R56250
HIBBARD
HOWARD ROBER

R005625CHIBBARD HOWARD R FS3

NUMBER NAME RANK

SERVICE AWARD CARD

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.				
✓		✓							✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													18 May 46	MEDAL ISSUED

99757

99754

FORM NO. R. 325

R.C.A.F.

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Medals to: Mr. George Hibbard, Father
529 - 17th Avenue; (By consent)
Lachine, Quebec. (See correspondence)
4 Sep 53

~~Mrs. Beatrice G. Hibbard (Widow)~~

~~3531 St. Famille St. Apt. 2,~~

~~Montreal,~~

~~Que.~~

Mar.-44.

~~Mrs. Beatrice G. Daiker (Re-married widow)~~ 19 Dec 49

13700 - 4/9/53

MEMORIAL BAR

DATE DESP 9/9/53

REGN. NO 13808

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-H-3803

NAME HIBBARD, Howard Robert

REGT'L NO. R56250

RANK F/Sgt. W.O.A.G. UNIT OVERSEAS ~~MISSING~~ PRES. DEAD

CABLE NO.	CABLE DATE	NATURE OF CASUALTY				CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:		May 9-42	MOTHER LIVING:	YES	WIFE: YES		
MINISTERIAL CARD:		18-5-42	ROYAL MESSAGE:	28-6-43	MEMORIAL CROSS:	26-6-43	
		To the wife.	To wife		To mother -29	-6-43	
	To wife	13-5-43			To wife		
Wife-	Mrs. H.R. Hibbard, 3531 St. Famille Street, Apartment 2, Montreal, Quebec.		Mother-	Mrs. G.W. Hibbard, 159 - 17th Avenue, Lachine, Quebec.			No. 3 U.C.

R.C.A.F. Special Reserve

AIR FORCE NO. R56-250 NAME OF OFFICER OR AIRMAN HIBBARD, Howard Robert.

EVIDENCE OF BIRTH

DESCRIPTION OF D OCUMENT ~~XXXX~~ Certificate of Birth.

NUMBER NOT MENTIONED. DATE: Not mentioned.

ISSUING AUTHORITY A.J.MacDonald, Minister of of Ahone Church, Lachine, Que.

\# SUBJECT - Self (Full Name) ~~XXXXXX(XXXXXXXXX)~~ HIBBARD, Howard Robert.

D ATE OF BIRTH ~~December XXth, 7th, 1925.~~ Nov. 20, 1921.

PLACE OF BIRTH Lachine (city, town, village,) Quebec. (province,) Canada. (country.)

MOTHER (Full Maiden Name) Lillian Britht

FATHER (Full Name) George Washington Hibbard.

D ATE: July 12th, 1940.

CERTIFIED TRUE EXTRACT

(Signature & Rank)

For: COMMANDING OFFICER
R.C.A.F. RECRUITING CENTRE
MONTREAL, P. Q.

\# Strike out words not applicable.

A.F.M. No. 10

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K. E.R.K. C.I.B. E.B.
R. C. M.M. N. I. .....
S. L. ..... P. A. M.C.

AIR FORCE NO. R56 250

NAME OF OFFICER OR AIRMAN **HIBBARD, Howard, Robert.**

R.C.A.F. Special Reserve

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT **Certified Letter.**

NO. *Not mentioned.*

DATE **June 25th, 1940**

ISSUING AUTHORITY **H.C.Hatcher, Superintendent Lachine Protestant Schools.**

COURSES TAKEN **General**

DIPLOMAS, DEGREES OBTAINED **None.**

DATE **July 12th, 1940**

CERTIFIED TRUE EXTRACT

(Signature & Rank)

for OFFICER COMMANDING,
R.C.A.F. TRAINING CENTRE,
MONTREAL, QUEBEC.

A.F.M. No.11

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K. EH C.I.B.
R. C. N I.
S. L. P. A. MC

Dominion Bridge Company, Limited

HEAD OFFICE & WORKS AT LACHINE, QUE.

BRANCH WORKS
OTTAWA, ONT.
TORONTO, ONT.
WINNIPEG, MAN.
CALGARY, ALTA.
VANCOUVER, B.C.

POST OFFICE ADDRESS, BOX 280 MONTREAL
CABLE ADDRESS "DOMINION"

Lachine, Que. CANADA. 25th June, 1940.

To: Royal Canadian Air Force.

The bearer, Mr. Howard Hibbard, entered the employ of this company on 1st September 1939, and since that date has carried out the duties of clerk in our structural drawing office. Mr. Hibbard also attended, during the past winter, lecture courses conducted by this company in connection with our class of work.

Mr. Hibbard is very obliging and his character is excellent in all respects.

DOMINION BRIDGE COMPANY LIMITED.

F. J. McHugh.

F. J. McHugh,
Chief Draughtsman,
Eastern Division.

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

FJMcH
mip

PLEASE ADDRESS ALL COMMUNICATIONS TO THE COMPANY AND NOT TO INDIVIDUALS

K. O. WHYTE
CHAIRMAN - BOARD OF MANAGERS
111 - 34TH. AVENUE

L. G. PULLEN
TREASURER
9568 LASALLE ROAD
VILLE LASALLE

St. Andrew's United Church

Rev. J. W. Patterson, B.A., B.D.
MINISTER
326 ST. JOSEPH STREET

R.C.A.F. Special Reserve

JAMES MILL
CLERK OF KIRK SESS
178 - 17TH. AVENU

GEORGE LOGAN
SEC. BOARD OF MANAGE
103 - 12TH. AVENU

Lachine, Que. June 25th, 1940.

Royal Canadian Air Force,
Montreal, Quebec.

Dear sirs:

I am very pleased to recommend Mr.Howard Hibbard, as a young man of fine Christian character and high ideals. He is energetic and courageous in every work he undertakes. He has good ability, is alert, and is honest and upright in all his associations.

For several Seasons he has played on our Church Hockey Team, is a good sportsman, courteous in manner, popular with his associates and highly respected by all who have known him from childhood.

He is a faithful member of St.Andrew's United Church,Lachine,Quebec, and we trust that God's Blessing will go with him as he goes forth in the Service of King and Country.

Yours very truly,

J.W.Patterson

ST. ANDREW'S PRESBYTERIAN CHURCH
THE UNITED CHURCH OF CANADA
ST. LACHINE, QUE.

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K..... C.I.B.....
R. C..... N. I.....
S. L..... P. A.....

R.C.A.F. Special Reserve

THE PROTESTANT SCHOOL COMMISSIONERS OF LACHINE

OFFICE OF THE BOARD

H. G. HATCHER, M.A.,
SUPERINTENDENT.

TEL. ZONE 8 - 498

53 - 36TH AVENUE,
LACHINE, QUE.

June 25th, 1940.

THE ROYAL CANADIAN AIR FORCE.

This is to state that Howard Hibbard attended the Lachine High School, taking Grade XI in 1939.

Howard has a good record for punctuality, regularity of attendance and general deportment. He excelled in athletics. He is a person of good habits and is thoroughly trustworthy.

H.G. Hatcher.
Superintendent,
Lachine Protestant Schools.

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K. E.A.R. C.I.B.
R. C. N. I.
S. L. P. A.

SIGNAL NO. 828

CASUALTY RETURN

To be filled out for fatal casualties and
personnel reported missing.

NAME . . . . . HIBBARD, EDWARD ROBERT . . . . . .

NUMBER . . . . . R56250 . . . . . .

RANK . . . . . T/E/SGT. . . . . .

AIR FORCE TRADE . . . . . WIRELESS OPERATOR AIR GUNNER (SPEC. GRP.) . . . . . .

SERVICE: RCAF, ~~RAF, RAAF, RNZAF~~ - UNIT - OVERSEAS
(Strike out Services not applicable)

WAS AIRMAN ON LEAVE WITHOUT PAY? . . . NO . . . . . MARITAL STATUS . MARRIED . . .

NEXT OF KIN (As shown on Airman's Record of Service). . . . . .

. . . . . MRS. BEATRICE GOULD HIBBARD . . . . . .

RELATIONSHIP . . . . . WIFE . . . . . .

ADDRESS . . . . . 17 QUINN ST., HALIFAX, N. S. . . . . .

NEXT OF KIN (As shown on Casualty Signal from Unit) . . . . . .

. . . . . MRS HIBBARD . . . . . .

RELATIONSHIP . . . . . WIFE . . . . . .

ADDRESS . . . . . 3531 ST FAMILLE ST APARTMENT 2 MONTREAL. . . . . .

PARENTS NAME (S) . . . . . MR. AND MRS. GEORGE WASHINGTON HIBBARD . . . . . .

ADDRESS (As shown on Airman's Record of Service) 159 - 17th AVE., LACHINE, QUE. . . .

WAS MOTHER LIVING ON ENLISTMENT . YES . . . WAS FATHER LIVING ON ENLISTMENT . YES . . .

GENERAL BACKGROUND
(Outstanding Achievements, etc.). (AIR OBSERVER'S BADGE 15-3-41) . . . . . .

. . . . . .

RELIGION . . UNITED CHURCH . . . . . .

NATIONALITY (Citizenship) . . CANADIAN . . . . . ~~FRENCH CANADIAN~~ . . . . . .

CASUALTY SIGNAL NO . . PX6463 . . . . . DATE . 10-5-42. . . . . .

CASUALTY DETAILS : . "MISSING" --- UNKNOWN --- 8-5-42 REPEAT 8-5-42. . . . . .

. . . . . .

DATE. 11-5-42. . . . . D. J. Rowe, Cpl. . . . . .
for R.O.

(E.G.)

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
AIR

STATEMENT OF WAR SERVICE GRATUITY

A-12671

DECEASED MEMBER'S NAME: Howard (CHRISTIAN NAMES) R. Hibbard (SURNAME)

REGISTER NO. 21274
FILE NO. 13 July/45
DATE R56250
SERVICE NO. F/S
FINAL RANK OR RATING
DATE OF DISCHARGE 9 May/42

PAYEE: Mrs. Beatrice G. Hibbard
ADDRESS: 3531 Ste Famille St.,
Apt. No. 2, Montreal, Que

DATE OF TERMINATION OF OVERSEAS SERVICE 9 May/42

			$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 649/30	EQUAL TO 21	COMPLETE PERIODS AT $7.50	157.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 400 LESS 19 INELIGIBLE DAYS, EQUAL TO 381		DAYS @ 25c. PER DAY	95.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 3.75		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.00		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 35.00	$ 1.16		
TOTAL	$ 5.91	×7 = $ 41.37	
NO. OF DAYS 400/183	×$ 41.37		90.43

D. WAR SERVICE GRATUITY — 343.18

E. DEDUCTIONS — OVERPAYMENT OF: PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $

JUL 23

F. TOTAL AMOUNT PAYABLE — 343.18

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 35.00 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 35.00 OF $ 343.18 =$ 343.18

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
MRG	JTM

TREASURY

CHECKED BY	DATE
	MAY 5

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA, - CANADA.
Rec'd JUL 17 1945
P. & A. SECTION

R56250 (RO)

R E G I S T E R E D

OTTAWA, Canada, 18th. May, 1946.

Mrs. B.C. Hibbard,
3531 St. Famille Street,
Apartment # 2,
Montreal, Quebec.

Dear Mrs. Hibbard:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your husband Flight Sergeant H.R. Hibbard.

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,

JRT.

(W.A. Dicks) G/C
R.C.A.F. Records Officer.

MAY 20 1946
R. C. ..... N. I.
S. I. ..... P. A.

R.C.A.F. Special Reserve

R.C.A.F. Special Reserve

Interview Report

~~Navigator~~ / ~~Technical Equip. & Accessories~~

Air Crew

~~Pilot~~ / ~~Observer~~ / ~~Wireless Operator~~ / Air Gunner

SURNAME	CHRISTIAN NAMES IN FULL
HIBBARD,	Howard, Robert.

Age 18
Height 6'2"
Weight 170
~~Married~~ / Single

ACADEMIC STANDING

Junior Matriculation . Dominion Bridge Co. Apprentice School in 1939 (Mathematics and mechanic.)

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

1 hour passenger.

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

Boy Scout 7 years (4 badges) Junior Draughtsman for Dominion Bridge Co., at the present time.

SPORTS:

EXTENSIVELY: Golf, Soccer, Basket Ball Hockey Base Ball.
MODERATELY: Soft Ball Rowing, Rugby. Swimming Boxing.
OCCASIONALLY: Tennis Badmington.

HOBBIES:

Model Air Craft.

APPEARANCE: HEALTHY - ~~ROBUST~~ - TALL - ~~MEDIUM~~ / ~~SHORT~~ - ~~STOUT~~ / ~~THIN~~ - ORDINARY - ~~GOOD~~ / ~~POOR~~ - CLEAN - ~~UNTIDY~~ - ~~UNFIT~~

DRESS: ~~SMART~~ - TASTEFUL - ~~UNSUITABLE~~ / ~~UNTIDY~~ / CLEAN AND NEAT - SMART - ~~UNTIDY~~ / ~~UNSUITABLE~~

INTELLIGENCE: ~~QUICK~~ - DELIBERATE - ~~SLOW~~ - ORGANIZED - ~~DISORGANIZED~~

PERSONALITY: ~~HESITATING~~ - CONFIDENT - ~~IMMATURE~~ / MATURE - ~~UNPLEASANT~~ / PLEASANT - ~~UNSUITABLE~~ / ~~UNDESIRABLE~~

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES YES NO

FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK...YES NO

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1 (b)

highly recommended

SUMMARY OF ALL OF THE ABOVE:

Deliberate - good appearance - Very good type - Industrious - Well built - Keen - Highly recommendable

~~EXCELLENT~~ / ABOVE AVERAGE / ~~AVERAGE~~ / ~~BELOW AVERAGE~~ (Strike out words not applicable)

RECOMMENDED FOR:

Air Gunner.

R.C.A.F Records Office
Rec'd AUG 12 1940
O. K. E.H. C.I.B.
R. C. N I.
S. L. P. A. MC

DATE: June 28th.

RECRUITING CENTRE: Montreal

SIGNATURE OF OFFICER: A.C. Gourdeau

A.C. GOURDEAU.
OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, QUEBEC.

A.F.M.5

To be made out in duplicate

R.C.A.F. Special Reserve

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

---

(1) Name of Officer of Other Rank Howard Robert HIBBARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R56-250.

(3) Unit ROYAL CANADIAN AIR FORCE

(4) Are you married? NO

(5) If married, state, N.A.

(*a*) Full name of your wife

(*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? N.A.

(8) Have you any children? N.A. Number of boys N.A. Girls N.A.
N.A.

Names and ages

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

Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
N.A.

Name

Postal Address N.A.

R.C.A.F. Records Office
Rec'd AUG 8 - 1940
O. K. C.I.B.
R. C. N. I.
S. L. P. 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 George Washington HIBBARD

159- 17th Avenue, Lachine, Que. Draughtsman.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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 Lilian BRIGHT

159- 17th Avenue, Lachine, Que.

(15) If your mother is a widow, are you her sole or partial support? NO

(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? YES.

If so, in what Company? SUN LIFE ASS. CO.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? ~~XXX~~ YES.
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.

Howard R. Hibbard
(Signature of officer or man)

Date July 20th, 1940.

J.V. Sorsoleil
(J.V. Sorsoleil) Flt. Liuet.
Officer Commanding
R.C.A.F. Recruiting Centre, Montreal, Que.

Date July 20th, 1940.

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 R56250 RANK F/SGT. TRADE W.O.A.G. (SP GR) UNIT 419 SQDN. OVERSEAS

NAME HISSARD, HOWARD ROBERT

SERVICE

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

MARITAL STATUS MARRIED

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. S.G. HISSARD (WIFE)

ADDRESS 3651 ST. FAMILLE STREET, APARTMENT 2, MONTREAL, QUEBEC.

NAME
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

RELIGION U.C. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. GEORGE WASHINGTON HISSARD

ADDRESS 159 -17TH AVENUE, LACHINE, QUEBEC.

FATHER LIVING ON ENLISTMENT YES

MOTHER LIVING ON ENLISTMENT YES

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

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

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

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

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PX5707---6-29-APRIL-43. 8424

CASUALTY DETAILS:

PREVIOUSLY REPORTED "MISSING" 8-MAY-42 AFTER AIR OPERATIONS (OVERSEAS)

NOW "PRESUMED DEAD" 9-MAY-42 FOR OFFICIAL PURPOSES.

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

P. OF D... YES

2 WILLS

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

DATE 7-MAY-43.

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

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territ
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: HIBBARD (*Block letters*)

Given names: HOWARD ROBERT

Do not write in this space

4. RESIDENCE

Street: 17th Avenue No. 159

Official name of civil municipality or township: Lachine

Municipal county: Province: Quebec

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

9. If married give name of wife or husband of deceased: not given

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: November (Month) 20th (Day) 1921 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
20	5	19	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator 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: May 9/42

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Hibbard, George Washington	Quebec
MOTHER (Maiden Name)	Britht, Lillian	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)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 9th (Day) 19 42 (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) 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: May 9th 19 42

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.)

A. Kane S/O

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

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

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

....

(Voir l'autre côté pour le français)

AIR FORCE No. R56-250 POSTED TO Manning Depot, Toronto, Ontario. TRADE Air Crew Gunner.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Hibbard Full Christian Names Howard Robert
2. Present Address 159-17th Ave., Lachine, Que. Telephone Lach. 342
3. Permanent Address 159-17th Ave., Lachine, Que.
4. Place of Birth Lachine, Quebec. Citizenship Canadian
5. Date of Birth Nov. 20 1921 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~ Single
6. Particulars of Children N.A.

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

7. Occupation Junior Draughtsman 8. Religion Protestant-United Church
   State denomination
9. Languages English and French
   State proficiency
10. Next of Kin (Full Name) George W. Hibbard Relationship Father
    " Address 159-17th Ave. Lachine, Que.
11. Father (Full Name) George Washington Hibbard Birthplace Howick, Quebec
    " Address 159-17th Ave. Lachine, Que. Citizenship Canadian
    " Occupation Draughtsman at Dominion Bridge Company
12. Mother (Full Maiden Name) Lilian Bright Birthplace Montreal
    " Address 159-17th Ave Lachine, Que. 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
N.A.						

14. Honours, Awards, Mentions Medal - Lieutenant in School Cadets
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? N.A.
    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.

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R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

R.C.A.F. Records Office
Rec'd AUG 12 1940
O. K. E.R. C.I.B. E.S.
R. C. N. I.
S. L. P. A.

K x mck

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	LACHINE. CENTRAL PARK SCHOOL,	1927	1935	
High School—Collegiate Institute, etc.	LACHINE HIGH SCHOOL	1935	1939	
Technical School				
University or School other than above				
Correspondence Courses, etc.	DOMINION BRIDGE CO.			MATHEMATICS
	APPRENTICE SCHOOL	1939	1940	MECHANICS

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
DOMINION BRIDGE CO.	JUNIOR DRAUGHTSMAN	1939	1940	FOR ENLISTMENT

23. Flying Experience (in Hours) Solo NA Dual NA Passenger 1 hr.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. FRETWORK AND MODEL AIRCRAFT

25. Sports engaged in. State: extensively, moderately, occasionally EXTENSIVELY - GOLF, HOCKEY, BASEBALL, SOCCER + BASKETBALL. MODERATELY - SOFTBALL, ROWING, RUGBY SWIMMING + BOXING. OCCASIONALLY - TENNIS + BADMINTON.

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties~~. Flying Duties.

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

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

Name	Address	Occupation
MR. JAMES E. GARRIGAN	DOM. BRIDGE COMPANY	SQUAD LEADER-DRAUGHTSMAN
MR. ANGUS M. WILBUR	667-ALLARD AVE., VERDUN	DRAUGHTSMAN - DOM. B. CO.
MR. F. A. HOLLOWAY	MUTUAL FRUIT CO. MONT.	PRESIDENT
MR. H.C. PATTERSON	Y.M.C.A. - 92 NOTRE DAME LACHINE	SECRETARY-LACHINE BRANCH

28. Other information that may have any bearing on this application Flying interests me more than any other branch of the service.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? YES

I HEREBY CERTIFY that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date JUNE 25 1940 Signature Howard Robert Hibbard

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FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

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

Date July 20th, 1940. Howard R. Hibbard
Signature of Recruit

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

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

Date July 20th, 1940. Howard R. Hibbard
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 July 1940.

[illegible]
Signature of Officer

Rx
Rank

ROYAL CANADIAN AIR FORCE
Unit

2-76

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

Howard R. Hibbard
Signature of Applicant

Examiner's Remarks *re* above Scarlet fever in childhood no complications.

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

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

2. Height 6 feet 0 inches. 3. Weight 160 pounds.

4. Complexion Fair 5. Color of Eyes Grey Hair Brown

6. Development {Good / Fair / Poor} 7. Chest Measurement—Full expiration 36 inches

Range of expansion 2 inches

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

9. Vision—Without glasses—Right 6/6 With glasses—Right

Left 6/6 Left

10. Condition of mouth and teeth Healthy 2 missing none filled.

11. Urine—Albumen neg. Sugar neg.

12. Abnormalities (Congenital and Pathological) found on Examination

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

Any special remarks of the Medical Officers

Good type mental physical ability.

Recheck normal - 18/7/40 Medt

Date July 18, 1940.

President Member Member

2-74

M. 8/5/42.

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. CAN. R.56250 NAME AND INITIALS Hibbard H.R. (IN BLOCK LETTERS) DATE OF ENLISTMENT 20/7/40

SHEET No. one (IN WORDS) SIGNATURE AND RANK OF C.O. H.V. Arland F/O for (G.N. Irwin) Sqd. Ldr. DATE 22/7/40

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
#1 W.T.S. Montreal	26-12-40	LAC.		W.O.A.S being absent without leave 1330 hrs 26-12-40 to 1300 hrs 31-12-40 absent 4 days 23 hrs 30 mins A.F.A. 15 (1)	Cpl Thom	120 hrs detention Forf. 5 days pay J.S	31-12-40	J. Scott W/C	RBW F/O 31.12.40
#1 W.T.S Montreal	27/1/41	LAC.		W.A.O.S. Neglecting to obey local orders, in that he was found in bed after reveille. Sec 11. A.F.A	F/Sgt Birchnall (documentary)	5 days C.B. 2 days remitted	27/1/41 30.1.41	F/O R.B. Wann. RB Wann F/O	RBW F/O 27.1.41 RBW F/O 30.1.41
				CERTIFIED NO FURTHER ENTRY		C.W. Rosam		A/O for F/Lt Adj. 3 P.R.C.	28 JUL 1941
				CERTIFIED NO FURTHER ENTRY		D.H. Dawson	F/LT.	for Officer Comdg. No. 1 Wing, No. 2 Signals School, Yatesbury.	12 JUL 1941
				CERTIFIED NO ENTRY		[illegible]		for OC No. 23 OTU, PERSHORE	2.9.41
				CERTIFIED NO ENTRY		P.M. Hughes	F/O	Adjutant, No. 99 Squadron, R.A.F.	19.9.41
				CERTIFIED NO ENTRY		R.C. Hedges		F/LT [illegible]	26.2.42
				To be carried over					

R.C.A.F. R. 71
25M—2-40 (4161)
H.Q. 1062—3-53

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
40M—8-40 (6622)
H.Q. 1062-2-126

Individual Record of Flying

RANK L.A.C. NO. CAN R-56250 NAME Hibbard, H.R.

	UNIT	Month ending	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES			Passenger		TOTAL	
			DAY						NIGHT						DAY						NIGHT											
			Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Captain of Aircraft		2nd Pilot		Dual		Observer		Air Gunner		Other			
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
1941	No.1 WIRELESS SCH 002 - MONTREAL																																	
	JAN. 22																																50	
	23																																2	40
	24																																4	45
	26																																7	05
	27																																9	00
			TOTAL FLYING TIME UP TO JAN. 31ST. 1941																														9	00
	#1 BOS.S 2/41																																2	30
	15/3/41																																7	25
																																	18	55

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II) **R.A.F. Form 1580.**

CANADIAN
ROYAL AIR FORCE.

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

Official No. CAN/R 56250 Name HIBBARD, Howard Robert Rank T/Sgt (Pd)
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade WO/AG "Spl" Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 20.11.21 Religion United Occupation in Civil Life Junior Draughtsman

Last Enlisted 20 July 1940 Current Engagement D of War

~~If a member of the Auxiliary Air Force~~ Attached to RAF from RCAF

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

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

Mrs. A.G. Hibbard 3531 St Granville, St, Apt 2, Montreal wife

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.
	RC Montreal	20.7.40		AC2 Aircrew "Std"	20.7.40
RC Montreal	1 Mng Dpt	21.7.40		LAC	12.10.40
1 Mng Dpt	2 ITS	31.8.40		T/Sgt(Pd) WO/AG "Spl"	15.3.41
2 ITS	1 WS	13.10.40			
1 WS	1 B&GS	16.2.41			
1 B&GS	Emb.Dpt.Debart	27.3.41			
Debart	Overseas	5.4.41			
CANADA	UK	19-4-41			
U.K	3.P.R.C	20-4-41			
3 P.R.C	2.S.S	28-4-41			
I.W. Yatesbury	23 O.T.U. Pershore.	12.7.41			
To 23 O.T.U. Pershore	To 99 Squadron	8.9.41			
99 Sqdn.	15 Sqdn Feltwell	19.9.41			
Reported Missing	P.O.R. 64/42	8-5-42.			
To 19 Squadron Mildenhall.	To 1 R.A.F. Depot - Uxbridge	8-5-42.			

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.

(5750—1016) Wt. 27694—1871 120M 11/40 T.S. 700
(6711—1016) Wt. 45658—3318 242M 3/41 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	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/Sgt.	V.G.	W/Op(2) A-C	NOT EMPLOYED		ON STRENGTH FOR TRAINING ONLY.		12.7.41	W. Thurston S/L
T/Sgt	V.G.	W.O. A.G.	On strength for			Training Only	8-9-41	[illegible] S/Ldr
T/Sgt.	V.G.	W.O.P./A.G.	On Strength for			Leave one month	19.9.41	P. Hewitt S/L W/Cdr
T/Sgt	V.G.	W/Op A.G. II	–	Sat	Sat	Rec'd	31-12-41	R. McCosh W/C.
T/Sgt	V.G.	W/Op A.G.	Sat	–	–	Recommended.	8-5-42	J. Sutton W/C

RECHECK

CONFIDENTIAL #2 Medical Selection Board CAN/#R56250

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Regina, Sask. *Date* 10-9-40

FILE NUMBER

Surname HIBBARD *Chr. Names* Howard, Robert.
Nature of Commission Pilot *Date of Birth* 20-11-21 *Married or Single* S
Branch R.C.A.F. *Hours Flown* None
Address Lachine, Quebec. (Enlisted Montreal)

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 Tonsillitis — No
Diphtheria, Scarlet Fever or Scarlatina — Scarlet Fever in childhood, no
(iv) STOMACH or BOWEL TROUBLE — No (complications
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 — None
(x) Any Illness or Injury not mentioned above — Measles, whooping cough, in childhood

Education Junior matriculation equivalent
Present Occupation Draftsman Hobbies Mechanical
Previous Service None
Athletics Good
Habits—Smoking None Alcohol None
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (....) Alive—Health (....) Dead—Cause
Sisters (3) Alive—Health Good (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 10-9-40 *Signature* *Witness*

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Standard
Body Marks, Scars, Deformities Long scar left palm and index finger.
Size of Thyroid Gland Normal
Surgical Abnormalities None
Results of Wounds, Injuries, Operations Nil

	Date	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	73						
Weight (lbs.)	178						*Date*
Chest Circumference (ins.)	38						
Body Build (lbs.)	plus 23						
Leg Length (ins.)	43						
Pulse Rate (Sitting)	72						
Pulse Rate (Standing 1st)	96						
Pulse Rate (Standing 2nd)	84						
Pulse Rate (After Exercise)	108						
Pulse Rate (Time to Normal)	30						
Arterial Walls	Soft						
Blood Pressure (Systolic)	114						
Blood Pressure (Diastolic)	80						
Heart (Size)	N						
Heart (Sounds)	N						
Heart (Rhythm)	Reg.						
Lungs	N						
Breath held	82						
Expiratory Force	160						
Vital Capacity (Best of 5)	5000						
							Date
Reflexes (Knee)	N						
Reflexes (Ankle)	N						
Reflexes (Triceps)	N						
Reflexes (Abdominal)	N						
Reflexes (Plantar)	Flex						
Cranial Nerves	N						
Balancing Rod	R. 1S L. 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. 3U L. 3U	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors (Fingers)	Nil						
Tremors (Eyelids)	Nil						*Date*
Abdomen (Liver)	N						
Abdomen (Spleen)	N						
Abdomen (Muscular Tone)	Good						
Urine (Albumen)	Neg.						
Urine (Sugar)	Neg.						
Initials of M.O.							

40 mm. Hg. Test
Date 65 Secs. 6/678/898/888/876/6 (Type 2)
Date
Date
Date

Remarks by Consultant.

Fit

EYE EXAMINATION

History	Negative		
Visual Acuity	R. 20/20 , c -2.25 plus =	20/200	
	L. 20/20 , c -2.25 plus =	20/200	
Colour Vision	Normal		
Red, Green	Orthophoria		
Diaphragm Test (P.D. = 64)	Orthophoria		
Convergence	C. = 6 cms.		
	S. C. = 8 cms.		
Accommodation	R 8.5		
	L 8.5		
Cover Test	Ortho. both fixed		
Fundi and Media	Normal		
Fields	Normal		
Remarks:	Fit.		
	Initials of M.O	*Initials of M.O*	*Initials of M.O*
	Date	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Negative		
Hearing	R. Ear	N	
	L. Ear	N	
External Ear, Meatus Membranes	R. Ear	N	
	L. Ear	N	
Middle Ear, Eustachian Tubes	R. Ear	N	
	L. Ear	N	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity		N	
Teeth		N	
Gums		N	
Pharynx		N	
Nasopharynx		N	
Nose		N	
Larynx		N	
Remarks:	Fit		
	Initials of M.O	*Initials of M.O*	*Initials of M.O*
	Date	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 10-9-40

Fit A1B A3B (Above maximum height and weight for A3B)

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date .....

CATEGORY APPROVED
Fit A1B A3B
OCT 8 1940
.....
..... for D.G.M.S.

DEPARTMENT OF NATIONAL DEFENCE

R.C.A.F. Special Reserve

CAN

Regtl. No. R56-250

P.F. Unit R.C.A.F.

MEDICAL HISTORY OF

SURNAME Hibbard CHRISTIAN NAMES Howard Robert

TABLE I.—General Table

Birthplace { Town, Lachine
Province P.Q.

Examined { on 5 day of July 1940
at Montreal Quebec

Declared age 18 years days

Apparent age 18 years

Trade or occupation

Height 6 feet 0 inches. Weight, stripped 160 lbs.

Colour of Hair brown Complexion fair

" Eyes grey.

Chest Measurement { Girth when fully expanded 38 inches
Range of expansion 2 inches

Physical development good
(Good, fair or poor)

Vaccination marks

Arm	Right	Left
Number		

When vaccinated

Vision { R.E.—V 6/6 With Glasses { R
L.E.—V 6/6 L

Hearing, R. ear WU 20 L. ear WU 20

Identification marks, such as Tattoo, Moles, Scars, etc.—

Defects or ailments:—

Examined and found—

FIT FOR CATEGORY A 3 B / B / C

(Strike out those which do not apply)

Signature

(Rank) Capt

Enlisted or appointed { at Montreal, Que.
on 20th day of July 1940.

Joined on enlistment or appointment	CORPS	REGTL. No.
	Manning Depot, Toronto, Ontario.	R56-250.
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

DATE	BRIEF DETAILS AND SIGNATURES
	Col Vis N.
	Hearing N.
18/9/40	Recheck W. Watch
	X ray N
23-7-40	Vacc v TAB i Jds
30-7-40	TET. TOX i & TAB ii Jds
6-8-40	TAB iii Comp JdS
14.9.40	Tet Toxoid ice Goddard
12-9-40	Blood Wassermann Sanderson O Phillips Captain RCAMC
10-9-40	RCAFM2 A1B A3B Mitchell Capt RCAMC
6/4/41	Dick negative. J.K.L.S

TABLE IV.—Service Table

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Became non-effective by

on day of 19

(Signature)

(Rank)

For disposal of this form use K.R. Canada, 1594, 1597 and 1611.

M.F.B. 313b.
5031 12-39 (3361)
H.Q. 1772-39-439

R.C.A.F.T.82
5M-8-40--(6626)
H.Q.1062-13-65

ROYAL CANADIAN AIR FORCE.

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

AIR AND GROUND TRAINING

Surname.....Hibbard..... Christian Names....H.R.....

Number.....R56250..... Rank.....AG2.....

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:--

Original and Duplicate--From I.T.S. to Wireless School.

From Wireless School to Bombing and Gunnery School.

Duplicate --To be available on demand by the Training Command concerned.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this test.

Part I

INITIAL TRAINING

1. No..... Initial Training School. Course No.....From.....To.....

2. Results of Examinations:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	.....	Drill	100	.....
Armament (P. & O.).	100	.....	Law and Disc. etc.....	100	.....

3. Maximum Marks, 400. Marks Obtained.....Percentage.....Pass or Fail.....

Position in Class.....No. in Class.....

4. Remarks.....

R.C.A.F. Rec'd Office
Rec'd APR 22 1941
O.C. No. 1 C.B.
R.C. N.I.
S.L. P.A.

.....Wg.Comdr.
Commanding Officer

To be passed to No.....Wireless School.

Date.....

Part II

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 6 To 16.2.41 From 14.10.40

2. Flying Times--

(a) In Flying Classroom as 1st Operator..... 1 .....hours.
(b) In Flying Classroom, listening watch..... 3 .....hours
(d) In 2-seat aircraft as sole operator..... 7 .....hours.

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

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

4. Ground Training:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Theory.....	100	64	Signals Office Routine.....	100	55 .....
Practical Application.....	150	95	Signals Organization.....	150	95 .....
Morse (buzzer and lamp)	200	124	Drill & P.T.....	100	75 .....
Procedure.....	200	184	Totals.....	1000	692 .....

Maximum Marks 1000. Marks Obtained 692 ...Percentage 69.2 ..Pass or Fail Pass ...
Position in Class 29 .....No. in Class 45 .....

5. Date authorized to wear Wireless Operator's Badge..... 16.2.41 .....

6. Assessment as to suitability for N.C.O. rank:- (Delete categories not applicable)

~~Specially suitable~~
Average As W.A.G. N.C.O.
~~Not suitable~~

7. Comments as to suitability for Commissioned rank:-.....
.....
A future possibility for a commission. A pleasant, quiet
.....
...lad. of .good .appearance, .who .needs .to .develop. more .personality.....
.....

8. Assessment as to suitability as an Instructor in Wireless Schools for similar tradesmen (delete categories not applicable).

~~Specially suitable~~
~~Average~~
Not suitable

J. Scott
Officer Commanding
(J.S.Scott) Wing Commander,
NO. 1 .....Wireless School

Date. February 14th, 1941

To be passed to No. 1 .....B.G.S.

AIR FORCE No. R56250

Hibbard — SURNAME

Howard Robert — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

DATE 20·7·40

RELIGION M.C.

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
20·11·21				

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Draughtsman

PREVIOUS SERVICE

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

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)

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Mrs. Beatrice Tould Hibbard (Wife) 17 Quinn St Halifax NS

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	15 3 41		WOAG		
F Sgt.	1 12 41				

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

AIR FORCE No. R56250

Hibbard — SURNAME

Howard Robert — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

DATE 20.7.40.

RELIGION M.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	419 Sqdn		26 2 42	35/42.
	Missing after Air Ops.		3 5 42	64/42 AFR08 09/42.
	Presumed dead		8 5 42	64/42 26/37
TOS	R.C.A.F. NE Unit (M)		1 5 43	NE U.
SOS	R.C.A.F. NE Unit (OD)		1 5 43	1/43.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

AIR FORCE No. R56250 R

Hibbard — SURNAME

Howard Robert — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal, Que. — DATE 20-7-40

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R. 44 (B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 20-11-21 — PLACE Lachine, Que. — CITIZENSHIP 2 Candn.

FATHER (FULL NAME) George Washington Hibbard

BIRTHPLACE Howick, Quebec

MOTHER (FULL MAIDEN NAME) Lilian Bright

BIRTHPLACE Montreal, Quebec

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que

JUNIOR MATRICULATION X 4 yrs. Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

Dom. Bridge Co. Appr. Schl. - 1939-40 6

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

Junior draughtsman - 1939-40

707-

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunners Badge	1BGS 75	15-3-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER

13. RELIGION

United Church 2

14. LANGUAGES

1

15. SPORTS

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

WIFE (FULL MAIDEN NAME) Beatrice Gould Norman

PLACE OF MARRIAGE Halifax — DATE 25-3-41

AUTHORITY (IF AFTER ENLISTMENT) EM 42 (with permission)

2

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: George H. Hibbard — RELATIONSHIP Father

ADDRESS: 159- 17th Ave. Lachine, Que. — D.R.O.

FULL NAME: Beatrice Gould Hibbard — RELATIONSHIP Wife

ADDRESS: 17 Quinn St. Halifax N.S. — D.R.O. Em 38

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE			D.R.O.	RATE CHANGES ETC.	EFFECTIVE			D.R.O.
AWL forfeits 5 days pay	26	12	40	1WS.3					
	31	12	40						
Awarded 120 hrs. detention	31	12	40	1WS.3.					
					Forfeits Pay 5 days AWL	26	12	40	1WS3
					Awarded 120 hrs detent[illegible]				1WS3

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Duration	20	7	40						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. pub. qtrs. & draw rtns.		17-2-41	1BGS 50
Occ. Pub. Qtrs & draw rtns		28-3-41	EM. 40.
Railway warrant issued		3-11/5/41	RAF. 23.

APE - 159- 17th Ave. Lachine, Que. 22707

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	KX
17-8-40	24-4-41	24-7-40	✓			[illegible]
28-3-41						

AIR FORCE No. R56250

SURNAME: HIBBARD, HOWARD ROBERT

FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal, Que. DATE 20-7-41

RE-ENLISTMENT

C.R. FILE NUMBER

13

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 50M-10-40 (7685) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	1 M.D. Toronto	22	7	40	TMP.174
S.O.S.	1 M.D. to 2 I.T.S. Regina	31	8	40	TMP.208
SOS	to 1 W.S. Montreal	12	10	40	2 I.T.S. 100
S.O.S.	1 W.S. Montreal	16	2	41	1WS40
TOS	1 B & G.S. Jarvis, Ont.	17	2	41	1BGS50
SOS	1 B & G.S. Jarvis amended	17	3	41	1BGS204 1BGS75
T.O.S.	Em. Depot, Debert amended	28	3	41	(Cancelled) 1Y196, 1Y231 EM40
SOS	Em Dep. to Elsewhere	5	11	41	Em47
T.O.S.	U.K. from Canada	20	4	41	RAF.23
SOS.	to 2 Rad. Sch. Yatesbury	28	4	41	RAF.23
SOS	1 BGS Jarvis	17	3	41	1BGS204
TOS	1 "M" Depot, Halifax	18	3	41	Cancelled 1Y196 1Y231
SOS	to 23 O.T.U.	12	7	41	RAF.34,35
TOS	1 M Depot, Halifax	18	3	41	1Y231
SOS	230TU to 99 Sqdn	8	9	41	RAF 43
SOS	from 99 Sqdn. to 75 Sqdn	19	9	41	RAF46
SOS	from 75 Sqn to 99 Sqn	19	9	41	RAF44
SOS 8	to 419 Sqd fm. 75 Sqd 6071 419	26	2	42	RAF12,14
SOS	to 1 Depot Uxbridge fm 419 Sqd	8	5	42	RAF26
	Missing	8	5	42	RAF29
	Operational: location unknown				
	Flying Battle - O'seas - unclassified - Wellington				
	Presumed enemy action: 419 Squadron				
	Pres Dead	9	5	42	
	PK5707	29	4	43	
	WSG	3	10	44	
Comp	CAS/WSG	28	6	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC.2	20	7	40	TMP.174
LAC.	12	10	40	2 I.T.S. 138, 1WS 249
T/Sgt jd	15	3	41	1BGS75
T/F/Sgt. +3	1	12	41	RAF8

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
18-7-40	R100	A.	
SSQ	9-4-42	10-4-42	RAF20-23

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	S	20	7	40	TMP.174
WO/AG SG 3045		15	3	41	1BGS75
WO/AG.	11.	6	3.	42	RAF37,44

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
WAG Course #61BGS	65P.	17 17	2 3	41 41	T82

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
16-3-41	28-3-41	12		1BGS75
3-5-41	11-5-41	9	"Priv."	RAF.23

Part III

ARMAMENT TRAINING

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

2. Dates of Course:-- From...17-2-41..... To..17-3-41.....

AIR TRAINING

Gunnery

3. Flying Time:--

Aircraft	Day	Night	Passenger	Total Hrs.	Total Mins.
Battle	7:30		2:30	10:	00

4. Air Gunnery Results--

	Average percentage hits to rounds fired
(a) Beam Test	...2.1....%
(b) Beam Relative Speed Test	...4.9....%
(c) Under Tail Test	....0.....%

5. Assessment--

		Marks Obtained
(a) Written Examination	(100 Marks)	..82.....
(b) Practical and Oral Examination	(100 Marks)	..57.....
(c) Ability as Firer	(250 Marks)	.123.....
(d) Qualities as an N.C.O	(150 Marks)	..85.....
	(600 Marks)	347.....

6. Position in Class...41.....No. in Class..41.....Pass or Fail....pass.....
7. Date authorized to wear Air Gunner's Badge.....15-3-41.....
8. Comments on suitability for Commissioned Rank...Unsuitable.....
9. Remarks.....This student has not shown interest in the course and consequently... ...his standing has suffered.....
.....

R.H.C. Lees (Squadron Leader)
(G.E.Wait) Chief Instructor
No.....1.....B.G.S.
Date...17-3-41.....

10. Final Assessment(to be completed at B.G.S.)

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	692 .....
Bombing and Gunnery School.....	600	...347...
Totals.....	1600	..1039....

11. Percentage...65..Pass or Fail....pass.....Position in Class.....36.....
No. in Class.....41.....
12. Recommended for Commissioned Rank..No.....Assessment..average.....
(yes or no) (ex.,above average)

13. Remarks.....
.....
.....

G.E.Wait (Group Captain)
.....
Officer Commanding
No.....1.....B.G.S.
Date.....17-3-41.....