

R81716  
LABELLE  
JOSEPH WILLIE



Mrs. Yvonne La Belle (mother)  
11768 Drapeau St.,  
Montreal North,  
Que. Feb. -46.

6913-29-3-50

MEMORIAL BAR	
DATE DEST	
REGN. NO	3519

122 775

NAME LABELLE, Joseph Willie Conrad,

FILE NO. FD148

RANK SGT. AIR GUNNER CATEGORY MISSING PRES DEAD

REG. NO. R81716

DATE OF DEATH: 25-May-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 14-6-44 ROYAL MESSAGE:

MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father-  
To mother & father, 11-6-45

DEL'D TO MOTHER:

DEL'D TO WIFE:

AUG 24 1945

AUG 23 1945

Mr. & Mrs.  
et Mrs. Napoleon Labelle,  
11768, 866 Drapeau, Street,  
Montreal. P. Q.

COMMAND:

RELIGION:

Handwritten initials: nwb, Am

AIR FORCE No.

R81716

LABELLE, JOSEPH WILLIE CONRAD

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE *Montreal*

DATE *30-12-40*

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE *10-7-21* PLACE *Lake Edward P.Q.* CITIZENSHIP *British*  
 FATHER (FULL NAME) *Napoleon Labelle*  
 BIRTHPLACE *Montreal*  
 MOTHER (FULL MAIDEN NAME) *Yvonne Berrouard*  
 BIRTHPLACE *St Raymond P.Q.*

8. EDUCATIONAL STANDING  
 HIGH SCHOOL ENTRANCE *x P. 2.*  
 JUNIOR MATRICULATION *1 sp. P. 2.*  
 SENIOR MATRICULATION  
 TECHNICAL SCHOOL  
 UNIVERSITY  
 CORRESPONDENCE COURSES

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

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
<i>Duration</i>	<i>30</i>	<i>12</i>	<i>40</i>		

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.  
*Teasmith 1 sp. Forget & Powell*  
*313-*

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
<i>Att. Dark Star - Plus &amp; Otrs.</i>		<i>21-2-41</i>	<i>118145</i>
<i>Special leave transportation warrant #09464</i>		<i>16-7-41</i>	<i>118171</i>
<i>Att. Dark Star - Plus &amp; Otrs.</i>		<i>27-8-41</i>	<i>1239</i>
<i>Special leave 2 sp. C 22363</i>		<i>7-10-41</i>	<i>1189256</i>
<i>Leaves to be att'd from 1185 Sgn</i>		<i>28-10-41</i>	<i>12316</i>
<i>Dec. pub. ltr. to be att'd</i>		<i>27-10-41</i>	<i>123251</i>

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: *Napoleon Labelle* RELATIONSHIP *father*  
 ADDRESS: *11765 Drapeau Montreal N. P.Q.* D.R.O.  
 FULL NAME: RELATIONSHIP  
 ADDRESS: D.R.O.

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE  
*N/A*

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

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

11. HONOURS-AWARDS, MENTIONS  
 AUTHORITY DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)  
 SOLO DUAL PASSENGER

13. RELIGION *Roman Catholic* 1

14. LANGUAGES *French English* 3

15. SPORTS *Baseball Softball*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
<i>8-1-41</i>					

*W.P.C. 11768 Drapeau Montreal N. P.Q. 22304*





OFFICIALLY PRESUMED DEAD.

B. F. DATE.....

NO. R81716..... RANK..... SGT..... NAME..... LABELLE, J.W.C.....

UNIT..... OVERSEAS..... EFF. DATE... 25-May-44..... D.C.L. #1020d/12-May-45.

MFW2643 rec'd..... N.A..... M10 (INCLUDING M13)..... ✓..... M.J.

STN. FILE rec'd... 1-8-45..... MFB465a DENTAL ENV..... ✓..... M.J.

M10 to DMS(AIR)..... N.A..... DEATH CERTIFICATE..... ✓..... M.J.

2

24-8-45

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county <b>OVERSEAS (GERMANY)</b>	Official name of civil municipality or township			Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township																			
2. LENGTH OF STAY		Street No.	Hospital or Institution			(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..... <b>LABELLE</b> (Block letters)										Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH											
4. RESIDENCE		Given names..... <b>JOSEPH WILLIE CONRAD</b>										22. Date of death..... <b>May 25th</b> 19 <b>44.</b> (Month) (Day) (Year)		23. I HEREBY CERTIFY that I attended deceased from .....19..... to.....19..... and last saw h..... alive on.....19.....											
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)		24. CAUSE OF DEATH																	
<b>Male</b>		<b>Canadian</b>				<b>Single</b>		I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) <b>Previously reported missing after air operations and subsequently reported missing believed killed now for official purposes presumed dead.</b> due to (b)..... due to (c).....																	
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country) <b>Quebec</b>										III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days													
11. DATE OF BIRTH		12. AGE OF DECEASED		13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		15. Date deceased last worked at this occupation		16. Total years spent in this occupation		25. If a woman, was there a puerperal condition?.....													
<b>July 10th</b> 19 <b>21</b> (Month) (Day) (Year)		<b>22</b> Years Months Days If less than one day old .....hrs. or.....min.		<b>Air Gunner</b>		<b>R.C.A.F.</b>		<b>May 25/44.</b>		<b>three</b>		26. Was there a surgical operation?..... Date of.....19..... State findings..... Was there an autopsy?.....													
17. NAME		18. BIRTHPLACE (Province or Country)		27. If death was due to external causes (violence) fill in also the following:—																					
FATHER		Quebec.		Accident, suicide or homicide..... <b>Accident</b> Date <b>May 25.</b> 19 <b>44.</b> (State which)																					
MOTHER (Maiden Name)		Quebec.		Manner of injury..... (How sustained) Nature of injury..... <b>Presumed killed during air operations</b> Specify whether injury occurred in industry, in home, or in public place..... <b>public place.</b>																					
19. Place of burial, cremation or removal		Signed..... M.I.																							
20. Date of burial.....19.....		Address..... Date.....																							
21. PLACE OF REGISTRATION OF THIS BURIAL		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <i>[Signature]</i> <b>for (R.C.A.F. Records Officer)</b> This signature authorizes the collector to accept this form as authentic.																							
(a) Name of parish or church.....		29. Name of clergyman in charge of Civil Status in which registration was made.																							
(b) Civil municipality of.....		(Voir l'autre côté pour																							
(c) Municipal county.....																									
(d) Date.....19.....																									



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **801716** RANK **SERGEANT** UNIT **576 SQDN (OVERSEAS)**

TRADE **A/O (SP. OR.)**

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<input checked="" type="checkbox"/>				

NAME **LABELLE, JOSEPH WILLIE CONRAD**

PRESENT MARITAL STATUS **SINGLE** RELIGION **ROMAN CATHOLIC** CANADIAN

FRENCH CANADIAN  OTHER

NEXT OF KIN **MR. NAPOLEON LABELLE**

RELATIONSHIP **FATHER**

ADDRESS **11768 DRAPEAU ST. MONTREAL NORTH, QUE.**

FATHER'S NAME

**MR. & MRS. NAPOLEON LABELLE**

ADDRESS

**11768 DRAPEAU ST.**

LIVING ON ENLISTMENT

MOTHER'S NAME

**MONTREAL NORTH QUE.**

ADDRESS

LIVING ON ENLISTMENT

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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. **BOMB R MAIL LETTER --- 8-18-APRIL-45**

**PREVIOUSLY REPORTED "MISSING" 25-MAY-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER AACHEN GERMANY) AND SUBSEQUENTLY REPORTED "MISSING" BELIEVED KILLED" (INFORMATION FROM GERMAN CIVILIAN THROUGH ARMY GROUP)**

**"PRESUMED DEAD" 25-MAY-44 FOR OFFICIAL PURPOSES.**

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

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

DATE **1-JUNE-45**

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

*W. J. Bushnell*  
FOR CHIEF OF THE AIR STAFF

DEPARTMENT OF NATIONAL DEFENCE  
NAVY ~~ARMY~~ AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
AIR

DECEASED  
MEMBER'S  
NAME

Joseph W.C.  
(CHRISTIAN NAMES)

Labelle  
(SURNAME)

REGISTER NO.

22465

PAYEE

Receiver General of Canada,  
Director of Estates,  
Ottawa, Ont.

FILE NO.

10 Jan/46

ADDRESS

SERVICE NO.

R.81716

FINAL RANK OR RATING

Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE

25 May/44

DATE OF DISCHARGE

25 May/44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1243 EQUAL TO 41 COMPLETE PERIODS AT \$7.50  
30

\$ 307.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 936 LESS 13 INELIGIBLE DAYS, EQUAL TO 923 DAYS @ 25C. PER DAY

230.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	3.20	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	4.45	x7 = \$ 31.15
NO. OF DAYS		936	x\$ 31.15
		183	

159.33

D. WAR SERVICE GRATUITY

697.58

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

697.58

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

JLC

CHECKED BY

PAG

TREASURY

CHECKED BY

DATE

14 1 46

R.C.A.F. Records Section  
Rec'd JAN 26 1946  
Sgt. J. H. ...  
SERVICE REPRESENTATIVE



AIR FORCE No.

R 81516

*Labelle*  
SURNAME

*Joseph Willie Conrad*  
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE *Montreal Que.*  
DATE *30-12-40*

RELIGION

*R.C.*

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
<i>10-7-21</i>	<i>Lake Edward P.Q.</i>	<i>Canada</i>	<i>British</i>		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>			

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <i>14p.</i>
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

WIFE (FULL MAIDEN NAME) OR HUSBAND			
PRESENT ADDRESS (IN PENCIL)			
PLACE OF MARRIAGE		DATE	
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)			

CIVIL OCCUPATIONS AND EXPERIENCE			

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

PREVIOUS SERVICE
<i>Nil.</i>

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
<i>Napoleon Labelle (Father) 11768 Napoleon, Montreal Que.</i>

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>23-12-40 R100</i>	<i>A.</i>		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN					
TYPE	FROM	TO	TYPE	FROM	TO

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

AIRMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>AC2</i>	<i>30 12 40</i>	<i>47003</i>	<i>SD Std</i>	<i>30 12 40</i>	<i>47003</i>
<i>AC1</i>	<i>30 3 41</i>	<i>11BR84</i>	<i>Messman</i>	<i>7 7 41</i>	<i>11BR144</i>
<i>RAC</i>	<i>10 7 41</i>	<i>11BR70</i>	<i>RM/A.G.</i>	<i>24 5 43</i>	<i>ARC 7/43</i>
<i>214pl PA1</i>	<i>1 7 42</i>	<i>11B323</i>	<i>Remustered ATC.</i>	<i>25 9 43</i>	<i>00706143</i>
<i>1/Sgt.</i>	<i>25 9 43</i>	<i>706143</i>			

OFFICERS, AIRMEN/AIRWOMEN				
COURSE OR TRADE	GRP.	%	PF	DATE
<i>base No. 2 at 12 A-G.S.</i>	<i>Sh. C9</i>	<i>P</i>	<i>15/19/43</i>	

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

ADVISE ENTRIES  
UNIT RECORDS RETURNED  
TO CANADA

**CORPS D'AVIATION ROYAL CANADIEN**  
(FORMULE D'ENGAGEMENT)

*R.C.A.F. Special Reserve*

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

- Nom Labelle Prénoms en entier Joseph Willie Conrad
- Adresse actuelle 11768 Dupont Montreal Nord P.Q. Téléphone None
- Adresse fixe 11768 Dupont Montreal Nord P.Q. Québec
- Lieu de naissance St. E. douard, P. Qué. Nationalité Canadien-français
- Date de naissance 10 juillet 1921 Marié, célibataire, veuf, séparé, divorcé Célibataire
- Enfants

Nom	Date de naissance	Nom	Date de naissance
<u>N.A.</u>			

- Profession Freelance
- Religion Catholique romaine  
(Indiquez la confession religieuse)
- Langues Français couramment. Anglais, assez bien.  
Degré de connaissance
- Plus proche parent (nom en entier) Napoléon Labelle Degré de parenté Père  
Adresse du plus proche parent 11768 Dupont Montreal Nord P. Québec
- Père (nom en entier) Napoléon Labelle Lieu de naissance Montreal PQ  
Adresse 11768 Dupont Montreal Nord P.Q. Nationalité Canadien-français  
Profession Freelance
- Mère (nom de fille en entier) Yvonne Beaudet Lieu de naissance St-Roy P.Q.  
Adresse 11768 Dupont Montreal Nord P.Q. Nationalité Canadien-français
- Détails du service dans les armées de terre, de mer ou de l'air: N.F.

Unité	Lieu	Rang	Profession	Date		Motif de la libération
				du	au	
<u>N.A.</u>						

R.C.A.F. Records Office  
Rec'd. JAN 9 1941  
O.K.A. ...

- Honneurs, récompenses, citations Aucunes
- Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? None
- Avez-vous déjà demandé de faire partie du C. d'A.R.C.? None Si oui, où? N.A.  
Quand? N.A. Résultat N.A.
- Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? None  
Si oui, indiquez la nature de l'infirmité N.A.
- Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? None  
Si oui, indiquez la nature de l'infirmité N.A.
- Avez-vous jamais été trouvé coupable de délit? None Si oui, indiquez-en la nature N.A.
- Avez-vous des dettes? None Si oui, donnez des détails N.A.

21. Éducation:

	Nom de l'école	Date		Cours, sujets, etc.
		du	au	
Instruction primaire—École publique ou séparée.....	<i>Collège de Caumont</i>	<i>1927</i>	<i>1937</i>	<i>Français Anglais</i>
Cours supérieur—Collège, etc.....	<i>Montreal P. Québec</i>			<i>Mathématique</i>
Cours technique.....				<i>Lois de Québec</i>
Autres cours universitaires ou scolaires.....	<i>St. Rock</i>			<i>Comptabilité</i>
Cours par correspondance.....	<i>Montreal P. Québec</i>	<i>1937</i>	<i>1938</i>	

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date		Motif du départ
		du	au	
<i>Forger &amp; Powell Montreal P. Q.</i>	<i>Freibantier</i>	<i>1939</i>	<i>1940</i>	<i>Encore Employé</i>

23. Heures de vol, seul..... *Aucunes* ..... accompagné..... *Aucunes* ..... avec passager..... *Aucunes*

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. *Freibantier*

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement.....

*Baseball, Softball, Golf, Modérément.*

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre.  
Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez..... *Avion Général.*

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
<i>Forger &amp; Powell</i>	<i>5771 St-Laurant</i>	<i>Contracteur</i>
<i>Wilfrid Gauthier</i>	<i>Montreal P. Québec</i>	
	<i>11770 Dupont Montreal</i>	<i>Plombier</i>
	<i>P. Québec</i>	

28. Autres renseignements se rapportant à votre demande d'engagement..... *Non*

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires?..... *Oui*

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date..... *24 Juin* ..... 19*40* Signature..... *Courad Tabele*

*R.*

re. Coffell

NATIONAL REGISTRATION CERTIFICATE  
PRODUCED. *M. G. G. G.*

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) Rapport de l'officier qui a eu une entrevue avec le candidat—

Type d'homme *Very Good* Apparence générale *Very Good*

Aptitudes pour (indiquez à quel titre) *Good type for general Duties (Standard)*

Date *24-6-40* Signature *Fernand Pedoux* Grade *LAC*  
*for Sgt J. W. Graham*

(B) Rapport sur l'épreuve professionnelle—

Métier sur lequel a porté l'épreuve *N.A.*

Résultat *N.A.*

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C. *N.A.*

Date *24-6-40* Signature *Fernand Pedoux* Grade *LAC*  
*for Sgt J. W. Graham*

(C) DÉCLARATION D'ENGAGEMENT DE LA RECRUE

Je, soussigné, *Joseph Willie Conrad LABELLE* déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date *Decembre 30,* 19 *40* *Conrad Labelle*  
Signature de la recrue

(D) SERMENT PRÊTÉ PAR LA RECRUE

Je, soussigné, *Joseph Willie Conrad LABELLE* promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date *Decembre 30,* 19 *40* *Conrad Labelle*  
Signature de la recrue

(E) DÉCLARATION DE L'OFFICIER CERTIFICATEUR

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à *Montreal, P.Q.* ce *Trentième* jour de *Decembre* 19 *40*

*M. G. G. G.* Signature de l'Officier *J. W. G.* Grade *RCAF Recruiting Montreal, P.Q.* Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT  
CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age..... 18..... 2. Avez-vous souffert d'une des maladies suivantes?
- |   |   |
|---|---|
| (a) Rhumatisme..... no                      | (j) Affection nasale..... no              |
| (b) Tuberculose..... no                     | (k) Maladies des oreilles..... no         |
| (c) Bronchite ou asthme..... no             | (l) Maladies des yeux..... no             |
| (d) Affection cardiaque..... no             | (m) Epilepsie..... no                     |
| (e) Maladie du rein ou de la vessie..... no | (n) Maladie nerveuse ou mentale..... no   |
| (f) Gastrite intestinale..... no            | (o) Syphilis..... no                      |
| (g) Hernie..... no                          | (p) Gonorrhée..... no                     |
| (h) Varices..... no                         | (q) Fracture..... no                      |
| (i) Pieds plats ou déformés..... no         | (r) Autre maladie ou défectuosité..... no |
3. Avez-vous jamais porté des lunettes?..... no

*Conrad Labelle*  
Signature de la recrue

Observations des examinateurs.....

*M.P.*

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....  
*Vacc hamy*
2. Taille..... 5..... pieds..... 6..... pouces. 3. Poids..... 195..... livres.
4. Teint..... *Medium*..... 5. Couleur des yeux..... *blue*..... Cheveux..... *brown*
6. Développement { Bon  
Passable  
Médiocre } 7. Tour de poitrine—Expiration..... 32..... pouces  
Degré d'expansion..... 2..... pouces
8. Oufie—Droite..... *WV 20*..... Gauche..... *WV 20*..... Tympan—Droit..... *N*..... gauche..... *N*
9. Vue—sans lunettes—droit..... *6/6*..... avec lunettes—droit.....  
gauche..... *6/6*..... gauche..... *NA*
10. État de la bouche et des dents..... *3 curious teeth*
11. Urine—Albumine..... 0..... Sucre..... 0
12. Anomalies révélées à l'examen (congénitales et pathologiques).....

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

*PA*

Observations spéciales des médecins.....

*Temperature 99.6*  
*X Ray neg.*  
*Recheck normal 12-7-40*  
*Rechecked 23-12-40 27-12-40 X-Ray # 68315 neg. QUR*  
*30.12.40 Recheck a till.*

Date.....19.....

*A. Schmitt*..... *W. Allen Huber*.....  
Président..... Membre..... Membre  
*per A. Putch*



TELEPHONE  
CRESCENT 9950

**FORGET-POWELL CO.**  
**CONTRACTORS - MANUFACTURERS**

GENERAL ROOFING  
AIR CONDITIONING

SHEET METAL  
EQUIPMENT

5771-73 ST. LAWRENCE BLVD.

MONTREAL, CANADA

December 21st, 1940.

The Royal Canadian Air Force,  
Montreal, P.Q.

Gentlemen:-

This is to certify that the bearer Mr.C.W.  
Labelle has been employed by us for the last two  
years and we found him to be a steady and industrious  
worker.

Yours very truly,

FORGET-POWELL COMPANY.

*J. C. Powell*

R.C.A.F. Records Office	
Rec'd. JAN 9 1941	
O. K. ....	C. I. B. ....
R. C. ....	N. I. ....
S. L. ....	P. A. ....

*J. C.*

# 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

## Section A—GENERAL INFORMATION

1. (a) Print name in full Labelle Joseph Lévesque RMD (b) Reg'l. No. 81716  
2. (a) Arm of service RCMA (b) Unit 11th Bt Squadron (c) Rank AC1  
3. (a) Date of birth 11-7-21 (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 30-12-40

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 years (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.) Junior Matric (French)  
7. If you attended a university, give name of university and standing or degree secured No  
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Sheet Metal (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 2 years  
9. (a) What languages do you speak fluently? French, English (b) What languages do you read well? French, 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? No

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

## 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 Parade & Powell, Co. Address Montreal, PQ  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ventilations, Condensers, etc.  
20. (a) Your specific occupation Iron Smith (b) Number of years' experience at this occupation with any employer 12 years  
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (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. No (b) Where was it located? No  
23. (a) Number of years engaged in this business. No (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes  
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.) Return to my former trade  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Will like to be a handy man  
Will my trade be considered all right?

DATE 31-5-41 1941 SIGNATURE [Signature]

To Records Office  
Rec'd JUN 11 1941  
O. K. \_\_\_\_\_ C. I. B. \_\_\_\_\_  
R. C. *llm* \_\_\_\_\_  
B. L. \_\_\_\_\_ P. A. *llp*

REGIMENTAL CASUALTY REPORT



SERVICE  
AND  
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE  
REGIMENTAL CASUALTY REPORT  
AND IS TO BE KEPT IN THE REGIMENTAL  
OFFICE AT ALL TIMES.

FORM 6671-35163

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

ROYAL CANADIAN AIR FORCE  
SERVICE BOOK

R.A.F. BRIDGNORTH

INSTRUCTIONS TO OFFICERS  
AND AIRMEN

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

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

WILL

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

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

Air Force No. R81716 Surname LABELLE

Christian Names (in full) JOSEPH WILLIE C.

Date of Birth 10/7/21 Religion R.C.

Date of Enlistment/~~Appointment~~ 30/12/40

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

Occupation in Civil Life TINSMITH

Signature of Holder.....

Name and Address of Next-of-Kin Father

MR. N. LABELLE, 11768 DRAPEAU ST

Montreal, Que

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

.....

.....

.....

.....

Certified Correct..... for A.B. Mackenzie F/L

Date 25/3/43 Place RCAF O/S H.Q.









**ROYAL AIR FORCE**  
**AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).**

Official No. 81716 Name W. Bennett, Joseph Miller Conrad Rank Soc  
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Messman Special Qualifications 14 AG  
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 10.7.21 Religion R.C. Occupation in Civil Life Ironsmith

Last Enlisted 30.12.41 Current Engagement 2 Jan

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

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

Name, address and relationship of legal next of kin (to be entered in pencil):  
Mr. M. Lohel (901) 1126 E. Despeaux St Montreal Quebec

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil):

(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

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.
<del>y Depot</del>	<del>BAFTP</del>	<del>2.11.41</del>	<del>Enlisted</del>	<del>Ac2 B.D. std.</del>	<del>30.12.40</del>
<del>Emil Canada</del>	<del>3 PRC</del>	<del>3.11.41</del>	<del>Rem.</del>	<del>aci</del>	<del>30.3.41</del>
<del>3 P.R.C.</del>	<del>404 Sqn</del>	<del>14.11.41</del>	<del>Rec. letter</del>	<del>Messman std</del>	<del>7.7.41</del>
<del>20.404 Squadron</del>	<del>A.C.R.C. London</del>	<del>21-11-41</del>	<del>20/11/41</del>	<del>Soc</del>	<del>10.7.41</del>
<del>ACRC</del>	<del>12 LEW</del>	<del>24.5.43</del>	<del>Per 7/43</del>	<del>App. T/Sgt. on shadow roster</del>	<del>1-7-42</del>
<del>No. 14 I.T.W.</del>	<del>F.A.G.S.</del>	<del>12.6.43</del>	<del>Per 6/43</del>	<del>on Canadian status only</del>	<del>24.5.43</del>
<del>F.A.C.S.</del>	<del>12 A.G.S.</del>	<del>17 JUL 1943</del>	<del>Per 16/43</del>	<del>Reinst all Fin Gunner</del>	<del>14.8.43</del>
<del>12 A.G.S.</del>	<del>30 O.T.U.</del>	<del>14 AUG 1943</del>	<del>" 16/43</del>	<del>Classified Grade "B"</del>	<del>25.9.43</del>
<del>30 O.T.U.</del>	<del>1667 C.U.</del>	<del>28.9.43</del>		<del>Reinst level Air Gunner</del>	<del>25.9.43</del>
<del>1667 C.U.</del>	<del>576 Sqn</del>	<del>28.11.43</del>		<del>1 promoted T/Sgt.</del>	
<del>576 Sqn</del>	<del>H/Flt Lt Dept</del>	<del>7.7.44</del>			
<del>pres. Head</del>	<del>C.P. 770</del>	<del>25.5.44</del>			
		<del>Jan 112/45</del>			

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.



R.A.F.—TRAINING REPORT.

**AIR GUNNERY**

AT (Name of School).....12. A.G.S. Bishops Court......

1. Surname.....Labelle...... Christian Names Joseph Willie Conrad.  
 2. Number.....Can.R. 81716..... 3. Rank.....Sgt...... 4. Course No.....2......  
 5. Posted..... 6. Date course com- 7. Date course 8. Posted  
 from.....1. E.A.G.S...... menced.....14.8.43...... ended.....25.9.43...... to 30.0.T.U.Hixon.  
 9. Aircrew Trade.....A.G...... 10. Height.....5.8 $\frac{1}{2}$ ..... 11. Girth.....31 ins......

12. Equipment used				
Type of Aircraft	Type of Guns		Type of Turrets	
	In Air	On Ground	In Air	On Ground
<b>ANSON.</b>	<b>Browning .303</b>	<b>Browning .303</b>	<b>Bristol.</b>	<b>F.N. B.P. Bristol.</b>

13. Ground Work			14. Air Work								
Subject	Marks Allotted	Marks Obtained	(a) Cine Camera Gun Exercises :								
(a) Aircraft Recognition ...	200	<b>150</b>	9	8	7	6	5	4	3	2	1
(b) Guns ... ..	200	<b>145</b>								<b>X</b>	<b>X</b>
(c) Pyrotech. and Ammun.	100	<b>65</b>	Remarks :—								
(d) Sighting ... ..	300	<b>225</b>	(b) <u>Air to Air Firing</u> : Marks..... <b>-</b> ..... (Possible Score 1,000)								
(e) Turrets ... ..	200	<b>105</b>	(c) <u>Air to <del>Ground</del> <sup>Sea</sup></u> : % Hits..... <b>N/A</b> .....								
Total ... ..	1,000	<b>690</b>									
PER CENT.		<b>69%</b>									

15. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
.....	100	<b>65</b>

Degree of suitability for further training	0	1	2	3
	Not at all suitable	Moderately suitable	Definitely suitable	Extremely suitable
16. As a Gunnery Instructor ... ..	<b>X</b>			

(Mark "X" in appropriate column)

17. Number of Hours Flown : Day 19.30mins. Night -

18. Cine Footage Exposed 50feet.

19. Rounds Fired :

(1) Air to Air 2000

	No. of Rounds	% Hits	Corrected Score
DAY	<u>2000</u>	<u>4.3</u>	<u>-</u>
NIGHT	<u>-</u>	<u>-</u>	<u>-</u>

(2) Air to ~~Ground~~ Sea. 200 rds. N/A

20. Gunnery Equipment Used :

Guns Browning, 303"

Turrets F.N. B.P. Bristol.

Remarks :

Date 25th September, 1943.

Signed A.H.S. Browne, W/Cdr.  
(Officer Commanding)

### 11. Examination Results.

Subject	Marks Allotted	Marks Obtained	Per cent.	Suppl Exams.
(a) Aircraft Recognition ...	150	144		
(b) Machine Guns : Browning...	150	187		
<del>CINEL-GUN</del> V.G.O. ...	<del>100</del>	40		
(c) Turrets : Frazer Nash ...	100	165		
<del>BRISTOL</del> Boulton Paul ...	<del>100</del>	33		
(d) Pyrotechnics ...	<del>50</del>	75		
(e) Clay Pigeon Shooting ...	100	45		
(f) Signals ...	100	55		
(g) Turret Manipulation ...	<del>150</del>			
		74.4	Marks allotted	Marks obtained
12. Assessment of qualities of Character and Leadership ...			100	

Confidential.

**R.A.F. — TRAINING REPORT.**

**R.A.F. Form 5036.**

**AIR GUNNERY.**

No. 1

Elementary Air Gunner School.

1. Surname Labelle Christian Names Joseph Willie Conrad
2. Number Can R. 81716 3. Rank LAC. 4. Course No. 16
5. Posted from 14 I.T.W. 6. Date Course Commenced 17th July 1943.
7. Date Course ended 7. 8. 43. 8. Posted to 12 A.G.S. Bishops Court.
9. Aircrew Trade A.G.

10. General Remarks and Assessment :

A good worker who has obtained expected results - with more instruction should progress still further.

Date 12.8.43

Signed L.H. Cowell F/L  
for Officer Commanding.

II. EQUIPMENT USED				
Type of Aircraft	Type of Guns		Type of Turrets	
	In Air	On Ground	In Air	On Ground
WELLINGTON III & X	.303 BROWNING	.303 BROWNING	F.N. 20	F.N. 5 F.N. 20

		Day	Night	Total
12. FLYING EXPERIENCE AT O.T.U.	...	9.20	-	9.20

		Exceptional	Good	Average	Poor
13. ABILITY AS FIGHTING CONTROLLER	... ..				X

14. REMARKS : PASSED THROUGH DECOMPRESSION CHAMBER. Kit inspected 24.11.43.

Should prove an average Gunner, but is weak in reporting during air exercises. A below average crew member who needs a strong captain.

R. Lloyd W/Cdr.

Date.....25.11.43.....

Signed.....H. M. WHITE G/CAPT.....  
Officer Commanding



CONFIDENTIAL.

R.A.F. Form 5037.

R.A.F. — TRAINING REPORT

**AIR GUNNER**

No. 30 OPERATIONAL TRAINING UNIT

*Sgt Thorpe's crew*

1. Surname LABELLE Christian Names CONRAD WILLIE  
 2. Number R. 81716 3. Rank SGT 4. Course No. 23  
 5. Posted from 12 A.G.S. 6. Date commenced Course 26.9.43. 7. Date Course ended 24.11.43. Posted to 1667 C.U.

9. GROUND WORK			10. AIR WORK			
Subject	Marks Allotted	Marks Obtained	Subject	Day	Night	
(a) Aircraft Recognition, Range Estimation... ..	200	165	Cine-Camera Gun, exercises completed ... ..	5	-	
(b) Guns ... ..	200	176	Cine-Camera Gun, assessment ... ..	55%	-	
(c) Reporting, Fighting Control ... ..	200	132	Air Firing Exercises completed	Air-to- <del>Ground</del> <sup>Sea</sup> ...	1	-
(d) Sighting, including practices on G.T.S.T. ...	200	126		Air-to-Air ...	2	-
(e) Turrets : drill and components ... ..	200	145	Per cent. hits, Air-to-Air ...	2.1	-	
Total ... ..	1,000	744	Air Firing ... ..	Marks Allotted	Marks Obtained	
Per cent. ... ..		74.4		1,000	695	

Brought forward

30.0.T.U.

25.11.43

SGT.

W.O.A.S. being hit by neglect

W/O. Hutton C.T.

Reprimand

25.11.43

S/L. S.W.A. Howell

Whitbread 2/12

Hixon

to the value of £1.1.-<sup>2</sup>d.

28.11.43

CERTIFIED NO FURTHER ENTRY Whitbread ADJ., R.A.F., HIXON, 28.11.43.

Certified no entry

Whitbread 3/12

1667cu

28.7.3.44

Certified No Entry

John

7/12

Adj. 576 Sydn, Eldon

Dods 25/5/44

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

ROYAL CANADIAN AIR FORCE

25

65

GENERAL CONDUCT SHEET

OFFICIAL No. B.81716 NAME AND INITIALS LABELLE J.W.C. DATE OF ENLISTMENT 30-12-40  
 (IN BLOCK LETTERS)

SHEET No. One SIGNATURE AND RANK OF C.O. *Paul L. Garman* DATE 4-1-41  
 (IN WORDS) For (A. Raymond) W/COMDR. F/O

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
				CERTIFIED NO <del>OTHER</del> ENTRIES	<i>William</i>	F/LT. ADJT. No. 404 (RCAF) SQDN.			
				CERTIFIED NO ENTRY	<i>William</i>	FL FOR AIR CREW RECEIVING CENTER			14 JUN 1943
				CERTIFIED NO ENTRY	<i>Shubert P/O</i>	No. 14 I.T.W.			17 JUL 1943
				CERTIFIED NO ENTRY	<i>V.B. Lintott</i>	F/LT Adjt		E.A.C.S.	21 AUG 1943
				CERTIFIED NO ENTRY	<i>D. McArthur P/O</i>			12 A.G.S	28.9.43
30 O.T.U. Huron.	28.10.43	SGT.		W.O.A.S. 1/2 creating a disturbance outside Station Sick Quarters at 22.30 hours 3/4 using abusive lang- uage to S/L Logan, S.M.O. 3/4 using abusive language to flt. boss. To be carried over Duty Medical N.C.O.	S.M.O. 1700 Pullans	Reprimand.	20.11.43	by Capt. H.M. White	Authority for dealing with charge summarily 93 group letter 936/ 260/34/P.1 dated 17.11.43.

Shadow Roster

G. B. O. <sup>323</sup>/<sub>42</sub>

J/6pl. 1. 7. 42

# ROYAL CANADIAN AIR FORCE

## RECORD OF SERVICE AIRMEN

R81716 Labelle Joseph, Willie, Conrad. A.C.

A.F. No. Surname Christian Names Religion  
 Born 10-7-21 Place Lac Edouard Country Canada Citizen of Racial Origin British

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date <span style="margin-left: 10px;">30-12-40</span>	High School Entrance <input checked="" type="checkbox"/> Jr. Mat. Sr. Mat.	nil.
At	Technical School Corres. Courses	
Term <span style="margin-left: 10px;">Duration</span>	University	

RANK	DATE	MED. CAT.	DATE	CIVIL OCCUPATIONS AND EXPERIENCE
A.C. 2	30-12-40			Tinsmith
A.C. 1	30-3-41			
L.A.C.	10-7-41			

COURSES AND TRADE TESTS									
Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
St. J. D.									
MESSIAH	STC			7 7 4					

PARTICULARS OF FAMILY    M    (S)    D

Wife \_\_\_\_\_ Maiden Name \_\_\_\_\_ Present Address (in pencil) \_\_\_\_\_

Children	Names	Date of Birth	Place of Birth

NAME(S)    ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mr. N. Labelle, (Father) 11768 Drapeau St. Montreal, Que.

LEAVE			CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS				
FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
17-7-41	31-7-41	D.R.O 161 Ann					

MOVEMENTS AND CASUALTIES							
AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
W.O. A. 13	A.C. Montreal	4. M.D. Quebec	30-12-40				
DRO 43	Quebec	Dartmouth	19-2-41				
D.R.O 171	Warrant	C9465 (LEAVE)	15-7-41				
DRO 269	Navy Dept	Canada	2-11-41				
12/41		Canada	3-11-41				
52		30RC	14-11-41				
53/41 (55)		404 Sqn	21-11-41				