R179433
DLUSY
NATHAN

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Importers of
SILKS — WOOLLENS
VELVETS — DRAPERIES
LACES — TRIMMINGS

Shiller Bros.

1421 ST. LAWRENCE BLVD. — MONTREAL

PA in his file

June 29, 1942.

Royal Canadian Air Force,
(L.P. Gelinas) S.L.,
Commanding Officer,
#13 Recruiting Centre, R.C.A. F.,
1254 Bishop Street,
Montreal, P.Q.

C.A.F. Recruiting Centre
ORDERLY
JUN 30 1942
ROOM
MONTREAL, P.Q.

G-955 Re: Mr. Nathan Dlusniewsky

Dear Sir,

In answer to your letter of the 25th inst., I wish to state that I have been a neighbour of Mr. Dlusniewsky, for the last two years. (approximately)

I have always found him to be a gentleman of fine character . I would certainly recommend him favourably to anyone interested.

Yours Very Truly,
Alex Shiller

Q
R.
A
J
S.

R.C.A.F. Records Office
Rec'd. JUL 27 1942
O. K..... C. I. B.....
R. C..... N. I.....
S. L..... P. A.....

PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized abbreviations and symbols	Signature of Dental Officer
7/10/43		✓		Capt G.A. Blanchard
11/11/43	✓		Proph.	E.R. Ryan

R.C.A.F. A.47A
100M—4-43 (3174)
H.Q. 885-A-47A

R179433
Sgt. Drury N.

PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized abbreviations and symbols	Signature of Dental Officer
1 DEC 43		✓		A.B. Paskie Capt

R 179433
9514

Dbusy M.

RI 79433.
A 5905

Dlusy N.

179433

[illegible]

SERVICE

AND

PAY BOOK

[illegible]

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. R179433 Surname DLUSY

Christian Names (in full) Nathan, Robert

Date of Birth 13-5-21 Religion Hebrew

Date of Enlistment/Appointment 22-7-42

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

Occupation in Civil Life Skipper

Signature of Holder N. R. Dlusy

Name and Address of Next-of-Kin

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

Mrs Regina Dlusniewski
3862 Kent Ave
Montreal
(Mother)

Certified Correct H E Heckler P/o

Date Place 1 Y Depot

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
W.O.A.G.Sy	31-5-43		H E Heckler P/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
Agt.	31-5-43	Dro 131A	H E Heckler P/O

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
Canadian Volunteer Service Medal & Clasp.	15/4/44 P.O.R. 19. No. 11 R.S.	J Forsyth F/O

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
1250	7/10/43	H Young Sgt.

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
25.6.42.	A1B A3B	M13.	C.E. HOPKINS	

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP A	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
14-10-43	13		PB

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
24.7.42.		

Susceptibility Test	Date	Result	
Schick Test	24.7.42.	Pos.	
Dick Test	24.7.42.	Neg.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
TABT 1	24.7.42.	1 cc.	
" 2	14.8.42.	"	
" 3	17.9.42.	"	
Diptov 1	30.7.42.	"	
" 2	13.10.42.	"	
Kahn neg.	2.7.42.	—	
Ann TABT.	16.9.43.	½cc	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

AIR FORCE No. R179433

Dlusy. — SURNAME

Nathan — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE MONTREAL, QUE.

DATE 22-7-42

RELIGION Hebrew

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
1-6-43	11-6-43	11	Spec.	Dro 131A
S.L.T.W.	C 265	252	Dro 165/43	
8-7-43	11-7-43	4	days Spec.	Dro 170/43
22-9-43	5/10/43			Dro 226
S.L.T.	W.I. No	C	300610 Emb.	
8-11-43	15-11-43	7	Priv Leave	3PRC 15/43
9-3-44	15-3-44	7	Priv/L	11RS 12/44
25-3-44	31-3-44	7	Priv/L	11RS 16/44
8-4-44	15-4-44	8	" "	" 19/44
27-4-44	3-5-44	7	" "	" 22/44
1-6-44	7-6-44	7	" "	10RS 27/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
5 10 43	Cah.	C.H.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
19 4 43	W. O. Badge	Dro 91/43
31 5 43	W. O. A. E. Badge	Dro 131A.
15 1 44	CVSM & ML	11RS 19/44

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	6 B&G.	310 T.U.	11 6 43	DRo 131A
SOS	310 T.U.	1Y Depot	5 10 43	" 226
SOS	1YD	3 PRC	22 Oct 43	" 26
	Emb. Halifax		22 10 43	
	Disemb.	U.K.	30 10 43	
	INT.C137 3(R.C.A.F) P.R.C.		31 10 43	
Att. AC	N.G.O's Schl Whitby Bay fm 3PRC		15/7 12/1 43/44	Whitby Bay 5/43 11 PRC 7/44 3/44
TOS	11 RS from 3 PRC		12 1 44	3 PRC 11/44 11RS 2/44
TOS	10 RS fr 11 RS		5 5 44	11RS 25/44 10 RS 24/44
SOS	10 RS to 4 R.F.U.		8 6 44	Haverfordwest 9/44 10 RS 28/44
SOS	4 RFU to 4(C)OTU		4 7 44	4(C)OTU 29/44 4RFU 15/44
	Casualty		15 8 44	[illegible]
F/A MISSING BELIEVED KILLED FROM 4(C)OTU			15 8 44	CR 542
NOW "KILLED"			15 8 44	CR 543 AFRO 2001/44 d 17/8/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Admr Astley Ainslie Institute Edinburgh on 9.3.44 on leave from sick	11RS 16/44
Disct. on 22.3.44	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embarked 22.10.43

AIR FORCE No. R179433

SURNAME: DLUSY. FULL CHRISTIAN NAME: NATHAN.

ENLISTMENT/APPOINTMENT — PLACE: Montreal Que. DATE: 22-7-42

RELIGION: Hebrew

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
13-5-21	Berlin	Germany	Poland	Polish

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Skypjer

PREVIOUS SERVICE

n.a

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
22-7-42	A1B. A33.		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: S

WIFE (FULL MAIDEN NAME) OR HUSBAND:

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs Regina Dlusniewski
3862 Kent Ave
(Mother) Montreal, Quebec.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Dgl	31-5-43	Dgo 131	W.O. M.G. Sgt	31-5-43	
T/F/Sgt	29 2 44	923/44 25/44 (10 RS)			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Aircrew Rec'd Sch Whitley Bay				15/12/43
Returned Unit before Exam				17/1/44

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

R71 Raised.

AIR FORCE No. R.179433R

DLUSY, NATH[illegible]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal Que — DATE 22-7-42

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B) 30M-12-41 (1346) H. Q. 1062-3-58

7. BIRTH: DATE 13-5-21 — PLACE Berlin Germany — CITIZENSHIP Polish 5

FATHER (FULL NAME) Israel Dlusniewski

BIRTHPLACE Poland

MOTHER (FULL MAIDEN NAME) Regina Cynamon

BIRTHPLACE Poland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Germany

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL 1 yr Bus. (Evening) Montreal Que.

UNIVERSITY

CORRESPONDENCE COURSES X

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

Earl Clothing Co. 1937-38

Shipper - Father 1938 - - -

8400

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
W.O. Badge	4WS. 91	19-4-43
Air Gunner Badge	M.N. 131A	31-5-43
C.V.S.M. & Clasp	DB84-52	

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Hebrew 7

14. LANGUAGES English, German, Jewish. (French slightly) 4

15. SPORTS all sports

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Regina Dlusniewski — RELATIONSHIP mother

ADDRESS: 3862 Kent Ave. Montreal Que — 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.
Forfeits pay A.W.L. 1 day	8/9 11 42	4WS269			
Forfeits Pay A.W.L. 1 day	3/3 1 43	4WS.4			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	22 7 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

22.(A) ADDRESS PRIOR TO ENLISTMENT

3862 Kent Ave. Montreal Que

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	Ka
	30-7-42					MGL

AIR FORCE No. R.179433 | 4.20 DLUSY, NATHAN | SURNAME | FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal Que DATE 22-7-42 | RE-ENLISTMENT | C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

13

R.C.A.F. FORM R44 (B) 30M-12-41 (1346) 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.
TOS.	#5 M.D. Lachine	22	7	42	5MD174
SOS	5 M.D. Lachine	28	8	42	5MD206
TOS.	5 E.D. Moncton	29	8	42	5ED207 228
SOS	5 ED Moncton	25	9	42	5ED229
TOS.	4 W.S. Guelph	26	9	42	4W.S 232
T.D.	Proc. 4WS.57.				
SOS	4 W.S. Guelph	16	4	43	4WS.91
TOS	6 B&G S. Mountain View	17	4	43	MV 96
SOS.	6 B&G Sta Mountain View	11	6	43	M.V. 131A
TOS	310 T.U. Debert N.S.	12	6	43	310TU 143
SOS	310 T.U. Debert.	5	10	43	310TU226
TOS	1 Y.D. Halifax	6	10	43	1Y250
SOS.	1 Y Depot 3 P.R.C	22	10	43	1Y264
	Cas WSG				
	M.B. K	15	8	44	
	PCX	16	8	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	22	7	42	5MD174
L.A.C	24	10	42	4WS261
Sgt. Temp (Pass)	31	1	43	M.V. 131A
T/F Sgt (Pd)	29	2	44	GB 932

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
22-7-42	R100	A1BA3B	
Stn Hosp	8-1-43	11-1-43	4WS.11.11.
Stn Hosp.	22-1-43	25-1-43	4WS24.24.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew W S	S	22	7	42	5MD174
W.O/(Ag)	Spec	31	5	43	M.V. 131A.

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categorized	CH.	310TU226

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
14-12-42	23-12-42	9	Special	4WS293
25-12-42	29-12-42	5	X mas	4WS293
1-6-43	11-6-43	11	Special	M.V. 131A.
8-7-43	11-7-43	4	Spec.	310TU170

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D.R.O.

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

B.F. DATE _____

#30

KILLED

NO. R179433 RANK F/S NAME DLUSY N

UNIT OVERSEAS EFF.DATE 15th/8/44 D.C.L.#798d-19/Aug/44.

MFW2643 rec'd N.A. E.236 DEFICIENCY LIST N/A

STN. FILE rec'd 18-12-44 M.10(INCLUDING M13) V LS

M.10 to DMS(AIR) N.A. MFB465a DENTAL ENV. V LS
(Natural Death only)

DEATH CERTIFICATE V LS

22-12-44

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name DLUSY, NATHAN R-179433

Rank SGT. [redacted] R.C.A.F.

Age 21 Height 5' 9" Weight 138

Hair BLACK Eyes BROWN Hair on face DARK TRIMMED MOUSTACHE

Marks, scars, etc. NONE VISIBLE

Nathan Dlusy (Signature of holder)

G. G. Higgins F/L (Signature of issuer)

Place #5 "M" DEPOT LACHINE P.Q. Date JULY 23rd. 1942

Card serial number 90663

RANK	POSTED TO	DATE
LAC	#31 OTU Debert N.S.	Sep 1943
SGT.	#31 O.T.U. DEBERT N.S.	15-6-43.

F
ARD,
NG HIM
RD,
SED TO:
R AIR,
ATTENTION P.I.B.
NO POSTAGE NECESSARY

FLOOR COVERINGS | FURNITURE | BEDDING | STOVES

EST. 1899

MILLER'S LIMITED

AUTHORIZED DEALER FOR RCA VICTOR *Globe Trotter* RADIO

MEN'S & BOY'S
WEARING APPAREL

38-40 NOTRE DAME ST.,
LACHINE, QUE.

Telephone:
ZONE 8 - 187

P.A. in his file

June 30th, 1942

R.C.A.F. Recruiting Centre ORDERLY JUL 2 1942 ROOM MONTREAL, P. Q.

Commanding Officer,
No.13 Recruiting Centre, R.C.A.F.
1254 Bishop Street,
Montreal,Que.

Dear Sir;-

Your File No.G-955

I beg to acknowledge your inquiry as to the character of Mr.Nathan.Dlusniewsky.

I have known the young man and his family for a little over three years and have always found him to be gentlemanly and honest in whatever contacts I have had with him.His parents,I have also found to be respectable and honourable.

Yours truly,

A.W. Miller

R.C.A.F. Records Office
Rec'd. JUL 27 1942
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

R179433 LAC DLUSY, N.

PART II
ARMAMENT TRAINING

1. No....6....B.G.S. Course No.....53.W.A.G.....

2. Dates of Courses:-- From.....19-4-43.....To.....31-5-43.....

AIR TRAINING
Gunnery

3. Flying Time:--

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Bolingbroke	14:25				
Anson			(NIGHT) 1:25	15	50

4. Air Gunnery Results:--

	Average Percentage hits to rounds fired
(a) Beam Test	..8.....%
(b) Beam Relative Speed Test	..5.35....%
(c) Over Tail Test	..4.....%

5. Total Rounds Fired:--

Ground	1400 ....%
Air to Ground	...200....%
Air to Air	...2513....%

6. Assessment:--

		Marks Obtained
(a) Aircraft Recognition	(100 Marks)	....87.....
(b) Written Examinations	(100 Marks)	....75.....
(c) Practical and Oral Examinations	(100 Marks)	....72.....
(d) Ability as Firer	(150 Marks)	....117.....
(e) Final Signal Test	(100 Marks)	....100.....
Totals	(550 Marks)	

7. Position in Class 5 No. in Class 25 Pass or Fail Pass

8. Date Authorized to wear Air Gunner's Badge 31-5-43

9. Character and Leadership--Assessment (Maximum 250 Marks) 172 Marks

10. Remarks....This airman's air firing results were above average.....

Turret Manipulation Time: 13 Hrs. 03 mins.

G.R. Guynn. Timothy S.L.
for Chief Instructor

No..6.....B.G.S.
Date...31-5-43.....

11. Final Assessment:--

Course	Training Marks Max	Training Marks Obtained	Character & Leadership Max	Character & Leadership Obtained	Totals Max	Totals Obtained	Percent
Wireless School	1000	859	500	355	1500	1214	81
Bombing & Gunnery S.	550	451	250	172	800	623	79
Totals	1550	1310	750	527	2300	1837	80

12. Position in Class 5 No. in Class 25

13. Remarks....This airman is an outdoor type of man. He has had considerable experience in the handling of men, and shows excellent qualities of Leadership. He should make an excellent N.C.O.

W.C.
for Officer Commmanding.

No.....6.....B. & G.S.
Date...31-5-43.....

"C.T.E. CANADA"

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

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname DLUSY Christian Names NATHAN

Number R179433 Rank LAC

INSTRUCTIONS

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

PART I

WIRELESS TRAINING

1. No. 4 Wireless School. Course No. 53 To 19-4-43 From 28-9-42

2. *Flying Times*—
   (a) In Flying Classroom as 1st Operator 5.35 hours.
   (b) In Flying Classroom, listening watch NA hours.
   (c) In 2-seat aircraft as sole operator 29.10 hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

Above average
~~Average~~
~~Below average~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
			Morse (lamp)	50	41
Theory	50	46	Signals Organization	150	142
			Fault Finding	50	45
Radio Equipment	250	209	Armament	100	
Morse (~~buzzer and lamp~~)	200	180	Drill and P.T.	50	33
Procedure	200	163	TOTALS	1000	859

Maximum Marks, 1000. Marks Obtained 859 Percentage 85.9 Pass or Fail Pass

Position in Class 11 No. in Class 93

5. Date authorized to wear Wireless Operator's Badge 19-4-43

6. Character and Leadership—Assessment (Max. 500 Marks) 355 Marks.

R.C.A.F. Records Office
Rec'd. JUN 7 1943
O. K. C. I. B.
R. C. JB N. I.
S. L. JB P. A.

A. T. Chrusciel S/C
Officer Commanding

No. 4 Wireless School

Date 19-4-43

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

SEP 24 1943

2836
30

R.C.A.F. FORM A.28
40M—5-42 (2076)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal, Que. ON 22-7-42

MARRIED OR SINGLE Single

No. R 179433

NAME IN FULL DLUSY, N.

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
174	22-7-42	AC2	S	AS	1 30		1 30	NA	No 5 M.D. R.C.A.F.
261	26/10/42	LAC	S	A.S.	1 50		1 50		Reclassified
91	10/4/43	LAC	S	A.S.	1 50	75	2 25		Flying Pay
131A	31/5/43	T/SGT	S	"	2 20				appt. T/SGT Paid
131A	"	"	"	"	3 45		3 45		Rem. WAG. SPGRF.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Rec. Gen. of Can. War Loan MEM 17	1-11-42	8 41	8 41
REC. GEN. (V LOAN) STOP	1.5.43	N IL	N IL
REC. GEN. (V LOAN)	1.5.43	8 40	8 40

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

1942 Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	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
22/31-7	10	13 00					13 00									13 00		
1-31/8/42	31	40 30					40 30						20 00	20 00	40 00		30	SOS. EFF 28-8-42 TO #5 E.D. MONCTON, N.B. DRO 206
1-25/9	25	32 50				30	32 80				IV 3289 IV 3297	.23 .23	12 35	20 00	32 80			SOS to #4 Wireless Sch. Guelph, Ont. EFF 25.9.42. DRO 224
Sept. 26-30	5	6 50					6 50										6 50	232 TOS 26-9-42.
Oct 1-31	31	40 30				6 50	46 80						A397 5 00	392 20 00	25 00	445 21 80		
Oct/Nov 27-31	6	7 20					46 20	8 41			Forfeits pay (1 day)	1 50		488 15 00	24 91	544 21 29		DRO 269 AWL. 0215 8-11-42 to 0015 9-11-42 (1 day)
1-30	30	45 00									E26 P.V. E1320	97			938	ABO1 44 12		DRO 293 - R.A. 14 days - leave
Dec. 1-31	31	46 50	7 00				53 50	8 41			Forfeits pay (1 day)	1 50		725 15 00	24 91	AT14 21 59		DRO 4 AWL 0215 hrs to 1000 hrs. 3-1-43 (1 day)
Jan 1-31	31	46 50					46 50	8 41						A831 15 00	23 41	#900 18 59		
Feb 1-28	28	42 00					42 00	8 41						A991 15 00	23 41	A1008 23 09		
Mar 1-31	31	46 50					46 50	8 41										
April 1-16	16	24 -		F/P (1 day) DRO 91	5 25		29 85	4 20					A67 10 05	A33 15 00	29 25			DRO 91 DOS to 6 Bk 2, 9th Veh, 3rd 16-4-43
17/30/4	14	3 1 50					31 50	4 21							4 21	27 29		
1/30/5	30	67 50					70 95	8 40					40 37	30 00	78 77	31 35	39 17	DRO 131A. ENT. R/A 1/11/6/43 (11 days)
31/5	1	3 45																DRO 131A. SOS EAC HALIFAX EFF 17/6/43
1/11/6	11	37 95	5 50				43 45	4 28		39 17					43 45			
12-30/6	19	165 55					65 55	4 12			Inv 6344 $1.59 A-3a Mountain View 6.95	1 36 1 36			6 84	58 -		71
1-31/7	31	106 95	2 -			71	109 66	8 40					50		58 40	51 -		26 L 8-11/43 (4) DRO 170
1-31/8	31	166 95				26	107 21	8 40					50 -		58 40	48		81
1-30/9	30	103 50	7			81	111 31	8 40			E 997 E 994	6 66 22	111		126 18		14 87	6.22.9.5.0 (14). 226.
1-5/10	5	17 25					17 25	1 40				14 87			16 27		98	SOS 5.10 Composite R.A.F. Station Kalafrana Malta to 1430 Overseas Reception Unit 226.
						- 98											98	Cr. Asst. Treasury.
																		27/10/43 L. Melatchere.

Declaration on file changing name from Nathan Dlusniewski to Nathan Dlusy

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (ENGLAND)

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: DLUSY (Block letters)

Given names: NATHAN

Do not write in this space

4. RESIDENCE

Street: Kent Avenue No. 3862

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Germany

11. DATE OF BIRTH: May (Month) 13th (Day) 1921 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Aug.15/44

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Dlusniewski, Israel	Poland
MOTHER (Maiden Name)	Cynamon, Regina	Poland

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 (Month) 15th (Day) 44 (Year) 19....

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in flying accident

due to

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

(b)

due to

(c)

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

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

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

(b) Duration of disease....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident Date: Aug.15th 19 44

(State which)

Manner of injury: Killed in flying accident

(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.)

D. Lund - S/O

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

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

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

(Voir l'autre côté pour le français)

BBM

The instructions regarding this form are contained in Chapter XIII, A.P. 1801 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN R. 179433 Name DLUSY Nathan Rank T/F/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W.Op.A.G. Grp.2. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 13.5.21. Religion Hebrew Occupation in Civil Life Shipper 1938 to date

Last Enlisted 22.7.42. Current Engagement D of W.

If a member of the Auxiliary Air Force

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

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

Sam R. Dlusniewski (Brother) 3816 Kent Ave. Montreal, Que

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

N of K.

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
31 O.T.U.	1 Y Depot.	5.10.43.		Aircrew W.S. AC2.	22.7.42.
~~1 Y Depot.~~	U.K.	22.10.43.		" " LAC.	26.10.42.
	Emb. Halifax.	22.10.43.		W.Op.A.G. "Spec" T/Sgt.	31.5.43.
	Disemb. U.K.	30.10.43.		W.Op.A.G. Grp.2. T/Sgt.	31.5.43.
Int. C.137	3 (RCAF) P.R.C.	31.10.43.	POR 25/44	Promoted T/F/Sgt	29.2.44
3 (RCAF) P.R.C.	11 R.S	12.1.44			
11 RS	10 R.S.	6.5.44			
10 RS	4 R.C.U.	8.6.44			
~~4 R.C.U.~~	~~10 R.S.~~				
4 R.C.U.	4(c) O.T.U.	4.7.44			
Killed as result of flying accident		15.8.44			
Clothing &c returned to store or otherwise explained.					
(Signature)					
(Date) 21.8.44					

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.

(*11902—10349) Wt. 54527—5881 50M 4/43 T.S. 700
(*12754—10049) Wt. 22097—P1168 40M 8/43 T.S. 700

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/F/Sgt	VG	WOP/Air	On Strength	for		Training only	4.4.44	J. E. Sedley F/O
T/F/SGT	VG	WOP/AIR	SUPR	SAT	-	Rec.	15.8.44	W/C Superintendent R.A.E. STATION ALNESS, ROSS-SHI

117/44	1/6/44 - 7/6/44 (7 days Prin)					R.W. Issued -		F/Lt
POR 22/44.	14 days	Prin Leave	27.4.44 -	3.5.44		R.W. Issued.		
POR 19/44	8.4.44 - 10.15.4.44.		8 day	Prin	leave.	R.W. Issued.		P/O
POR 11/44.	14 days	Prin Leave.	25.3.44 -		31.3.44	R.W. Issued.		P/O
POR 12/44	14 days	Prin. Leave	4.3.44 -	15.3.44.		R.W. 928479.		P/O
POR 15/43.	7 Days	Prin. Leave	8-11-43 -	15.11.43 (12.00hrs)		RW E15051		A/Sgt

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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.Os.C., etc.

Authority.	Nature.	Date of Effect.
	Awarded W.Op.A.G. Badge	31.5.43.
POR 19/44	Authorised, subject to confirmation, to wear the Canada Volunteer Service Medal Ribbon and Maple Leaf Emblem W.E.F. 15.1.44. Unit. A.C. Unit.	

R.C.A.F. Special Reserve Aircrew W.S

"C.T.E. CANADA"

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.179433 A.F. No. | Dlusy Surname | Nathan Christian Names | Hebrew Religion

Born 13-5-21 Place Berlin Country Germany Citizen of Poland Racial Origin Polish

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)

Mrs Regina Dlusniewski (Mother)
3862 - Kent Ave. Montreal

CIVIL EDUCATION

High School Entrance 1 Jr. Mat. 3 years. Sr. Mat.

Technical School Business Courses 1

University

CIVIL OCCUPATIONS AND EXPERIENCE

Shipper - 1938. to date.

PREVIOUS SERVICE

RA

ENLISTMENT

Date 22-7-42

At Montreal. Que

Term Duration

Med. Cat.	Date	Med. Cat.	Date
A 1B	22 7 42		
A 3B			

RANK	Auth.	Date	TRADE	Auth.	Date
A.C.2		22 7 42	Aircrew W.S		22 7 42
L AC	PRO.261	26 10 42			
~~Sgt. T. (pd.)~~	DRO131A	31 5 43	W. D. A-C. "Sp"		31 5 43

TRADE TESTS AND COURSES						
Trade	GP	%	P or F	Date		
Aircrew W S	S		P	12	6	42
Gunnery W.O.A.G.	Sp.		P.	31	5	43.

LEAVE

From	To	Auth. and Description
14-12-42	23-12-42	DRO 293 9 days Special
23-12-42	29-12-42	DRO 293 5 days Xmas
1-6-43	11-6-43 (11)	DRO 131A. Special
S.L.T.W.	C 265252	DRO 105/43.
8-7-43	11-7-43 (4 days	SPEC) DRO 170/43
22/9/43	5/10/43	DRO 226
SLTW I	NBC 300610	Pte Eadie.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
19 4 43		Awarded Wireless Operators Badge		DRO 91/43
31 5 43	Awarded & Auth. to wear		W.O.A.G. Badge	DRO 131A.
5 10 43	Cat	C H I		

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
M.O.R. 13	#13 R.C.M.P.	#5 Lachine	22-7-42				
DRO 174/42.	T.O.S. #5	M.D. Lachine	22/7/42.				
DRO 206/42	S.O.S. #5 M.D.	#5 C.D.	22-7-42				
DRO 229/42.	#5(E) Depot, Moncton.	#4 W.S. Guelph, Ont.	25-9-42.				
DRO. 232/42	TOS (TRAINEE)	#4 W.S. Guelph	26-9-42				
DRO. 269/42	Forfeits pay	whilst A.W.L. from 0215 hrs.					
	8-11-42 to 0015 hrs.	9-11-42	(1 day)				
DRO. 293/42.	Entitled to allowance in lieu of rations						
	for 15-12-42 to 2	8-12-42 (Incl)	(14 days)				
DRO. 4/43	Forfeits pay	whilst A.W.L.	from				
	0215 hours to	1000 hrs. 3-1-43	(1 day)				
DRO. 11/43	Admitted Station Hospital		8-1-43				
DRO. 11/43	Discharged Station Hospital		11-1-43				
DRO. 24/43	Admitted Station Hospital		22-1-43				
DRO. 24/43	Discharged Station Hospital		25-1-43				
DRO 91/43	Entitled to Flying Pay		10 apr/43				
DRO 91/43	#4 W.S. Guelph	#6 B & G. Mt. View	16 apr/43				
DRO 131 A.	Mt. View Ont.	#1 Dist. 31 O.T.U. W.S.	11 June/43.				
206.	31 O.T.U.	1 V DEP	5/10/43.				
	(31/35/240).						

R179433 LAC DLUSY, N.

P A R T II
ARMAMENT TRAINING

1. No. 6 B.G.S. Course No. 53 W.A.G.
2. Dates of Courses:-- From 19-4-43 To 31-5-43

AIR TRAINING
Gunnery

3. Flying Time:--

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Bolingbroke	14:25				
Anson			(NIGHT) 1:25	15	50

4. Air Gunnery Results:--

	Average Percentage hits to rounds fired
(a) Beam Test	8 %
(b) Beam Relative Speed Test	5.35 %
(c) Over Tail Test	4 %

5. Total Rounds Fired:--

Ground	1400 %
Air to Ground	200 %
Air to Air	2513 %

6. Assessment:--

		Marks Obtained
(a) Aircraft Recognition	(100 Marks)	87
(b) Written Examinations	(100 Marks)	75
(c) Practical and Oral Examinations	(100 Marks)	72
(d) Ability as Firer	(150 Marks)	117
(e) Final Signal Test	(100 Marks)	100
Totals	(550 Marks)	

7. Position in Class 5 No. in Class 25 Pass or Fail Pass
8. Date Authorized to wear Air Gunner's Badge 31-5-43
9. Character and Leadership--Assessment (Maximum 250 Marks) 172 Marks
10. Remarks.... This airman's air firing results were above average.

Turret Manipulation Time: 13 Hrs. 03 mins.

F.R. Guyatt-Smith S.L.
for Chief Instructor
No. 6 B.G.S.
Date 31-5-43

11. Final Assessment:--

Course	Training Marks Max	Training Marks Obtained	Character & Leadership Max	Character & Leadership Obtained	Totals Max	Totals Obtained	Percent
Wireless School	1000	859	500	355	1500	1214	81
Bombing & Gunnery S.	550	451	250	172	800	623	79
Totals	1550	1310	750	527	2300	1837	80

12. Position in Class 5 No. in Class 25
13. Remarks.... This airman is an outdoor type of man. He has had considerable experience in the handling of men, and shows expellent qualities of Leadership. He should make an excellent N.C.O.

W.C.
for Officer Commmanding.
No. 6 B. & G.S.
Date 31-5-43

"C.T.E. CANADA"
Form R.C.A.F. E.236

AIRMAN'S DEFICIENCY LIST

CLOTHING & ACCESSORIES

No. R179433 Sgt #52

Name DUSSY N. R. (Surname) (Given) Rank L.A.C. Trade W.A.A.G.

I have received equipment in accordance with scales, stated below, and agree that the deficiencies and/or remarks shown on my deficiency list, Form E.236, are correct.

Date	Signature	CAP 16 Vol. III Scales	Date	Signature	CAP 16 Vol. III Scales
24-2-43	N. Dussy	B1-12			
	N. Dussy	B2-2		RU 5744 F26/7263	
14 Oct 43	Dussy N R	B1-2			
14 Oct 43	Dussy N R	B1-2			

CERTIFICATE TO BE SIGNED ON POSTING

CERTIFIED CORRECT ON POSTING			VERIFIED CORRECT ON ARRIVAL		
To undermentioned unit	Signature of Issuing Equipment officer	Date	From undermentioned unit	Signature of Receiving Equipment officer	Date
#6 B & G School Mountain View #310 I.T.S. Debert N.S.	P/Sgt [illegible]		No. 4 W/S, R.C.A.F.	[illegible]	APR 26 43
	A/E Trotter S/D	MAY 29 43	R.C.A.F. MOUNTAIN VIEW ONTARIO	Sgt in Stores I/C	23/6/43
	[illegible] W/O	17/6/43	31 OTU.		

CERTIFIED FORM 1383 HAS BEEN RAISED IN ACCORDANCE WITH SCALES OF CLOTHING ISSUED TO DATE
(SIGNATURE) DEFICIENCY LIST

EQUIPPED TO SCALES LESS STATED DEFICIENCIES

C.A.P. 16 Vol. III SCALE B1 — CLOTHING AND NECESSARIES †

(H.W.E. C.T.E. When Leaving Canada)

Ref. No.	Description	Qty. Deficient	Scale B A.F.O. No.	E.O. Initials	Qty. Issued	I.V. No. & Year	Airmen's Initials
328	fork	1	B1-12		1	C3327	
395	knife	1	"		1		
431	spoon	1	"		1		
31	knife clasp	1	"		1		
33	lanyard, knife	1	"		1		
500	jacket K.D.	2	"				
500 A	trousers K.D.	2	"				
670	dressing first field	1	"				
	Overalls Combination	2	13½				
	Collars (Cotton) S.G.	2	14½		2	C3440 5-43	
	Shirts (Cotton) S.G.	1	14½		1	C3440 5-43	
	Drawers 3 pr blue	6	14		6	C4403 5-43	
	Braces W.A.G.	2	14		2	C4403 5-43	
	Shirt Fleece	3					
	Drawers "	2					
	Caps Winter	1					
	Mitts "	1	5/40				
	Overboots	1					
	Rubbers Blk	1					
	Boots Winter	1	15		1	C3330	
	Rubbers Black	1	15		1	C3330	
5008	Jackets L. Blue	1	A-RO	RP.	1	C3329	
5009	Trousers L. Blue.	1	1423	RP.	1	C3329	

Certified Flying .....
Time is Correct Officer i/c Air Operating
Section, No. 4 W/S

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

"C.T.E. CANADA"

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK LAC NO. R179433 NAME DLUSY N.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs	(A) Mins	2ND PILOT (B) Hrs	(B) Mins	DUAL (C) Hrs	(C) Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs	(D) Mins	2ND PILOT (E) Hrs	(E) Mins	DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs	(G) Mins	2ND PILOT (H) Hrs	(H) Mins	DUAL (J) Hrs	(J) Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs	(K) Mins	2ND PILOT (L) Hrs	(L) Mins	DUAL (M) Hrs	(M) Mins	CREW DUTIES OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
#4W.S.F.S. BURTCH 21-343																													33	45			1	00		
																													33	45			1	00	34	45
No.6 B.&G. SCHOOL	31/5/43																												14	25			1	25	50	35
																													81	55						

F/Lt. Evans - Smith S/LDR.
O/C GROUND INSTRUCTION SCHOOL
No. 6 B. & G. SCHOOL
MOUNTAIN VIEW - ONT.

No. 31 Operational Training Unit,
Royal Air Force

Flying Times for Period JUN 12 1943 to SEP 21 1943

CERTIFIED :-

S Kemp Steele John W/C
Chief Instructor, 31 O. T. U.,
R. A. F.

11R.S.

Sheet Destroyed, date 31 May 1943.
Date of last entry 3 Jan. 1943.
Number of cases of drunkenness Nil
Date of last instance of drunkenness Nil

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R179433 NAME AND INITIALS DLUSY, N. (IN BLOCK LETTERS) DATE OF ENLISTMENT 22 July 1942

SHEET No. TWO (IN WORDS) SIGNATURE AND RANK OF C.O. J. R. Mallory F/C (R.C.Ripley)G/C., RCAF St'n.,Mountain View, Ont. DATE 31 May 1943.

UNIT AND PLACE	Date of Offence 1943	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
# 31 O.T.U. Debert N.S.	29 & 30 Th. July 2nd Aug.	Sgt		W.O.A.S. Absent from his place of duty in that he failed to attend lectures on dates shown. Lecture No. 78. on 29.7.43. Lecture No. 79. on 30.7.43. Lecture Nos.80.81.&82. on 2.8.43.	Sgt. Jones H.J. 1308641.	Reprimanded	4.8.43.	S.P.Coulson W/Cdr.	[signature] F/O 7.8.43.
				CERTIFIED NO ENTRY	[signature]	P/ No. 11 RADIO SCHOOL			5.5.44.
				CERTIFIED NO ENTRY		[signature] F/LT. No 10 RADIO SCHOOL			8.6.44
				Certified no Entry.	J. L. [signature] F/O			4 RFU Haverfordwest	4.7.44
				Certified no entry	[signature]	F/O A/Adj 4(C) O.T.U.		Alnan	15.8.44
				To be carried over					

R.C.A.F. R. 71
50M—1-41 (8774)
H.Q. 1062—3-53

R.C.A.F. Special Reserve

AIR FORCE NO. R.179433 POSTED TO #5 M.D., Lachine P.Q. TRADE Aircr...

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Name ~~DLUSNIEWSKI~~ DLUSY FULL Christian Names NATHAN
2. Present Address 3862 Kent Ave., Montreal, P.Q. Telephone At. 5173
3. Permanent Address 3862 Kent Ave., Montreal, P.Q.
4. Place of Birth Berlin, Germany. Citizenship Polish
5. Date of Birth May 13th, 1921. Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

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

7. Occupation Shipper 8. Religion Hebrew (State denomination)
9. Languages English, German, Jewish fluently, French slightly. (State proficiency)
10. Next of Kin (Full Name) Regina Dlusniewski Relationship Mother
" Address 3862 Kent Ave., Montreal, P.Q.
Father (Full Name) Israel Dlusniewski Birthplace Poland
" Address 3862 Kent Ave., Montreal, P.Q. Citizenship Polish
" Occupation Clothing Manufacturer
12. Mother (Full Maiden Name) Regina Cynamon Birthplace Poland
" Address 3862 Kent Ave., Montreal, P.Q. Citizenship Polish
13. Details of any Naval, Military or Air Force Service: None

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

R.C.A.F. Records Office
Rec'd. JUL 27 1942
O.K. C.E.M.M.
R.G. N.I. R.M.M.
S.L. 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-A-32

647-347

Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	School in Berlin, Germany,	1927	1937	------
High School—Collegiate Institute, etc.	Sir Wm. College, Montreal, P.Q.	1941	1942	Evening business co[illegible]e.
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Eare Clothing Co		1937	1938	Travelling.
Working for father, Montreal, P.Q.	Shipper	1938	----	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. None

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

Engaged in all sports, 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 Wireless Operator Air Gunner.
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. B. Miller 11-6-42	4503 MelroseAve., Montreal, P.Q.	Manufacturer
Mr. Usher [illegible]nstein	460 St.Catherine St.W., Montreal, P.Q.	Accountant
Mr. Max Miller	357 Broadway St., Lachine, P.Q.	Store keeper
Mr. A. Shiller 11-6-42	3866 Kent Ave., Montreal, P.Q.	Storekeeper

28. Other information that may have any bearing on this application None

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 June 9th, 1942. Signature Nathan Dlugmacher

CFL.

Nathan Dlug

NATIONAL REGIS
PRODUCED 76
57 Cote des Neiges
M Bacon
Cpl

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

Date July 22nd, 1942 Nathan Dlusy
Signature of Recruit

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

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

Date July 22nd, 1942 Nathan Dlusy
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 22nd day of July 1942

P Skuba
Signature of Officer

F/O
Rank

#13 Recruiting Centre, Mtl., P.Q.
Unit

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	(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	left arm at elbow - 1934.
(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. no.

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

Signature of Applicant Nathan Dlwag

Examiner's Remarks *re* above

Thinks he had most of the childhood infectious diseases.

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

1. Identification marks or scars (if operative obtain history) Four vaccination marks Rt upper arm. Small flat brownish mole below Rt nipple. Small scar Rt side of upper lip. Circumcision.

2. Height 5 feet 7 inches. 3. Weight 129½ pounds.

4. Complexion Dark 5. Color of Eyes Brown Hair Black

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 37 inches

Range of expansion 3½ inches

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

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

If for AIR Left 20/20 Left NA.

10. Condition of mouth and teeth pyorrhoea

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination moderately large and lax external inguinal rings.

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 ~~A T B T~~ A1BA3B GLS

Any special remarks of the Medical Officers pyorrhoea

for recheck re pyorrhoea, BP + pulse response test

24-6-42 - For recheck B.P. 116/72 & pulse. Still A T B T GLS

25-6-42 - Pyorrhoea cleared. Pulse today is 84/min B.P. 114/70 Recategorised A1BA3B GLS

Part 2 Cont'd.

13. Reflexes — normal

14. Heart — normal

15. Lungs — normal

16. Blood Pressure 100/60 S.D.

17. Colour Vision N GLS

Date June 22 1942

A. Macdonald President — G.C. Sutton F/L Member — Member

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at MONTREAL, P.Q. *Date* 22-6-42.

FILE NUMBER 179433

Dlusy

Surname ~~DLUSNIEWSKI~~ *Chr. Names* NATHAN
Nature of Commission M.2 *Date of Birth* 13-5-21 *Married or Single* Single.
Branch Gen. List *Hours Flown* None
Address 3862 Kent Ave., Montreal, P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or 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 NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS Circumcised. Fracture left arm at elbow in 1934.
(x) Any illness or Injury not mentioned above No ✕ After effects. probably had most of the childhood infectious diseases but does not recall them by name.

Education Ten years education in Germany and 1 year Evening courses.
Present Occupation Shipper Hobbies Photography
Previous Service None
Athletics Swimming and track were his best sports.
Habits—Smoking cigs - very occasionally Alcohol very occasional use.
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health Good but for asthma Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (1) Alive—Health Good (0) Dead—Cause
Sisters (0) Alive—Health (1) Dead—Cause appendicitis at 6 yrs.

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 22-6-42 *Signature* Nathan Dlusniewski *Witness* G.L. Sutton F/L

Nathan Dlusny

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..Wiry.. *(b)* Mentality ..Standard..
Body Marks, Scars, Deformities ..Four vaccination marks rt. upper arm. Small flat brownish mole
Size of Thyroid Gland ..Normal. (below rt. nipple.
Surgical Abnormalities ..Moderately large & lax inguinal rings no hernia.
Results of Wounds, Injuries, Operations ..Circumcised.

	Date 22-6-42	Date 27/6/42	Date	Remarks on any Abnormalities Found
Height (ins.)	67			
Weight (lbs.)	129½			*Date* 22-6-42.
Chest Circumference (ins.)	31-34½			B.P. Checked by an independent observer was 110/65. Temp. 98.4 Has had a head cold and been on holidays without much activity. This may be a factor in low B.P. G.L.S.
Body Build (lbs.)	-5			
Leg Length (ins.)	39½			
Pulse Rate — Sitting	90	84		
Pulse Rate — Standing 1st	132			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	132			
Pulse Rate — Time to Normal	55			
Arterial Walls	Soft			*Date* 24-6-42. B.P. today is 116/72 Temp. is 99º Pulse 96/ min. for recheck of repulse Category AtBt G.L. Sutton, F.L.
Blood Pressure — Systolic	100	104		
Blood Pressure — Diastolic	60	64		
Room Temperature				
Heart — Size (in cms.)	Normal			
Heart — Sounds	Clear			
Heart — Rhythm	Regular			
Lungs — Inspection	N/N			
Lungs — Palpation	N/N			
Lungs — Percussion	N/N			
Lungs — Auscultation	N/N			
Lungs — Expiratory Force	160			
Lungs — X-Ray				*Date* 25-6-42. B.P. 114/70 Pulse - 84/min. (after resting) Temp. 98º Now fit for A1B, A3B. G.L. Sutton, F.L.
Reflexes — Knee	N/N			
Reflexes — Ankle	N/N			
Reflexes — Triceps	N/N			
Reflexes — Abdominal	N/N			
Reflexes — Plantar	Flex/Flex			
Cranial Nerves	Normal			
Balancing Rod	R. L. -- --	R. L.	R. L.	
Self Balancing	R. L. 1S 1S	R. L.	R. L.	*Date*
Tremors — Fingers	slight fine			
Tremors — Eyelids	slight fine			
Abdomen — Liver	Not palp			
Abdomen — Spleen	Not Palp			
Abdomen — Muscular Tone	good			
Urine — Albumen	Neg.			
Urine — Sugar	Neg.			
Initials of M.O.	G.L.S.			

40 mm. Hg. Test ..22-6-42 - 1st trial - 80 secs- 7/988/989/898/1099/899/9 G.L.S.
Date
Date
Date
Date

EYE EXAMINATION

History ..... Nil .....

Visual Acuity	R 20/20 , c ~~+2.5~~ = 20/400		
	L 20/20 , c ~~+2.5~~ = 20/400		
Colour Vision	N. Ish. 9		
~~Red, Green~~	M.R. Sl. eso. tendancy ~~4 at 1~~		
Diaphragm Test (P.D. = 64)	4 at 1		
Convergence	C. = 6 cms.		
	S. C. = Bl. 11½ cms.		
Accommodation	R.) 11½ blur		
	L.)		
Cover Test	Sl. div. R.R.		
Fundi and Media	N		
Fields	N		
REMARKS: A1B, A3B.			
	Initials of M.O JHS ferrier	*Initials of M.O*	*Initials of M.O*
	Date 22-6-42.	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History ..... Nil .....

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	Fair		
Gums	Sl. pyorrhoea.		
Pharynx	Clean		
Nasopharynx	Not seen.		
Nose	Good airway		
Larynx	Not seen		
REMARKS: Pyorrhoea 24-6-42 pyorrhoea cleared	*Initials of M.O.A.S.*	*Initials of M.O*	*Initials of M.O*
	Date June 22, 1942	*Date*	*Date*

Fit. G.L. Sutton, F.L.

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

22-6-42.

Quiet, pleasant young Hebrew lad. Courteous and co-operative.
Alert and keen. Intelligent and does his tests well.
In fairly good physical condition but for low B.P. and tachycardia.
He has been on a holiday recently and has led a sedentary life for about the past two weeks.

For recheck of B.P. and pulse response test.

Category. AtBt G.L. Sutton, F.L.

24-6-42

B.P. is satisfactory but pulse still rapid.

Category AtBt G.L. Sutton, F.L.

25-6-42

B.P. 114/70. Pulse 84 min (after resting). Temp. 98°. Pyorrhoea cleared. Now fit for Category A1B.A3B.

G.L. Sutton, F.L.

FIT | Date 22.7.42
PILOT ✓
OBSERVER ✓
W/OPERATOR ✓
A/GUNNER ✓

M.O.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date..... A1B A3B (wears) A3B A3B (wears) Oct 17

CATEGORY..... APPROVED

DATE..... 19.47.

J. H. Freeman S/L ....M.O.

No. 4 WIRELESS, ~~or B. and G. School~~

NIGHT VISION TEST
No. 4 Wireless School.
15-12-42
A. 12/32
J.H.F. S/L.

A1B		N.V.C.
A3B	Turret	N.V.C.
A3B		N.V.C
A3B	Vision	
A3B	Radio	
Sig:		
Date		16/11/43

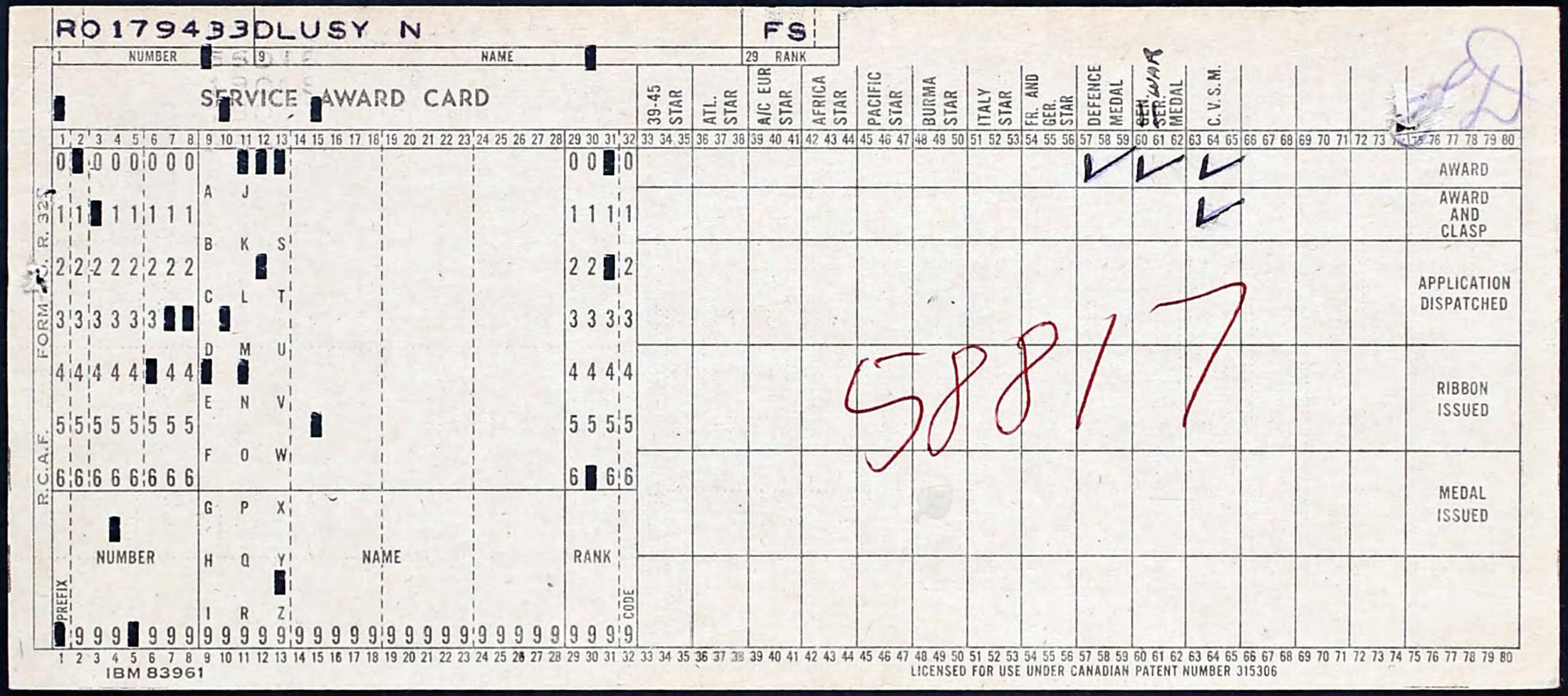
2-T
13

873- 26/1/50.

Mrs. Regina Dlusy (mother)
3862 Kent Ave.,
Montreal,
Que.

June-45.

MEMORIAL BAR
DATE DESP.....
REGN. NO 3822


R0179433 DLUSY N FS
1 NUMBER 9 NAME 29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM C. R. 325
PREFIX
NUMBER
NAME
RANK
CODE
A J
B K S
C L T
D M U
E N V
F O W
G P X
H Q Y
I R Z
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
~~DEF.~~ WAR SER. MEDAL
C. V. S. M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
5881 7
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

NAME DLUSY, Nathan, FILE NO. FD233

RANK F/SGT. W.O.A.G. CATEGORY "KILLED" REG. NO. R179433

DATE OF DEATH: 15 Aug. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 7-9-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

NOV 6 1944

NOV 3 1944

To Mother and Father-

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Israel Dlusniewski,
3862 Kent Avenue,
Montreal, Quebec.

COMMAND:

RELIGION:

mB

POST OFFICE SAVINGS BANK

CANADA

*Office DEBERT M.A.O. 603, N.S.

Number 89

Name NATHAN R. DUSY

Address 31 O.T.U.

Debert N.S.

* In all communications with the Department on Savings Bank Business, the NUMBER of this book and the name of the OFFICE at which it was issued must be given. Passbook must bear correct address.

S.B. 73—35,000—15-9-42

(*b*) No less amount than One Dollar, or some number of Dollars, shall be withdrawn, except when a Depositor withdraws all the money, both principal and interest, due to him.

(*c*) In the Form of Application for a withdrawal the Depositor must specify the number of his Pass Book and the name of the Savings Bank Post Office at which the book was originally obtained, the sum required, his occupation and residence, and the name of the Savings Bank Post Office at which he desires to receive the Postmaster General's Cheque in repayment of his deposits. On receipt by the Postmaster General of such Application, duly filled up and signed, a cheque will be sent, by return of mail, for delivery to the Depositor.

(*d*) When the withdrawal Cheque has been forwarded by the Postmaster General, the Depositor will be notified, and he should then, with the least possible delay, apply to the Postmaster for it, producing at the same time his Pass Book for entry of the repayment.

(*e*) The Postmaster General will endeavour to prevent fraud, and to identify every Depositor transacting business with the Post Office Savings Bank; but if any person shall fraudulently represent himself to be a Depositor, and by forwarding the proper Notice of withdrawal, and by presentation of the Depositor's Book, and compliance with the Rules of the Department, shall obtain any sum of money belonging to that Depositor, the Postmaster General will not be responsible for the loss thereof.

14. (*a*) Delivery of the Postmaster General's Cheque for a withdrawal shall be made only to the Depositor in person, or to the bearer of an Order under his hand, signed in the presence of a Justice of the Peace for the place in which the Depositor resides—or, in case of sickness, of the medical attendant. If the Depositor be resident abroad, his signature must be verified by some constituted authority of the place in which he resides.

(*b*) The following is the form of order to be signed by the Depositor on such occasions, a copy of which may be obtained at the Post Office at which the Cheque is made receivable.

ORDER BY A DEPOSITOR WHO CANNOT PERSONALLY RECEIVE A CHEQUE ISSUED TO HIM

To the Postmaster of.....

I, the undersigned, holder of Pass Book No.....issued to me at the.....Post Office do hereby authorize and direct.....the Bearer of this Order, to receive for me Post Office Savings Bank Cheque No. .....dated the.....19.... for the sum of.....Dollars, for which Cheque the receipt of the above named person shall be a good and sufficient discharge.

As witness my hand, this.....day of.....19....

WITNESS:

.....Signature } of Witness
*.....Occupation } of Witness
.....Address } of Witness

.....Signature } of Depositor

*State whether Justice of the Peace, Medical Attendant, etc.

continuation of the Account.

Signature of Depositor

NOTE.—If the Depositor cannot write, his mark must be affixed in the presence of a witness, and be attested by the signature of that witness.

Nathan R. Dubry

Date of Deposit or of Entry of Withdrawal	AMOUNT OF DEPOSIT		AMOUNT WITHDRAWN		BALANCE OF PRINCIPAL		Officer's Initials	The Dated Stamp of the office to be affixed against each entry
	$	cts.	$	cts.	$	cts.		
Aug 2	60				60		Wms	DEBERT, M.P.O. 603 AUG 2 1943 MONTREAL STNS. B.
Sept 29/43			50		10		L.G.	SEP 29 1943
Oct 8			9		1			OCT - 8 1943
1944								X267
March 31		03			1	03		Interest made Principal Interest Capitalized

(Balance carried forward)

Date of Deposit or of Entry of Withdrawal		AMOUNT OF DEPOSIT $	cts.	AMOUNT WITHDRAWN $	cts.	BALANCE OF PRINCIPAL $	cts.	Officer's Initials	The Dated Stamp of the office to be affixed against each entry
				(Bal. brought	for'd)	1	03		
Interest		02				1	05		
1945									
Jan 31				1	05				

JAN 31 1945

(Balance carried forward)

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Regina Dlusniewski,
3862 Kent Ave.,
Montreal, Que.

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. R179433 FD. 232

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 13 1944

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

DLUSY, Nathan, Flt. Sgt.

R179433 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.

ESTATES BRANCH SEP 26 1944 H. Q. OTTAWA. NATIONAL DEFENCE

Director of Estates.

GC/

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

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.....				
4	Mother of the Deceased.....		Regina Klusniewski	(Alive)	3862 Kent Ave Montreal
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.	Ulusy, Nathan, Sgt.
9	Date of his birth.	May 13, 1921
10	Place and date of his marriage.	Nil
11	Place and date of his parents' marriage.	Lodj, Poland - May 20, 1920

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Berlin, Germany
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Berlin Germany 17 yrs. (b) Montreal, Que. 5 1/2 yrs. (c) Overseas 1 yr.
14	Nature of employment before enlistment.	Clerical work in Office
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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Doubtful in our custody.
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. Do you wish it administered with the pay account?	Bank of Montreal. Kelso Bldg Branch
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$250.00 Victory Bonds 30-War Saving Certificates @ 5.00 ea.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	In possession of Regina Ulusy
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	New York Life — $1,000.00 Ho 2,000.00 Beneficiary - Regina Ulusy
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.	Nil
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.)

(PLEASE TURN OVER)

nil.

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 or Commissioned Officer of any of His Majesty's Forces.

X Regina Delury. {Signature of Informant}

3862 Kent Avenue .....Address

CERTIFICATE

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

See above. ....Delury.... {Name of informant} is the ....mother.... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at ....Montreal.... this ....22nd.... day of ....September.... 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. ....Ernest.... Qualification ....Commissioner of the Superior Court District of Montreal....

Address ....5364 Jeanne Mance Ave Montreal....

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

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, Nathan Dlusy of ~~the Town~~ City ~~Village~~ ~~Township~~

of Montreal in the ~~County~~ District of Côte Des Neiges

Province of Quebec Shipper
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R. 179433 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) mother,

(b) Regina Dlusy

(c) 3862 Kent Ave. Montreal, Que.

(d) all 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 Regina Dlusy (Name) above address (Address) 3862 Kent ave montreal, Que.
to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 23rd day of July 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.

Nathan Dlusy
(Signature of Testator)

First Witness sign here.

(5) [signature]
(Signature)

5676 McLynn Ave
(Permanent Home Address)

[illegible]
(Occupation)

Second Witness sign here.

[signature]
(Signature)

[illegible]
(Permanent Home Address)

Clerk.
(Occupation)

(Witnesses are not to be beneficiaries.)

Records Office
JUL 27 1942
K ... C.I.B.
R.C. ... N.I.
L ... P.A.

(OVER)