

R171347
BEAN
BRUCE GEORG

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CONFIDENTIAL

R.C.A.F. M. 2
300M-4.41 (87)
062-10-2

R.C.A.F. Special Reserve

G.C.

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Montreal

Date ~~XXXX~~ 14-4-42

Surname BEAN Chr. Names Bruce George Harold Robert
Nature of Commission M, 2 Date of Birth 27-6-1921 Married or Single Married
Branch General List Hours Flown.....
Address.....

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
- (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 Not very frequent colds in head, but fairly frequent.
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 4 years commercial high school.
Present Occupation Salesman Hobbies Radio
Previous Service N.A.
Athletics Golf and hockey now.
Habits—Smoking No Alcohol No
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause.....
Mother Alive—Health Good Dead—Cause.....
Brothers (.2) Alive—Health Good (.0) Dead—Cause.....
Sisters (.3) Alive—Health Good (.0) Dead—Cause.....

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

Date 14-4-42 Signature Bruce Bean Witness G.E.P.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique **Wiry** (b) Mentality **Average**
 Body Marks, Scars, Deformities **Scar in his back left side**
 Size of Thyroid Gland **Not palpable**
 Surgical Abnormalities **None**
 Results of Wounds, Injuries, Operations **None**

	Date 14-4-42	Date	Date	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	68			
Weight (lbs.)	152			
Chest Circumference (ins.)	34½ 36½			
Body Build (lbs.)	+10			
LEG LENGTH (ins.)	ample			
Pulse Rate	(Sitting 72 Standing 1st 84 Standing 2nd 72 After Exercise 96 Time to Normal 30)			
Arterial Walls	Soft			
Blood Pressure	(Systolic 138 Diastolic 90)			
Room Temperature	N			
Heart	(Size in cms. N Sounds Clear Rhythm Regular)			
Lungs	(Inspection N Palpation N Percussion N Auscultation N Expiratory Force 90 X-Ray)			
Reflexes	(Knee N Ankle N Triceps N Abdominal N Plantar Flex)			
Cranial Nerves	N			
Balancing Rod	R. L. N.A.	R. L.	R. L.	
Self Balancing	R. L. FS FS	R. L.	R. L.	
Tremors	(Fingers F F Eyelids F F)			
Abdomen	(Liver Not palpable Spleen Not percussable Muscular Tone Good)			
Urine	(Albumen Neg. Sugar Neg.)			
Initials of M.O.	G.E.C.P.			
40 mm. Hg. Test	60 6 / 676 / 767 / 776 / 667 /			G.E.C.P.
Date				
Date				
Date				
Date				

History.....
 Visual Acuity { R20/15, c = 2
L20/15, c = 2.50 }
 Colour Vision **N. Ish.**
 Red, Green **M.R. Eso 2 D**
 Diaphragm Test (P.D. = **64**)
 Convergence { C. = 8
S.C. = to right 16 }
 Accommodation { R. Bl. 11
L. }
 Cover Test **R.E. Exophoria**
 Fundi and Media **N**
 Fields **N**
 REMARKS: **ALB A3B**

Initials of M.O. **G.**

Date **14-4-42**

EXAMINATION

History **He had an accident to**
of obstruction at ri
 Hearing { R. Ear
L. Ear }
 External Ear, Meatus { R. Ear
L. Ear }
 Membranes { R. Ear
L. Ear }
 Middle Ear, Eustachian { R. Ear
L. Ear }
 Tubes { R. Ear
L. Ear }
 Cochlear Apparatus { R. Ear
L. Ear }
 Vestibular Apparatus { R. Ear
L. Ear }
 Buccal Cavity
 Teeth **Seve cari**
 Gums
 Pharynx
 Nasopharynx
 Nose **Septu almos**
 Larynx
 REMARKS: **A.T.B.T. because of head cold causing almost complete obstruction of right nostril G.L.S.**
9-6-42 Good airway G.R.T.

AL EXAMINATION

Mentality Average
 k left side

REMARKS ON ANY ABNORMALITIES FOUND

Date.....

Date.....

Date.....

R. L.

R. L.

Date.....

G.E.C.P.

EYE EXAMINATION

History.....

Visual Acuity { R20/15, c = Blur
 L20/15, c 2.50 = 20/200

Colour Vision N. Ish.

Red, Green M.R. Eso 2 D

Diaphragm Test (P.D. = 64) 4 at 2

Convergence { C. = 8 cms.
 S. C. = to right 16 cms.

Accommodation { R. } Bl. 11
 { L. }

Cover Test R.E. Exophoria R.R.

Fundi and Media N.

Fields N

REMARKS: ALB A3B

Initials of M.O. G.L.S. Initials of M.O. Initials of M.O.
 Date 14-4-42 Date Date

EXAMINATION OF EAR, NOSE AND THROAT

History He had an accident to the nose, He says he is complaining the most of obstruction at right nostril. Worst condition in fall and spring.

Hearing { R. Ear W V 20
 L. Ear W V 20

External Ear, Meatus Membranes { R. Ear N
 L. Ear N

Middle Ear, Eustachian Tubes { R. Ear Pat.
 L. Ear Pat.

Cochlear Apparatus { R. Ear ----
 L. Ear ----

Vestibular Apparatus { R. Ear ----
 L. Ear ----

Buccal Cavity Clean
 Teeth Several slightly carious teeth
 Gums Healthy
 Pharynx Clear
 Nasopharynx Not seen
 Nose Septum to right c almost complete obstr.
 Larynx Not seen

REMARKS: A.T.B.T. because of head cold causing almost complete obstruction of right nostril G.L.S.
 Initials of M.O. G.L.S. Initials of M.O. Initials of M.O.
 Date 14-4-42 Date Date

9-6-42 Good airway G.R.T. Had submucous resection 23-5-42 G.L.S.

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

Good body build, pleasant and quite anxious to join in aircrew.
Quiet mannered, average mentality.

The applicant does present an history of frequent colds in
his head and nasal obstruction, specially in fall and spring or
damp weather. He has a marked obstruction at right nostril now
and two years ago suffered of an accident to his nose.

He is given a chance for recheck of the nasal permeability
Before he is requested to have the nasal obstruction attended.

A.T.B.T.

G.E.C. Pelouquin F.L.

9-6-42

Had submucous resection about May 23rd, 1942 in Sherbrooke
General Hoapital. He has noticed a very great improvement and his
nasal airways are now clear

Category ALB A3B

G.L. Sutton F.L.

R.M. Matthews F.L.

FIT | Date 9-6-42
PILOT A.B A3 B
OBSERVER
W/OPERATOR
A/GUNNER

M.O.

R. M. Matthews

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

Clear
several slightly
carious teeth
Healthy
Clear
Not seen
Septum to right
almost complete
Not seen

History of cold causing
almost complete obstruction
of right nostril

Good airway after submucous resection

Mrs Bruce G.H.R. Bean,

3 Tarrant St.,

Magog, P.Q.

Any further communication on this subject should
be addressed to:—THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. R171347 FD 101

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

21 May, 1945

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

BEAN, Bruce George Harold Robert F/Sgt.

R171347 R.C.A.F.



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.

W. Smith
Col.

Director of Estates.

MG/IDS

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.....	KATHLEEN NETTIE BEAN	27	3 TARRANT ST. Box 328 MAGOG P.Q.
2	Children of the Deceased and dates of their Births.....	BRUCE BARRY HAMILTON BEAN, JANUARY 8, 1943.	2 yrs.	
3	Father of the Deceased.....	HAROLD WILLARD BEAN		BRANTFORD, ONTARIO. 303 GRAND ST.
4	Mother of the Deceased.....	ELIZABETH LILLIAN BEAN		
5	Brothers of the Deceased	WINSTON DONALD TREVOR BEAN	14	303 GRAND ST. BRANTFORD ONT.
		DAVID CREIGHTON HILARY BEAN	11	303 GRAND ST. BRANTFORD ONTARIO.
6	Sisters of the Deceased	EVA NAOMI BEAN.	29	303 GRAND ST. BRANTFORD ONTARIO
		IOLA ELLEEN BEAN	27	303 GRAND ST. BRANTFORD ONTARIO
		PHYLLIS MAY BEAN	21	1167 MCKAY MONTREAL QUE.
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	

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents.
12	Place where deceased was born.
13	State, in order, the Province or Territory he resided in before enlistment.
14	Nature of employment before enlistment.
15	State whether he owned real estate, and so, where situated.
16	Name place where deceased had permanent home.
17	Did he leave a Will? If in what State or Province?
18	If married, and domiciled in the U.S.A. or in a Commonwealth or Territory, state the community of property between him and his wife, and the date of the contract dealing with property.
19	Did he have a Bank, Post Office or Savings Account? Give name and address of bank, and whether it is administered by a trustee.
20	Amount of War Savings Certificates, and where located.
21	Amount of Victory Loan Bonds, and whether registered or bearer.
22	If deceased had life insurance payable under each policy at the time of his death, state the amount and the name of the insurer.
23	Describe other assets, if any, and their location, in the space on page 4 if necessary.
24	Did the deceased after enlistment (a) His own separate bank account, (b) Service clothing and equipment, (c) Service medals and decorations, (d) Service medals and decorations, (e) Service medals and decorations, (f) Service medals and decorations, (g) Service medals and decorations, (h) Service medals and decorations, (i) Service medals and decorations, (j) Service medals and decorations, (k) Service medals and decorations, (l) Service medals and decorations, (m) Service medals and decorations, (n) Service medals and decorations, (o) Service medals and decorations, (p) Service medals and decorations, (q) Service medals and decorations, (r) Service medals and decorations, (s) Service medals and decorations, (t) Service medals and decorations, (u) Service medals and decorations, (v) Service medals and decorations, (w) Service medals and decorations, (x) Service medals and decorations, (y) Service medals and decorations, (z) Service medals and decorations.
25	Have you or any other relative received any part thereof? If so, state the amount paid, and by whom.

(NOTE:—The Government of Canada has authority to make regulations for the purpose of providing for the burial of the remains of a relative who has been authorized in the Regulations by the Government nor is it

CABLE QUESTIONS

Death, of all the relatives that the deceased ever

INFORMANT'S STATEMENT

Relationship	Age	Address in full of each surviving Relative, opposite his or her name, and date of death of each deceased relative
Wife	24	3 TARRANT ST. Box 328 MAGOG P.Q.
HAMILTON BEAN	24 yrs.	
43		
BEAN		BRANTFORD, ONTARIO. 303 GRAND ST.
Wife		
TON		
VOR BEAN	14	303 GRAND ST. BRANTFORD ONT.
HILARY W. BEAN	11	303 GRAND ST. BRANTFORD ONTARIO.
BEAN.	29	303 GRAND ST. BRANTFORD ONTARIO
BEAN	27	303 GRAND ST. BRANTFORD ONTARIO
BEAN	21	1167 Mackay MONTREAL QUE.
Children		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	F/Sgt. BRUCE GEORGE HAROLD ROBERT BEAN
9	Date of his birth.	JUNE 27, 1921
10	Place and date of his marriage.	ADVENTIST CHURCH AUGUST 4, 1941, MAGOG, QUEBEC
11	Place and date of his parents' marriage.	Trinity Church Rectory MARCH 31, 1915 Sherbrooke P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	SHERBROOKE, QUEBEC.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC (b) STANSTEAD 21 yrs. (c) (d)
14	Nature of employment before enlistment.	DELIVERED FOR DENT HARRISON BROB. SHERBROOKE QUE.
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.	No definite PLACE HAD INTENTION BEEN SPECIFIED

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	YES - IN CUSTODY OF R.C.A.F.
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?	NO
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. Do you wish it administered with the pay account?	NO, NOT THAT I KNOW OF.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$12.00 worth @ Mackay, Quebec with WIDOW.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NONE THAT I KNOW OF.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	EMPIRE LIFE INSURANCE Co. PREMIUM + INTEREST. (FATHER) MR. HAROLD WILLARD BEAN.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

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 elsewhere 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.)

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

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs. Kathleen Marie Beane {Signature of Informant
Starrat St. Box 338, Magog, Que. Address

CERTIFICATE

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

See above. Mrs. Kathleen Beane { Name of informant } is the widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Sherbrooke this 29th day of May 19 45.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Herbert C. Secord Qualification Clergyman
Address Montreal Rd. Sherbrooke, Que.

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

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

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

- 1. Surname BEAN FULL Christian Names Bruce George Harold Robert.
2. Present Address 24 Kingston Ave, Sherbrooke, P.Q. Telephone 3575 R
3. Permanent Address 24 Kingston Ave, Sherbrooke, P.Q.
4. Place of Birth Sherbrooke, P.Q. Citizenship Canadian
5. Date of Birth 27th June, 1921 Married, Single, Widower, Separated, Divorced
6. Particulars of Children N.A.

Table with 4 columns: Name, Date of birth, Name, Date of birth. Content: N.A.

- 7. Occupation salesman 8. Religion Baptist
9. Languages English Understand French
10. Next of Kin (Full Name) Kathleen Bean Relationship Wife
11. Father (Full Name) Harold Willard Bean Birthplace New Ham shire
12. Mother (Full Maiden Name) Lillian Liddell Birthplace Cornwall, ONT.

13. Details of any Naval, Military or Air Force Service:

Table with 6 columns: Unit, Place, Rank, Trade, Date, Reason for discharge. Content: N.A. Includes a stamp: R.C.A.F. Rec'd JUN 17 1944

- 14. Honours, Awards, Mentions N.A.
15. Are you now on any Naval, Military or Air Force Reserve? N.A.
16. Have you previously made application to join the R.C.A.F.? If so, where? N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? \$45. If so, state particulars balance ayable on stove

Handwritten signature

Date		Courses—Subjects, etc.
From	To	
1927	1934	Completed 7th year
1934	1938	Completed 4 yrs.

(A) Report of Interviewing Officer—

Name..... General appearance.....
 Suitability for (state in what capacity).....
 Date..... Signature..... Rank.....

(B) Report of Trade Test (Not required for Standard (Tradesmen)—

Trade in which tested.....
 Result.....
 Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....
 Date..... Signature *Bruce G. Bean* Rank.....

Date		Reason for leaving
From	To	
1938	1940	Illness
1941	1942	Lack of work

(C) DECLARATION MADE BY MAN ON ATTESTATION

I, Bruce George Harold Robert Bean, do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date June 11th, 19 42 Signature of Recruit *Bruce G. Bean*

Dual None Passenger 4 fli s

ly Hockey, Rugby, Golf,
moderately

WETP Acad
Pilot or Observer
 to enlist.....
 r; (c) Air Gunner (d) Wireless Operator (Air Crew).

(D) OATH TAKEN BY MAN ON ATTESTATION

I, Bruce George Harold Robert Bean, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date June 11th, 19 42 Signature of Recruit *Bruce G. Bean*

ability.

Occupation
<u>Medical Doctor</u>
<u>Office Executive</u>
<u>Office Executive</u>
<u>Minister</u>

(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 11th day of June, 19 42

ation are compulsory? Yes

by me is correct to the best of my knowledge and

Bruce G. Bean

Signature of Officer *[Signature]* Rank..... Unit #13 Recruiting Centre, Mtl., P.Q.

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

- 1. Age. 21 2. Have you ever suffered from any of the following defects in health?
 - (a) Rheumatism..... no
 - (b) Tuberculosis..... no
 - (c) Bronchitis or Asthma..... no
 - (d) Heart Disease..... no
 - (e) Kidney or Bladder Disease..... no
 - (f) Gastro-intestinal..... no
 - (g) Rupture..... no
 - (h) Varicose Veins..... no
 - (i) Flat or Deformed Feet..... no
 - (j) Nasal Trouble..... accident to his nose
 - (k) Ear Disease..... no
 - (l) Eye Disease..... no
 - (m) Epilepsy..... no
 - (n) Nervous or Mental Disease..... no
 - (o) Syphilis..... no
 - (p) Gonorrhoea..... no
 - (q) Bone Fracture..... no
 - (r) Other Disease or Defect..... frequent cold in his head

3. Have you ever worn glasses?..... no
 4. Have you had any illness for more than one week's duration?..... no

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

Examiner's Remarks re above..... none
Burr & Beau

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

- 1. Identification marks or scars (if operative obtain history)..... scars in his Back and left leg
- 2. Height..... 5 feet..... 8 inches.
- 3. Weight..... 152 pounds.
- 4. Complexion..... fair
- 5. Color of Eyes..... Blue Hair..... Brown
- 6. Development { Good Fair Poor }..... Good
- 7. Chest Measurement—Full expiration..... 34 1/2 inches
 Range of expansion..... 2 inches
- 8. Hearing—Right..... 20 Left..... 20 Tympana—Right..... Left.....
- 9. Vision—Without glasses—Right..... 20/15 - 1 With glasses—Right..... na
 Left..... 20/15 - 1 Left..... na
- 10. Condition of mouth and teeth..... several slightly carious teeth
- 11. Urine—Albumen..... neg Sugar..... neg
- 12. Abnormalities (Congenital and Pathological) found on Examination..... nasal obstruction

X-Ray 126606 neg 10-6-42
 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

ATBT
 A1B A3B
gls

Any special remarks of the Medical Officers..... nasal permeability to be rechecked.
9-6-42 - submucous resection done may 23/42. excellent result. - good nasal airway now. Recategorized A1B A3B
 13. Reflexes.....
 14. Heart.....
 15. Lungs.....
 16. Blood Pressure..... 138 90 S.D.
 17. Colour Vision.....

Date..... 14. 4. 42 19.....
W. H. Rogers President
R. H. Hankins Member

OTTAWA, Canada, 31st January, 1945.

Mrs. B.G.H.R. Bean,
3 Tarrant Street,
Magog, Quebec.

Dear Mrs. Bean:

A report has been received from the Royal Canadian Air Force Casualties Officer, Overseas, concerning your husband, Sergeant Bruce George Harold Robert Bean. I regret that this report states your husband and the entire crew all lost their lives.

Civilian witnesses at Castelnuovo state that the aircraft was seen at 8:30 P.M. on August 16th, flying normally at a low height in a northerly direction when it was suddenly seen to fall to the ground. Due to the nature of this unfortunate crash it has not been possible to definitely identify the members of the aircraft.

Your husband was buried with his crew on September 20th, 1944, in a former Prisoner of War camp at Avezzano, Italy.

In view of the above information your husband has been reclassified Missing Believed Killed pending the completion of Presumption of Death action which is now being instituted by the Air Ministry. When this action has been completed you will be advised by registered letter from the Chief of the Air Staff.

In conveying this information may I express my sincere sympathy to you and the members of your family.

Yours sincerely,

EGD

R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

EGD/CEB

P.S.

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

R.C.A.F. R. 60
(REVISED 1-42)
40M-1-42 (1617)
H.Q. 1062-3-45

WILL

(a) Names in full to be written.

(1) (a) I, Bruce George Harold Robert Bean of the City Sherbrooke Town Sherbrooke Village Sherbrooke Township
of Sherbrooke in the County of Orford District
Province of Quebec, clerk (Civil Occupation)

a member of the Royal Canadian Air Force, Number R-171 347 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc.
(b) Insert the name of beneficiar(y) (ies) in full.
(c) Insert the address(es) if known.
(d) Here state "all of my estate" or the particular articles or money intended to be given.
See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my
(a) wife,
(b) Kathleen Nettie Bean,
(c) 3 Tarrant St., Magog, Quebec,
(d) all of my estate.

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:
(a) _____
(b) _____
(c) _____

Name and address of Executor.

(4) I appoint Kathleen Nettie Bean (Name) 3 Tarrant St., Magog, Que. (Address)
to be the ~~Executor~~ of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this ten day of September 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.

First Witness sign here.

(5) [Signature] (Signature of Testator)
[Signature] (Signature)
5626 St. Hyacinthe Ave (Permanent Home Address)
Montreal

Second Witness sign here.

[Signature] (Occupation)
Peter Pepsys (Signature)
742 Beatty Ave (Permanent Home Address)
Verdun
Clerk (Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. RECORDS
REC'D SEP 12 1942
O. K. _____
R. C. _____
S. L. _____ (OVER)

/ M

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:
- (a) my wife
 - (b) Mary Brown
 - (c) 26 Cherry Ave., Ottawa, Ont.
 - (d) all my estate

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. and my household goods and effects".	\$100.00
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.	\$100.00"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.	\$100.00"

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, the balance of my estate", or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, the balance of my estate in equal shares or in the event that one dies before the other, the balance to the survivor".

- (3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.
- (4) **Do not omit to date the will.** You are to sign the will with your usual signature in the presence of two witnesses, each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....
(Signature)

27

MINUTE 1.

D.P.S.

1. B.P.O. R.A.F. B.N.A.F. reported that Halifax aircraft, EB.154, with a crew of 9 and 4 Patriots as passengers, failed to return from special air operations in North-West Italy. It left base at 19.42 hours on the 16th. August, 1944, after which no further news was received. W.O.2. J.H. Inch, and F/Sgt. B.G.H.R. Bean were the R.C.A.F. members of this crew. P/O. D. Tabor, Sgt. Baines, Sgt. P. King, Sgt. Morrison, Sgt. Knight, Sgt. Gallivan and F/Sgt. Quarendon were the none R.C.A.F. members of this crew. The names of the four Patriots are not known.

2. Further information received from B.P.O. R.A.F. B.N.A.F. states that on the night of the 16/17th. August, 1944, a four engined aircraft crashed at G5687 North of Avezzano. Eleven bodies were found but unrecognizable, however, burnt papers contained the names of P/O. Tabor, F/Sgt. Baines and Sgt. Johnson. Sgt. Baines was also identified by identity discs found in the aircraft.

3. A report received from New Zealand Graves Registration and Exhumation Unit, through B.P.O. R.A.F. B.N.A.F. states that Italian civilians reported seeing Halifax aircraft, EB.154 crash at 20.30 hours on the 16th. August, 1944, and burst into flames. The remains of 12 bodies burnt beyond recognition and in an advanced state of decomposition were recovered. All were in skeleton form, - some were disintegrated and had been ravaged, presumably by dogs. From effects recovered, it was possible to identify Sgt. Gallivan, Sgt. Baines and Sgt. Morrison. In view of this information and that stated in paragraph two, and as it is quite probable in view of the circumstances that the remains of 13 bodies were recovered, the crew and passengers were reclassified as "Missing Believed Killed in Action". The report further states that the remains were buried in the former Prisoner of War Camp at Evezzano, Italy.

4. In view of the evidence received and the lapse of time, it is accordingly submitted that the death of CAN/R171347 F/SGT. B.G.H.R. BEAN, and, CAN/R163741 W.O.2. J.H. INCH, be presumed, for official purposes, to have occurred on the 16th. August, 1944.

14/3/45.

M. M. Goldberg Cpl.

ORIGINAL ON F4/GAS/CAN.
"RETURNS" 27/3/45. 9 FOLIO: 37
4-17
Pop list to Ottawa 71B 28/3/45
NY

M. Cameron JG
for R.C.A.F. Casualties Officer.

MINUTE 2.

Para. 4. of Minute 1. approved.

J. S. HARRIS.

Wing Commander,
for Director of Personal Services.

10/4/45
J. S. Harris

27/3/45.

RI71347 (RO)

OTTAWA, Canada, 23rd August, 1946.

Mr. H.W. Bean,
303 Grand Street,
Brantford, Ontario.

Dear Mr. Bean:

Advice has now been received from our Overseas Headquarters which states that your son, Flight Sergeant Bruce George Harold Robert Bean, has now been re-interred with his crew in Grave No. 7, Row E, Plot 1 in Assisi Military Cemetery, Italy.

The reverent care of the burial places of all who served in the Forces of the British Empire is the task of the Imperial War Graves Commission. Eminent architects are planning the construction of beautiful cemeteries and each individual grave will be supported and sustained by the nations of the Empire. I hope that it may be of some consolation to you to know that the grave of your gallant son is in sacred care and keeping.

May I again offer you my deepest sympathy. I can only hope that in days to come you may see the fulfilment of those ideals for which your son laid down his life.

Yours sincerely,



R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

E J/PLS

POST PRESUMPTION MEMORANDUM 221/47

S.7.Cas. C.5. 27.3.47.

Relating to Halifax VE.154 Missing on 16/17.8.44.

FILE NUMBER	NUMBER	RANK	NAME	INFORMATION
P.421938/44	171098	F/O	TABOR, D.	<p align="center"><u>ITALY</u></p> <p>MAIN MILITARY CEMETERY, ASSISI UMBRIA, ITALY.</p> <p>Photostats from A.G.13. show that this crew have been re- buried in the above cemetery, Plot 1, Row E, Communal grave 7. Previously buried P.O.W. Camp 91, Avezzano.</p> <p align="center"><u>CASE CLOSED.</u></p>
	R.163741	W/O.2.	INCH, J.H.	
	R.171347	Sgt.	BEAN, B.G.H.R.	
	1145668	Sgt.	BAINES, C.E.	
	1821946	Sgt.	KING, P.	
	1624853	Sgt.	MORRISON, S.K.	
	1180468	Sgt.	KNIGHT, F.S.	
	1102394	Sgt.	GALLIVAN, P.J.	
	658807	F/Sgt.	QUARENDON, D.M.	

Circulation

Amendments B.1.
Chron. cards B.1.
S.7.Cas. C.5.
Cas.Can. 3.
R.A.A.F. O.H.Q.
P.File
B.1. (Mem)
C.7. (Cem) 2.



G.97168

SPECIAL INSTRUCTIONS FOR
USE IN WAR:

1. This card is to be retained by the individual to whom it is issued and produced on the occasion of all issues and returns of flying clothing. All issues are to be signed by the recipient and all returns by the equipment officer receiving the equipment. Exchanges of flying clothing are *not* to be recorded on the card.

2. In the event of an officer or airman being unable to produce his card its loss is to be reported to the accountant officer for action under A.M.O. A.1161/42. The loser of a card is liable to be charged for any deficiencies in his equipment according to the scales appropriate to his duties.

3. Articles lost on active service through the exigencies of the campaign, or whilst actually flying, or destroyed in a flying accident, will be replaced free provided a certificate, signed by the officer commanding the unit in which the loss or damage occurred, is produced.

NAME BEAM. B.G.RANK & No. SGT 171347

ROYAL AIR FORCE
FLYING CLOTHING CARD

Date of Issue
and
Unit Stamp



PID 16-8-44

[Handwritten Signature]
.....
Signature of Equipment Officer

I		ITEM.			ISSUES.			RETURNS.	
Reference Number	Description			Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
748	Boots, flying, knee			1	16/8	7398	} BSB		
234	Socks			2	'	'			
	Caps, flying								
	Earpieces, Type B... ..								
	Ring, earpiece securing ..								
	Caps, blank								
756	Gauntlets, flying, left hand ..			1	16/8	7398	} BSB		
761	" " right hand ..			1	'	'			
434 293	Millers Knitted Linings, gauntlets			1	'	'			
259	C'oves, silk			1	'	'			
353	Suits, flying, Collars			1	'	'			
852	" " Linings, inner ..			1	'	'			
773	" " Suits, outer ..			1	'	'			

2

ITEM.

ISSUES.

RETURNS.

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
826	Goggles	1	14/8	7398	BGB		
1923	"K" TYPE DINGHY Glasses, tinted	1	13/5/44	ca. 918	BGB	7/8/44	A. Lomas
221/ 1963	Football visor " " tinted	1	16/5	4310	BGB		
	Spectacles, anti-glare						
	Respirators, complete						
	Helmets, steel						
	Nets, camouflage						
	Ointment, anti-gas						
	Capes						
	Covers, cap						
22B 145	Short Top Surviv, steel helmet	2	22-5-44	1569 090	Burchman		
22B 159	Steeking Top Eyeshields	2					
22E 447	Shorts 110	2					

ITEM.

ISSUES.

RETURNS.

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
449	Helmets, flying, Type B. (Without Mask, Oxygen)	1	16/8	7398	B.S.B.		
643	Masks, Oxygen, Type E	1	"	"			
220/581	Masks, Microphone, Type E. (Non Oxygen) Helmets flying	1	16/5	4316			
220/961	Masks, Microphone, Type E. Spectacles anti glare	1	"	"	B.S.Bear		
220/350	Receiver, telephone, head, Type B	1	"	"			
10713	Boots mosquito	1	"	"			
10713	Pistol, revolver 38 No. 445594	1	15/9	CV 1081	B.S.Bear		
10713	Pistol, automatic 455 No. RODS CLEANING	1	17/9	CV 1081			
220/238	Wardrobe	1	19/7	CV 1081			
4447	Magazines, 455	1	19/7	CV 1081	B.S.Bear		
54	Cyl. for Brushes, cleaning	1	19/7	CV 1081			
94	Rods, cleaning Cyl.	1	19/7	CV 1081			
528	TUBING FLEX	1	16/8	7398	B.S.B.		
526	ADAPT. UNION BATH.	1	"	"			
13A/53	BAG TRAV	1	13/5/44	CV 1044	B.S.B.		

ITEM.

ISSUES.

RETURNS.

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)		
	BAGS KIT	1	2/15		} B.S.B.	3448	<i>[Signature]</i>		
	BAGS KIT	1	2/15						
	SOCKS WORSTED	2	14/8	7398					
	SUITS BLOUSES	1	15/8				3446	} <i>[Signature]</i>	
	TROUSERS	1	15/8				16/5		
	TROUSERS	1	14/8	7398		1 "			
	TUBING FLEXIBLE	1	14/8	7398					
	GLOVES CHAMOIS								
	CONTAINERS ANKLE								
	PADS H.C.								
226/549	Socks Merino	1 Pr.	} 27/10/68	} 7460	} B.S.B.	3456	} <i>[Signature]</i>		
554	Socks Chemical	1 Pr.							"
367	Drawers W & R	3							3453
373	Vests	3							16/5
N111	Mask ca.	1							
60/80	Tubes Flex	1				3618	<i>[Signature]</i>		

ITEM.

ISSUES.

RETURNS.

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
101	Union Bayonet	1				3618	} Penker Sgt.
182	Socket box	1				3618	
229/63	Frocks White	1	27/5/65	1460.	} B.S.B.	3556 16/5	} D. J. White Sgt.
23/220	Whistle g/c	1					
220/177	Bugs Kit	1					
	Food	1					
	Cells	2		144			
	Microphone	1			} B.S.B.		
	Receivers	2	18/11	518,			
	Gloves c.c.	1	19/11				
	Stocking Black	1				3852 10/5	} D. J. White Sgt.
15A							
141	67591. OAS PAKK	1	13/5/44	1044	B.S.B.		
144	24125 OAS HARNESS	1	13/5/44	1044	B.S.B.		

B. F. DATE _____

OFFICIALLY PRESUMED DEAD.

NO. R171347 RANK F/S. NAME BEAN, B.G.H.R.

UNIT OVERSEAS. EFF. DATE 16-Aug-44. D.C.L. #994d/11-Apr-45.

MFW2643 rec'd N.A. E.236 DEFICIENCY LIST n a

STN. FILE rec'd 29-6-45 M.10 (INCLUDING M13) ✓ m j

M.10 to DMS(AIR) N.A. MFB465a DENTAL ENV. ✓ m j

DEATH CERTIFICATE ✓ m j

2.

31-7-45

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	OVERSEAS (ITALY)		Official name of civil municipality or township					Place an X over the word which applies to this municipality or this territory City Town Village Parish Township							
	Street			No.					Hospital or Institution							
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname	BEAN <i>(Block letters)</i>														
	Given names	BRUCE GEORGE HAROLD ROBERT														
4. RESIDENCE	Street	Kingston Avenue No. 24														
	Official name of civil municipality or township	Sherbrooke														
	Municipal county	Province Quebec														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced <i>(Write the word)</i>													
Male	Canadian		Married													
9. If married give name of wife or husband of deceased		Hamilton, Kathleen Nettie														
10. BIRTHPLACE (Province or Country)		Quebec														
11. DATE OF BIRTH		Month	Day	Year												
		June	27th	1921												
12. AGE OF DECEASED	Years	Months	Days	If less than one day old												
	23		hrs. or.....min.												
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Navigator															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.															
	R.C.A.F.															
15. Date deceased last worked at this occupation		16. Total years spent in this occupation														
Aug. 16/44		Two														
17. NAME		18. BIRTHPLACE (Province or Country)														
FATHER	Bean, Harold Willard													U.S.A.		
MOTHER (Maiden Name)	Liddell, Eliza Lillian													Ontario		
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)															
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																
22. Date of death..... August 16th 19 44 (Month) (Day) (Year)																
23. I HEREBY CERTIFY that I attended deceased from19..... to.....19..... and last saw h.....alive on.....19.....																
24. CAUSE OF DEATH																
I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																
(a) Previously reported missing after air operations, now for official purposes, presumed dead.																
(b).....																
(c).....																
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).																
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..... Aug. 16th 44 (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.)																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
For (R.C.A.F. Records Officer) This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																

R. C. A. F.

EVIDENCE OF EDUCATION R.171347

This is to certify that BEAN B. (Name) has

been a student at the PRE-ENTRY AIRCREW EDUCATIONAL COURSE

at University of Montreal (Place) under the auspices of:

- WAR EMERGENCY TRAINING PROGRAM
- DOMINION PROVINCIAL YOUTH TRAINING PROGRAMME)
- CANADIAN LEGION EDUCATIONAL SERVICES) Underline to
- DEPARTMENT OF EDUCATION, PROVINCE OF...Quebec...) indicate

He has taken the final R.C.A.F. examinations in ENGLISH (Subject)

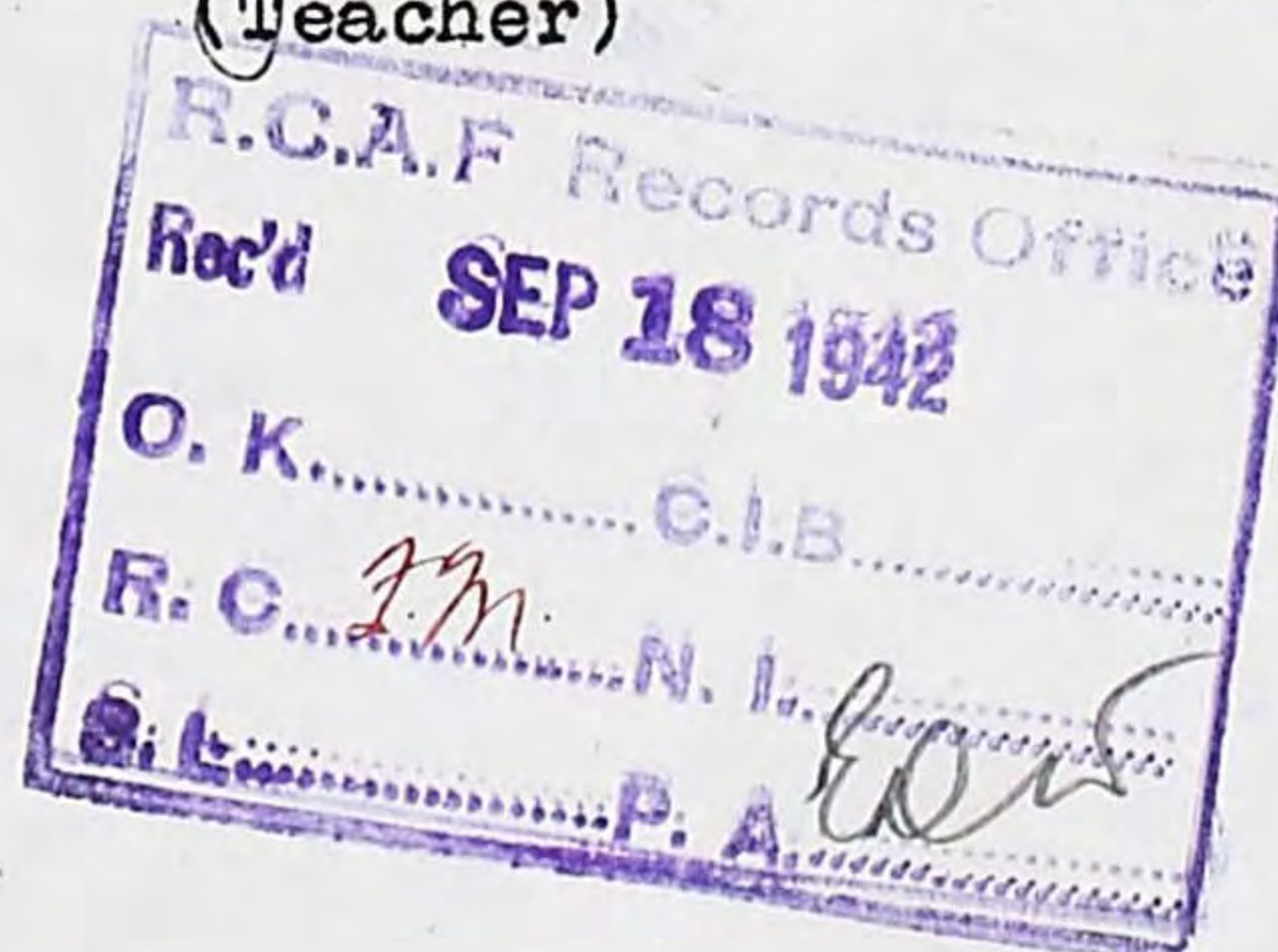
SCIENCE (Subject) and MATHS (Subject) and has obtained

the following marks:

<u>Subject</u>	<u>Mark</u>	(Delete word not applicable)	
<u>ENGLISH</u>	<u>90</u>	Pass	Fail
<u>SCIENCE</u>	<u>81</u>	Pass	Fail
<u>MATHS</u>	<u>100</u>	Pass	Fail

Date: AVERAGE 90%
September 9th, 1942. Signed _____

Joseph White F/O
(Teacher)



A.F.M.59
27.11.41

AIR FORCE NO. R-171347 NAME OF AIRMAN BEAN, Bruce

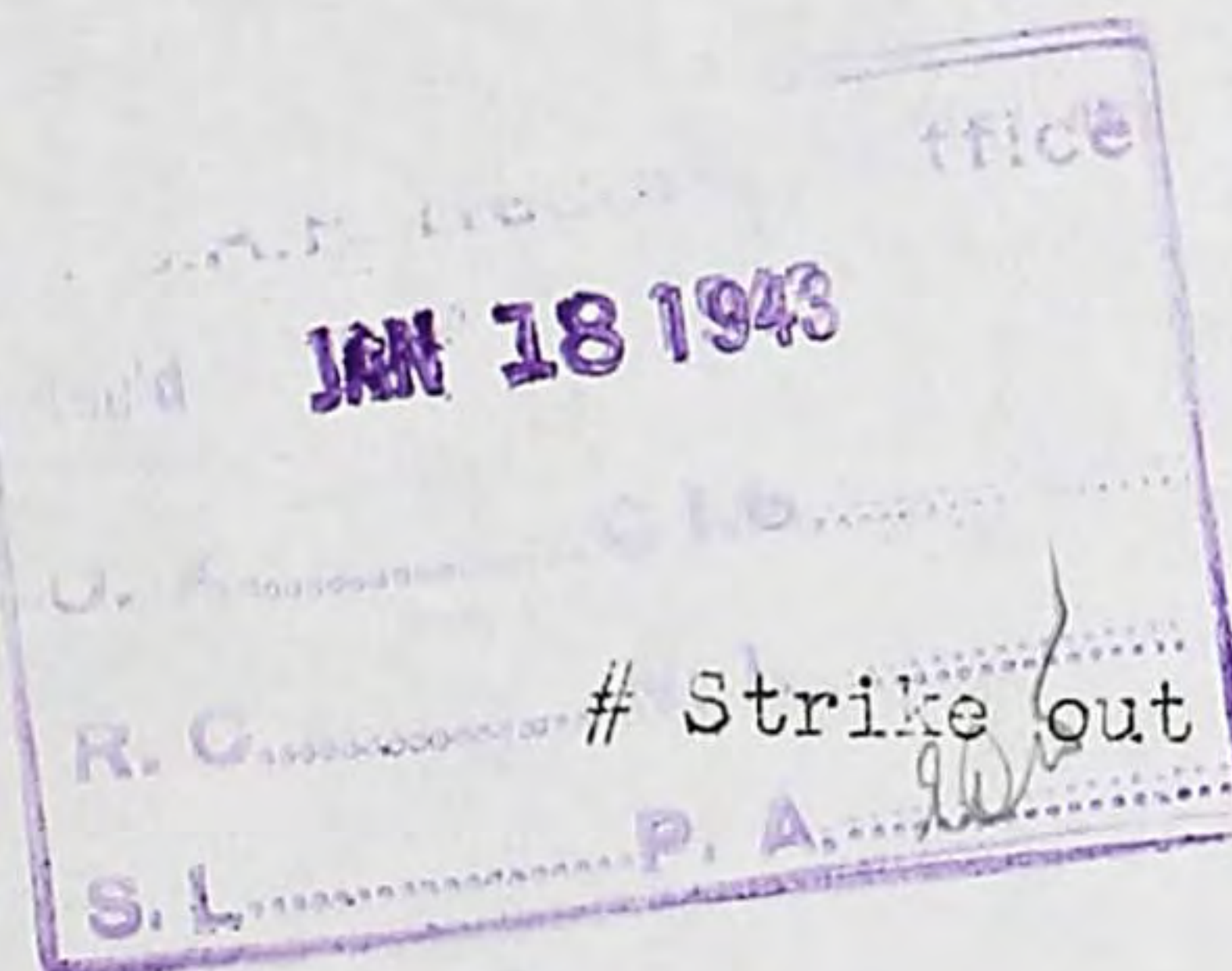
EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT BIRTH CERTIFICATE.
NUMBER DATE
ISSUING AUTHORITY Verna K. Bean, Superintendent, Sherbrooke Hospital,
Per. Olive Massey, Assist. Suptd. SHERBROOKE, P.Q.
SUBJECT ~~XXXXXXXXXXXXXXXXXX~~
Child(full name) BEAN, Bruce Barry.
DATE OF BIRTH 8th January, 1943.
PLACE OF BIRTH Sherbrooke Hospital, SHERBROOKE, P.Q.
City, Town, Village, Province Country
MOTHER (Full Maiden Name) HAMILTON, Kathleen Nettie.
FATHER (Full Name) BEAN, Bruce.

DATE 13th Jan./43.

CERTIFIED TRUE EXTRACT

L.W. Code
(L.W. Code) Flight Lieutenant,
FOR: Commanding Officer,
NO. 3 Initial Training School, RCAF,
VICTORIAVILLE, P.Q.



ROYAL AIR FORCE.

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

Official No. CAN.R.171347 Name BEAN Bruce George Harold ^{Robert} Rank T/SGT
 (In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade AIR NAVIGATOR Gr.2 Special Qualifications.....
 (e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 27.6.21 Religion Bapt. Occupation in Civil Life Clerk 1938-40

Last Enlisted 11.6.42 Current Engagement Salesman 1941-42

If a member of the Auxiliary Air Force..... D of W

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

Name, address and relationship of legal next of kin (to be entered in pencil): Wife
Mrs K Bean, 3 Tarrant St Magog Quebec

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 of Kin

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.
1 AOS	No.1 Y Depot.	23.7.43		Aircrew TTS. AC2	11.6.42
No.1 Y Depot.	RAFTP	2.8.43		Air. Nav. "Std" LAC	23.1.43
	Emb. New York	3.8.43		" " Sp. T/Sgt.	9.7.43
	U.K	11.8.43		" " Gr.2. "	9.7.43
(Int.C.119)	3 PRC	12.8.43	<u>Pol. Coy</u>	<u>Promoted T/SGT</u>	<u>9.6.44</u>
3 PRC	No. 2(O)AFU	21.9.43			
<u>No 2(O)AFU.</u>	<u>18 OTU.</u>	<u>26.10.43</u>			
<u>18 OTU.</u>	<u>11 Base</u>	<u>10.3.44</u>			
<u>No 11 Base</u>	<u>PERISHORE</u>	<u>9.5.44</u>			
<u>Perishore</u>	<u>1. B.P.) (WAAF)</u>	<u>21.5.44</u>			
<u>1. B.P.)</u>	<u>624 Sqdn.</u>	<u>22.5.44</u>			
<u>624 Sqdn.</u>	<u>148 Sqdn.</u>	<u>7.8.44</u>			
<u>C/L 587 Missing from Operations</u>		<u>17.8.44</u>			
<u>pres. Medal</u>	<u>C.R. 740</u>	<u>16.7.44</u>			

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.

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.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
			A	B	C			
Sqr.	UG	Navigator.	ON STRENGTH FOR TRAINING ONLY				26.10.43	[Signature]
Sgt	V.G	NAV	UNDER TRAINING				31.12.43	[Signature]
1st Sgt.	V.G	Nav.	Sat.	Sat.	—	Recommended.	7.8.44	[Signature]
<p>CAN 13 25/2/44 10/3/44 (15 days) RW 553034.</p> <p>NS kg Pass 27/11 to 28/11/43.</p> <p>NS Pass. 16.17/11/43.</p>								
<p>21/43 PR 2/3. 7 Days Pri: Leave 29.8.43 - 4.9.43 RW. C910993.</p> <p>43 3ARC 21.8.43 to 22.8.43 48 Hour Pass.</p>								

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.O.S.C., ETC.

Authority.	Nature.	Date of Effect.
	Awarded Air Navigators Badge.	9.7.43

PART II (For Air Navigators) Bean

1. No. 1 Air Observers School. Course No. 70 Nav. From 22 Feb./43
 To 9 July/43

2. Flying Time

	Day		Night		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
.....	34:50	25:00	24:10	12:25	3:15	99:40
.....						
.....						

3. Examination and Proficiency:

Subject	Marks		Remarks
	Maximum	Obtained	
Navigation (Air Work)	700	504	Average in air and classroom work.
Photography (Air Work)	100	75	
Elements of Navigation	500	378	
Magnetism and Compasses	100	70	
Instruments	50	46	
Signals (Practical)	100	95	
Signals (Written)	50	49	
Maps and Charts	50	46	
Meteorology	100	94	
Photography	50	43	
Reconnaissance	50	42	General: Should do better with more experience in the R.C.A.F.
Aircraft Recognition	100	89	
Armament	50	41	
Totals	2000	1572	

Position in Class : 7 Percentage : 78.6 %

No. in Class : 23 Pass : ~~20~~

Assessment as Air Navigator..... Above Average

As Instructor..... Suitable . Unsuitable .

Commissioned Rank..... ~~Subordinate~~ . Unsuitable .

Character and Leadership . 1000 570

No.1....A.O.S. Date...9 July/43..

Awarded Air Navigator's Badge 9 July/43

J. H. ...
 Chief Supervisory Officer.

General Subjects Assessment.

Dry Swims and Plotting	10 plots, all very well done.
S.B.A.	Good.
Square Search	N/A.
Map Reading Synthetic	N/A.
J Booms	N/A.
MFDF/IFDF Organization.	Good.
Group	4 Very Good.
D.R. Nav.	Very Good.
Log-Keeping.	Good.

Remarks: **Has worked extremely hard and attained a high standard.**

Compasses

Compass	Instruction	Swinging
P.A.		3
D.R.	6 hours.	-
Astro	1 hour.	-

Cross-Countries

No. above 10,000 ft.: Day...**3**..... Night...**5**..... No. below 10,000': Day...**1**..... Night...**1**.....
 No. of Bullseyes **1**
 No. of Nickels and assessment. **No.**

Navigation Officer's Remarks

- (i.e.) To be of a general nature, combining the following points:-
- (a) Navigator's final assessment (Exceptional, Very Good, Good, Fair, Poor).
 - (b) General Outlook (Keen, Enthusiastic, Slack, Lazy, etc.)
 - (c) Any outstandingly good points in his work.
 - (d) Any outstandingly weak points in his work that may need watching.
 - (e) Is he over-confident? or Does he lack confidence?
 - (f) Any general point that would be of interest and help to his future instructor, in order to assist him to carry on the Navigator's conversion where left off at the O.T.U., bearing in mind that far more individual attention can probably be paid to Navigators in a Conversion Unit than in an O.T.U.
 - (g) State whether 2nd.-Tour Navigator. **No.**

Very Good. A keen and confident navigator who will prove a great asset to his squadron.

Signed: **A.G. SMAN** S/Ldr.
 Station Navigation Officer.

Signed: **[Signature]** /Cdr.
 Group Captain, Commanding,
 No. O.T.U.

Recommended for Commission.
 Not recommended

No. 18 O.T.U.

NAVIGATOR'S FINAL TRAINING REPORT.

CONFIDENTIAL.

Surname **BEAN**

Christian Name(s)

Bruce George Harold Robert.

Service Number **R.171347**

Rank **SGT.**

Nationality **Canadian.**

Date & A.F.U. Posted from

No. 2 (O) A.F.U. 26.10.43.

Date & Conversion Unit or Squadron Posted to

11. Base

Flying Times	Day	Night	Night Photography	Attempts made.	Successful Exposures.
Prior to O.T.U.	87.40	51.35	Infra-Red	10	2
1st. Navigator	45.35	46.50	Night Flash	--	--
2nd. Navigator	2.00	--	Short Line Overlaps of GEE Fixes.	6	6
Total at O.T.U.	47.35	46.50			
Grand Total	135.15	98.25			

Aids Plotted in the Air.

ASTRO	Position Lines.	Fixes Obtained.	Fixes Used.	LOOPS	Position Lines.	Fixes Obtained.	Fixes Used.
	24	6	6		26	12	10

% Ground Final Exam..... **81% - 75% Course average.**

Astro Proficiency **Very Good, takes great care with his sights.**

Loop Proficiency **Good.**

Geo Training Mk. I & II.

Ground **28 hours.**

1.....2.....3.....

Lectures given as per Lecture Notes N.7. (Answer Yes or No).

4.....5.....6.....

Assessment of Ground Work **Good.**

7.....
Speed Fixing.

Very Satisfactory.

Air

1. Hours flown as 2nd. Navigator using Gee only:-

Day	Night
1.00	--

Number of fixes used..... **41**.....

Accuracy.....

Number of homing runs..... **Nil.**.....

Accuracy.....

2. Hours flown as 1st. Navigator using Gee in conjunction with all other aids:-

Day	Night
17.20	51.30

Number of fixes used..... **96**.....

Accuracy..... **Good**.....

Number of homing runs..... **4**.....

Accuracy..... **Sat.**.....

Final Assessment of Gee Operator:-

Very Good.

1 L.F.S.

Course No.

Crew No.

Remarks:

Posted to Squadron.

Copy to:

Signed.....
for Chief Instructor

NO. 11 BASE TRAINING REPORT

173

H.C.U. 1662 Blyton.

Aircrew Cat: Navigator.

N

Surname: BEAN

Rank: Sgt.

Character

Assessment: Keen and conscientious

Proficiency

Assessment:

(1) Plotting Neat and accurate.

(ii) Gee Very quick and accurate. Fault finding good.

(iii) Y Not applicable

General Remarks

(if any) Good average navigator.

Training not completed: -

Recommended for Commission: Yes

(Sgd) N. D. SAMUEL, F/LT...for Chief Instructor
Navigation Officer

Number: R171347

Crew No: 6

No. 18 O.T.U.

NAVIGATOR'S FINAL TRAINING REPORT.

CONFIDENTIAL.

Surname BEAN

Christian Home (A)

Bruce George Harold Robert.

Service Number R.171347

Rank SGT.

Nationality Canadian.

Date & A.F.U. Posted from

No. 2 (O) A.F.U. 26.10.43.

Date & Conversion Unit or Squadron Posted to // *Asst*

Flying Times	Day	Night
Prior to O.T.U.	87.40	51.35
1st. Navigator	45.35	46.50
2nd. Navigator	2.00	--
Total at O.T.U.	47.35	46.50
Grand Total	135.15	98.25

Night Photography	Attempts made.	Successful Exposures.
Infra-Red	10	2
Night Flash	--	--
Short Line Overlaps of GEE Fixes.	6	6

Aids Plotted in the Air.

ASTRO	Position Lines.	Fixes Obtained.	Fixes Used.	LOOPS	Position Lines.	Fixes Obtained.	Fixes Used.
	24	6	6		26	12	10

% Ground Final Exam..... 81% - 75% Course average.

Astro Proficiency Very Good, takes great care with his sights.

Loop Proficiency Good.

Gee Training Mk. I & II.

Ground 28 hours.

1.....2.....3.....
YES

Lectures given as per Lecture Notes N.7. (Answer Yes or No).

4.....5.....6.....

Assessment of Ground Work Good.

7.....
Speed Fixing.
Very Satisfactory.

Air

1. Hours flown as 2nd. Navigator using Gee only:-

Day	Night
1.00	--

Number of fixes used..... 41.....
Number of homing runs..... Nil.....

Accuracy.....
Accuracy.....

2. Hours flown as 1st. Navigator using Gee in conjunction with all other aids:-

Day	Night
17.20	31.30

Number of fixes used..... 96.....
Number of homing runs..... 4.....

Accuracy..... Good.....
Accuracy..... Sat.....

Final Assessment of Gee Operator:-

Very Good.

General Subjects Assessment.

Dry Swims and Plotting **10 plots, all very well done.**
 S.B.A. **Good.**
 Square Search **N/A.**
 Map Reading Synthetic **N/A.**
 J Booms **N/A.**
 MFDF/AFDF Organization. **Good.**
 Groper **4 Very Good.**
 D.R. Nav. **Very Good.**
 Log-Keeping. **Good.**

Remarks **Has worked extremely hard and attained a high standard.**

Compasses

Compass	Instruction	Timing
P.A.		3
D.R.	6 hours.	-
Astro.	1 hour.	-

Cross-Countries

No. above 10,000 ft.: Day...**3**.... Night...**5**... No. below 10,000': Day **1**... Night...**1**.

No. of Bullseyes **1**

No. of Nickels and assessment. **No.**

Navigation Officer's Remarks

- (i.e.) To be of a general nature, combining the following points:-
- (a) Navigator's final assessment (Exceptional, Very Good, Good, Fair, Poor).
 - (b) General Outlook (Keen, Enthusiastic, Slack, Lazy, etc.)
 - (c) Any outstandingly good points in his work.
 - (d) Any outstandingly weak points in his work that may need watching.
 - (e) Is he over-confident? or Does he lack confidence?
 - (f) Any general point that would be of interest and help to his future instructor, in order to assist him to carry on the Navigator's conversion where left off at the O.T.U., bearing in mind that for more individual attention can probably be paid to Navigators in a Conversion Unit than in an O.T.U.
 - (g) State whether 2nd.-Tour Navigator. **No.**

Very Good. A keen and confident navigator who will prove a great asset to his squadron.

Signed: **A.G. SWAN** S/Ldr.
 Station Navigation Officer.

Recommended for Commission.
~~Not recommended~~

Signed: *[Signature]* /Cdr.
 Group Captain, Commanding,
 No. O.T.U.

ROYAL CANADIAN AIR FORCE



Name BEAN BRUCE GEORGE HAROLD R. R-1 7 1 3 4 7

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

Age 21 Height 5' 10 1/2" Weight 152

Hair BROWN Eyes BLUE Hair on face FAIR

Marks, scars, etc. SCAR SCROSS NOSE

Bruce Bean (Signature of holder)

A. J. Chopin Jt (Signature of issuer)

Place #5 "M" DEPOT LACHINE P.Q. Date SEPTEMBER 10th, 1942

Card serial number 93431

IF YOU LOSE THIS CARD,

NOTIFY YOUR C.O. IMMEDIATELY, GIVING THEM
FULL PARTICULARS

IF YOU FIND THIS CARD,

PLEASE MAIL IN AN ENVELOPE ADDRESSED TO:
"THE SECRETARY,

DEPT. OF NATIONAL DEFENCE FOR AIR,
OTTAWA ATTENTION P.I.B.

NO POSTAGE NECESSARY



R171347

3430

Bean B

—SAFETY—KODAK



R171347

3430

Bean 2

ROYAL CANADIAN AIR FORCE



SERVICE
AND
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, 1944
COPY OF RECORDS FOR DEPARTMENT

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

Missing 16/17-8-44. C/L 587/148/94

Air Force No. R171247 Surname BEAN

Christian Names (in full) BRUCE GEORGE HAROLD

Date of Birth 27-6-21 Religion BAPTIST

Date of Enlistment/Appointment 11-6-42

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

Occupation in Civil Life CLERK

SALESMAN

Signature of Holder Bruce Bean

Name and Address of Next-of-Kin.....

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

Mrs Katherine Bean

24 Kingston Ave

Shelburne

Que.

Certified Correct B Hamilton P/O

Date 27-7-43 Place of Depot Halifax

WILLS

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

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

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

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

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

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

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

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

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

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....
Signature of Officer.....
Rank or Appointment.....
Date.....

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

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

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

Signature of Officer.....
Rank or Appointment.....
Date.....

Date Certificate extracted.....
Signature of Officer.....

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

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
R.C.A.F.

Date October 10th, 1942.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
R.C.A.F.

Date October 10th, 1942.

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

Date Will extracted.....
Signature of Officer.....

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

WILL

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

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

AIR FORCE No.

R 171347

BEAN

SURNAME

B.G.H.P.

FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE MONTREAL

DATE 11-6-42

RELIGION

R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES			
FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
29 8 43	4 9 43	4	Priv Leave	3PRE 218				#3 ITS	1AOS	20 2 43	DR 645/43	Reprimanded and forfeit 1 days pay	180TU/10/44
25 2 44	10 3 44	15	P. leave	180TU/44				" 1AOS	1Y Dept	23 7 43	" 109	(AWL 14 2 44	
29 4 44	8 5 44	10	Priv Leave	11 Base 2/44				1Y Dept RAFTP		2 8 43	197		
								EMB. NEW YORK		3 8 43			
								DISEMB. N.Y.		11 8 43			
								INT. CIV. S.P.A.C.		12 8 43			
								SOS 3PRE to 2(O)AFU		21 9 43	3PRE 43		
								TOS at 180TU from RAF Mulla		26 10 43	Mulla 43		
								TOS 11 Base to 180TU		10 3 44	180TU 13/44		
								SOS 11 Base to MAAF		20 5 44	511-26/44		
								ATT to 1FU to 11 Base		14 5 44	1FU 5/44		11 Base 32/44
								Emplained UK		20 5 44	2ARC 38/44		
								Deployed NAFvec		20 5 44			
								TOS 2 ARC to 1BPD		20 5 44	11 Base 32/44		
								SOS 2 ARC to 1BPD		21 5 44	2ARC 38/44		
								SOS 1BPD to 624Sqd		32 5 44	1BPD 47/44		
								SOS 624Sqd to 148Sqd		7 8 44	624Sqd 5/44		
								F/13 Missing from 148 Sqn (ME)		16 8 44	AFRO 2101/44		
										17 8 44	CR 546		
								MISSING BEL. KILLED.			CL 677		
								TOS NE/U		18 8 44	143/44		
								SOS RCAF UK N/EU		16 8 44	CL 740		AFRO 924
								New "Resumed Dead"		16 8 44	CL 740		

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE CHARACTER TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE AWARD AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

F514458

AIR FORCE No. *R 171347*

Bean
SURNAME

Bruce George Harold Robert
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE *Montreal Que.*
DATE *11-6-42*

RELIGION
Baptist

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
<i>27-6-21</i>	<i>Shea Brook</i>	<i>Can.</i>	<i>Can.</i>	<i>Canadian</i>	SINGLE, MARRIED, WIDOWER, DIVORCED			
CIVIL EDUCATION					WIFE (FULL MAIDEN NAME) OR HUSBAND <i>Hamilton Kathleen Lettie</i>			
PUBLIC SCHOOL		JUNIOR MATRICULATION <input checked="" type="checkbox"/>			PRESENT ADDRESS (IN PENCIL)			
HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/>		SENIOR MATRICULATION			PLACE OF MARRIAGE <i>Magog Que.</i>		DATE <i>4-8-41</i>	
TECHNICAL SCHOOL		UNIVERSITY			AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)			
CORR./BUSINESS COURSES		LANGUAGES SPOKEN						

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <input checked="" type="checkbox"/>
HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/>	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE	
<i>Clerk - 19-39-40</i>	
<i>Salesman - 1941-42</i>	

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

PREVIOUS SERVICE			
<i>N.A.</i>			

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)			
<i>Mrs Kathleen Bean (wife) 3 Sarrant Street Magog Quebec</i>			

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

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.

AIRMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>AC2</i>	<i>11 6 42</i>		<i>Aircrew ITS</i>	<i>11 6 42</i>	
<i>LAC</i>	<i>23 1 43</i>	<i>DR234</i>	<i>Aircrew ITS WE</i>	<i>23 1 43</i>	<i>D1023/43</i>
<i>T/Sgt (Pd)</i>	<i>9 7 43</i>	<i>" 129</i>	<i>Nav. (SP Craft)</i>	<i>9 7 43</i>	<i>" 129</i>
<i>T/F/Sgt</i>	<i>9 6 44</i>	<i>1078/44</i>			

OFFICERS, AIRMEN/AIRWOMEN				
COURSE OR TRADE	GRP.	%	PF	DATE

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

**ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA**

1514429

NAME BEAN, Bruce George Harold Robert,

FILE NO. FD236

RANK F/SGT. NAVIGATOR

CATEGORY

~~MISSING~~ PRES DEAD

REG. NO. R171347

DATE OF DEATH: 16-Aug-44

MOTHER LIVING: YES

WIFE: YES

MINISTERIAL CARD: 5-9-44

ROYAL MESSAGE:

AUG 11 1945

MEMORIAL CROSS
TO CHAPLAIN:

To Wife-

To wife, 26-5-45

Mrs. B.G.H.R. Bean,
3 Tarrant Street,
Magog, Quebec.

Mother-

Mrs. H. W. Bean,
7 Princess Street,
Sherbrooke, Quebec.

DEL'D TO MOTHER: AUG 9 1945

DEL'D TO WIFE:

COMMAND:

RELIGION:

mfb

Mrs. Kathleen N. Bean (Widow)
3 Tarrant St.,
Magog,
P.A.

oct. - 45.

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DATE DESP.....

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MRS. KATHLEEN N. BEAN, 681,173

3 TARRANT ST.,
MAGOG, P.Q.