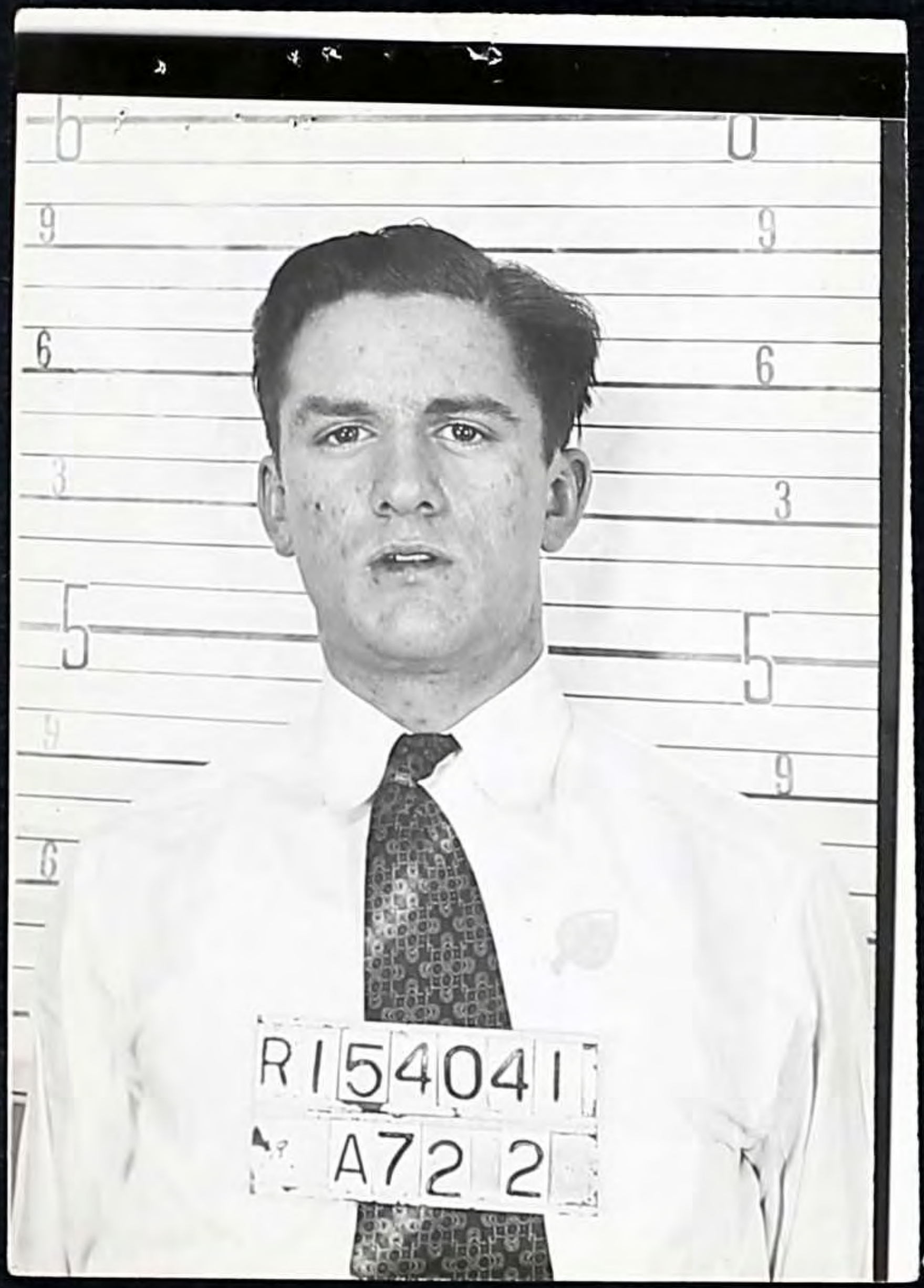
R154041
LAUZON
NORMAN LEO


R154041
A722

LAUZON, M.2.

R.1540 41

3.7.8

Knoxville

2-3-5-42

FLIGHT LIEUTENANT
HUBERT H. GILCHRIST
R.C.A.F.
PILOT OFFICER
BASIL J. M. BRYSON
R.C.A.F.
AUS 412615 SGT. R.E. MOLE
DIED JULY 1ST 1942
RAAF
R.C.A.F.
R154041 Sgt. LAUZON N.L.
R.C.A.F.
R.109102 SERGEANT
JOHN M. SALES
R.C.A.F.
15TH JULY 1942

MACDONALD'S
BLANC

Emerae Sgt. Pilot
Norman Lanyon
(± R 154041)

August 4, 1943

London, N.S.

C1-22-68

Funeral Sgd. Pilot
Norman Lawson, R. 154041
August 4, 1945.
Windsor, N. S.

Funeral Sgt. Pilot
Norman Lauzon, R. 15-4041

Windsor, N. S.
August 4, 1943.

Remains of Sgt. Pilot
Norman Lawson, R. 154041
being shipped from
Windsor (N. S.) Station
to Montreal, August 4/43

Killed in a/c accident
August 2, 1943.

R0154041 LAUZON NORMAN L W022

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.				
									✓	✓				AWARD
														AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
														MEDAL ISSUED

126829

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Lillie Shepherd (Grand-mother)
153 – 4th ave.,
Verdun,
P.Q.

English

Jan-44.

1971 8/11/49

MEMORIAL BAR
DATE DESP.....
REGN. NO 3638

NAME LAUZON, Norman Leo FILE NO. 1022-L-4352

RANK Sgt. Pilot CATEGORY DIED REG. NO. R154041

DATE OF DEATH: 3 Aug., 43 MOTHER LIVING: Yes WIFE: N.A.

MINISTERIAL CARD: 12-8-43 ROYAL MESSAGE: 5 Dec 43 MEMORIAL CROSS TO CHAPLAIN: 2 Dec 43

To mother To mother; To mother;

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mrs. Mary-Ann Stibers,
1050 Ontario Ave.,
Niagara Falls, New York, U.S.A.

COMMAND:

RELIGION:

AIR FORCE No. R154041

SURNAME: LAUZON, NORMAN LEO — FULL CHRISTIAN NAMES

ENLISTMENT: Montreal DATE 2-2-42 — RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44(B) 30M-8-41 (637) 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 Com. D. Lachine	2	2	42	5 Com. D. 28
S.O.S.	5 Com. D. Lachine	2	3	42	5 Com. D. 52
TOS	8 S.F.T.S. Moncton N.B.	2	3	42	8 SF 55
SOS	8 S.F. Moncton	23	5	42	8 S F 121
TOS	3 T.T.S. Victoriaville	24	5	42	3 T T 126
SOS	3 T.T.S. Victoriaville	27	8	42	3 T S 203
TOS	#118 F.T.S. Cap de la Madeleine	30	8	42	11 E F 72
SOS	11 E.F.T.S.	21	11	42	11 E F 92
TOS	13 S.F.T.S. St Hubert	22	11	42	13 S F 283
SOS.	13 S.F.T.S. St Hubert	20	3	43	13 S F T 567
TOS.	3 T.F.S. Arnprior (amended)	20	3	43	3 T 1581 / 3 T 1571
SOS	3 T.F.S. Arnprior Ont.	11	5	43	3 T F S. 99
TOS	13 S.F.T.S. St Eugene Ont.	12	5	43	13 E F 40
TOS.	3 T.T.S. Arnprior Ont.	21	3	43	3 T 1581
SOS	13 E.F. St Eugene	22	5	43	13 E F 43.
TOS.	17 E.F.T.S. Stanley, N.B.	23	5	43	17 E T 129
SOS	RCAF	3	8	43	17 E F 187.
	Dtd. Wmdsr	3	8	43	17 E F 187
	Dtd	3	8	43	
	a 68	3	8	43	
	17 EFTS.				
WSB		29	9	44	
WSB	COMPLETED	30	6	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A. C. 2	2	2	42	5 Com. D. 28
LAC	18	7	42	3 T 1581
W/Sgt (pd)	19	3	43	13 S F 67
T/F/Sgt (pd) (Cancelled)	18	7	43	A F R 02258
T/W/O 2 (pd)	18	7	43	A F R 02258 / A F R 02373

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	
Lachine 2-3-42	R 100	A 1 B 1 3 B	
Poxpark Hosp.	2-8-43		17 E F 187.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P. or O. 3018	L	2	2	42	5 Com. D. 28
Nursing (QR)		1	7	42	3 T 1581
Pilot	L	18	7	42	3 T S 203
Pilot	Spec	19	3	43	13 S F 67

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categ for a 13 S F 67		

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Plt awaiting posting			3028180

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
16-7-42	9-8-42	24		3128172
7-11-42	22-11-42	16	Leave as	11 E F 92
27-4-43	10-5-43	14	Special	3715103

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

AIR FORCE No. R154041 R

LAUZON, NORMAN LEO
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 2-2-42
RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 3-5-21 PLACE St. Felix de Valois, Que. CITIZENSHIP 2 British

FATHER (FULL NAME) Leo Lauzon

BIRTHPLACE Que. deceased

MOTHER (FULL MAIDEN NAME) Mary Ann Shepherd

BIRTHPLACE Eng.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE U.S.A.
JUNIOR MATRICULATION U.S.A. Grad.
SENIOR MATRICULATION
TECHNICAL SCHOOL 3rd. yr. Tech. Que. Jr. Engineering
UNIVERSITY
CORRESPONDENCE COURSES

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

Cabinet maker 3 yrs.
Appr. Machinist 1 yr.

2480

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilots Flying Badge.	13SF67 ao	19-3-43.

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Ang. 3

14. LANGUAGES Eng. 1

15. SPORTS skiing, hockey, basketball, softball, football, bowling, Model Aircraft boxing.

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: Mary Ann Stivers RELATIONSHIP mother
ADDRESS: 1050 Ont. Ave., N.F., N.Y., U.S.A. 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.
For Pay AWL (11 hrs)	4/4	5	42	8SF108			
Ent to rat all. 50¢ a day	6/9	7/8	42	317S203.			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	2-2-42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. qtrs & draw rtns		2-2-42	5M.D28
Occ. govt. qtrs & draw rtns		4-3-42	88F55
Special Leave LW	C89635		85F88

22.(A) ADDRESS PRIOR TO ENLISTMENT

153 - 4th. Ave.,
Verdun,
Que.

22719

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

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
14-2-42	5-2-42	3-2-42				

MEMORANDUM FOR

Mrs. Mary Anne Stivers,
1050 Ontario Avenue,
Niagara Falls, N.Y.
U.S.A.

P. 64

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 1022-L-4352 FD. 219

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

August 20, 1943

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

LAUZON, Norman Leo, Sgt.

No. R-154041, R.C.A.F.

ESTATES BRANCH
SEP 2 1943
H.Q. OTTAWA
NATIONAL DEFENCE

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

for (N.O. Seagram) S/Ldr.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ADB/GMcC

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Joseph Leo Lauzon	32	died- NOV-21-1932
4	Mother of the Deceased.....		Mary Ann Stivers	40	1050 Ontario Ave Niagara Falls NY
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Norman-Leo-Lauzon
9	Date of his birth	May-3-1921.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Sept-30-1920 Montreal Quebec

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Felix De Valwa Que. Can.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) 157-4th Ave Verdun Quebec Can. (b) (c) (d)
14	Nature of employment before enlistment.	C. & R. R. R. Co Montreal Can
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal Canada

PARTICULARS OF ESTATE

17	Did he leave a Will?	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	no
20	Amount of War Savings Certificates held by deceased.	no
21	Amount of Victory Loan Bonds held by deceased.	no
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	no
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*mother of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Mary Ann Stivers — {Signature of Informant}

105 Ontario Ave

Niagara Falls, Ny — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....

See above. Maryann Stivers {Name of Informant} is the mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Niagara Falls, Ny this 26 day of Aug 19 43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — Anthony J. DeBat — Qualification Notary Public

Address 1047 Fairfield Ave Niagara Falls, Ny

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Mrs Lillie Shepherd grandmother 153 4th ave Verdun Que

Mr Harrie Shepherd grandfather " "

Mrs Lillie Mac quaige Aunt 153 4th ave Verdun Que

Mr John Mac quaige Uncle " "

Miss Kathleen Dowling Cousen "

R.C.A.F. Special Reserve

AIR FORCE NO. R154041 POSTED TO # 5 M.D.Lachine, P.Q. TRADE Pilot or Observer Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname LAUZON Full Christian Names NORMAN. LEO.
2. Present Address 153, 4th Avenue, Verdun, P.Q. Telephone Yo. 1477
3. Permanent Address 153, 4th Avenue, Verdun, P.Q.
4. Place of Birth St. Felix de Valois, P.Q. Citizenship Canadian.
5. Date of Birth May 3rd, 1921 Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children

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

7. Occupation machinist apprentice 8. Religion Protestant - Anglican.
   State denomination
9. Languages English fluemtly.
   State proficiency
10. Next of Kin (Full Name) Mrs. Mary-Ann Stivers Relationship Canadian.
    " Address 1050 Ontario Avenue, Niagara Falls, New York. U.S.A.
11. Father (Full Name) Leo Lauzon Birthplace Quebec.
    " Address deceased Citizenship Canadian.
    " Occupation office clerk
12. Mother (Full Maiden Name) Mary-Ann Shepherd Birthplace England.
    " Address 1050 Ontario Avenue, Niagara Falls, N.Y. Citizenship British.
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. FEB 5 1942
O.K. C.I.
R.C. N.L.
S.I. P.A.

14. Honours, Awards, Mentions None.
15. Are you now on any Naval, Military or Air Force Reserve? No.
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No.
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No.
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? No If so state nature N.A.
20. Are you in debt? No. If so, state particulars N.A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

382 - 380

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	10th St. School Niagara Falls, N.Y.	1927	1930	completed third grade.
High School—Collegiate Institute, etc.	Centre St. School, Niagara Falls, N.Y.	1930	1933	completed primary course.
Technical School	Niagara Falls Jr.H.S. Niagara Falls, N.Y.	1933	1936	completed junior High.
University or School other than above	Niagara Falls High School Niagara Falls, N.Y.	1936	1937	10th grade.
Correspondence Courses, etc	Montreal Tech. Mtl.PQ.	1940	-	Still going am now in third year. Junior Engineering.

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
	UNEMPLOYED FROM	1937	1938	
C. Sorensn, Westmount, P.Q.	Cabinet maker	1938	1941	Better position.
C.N.R. Mtl.P.Q.	apprentice machinist	1941	-	Still employed.

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

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

model aircraft.

25. Sports engaged in. State: extensively, moderately, occasionally

skiing, hockey, softball, football, basketball, bowling, boxing, swimming - moderately.

26. Air Force Duty you wish to enlist for Ground Duties. Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist Pilot or Observer.
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew). (Cross out words not applicable.)

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

Name	Address	Occupation
Mr. West 21-1 ✓	Montreal Technical School, Mtl.PQ.	Principal.
C. Sorensen 21-1 ✓	342 Victoria Ave., Westmount, P.Q.	Cabinetmaker
D. Babb	750 Argyle Ave., Montreal, P.Q.	Machinist
Henry Dubocher	4837 Dagenais St., Montreal, P.Q.	Hardware clerk

28. Other information that may have any bearing on this application

I am now taking advanced algebra, geometry & trigonometry in Montreal Technical School

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 January 8th 19 42. Signature N. Lawson

N. Lawson

(A) *Report*

Type...

Suitabi

Date...

(B) *Report*

Trade

Result

Trade

.....

Date...

(C)

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Date.....

(D)

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Date.....

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NATIONAL REGISTRATION CERTIFICATE PRODUCED. 89/54

FEB 2 1942

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

Date.....Signature.....Rank.....

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

I,.....Norman Leo Lauzon.....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.....February 2nd.....1942.....N. Lauzon.....
Signature of Recruit

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

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

Date.....February 2nd.....1942.....N. Lauzon.....
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at.....Montreal, P.Q.....this.....2nd.....day of.....February.....1942..

.....# 13 RCAF Recruiting Centre, Mtl. PQ.
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

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

3. Have you ever worn glasses? no

4. Have you had any illness for more than one week's duration. scarlet fever

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

Signature of Applicant W. Langford

Examiner's Remarks *re* above none

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

1. Identification marks or scars (if operative obtain history) many scars of acne, (face + shoulders)

2. Height 5 feet 7 1/4 inches. 3. Weight 140 pounds.

4. Complexion Med 5. Color of Eyes Brown Hair Brown

6. Development {Good / ~~Fair~~ / ~~Poor.~~} 7. Chest Measurement—Full expiration 35 inches

Range of expansion 2 inches

8. Hearing—Right cov 20 Left cov 20 Tympana—Right N Left N

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

Left 20/20 Left

10. Condition of mouth and teeth good

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination none

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B B3B

Any special remarks of the Medical Officers Willing, pleasant, alert.

Part 2 Cont'd.

13. Reflexes N

14. Heart N

Lungs N

Blood Pressure 120 78

Near Vision N. Sch.

23-1-42 X-ray 107308 Neg DS

2/2/42 Rec. Fit DS

Date Jan 22 ND 1942

Allen Hogeman Pt. D Dalton Pte

President Member Member

CONFIDENTIAL

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.,
VICTORIAVILLE, P. Q.

R.C.A.F. Special Reserve

R.C.A.F. M. 2
300M—4-41 (87)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER R 154041

Medical Board held at Montreal, P.Q. *Date* Jan. 22nd, 1942

Surname Lauzon *Chr. Names* Normand Leo.
Nature of Commission M-2-1 *Date of Birth* May 3, 1921 *Married or Single* Single
Branch General List *Hours Flown* None
Address 153, 4th, Avenue, Verdun, Quebec.

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 Tonsilitis	No
	Diphtheria, Scarlet Fever or Scarlatina	No Scarlet Fever
(iv)	STOMACH or BOWEL TROUBLE	No
	Chronic Indigestion or Pain after Food	No
(v)	KIDNEY or BLADDER TROUBLE	No
	Syphilis or Gonorrhœa	No
(vi)	TROPICAL DISEASE	No
	Malaria	No
	Dysentery	No
(vii)	EYE TROUBLE or Inflammation of Eyelids	No
	Wearing of Glasses	No
	Colour or Night Blindness	No
(viii)	EAR TROUBLE, Earache or Discharge from Ears	No
	Deafness, Noises in the Ears, or Dizziness	No
	Frequent Colds in Head, Catarrh or Obstruction	No
	Prolonged Hoarseness or Loss of Voice	No
	Sea, Car or Train Sickness	No
	Discomfort on Swings, Roundabouts, Switchbacks	No
(ix)	OPERATIONS	No
(x)	Any illness or Injury not mentioned above	No

Education
Present Occupation 4 Years High School Hobbies
Previous Service
Athletics
Habits—Smoking rarely Alcohol No
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Dead—Cause 28 accident
Mother Alive—Health Good Dead—Cause
Brothers (....) Alive—Health (0) Dead—Cause
Sisters (....) Alive—Health (0) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 29-1-42 *Signature* N. Lauzon *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique...Athletic.....*(b)* Mentality....Alert.....
Body Marks, Scars, Deformities....Many scars of acue at face and shoulder.....
Size of Thyroid Gland....Not palpable.....
Surgical Abnormalities.....None.....
Results of Wounds, Injuries, Operations...None.....

	Date 22-1-42	# 3 MSB. Date 1-6-42.	Date	Remarks on any Abnormalities Found
Height (ins.)	67½	67		
Weight (lbs.)	140	142		*Date* 1-6-42.
Chest Circumference (ins.)	35-37	35		Cervical nodes are enlarged, chronic inflammatory type. Recovering from a sore throat.
Body Build (lbs.)				
Leg Length (ins.)	40½	40		
Pulse Rate (Sitting)	72	86		
Pulse Rate (Standing 1st)	96			PTG.
Pulse Rate (Standing 2nd)	84			
Pulse Rate (After Exercise)	108			
Pulse Rate (Time to Normal)	30			
Arterial Walls	Soft	N		*Date*
Blood Pressure (Systolic)	120	120		
Blood Pressure (Diastolic)	78	80		
Room Temperature	N	70°		
Heart (Size (in cms.))	N	N		
Heart (Sounds)	Clean	N		
Heart (Rhythm)	Regular	N		
Lungs (Inspection)	N	N		
Lungs (Palpation)	N	N		
Lungs (Percussion)	N	N		
Lungs (Auscultation)	N	N		
Lungs (Expiratory Force)	300+	N		*Date*
Lungs (X-Ray)	Negative			
Reflexes (Knee)	N	N		
Reflexes (Ankle)	N	N		
Reflexes (Triceps)	N	N		
Reflexes (Abdominal)	M	N		
Reflexes (Plantar)	Flex	N		
Cranial Nerves	N	N		
Balancing Rod	R. L. n a	R. L.	R. L.	
Self Balancing	R. L. Fs fs	R. L.	R. L.	*Date*
Tremors (Fingers)	F F			
Tremors (Eyelids)	F F			
Abdomen (Liver)	Not palpable	N		
Abdomen (Spleen)	Not palpable	N		
Abdomen (Muscular Tone)	Good	good		
Urine (Albumen)	Negative	neg		
Urine (Sugar)	Negative	neg		
Initials of M.O.	leco	PTG.		

40 mm. Hg. Test 85= 7/81111/111010/878/888/978/77 leco
Date No mouthpiece available,
Date
Date
Date
Date

Fit

PTG.

EYE EXAMINATION

History	Nil	No symptoms	
Visual Acuity	R. $^{20}/_{20}$, $\bar{c}^{+}$ ^{D} =	20-15 c 2.50 20-200	
	L. $^{20}/_{25}$, $\bar{c}$ = $^{20/200}$ N. Ish	20-15 c 2.50 20-200	
Colour Vision		C.V.N. Ishihara # 9.	
Red, Green	M.R. Eso 1 D Hypo 0.5 D	M.R. Eso 2 D.	
Diaphragm Test (P.D. = 58cms)	4 at 4	58 Bar at 0.	
Convergence	C. = $7\frac{1}{2}$ cms.	6.5	
	S. C. = Rt. 11 cms.	14	
Accommodation	R. Bl.	10	
	L. $10\frac{1}{2}$	10	
Cover Test	Exo. Bt. M. R.	No Dev.	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	A 1 B, a 3 B.	fit.	
	Initials of M.O Lra	*Initials of M.O* JFM.	*Initials of M.O*
	Date Jan 22nd, 1942.	*Date* 1-6-42.	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Tab 1930		
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	Pat	N
	L. Ear	Pat	N
Cochlear Apparatus	R. Ear		N
	L. Ear		N
Vestibular Apparatus	R. Ear		N
	L. Ear		N
Buccal Cavity		Clean	N
Teeth		Good	N
Gums		Healthy	N
Pharynx		Healthy	N
Nasopharynx		Not seen	N
Nose		Clean	N
Larynx		Not seen	
Remarks:	Nil		
		Initials of M.O Sid	*Initials of M.O* PTG.
		Date 22.1.42.	*Date* 1-6-42.

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

Willing, Pleasant, Alert, Physically Fit Cat. A 1 B, A 3 B.

2-2-42 Recheck, Normal Fit A1B A3B
Acne on face and body well healed. No pustulation.

3 MSB-1-6-42- I HEREBY CERTIFY THAT I HAVE HAD NO ILLNESS OR DISABILITY SINCE MY LAST M2.

FAMILY:	Negative.
EDUCATION:	Tehcnical school.
INTELLIGENCE:	Average.
EMOTIONAL STABILITY:	Fait.
MOTIVATION:	P. or O.
GENERAL ADJUSTMENT:	Godd.
COMMENTS:	Average type of lad who thinks fighter pilot would be more exiting & he would like to have it on his own. Has never been in a plane. Average man only.

P.T. Green, F-Lt.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date 1-6-42.

FIT | Date 1-6-42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. J.D. Macdonald S/L.

E.E.G. A C

E.C.G.

L.P.C. 2

Night visual acuity quality: A A

Score: 22

R.C.A.F.
Rec'd AUG 8 1942
O. K.....C.I.B.....
R. C.....N. I.....
S. L.....P. A. AD

Aircrew Pilot or Observer (Std)

ROYAL CANADIAN AIR FORCE

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

R154041	LAUZON	NORMAN LEO	Anglican
A.F. No.	Surname	Christian Names	Religion

Born 3-5-21 Place St. Felix de Valois Que. Country Canada Citizen of Canada Racial Origin Canadian

PARTICULARS OF FAMILY M. S. ~~D.~~ ~~W.~~

Wife's Maiden Name

Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Mary-Ann Lauzon (mother)
1050 Ontario Ave, Niagara Falls, N.Y., USA

CIVIL EDUCATION

High School Entrance X Jr. Mat. 4yrs. Sr. Mat.

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Cabinet maker 1938-41

Apprentice machinist 1941-42

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
none	Date 2-2-42	A1B A3B	2 2 42		
	At Montreal				
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date
A/G2	DRO	2 2 42	P O		2 2 42
LAC	18/1/42	18 7 42	Remust. Aircrew	I.T.S.	18 7 42
T/SGT.	DRO67	19 3 43	Remust. Pilot Stat	Grp.	18 7 42

TRADE TESTS AND COURSES						
Trade	GP	%	P or F	Date		
P O	5		P	2	2	42
Remust. Aircrew	I.T.S.			1	7	42
Remust. Pilot Stat	Group.			18	7	42
Remust Pilot Spc.	Group			19	3	43

LEAVE

From	To	Auth. and Description
16-7-42	9-8-42. DRO 172/42. 24 Days.	
AFRO 1305 d/7-11-41. Special Leave.		
6-11-42	22-11-42	AFAO A24/5
Issued SLTW # C214061 d/25-4-43.		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
19 3 43	Awarded	Pilot's Flying Badge		DRO 67.
19 3 43	Categorized			DRO 67

R.C.A.F. R.44C
100M—6-41 (305)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR 13	R/C Mtl, Que	#5 M.D. LACHINE	2-2-42				
DRO 28/42	T.O.S. #5 M.D. LACHINE QUE						
DRO 52/42	Lachine, P.Q.	#5 M.D. #8 S.F.T.S. Moncton, N.B.	2-3-42				
DRO 88	Issued to L. Trans. Warrant.						
	C 8963 - To proceed to by rail.						
DRO 108	Inf. Pay.	A.W. 2 0630 hrs. 4-5-42					
	to 1815 hrs 4-5-42.	Prov. Cert. 169					
	(1) (a) 2-8 + 2.						
DRO 121	No. 8 S.F.T.S.	No. 3 I.T.S.	eff.				
	Moncton	Victoriaville	23-5-42.				
DRO 203/42	3 I.T.S.,	11 E.F.T.S.,					
	Victoriaville, P.Q.	Cap de la Madeleine, P.Q.	29-8-42.				
DRO #92	#11 EFTS	#13 SFTS					
Cap de la Madeleine	St. Hubert, Que.	9-11-42					
DRO 67	13 SFTS	3 FIS	20-3-43				
DRO 99 SOS	#3 FIS	#13 EFTS.	11-5-43				
	Arnprior	St. Eugene.					
D.R.O. 43 S.O.S.	#13 E.F.T.S.,	#17 E.F.T.S.,	22 May/43				
	St. Eugene, Ont.	Stanley N.S.					
188/43	Admitted [illegible]	[illegible]					
	Hospital Windsor N.S.		2/Aug/43				
187/43	Died at	Windsor N.S.	3/Aug/43				

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 LAUZON NORMAN LEO (b) Reg'l. No. R-154941
2. (a) Arm of service RCAF (b) Unit R.S. "31" DEPT, LACHINE (c) Rank AC2
3. (a) Date of birth MAR 3rd 1921 (b) Have you any dependents? NO (c) Place of residence at time of enlistment TERRA NOVA MONTREAL
4. (a) Place of enlistment MONTREAL, QUE (b) Date of enlistment 2-2-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 20 (b) Were you attending school or college up to the time of enlistment? YES
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 YEARS TECH. SCHOOL
7. If you attended a university, give name of university and standing or degree secured MONTREAL TECHNICAL INSTITUTE
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? MACHINIST (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 1 YEAR
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) YES (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 CANADIAN NATIONAL RAILWAYS Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RAILWAYS
20. (a) Your specific occupation MACHINIST APPRENTICE (b) Number of years' experience at this occupation with any employer 1 YEAR
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? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 3rd February 1942 SIGNATURE N. Lauzon

R.
Rec'd FEB 16 1942
O. K.
R. C. LD.
S. L. P.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R154041 RANK SGT. TRADE PILOT (SP GR) UNIT 17 EFTS STANLEY N.S.

NAME LAUZON, NORMAN LEO

S	E	R	V	I	C	E
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER		
X						

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. MARY ANN STIVERS, (MOTHER)

ADDRESS 1050 ONTARIO AVE., NIAGARA FALLS, N.Y...U.S.A.

NAME, ADDRESS D.A. X

The Manager,
No. 17 E.F.T.S., R.C.A.F.,
Stanley, N.S.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

Note :- Form pr. to Unit via Air Mail

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. MARY ANN STIVERS, (MOTHER)

ADDRESS 1050 ONTARIO AVE., NIAGARA FALLS, N.Y. U.S.A.

RELIGION ANGLICAN CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MRS. MARY ANN STIVERS, (MOTHER REMARRIED)

ADDRESS 1050 ONTARIO AVE., NIAGARA FALLS, N.Y., U.S.A.

FATHER LIVING ON ~~ENLISTMENT~~ NO

MOTHER LIVING ON ~~ENLISTMENT~~ YES

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

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

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

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

ESTATES BRANCH AUG 11 H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

AUTHORITY CAS. SIG. NO. 17 EFTS STANLEY-----A64---d- 3-AUGUST-43 13299

CASUALTY DETAILS: 17 EFTS -------A68-3-AUG-43

"DIED" 3-AUG-43 AS A RESULT OF INJURIES SUSTAINED DURING A FLYING ACCIDENT (PAYZANT MEMORIAL HOSPITAL WINDSOR N.S.)

CASUALTY OCC:(ABOUT FOUR MILES WEST STANLEY AIRPORT) DATE: 2-AUGUST-43

(TESTING AIRCRAFT FOR NIGHT FLYING.)

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 6-AUG-43

M Cameron A/S/O

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 AIR

E-3874

DECEASED MEMBER'S NAME: Norman L. (CHRISTIAN NAMES) Lauzon (SURNAME)

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE: N.A.

REGISTER NO.: 21597
FILE NO.: 26 Oct/45
DATE: R.154041
SERVICE NO.: Sgt.
FINAL RANK OR RATING: 3 Aug/43
DATE OF DISCHARGE:

A. TOTAL QUALIFYING SERVICE — $ 135.00 ¢

NO. OF DAYS 547 / 30 EQUAL TO 18 COMPLETE PERIODS AT $7.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ $
TOTAL $ ×7 = $
NO. OF DAYS 183 ×$

Records Office NOV 28 1945 C.I.B. N.T. P.A.

D. WAR SERVICE GRATUITY — 135.00

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. TOTAL AMOUNT PAYABLE — 135.00

G. YOUR PORTION OF GRATUITY IS—

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

P. & A. Bal. Trans. Trust Account
Journal Voucher # 6263

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
PEN	LGS	[signature]	29.10.45

[signature]
SERVICE REPRESENTATIVE

R.C.A.F. FORM A.28
40M—12-41 (1370)
H.Q. 885-A-28

RECORD OF PAY

EXHIBIT "H"

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

APPOINTED OR ENLISTED AT Montreal P.Q. ON 2-2-42

MARRIED OR SINGLE Single

No R 154041

NAME IN FULL LAUZON N.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
67	19.3.43	T/SGT	SG	AS	3 70		3 70		

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
SHEPHARD, Lillie			
(Foster Mother, Vol Assig't)	13.42	20 00	
RECEIVER GENERAL (4TH V.L.)	1.5.43	8 40	28 40
Lillie Shephard	19.43	20 00	
Rec. Gen. (4TH) V.L.	1.5.43	8 40	NIL

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

Period 1943	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	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
JUNE	30	111 00					111 00	28 40						42 00	70 40	40 60	0	
JULY	31	114 70					114 70	28 40						43 00	71 40	43 30	0	
AUG	31	114 70		CREDITING BACK Y/L ASSGT DEDUCTED MAY, JUNE, JULY/43	25 20													
				Z.4, Dft. 35 Estate of Sgt. LAUZON	24 29													
				Z.5 Dft. 738 REDEP. JULY/43 E.I.M. GREENE	43 30		207 49	20 00							20 00		187 49	SOS of the RCAF (SR) Died 3 AUG/43 DRo 187
						187 49												

CERTIFIED TRUE EXTRACT

.....
(F.S. Lefebvre) F/L
Accountant Officer,
NO. 3 T.C.H.Q. Admin. Unit.

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R.154041	Sergeant	LAUZON	Norman Leo

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
No. 17 E.F.T.S., R.C.A.F., Stanley, Nova Scotia.	3 August, 1943.		Baptist

9. CIRCUMSTANCES OF CASUALTY

The accident occurred about 5 mls. from Stanley Airport 1830 hrs 2 Aug/43 Sgt. Lauzon was a passenger in Finch II 4745, with J.25465 P/O W. M. Wentworth as captain. The aircraft spun in from about 1000 feet, the pilot being unable to recover from it. Rescue parties reached the scene in one-half hour and the two injured pilots were taken to Memorial Payzant Hospital, Windsor, Nova Scotia. Sgt. Lauzon died of the injuries sustained from the accident at 1120 hours on 3 Aug/43. Funeral Service took place at Windsor and burial at Montreal, P. Q.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. D. Stivers (Mother)

1050 Ontario Avenue, Niagra Falls, N. Y. U.S.A.

or

153 Fourth Avenue, Verdun, Quebec.

11. LOCATION OF UNIT AT TIME OF CASUALTY

No. 17 E.F.T.S., Stanley, N. S.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
MOUNT ROYAL	MONTREAL QUEBEC	Grave 387, Section G.943 Plot Row	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
	LA 32	Air Force Headquarters, Ottawa, Ont.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET

M.F.W. 2643
4M—11-42 (6902)
H.Q. 1772-59-1458

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF NOVA SCOTIA—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County of Hants — Municipality of West Hants — Registered No. ..... (For use of Registrar General only)
If in City or Town Windsor, N.S. (Name) — Street Payzant Memorial Hospital (If death occurred in a hospital or institution, give the name instead of street and number) — House No. .....

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Rural Division where death occurred 1 day — (b) In Province 6 weeks — (c) In Canada (if immigrant) .....

3. NAME OF DECEASED Lauzon (Surname) — Norman Leo (Given name or names)

RESIDENCE No. ..... Street ..... City, Town or Rural Division Stanley Flying School, Province N.S.
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (*Citizenship*)	6. Racial Origin	7. Single, Married, Widowed or Divorced (*write the word*)
Male	Canadian	French	Single

8. BIRTHPLACE St. Felix de Valois, Quebec. (Province or Country)

9. DATE OF BIRTH May (Month) 3 (Day) 1921 (Year)

10. AGE in

Years	Months	Days	If less than one day old
22	3		..... hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. F/Sgt RCAF

12. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. .....

13. Date deceased last worked at this occupation Aug. 2/1943 — **14.** Total yrs. spent in this occupation 9 mos

15. If married give name of wife or husband of deceased .....

FATHER

16. NAME Don't Know

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME Mary Ann Lauzon

19. BIRTHPLACE Quebec (Province or Country)

20. Signature of informant P/O F.C. Jewett
Address Stanley Hants Co.
Relationship to deceased None

21. Place of burial, cremation or removal Verdun, Que.
Date of burial or removal Aug. 6th, 1943

22. UNDERTAKER Ira B. Lohnes, (Name and address) Windsor, N.S.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH Aug. (Month) 3 (Day) 19 43 (Year)

24. I HEREBY CERTIFY that I attended deceased from:
Aug. 2 19 43 to Aug. 3 19 43
and last saw him alive on Aug. 3 19 43

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) Secondary shock from multiple fractures

due to

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

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

25. If a woman, was the death associated with pregnancy? .....

26. Was there a surgical operation? yes Date of operation Aug. 2 19 43
State findings suturing cuts Was there an autopsy? .....

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? accident (State which) Date of injury Aug. 2 19 43
Manner of injury Air plane crash (How sustained)
Nature of injury shock from multiple fractures
Specify whether injury occurred in **industry,** in **home,** or in **public place** public place

Signed by F.R. Shankel **M.D.**
Address Windsor, N.S. **Date** Aug. 3 19 43

28. Registrar's Record Number .....

29. Filed ..... 19 ..... (Division Registrar) .....

Certified true copy

SEC. 46—VITAL STATISTICS ACT MAKES IT THE DUTY OF THE UNDERTAKER OR PERSON ACTING AS UNDERTAKER TO OBTAIN ALL THE PARTICULARS REQUIRED IN THE "CERTIFICATE OF REGISTRATION OF DEATH" AND TO FILE THE SAME WITH THE DIVISION REGISTRAR WHO SHALL ISSUE THE BURIAL PERMIT. WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. (*See reverse side for instructions.*)

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

Clear p 17 on file 25-

out.

RANK LAC Sgt NO. R-154041 NAME Lauzon, N.L.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	Mins	SINGLE-ENGINE AIRCRAFT DAY 2ND PILOT (B) Hrs	Mins	SINGLE-ENGINE AIRCRAFT DAY DUAL (C) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT 2ND PILOT (E) Hrs	Mins	SINGLE-ENGINE AIRCRAFT NIGHT DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY 2ND PILOT (H) Hrs	Mins	MULTI-ENGINE AIRCRAFT DAY DUAL (J) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT 2ND PILOT (L) Hrs	Mins	MULTI-ENGINE AIRCRAFT NIGHT DUAL (M) Hrs	Mins	CREW DUTIES OBSERVER (N) Hrs	Mins	CREW DUTIES AIR GUNNER (O) Hrs	Mins	CREW DUTIES OTHER (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
	1942																																			
#11 E.F.T.S.	Sept	20					2	45																											2	45
	"	27					2	00																											2	00
	Oct	4					3	15																											3	15
	"	11					2	30																											2	30
	"	18	5	30			3	50																											9	20
	"	25	9	50			7	55																											17	45
	Nov	1	9	25			10	50									1	30																	17	45
	"	8	2	15			5	25	1	00							2	50																	11	30
TOTAL			27	00			34	30	1	00							4	20																	66	50
#13 SFTS	19/3/43		60	25			60	25	10	45							5	15																	136	50
GRAND TOTAL			87	25			94	55	11	45							9	35																	203	40
11 E.F.T.S.	25/4/43		29	00			28	00	1	30							3	00															15	25	61	35
Grand Total			116	25			123	00	13	15							12	35																	265	15
#13 E.F.T.S.	May 13th to May 24/43		29	00			2	10									1	00																	32	10
No. 17 E.F.T.S., Stanley, N.S. from 28 May/43 to 3 August/43 DIED 3 AUG/43			151	50			2	50	13	30								35															5	20			168	45
GRAND TOTAL TO DATE			297	15			128	00	26	45							13	10															5	20	15	25	466	70

C.S.O. NO. 11 E.F.T.S. R.C.A.F.

O.C. No 2 SQUADRON
13 S.F.T.S. ST. HUBERT

ASST. C.F.I. No. 13 E.F.T.S.

CERTIFIED CORRECT

(F.C. Jewett) F/O
For C.F.I., No. 17 E.F.T.S.
STANLEY, NOVA SCOTIA.

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, LAUZON NORMAN LEO of the ~~City~~ ~~Town~~ ~~Village~~ Township

Last Permanent Civilian Address

of MONTREAL in the ~~County~~ District of MONTREAL

Province of QUEBEC, MACHINIST APPRENTICE
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 154041 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 grand mother

Mrs Harry Sheppard
153 Fourth Ave, Verdun
Montreal, Que.

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 S. Stivers (mother) (Name) 1050 Ontario Ave. (Address)
Niagara Falls, New York, U.S.A. to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of February 1942.

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.

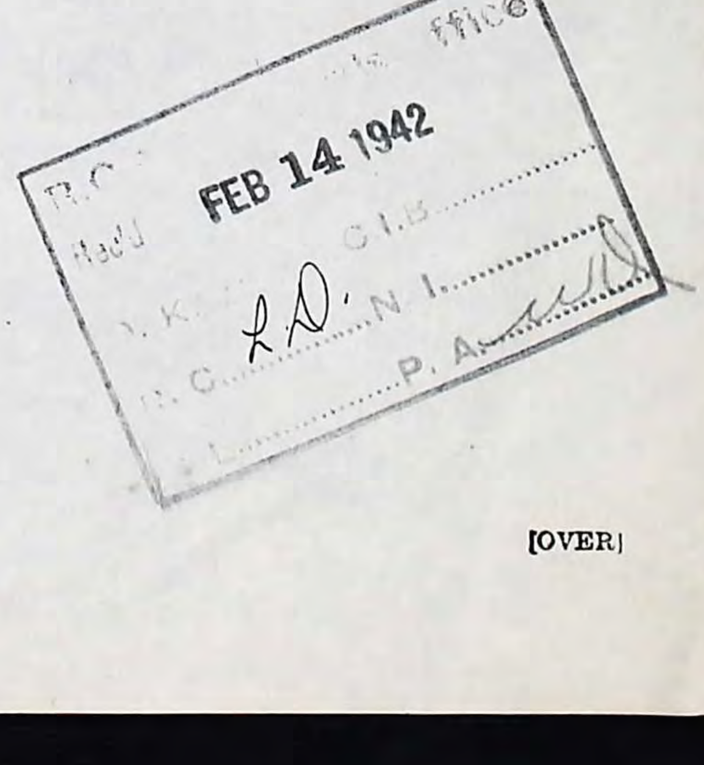
N. Lauzon
(Signature of Testator)

First Witness sign here.

(5) J. C. Desjardins
(Signature)
#5 M.D Lachine Que
(Address)
Clerk
(Occupation)

Second Witness sign here.

Rosario Grignon
(Signature)
#5 M.D Lachine Que
(Address)
Clerk
(Occupation)



(Witnesses are not to be beneficiaries.)

[OVER]

EXHIBIT "A"

PERSONAL EFFECTS

OF

R.154041 Sgt. Lauzon, Norman Leo.

Died as a result of Flying Accident
3-8-43.

FORWARDED BY REGISTERED MAIL.

1. Snapshot Album with 13 pictures in back
2. Four Smoking Pipes
3. 1 Westlock Watch
4. 1 Cigarrette Case
5. 1 Ronson Lighter
6. 1 Key ring with five keys and one small padlock
7. 1 Fountain Pen
8. 1 Address Book
9. Bundle of 39 letters
10. Stub showing purchase of Fourth Victory Loan Bond ($50.00)
11. Identification Disc, with necklace
12. 1 Wristwatch with leather strap.
13. 1 Leather Wallett containing
    (a) One lighter flint
    (b) Newspaper clipping
    (c) Airmail Stickers
    (d) Registration Card
    (e) Railway ticket stub
    (f) Leave (silver) ornaments
    (g) Nail File
    (h) American cent-piece (keepsake)
    (i) Nova Scotia Liquor Permit
    (j) Three Mess Membership Cards
    (k) Canadian Legion Membership Card
    (l) 17 Photographs
    (m) One Photo. Negative
    (n) 2 Clearance Stubs
    (o) "Sour Dough Hotel" Advertisement

W Jackson Flay F/L

(W. J. Flay) F/L
President, Committee of Adjustment,
No. 17 E.F.T.S.

EXHIBIT "A"

PERSONAL EFFECTS

OF

R.154041 Sgt. Nauzon, Norman Leo

Died as a result of Flying Accident
3-8-43.

FORWARDED BY EXPRESS

1. Two Ping Pong Bats
2. Twelve Ping Pong Balls
3. One Electric Razor - Schick Make
4. One Artificial Leather Tobacco Pouch
5. One Box of Venice Colouring Pencils
6. One Can of Silvo Polish
7. Two Pairs of Braces
8. One Black Leather Belt.
9. One pair Bedroom Slippers
10. Two Towels, 1 white, 1 coloured
11. One pair Oxford shoes
12. One pair Swimming Trunks
13. Two Black Neckties
14. Five Dress Shirts
15. One Khaki Shirt
16. One Overnight Case
17. Nine Handkerchiefs
18. Five pairs sox
19. One tin Shoe Polish
20. One Blue Wool Sweater
21. One tube Shaving Cream
22. 40 letters (in bundle).
23. One "Model Builders" Magazine
24. One package Drawing Paper
25. One pair Under Shorts
26. One pair Scissors
27. One Sheepskin Shoe Polisher
28. One Kit Bag Handle
29. Two R.C.A.F. Note Books
30. Two Tooth Brushes
31. One Jar containing Pipe Tobacco
32. One Writing Pad
33. One Precis - "How to Teach Instrument Flying"
34. One Deck Playing Cards
35. Five Pencils
36. One Package Cigarette Papers
37. Part of Pen
38. One Holder for Razor Blades
39. One Bottle of Paint
40. One tube Glue
41. One Notebook
42. One Package Sandpaper
43. One set Plans for Aeroplane Model.
44. One Box Containing Parts of Model Aircraft
45. One Pocket Knife.

W. Jackson Flay s/L
(W. J. Flay) F/L
President, Committee of Adjustment,
No. 17 E.F.T.S.

DISPOSITION AND EXHIBIT "C"

INVENTORY OF SERVICE CLOTHING OF R.154041 SGT. LAUZON, Norman Leo

FORWARDED TO No. 5 EQUIPMENT DEPOT

Section 22 A

4 Buttons, Large,
2 Buttons, Small
6 Rings, Split
1 Buckle, Brass

Section 22 B

1 Bag, Kit, Small
1 Bag, Kit, Large
1 Braces
1 Brasses, Polishing, Stick
1 Brushes, Button
1 Brushes, Shaving
4 Collars, Cotton
1 pr. Gloves, Leather, Black
1 Holdall
1 Kit, Razor
1 Shirt, Cotton
1 Shirt, Khaki, Cotton
1 Shirt, Summer, Under
5 Socks, Grey, and Black

Section 22 C

1 pr. Boots, Aviation, Winter, N. P.
1 pr. Gloves, Gauntlet
1 helmet, Flying, Type, B
2 Pads, Rubber, Ear.
1 Suit, Aviation, Summer
1 Suit, Aviation, Winter
1 Suit, Aircrew, Blouse
1 Suit, Aircrew, Trousers

Section 22 D

1 pr. Boots, Ankle, Leather
1 pr. Shoes, Low, O.R.
1 pr. Shoes, Canvass

Section 22 E

2 Jacket, Khaki Drill
1 pr. Trousers, K.D.
2 prs. Trousers, Service

Section 22 F

1 Cap, Field Service

Section 22 G

1 Coat, Waterproof, Rubber
1 pr. Mitts, Winter
1 pr. Rubbers, Black
1 pr. Shorts, Gymnazia
1 Singlet, Gymnazia
1 pr. Shoes, Gymnazia

Section 22 H

2 Chevrons, 3-Bar, Blue
2 Chevrons, 3-Bar, Drab
2 Pilot's Flying Badge
1 Cap Badge, R.C.A.F.

Section 22 B

1 Shirt, Service, Khaki

Section 22 F

1 Cap, Field Service
1 Coat, Great, Warm

Section 22 G

1 pr. Overshoes, Black
1 pr. Overalls, Combination.

W. Jackson Flay

(W. J. Flay) Flight Lieutenant,
President, Committee of Adjustment,
No. 17 E.F.T.S.

EXHIBIT "C" CONT'D

THE FOLLOWING SERVICE EQUIPMENT WAS WRITTEN OFF THE CHARGE OF R.154041 Sgt. LAUZON, Norman Leo.

Section 22 B

1 Brush Tooth
2 Pr. Drawers, Winter
1 Shirt, Winter
2 Towels, Hand
1 Jacket, Sweater
1 Tie, Black

Section 22 E

1 pr. Trousers, K. D.

Section 22 E

1 Cap, Field Service

Section 22 C

Goggles, Aviation, Mask. Mk. III, C.L.

THE FOLLOWING SERVICE EQUIPMENT WAS BURIED WITH THE AIRMAN

1 pr Trousers, Serge, Blue
1 Jacket, Serge, Blue
1 Shirt, Cotton, Blue
1 Tie, Black
1 Collar Pin
1 pr. Sox, Black

THE FOLLOWING SERVICE EQUIPMENT WAS FOUND DEFICIENT AND CHARGED TO THE ESTATE OF THE AIRMAN. VOUCHERS FORWARDED TO No. 5 EQUIPMENT DEPOT

1 Comb, Hair
1 Housewife
1 pr. Boots, Ankle, Leather

W Jackson Flay

(W. J. Flay) Flight Lieutenant
President, Committee of Adjustment
No. 17 E.F.T.S., Stanley, N. S.

WJF

R.C.A.F. R. 78A
100M—3-42 (1958)
H.Q. 1062-3-61

5

ROYAL CANADIAN AIR FORCE

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name Lauzon (surname) Norman Leo (christian names in full)

Rank Sgt Number R154041 Unit 17 EFTS Age 22 Trade Pilot Instructor

Date of accident and time of day 2 August, 1943 1830 hrs. place of accident (exact locality) 5 miles west of aerodrome south bank of Kennetcook river near Scotch Village

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 7 and 9).

The injured person was conscious but unable to make any kind of statement after the accident occurred

N.B.—*See instruction 4 before completing the following section.*

3. *(a)* Type and R.C.A.F. No. of aircraft Fleet Finch 11 - No. 4745

(b) Name of pilot of aircraft (at time of crash) P/O Wentworth, W.M.

(c) Number in aircraft, *including* pilot Two

(d) Circumstances of accident: *taxiing* ..... *taking off* ..... *landing* ..... *forced landing* ..... (designate one)

collision in air ..... *collision on ground* ..... *other (specify)* spun in from 1000 feet. Being investigated.

(e) Weather Hazy and rough

(f) In case of non-fatal crash does individual recall all events immediately preceding and following crash? If answer is "no", comment conscious but unable to give any statement.

(g) Number of flying hours of person reported on: dual 142:00 solo 320:00

(h) Duty: *instructor/pilot/pupil pilot/aircrew (specify)* ..... *passenger/other (specify)* ..... (strike out those not applicable)

R.C.A.F. Records Office
Rec'd AUG 11 1943
C.I.B.
R.C. N.

4. *(a)* Description of injuries (in detail) FX.Fr. base of skull, R.sup. maxilla, lt. P.A. left humerus, lt. radius & ulna, lt. temporal and lower 1/3's, rt. humerus, rt. femur upper 1/3, comp'd fracture rt. ankle, lacerations of face above and below both eyes.

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? yes

(c) How long before initial treatment was given? Approximately 30 minutes.

(d) Whether admitted to hospital or sick in quarters Payzant Memorial Hosp., Windsor, N.S. (give name of hospital)

Date 3 August, 1943 Signature of Medical Officer W. Jackman Flight Lt.

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty? Yes
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority? No

(iii) On leave? (State whether with or without pay) No

N.B.—See instruction 8 before completing the following section.

(b) If the answer to *(a)* (ii) is in the affirmative, state

(i) By whom was the game, etc., organized and under whose authority? N.A.

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.) N.A.

(iii) Was the officer or airman detailed to take part in it *(a)* as a member of an air force team, or *(b)* to compete as an individual? N.A.

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv) For what service event was the practice held? N.A.

(v) Was the officer or airman a selected representative of an air force unit practising under authority? N.A.

(vi) If so, under what authority and supervision? N.A.

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission: N.A.

N.B.—See instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control?

If so, state in what way Investigation into accident requested

(e) Was anyone else to blame? If so, give name and particulars see (d)

(f) Is the accident being investigated by

(i) Court of inquiry? If so, state date and place No

(ii) An investigating officer? Yes

Signature W. H. Stuart

Date: 3 August, 1943 Commanding Manager #17 E.F.T.S., Stanley, N.S.

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M-20/10

R.C.A.F. Special Reserve

1. SURNAME.....LAUZON.....

2. CHRISTIAN NAMES.....NORMAN.LEO.....

3. APPLYING FOR ENLISTMENT AS....P..OR.O.....

SELECTION BOARD

4. PERSONNEL OFFICER
Education.....4 YRS. H.S. (EQUIVALENT).....

A to L Score....35.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)

GOOD A.L. SCORE. GOOD EDUCATION IN MATHS & SCIENCES. NOT MUCH PERSONAL BACKGROUND. KEEN AND WILLING. SEEMS TO BE VERY AGGRESSIVE.

RECOMMENDED FOR.....P. OR O.....

SUITABLE FOR COMMISSION..YES.....

Signed B.J. LABROSSE F/O

---

5. MEDICAL OFFICER

Medical Category.....A1B A3B.....

ASSESSMENT: (Physical; Temperamental)

Physically Fit. Willing, Pleasant, Alert.

RECOMMENDED FOR...Pilot or Observer.....

SUITABLE FOR COMMISSION.....YES.....

Signed G.E. Peloquin, F/Lt

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

VERY PLEASANT CHEERFUL YOUTH RATHER GOOD IN MATHEMATICS & FOLLOWING A NIGHT COURSE TO IMPROVE SAME AT MTL. TECH. SCHOOL. AMBITIOUS KEEN & IF UNABLE TO PASS A.L. TEST WOULD LIKE TO HOLD HIS JOB, BUT INTERVIEWING OFFICER BELIEVES HE CAN MAKE A.L. TEST THOUGH LACKING IN 1 YR. H.S.

RECOMMENDED FOR.....P. & O.....

SUITABLE FOR COMMISSION...YES.....

8-1-42. Signed P. CHEVALIER F/O

FOUND ACCEPTABLE FOR.....P.& O.....

J.B. Mitchell Jr
Commanding Officer

DATE: FEB 2 1942

R.C.A.F. Records Office
Rec'd. FEB 5 1942
O.K.....C.I.S.....
R.C.....N.I.....
S.L.....P.A.....

No. 13 Recruiting Centre.

A.F.M. 5
24.12.41

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A
Revised: 1-42.

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

Lemoyne N.B. R154043 1AC

SURNAME.....CHRISTIAN NAMES.....25-5-42 NUMBER.....17-RANK.....

I.T.S. #3 VICTORIAVILLE #11, Cap-Mad. COURSE NO. 63 FROM 16-8-42 TO 6-11-42

E.F.T.S.....COURSE NO.....FROM.....TO.....

S.F.T.S. #13 St.Hubert,P.Q. COURSE NO. 69 FROM 23-11-42 TO 19-3-43

TRAINEE FROM: CAN.:..... U.K.:..... AUS.:..... N.Z.:.....

(1) G.I.S. RESULTS

SUBJECTS	Finals			Supps.		
	ITS	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	~~82~~ 78					
2. Law, Discipline	~~81~~ 94	~~163~~ 154	111			
3. Navigation			119			
4. General Studies						
5. Airmanship						
6. Airframes						
7. Aero-Engines						
8. Theory of Flight	~~82~~ 98	~~73~~ 80	79			
9. Anti-Gas	92		39			
10.Armament (written)	97		48			
11.Armament (Practical)	100	~~100~~	33			
12.A/C Recognition	78		100			
13.Drill			43			
14.Signals (Written)	~~885~~ 1000	~~670~~ 700	572			
15.Signals (Practical)	88	81.4	76.3			
16.Meteorology	106	46	56			
TOTAL OBTAINED	37	10	31			
TOTAL POSSIBLE						
PERCENTAGE						
NUMBER IN CLASS						
POSITION IN CLASS						

(2) FLYING RESULTS

TESTS	EFTS	SFTS
20 Hours Armament x	62	x103
Instrument	68	105
Clear Hood	114	208
Navigation	39	105
TOTAL OBTAINED	~~221~~	521
TOTAL POSSIBLE	300	750
PERCENTAGE	~~73.6~~	69.5
NUMBER IN CLASS	41	56
POSITION IN CLASS	12	23

(3) FLYING APTITUDE	EFTS	SFTS
1. Natural Skill	A	A
2. Skill in Landing	AA	A
3. Airmanship	A	A
4. Cockpit Drill	A	AA
5. Instrument Flying	A	A
6. Night Flying	A	A
7. Aerobatics	BA	A
8. Formation Flying	NA	A
9. Map Reading	AA	AA
10. Wind Speed & Direction Finding (TE)		
11. Straight Runs over as Pilot (TE)		

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
~~#11E.F.T.S.~~	~~Fleet~~ Finch 2	~~54:30~~	~~57:00~~	~~1:20~~	~~1:00~~	-	~~7:40~~	~~11:05~~	~~1:00~~	~~5:40~~	~~11:50~~	-
#13 SFTS	HarvardII	60:25	60:25	5:15	10:45	13:05	24:35	20:30	5:55	8:35	7:55	

ACCIDENTS (C.A.P. 100, Sec. 4).

School	Type of Aircraft Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.							
S.F.T.S.	A	A	BA	A	A	P1 A	A

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	521
G.I. S. (Para. 1)	572
Character & Leadership(Para8)	468
TOTAL	1561
PERCENTAGE	69.4
STANDING IN CLASS	28

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	120
S.F.T.S.	348
TOTAL	468

(9) CERTIFIED:

(a) That this pupil pilot has (~~has not~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (is ~~not~~) authorized to wear the Pilot's Flying Badge, w.e.f. .....19-3-43.....

Chief Instructor
No. 13 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Fine service spirit. Determined and decisive. Confident active energetic. Hardworking and studious.

Alternative Recommendation: Air Navigator.

Commanding Officer
No. 3 I.T.S.
VICTORIAVILLE, Que.

(b) E.F.T.S. Quiet & sincere type. Well abowe average, good worker.

J.G. Elliott, C.G.I.

Average pilot material. A bit weak on aerobatics, otherwise very good.

L.W.Allen(C/F.I.)
A/Chief Supervisory Officer
No. " E.F.T.S.

(c) S.F.T.S.

Average pilot with no outstanding faults.
Not recommended for Commission.

Chief Instructor
No. 13 S.F.T.S.

(d) S.F.T.S.

Commanding Officer
No. S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A.

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clead Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.