R277161
BUCHKOWSK
TARAS STEFA

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AG
R 277161 548537

Buchkowski, T. S.

R0277161 BUCHKOWSKI TARAS S — SGT 4

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. SERVICE MEDAL	C.V.S.M.					
								✓	✓	✓					AWARD
										✓					AWARD AND CLASP
															APPLICATION DISPATCHED
															RIBBON ISSUED
															MEDAL ISSUED

29390

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

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Nichaline Buckkowski (mother)
1077 Shearer St.,
Montreal,
Que.

apr.-45

MEMORIAL BAR
DATE DESP
REGN. NO 3210

7415

R 277167

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Buchkowski Taras Stefan (b) Reg'l. No. R 277167
2. (a) Arm of service R.C.A.F. (b) Unit Mobile Defence (c) Rank A.C.2
3. (a) Date of birth 1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal (b) Date of enlistment Sept. 12/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2 yrs. high, 1 yr. Tech.
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? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
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? None

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 Noranda Mines Ltd. Address Noranda, Province of Quebec
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)
20. (a) Your specific occupation Steel Worker (b) Number of years' experience at this occupation with any employer 2 years
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? (c) Do you wish to return to your former employment? Yes

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

22. (a) State nature of business, or professional practice (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?

R.C.A.F. Rec'd OCT 25 1943 O.K. P.C. E.I. P.A.

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (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? (c) In what provinces did you have experience?

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.) Job
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Work as a mechanic MAINTENANCE

DATE October 13th 1943 SIGNATURE Buchkowski T.S.

CONFIDENTIAL

2

R.C.A.F. Special Reserve

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

MEM

ROYAL CANADIAN AIR FORCE

FILE NUMBER
R277161

Medical Board held at #13 Rec.C.Montreal,P.Q. Date 5-10-43

(18)

Surname BUCHKOWSKI *Chr. Names* TARAS STEFAN
Nature of Commission M.2 *Date of Birth* 9-1-25 *Married or Single* S
Branch General List *Hours Flown* Nil
Address 1077 Shearer Street, 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 no
(x) Any illness or Injury not mentioned above unknown

Education 9th grade (Que) 1 yr Tech
Present Occupation Steel worker Hobbies
Previous Service Nil
Athletics ~~Extra~~ Good
Habits—Smoking 10 cigs a day Alcohol occasionally
FAMILY HISTORY—Consumption no Diabetes no Haemophilia no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause N/A
Brothers (1) Alive—Health foot injury ( ) Dead—Cause
Sisters (1) Alive—Health Good ( ) Dead—Cause

R.C.A.F. MAY 11 1943 O.K. R.C. N.I.R.

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 5-10-43 *Signature* Taras Buchkowski *Witness* B Gratton Flt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique.... Athletic ..... *(b)* Mentality..... Alert .....
Body Marks, Scars, Deformities..... small circ. scar 2" above left nipple .....
Size of Thyroid Gland..... Normal .....
Surgical Abnormalities..... Moderate asympt left varicocele .....
Results of Wounds, Injuries, Operations..... Nil .....

	Date Oct. 5/43	Date.....	Date.....	Remarks on any Abnormalities Found
Height (ins.)	69¼			
Weight (lbs.)	175			*Date*.....
Chest Circumference (ins.)	38—41			
Body Build (lbs.)	———			
Leg Length (ins.)	43			
Pulse Rate — Sitting	80			
Pulse Rate — Standing 1st				
Pulse Rate — Standing 2nd				
Pulse Rate — After Exercise				
Pulse Rate — Time to Normal				
Arterial Walls	soft			*Date*.....
Blood Pressure — Systolic	140			
Blood Pressure — Diastolic	85			
Room Temperature				
Heart — Size (in cms.)	N			
Heart — Sounds	N			
Heart — Rhythm	N			
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N			
Lungs — Expiratory Force	N/A			
Lungs — X-Ray	Neg			*Date*.....
Reflexes — Knee	nN			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar	flexor			
Cranial Nerves	N			
Balancing Rod	R. N/A L.	R. L.	R. L.	
Self Balancing	R. N/A L.	R. L.	R. L.	
Tremors — Fingers	None			*Date*.....
Tremors — Eyelids	None			
Abdomen — Liver	N			
Abdomen — Spleen	N			
Abdomen — Muscular Tone	N			
Urine — Albumen	N			
Urine — Sugar	N			
Initials of M.O.	B.G.			

40 mm. Hg. Test 5-10-43: 7, 899, 987, 767, 666, 656, 655, 90 sec.
Date.....
Date.....
Date.....
Date.....

EYE EXAMINATION

History	Negative.		
Visual Acuity	R 20/20, c̄ —— = 20/200 L 20/25, c̄ 2.5 =		
Colour Vision	Normal. R.C.A.F.		
[redacted] Green	M.R. Hyper 0.5D Eso 0.5 D		
Diaphragm Test (P.D. = 67.4)	Disapp at 4		
Convergence	C. = 6 cms. S. C. = 9 cms.		
Accommodation	R. 8.5 L. 895		
Cover Test	wl. conc. dev./R.R.		
Fundi and Media	Normal		
Fields	Normal		
Remarks:	Fit		
	Initials of M.O B.G. *Date* Oct. 5/43	*Initials of M.O* *Date*	*Initials of M.O* *Date*

EXAMINATION OF EAR, NOSE AND THROAT

History		Negative.		
Hearing	R. Ear	W.V. 20'		
	L. Ear	W.V. 20'		
External Ear, Meatus Membranes	R. Ear	normal		
	L. Ear	normal		
Middle Ear, Eustachian Tubes	R. Ear	patent		
	L. Ear	patent		
Cochlear Apparatus	R. Ear	normal		
	L. Ear	normal		
Vestibular Apparatus	R. Ear	——		
	L. Ear	——		
Buccal Cavity		Healthy		
Teeth		upper plate		
Gums		good		
Pharynx		normal		
Nasopharynx		——		
Nose		clear airways		
Larynx		——		
Remarks:	Fit			
		Initials of M.O B.G. *Date* 5-10-43	*Initials of M.O* *Date*	*Initials of M.O* *Date*

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

No: x Recruiting Centre 13

Fit—A1B ✓
A3B (Turret) ✓
A3B ✓
A3B (Vision) ✓

Date. Oct. 5/43

Leonard Bélanger M.O.

B. Gratton F/L

No. 5 M.D.

A1B
A3B (T)
A3B
A3B (V)

Date: OCT 16

"ery good physical co dition. Good mentality. has guts. A bit heavy for A.G. Good material. Cat. A1B A3BT

B. Gratton F/L

MEDICAL RECORD

I certify upon my honor that I have suffered no illness or disability since my last medical examination for the RCAF.

T. Budkowski
(Signature)

Date Oct 12/43

M Crook
(Witness)

Date - 30 - Jan - 44
Height — 69½
weight — 181½
vision — 20/20
20/20
C.V.N (CPT)

J. L. Desl. G/C

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

Pre-Graduation Recheck
Date: 11-APR-44
Height: 69½ Weight: 174
Vision: 20/20 20/30 C U N (C P T)
Ears: N Hearing: N
Nose: N Sinuses: N
M. O. Armaw. F/C #10 B. & G.

FOR COMPLETION AND RETURN BY

Form P. 64

Mr Paul Buchkowski,
1077 Shearer St.,
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. R277161 FD 276

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 20, 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

BUCHKOWSKI, Taras Stefan Sgt

R277161 R.C.A.F. O/S

OCT 28 944
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.

H. W. duRocher

for Director of Estates.

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

DeR/IDE

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....		Bachelor.		
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Paul Buchkowski		1077 Shearer Str.
4	Mother of the Deceased.....		Michaline Buchkowski		" " " "
5	Brothers of the Deceased	Full Blood	Peter Buchkowski		serves in the Royal Canadian Navy.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Olga Buchkowski		1077 Shearer Str. Montreal, Que.
		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.	
9	Date of his birth.	January 9th, 1925.
10	Place and date of his marriage.	Bachelor.
11	Place and date of his parents' marriage.	Poland, September 25th, 1921.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Pr. Quebec.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec. (b) Canada. (c) Montreal, (d)
14	Nature of employment before enlistment.	School boy.
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil.
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.	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?	Bachelor.
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?	Nil.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Nil.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 Victory Loan Bond for $50.oo At home.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Nil.
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.	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.	Nil.
	(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)

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.

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.

Paul Buchkowsky ..... Signature of Informant

1077 Shearer Ave, Montreal, Que. ..... Address

CERTIFICATE

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

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

Dated at Montreal this 27th day of October 1944.

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

Rev. C. J. Kondratiuk ..... Qualification Parish priest

Address 1770 Centre Ave, Montreal, Que.

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

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

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

R.C.A.F. Special Reserve

627

FORCE No. R277161 POSTED TO #5 M.D. Lachine TRADE STD. AIRCREW

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

11/10/10

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

1. Surname BUCHKOWSKI Full Christian Names TARAS STEFAN
2. Present Address 1077 Shearer St. Montreal P.Q. Telephone
3. Permanent Address 1077 Shearer St. Montreal P.Q.
4. Place of Birth Montreal P.Q. Citizenship Canadian
5. Date of Birth 9th January, 1925 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children N.A.

Name	Date of birth	Name	Date of birth

7. Occupation Steel worker 8. Religion Roman Catholic (State denomination)
9. Languages English and Ukaranian (State proficiency)
10. Next of Kin (Full Name) Mr. Paul Buchkowski Relationship father
" Address 1077 Shearer St. Montreal P.Q.
11. Father (Full Name) Paul ~~Shearer~~ Buchkowski Birthplace Iwanie Puste, Galicia, Poland
" Address 1077 Shearer St. Montreal P.Q. Citizenship Canadian
" Occupation Grocer
12. Mother (Full Maiden Name) ~~Mary~~ MICHALINA Kachkowski Birthplace Iwanie Puste, Galicia Poland
" Address 1077 Shearer St. Montreal P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service: N.A.

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge

R.C.A.F. Recruiting Office Rec'd. NOV 20 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? N.A.
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
150M—10-41 (993)
H.Q. 1062-3-83

940-252

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St. Gabriels, Montreal	1930	1932	2nd year
High School—Collegiate Institute, etc.	Canon O'Meara, Montreal	1932	1940	9th grade
Technical School	Montreal Tech. Montreal	1940	1941	Machinist
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
Noorduyn Aviation Cartierville P.Q.	Steel worker	1941 to present		

23. Flying Experience (in Hours) Solo N.A. Dual N.A. Passenger N.A.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.
Reading, stamp collecting, mechanical work.

25. Sports engaged in. State: extensively, moderately, occasionally
Swimming, hockey, rugby, (Ext.) baseball softball, tobaganning (mod)

26. Air Force Duty you wish to enlist for Ground Duties. / Flying Duties. AIR CREW STANDARD

If for Ground Duties, state Air Force trade in which you wish to enlist.....
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 persons who can give references as to character and ability.

Name	Address	Occupation
MR. F. HOGAN	1886 Centre St. Pointe St. Charles Montreal	Alderman
MR. H. SHESTOWSKI	1972 Centre St. Pointe St. Charles Montreal	Pool room and barber shop
MR. N. NORMAND SHOWERS	5663 De Laroche St. Montreal N	Millwright
MR. G. LARIVIERE	11275 St. Vital St. Montreal N	Welder

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

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 5th October 19 43 Signature Taras Buchkowski

PG

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. 82/ St Anne
5 Oct/43
SW1 Parrsboro N.S.
Curr'd Oct 12/43

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 (Not required for Standard (Tradesmen)—*

Trade in which tested.....

Result.....

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

.....

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

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

I,.....Taras Stefan BUCHKOWSKI.....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.....October 12.....19 43 .....Taras Buckhowzki
Signature of Recruit

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

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

Date.....October 12.....19 43 .....Taras Buckhowzki.
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.....this.....12th.....day of.....October.....1943...

.....Signature of Officer ..... Flt/O .....Rank ..... #13 Recruiting Centre, MONTREAL.....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 no
(*l*) Eye Disease no
(*m*) Epilepsy no
(*n*) Nervous or Mental Disease no
(*o*) Syphilis no
(*p*) Gonorrhoea no
(*q*) Bone Fracture no
(*r*) Other Disease or Defect 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

Examiner's Remarks *re* above

NIl

Taras Buchkowski.

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

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

small circular scar 2" above left m ipple

2. Height 5 feet 9 ¼ inches. 3. Weight 175 pounds.

4. Complexion med. 5. Color of Eyes brown Hair brown.

6. Development ~~Good~~ ~~Fair~~ ~~Poor~~ 7. Chest Measurement—Full expiration 38 inches

Range of expansion 3 inches

8. Hearing—Right W.V.20' Left W.V.20' Tympana—Right N Left N

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

Left 20/15 Left N/A

10. Condition of mouth and teeth Healthy

11. Urine—Albumen Negative Sugar Negative.

12. Abnormalities (Congenital and Pathological) found on Examination

~~Nxxxx~~ Moderate asympt. left varicocele

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 A3BI

X-Ray Chest Oct 6/43 #10567 Negative

Any special remarks of the Medical Officers

Fit

MEDICAL RECHECK

I certify upon my honor that I have suffered no illness or disability since my last medical examination for the RCAF.

T. Buchkowski
(Signature)

Date Oct 12/43

Part 2 Cont'd.

18. Reflexes N

14. Heart N

15. Lungs N 140/85

16. Blood Pressure S.D.

17. Colour Vision N. R.C.A.F.

Date Oct. 5 1943

Jas Howze Flt
President

B Bratton F/L
(Witness)

Member

Member

NAME BUCHKOWSKI, Taras Stefan, FILE NO. FD278

RANK SGT. XX AIR GUNNER CATEGORY "KILLED" REG. NO. R277161

DATE OF DEATH: 2 Oct./44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 17-10-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

FEB 6 1945

FEB 6 1945

To Mother and Father- DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Paul Buchkowski,
1077 Shearer Street,
Montreal, Quebec.

COMMAND:

RELIGION:

DM

MINISTER'S OFFICE
RECEIVED
MAR 28 1950
Dept. of Veterans Affairs

From Mrs. Paul Buchkowsky
1077 Shearer Street,
Montreal, P. Q.
March 25th., 1950.

Dept. of Veterans Affairs
War Service Records
Referred Back
MAR 30 1950
File No.
Cleared To

Dr. Milton T. Gregg,
Department of Veterans Affairs,
Ottawa, Canada.

Dear Sir,

I am in receipt of three medals won by my late son Taras Buschkowsky, who was killed when flying over Scotland during the last Great War. Is there any money grant attached to these medals? If so, I would be glad to hear some particulars.

Yours truly,

Lina Buchkowsky.

(Mrs.) Lina Buchkowsky.

28/3/50.
C.E.D.
For reply pl.
J. for DM.

RECEIVED
MAR 28 1950
D. V. A
office of the
Deputy Minister

PA-CR file

R.277161 (RO)

Ottawa, Ont.,
27 Aug. 1947

R E G I S T E R E D

Mrs N. Buchkowski,
1077 Shearer St.,
Montreal, Que.

Re T.S. Buchkowski (R.277161)

The enclosed log book which is part of the service estate of the above named is passed herewith for your retention.

Yours truly,

B

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

Encls. 1

Lt Buckowski T.S

Copy to Ottawa 21/10

C9

REPORT ON FLYING ACCIDENT OR FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

Form 765 (C)
(Revised Feb., 1943.)

10

TO BE RENDERED NOT LATER THAN 4 DAYS AFTER THE ACCIDENT

In ev[redacted]se copies of this form are to be rendered as follows :—

(i) One copy direct to Air Ministry, C.I. (Accidents).

(ii) Two copies direct to Air Ministry, S.4. (Statistics).

(iii) One copy direct to Ministry of Aircraft Production (R.M.I.).

(iv) One copy through usual channels to Command Headquarters.
[*In addition, and only* if casualties to officers or airmen are involved.]

(v) One copy to Air Ministry, P.4 (Cas.).

Indicate here by an X to whom this copy is addressed.

← Extra copies required for Dominion and Allied casualties; one for each authority concerned. When no casualties occur, one copy only if Canadians are pilots.

P.423917

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

A.291 3.10.44

1. Unit R.A.F. Kinloss	Group No. 91	Command Bomber	Serial No. of Form 545

2. Date of Incident 2.10.44

Time 1956 hours.

Site of Incident

(*a*) Name of airfield or landing ground Forres

(*b*) Place (if (*a*) not applicable) Crashed in trees upwind of drome ¾ mile

(*c*) County Morayshire.

Part (*a*) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.

3 Nature of and purpose for which flight authorised :—

Nature { (i) Operational or Non-operational ? Non operational
(ii) Day or Night flying ? Night
(iii) Purpose Training

This flight is being included in this Unit's flying hour summary on { Form 765A / Form 765B (Delete as necessary)

4. Type of Airframe and Engine and extent of damage (*see* footnotes to this section).

Details of Airframe and Engine.	Airframe	Engine. Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	Whitley	Merlin	Merlin		
Mark or series	V	X	X		
R.A.F. No. (and makers' No. for engines)	P.5102	6813/128034 *a*	6407/120754 *a*	*a*	*a*
Total hours run	772.50 *b*	177.25 *b*	171.40 *b*	*b*	*b*
Date last installed in Airframe	—	4.3.44 *b*	10.3.44 *b*	*b*	*b*
c Extent of damage	E	B	B		

a To be quoted whenever an engine is damaged or fails.
b To be quoted only for incidents involving defect or failure of airframe or engines.
c To be indicated as :—
E = Missing, unrepairable, reduction to scrap or instructional. AC = For repair by contractor's working party.
B = For repair at contractor's works or R.A.F. Depot. A = For repair by nearest R.A.F. unit. U = No damage.

5. All Occupants of Aircraft and Flying Experience of Pilots.

(i) Names to be entered in order of duty: 1st Pilot, 2nd Pilot, Pupil Pilots, etc.
(ii) Degree of injury to be classified as: Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. *See* Note (ii)					
					Part A. Total Solo (Day & Night).		Part B (*see* Note (i) below). Solo (Night).		Part C (*see* Note (iii) below).	
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instruments.	Link Trainer.
Pilot	Henry R.W.G.	F/Sgt.	R.182289	K	43	129	12	26	-	-
Nav.	Fraser J.W.	Sgt.	R.219037	K						
A/B.	J.F.Muir	P/O	J.41650	K						
W/Op.	Huddlestone T.	Sgt.	2205182	K						
A/G.	Bride J.E.	Sgt.	R.91122	U						
M/U/G.	Buchkowski T.S.	Sgt.	R.277161	K						

Note (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor.

6. Stage of Flight.

A. Picketed or at moorings.
B. Starting up.
C. Stationary other than A or B.
D. Taxying.
E. Taking off
F. In flight.
G. Landing.
H. Towed or manhandled.
J. Not known.

Quote A or B or C, etc., as appropriate ..... E

7. Did Fire occur? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."

On ground

8. Conditions of Light in which Incident occurred.

A. Day (daylight).
B. Dusk (half light of evening).
C. Dawn (half light of morning).
D. Dark (no moon or moon obscured).
E. Moonlight.
F. Not known.

Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary ..... D

9. If Incident occurred when taxying on, taking off from or landing on a runway state "Yes."

Yes.

10. DESCRIPTION OF ACCIDENT (or summary of pilot's report, if available). In cases of engine failure, information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off : Hours..... Minutes 4.00 If engine failure occurred during take off quote height.....

Pilot k[illed] in crash.

Flight Commander's report.

This pilot was detailed for a solo cross-country detail K.W.9. He took off at 1955 hours and crashed into trees, on high ground on the south west side of the aerodrome, approximately one minute after take off. He had apparently drifted, or turned, approximatel three hundred yards from time of take off and had failed to clear tree-tops. Sgt. Henry was a keen pupil and capable pilot.

I wish to make special mention, re. the above accident, of P/O Hansard, Sgt. Croft, Sgt. Popplewell. This officer and airmen heard the aircraft crash, immediately commandeered a passing civiliam car and were the first to arrive at the crash, only a few minutes after it had happened. At great risk to themselves, owing to the fiercely burning aircraft and exploding ammunition, they pulled clear the bomb aimer from the aircraft and also rendered assistance to the rear gunner.

Sgd: W.H.Brunskill F/Lt.,

---

11. REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved, information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

There is no indication of technical failure. The supercharger gear change levers at the engines are in the High Gear position but until the engines are stripped for examination it cannot definitely be stated that the super-charger gears were actually in 'S' gear.

Is Form 1022 or 1023 being rendered ? } ..... No ..... Signature ..... R.D.Romanis W/Cdr.
If "Yes" state which }

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)

Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incid[redacted]s to be clearly indicated.

Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

A. Sgt. Henry, as pilot and captain, and crew were detailed by O.C. 'C' Flight to carry out night cross country K.W.9 in Whitley P.5102, on 2nd October, 1944. At 1955 hours the aircraft took off andapproximately one minute afterwards crashed into the woods at a position Q.J.532778 on Ordance Survey Map of Scotland, 1" to mile, Sheet 28. Weather conditions at the time of the crash were cloudy with showers beginning: viz: 10-15 miles: wind S.Westerly 15-25 m.p.h. and gusty, cloud 2/10th at 1500 ft and 9/10th at 2000 ft. Take off from E.N.E. to W.S.W. Airfield lighting is Avenue Type Glim Flarepath with no outer circle or other lighting. All observations lights were burning.

B. The Accident is being investigated by Court of Inquity under W/Cdr. D.E.Davies, DFC. AFC., of No.20 O.T.U.Lossiemouth. Cout commenced during the morning of 3rd October 1944. The main contributory factor appears to be that the pilot took off in 'S' gear.

C. Nil with regard to the accident or training. On the other hand, I should like to bring to the notice of higher authority the commendale action taken by the under mentioned officer and N.C.Os.

P/O C.W.S.Hansard 175020
R280975 Sgt. Popplewell F.E.
R279318 Sgt. Croft R.S.

Signature Sgd: ???? W/Cdr. *Commanding* Training Wing 19 O.T.U. *Date* 7.10.44

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

Concur with the remark in para 12 A.R.C. above, and bring to the notice of higher authority the commendable action by the above mentioned Officer & N.C.Os.

Signature Sgd: ???? G/C *Commanding* 19 O.T.U. *Date* 9.10.44

(*11591—8836) Wt. 48544—3196 100,000 2/43 T.S. 700
*12342—8836) Wt. 15191—527 250M 6/43 T.S 700

Para 12 (c) contd

These three Aircrew members were at the time of the crash walking back to their billets. On hearing the crash and seeing the resultant flames, P/O Hansard commandeered a passing civilian car, and together with the two N.C.Os. climbed aboard, directing the driver to proceed with all haste to search for and locate the crash.

On arrival at the scene of the crash, the party led by P/O Hansard immediately proceeded to look for any survivors of the crew. This entailed approaching to within very close proximity of the petrol fires. However, regardless of all risks to themselves, the party managed to drag clear the Bomb Aimer, who was by then burnt to death. They continued searching for others, but the flames were too intense; still they did not give up until they had assisted the Rear Gunner to free himself from his turret, by breaking in the perspex and allowing him to crawl through the aperture.

Sgd: ???? W/Cdr.

R.A.F. Kinloss,

Forres,

Morayshire.

9th October, 1944.

47
Ret'd see folio 9

Dear Mr Buchhanan

I find it my unfortunate task to confirm the telegram which you will have received informing you that your son was killed whilst flying on active service on the 2nd October, 1944.

As pupil air gunner of his aircraft, he took off in the evening of October 2nd to carry out a practice cross-country flight. A few minutes after his aircraft had become airborne it crashed just off the aerodrome and, with the exception of the rear gunner, all the occupants of the aircraft were killed. It may be of some consolation to you to know that death must have been instantaneous.

I have delayed writing to you in order that I may give you some details of the funeral arrange-ments. The service was conducted by S/Ldr. The Rev. Father Riorden and took place at Kinloss Abbey, which is situated a short distance from the aerodrome, on the afternoon of Saturday, October 7th. Wreathes were sent from myself, officers, N.C.Os. and other ranks. Photographs were taken at the funeral and although it may be painful to have a reminder of your sad bereave-ment, I feel you would like to have copies of these.

You will wish to know that all war graves are taken care of by the Imperial War Graves Commission, who will erect a temporary cross, pending the provision of a permanent memorial. Unfortunately, the question of re-interment, if desired, can only be considered at the conclusion of hostilities.

13 OCT 1944

Over/....

Your son's Flight Commander spoke very highly of him and his loss is a great blow to his fellow members of this unit. Your son's fellow N.C.Os., the officers of this station and I wish to convey to you our deep sympathy in your bereavement.

Your son's kit and private effects are being attended to by an officer detailed by me. It is the regulation that they are forwarded to a Standing Committee of Adjustment who will communicate with you as to their disposal. You will be informed when this has been done.

The names of all who lose their lives or are wounded or reported missing whilst serving in the R.C.A.F. will appear in the official casualty lists published from time to time in the press. Publication of the date, place and station of a casualty and, particularly, any reference to the unit concerned, might give valuable information to the enemy and for this reason only the name, rank and service number are included in the official lists. Relatives are particularly requested to ensure that any notices published privately do not disclose the date, place or circumstances of the casualty or the unit.

Please do not hesitate to ask for any assistance that I or my staff may be able to give you to relieve your sorrow in any way.

Yours

W.G.G. [illegible]

Group Captain, Commanding
R.A.F. Station, Kinloss.

Mr. P. Buchkowski,
1077 Shearer Street,
Montreal,
Quebec.

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

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, Buckhowski Zaras Stefan of the ~~Town~~ City ~~Village~~ ~~Township~~

of Montreal in the ~~County~~ District of Pt. St. Charles

Province of Quebec Steel Worker
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R. 277 161 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) Michalina Kaczkowski, m. Buckhowski.
(c) 1077 Shearer St. Montreal Que. Pt. St. charles.
(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 Paul Buckhowski 1077 Shearer St.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 13 th

day of 13 th October 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.

Buckhowsky Zaras Stefan
(Signature of Testator)

First Witness sign here.

(5) [signature]
(Signature)
P. O. Inglewood Ont.
(Permanent Home Address)
Radio Technician
(Occupation)

Second Witness sign here.

Frederick-J. Pauni
(Signature)
3856 Drapeau ave. Mtl
(Permanent Home Address)
Student
(Occupation)

OCT 15 1943
R. C. A. F.
S. L. ..... P. A. .....

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

(OVER)

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)

1516.

No. 2391. PERSONAL EFFECTS of No: GW/A.27761. Sgt. [illegible] R.A.

I. Carbon Camp:-

1 leather pocket wallet:-
- snaps, registered letter receipt.
- driving licence.
1 leather writing case:-
2 I.C.G. Airmail.
1 Crucifix.
1 Paper.
1 writing pad.
1 Post card.
Letters.
1 Prayer book.
1 Address book.
2 booklets.
1 photograph.
1 leather toilet case:-
2 hair brush.
1 safety razor.
1 lotion bottle.
1 [illegible] mirror. D
1 shaving brush.
2 toothbrushes.
1 pr. blue slippers.
1 clothes brush.
2 kitbag handles.
1 address book.
5 pr. boot laces.
1 pen case, empty.
2 boot brushes.
1 polishers.
1 pr. scissors, damaged. D
1 padlock & key.
1 mirror frame.
1 cardigan.
1 pr. bathing trunks.
1 jock strap.
2 vests.
2 pr. pants.
1 sports vest.
1 blue jersey.
1 scarf.
2½ pr. black socks.
3 pr. coloured socks.
1 towel.
1½ handkerchiefs.

7/2/45 Sent to Quinidan
9/2/45 Sent to I CTN
C-in-C

NOTE: Damaged Articles

The following items are not recommended for next of kin.

- 1 ring (silver.)
- 1 locket.
- 1 Silver Identity disc.

} damaged. Sent to Records

NOTE.
No unposted letters extracted and forwarded by Unit to I.G.C.F. Overseas Headquarters. London. W.C.2.

Cash amounting to 8d and stamps to the value of 3d found among the effects has been credited to his service account.

Mention does not apply

Mr. of Kin. –

Mrs. P. Buchkowski. Teacher.

1077 Shearer St.

Montreal Canada.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R277161 RANK SGT. UNIT 19 O.T.U.

TRADE AIR GUNNER(SP.GR.) (OVERSEAS)

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

NAME BUCHKOWSKI, TARAS STEFAN

PRESENT MARITAL STATUS SINGLE RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR. PAUL BUCHKOWSKI

RELATIONSHIP FATHER

ADDRESS 1077 SHEARER ST. MONTREAL, QUE.

FATHER'S NAME

ADDRESS MR. & MRS. PAUL BUCHKOWSKI LIVING ON ENLISTMENT YES
1077 SHEARER ST.
MOTHER'S NAME MONTREAL, QUE.

ADDRESS LIVING ON ENLISTMENT YES

ESTATES BRANCH OCT 17 1944 P.O. OTTAWA NATIONAL DEFENCE

ADDRESS AT TIME OF ENLISTMENT 1077 SHEARER ST. MONTREAL, QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION STEEL WORKER

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PCX360---d-4-OCT-44 NR53/4 OCT

"KILLED" 2-OCT-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(APPROXIMATELY $\frac{3}{4}$ MILE DUE SOUTH OF FORRES, MORAYSHIRE, SCOTLAND)

(NEXT OF KIN ADVISED 4-OCT-44)

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

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

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

DATE 13-OCT-44

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

65266

AIR FORCE No. R 277161

Buchkowski — SURNAME

TATAS STEFAN — FULL CHRISTIAN NAME

ENLISTMENT/~~APPOINTMENT~~

PLACE Montreal, P.Q.

DATE Oct. 12th 1943

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
25/11/43	6/12/43	11	Spe. leave - Dro	281.43
24-12-43	28-12-43	5	Xmas	DRO 120
15-1-44	26-1-44	12	Special	DRO 4
22/4/44	5/5/44	14	Embark	DRO 95A
3 7 44	7 7 44	4	P Leave	3PRC 151/44

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
21 4 44	Cat "A. G"	DRO 95A

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
21 4 44	Air Gunner Badge	DRO 95A

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 R.C. Mtl.			
	#5 M.D. Lachine		12 10 43	D.R.O.
TOD	No 5 M.D. Lachine		12 10 43	DRO 244-43
SOS	No 5 MDE	No 23 PAED	5 12 43	" 281.43
S.O.S	#13 PAED	#10 B&E M Plans.	28 1 44	DRO 4
SoS	10 B&S	4 G&S	5 5 44	" 95A
T.O.S.	#4 AGTS.	Valleyfield	6 5 44	DRO 96
SOS	No 4 AGTS	No 14 D	3 6 44	DRO 119.
TOS	4 AGTS	14 D	4 6 44	" 133
SOS	14 Depot.	3 PRC	16 6 44	" 149.
	Emb. Halifax		16 6 44	
	Disemb. U.K.		24 6 44	
	Int. C. 246 - 3 PRC.		25 6 44	
TOS	19-O TU. fr 3 PRC		25 7 44	3PRC 166/44 19-OTU. 43/44
F/A	KILLED FROM 19 O.T.U.		21 10 44	AFRO 2314/44 CR 585

[illegible] OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Ent to RA from 24-12-43 to 28-12-43	DRO 120
Ent to R.A from 15/1/44 to 26/1/44	DRO 4.

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 16.6.44

C.T. 38

AIR FORCE No. R 277161

SURNAME: Buchkowski

FULL CHRISTIAN NAME: Taras Stefan

ENLISTMENT/A~~PPOINTMENT~~ PLACE Montreal, P.Q. DATE Oct. 12th 1943

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
9 Jan. 1925	Montreal	Quebec	Canadian	Polish

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE 2 years	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN English & Ukranian

CIVIL OCCUPATIONS AND EXPERIENCE

Moordyn Aviation	Steel Worker 1941 to date

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
5 Oct. 1943 Mtl. 2nd.	A1BA3BT		

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)

Mr Paul Buchkowski (Father)
1077 Shearer St Montreal Que

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	12 10 43		Aircrew	12 10 43	
LAC	13 3 44	DRO 63	"		Dec
T/Sgt (P)	21 4 44	DRO 95A	Aircrew AG	20 10 43	252-43
			A.B. "SD"	21 4 44	DRO 95A

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Aircrew	S			
Rem. Air Gunner	SD		P	21 4 44

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. R.277161

BUCHKOWSKI, TARAS STEFAN

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 12.10.43

RE-ENLISTMENT

R.C.A.F. R-44B (REVISED) 50M-2-43 (3051) 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.
	5 MD 23-SA-005		
SOS	5 MD Lachine	12 10 43	5 MD 244
SOS	5 MD Lachine	5 12 43	5 MD 281
TOS	23 PAID Toronto	6 12 43	23 Pae 118
SOS	23 PAE Toronto	28 1 44	23 PaE 4
LOS	10 BGS Mount Pleasant P.E.I.	29 1 44	10 BG 30.
SOS	10 BG Mt. Pleasant P.E.I.	5 5 44	10 BG 95 A0
T.O.S	4 AGTS Valleyfield Que	6 5 44	4 AGTS 96
SOS	4 AG.T.S.	3 6 44	4 AG.T.S. 119
T.O.S	1 Y Lachine	4 6 44	1Y 134
SOS	1 Y D. Lachine	16 6 44	1Y 154
	3 P.B.C.		
	Killed	2 10 44	DCL 838
	PCX 360	4 10 44	d 6-10-44
17343	COMPLETED	8 3 45	
	[illegible]	[illegible]	
	[illegible]	[illegible]	
	[illegible]	18 [illegible]	[illegible]

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.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

	FROM	TO	D.R.O.

LEAVE-TRANSPORTATION WARRANT

FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W.D.R.O.
50					
25-11-43	6-12-43	11	Spec L	5 MD 281	
15-1-44	26-1-44	12	Spec	23 PaE 4	
21-4-44	6-5-44	14	Embk	10 BG 95 A0	

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY

TYPE	D.R.O.

FLYING TIME

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

R.C.A.F. OVERSEAS — ENLISTMENT MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE NO. R.277161

SURNAME: BUCHKOWSKI, FULL CHRISTIAN NAMES: TARAS STEFAN

ENLISTMENT — PLACE Montreal DATE 12.10.43 — RE-ENLISTMENT

RECORD OF SERVICE AIRMEN

BIRTH: DATE 9.1.25. PLACE Mtl PQ CITIZENSHIP Br.

FATHER (FULL NAME) Paul Buchkowski

BIRTHPLACE Galicia Poland

MOTHER (FULL MAIDEN NAME) Michalina Machkowska

BIRTHPLACE Galicia Poland

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT

1077 Shearer St Mtl PQ 22302

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE 1 Dne.

JUNIOR MATRICULATION 2 yrs "

SENIOR MATRICULATION

TECHNICAL SCHOOL 1 yr mach.

UNIVERSITY

CORRESPONDENCE COURSES

OTHER 2

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

Noorduyn Aviation steel worker 1941 43

3800

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	10BG95 Ao	21-4-44

FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

RELIGION R.C. 1

LANGUAGES Eng Ukranian 4

SPORTS swim hockey rugby baseball softball bboxing

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: Paul Buchkowski RELATIONSHIP Father

ADDRESS 1077 Shearer St. Montreal P.Q. D.R.O.

FULL NAME: RELATIONSHIP

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.	12/10/43				

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.
A-C 2	8/2/10/43	5 MD 244
LAC	13/3/44	10Bp63
2/Sgt pd T4	21/4/44	10B995 Ao

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
A-C 3.0.8	A.	12/10/43	5 MD 244
AC AIR		20/10/43	5 MD 252
A/C AG. Sp. Gp 3055		21/4/44	10B995 Ao

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

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.
6-10-43	R10 0	A1B A3B	

CT Dent Form 2 — 38

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.	
							4

Father Paul Buchkowski born in Iwanic Puste, Galicia, (Poland)June 15th 1885, then a part of Austria. Was married in Montreal, 23 September, 1921, to MICHALINA KACHKOWSKI, born in same town in Poland. Father was naturalized British subject on 23rd. April 1921 under Certificate No. 11365 Series A.

Father settled in Montreal, Que. on arrival in Canada around 1910- always been in grocery business since.

Applicant born in Montreal 9th January 1925

Oct. 5, 1943. A. L. L. Lapointe S/L

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (SCOTLAND)

Official name of civil municipality or township:

Place an X over the word that applies to this municipality of the 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: BUCHKOWSKI (Block letters)

Given names: TARAS STEFAN

4. RESIDENCE

Street: Shearer Street No.: 1077

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: January (Month) 9th (Day) 1925 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	19			....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: Oct.2/44

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Buchkowski, Paul	Poland
MOTHER (Maiden Name)	Kachkowski, Michalina	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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 2nd (Day) 44 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) 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: Oct.2nd 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.): 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)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR — (a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... | (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... | (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... | (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) ..... (mois) ..... (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc. .....

15. Dernière date à laquelle le défunt **vaquait** à ce travail .....

16. Nombre d'années occupées dans cette profession .....

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport .....

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) ..... dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) ..... dû à (c) .....

II

Autres conditions morbides (importantes seulement) **ayant contribué** au décès mais n'ayant **aucune portée sur** la cause immédiate. .....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19..... (b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? .....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19..... (Spécifier)

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see ot[illegible])

CONFIDENTIAL

R.C.A.F. FORM 5003

R.C.A.F. TRAINING REPORT

PRE-AIRCREW EDUCATION

SCHOOL. #23 PAED UNIV OF TORONTO TYPE..AIRCREW (A.G.)...

1. Surname.....BUCHKOWSKI..... Christian Names .....TATAS STEFAN.....

2. Number.....R277161..... 3. Rank.....AC2..... 4. Course No...48.....

5. Posted From...#23 P.A.E.D... 6. Date Course Commenced...6/Dec/43.... 7. Date Course Ended..15/Jan/44.. 8. Posted To.....10 B&G

9. Examination Results

Subject	Marks Allotted	Marks Obtained	Supplemental Examinations
(A) English	100	75	
(B) Science	100	NA	
(C) Mathematics	100	97	
(D) Aircraft Recognition	100	86	
(E) Signals	100	95	
Total	500	353	
Average	100	88	

10. Remarks:-

R.C.A.F. Records Office
Rec'd. JAN 24 1944
C.I.B.
M.
P.
R.

Date.....19/Jan/44

Signed.....R. W. Lightly F/O.....
Chief Instructor
or
Examining Officer

CONFIDENTIAL

R.C.A.F. TRAINING REPORT

R.C.A.F. FORM 5035

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 10 BOMBING AND GUNNERY SCHOOL

1. SURNAME...BUCHKOWSKI.....CHRISTIAN NAMES.....TARAS..STEPHEN.....

2. NUMBER...R277161... 3. RANK.....LAC..... 4. COURSE NO.....75....

5. POSTED FROM...Toronto.... 6. DATE COURSE COMMENCED..31-1-44..... 7. DATE COURSE ENDED..21-4-44.... 8. POSTED TO.4 A.G.T.S. Valleyfield

9. AIRCREW TRADE.....AIR GUNNER STDL.....10. HEIGHT...69½"....11. GIRTH..38".

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.
BOLINGBROKE	BROWNING	BROWNING	375	BRISTOL	BRISTOL		4hrs 25min
					F.N.		7 " 45 "
					B.P.	1400	5 "

13. GROUND WORK			14. AIRWORK			
SUBJECT	MARKS ALLOTED	MARKS OBTAINED	FLYING EXPERIENCE		DAY	NIGHT
GUNS, PYROS. AND AMMO. (WRITTEN)	200	222	NUMBER HOURS FLOWN		24Hrs 15Mins	
GUNS (PRACTICAL)	100		NO. CINE EX. COMPLETED		4	
SIGHTING (ORAL)	250	190	ROUNDS FIRED	AIR TO GROUND	300	
TURRETS (PRACTICAL)	200	174		AIR TO AIR	3300	
A/C RECOGNITION	150	108	% HITS AIR TO AIR		4	
SIGNALS	100	100	AIR FIRING MARK		MARKS ALLOTTED	MARKS OBTAINED
TOTAL	1000	794			1000	750
PERCENTAGE		79.4				

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	61

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:- Very desirous of getting overseas, a pleasing personality and a hard worker.

DATE:-...21/Apr/44.....

OFFICER COMMANDING
NO. 10 BOMBING & GUNNERY SCHOOL

R.C.A.F. Records Office
Rec'd. MAY 8 1944
O.K. ..... C.I.B.
R.C.J. ..... N.I. .....
R.C. ..... P.A. .....

ROYAL AIR FORCE.

Form 551.

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

P423917

(N.B.—To be rendered in accordance with para. 2312 of K.R. and A.C.I.

1. Surname BUCHKOWSKI Christian Names (in full) Taras Stefan

Rank Sgt Number R.277161 Unit No.19 O.T.U. Kinloss.

Date and time of accident 2.10.44 19.57 hrs. Place of accident ¾ ml South Forres

2. Short statement by injured person of the circumstances of the injury. If an aircraft accident state the type and number of the aircraft. If injury sustained in the performance of Air Force duty the particular act of duty to be specified.

Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached.

Whitley V P.5102 crashed 2 minutes after take off.

3. (*a*) Description of injuries :—

Multiple Injuries - Burns. Dead.

(*b*) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later? (i) N/A. (ii) N/A

NO

(*c*) Whether (i) admitted to hospital or (ii) provided with medical comforts (*see* para 2312 K.R. & A.C.I.) (i) N/A (ii) N/A

DEC 18 194

Date 10.10.44. Signature of Medical Officer S/Ldr

Wt. 13614/376 160,000 5/43 W. H. & S. 668/69

[OVER

4. Commanding Officer's statement :—

(*a*) Was the injury sustained

(i) In the performance of air force duty? yes

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? .....

(iii) On leave? No

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

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

.....

(ii) The nature of the game, etc., (*e.g.*, football) .....

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

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

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

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority? .....

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

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot? .....

(*c*) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)) .....

.....

.....

(*d*) Was the injury due to his own fault, *i.e.*, did it arise from negligence or misconduct or any blameworthy cause within his own control? No

If so, state in what way.....

(*e*) Was anyone else to blame? If so, give name and particulars Not known

.....

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place 8.10.44 Kinloss.

.....

(ii) An investigating officer? .....

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

(*g*) In the case of an airman, if the answer to question (*d*) is in the affirmative, state whether hospital charges have been or will be recovered (*see* K.R. 2312.)

Signature W. Thomas F/Lt.

Date 12-10-44 *Commanding* 19 OTU