.25}$ = 20/100	20/25 & 2.50 20/400	
	L.20/20 , $\bar{c}\,\underline{2.25}$ = 20/100	20/30 & 2.50 20/400	
Colour Vision	N Ish.	N Ishihara	
Red, Green	ORtho.		
Diaphragm Test (P.D. =	6)Bar at 4	P.D. 57 ∡ at 2	
Convergence	C. = 8 cms.	6	
	S. C. = 11½ cms.	11	
Accommodation	R. 10½	10	
	L. 10½	10	
Cover Test	Exo rapid recovery	R.E. exo R.R.	
Fundi and Media	N		
Fields	N	N	
Remarks:	Fit. Ocular muscle balance borderline.	To D.P.&N.H. to see if visual acuity is correctible.	D.P.&N.H. Reports Vision R 20/40, L 20/40 Correctable to R 20/20. L 20/20. A1B
Initials of M.O.	Y.B.	*Initials of M.O.*	*Initials of M.O.*
Date	21-8-41	*Date* 12-5-42	*Date* 14-5-42.

EXAMINATION OF EAR, NOSE AND THROAT

History: No molar on right side of lower jaw.

Hearing	R. Ear	W.V. 20'	W.V. 20'
	L. Ear	W.V. 20'	W.V. 20'
External Ear, Meatus Membranes	R. Ear	N	N
	L. Ear	N	N
Middle Ear, Eustachian Tubes	R. Ear	Patent	Patent
	L. Ear	Patent	Patent.
Cochlear Apparatus	R. Ear		
	L. Ear		
Vestibular Apparatus	R. Ear		
	L. Ear		
Buccal Cavity		Healthy	Clean
Teeth		1 carious tooth	Partial upper plate
Gums		Good	Healthy
Pharynx		Clear	N
Nasopharynx		Not seen	Not seen
Nose		No obstruction	N
Larynx		Not seen	Not seen
Remarks: No molar on right side of lower jaw.		*Initials of M.O.* Y.B.	*Initials of M.O.*
		Date 28-8-41	*Date* 12-5-42

HISTORY OF PRESENT CONDITION

Date 21-8-41

Good physique, good intelligence, does tests very well, should be attended to for his teeth, unfit for pilot on account of education, fit for gunner.

Category A3B.

Yvore Belanger, F/L.
D. Hutton, F/Lt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date

CATEGORY A, B APPROVED
DATE 14-5 1942
M.O.
No. 1 WIRELESS, ~~or B. and G.~~ School

FIT | Date 14-5-42
PILOT
~~OBSERVER~~
~~W/OPERATOR~~
~~A/GUNNER~~

M.O.

R.C
Rec'd MAY 26 1942
O. K. C.I.
R. C. N. I.
S. L. P. A.

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

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname Ratelle Christian Names R.E.L.

Number R120191 Rank AC2

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. 1 Wireless School. Course No. 42 To 7.11.42 From 27.4.42

2. *Flying Times*—

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

(*b*) In Flying Classroom, listening watch - hours.

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

R.C.A.F. Records Office
Rec'd JUL 21 1942
O.K. C.I.B.
R.C. JB N.
S.L. JB P.A.

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

Maximum Marks, 1000. Marks Obtained - Percentage - Pass or Fail -

Position in Class - No. in Class -

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

PART I—*Concluded*

WIRELESS TRAINING

~~6. Comments on suitability for Commissioned rank~~ Ceased Training 26.6.42. Commenced instruction with the 42nd entry. During the 8 week's he has been on course has shown no aptitude for Morse and would never be able to attain the required standard. Shaky in some other subjects due to a slight difficulty with English technical terms. Remustered Aircrew - Air Gunner "Std". Eff. 26.6.42. Auth: A.F.A.C. A44/5 (f) iv. Held at this Unit pending posting instructions.

.....
Officer Commanding
No. 1 Wireless School

Date 26.6.42.

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 on suitability for Commissioned Rank .....

10. Remarks .....

.....

.....

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

Date .....

11. *Final Assessment* (t

Wireless Sch

Bombing and

12. Percentage .....

13. Recommended for

14. Remarks .....

.....

.....

R.C.A.F. T. 82 (Revised)
25M—10-41 (1045)
H.Q. 1062-13-65

R.A.F. Records Office
Rec'd. DEC 8 1942
O.K. ..... N.I. .....
R.C. JB
S.L. JB P.A. JB

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname RATELLE Christian Names Roger Lucien Emile

Number R120191 Rank .....

INSTRUCTIONS

Instructions regarding the use and distribution of this form are contained in Air Force Administrative Order A.51/24.

PART I

WIRELESS TRAINING

1. No..... Wireless School. Course No..... To..... From.....

2. *Flying Times*—
   (a) In Flying Classroom as 1st Operator.....hours.
   (b) In Flying Classroom, listening watch.....hours.
   (c) In 2-seat aircraft as sole operator.....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		Signals Organization	150	
Radio Equipment	250		Armament	100	
Morse (buzzer and lamp)	200		Drill and P.T	50	
Procedure	200		TOTALS	1000	

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

Position in Class.....No. in Class.....

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

6. Character and Leadership—Assessment (Max. 500 Marks).....Marks.

.....
Officer Commanding

No.....Wireless School

Date.....

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

Ratelle

PART II

ARMAMENT TRAINING

1. No. 9 B. G. S. Course No. 36A

2. Dates of Courses:— From 20-7-42 To 29-8-42

AIR TRAINING

GUNNERY

3. *Flying Time:—*

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
BATTLE	24:25			24:25	

4. *Air Gunnery Results—*

	Average percentage hits to rounds fired
(a) Beam Test	14.9 %
(b) Beam Relative Speed Test	5 %
(c) Under Tail Test	5.2 %

5. *Total Rounds Fired—*

Ground	740
Air to Ground	411
Air to Air	3100

6. *Assessment—*

		Marks Obtained
(a) Written Examination	(100 Marks)	59
(b) Practical and Oral Examination	(100 Marks)	53
(c) Ability as Firer	(250 Marks)	165
Totals	(450 Marks)	277

7. Position in Class 27 No. in Class 29 Pass or ~~Fail~~

8. Date authorized to wear Air Gunner's Badge 29-8-42

9. Character and Leadership—Assessment (Maximum 250 Marks) 43 Marks.

10. Remarks Fair marksman -- otherwise below average

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

No. 9 B. G. S.

Date 29-8-42

11. *Final Assessment:—*

Course	Training Marks Max.	Training Marks Obtained	Character and Leadership Max.	Character and Leadership Obtained	Totals Max.	Totals Obtained	Totals %
Wireless School	1000		500		1500		
Bombing and Gunnery School	450	277	250	43	700	320	45.7
TOTALS	1450		750		2200		

12. Position in Class 28 No. in Class 29

13. Remarks Retiring nature. Had some language difficulty.

(R.H.Little)W.C. *Officer Commanding*

No. 9 B. & G. S.

Date 29-8-42

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

NO/AG

H

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal, P.Q. ON 22-8-41

MARRIED OR SINGLE S

No. R-120191

NAME IN FULL RATELLE, R.E.L.

RATE OF PAY

D.R.O. No	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay
	1-12-41	ACH	S	AS	1 30		1 30		No. 4 "M" Depot RCAF Quebec
151	26-6-42	ac2	S	as	1 30		1 30		Remus. Air Gunner Std
176	27-5-42	hac	S	as	1 50		1 50		Reclass. hac
208	19-7	LAC	S	A.S.	1 50	75	2 25		Ent. F/P
234	28-8	Sgt.	Spl	A.S.	2 95	–	2 95		app. T/S. 28-8-42

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mrs. Ratelle, Mary Louise (M.)	1-10-42	40	40 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS — N.D.T. Class.

PERIOD

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F
1-12-41 to 15-12-41	15	19 50					19 50			
16-12-41 to 31-12-41	16	20 80					20 80			– 50
1-1-42 to 31-1-42	31	40 30				ø	40 30			ø
1-2-42 to 28-2-42	28	36 40				ø	36 40			ø
1-3-42 to 31-3-42	31	40 30		Serv. 15-4 to cancel Chgs. re IV# 725 (Ser. 22-54 Jan 42)	5 41	ø	45 71			ø
1-4-42 to 25-4-42	25	32 50				ø	32 50			ø
26-4-42 to 30-4-42	5	6 50				50	7 00			
1-5-42 to 31-5-42	31	40 30					40 30			
1-6-42 to 30-6-42	30	39 00					39 00			
1-7-42 to 18-7-42	18	27 00		35 @ 20 Prom. adj.	7 00		34 00			
19-7-42 to 31-7-42	13	29 25				14 00	43 25			
1-8-42 to 27-8-42	27	60 75		DO. 234 R/A. 14d.	7 00		67 75			
28-8-42 to 29-8-42	2	5 90					73 65			
30-8-42 to 31-8-42	2	5 90					5 90			40 35
1-9-42 to 30-9-42	30	88 50					88 50			34 45
1-10-42 to 26-10-42	26	76 70					76 70	34 67		
				A30. S.38. R.A. 12-16-7-42 (Sd) D.R.O. 215	2 50					1 62

OTHER DEBITS

Period	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account
1-12-41 to 15-12-41				20 –	20 –		50
16-12-41 to 31-12-41					– 50	20 30	
1-1-42 to 31-1-42	I.V. 725 SER 22-54	5 41		20 00	25 41	14 89	ø
1-2-42 to 28-2-42				20 00	20 00	16 40	ø
1-3-42 to 31-3-42				20 00	20 00	25 71	ø
1-4-42 to 25-4-42			12 00	20 00	32 00		50
26-4-42 to 30-4-42			7 00		7 00		–
1-5-42 to 31-5-42				20 00	20 00	20 30	–
1-6-42 to 30-6-42				19 00	19 00	20 00	–
1-7-42 to 18-7-42			20 00	–	20 00	–	14 00
19-7-42 to 31-7-42						43 25	ø
1-8-42 to 27-8-42			80 00	34 00			
28-8-42 to 29-8-42					114 00	–	40 35
30-8-42 to 31-8-42					40 35		34 45
1-9-42 to 30-9-42	A 390		20 45	10 00	~~41 90~~ 61 90	23 60	
1-10-42 to 26-10-42	A497		18 65	25 00	78 32		16 2
							– 88 CR.

CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT

DO #300 Sd S#1 "M" D Que. on pat. to #5 "M" D Lachine Que. eff 1
[signature]

D.R.O. #197 - BCO #5 M.D. T.O.S. #16-12-41

SOS. DRO 97 & 71 Discipline, mont. Eff. 25-4-42. [signature]

DRO 176 TOS EFF 26-4-42 - a/19

DRO 173 EFF. 18-7-42 a/57 - SOS to #9 B+G School, Mont.

DO 234 & SOS To Y. Depot Halifax Eff. 29-8-42
R. E. Freebette W.O.

S.O.S. for E. 551 (m) eff. 30-11

[signature]

Audited by Treasury 26/11
E. Mach[illegible]

[illegible]ns regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN. R. 120191. Name RATELLE, Roger, Emile, Lucien, Rank T/Sgt

(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade A/Gunner ~~Navigator~~ Special Qualifications

(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 19.4.17. Religion R.C. Occupation in Civil Life Labourer.

Last Enlisted 22.8.41. Current Engagement D. of W.

If a member of the Auxiliary Air Force

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

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

MR Euclide, Ratelle, 4681, Parthenais, Montreal, P.Q.

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 I.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
G B & S.	1. Y. Depot	29.8.42.		A.C.2 Por (SD).	22.8.41.
1. Y. Depot	R.A.F. T.P.	26.10.42.		L.A.C. A/Gunner (SD).	27.5.42.
	Emb. Can.	27.10.42.		~~Observer Sp.~~	26.6.42.
	U.K.	4.11.42.		T/Sgt. A/Gunner Spec ~~Observer Sp.~~	28.8.42.
Int. 3.	3. P.R.C.	5.11.42.		~~Navigator Sp.~~	~~24.10.42.~~
44/42 3PRC.	1659 Con. Unit	20.12.42.			
1659 Con. Unit	419 Sqdn.	9-2-43			
419(RCAF) Sqdn	WAR CASUALTIES ACCTS DEPOT UXBRIDGE N/E MISSING	13.5.43			

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

*10349) Wt. 23821—1216 100M 8/42 T.S. 700

J.R.

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	A/G	Sat	Sat	—		31/12/42	[illegible] W/C
Sgt	V.G.	A/G	Sat	Sat			9.2.43	[illegible] W/C
SGT	VG.	A.G.	Sat		Sat	REPORTED MISSING	13.5.43	[illegible] A/Sqn/L

AIRCREW WIRELESS OPERATOR AIR GUNNER "STD"

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN **R.C.A.F. Special Reserve**

A.F. No.	Surname	Christian Names	Religion
R 120191	RATELLE	ROGER EMILE LUCIEN	R.C.

Born 19/4/17 Place MONTREAL, P.Q Country CANADA Citizen of CANADA Racial Origin FRENCH CANADIAN

ENLISTMENT	CIVIL EDUCATION			PREVIOUS SERVICE
Date 22/8/41	High School Entrance	Jr. Mat. 2 YRS	Sr. Mat.	MT. ROYAL FUSILLIERS
At MONTREAL	Technical School	Corres. Courses		JAN–FEB 1941
Term DURATION	University			

RANK	DATE			Med. Cat.	Date		
AC2	22	8	41	A3B	21	8	41
L.AC.	27	5	42	#211.			
T/Sgt.	28	8	42				

CIVIL OCCUPATIONS AND EXPERIENCE

CLERK 1935-37
CARPENTER 1937-41
LABORER 1941

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.		
Airgunner	S	Dis	151	26	6	42							
Air Gunner	Sp.	Sup.		28	8	42							

PARTICULARS OF FAMILY M S D

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

EUCLIDE RATELLE (FATHER)
4681 PARTHENAIS,
MONTREAL, P.Q

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
22-4-42	26-4-42	4 days 95 Special Leave
12-7-42	17-7-42	5 days RO 173
29-8-42	11-9-42 (14)	Embarkation.
Issued S.L.T.(W). II C116768 d/28-8-42 (234/42)		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
28-8-42	Awarded Air Gunner's Badge			W.D. Hicks

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.R 13	R/C	#5 M.D	22/8/41	~~DRO 274~~	~~Nor Depot~~	~~RAFTP~~	~~22-9-42~~
	MTL P.Q	VALCARTIER		DRO 313	17 Depot	RCAFP	26-10-42.
D.R.O. 97/41. T.O.S.	#54 M.D	VALCARTIER	22/8/41			Sub Can	27-10-42
DRO 138/41 #5 AMD	Valcartier	#4 MD Quebec	8-10-41			U.K.	4-11-42
DRO 299	4 M.D. Quebec	5 M.D. Laval	15-12-41	12/42 (13/90)	Lun. 3.	3 PRC	5-11-42
DRO 199/41 T.O.S.	#5 M.D. Laval	Lac	17-12-41	18/43 (31) 44/42. (17/41)	3. P.R.C	1659 Conversion Unit	20-12-42
DRO 200/41 Amend	also to read		16-12-41	12/43 (11/35) 12/43 (11/33)	1659 C.U.	419 Sqd.	9-2-43.
DRO 7-42	[illegible]	[illegible]	[illegible]				
95	Issued S.L.W	C 536172 d/	22-4-42	Missing	#19 Depot.	1140	13.5.43.
DRO 173	#1 W/S Mtl	#9 Depot Mt. Joli	18-7-42	W.B.K. C.R	329		
D.R.O. 234/28-8-42	#9 B.T.S.	#1 Depot		P. Dead. C.R	372.		
	Mont Joli	Halifax	29-8-42				

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

(OVER)

Finger Printed
Date 16-10-41
Initials DD

R.C.A.F. Special Reserve

N° MATRICULE R120191 VERSÉ À A # 5 M.D. ValCartier, P.Q. MÉTIER Wireless Air Gunner Std.

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 RATELLE Prénoms en entier ROGER EMILE LUCIEN
2. Adresse actuelle 4681 Parthenais, Montreal, P.Q. Téléphone ~~N.A.~~ None
3. Adresse fixe 4681 Parthenais, Montreal, P.Q.
4. Lieu de naissance Montreal, P.Q. Nationalité Canadien francais
5. Date de naissance 19 avril, 1917 Marié, célibataire, veuf, séparé, divorcé Celibataire
6. Enfants None

Nom	Date de naissance	Nom	Date de naissance
N.A.			

7. Profession Journalier 8. Religion Catholique romain (Indiquez la confession religieuse)
9. Langues francaise et anglaise, couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) Euclide Ratelle Degré de parenté Pere
    Adresse du plus proche parent 4681 Parthenais, Montreal, P.Q.
11. Père (nom en entier) Euclide Ratelle Lieu de naissance Montreal, P.Q.
    Adresse 4681 Parthenais, Montreal, P.Q. Nationalité Canadien francais
    Profession Charpentier
12. Mère (nom de fille en entier) Marie-Louise Desrosiers Lieu de naissance Joliette, Co. l'Assomption, P.Q.
    Adresse 4681 Parthenais, Montreal, P.Q. Nationalité Canadienne francaise
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
Regiment des Fusiliers Mont-Royal	Sherbrooke	soldat	--	Janv. 1941	Fev.	Entrainement complete

R.C.A.F. Rec. Office AUG 20 1941 O.K. G.H.B. R.C.R. N.I. S.L. P.A.

14. Honneurs, récompenses, citations Non
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? N.A.
    Quand? N.A. Résultat N.A.
17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? Non
    Si oui, indiquez la nature de l'infirmité N.A.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? Non
    Si oui, indiquez la nature de l'infirmité N.A.
19. Avez-vous jamais été trouvé coupable de délit? Non Si oui, indiquez-en la nature N.A.
20. Avez-vous des dettes? Non Si oui, donnez des détails N.A.

R.C.A.F.—R.100a
20M—4-41 (88)
Q.C. 1052-3-83

162-287

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole Jean de Brebeuf, Rosemont, P.Q.	1923	1926	Primaire
Cours supérieur—Collège, etc.	Ecole de Varennes, Varennes, P.Q.	1926	1929	Primaire
Cours technique				
Autres cours universitaires ou scolaires	Ecole Jean de Brebeuf, Rosemont, P.Q.	1929	1934	9ième année ~~Primaire complete~~
Cours par correspondance	Ecole St. Brandan, Rosemont, P.Q.	1934	1935	Anglais

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
Magasin de fruits, Mr. Vezeau, Rosemont, P.Q.	Commis	1935	1937	Pour meilleure position
Ouvrage general, J. H. Desy, Rosemont, P.Q.	Charpentier	1937	1941	Pour meilleure position
Sun Life Bldg. Montreal, P.Q.	Journalier	1941		

23. Heures de vol, seul Non accompagné ~~N.A.~~ None avec passager ~~N.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

Hockey, Baseball, moderement

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

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez. ~~Air Frame mechanic worker~~

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
Mr. J.H. Desy	5,700 Delormier, Mont. P.Q.	Proprietaire de commerce
M. S. Delande	4,880 4, Avenue, Rosemont, P.Q.	Ingenieur
M. J. Gauthier	4687 Parthenais, Mont. P.Q.	Manitenteur de train
M. McCary	Sun Life Bldg., Montreal, P.Q.	Controlleur d'employe

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'aie raison de croire.

Date 4 Aout 1941 Signature Lucien Ratelle

NATIONAL REGISTRATION CERTIFICATE PRODUCED. 78/54

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, Roger Emile Lucien Ratelle 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 Aug. 22nd. 19 41 Lucien Ratelle
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

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

Date Aug. 22nd 19 41 Lucien Ratelle
Signature de la recrue

(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 22 jour de aout 19 41

Signature de l'Officier — Grade — RCAF. Recruiting Centre Montreal. Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 24 2. Avez-vous souffert d'une des maladies suivantes·

(a) Rhumatisme ..... no
(b) Tuberculose ..... no
(c) Bronchite ou asthme ..... no
(d) Affection cardiaque ..... no
(e) Maladie du rein ou de la vessie ..... no
(f) Gastrite intestinale ..... no
(g) Hernie ..... no
(h) Varices ..... no
(i) Pieds plats ou déformés ..... no
(j) Affection nasale ..... no
(k) Maladies des oreilles ..... no
(l) Maladies des yeux ..... no
(m) Epilepsie ..... no
(n) Maladie nerveuse ou mentale ..... no
(o) Syphilis ..... no
(p) Gonorrhée ..... no
(q) Fracture ..... no
(r) 5 Autre maladie ou défectuosité ..... none

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.
Lucien Rutelle
Signature de la recrue

Observations des examinateurs ..... operated for tonsils at 9

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) ..... 2 scars on forehead

2. Taille 5 pieds 5 1/2 pouces. 3. Poids 132 livres.

4. Teint med 5. Couleur des yeux Brown Cheveux Dark

6. Développement {Bon / ~~Passable~~ / ~~Médiocre~~} 7. Tour de poitrine—Expiration 33 pouces
Degré d'expansion 2 pouces

8. Ouie—Droite W.V. 20' Gauche W.V. 20' Tympan—Droit — gauche —

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit n.a.
gauche 20/20 gauche

10. État de la bouche et des dents Needs dy except 1 cari

11. Urine—Albumine neg Sucre neg

12. Anomalies révélées à l'examen (congénitales et pathologiques) ..... Small left varicocele
1 carious tooth – no molar on right side of lower jaw

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 3/B

Observations spéciales des médecins ..... No molar on right side of lower jaw. Fit for air crew but should be attended for his teeth.

Part 2 Cont'd.
13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 138/85 S.D.
17. Colour Vision n. defs.

Date 21 août 1941

Yvon Bélanger
Président

Membre

Membre

AIRMAN'S STATEMENT AT EMBARKATION

1. Number R-120191 Rank Sgt Name RATELLE R.E.L.
Surname Christian Names

2. Name of person to be Notified in Case of Casualty
MR. EUCLIDE RATELLE
Address 4681 PARTHENAIS Relationship, if any FATHER

3. Alternative Name of person to Notified in Case of Casualty ROSEMOUNT. MTL. PQ.
MELLE CARMEN MASSON 5130. 6TH AVE

4. Legal Next-of-Kin EUCLIDE RATELLE
(Full Christian Names)

5. Single, Married, Widower, Divorced, Separated? SINGLE

Full Christian Names of Wife

Address

6. If married, have you completed a Will since marriage If so, state

Location

7. Have you completed necessary documentation for Dependent's Allowance ~~YES~~ NA

8. Are Parents living - Father YES Mother YES

9. Parents Name (If living give full Christian Names)

Mother MARY LOUISE DESROSIERS

Address 4681 PARTHENAIS

Father EUCLIDE RATELLE

Address 4681 PARTHENAIS MONTREAL

10. Permanent Home Address 4681 PARTHENAIS MONTREAL

11. Religion R.C.

Airman's Signature Lucien Ratelle

Date 13/9/42

R.C.A.F. Records Office
SEP 25 1942
O.K. C.I.B.
R.C. N.I.
S.L. P.A. G.J.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED (Block letters)

Surname: RATELLE

Given names: ROGER EMILE LUCIEN

4. RESIDENCE

Street: Parthenais Avenue No. 4681

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 19th (Day) 1917 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: May 13/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Ratelle, Euclide	Quebec
MOTHER (Maiden Name)	Desrosiers, Marie Louise	Quebec

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 13th (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) Presumably reported missing after air operations, now for official purposes, presumed dead.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance: ....19....

(b) Duration of disease: ....days

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

26. Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Accident Date: May 13th 19 43 (State which)

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

Nature of injury:

Specify whether injury occurred in **industry, in home, or in public place:** public place

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

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

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

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

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

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

(Voir l'autre côté pour le français)

3.25

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R 120 191	F. Sgt.	'B'	Roger Emile Lucien	Ratelle

Reason for termination of service: Presumed Dead

TOTAL SERVICE:

T.O.S. 22-8-41 S.O.S. 13-5-43 _____ DAYS

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

TOTAL 630 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING SERVICE 630 DAYS

OVERSEAS SERVICE:

From: 26-10-42 To: 13-5-43 _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL 200 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL QUALIFYING OVERSEAS SERVICE 200 DAYS

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

COMPUTER'S INITIALS	
CHECKER'S INITIALS	
DATE	

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

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

WILL

R.C.A.F. R. 60
40M—5-41 (225)
H.Q. 1062-3-45

(1) I, RATELLE ROGER EMILE LUCIEN of the City / Town / Village / Township

Last Permanent Civilian Address

of Montreal in the County / District of

Province of Quebec, Laborer (Civil Occupation)

a member of the Royal Canadian Air Force, Number R.120191 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship (b) Names and (c) Address of beneficiaries and (d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto My Mother

Mrs Mary Louise Ratelle
4681 Parthenais
Montreal, Quebec

All my estate

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Mrs M. L. Ratelle (Name) same as (Address) above, to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 23 day of August 1941.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Lucien Ratelle (Signature of Testator)

First Witness sign here.

(5) R. L. Swannell (Signature)
#5 A M.D. Valcartier (Address)
Clerk (Occupation)

Second Witness sign here.

Romeo Trignon (Signature)
#5 A M.D. Valcartier (Address)
Clerk (Occupation)

R.C.A.F Records Office
Rec'd SEP 9 1941
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

(Witnesses are not to be beneficiaries.)

[OVER]

AIR FORCE No. R120191

SURNAME: Rabelle, FULL CHRISTIAN NAME: Roger Emile Lucien

ENLISTMENT/APPOINTMENT
PLACE: Montreal
DATE: 22-8-41

RELIGION: R.C.

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
19-4-17	Montreal Que.	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 2 yrs
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

430 – Labourer

PREVIOUS SERVICE

Rgt. des Fusiliers Mt Royal Ch. February 1941.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
21-8-41, R 100	A 3 B		
14-5-42 M 2	A 1 B		

PARTICULARS OF FAMILY

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

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
Euclide Rabelle, father, 4681 Parthenais, Montreal, P.Q.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	22 8 41	5aMD97	A.G.A. S	22 8 41	5aMD97
LAC	27 5 42	12AB176	Cuisinier a/GS	26 6 42	1AD151
LAC	27 5 42	9BGH211	Cuis Gunnersfore	28 8 42	9BGH234/46
T/Sgt (Pd)	28 8 42	9RGH234/46			
T/F.Sgt.	28 2 43	AFRO 2688/43			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Cooks 36A 9BAD.				20 7 42 – 29 8 42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R120191

SURNAME: RATELLE

FULL CHRISTIAN NAME: ROGER EMILE LUCIEN

ENLISTMENT/APPOINTMENT

PLACE Montreal

DATE 22-8-41

RELIGION: Roman Catholic

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
28 8 42	Air Gunners Badge	9 BGS 2344/0.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	9 BGS Mont Joli		29 8 42	9 BGS 2344/0
SOS	to Overseas		26 10 42	E 551
	Disembarked U.K.		4 11 42	E 551
TOS at	165 G.U.		20 12 42	21/22
SOS	165 G.U. to N049 Sqn.		9 2 43	33/11
	Missing		13 5 43	CR 4 AFRO 12/7/43
	W.C.A.D.		13 5 43	419 Sqd.
TOS at	WCAD from 419 Sqn.		14 5 43	WCAD 65/43
	Missing Det. Killed			CR 329
	Presumed Dead		13 5 43	AFRO 2101/43 CR 372
TOS.	419 Sqn. to RCAF N/E.U. (MBA)		14 5 43	N/E.U. 1/43
S.O.S.	RCAF N/E.U. (P.D.)		14 5 43	N/E.U. 1/43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Emb.	27-10-42

AIR FORCE No. R120191

SURNAME: RATELLE, FULL CHRISTIAN NAMES: ROGER EMILE LUCIEN

ENLISTMENT PLACE Montreal DATE 22-8-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	5 AMD Valcartier	22	8	41	5 AMD 97
S.O.S.	5 AMD.	8	10	41	5 AMD 160.
T.O.S.	4 MD Quebec.	9	10	41	4 MD 343
S.O.S.	4 M D Quebec	15	12	41	4 Dn. D 300
T.O.S.	5 Dn. D Lachine	17	12	41	5 M.D. 200 5 M.D. 199
T.O.S.	5 Dn. D. Lachine	16	12	41	5 Dn. D 200
S.O.S.	5 M D Lachine	25	4	42	5 M D 97
T.O.S.	1 W.S. Montreal	26	4	42	1 W S 103
S.O.S.	1 W. S. Montreal	18	7	42	1 W S 173
T.O.S.	9 B.G.S. Mont Joli 2nd	19	7	42	9 B.G.S.
S.O.S.	9 B.G.S. Mont Joli	29	8	42	9 B.G.S. 234 %
T.O.S.	1 Y Depot Halifax	30	8	42	1 Y 258
	Missing PX 6333	13	5	43	
		14	5	43.	
	Left for Overseas	26	10	42	E 331
	Pers Dead PCT 399 1st Depot	13	5	43	
	H.S.H. computed	3/10/44			

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2	22	8	41	5 AMD 97
8				
LAC	27	5	42	1 W S 176
LAC	27	5	42	9 B.G.S. 211
T. Sgt (paid)	28	8	42	9 B.G.S. 234 %
I/T S	28	2	43	A7 R02688

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
21-8-42	R100	A2 B	
14/5/42	M2	A1B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.A. G.	S.	22	8	41	5 AMD 97
304 S.					
Cuisinier C/H	S	26	6	42	1 W S 151.
Air Gunner	Spec.	28	8	42	9 B.G.S. 234 %

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
22-4-42	26-4-42	4		5 M.D. 95
12-7-42	17-7-42	5	Special L.	1 W S 173.
29-8-42	11-9-42		with pay allowances (Commutation)	9 B.G.S. 234 %

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OFF. BAP. U.C. PRES. R.C. MEB. MIS. OTHER PRO. RELIGION | PREV. SERV. | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. R120191 R

SURNAME: RATELLE, FULL CHRISTIAN NAMES: ROGER EMILE LUCIEN

ENLISTMENT PLACE Montreal DATE 22-8-41

RE-ENLISTMENT

C.R. FILE NUMBER

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 19-4-17. PLACE Montreal Que. CITIZENSHIP British

FATHER (FULL NAME) Euclide Ratelle

BIRTHPLACE Quebec

MOTHER (FULL MAIDEN NAME) Marie-Louise Desrosiers

BIRTHPLACE Quebec

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que.

JUNIOR MATRICULATION 2 yrs. Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

English - 1 yr - Que. 2

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

Clerk 2 yrs.
Carpenter - 4 yrs.
Laborer - 1941

430

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Rgt. des Fusiliers Mt. Ryl. - Pte.
February 1941.

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Awarded air Gunner's Badge	GBAS 234	28-8-42.

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic

14. LANGUAGES French & English 3

15. SPORTS Hockey, baseball.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Euclide Ratelle RELATIONSHIP Father

ADDRESS: 4681 Parthenais, Montreal, P.Q. D.R.O.

FULL NAME: Mrs E. Ratelle RELATIONSHIP Mother

ADDRESS: 5497 - 2nd Ave. Rosemount D.R.O. (L.d 17.7.42)

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	22 8 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Acc. gtrs + dr. rtns.		23-8-41	50 MD 97
Q.S.C. gos. gtrs & draw rtns		28-10-41	4 MD 243
Acc. pkl. gtrs & draw. rtns.		16-12-41	5 MD 199
Issued L.W.	#L 59617	22-4-42	5 MD 95
Issued T.W.S.R.C.	116768	-	GBAS 234

22.(A) ADDRESS PRIOR TO ENLISTMENT

4681 Parthenais,
Montreal, P.Q.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
9-9-41	JAN 15 '42					