R224482
YATES
NORMAN STUAR

EASTMAN—SAFETY—KODAK—FILM

Yates M.D.

R0224482 YATES NORMAN S FS3

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

	39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. WAR MEDAL	C.V.S.M.					
AWARD	✓						✓			✓	✓					
AWARD AND CLASP											✓					
APPLICATION DISPATCHED																
RIBBON ISSUED																
MEDAL ISSUED															25/1/47	

OP
wgp

248357

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Medals sent to Mrs Elizabeth Yates Mother
4097 Northcliffe ave Montreal Que
10/3/50

Mr. & Mrs. Stuart Yates (Parents)
~~3810 St. Antoine St.,~~
Montreal,
Que.

Nov.-45.

MEMORIAL BAR
DATE DESP.....
REGN. NO 3588

5967, 13.3.50

NAME YATES, Norman Stuart, FILE NO. FD241

RANK F/SGT. AIR GUNNER CATEGORY ~~MISSING~~ PRES DEAD REG. NO. R224482

DATE OF DEATH: 22-Aug-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 26-9-44 ROYAL MESSAGE: OCT 3 1945 MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father- DEL'D TO MOTHER: SEP 28 1945

To Mother and Father- 1-8-45 DEL'D TO WIFE:

STUART

Mr. & Mrs. Oswald Yates,
~~35X-XXXXXXXXXXXXX~~ 3810 St. Antoine Street,
Montreal, Quebec.

COMMAND:

RELIGION:

R.C.A.F.

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, AND
MUST BE SURRENDERED ON DEMAND

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

St Eustache

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 21.8.44. 9/2592 614 Sqdn

1

Air Force No R224482 Surname YATES

Christian Names (in full) NORMAN STUART

Date of Birth 2-8-24 Religion

Date of Enlistment/Appointment

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

Occupation in Civil Life Apprentice 1941-41
Clerk 1942-43

Signature of Holder Norman Yates

Name and Address of Next-of-Kin

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

Mrs. Oswald Yates (father)
35 12th Ave.,
Ste Eustache sur le Lac, Que

Certified Correct E S Johnston 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
AG Sp	1-10-43	DR0236A	G J Johnston P/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/Sgt	1-10-43	DR0236A	G J Johnston P/O

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
1250	17-10-43	G Julien P/O
Issued at Lyneham 17.3.44		
107B/1 Pistol Rev. S&W-38		V. 44252
107B/238 Rod cleaning		
12c/88 parts S.A. -380 S&X		
CV. 12107		

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.

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
19-10-43	15		

IMMUNIZATION PROCEDURES

VACCINATION

Date	Result	Initials of M.O.
27-11-43	—— J. F. HOPKIRK	
2.3.44		[illegible]

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
ATT	29.2.44	1cc	[illegible] F/Lt.
TABC		.25cc	
TYPHUS. ①	2.3.44	1cc	[illegible]
" — ②	12.3.44	1cc	H.R.C. F/O.
" — 3	1.4.44	1cc	R.H.F. F/Lt.

a UD ccp
6 3 44

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.

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.....

Dubee

61 20
53 70
750

25

R.C.A.F. Special Reserve

AIR FORCE No. R.224482 POSTED TO #5 M.D. Lachine, Que TRADE STD AIRCREW (D)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname YATES FULL Christian Names NORMAN STUART
2. Present Address 35-12th Ave Ste. Eustache sur le Lac, Que. Telephone
3. Permanent Address 35-12th Ave. STe. Eustache sur le Lac, Que.
4. Place of Birth Verdun, Que Citizenship Canadian
5. Date of Birth August 2 1924 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children NONE

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

7. Occupation Junior Clerk 8. Religion Roman Catholic
   State denomination
9. Languages English fluently
   State proficiency
10. Next of Kin (Full Name) Oswald Yates Relationship Father
    " Address 35-12th Ave. Ste. Eustache sur le Lac, Que
11. Father (Full Name) Oswald Yates Birthplace Birmingham, England
    " Address 35-12th Ave. Ste. Eustache sur le Lac, Que Citizenship British
    " Occupation Restaurant Manager
12. Mother (Full Maiden Name) Elizabeth Crowder Birthplace Montreal, Que.
    " Address 35-12th Ave. Ste. Eustache sur le Lac, Que Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
No						

R.C.A.F. Records Office
Rec'd. APR 24 1943
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

14. Honours, Awards, Mentions No
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 NA.

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

633-417

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St. Willibrods Sch. Mtl.	1930	1941	General 1X
High School—Collegiate Institute, etc.				
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
Western Pattern Works Mtl.	Apprentice	1941	1941	Better himself
C.N.R. Mtl.	Jr. Clerk	1941	1943	Still employed

23. Flying Experience (in Hours) Solo No Dual No Passenger No

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. No

25. Sports engaged in. State: extensively, moderately, occasionally Rugby, Tennis, Hockey, Hunting

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

If for Ground Duties, state Air Force trade in which you wish to enlist
If for Flying Duties, state preference as (a) ~~Pilotxx~~, (b) ~~Observerxx~~, (c) ~~Air Gunnerxx~~, (d) ~~Wireless Operator~~ (Air Crew) Standard Aircrew Deferred.
(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. M. D. Whitaker	360 McGill St. Mtl.	Ass't General Accountant Canadian National Railways
Mr. A. C. Egan	360 McGill St. Mtl.	Ass't Comtroller C.N.R.
Rev. Brother Charles	St. Willibrords, High, Sch. Verdun, Que	Director
Mr. H. Rowland	St. Eustache Sur-Le/Lac, Que	Grocer

28. Other information that may have any bearing on this application No

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 April 5 19 43 Signature Norman Yates

FOR OFFICIAL USE ONLY Surrd 20-4-43

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 47/Laval. Dans. Montague
28/ April 5th 1943

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

I, Norman Stuart Yates .....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 April 20th 19 43 Norman Yates
Signature of Recruit

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

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

Date April 20th 19 43 Norman Yates
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, Que this 20th day of April 19 43

.....
Signature of Officer

.....
Rank

#13 Rec.C., Montreal, Que.
Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 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 NO
(k) Ear Disease discharging ear @ 9. Earaches previously.
(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 T. & A. Measles, Chicken pox

3. Have you ever worn glasses? NO

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

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

Signature of Applicant

Examiner's Remarks *re* above

nil

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

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

Brown birthmark on right iliac crest.

2. Height 5 feet 6½ inches. 3. Weight 110 pounds.

4. Complexion fair 5. Color of Eyes blue Hair light red

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

Range of expansion 3 inches

8. Hearing—Right WV 20' Left WV 20' Tympana—Right normal Left normal

9. Vision—Without glasses—Right 20/15 With glasses—Right n.s.

Left 20/15 Left n.a.

10. Condition of mouth and teeth healthy. Teeth good.

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination

none

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

A1B
A3B(Turret)
A 3 B
A3B(Vision)

9-4-43 XRAY 181646 NEG.

Part 2 Con't.

Any special remarks of the Medical Officers

A bright mannered youngster, rather immature, likeable disposition. Bright and quick in his responses. Mentality average. This boy may do alright in certain A/C positions.
At/t Wax in ears. S.A.Hopper F/O
April 8th, 1943 Wax removed, drums calcified but intact. Canals patent. J. Lloyd Burns F/L

13. Reflexes: N
14. Heart N
15. Lungs N
16. Blood Pressure: S 128 D. 82
17. Colour Vision: normal Ishihara.

MEDICAL RECHECK
I certify that I have examined the above-named applicant and find that he is still fit for A.C.A.F.

Date 20 Apl 43

Norman Yates
(Signature)

Date April 5th 1943

(President) Member Member

R.224482 AC.2 YATES Norman Stuart

R.C.A.F. Special Reserve

APPENDIX "B"
M.O. M:10/13
14 Jan, 1943.

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

STANDARD AIRCREW (D)

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

(a) That I will, on completion of recruit training at Manning Depot perform any ground duties including General Duties which may be specified at the discretion of the Commanding Officer of the Unit to which I may be attached, until the Royal Canadian Air Force is in a position to commence my training as aircrew.

(b) That I will not be entitled to any trade pay nor to remuster whilst so employed, but that I will be entitled to be reclassified, if found satisfactory, to AC. 1 and LAC, in accordance with ordinary R.C.A.F. procedure for General Duties Airmen.

(c) That I will appear before an Aircrew Selection Board at Manning Depot and may be selected for training in <u>any</u> aircrew category; or if I am found unsuitable for aircrew training, the Aircrew Selection Board may, at its discretion, remuster me to a ground trade or to General Duties or discharge me from the R.C.A.F. Similar remustering or discharge action may be taken at any subsequent time that I am found unsuitable for Aircrew training by competent R.C.A.F. authorities.

(d) That at the end of not more than six months' service as Standard Aircrew (D), I will be remustered to the Aircrew category for which I was selected and subject to the exigencies of the Service, will commence Aircrew training which may include preliminary educational or similar courses.

G. Kennedy LAC — Norman Yates
(Witness) (Signature of Applicant)

Montreal Que. — April 20th, 1943
(Place) (Date)

R.C.A.F. Records Office
Rec'd. APR 24 1943
O.K. C.I.B.
R.O. N.I.
S/L P.A.

A.F.M. 23(i)
14 Jan., 1943

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

224482

1. (a) Print name in full *Yates Norman Robert* (b) Reg'l. No. *R 224482*
2. (a) Arm of service *R.C.A.F.* (b) Unit *Manning Depot* (c) Rank *A.C.*
3. (a) Date of birth *Dec 2, 1921* (b) Have you any dependents? *No* (c) Place of residence at time of enlistment *Sherbrooke Que*
4. (a) Place of enlistment *Montreal* (b) Date of enlistment *Aug 4/41*

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school *16 Yrs* (b) Were you attending school or college up to the time of enlistment? *No*
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) *Two Years High School*
7. If you attended a university, give name of university and standing or degree secured *—*
8. (a) Did you ever enter upon a trade apprenticeship? *N.A.* (b) If so, for what occupation? *N.A.* (c) Did you finish it? *N.A.* (d) If you did not finish it, how long did you serve at it? *N.A.*
9. (a) What languages do you speak fluently? *English* (b) What languages do you read well? *English*

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) *Working* (b) At time of enlistment of what trade union or professional society were you a member? *N.A.*

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer *Canadian Westinghouse Co Ltd* Address *Montreal, Que*
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) *Manufacturing Co*
20. (a) Your specific occupation *Jr. Clerk* (b) Number of years' experience at this occupation with any employer *4 yrs*
21. (a) Did your employer promise definitely to give you employment on discharge? *Yes* (b) Did your employer refuse to promise you employment on discharge? *No* (c) Do you wish to return to your former employment? *No*

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

R.C.A.F. Records Office APR 22 1943

Section G—MISCELLANEOUS

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

DATE *April 21st* 194.. SIGNATURE *Norman Yates*

R.C.A.F. G.141

R.C.A.F.

C E R T I F I C A T E O F E D U C A T I O N

THIS IS TO CERTIFY THAT

R224482 AC2 Yates . N.S.
(Number) (Name)

has been a trainee at the Pre/Aircrew Education Course at

No. 9 Pre-Aircrew Education Detachment, McGill Univ., Montreal, Que.
(Place)

under the auspices of the University Pre-Education Programme. He has taken the Royal Canadian Air Force final examination in the following subjects and has been recommended as educationally qualified for the category of AIRCREW (I.T######) (A.G.)

Subject	Mark		
English	79	Aircraft Recognition	79
Science	N.A.	Signals	100
Mathematics	94		

Remarks

Date July 8/43

Signed J/Lt Supernis F/O
(Examination Officer)
for (W.F. Purvis) S/L
O.C. #9 P.A.E.D. Montreal, Que.

R.C.A.F. Records Office
Rec'd JUL 17 1943
.....C.I.B.....
.....N. I.....
.....P. A.....

AIRMAN'S STATEMENT AT EMBARKATION

1. Numbaer R224482 Rank SGT. Name YATES, N.S. NORMAN STUART
   Surname Christian Names

2. Name and address of person to be notified in case of casualty.....MR.....
   O.S. YATES, 35-12TH. Avenue
   St. Eustache Sur-le-Lac, Que. Relationship, if any.....FATHER

3. Alternative or second name of person & address to be notified in case of casualty.....Mrs. O.S. Yates 35-12TH. Avenue
   St. Eustache Sur-le-Lac, Que.

4. Legal next of kin(wife,if married,father if unmarried,mother if father deceased.....YATES OSWALD STUART
   Surname Christian Names

5. Are you single, married, widower, divorced, separated?.....Single.....
   Full Christian & surname of wife.....none.....
   Address.....

6. If married, have you completed a will since marriage?....state location.....
   .....

7. Have you completed necessary documentation for dependent's allowance?.....
   .....no dependents.....

8. Are your parents living? Father.....yes.....Mother.....yes.....

9. Full Christian & surname of parents (if living).
   Father.....MR. OSWALD STUART YATES.....
   Address.....35-12TH. Avenue St. Eustache Sur-le-Lac. Que.
   Mother.....MRS. O. YATES.....

10. Your own permanent home address.....35-12TH. Avenue St. Eustache Sur-le-Lac, Que.

13. Religious Denomination.....Roman Catholic.....

12. Have you Identification Discs?.....YES.....

Airman's usual signature.....Norman Yates

Date.....17/10/43.....

R.C.A.F. Records Office
Rec'd OCT 26 1943
C. K. C.I.B.
R. C. N. I.
S. L. P. A. RJ

e 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.224482 Name YATES Norman Stuart Rank ~~T/SGT.~~ T/F/SGT.
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 2.8.24 Religion R.C Occupation in Civil Life Apprentice 1941.

Last Enlisted 20.4.43 Current Engagement Clerk 1941-43.

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 S

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

(father) Mr. O. Yates. 3810 St. Antoine St., Montreal, P. of Quebec. Can.

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.")

Next of Kin

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.
9 B & G	No.1 Y Depot.	15.10.43		Aircrew. "Std" AC2	20.4.43
No.1 Y Depot.	U.K	22.10.43		Air Gunner "Std" "	7.5.43
	Emb. Halifax.	22.10.43		" " " LAC	21.8.43
	U.K	30.10.43		" " Sp. T/Sgt	1.10.43
Int.C.137	3 RCAF.PRC	31.10.43		" " Gr.2. "	1.10.43
3 (RCAF) PRC	No. 23 OTU	23.11.43	Por 6/44	Promoted T/F/SGT	1.7.44
No 23 O.T.U.	Dalton	17.1.44			
61 Bmb	2 ARC	21/3/44			
27/44 2 ARC.	1. BPD	23.3.44			
28/44 1 BPD	61 Sqdn.	24.3.44			
Missing from	Operations.	22.8.44.			
61st Sqdn.	RCAF (UK) N/E Unit.	23.8.44.			
Prev. Dead	CR. SII	22.8.44			
		Pen 145/45			

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—10349) 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.
Sgt.	V.G.	A.G.	ON STRENGTH FOR TRAINING ONLY				23/8/44.	[illegible] W/Cmdr
T/F/Sgt.	V.G.	A/G.	SAT	SAT	—			
Cpl. 1/44.	7 Days Civ Leave.	4/1/44 →	10/1/44	R.W. 12k975				
POR 17/43.	7 Days Priv. Leave 10.11.43 – 14.11.43. (12.00 hrs)					NEW. E15528.		

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

Record of Leave and Issue of Free Travelling Warrants

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 Air Gunners Badge.	1.10.43

Sheet Destroyed, date.....
Date of last entry.....
Number of cases of drunkenness.....
Date of last instance of drunkenness.....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R-224482 NAME AND INITIALS YATES N.S. (IN BLOCK LETTERS) DATE OF ENLISTMENT APRIL 20-43

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. [signature] P/O DATE JUNE 1-43

FOR: (Louis P. Gelinas) Wing Commander

UNIT AND PLACE	Date of Offence	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
# 5 "M" Depot Lachine, Que.	26-5-43	AC2		Walking on street with his arms around a girl.	S.P. Report	2 days C.B.	1-6-43	J.A. Langlois, S/L	[signature] S/L (J.A.L.) S/L
				CERTIFIED NO ENTRY [signature]		[signature] F/Lt.-Adj.	23 5 43	Rushore.	17.1.44
				Certified no Entry. [signature]		F/Lt. Adjt. for O/C. No. 614 SQDN. RAF. CMF.			23.8.44
				To be carried over					

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

CONFIDENTIAL

R.C.A.F. FORM 5035

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

R224482

NO. 9 BOMBING AND GUNNERY SCHOOL

1. SURNAME YATES. CHRISTIAN NAMES Norman Stuart.

2. NUMBER R224492 3. RANK LAC. 4. COURSE NO. 61

5. POSTED FROM #1 A.G.G.S. 6. DATE COURSE COMMENCED Aug. 23/43. 7. DATE COURSE ENDED Oct. 1/43. 8. POSTED TO #1 "Y" Depot, Halifax, N.S.

9. AIRCREW TRADE AIR GUNNER 10. HEIGHT 67½". 11. GIRTH 31".

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
BATTLE	V.G.O.	V.G.O.	380	Bristol	Bristol.	1000	15:00
		Browning			B.P.		
					F.N.		

13. GROUND WORK

SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	170
GUNS (PRACTICAL)	100	85
SIGHTING (~~WRITTEN~~) ORAL	250	152
TURRETS (PRACTICAL)	200	159
A/C RECOGNITION	150	136
SIGNALS	100	(WO)(100)
TOTAL	1000	702
PERCENTAGE		70.2

14. AIR WORK

FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		16:00	
NO. CINE EX. COMPLETED		2	
ROUNDS FIRED	AIR TO GROUND	200	
	AIR TO AIR	3000	
% HITS AIR TO AIR		4.5	

AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
	1000	780

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	66

R.C.A.F. Records Office Rec'd 9 OCT 1943 K JB I.B. e JB N.I. S JB P.A.

16. DEGREE OF SUITABILITY FOR FURTHER TRAINING	0 NOT AT ALL SUITABLE	1 MODERATELY SUITABLE	2 DEFINITELY SUITABLE	3 EXTREMELY SUITABLE
AS A GUNNERY INSTRUCTOR	X			

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Position 47 in course of 122. Average student. Hard worker. Keen. Dependable and popular.

DATE:- October 1/43.

for (H.P. Crabb) G/C OFFICER COMMANDING
NO. 9 BOMBING & GUNNERY SCHOOL

(2) PC 4-1 S/L Ball
Re our talk about Pathfinder Badge (1) see Para 4
WS-Sgn 4
PC 4-1-49
8/2/49

R224482 (DPC)

OTTAWA, Canada, February 7th, 1949.

(1)

Mrs. Elizabeth Yates,
c/o Bank of Toronto,
Board of Trade Branch,
Montreal 1, Quebec.

Dear Mrs. Yates:

I wish to acknowledge your letter of January 31st, concerning your son, Flight Sergeant Norman Stuart Yates, and I regret indeed that you have not been conveyed the information which was despatched to Mr. Oswald Yates under date of July 23rd, 1948. You will appreciate that until you advised, it was considered that any information despatched to Mr. Yates would be available to you.

You are aware that three members of your son's crew were Prisoners of War - the remaining members being your son, Flying Officer S.N. Kwinter, Pilot Officer T.B. Sparrow and Flight Sergeant D.J. Heath (all R.C.A.F.) and Flight Sergeant J.G. Evans (R.A.F.), and our Missing Research and Enquiry Service located and identified the wreckage of your son's aircraft at Bakany Bank, in central Hungary, and the graves of three members of the crew were found in the local cemetery there, but most unfortunately only Flying Officer S.N. Kwinter could be individually identified, and while it is believed that the two unidentified beside Flying Officer Kwinter were members of the same crew, due to the fact that after intensive investigation, no trace can be found of the two remaining crew members, the graves cannot be marked for your son, Flying Officer Sparrow, Flight Sergeant Heath or Flight Sergeant Evans, and the graves must remain 'Unknown', and it must regretfully be accepted that your son, Flying Officer Sparrow, Flight Sergeant Heath and Flight Sergeant Evans perished in the crash of the aircraft, and do not have 'Known' graves.

Owing to the extreme hazards attending war in the air, there are, unhappily, many thousands of aircrew boys who, like your son, Flying Officer Sparrow, Flight Sergeant Heath and Flight Sergeant Evans, do not have a 'Known' grave, and their names will be commemorated on general memorials which will be erected at a number of locations by the Imperial War Graves Commission (of which Canada is a member). Your son,

.... 2 ....

Flying Officer Sparrow, Flight Sergeant Heath and Flight Sergeant Evans will be commemorated on one of these Memorials, and you will be further advised in this regard by the Commission. The graves of Flying Officer Kwinter and the two unidentified members of the crew have been moved to the Budapest British Military Cemetery, Budapest, Hungary.

I regret that you have not yet received a Pathfinder Badge. This badge was an R.A.F. award, and unfortunately delays have occurred in conveying the badge to the next-of-kin of deceased members of the R.C.A.F. It is advised that the distribution of badges is now taking place, having been retarded by delays in securing accurate information, and it should not be too long before the badge is forwarded to you.

I realize that this is an extremely distressing letter, and that there is no manner of conveying such news to you that would not add to your heartaches, and I am fully aware that nothing I may say will lessen your great sorrow, but I would like to take this opportunity of expressing to you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,

(W. R. Gunn)
Wing Commander
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

WRG:LC

R224482 (DPC)

Ontario,
3rd April, 1951.

Mrs. Elizabeth Yates,
4097 Northcliffe Avenue,
MONTREAL, Quebec.

Dear Mrs. Yates:

It is with regret that I refer to the loss of your son, Flight Sergeant Norman Stuart Yates, and to my letter of February 7th, 1949, but you will wish to know that your son and those members of his crew that do not have "known" graves will be commemorated on the Memorial that will be erected at Malta.

In addition to the Memorial that will be erected at Malta, other Memorials, each representative of a theatre of operations, will be erected at Runnymede, England, El Alamein and Singapore.

May I again take this opportunity of expressing my deepest sympathy.

Yours sincerely,

(W.R. Gunn) Wing Commander,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

WRG/DRP

From:- Base Perso nnel Office. C.M.F.

Personal Effects of Can.R.224482 F/Sgt. YATES N.S.

To be forwarded by Registered Post to O/C Central Depository,RAF.,
Colnbrook - Bucks.

One par el contsining:-

1 Tweed waistcoat.
1 " jazket.
1 Pr.Tweed trousers.
1 Base ball glove.
1 Wool windbreaker.
1 Pr.Galoshes.
1 Woollen cardigan.
1 Blue Woollen scarf.
1 Leather toilet case cont.:- razor,1hairbrush,1 clothes brush,1 shaving brush, 5 containers.
1 Button polisher.
1 Leather wallet.
1 Pr.Leather mittens.
1 Notebook.
1 Pkt.writing paper and envelopes.

One parcel containing:- (3).

1 Pr,Braces.
1 Black tie.
1 Comb.
2 Blue skirts.
15 Pr.Socks.
3 Pkt.personal mail.
2 Civilian ties.
1 RCAF.Windbreaker.
1 Pkt.Personal mail,photos,and newspaper cuttings.
4 AG.Brevets.
1 Fountain pen(Wazon).
1 Identoty Bracelet.

One parcel containing:- (2).

1 Wool dressing gown.
1 Softball.
1 Pr.Black shoes.
1 Pr.Slippers.
1 Woollen pullover.
1 Neck warmer.
1 Schick razor in case.
1 Gillette razor in case.
1 Clothes brush.
1 Hair brush.
3 Shaving brushes.
1 Leather purse.
1 Steel mirror.
1 Dictionary.
1 Housewife.
1 Hand towel.
3 Vests.
1 Leather wallet cont:-receipts and souvenir notes.
17 Handkerchiefs. 1 Pr.Braces.
1 Metal money container.

1 Portrait.
1 Leather billfold.
RCAF Pass,collection of 8 coins,foreign stamps,& Canadian Badges.1 Horseshoe.

One parcel containing:- (4).

1 Baseball bat.

R224482 (R.O.)

OTTAWA, Canada, 25th January, 1947.

REGISTERED

Mrs. Elizabeth Yates,
3810 St. Antoine St.,
Montreal, P.Q.

Dear Mrs. Yates:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate of recognition of the gallant services rendered by your son, Flight Sergeant N.S. Yates.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/mz

AIR MINISTRY

2, Seville Street,

London, S.W.1.

22nd April 1947.

COPY FOR OTTAWA

P.422162/44/S.7.CAS/402/W.

Officer Commanding,
Headquarters,
Missing Research and Enquiry Service,
c/o A.P.O. S.442.,
Royal Air Force,
CENTRAL MED. FORCES.

RECEIVED MAY 8 1947 CASUALTY SECTION

Re Casualty Enquiry M.153.

J.89691	P/O	SPARROW, T.B.	Captain	
J.89482	F/O	SPARKS, C.H.	Nav.	P.O.W.
1390889	F/S	PATRIARCA, R.	Wop/Air	
1603504	F/S	CURTIS, R.G.	F/E	
R.199461	F/S	HEATH, D.J.	T/Gunr.	
J.25072	F/O	KWINTER, S.N.	A/B	
R.224482	F/S	YATES, N.S.	M/U)G	
1418593	F/S	EVANS, J.G.	A/B.	

2. Your R.199461/Heath dated 6th February 1947 is acknowledged, and it is noted that the wreckage of Halifax JP228 has been located, and three bodies extricated from it are now buried in Budapest B.M.C., Plot 1, Row C, Graves 1 and 2, having been concentrated there from the Civil Cemetery of Bakony Bank.

3. You report no trace could be found of the two other missing crew-members.

4. In para. 6., you advise that you have issued authority for the acceptance of Plot 1, Row C, Grave 1 for Sparrow, on the strength of identifying these remains at the time of concentration as those of an "Unknown Canadian Pilot Officer". At the time the aircraft was shot down, Sparrow was a Warrant Officer. The only officer in the aircraft was Kwinter, and it is therefore most probable that Plot 1, Row C, Grave 1 is Kwinter, in spite of the fact that the occupant is described as a Pilot Officer when Kwinter is a Flying Officer. You are therefore requested to arrange for Plot 1, Row C, Grave 1 to be registered and marked for Kwinter instead of Sparrow.

5. Grave 2 in the same plot and row, stated to contain "2 Unknown Airmen" must be marked accordingly, and the four unaccounted for members of the crew, i.e. Sparrow, Heath, Yates, and Evans should be commemorated by the erection of a Plaque Cross under the terms of A.M.O. A.682/45, para 2, sub-para 4. A copy of Form 1833 is forwarded for your information.

6. Please confirm the necessary action has been taken to alter the registration of Grave 1, and the remaining members of the crew have been registered as requested.

7. The next of kin will not be informed of burial details until a further report has been received from your Unit.

Chas G Wilson

(C. WILSON) Flight Lieutenant.

1 copy CASCAN.
1 copy D.D.G.R.E.

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13300

This is to Certify that

R224402 FLIGHT SERGEANT YATES, NORMAN STUART R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 22ND day

of AUGUST, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 27TH day of JULY 1945

(W.G. Bacon)
Wing Commander
Acting R.C.A.F. Records Officer.

To be made out in duplicate

M.F.M. 5
25M—6-42 (4975)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank YATES NORMAN STUART
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R224482 AC2

(3) Unit R.C.A.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N-A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons N.A.

(7) Are you a widower? No

(8) Have you any children? No Number of boys N-A. Girls N.A

Names and ages N-A.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N.A

Postal Address N.A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address N. A.

(11) Is your father alive? Yes

If so, state name and address, occupation YATES, OSWALD STUART, 35-12TH. AVE ST. EUSTACHE-SUR-LELAC, QUE. RESTAURANT MANAGER.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? N. A.

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N. A.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N. A.

(14) Is your mother alive? Yes

If so, state name and address YATES, ELIZEBETH, 35-12TH. AVE ST. EUSTACHE SUR-LE-LAC, QUE.

(15) If your mother is a widow, are you her sole or partial support? N. A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N. A.

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N. A.

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N. A.

Full Name N. A.

Postal Address N. A.

Amount contributed monthly during the past six months N. A.

(18) Are you insured? No

If so, in what Company? N. A

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Norman Yates
(Signature of officer or man)

Date April 21st. 1943

G. Wood R.C.A.F.
Officer Commanding No.5 M.D. R.C.A.F.

APR 21 1943
Date

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R224482 RANK F/SGT. UNIT 614 SQDN OVERSEAS

TRADE A/G (SP.GR.)

NAME YATES, NORMAN STUART

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

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR OSWALD STUART YATES

RELATIONSHIP FATHER

ADDRESS 3810 ST. ANTOINE ST. MONTREAL. QUE.

FATHER'S NAME MR OSWALD STUART YATES

ADDRESS 3810 ST. ANTOINE. ST. MONTREAL. QUE. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS ELIZABETH YATES

ADDRESS SAME AS FATHER LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 35-12th AVE. STE. EUSTACHE SUR LE LAC. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION JUNIOR CLERK

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAIL LETTER--------d-10-JULY-45

PREVIOUSLY REPORTED "MISSING" 22-AUG-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER HUNGARY)

ESTATES BRANCH AUG 2 1945 N.D.H.Q. OTTAWA

NOW "PRESUMED DEAD" 22-AUG-44 FOR OFFICIAL PURPOSES

ALL WILLS (1)

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

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

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

DATE 27-JULY-45

FOR CHIEF OF THE AIR STAFF

.F. R217
-44 (4664)
885-R217
-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

45530

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Oswald Stuart Yates
3810 St. Antoine St.
Montreal, Quebec

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. R224482 FD 198

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

6 Aug 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

YATES	Norman Stuart	F/SGT.
R224482	R.C.A.F.	

ESTATES BRANCH
AUG 11 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

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.

R. Leslie Dalton Col.

Director of Estates.

MG/TJ

M.F.W. 77
6M—4-45 (7053)
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.....		Stuart YATES	46	3810 St. Antoine St Montreal, Que.
4	Mother of the Deceased.....		Elizabeth YATES	45	Same.
5	Brothers of the Deceased	Full Blood	James Hayes Yates William Jeffrey Yates Richard John Yates	17 16 11	" " "
		Half Blood	Nil		
6	Sisters of the Deceased	Full Blood	Joan Elizabeth Yates	19	"
		Half Blood	Nil.		

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
	None	———	———

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Norman Stuart Yates
9	Date of his birth.	August 2nd. 1924
10	Place and date of his marriage.	——— Single
11	Place and date of his parents' marriage.	Verdun, Que. May 23rd. 1923.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Verdun, Que.
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. only. 20 years. (b) (c) (d)
14	Nature of employment before enlistment.	Clerk, Can. Nat. Rlys, Offices, Montreal, 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.	———

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Single.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Yes. Bank of Toronto, Head Office Montreal, Que. 5.00 No. ———
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	———
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	150.00 bearer ——— 4,5,6. Bank of Toronto, St. James St. Montreal, Que. Head Office
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Ins. 500.00 Mother.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	——— Nil.

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.

(Please Turn Over)

DECLARATION

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

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

* FATHER of the deceased.

Stuart Yates (Signature of Informant)

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.

3810 St. Antoine St, Montreal, Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief that Stuart Yates ({Name of informant}) is the* FATHER of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal, Que. this 10th. day of August 1945.

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

H Wilding

Qualification Commissioner Superior Court District of Montreal.

Address 3810 St. Antoine Street 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

Please forward at your earliest convience a photo-static copy of Norman Stuart Yates will to Stuart Yates
3810 St. Antoine St.
Montreal, Que.

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

R.C.A.F. R. 60
(Revised 1-42)
60M—10-42 (2842)
H.Q. 885-R-60

WILL

(a) Names in full to be written.

(1) (a) I, Norman Stuart Yates of the ~~City~~ ~~Town~~ Village ✓ ~~Township~~

of St. Eustache Sur-le-Lac in the County of Two Mountains
District

Province of Quebec F.R. Clerk
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R224482 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) FATHER + MOTHER

(b) OSWALD STUART YATES, ELIZABETH YATES

(c) BOTH - 35-12TH. AVE ST. EUSTACHE SUR-LE-LAC

(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 ~~MYF~~ OSWALD STUART YATES. AS ABOVE
(Name) (Address)

to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this

day of 21st. Day of APRIL 1943

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.

Norman Yates
(Signature of Testator)

First Witness sign here.

(5) P. McQuade
(Signature)

35 Laporte St., Quebec
(Permanent Home Address)

Clerk
(Occupation)

Second Witness sign here.

A. Emerson
(Signature)

35 Sunnyland Ottawa
(Permanent Home Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd APR 28 1943
O. K. C.I.B.
R.C. N.I.
S.L. P.A.

Two witnesses must sign their names where indicated.

(OVER)

13

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. **$100.00**
and my household goods and effects."
"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 Ave., Ottawa, Ont., the balance of my estate" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them".

(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.

(5) Any additions or alterations to this Will must be initialled by the Testator and both Witnesses.

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.

To be completed only by personnel who have previously executed a 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)

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

4
AIR

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. E470-11
FILE NO. 26860
DATE 12 Dec/45
SERVICE NO. R.224482
FINAL RANK OR RATING FS
DATE OF DISCHARGE 22 Aug/44

PAYEE: Receiver General of Canada,
ADDRESS: Director of Estates,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Aug./44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 491 (30) EQUAL TO 16 COMPLETE PERIODS AT $7.50	120.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 306 LESS 11 INELIGIBLE DAYS, EQUAL TO 295 DAYS @ 25C. PER DAY	73.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 3.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 4.75 ×7 = $ 33.25 NO. OF DAYS 306 (183) ×$ 33.25	55.60
D. WAR SERVICE GRATUITY	249.35
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	249.35

G. YOUR PORTION OF GRATUITY IS—

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

R.C.A.F. Records Office
Rec'd JAN 7 1946
JAN 7 1946
C.I.B.
N.I.
P.A.

P. & A. Bal. Trans. Trust Account
Journal Voucher # G310

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
HRH	DRM	[signature]	11-12-45

[signature]
SERVICE REPRESENTATIVE

ΔT

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: NORMAN S. YATES
(Christian Names) (Surname)

PAYEE: R.G. & C.
(Christian Names) (Surname)

ADDRESS:

Register No. .....
File No. 26860
Date 12 DEC 45
Service No. R 22 4482
Final Rank or Rating F/S
Date of Discharge 22 AUG 44

Date of Termination of O/S service 22 AUG 44

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days 491/30 equal to 16 complete periods @ $7.50		120.00
B. QUALIFYING OVERSEAS SERVICE No. of days 306 less 11 ineligible days, equal to 295 days @ 25¢ per day		73.75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rates at Discharge Pay .....$ 3.50 Subsistence or Lodging and Provision Allowance .....$ 1.25 Additional Pay ....$..... Dependents' Allowance 1/30 of $ .....$..... TOTAL $ 4.75 x 7 = $ 33.25 No. of days 306/183 x $ 33.25 54.5/1.09/55.60		55.60
DD. WAR SERVICE GRATUITY		249.35
E. Deductions — Overpayment of — Pay and Allowances $ Dependents' Allowance and Assigned Pay $ Other deductions $		
F. TOTAL AMOUNT PAYABLE		249.35
G. YOUR PROPORTION: (D.A. in issue to you) = ——— of $ (Total D.A. in issue)		

PREPARED BY	CHECKED BY
HRA.	DRM.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (HUNGARY) | 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: YATES (Block letters)

Given names: NORMAN STUART

4. RESIDENCE

Street: 12th Avenue No. 35

Official name of civil municipality or township: Ste. Eustache sur le lac

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: August (Month) 2nd (Day) 1924 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Aug. 22/44

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Yates, Oswald	England
MOTHER (Maiden Name)	Crowder, Elizabeth	Quebec

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 22nd (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) Previously reported missing after air operations, now for official purposes, presumed dead.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide: Accident (State which) Date: August 22nd 44 19....

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

Nature of injury....

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

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

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

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

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

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

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

(Voir l'autre côté pour le français)

OCT 7 1943

2884
33

R.C.A.F. FORM A.28
75M—9-42 (2643)
H.Q. 885-A-28

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal, Que. ON 20-4-43.

MARRIED OR SINGLE Single

No. R224482 NAME IN FULL YATES, N. S.

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
									No.5 M.D. R.C.A.F.
95	20-4-43	AC2	S	AS	1 30	- -	1 30	NA	Reclass. LAC Eff 2/1/43
151	2/1/43	LAC	S	AS	1 50		1 50		Ext FP Eff 22-7-43
204	22/7/43	LAC	S	AS	1 50	75	2 25		
2369	1-10-43	Sgt	SG	AS	2 95		2 95		Remust AG

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Rec. Gen'l CDA-4# Loan	1-5-43	8 40	8 40

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

Period 1943	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
20-30-4	11	14 30					14 30	+								14 30	Ø	
1-31/5	31	40 30					40 30	8 40						15 00	23 40	16 90	—	SOS TO #9 P.A.E.D. McGILL UNIV'TY.
1-13/6	13	16 90					16 90	3 60					13 00		16 60		30	A.88 EFF JUN 13 '43 DRO NO. 143
JUNE 14-30/6	17	22 10				30	22 40	4 80							4 80	17 60	—	TOS EFF 14 JUNE/43 DRO 95
1-9/7	9	11 70					11 70	2 00					10 00		12 00		30	S.O.S. TO- #1 AGGT 1 EFF 9-7-43 D.R.O. 37
10-31/7	22	28 60					28 60	6 40		30			5 00		11 70	16 90	—	T.O.S. DRO 116
1-20/8	20	26 00					27 50	6 00					6 00	15 00	27 00		50	SOS, TO #9 B + 9 EFF 2/8/43 DRO 151
218	1	1 50																204 T.O.S. #9 B & M Mont Sol. WOFF 22-7-43
22-31/8	10	22 50				50	23 00	2 40							2 40	20 60	Ø	
1-30/9	30	67 50					67 50	8 40			R.V. E/906		95 75	20 30	00 114 55		47 05	D.O.236.A- S.O.S. To No. 1 'Y' Depot, Halifax, N.S. Eff. 15/10/43 D.O.236.A- Auth. R.A. Emb. Leave 14 days - 17/5/10/43
1-15/10	15	44 25	7 00				51 25	4 20		47 05					51 25		Ø	

Audited by Treas 9-10-43
K W Johnston

AIR FORCE No. R224482 | SURNAME Yates | FULL CHRISTIAN NAME Norman Stuart | ENLISTMENT/~~APPOINTMENT~~ PLACE Montreal P.Q. DATE April 20/43. | RELIGION R.C.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
Aug. 2/24	Montreal, P.Q.	Canada	Canadian	English.

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

apprentice 1941-41
clerk 1941-43.

PREVIOUS SERVICE

Nil.

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED Single

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

FATHER Mr Oswald Yates — 3810 St. Antoine Street (Apartment 35) 132 Ave, St Eustache Sur-le-lac Quebec 26/8/44
Montreal, Quebec

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Montreal, P.Q. April 4/43	9 10 9 3 B(T) G 2 B 2 3 B(U)		

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	20 4 43.		Std Aircrew (P)	20 4 43	
LAC	21 8 43	ORO 157	Aircrew		ORO
T/Sgt/Pdl	1 10 43	276A	G.G. Dpl	7 5 43	108/43
FS	1 7 44	614 Sqn 6/44	G.G. Upkeep	1 10 43	2R0234A
TIF/Sgt	1 7 44	RO 1078/44	614 Sqn. 6/44		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Std Aircrew (P)	5		C	
R/T Raised				

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R224482

Yates — SURNAME

Norman Stuart — FULL CHRISTIAN NAME

ENLISTMENT/~~APPOINTMENT~~

PLACE Montreal, P.Q.

DATE April 20/43

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
2-10-43	16-10-43	14	Embark	DRO 236A
Issued	SLTW #C	302	530 d/30-9-43	DRO 236A
10-11-43	17-11-43	7	N.L.	3PRC. 11/43
4-1-44	10-1-44	7	P Leave	Pershore 1/44
4.3.44	7.3.44	4	Annual Leave	Lyneham 5/44

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
1 10 43	Categorized AG	DRO 236A
31 12 43	V.G.	u/r

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
1 10 43	Air Gunners Badge	DRO 236A

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
SOS	#B Rec/C #5 "M" D.		
	Mtl, P.Q. Lachine	20 4 43	MOR 13.
TOS	NO 5. M. U	20 4 43	DRO 95/43
SOS	SMD 9 PAED	13 6 43	DRO 140/43
SOS	#9 PAED #1 AGGTS	9 7 43	DRO 29/43
SOS	NO 1 AGGTS 1W 9 BOG	21 8 43	DRO 151
S.O.P	9 BOG 1Y	15 10 43	236A
	Awaiting Embarkation		
✓	#1 "Y" D. #3 P.R.C.	22 Oct 43	DRO 266
	Emb Can	22 10 43	
	U.K.	30 10 43	
	C137 3(R.C.A.F) P.R.C.	31 10 43	
SOS	3 P.R.C. to 23-O.T.U.	23 11 43	Pershore 6/43 3 P.R.C. 30/43
SOS	Pershore to 61 Base	17 1 44	Pershore 3/44
att	to 1659 CU. for 61 Base	28 1 / 29 2 44	1659 CU 2/44 61 Base 22/44 1659 CU 17/44 61 Base 28/44
att	Lyneham from 1659 CU.	2/18 3/3 44	Lyneham 7/44 Lyneham 5/44
att	Lyneham from 61 Base	24 2 / 21 3 44	61 Base 28/44 " 8/44 82/44
S.O.S	61 Base to 2 ARC	21 3 44	2ARC 27/44 82/44 61 Base 82/44
	Emplaned U.K.	21 3 44	2ARC 27/44
	Deplaned N. Africa	22 3 44	
SOS	2ARC to 1 B.P.D	23 3 44	1BPD 28/44 2ARC 27/44
SOS	1BPD to 614 Sqdn	24 3 44	614 Sq. 3 1BPD 28/44
F/B	Missing from 614 Sqd (ME)	21 / 22 8 44	614 Sqn 8/44 CR551
S.O.S	614 Sqn to UK N/E U.	23 8 44	AFRO 2160/44 614 Sqn 8/44
TOS	N.E. UNIT.	23 8 44	145/44.
SOS	to N.E.U. UK	22 8 44	UK NE 1145/45
	PRES. DEAD	22 8 44	CR811 AF Ro. 1294

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Entitled to Cont. Flying Pay 22-8-43	DRO 204

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 22-10-43

AIR FORCE No. R.224482

YATES, NORMAN STUART

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal P. Q. — DATE 20-4-43

RE-ENLISTMENT

R.C.A.F. R-44B (REVISED) 25M-10-42 (2834) H. Q. 885-R44B

RECORD OF SERVICE AIRMEN

13

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	5 M.D. Lachine 23 - Sa. - 005	20	4	43	5 M.D. 95
SOS	5 M.D. Lachine	13	6	43	5 M.D. 140 143
TOS	9 PAE D. McGill Univ.	14	6	43	9 PAE 25
SOS	9 PAE Montreal	9	7	43	9 PAE 29
TOS.	1 AGGTS Quebec.	9	7	43	1 GTS. 116
SOS.	1 AGGTS. Quebec	21	8	43	1 GTS. 151
TOS	9 C.G. Mont Joli, Que.	22	8	43	9 BS 204
SOS	9 Bys Mont Joli	15	10	43	9 By 236A
TOS	1 Y. Dr Halifax	16	10	43	1 YD 251
S.O.S	1 YD Halifax	22	10	43	1 YD 264
	3 PRC				
	Missing 22 Aug 44 Pcx 287 d/28 Aug 44				
Missing after Flying Operations 22 Aug 44					
	DCL 806 d/22 Aug 44				
Presumed Dead - 22 Aug. 44 - DCL 1081 d/24 July 45.					

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.

LEAVE-TRANSPORTATION WARRANT

FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W. D.R.O.
50					
2-10-43	16-10-43	14	Embr.	9 By 236A	

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY

TYPE	D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

FROM	TO	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE		MULTI-ENGINED		CREW DUTIES			PASS.	TOTAL
	DAY	NIGHT	DAY	NIGHT	OBSERVER	GUNNER	OTHER		

AIR FORCE No. R.224482 R

YATES, NORMAN STUART
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Montreal P 2
DATE 20-4-43

RECORD OF SERVICE AIRMEN

BIRTH: DATE 2-8-24 PLACE Verdun Que CITIZENSHIP Br. 2
FATHER (FULL NAME) Oswald Yates
BIRTHPLACE Birmingham, Eng.
MOTHER (FULL MAIDEN NAME) Elizabeth Crowder
BIRTHPLACE Montreal Que

EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE X Que
JUNIOR MATRICULATION GWTX 2 yrs HS
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
OTHER 2

CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
app. (Western Pattern Works) 1941-1941
Jr. Clk (C-NR) 1941-1943
8300

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
nil
0

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
A.G.) Badge	9 Bys 236 A	1-10-43
Pathfinder Badge	D B 265-73	

FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER —

RELIGION R.C.
1

LANGUAGES Eng.
1

SPORTS Rugby, Tennis Hockey Hunting

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT
35-12th Ave. Ste Eustache sur le Lac, Que
21704

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Single
WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER ENLISTMENT)
1

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

CHILDREN

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

NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: Oswald Yates RELATIONSHIP father
ADDRESS 3810 St. Antoine St., D.R.O.
FULL NAME: Montreal, Que. RELATIONSHIP D-B 23-37 & 22-144
ADDRESS D.R.O.

PERSON TO BE NOTIFIED IN CASE OF CASUALTY
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	20 4 43				

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.

RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
AC2 8	20 4 43	5 M.D. 95
LAC	21 8 43	1 GTS. 151
T/Sgt. pd	1 10 43	9 By 236 A
T/F/Sgt	1 7 44	GB 1078

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
a/c Deferred	S.	20 4 43	5 M.D. 95
317-S			
A/c A.G. (D)		7 5 43	5 M.D. 108
A.G.) Sp. Gr.		1 10 43	9 By 236 A

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Cate (A.G.)		9 Bys 236 A

MEDICAL HISTORY
EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGED RET'N DUTY	D.R.O.
20-4-43	R 100	A1BA3BT A3BA3BV	

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.	KX
							GG