R96932
BEEBE
HENRY CRAIG

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OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: BEEBE HARRY CRAIG (b) Reg'l. No. E 21933
2. (a) Arm of service: ARMY (b) Unit: 94TH A/TK. BTY. (c) Rank: GUNNER
3. (a) Date of birth: 9 APR. 1912 (b) Have you any dependents? ~~YES~~ (c) Place of residence at time of enlistment: NEW CARLISLE, P.Q.
4. (a) Place of enlistment: QUEBEC, P.Q. (b) Date of enlistment: 15 JUNE 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 (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.): 3 YRS. HIGH SCHOOL
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? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH + FRENCH.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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: PULP CONTRACTOR (b) Where was it located? NEW CARLISLE, P.Q.
23. (a) Number of years engaged in this business: 2 (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? — (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 15 (c) In what provinces did you have experience? QUEBEC.

Section G—MISCELLANEOUS

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

DATE 28 MARCH 194 1 SIGNATURE Beebe H.C.

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Quebec, P.Q. #14 *Date* 26-9-41

Surname Beebe *Chr. Names* ~~Harry~~ HENRY Craig
Nature of Commission M2 3 *Date of Birth* 9-4-1912 *Married or Single* Single
Branch Gen List *Hours Flown* None
Address New Carlisle Que.

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 ..... No
(iv) STOMACH or BOWEL TROUBLE ..... No
Chronic Indigestion or Pain after Food ..... No
(v) KIDNEY or BLADDER TROUBLE ..... No
Syphilis or Gonorrhœa ..... No
(vi) TROPICAL DISEASE ..... No
Malaria ..... No
Dysentery ..... No
(vii) EYE TROUBLE or Inflammation of Eyelids ..... No
Wearing of Glasses ..... No
Colour or Night Blindness ..... No
(viii) EAR TROUBLE, Earache or Discharge from Ears ..... No
Deafness, Noises in the Ears, or Dizziness ..... No
Frequent Colds in Head, Catarrh or Obstruction ..... No
Prolonged Hoarseness or Loss of Voice ..... No
Sea, Car or Train Sickness ..... No
Discomfort on Swings, Roundabouts, Switchbacks ..... No
(ix) OPERATIONS ..... Mealses and Mumps
(x) Any Illness or Injury not mentioned above .....

Education 3 years High School
Present Occupation Contractor Hobbies None
Previous Service St Laurient Fusilliers 1928 to 1935 (Sgt) R.C.A. G. 1940 to 1941
Athletics Hockey (ext) Racing and Jumping (mod)
Habits—Smoking 20 c.a.d. Alcohol Occasionnaly
FAMILY HISTORY—Consumption ..... No
Nervous Ailments, Mental Trouble, or "Fits" ..... No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (1) Alive—Health Good (....) Dead—Cause
Sisters (2) 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 26-9-41 *Signature* H C Beebe *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique: Athletic *(b)* Mentality: Standard

Body Marks, Scars, Deformities: Scar left elbow Rt. arm

Size of Thyroid Gland: Normal

Surgical Abnormalities: None

Results of Wounds, Injuries, Operations: N.A.

	Date 26-9-41	Assessing Room	*Date*	Assessing Room	*Date*	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	68½						*Date*
Weight (lbs.)	141						
Chest Circumference (ins.)	36						
Body Build (lbs.)	-1						
Leg Length (ins.)	N.A.						
Pulse Rate: Sitting	84						
Pulse Rate: Standing 1st	108						
Pulse Rate: Standing 2nd	96						
Pulse Rate: After Exercise	108						
Pulse Rate: Time to Normal	40						
Arterial Walls	soft						
Blood Pressure: Systolic	130						
Blood Pressure: Diastolic	78						
Heart: Size	N						
Heart: Sounds	N						
Heart: Rhythm	N						
Lungs	N						
Breath held	105						
Expiratory Force	170						
Vital Capacity (Best of 5)	6000 ?/1						
Reflexes: Knee	N						*Date*
Reflexes: Ankle	N						
Reflexes: Triceps	N						
Reflexes: Abdominal	Pres						
Reflexes: Plantar	Flex						
Cranial Nerves	N						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	1s. 1s.						
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1s. 2fs						
Tremors: Fingers	scsc						*Date*
Tremors: Eyelids	scsc						
Abdomen: Liver	N						
Abdomen: Spleen	N						
Abdomen: Muscular Tone	Good						
Urine: Albumen	Nil						
Urine: Sugar	Nil						
Initials of M.O.	[initials]						

40 mm. Hg. Test

Date 26-9-41 6/7 8 7/6 6 6/7 6 6/6 6 6/6 6 6/5 6 5/5 5 5/ 105 secs

Date

Date

Date

Remarks by Consultant.

Histo
Visua
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Red,
Diapl
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Accor
Cover
Fundi
Fields
Rema
Histo
Heari
Exter
Mea
Mer
Middl
Eus
Tub
Cochl
App
Vestil
App
Bucca
Tee
Gu
Pha
Nas
Nos
Lar
Rer

EYE EXAMINATION

History	Negative		
Visual Acuity R.	20/20, c +2.25 = 20/200		
Visual Acuity L.	20/30, c +2.25 = 20/200		
Colour Vision	Normal Ishihara 9th Edition		
Red, Green	No dark room		
Diaphragm Test (P.D. = N.A.)			
Convergence C. =	N.A. cms.		
Convergence S. C. =	N.A. cms.		
Accommodation R.	} 8 {		
Accommodation L.			
Cover Test	N.A.		
Fundi and Media	No dark room		
Fields	Normal		
Remarks:			
	Initials of M.O. [initials]	*Initials of M.O.*	*Initials of M.O.*
	Date 26-9-41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Negative

Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	Normal		
	L. Ear	Normal		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		Healthy		
Teeth		Good		
Gums		Healthy		
Pharynx		Healthy		
Nasopharynx		Healthy		
Nose		Healthy		
Larynx		Healthy		
Remarks:		*Initials of M.O.* [initials]	*Initials of M.O.*	*Initials of M.O.*
		Date 26-9-41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date.....26-9-41.....

Physical condition above average. Alert and cooperative. Good type

A3B

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....26-9-41.....

In the opinion of this Board Candidate is assessed A3B

(M.Piche) Flight Lieutenant,

(G.Latour) Flight Lieutenant,

MEMORANDUM FOR **P. 64**

Mr. George Beebe,
New Carlisle,
Quebec.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 1022-B-6875 FD 241

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 14, 1943.

ESTATES BRANCH SEP 20 1943 H.Q. OTTAWA NATIONAL DEFENCE

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BEEBE, Henry Craig, F/Sgt.

R.96932 R.C.A.F.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

(N.O.Seagram) S/L.,
for(L.M.Firth) Lt.-Col.,
Administrator of Estates.

IGR:MC

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		
3	Father of the Deceased.....		George M. Beebe	70yrs.	New Carlisle, Que.
4	Mother of the Deceased.....		Adelaide Beebe	63yrs.	New Carlisle, Que
5	Brothers of the Deceased	Full Blood	Thomas R. Beebe	34	#4 C.A.P.O. Newfoundland. R.C.A.F.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Margaret M. Beebe Mrs. Archie Gilker	23 36	New Carlisle, Que New Castle N.B.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Henry Craig Beebe (Flt Sgt.) R.C.A.F.
9	Date of his birth	9 april 1912.
10	Place and date of his marriage.	—— x
11	Place and date of his parents' marriage.	New Carlisle, Que

PARTICULARS OF DOMICILE

12	Place where deceased was born.	New Carlisle, Que
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) New Carlisle, Que (b) all his life time. (c) (d)
14	Nature of employment before enlistment.	Farming.
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	New Carlisle Que.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	—— x
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No.
20	Amount of War Savings Certificates held by deceased.	None to our knowledge.
21	Amount of Victory Loan Bonds held by deceased.	" " " " .
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	No.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

George M Beebe — Signature of Informant

New Carlisle - P.Q. — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief George M. Beebe ~~Henry Craig Beebe~~ (Name of Informant) is the* Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at New Carlisle this 18th day of September 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: A. S. Lemoignan — Qualification: Anglican Clergyman

Address: New Carlisle, Bonaventure County, P.Q.

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

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

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

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.*)

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

A.F. (BN)

Unit 94th. Anti-tank Bty. RC.A. ~~C.A.S.F.~~ Regimental Number E-21933

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname BEEBE
2. Christian Names HARRY CRAIG
3. Present address New Carlisle PQ. Canada
4. Date of birth April 9th. 1912
5. Place of birth Canada (Country) Quebec (County or Province) New Carlisle (Town or Township)
6. Religion (state denomination) Protestant (C of E)
7. Trade or Calling Truck Driver
8. Married, Widower or Single Single
9. Name of next of kin BEEBE GEORGE MILLER
10. Relationship Father
11. Address of next of kin New Carlisle P.Q. Canada
12. Have you served in any Naval, Military or Air Force? YES
13. If previous war service, state arm, force and regimental particulars Nil
14. Do you now belong to or have you served in the Active Militia of Canada? Yes

St.Lawrence Fusiliers 1927-1935
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Harry Craig Beebe do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date June 18-6-40 ~~June 21st. 1940~~ H C Beebe (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness H. M. Allan Lieut. H C Beebe (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR 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 Quebec P.Q. this 18th. day of June 1940

H R [signature] (Signature of Magistrate, Justice or Attesting Officer.)

MAJOR
O.C. 94TH ANTI-TANK BTY. R.C.A. C.A.S.F. (Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of BEEBE (Surname) HARRY CRAIG (Christian Names) Regimental Number E/21933

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
Military	NIL	High School or ~~College~~ Collegiate	4 Years (years completed) — ~~Graduation~~ or ~~Matriculation~~ (specify)
Business or Professional	NIL	*~~College~~	
Trade or Civil	Truck Driver	*~~University~~	
Technical	NIL		New Carlisle High School. New Carlisle P.Q. Canada
Languages	English and French		*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
20-6-40	Part 11 Order No.118	As gunner	Gnr.	18-6-40	94th.A/T Bty.	Quebec	No.118	20-6-40
23.9.40	R.O.699 (26)	(b) Granted Landlough 21/4/41 To 4/5/41	"	21/4/41	RCA CASF	Defect	D.O. #65	18/4/41
		Occupational Hist form completed	"	28.3.41	"	"	#123	4/7/41
		At. D.D.#5 on Transfer from 3rd A/T Regt	"	18/7/41	"	Quebec	DO #172	21/7/41
6-10-41	DD.5	S.O.S. of DD.5 on being discharge under the provision of R.O. 1029-13 for the purpose of inlisting in the R.C.A.F.	"	6-10-41	"	"	D.O. 238	6-10-41

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BEEBE Harry Craig Date 18-6-40

Part 1. Information obtained from the recruit.

1. Age 28 2. Have you ever suffered from any of the following diseases?

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. Have you ever worn glasses? no

H. C. Beebe
(Signature of Recruit)

Examiner's remarks re above None

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar left wrist

2. Height 5 feet 8¾ inches. 3. Weight 134 pounds.

4. Complexion Clear Eyes Blue Hair Dark 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37¾ inches.
Range of expansion 2¾ inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes urine ears normals

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18 JUIN 1940	X-RAY CHEST: NEGATIVE		
22/6/40	Smallpox		
22/6/40	Tet.		
22/6/40	Tab. I		
4/7/40	Tab II		
4/7/40	Tab Tet II		
11.7.40	Tab III		
10-14-41	Reexamined Cat "A"		
29/9/41	Cat A. reassigned		

Regtl. No. E-219333 Rank Gunner Surname BEEDE Christian Name HARRY CRAIG

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

R0096932 BEEBE HENRY C. | FS3

NUMBER | NAME | RANK

R.C.A.F. FORM NO. R. 325

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. WAR MEDAL	C.V.S.M.				
✓		✓						✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													28 6 46	MEDAL ISSUED

8/2 Rgs

13322

MEMORIAL BAR

DATE DESP ....

REGN. NO 1,216

NUMBER | NAME | RANK | PREFIX | CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

George M. Beebe (Father)
New Carlisle,
Que.

apr.-44.

105 3/10/49

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE NO. 1022-B-6875

NAME BEEBE, Henry Craig

REGT'L NO. R96932

RANK F.S. Air Gunner UNIT XXXXXXXXX PRES. DEAD

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
		DATE OF DEATH: 18 Jan 43 MOTHER LIVING: YES WIFE: NA		
		MINISTERIAL CARD: 29-1-43 ROYAL MESSAGE: 24 Jan 44 MEMORIAL CROSS: 17 Jan 44		
		To mother & father To mother & father: To mother: 25-1-44		
		To mother & father 13-10-43 26 Aug		
		Mr. & Mrs. George Miller Beebe, New Carlisle, Quebec.	PRES. No 3	

FORM 64.
(FORMERLY BOOK 64)

ROYAL AIR FORCE.

AIRMAN'S SERVICE

AND

PAY BOOK.

THIS BOOK IS THE PROPERTY OF THE AIR MINISTRY, AND MUST BE SURRENDERED ON DEMAND.

ALL RANKS.

REMEMBER—Never discuss military, naval or air matters in public or with any stranger, no matter to what nationality he or she may belong.

The enemy wants information about you, your unit, your destination. He will do his utmost to discover it.

Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

Form 64
(Formerly Book 64) (Part 1)

ROYAL AIR FORCE

AIRMAN'S SERVICE BOOK

Instructions to Airman.

1. You will be held **personally responsible** for the safe custody of this 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 the book, 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 Royal Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

6. If an airman wishes to make a short Will (for specimens see p. 9) he should do so on p. 10. It must be signed by him in the presence of two witnesses, **both** of whom must sign it in **his** and in **one another's** presence; but if the Will is made by an airman on active service, or under orders for active service, it does not require any witnesses' signatures. The full names and addresses of the persons whom he desires to benefit, and the sum of money or property which he desires to leave them, must be clearly stated.

It is also desirable that he should name a person to act as executor.

51-1773 Wt.35034/2226 609m 11/41 F.W.W. & Co. 37460

Official No. R. 96932. Surname BEEBE.

Christian Names in full HENRY CRAIG.

Date of Birth 9-4-12. Religion C/D.

Occupation in Civil Life CONTRACTOR.

Industrial Group

Occupational Sub-Classification

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

Date of (a) Attestation 6-10-41.

(b) Calling Up, Mobilisation, or Embodiment } 6-10-41.

Terms of Service D of P.E.

Signature of Airman Beebe H.C.

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

A. BEEBE (MOTHER)
NEW CARLYSLE
PROVINCE OF QUEBEC
CAN

Signature and Rank of Officer at time of making entries } [signature] F/Lt.

Date of making Entries 24-9-42.

ALL RANKS.

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BE ON YOUR GUARD and report any suspicious individual.

RANK AND R.A.F. TRADE

Rank or Classification	Date of Effect	Authority.	Signature and Rank of the Officer making the Entry.
Sgt.	3-6-41	1580	[illegible] F/Lt.
T/F/Sgt	1.12.42	POR 99/42	[illegible] F/L

Trade.	Date of Effect.	Authority.	Signature & Rank of the Officer making the Entry
A/G.	3-6-41	1580	[illegible] F/Lt.

Medal, Clasps, Decorations, Mentions.

Particulars	Date and Authority	Signature and Rank of Officer

Certified Feb 6th issued to airman at Waddington 9/11/42 [illegible]

Leave granted with Free Railway Warrant

From (date)	To (date)	Signature of Officer

ALL RANKS.

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BE ON YOUR GUARD and report any suspicious individual.

PRESCRIPTION FOR SPECTACLES.

Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth. Centre	Date of Exam.
					Frame No. (or measurements)	Date of Issue
						Optician's Initials
Signature of M.O.....						

PARTICULARS OF ARTIFICIAL DENTURES.

Particulars	Dental Centre	Date	Signature and Rank of D.O.

BLOOD GROUP.

Moss and International	Date	Signature and Rank of M.O.

IDENTITY CARD AND PERMITS ISSUED

Date of Issue	Form No.	Serial No.	Signature and Rank of Officer making Entry	Disposal
27. 3. 42.	1250.	143522	[illegible] F/LT.	

ALL RANKS.

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Keep him in the dark. Gossip on military subjects is highly dangerous to the country, whereas secrecy leads to success.

BE ON YOUR GUARD and report any suspicious individual.

SICKNESS WHILST ON LEAVE.

1. If when on leave or pass you are a contact of an infectious disease, you will notify your C.O. forthwith, and send a medical certificate showing the date of last exposure to infection.
An individual on leave or pass, who requires medical aid, must if practicable, report to the nearest Naval, Military or Air Force Hospital or Sick Quarters, or other establishment where a Service Medical Officer is employed, or a Civil Hospital included under the Ministry of Health Emergency Scheme. If you should reside more than 2 miles from a Service Medical Establishment, and are unable, owing to your condition, to visit an Emergency Medical Service Hospital, although this may be within 2 miles, application may be made to a Civilian Medical Practitioner, to whom you will show this form ; fees will then be allowed in accordance with the following scale.

VISIT, MEDICINE AND CERTIFICATES.

	Visit to Surgery	At Patient's Residence.	
		If not more than 2 miles away	Greater Distances.
	s. d.	s. d.	
Day	3 0	4 6	For each additional mile or part of a mile (in one direction only) night or day 6d. with a limit of £1 a visit.
Night 22,00 to 07.00 ..	..	6 0	

2. The " Distance Fee " is payable in one direction only and in respect only of the first case visited when more than one patient is attended in the neighbourhood on the same occasion. The fee shown in the third column will be allowable for each patient after the first, subject to the maximum limit of £1 17s. 6d. a day for all services.
3. You will report the employment of a Civilian Medical Practitioner at once to your C.O. enclosing the Practitioner's certificate. Claims for medical attendance will be submitted by the Medical Practitioner on form 1667 to your C.O.
4. In all cases where a Civilian Medical Practitioner does not certify that you are unfit to travel, you should return to your unit on the expiry of your leave, or report to the nearest Service Hospital.
5. The Civilian Medical Practitioner should in all certificates state whether or not the individual is fit to travel.
6. If you are unfit on account of sickness, to return to your unit, and are receiving treatment from a Service Medical Establishment, the C.O. of such Establishment will immediately communicate the fact to the C.O. of your unit.
7. You are warned that you are liable to make good the extra expense incurred by engaging the services of a Civilian Medical Practitioner at a distance from your residence, without reasonable cause.

71 Old Oak Rd.

Name Beebe, H.C. Number R.96932

Vaccination	Date	Neg.	Primary Take	Early Reaction	Vacc. React.	
	22-6-41					
Dick Test	Date	Positive	Negative			
	5-11-41					
S.F. Toxin	Date	Date	Date	Date	Date	
Schick Test	Date	Positive	Neg. 1	Neg. 2	Sen. 1	Sen. 2
	5-11-41					
Diptheria Toxoid	Date	Date				
	12-11-41	10-12-41				
T.A.B.T.	Date	Date	Date			
	22-6-41	4-7-41	11-7-41			

Remarks: T.Tox I 22-6-41 T.O.S.
T.Tox. II 4-7-41 S.O.S.

MISSING

FORM 64.
(Formerly Book 64.) (Part II.)

ROYAL AIR FORCE

AIRMAN'S PAY BOOK

Surname BEEBE

Christian Names H.

No. R96932

Rank T/F/SGT

Group ~~AIRCREW~~ ACH/AG.

Trade Classification AG.

Date of Attestation 13.3.41

Date of Reporting for Duty

(5/77) Wt. 35034/2226. 600,000. 11/41. B. & S. Ltd. 51-1773.

DAILY RATES OF PAY

Promotions, Reductions, Reclassifications and Remusterings, and Alterations in Allotment.

RATES OF						Net Rate to be issued	
Sub-stantive Pay including Pro-gressive Pay	Good Con-duct Pay	War Pay	Quali-fication Pay	TOTAL	Deduct Voluntary Allotment Compulsory Allotment Compulsory Stoppage	Figures	Words
7/-		1/-		8/-	1/3 C 1/3 D[illegible]A 1/6 QDA	5/6	Five Shillings Sixpence
CP. 9/-	–	–	–	9/-	1/3 D.P.A.	6/3	Six shillings three pence

Temporary emoluments, e.g., Duty Pay, Ration Allowance, etc., should be shown on page 2, not on pages 3 and 4.

Date from which NET RATE OF PAY is issuable	*Reason for changes in Net Rate (e.g., Promotions, Reductions, Alterations in Allotments, etc.)	Officer's Signature, Station and Date
	Initial Entry	[illegible] B/O Lt. [illegible] Waddington 26/10/42
	Prom T/F/S wef 1/12/42	[illegible] [illegible] 21-1-43

* In addition to the above record, the Officer making the entry will write across the columns for cash payments the nature of the casualty and the amended **net** rate of pay. He will also record in the same places all sentences of imprisonment and special stoppages, attesting such entries by his signature.

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. E-21933 (Rank) GUNNER

Name (in full) B E E B E Harry Craig enlisted in

the 94th ANTI-TANK BATTERY R.C.A. A/F

CANADIAN FIELD FORCE at Quebec City, P.Q. on the 21st 18th.

day of June 1940.

He served in C A N A D A

and is now discharged from the service by reason of R.O.1029-13

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 29

Height 5 ft 8 ½

Complexion Clear

Eyes Blue

Hair Dark

Marks or Scars

Scar on left wrist

Beebe HC

Signature of Soldier

Date of Discharge

District Depot M. D. 5
RECORD OFFICE
OCT 6 1941
CITADEL, QUE.

F C Magee

(F.C.MAGEE) Lt.-Col.
Issuing Officer

O. C. DISTRICT DEPOT.M.D.5.
Rank

Date 6-10-41. 19.....

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

1.—That discharge certificate must be carried when wearing uniform;

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing; and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

LHP

AIR FORCE No. R.96932   POSTED TO #14 Recruiting Centre, Quebec   TRADE Wireless Operator Air Gunner

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BEEBE   FULL Christian Names HENRY CRAIG
2. Present Address Citadel, Quebec City, No.5 Depot, Military District   Telephone N.A.
3. Permanent Address New Carlisle, Que.
4. Place of Birth New Carlisle, Que.   Citizenship Canadian
5. Date of Birth April 9, 1912   ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single
6. Particulars of Children

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

7. Occupation Contractor   8. Religion Presbyterian (Prot)
State denomination
9. Languages English fluently; French pretty good
State proficiency
10. Next of Kin (Full Name) George MXXXXX Beebe   Relationship father
" Address New Carlisle, Que.
11. Father (Full Name) George MXXXXX Beebe   Birthplace New Carlisle, Que.
" Address New Carlisle, Que.   Citizenship Canadian
" Occupation Farmer
12. Mother (Full Maiden Name) Adelaide Caldwell   Birthplace New Carlisle, Que.
" Address New Carlisle, Que.   Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
R.C.A.	Quebec City	Gunner	N.A.	18-6 1940	6-10 1941	N.A.
St.Laurent Fusilliers	Rimouski, Que.	Sergeant	N.A.	1928	1935	~~Not~~ compulsory

R.C.A.F. Records Office
Rec'd OCT 9 1941
O.K. ... S
R.C. ... M
P.A.

14. Honours, Awards, Mentions none
15. Are you now on any Naval, Military or Air Force Reserve? yes
16. Have you previously made application to join the R.C.A.F.? no   If so, where? N.A.
When? N.A.   Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? no
If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? no   If so state nature N.A.
20. Are you in debt? no   If so, state particulars N.A.

538.78 em

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	New Carlisle High Sch.	1920	1929 ~~1931~~	Primary & High
High School—Collegiate Institute, etc.	Did not attend	1929	1933	
Technical School	NEW CARLISLE HIGH SCHOOL	1933	1934	
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
In business for myself	Contracting	1934	1940	To join the Army
	Unemployed	1929	1933	N.A.

23. Flying Experience (in Hours) Solo none Dual none Passenger none

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Reading, Crossword Puzzles

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

Hockey (ext) Racing, Jumping, (mod)

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.
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~~ 4 persons who can give references as to character and ability.

Name	Address	Occupation
A. Dawson	New Carlisle, P.Q.	Foreman in C.N.R. Shops
E.W. Shippard	New Carlisle, P.Q.	Sheriff
A.L. ~~Gulkgilker~~ Gilker	New Carlisle East, P.Q.	Inspector
Lionel Doherty	New Carlisle, East, P.Q.	Grocery man

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

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

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

Date 26-9 19 41 Signature A. C. Beebe

This man was in Active Service at the time of National Registration. JLG.

NATIONAL REGISTRATION CERTIFICATE Not PRODUCED. ~~PD~~ PD
J.L. Gibault P/O.

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

Date October 6 1941 H.C. Beebe
Signature of Recruit

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

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

Date October 6 1941 H.C. Beebe
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 Quebec, P.Q. this 6th day of October 1941

J.L. Gibault — Signature of Officer
P/O ~~Flying Officer~~ — Rank
No.14 Recruiting Centre, R.C.A.F. Quebec, P.Q. — Unit

Finger Printed
Date 6-10-41
Initials

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 29 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 ... Measles & Mumps

3. Have you ever worn glasses? ... no
4. Have you had any illness for more than one week's duration. no
5. I certify that I have revealed my full medical history and have not withheld any relevant information.

Signature of Applicant H L Beebe

Examiner's Remarks *re* above ... none

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

1. Identification marks or scars (if operative obtain history) ... scar left elbow, rt arm,

2. Height 5 feet 8 1/2 inches. 3. Weight 141 pounds.

4. Complexion Medium 5. Color of Eyes Blue Hair Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 35 inches
Range of expansion 3 inches

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

9. Vision—Without glasses—Right 20/20 With glasses—Right N.A.
Left 20/30 Left N.A.

10. Condition of mouth and teeth Good

11. Urine—Albumen Nil Sugar Nil

12. Abnormalities (Congenital and Pathological) found on Examination none

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category **A3B**

Any special remarks of the Medical Officers none

Part 2 Cont'd.

13. Reflexes Normal
14. Heart Normal
15. Lungs Normal
16. Blood Pressure S.D. 130/78
17. Colour Vision Normal Ishi 9th edition

Date 26-9-41 19

President Member Member

AIR FORCE No. R96932 | BEEBE, HENRY CRAIG (SURNAME / FULL CHRISTIAN NAMES)

ENLISTMENT — PLACE: Quebec — DATE: 6-10-41

RE-ENLISTMENT

C.R. FILE NUMBER

14

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B)
30M-8-41 (637)
H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	Quebec r/c	6	10	41	Qu/rc93
SOS	Quebec r/c	2	11	41	Qrc99
T.O.S	1 M Depot Toronto	3	11	41	1M.D 269.
SOS	1 M.D. Toronto	15	1	42	1MD14
ToS	8 B.&G.S. Lethbridge	16	1	42	8BGS20
SOS	8 B&G	17	2	42	8B&G No47
TOS	1 Y Dep Halifax NS	18	2	42	1Y64
SOS	Y Dep to RAF Trainees Pool	12	3	42	1Y89
Tos	3 P R C	29	3	42	RAF15
SOS	to 7 AGS from 3PRC Bournemouth	24	5	42	RAF33; 32.
Att	45th Division for 3PRC	27	4	42	RAF26
SoS.	7 A.G.S. to 29 O.T.U.	23	6	42	R.A.F 40.
	Pend NRE462				
W	S.G Comp	2	10	44	
	155				
	Missing	17/18	1	43.	RAF-14/43
	Missing 17/18-1-43				
	Px 550 3	2	18/1	43	
	pres. dead	18	1	43	
	PCX 95-4	23	8	43	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	6	10	41	Qu/rc93
Sgt. A/Pd.	16	2	42	8B&G No47
Sgt. P.Pd.	5	7	42	8B&G No47.
+4				
F/S	16	8	42	AFRO 2997
T/F/Lt. Sgt C	1	12	42	R.A.F 11-A

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
26-9-41	R100	A3B.	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL / QUARTERS	ADMITTED / CONFINED	DISCHARGE / RET'N DUTY	D.R.O.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
WAG	S	6	10	41	Qu/rc93
A.S.	S	15	1	42	1MD14
A.G. 3055	S	16	2	42	8B&G No47 1.

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
WAG Crse #25	62.8%	16	2	42	8BGS T82
#67 AG Crse	84.75%	24/3	6	42	RAF 41

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
7-10-41	2-11-41	27	L.W.P.	Qu/rc93
17-2-42	3-3-42		Pre-Emb	8B&G No47

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

R96932 BEEBE, HENRY CRAIG

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE: Quebec — DATE: 6-10-41

RE-ENLISTMENT

C.R. FILE NUMBER

R.C.A.F. FORM R44(B)

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE 9-4-12 PLACE New Carlisle, Que. CITIZENSHIP British

FATHER (FULL NAME) George Beebe

BIRTHPLACE New Carlisle, Que.

MOTHER (FULL MAIDEN NAME) Adelaide Caldwell

BIRTHPLACE New Carlisle, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que.

JUNIOR MATRICULATION 3yrs (equiv.) "

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

3

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

Contractor 6 yrs.

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

St Laurent Fusiliers, Rimouski
Sgt. 1928–1935.
R.C.A. Quebec City Gnr. 18-6-40 to 6-10-41

6

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunner's Badge	8 B&G [illegible] 47	16-2-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Presbyterian

4

14. LANGUAGES English, French (fair)

15. SPORTS Hockey, racing & jumping, reading & crossword puzzles.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: George Beebe — RELATIONSHIP Father

ADDRESS: New Carlisle, Que. — D.R.O.

FULL NAME: — RELATIONSHIP

ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Pay 1 day / Subs allce 1 day	6 10 41	Q4/093			
Entitled to pay	3 11 41	1M.D269			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	6 10 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Pub ytor chrs		19-1-42	8B&G 20

22.(a) ADDRESS PRIOR TO ENLISTMENT

New Carlisle, Que.

20900

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
6-11-41	FEB 4 '42	7-11-41			X X

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

ROYAL AIR FORCE

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

Official No. CAN/R 96932. Name BEEBE, HENRY CRAIG. Rank F/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gunner. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 9.4.12. Religion Presby. Occupation in Civil Life Contractor.

Last Enlisted 6.10.41. Current Engagement D.O.W.

If a member of the Auxiliary Air Force

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

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

Mr G. Beebe, New Carlisle, Bonaventure Co., P. Quebec (Father)

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

N of K.

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

SECTION 1.—MOVEMENTS AND CASUALTIES.

Unit FROM which.	Unit TO which.	Date of Effect.
8 B&G. Lethbridge.	1 Y. Depot. Halifax.	17.2.42.
1 Y.D. Halifax.	RAF. TP.	12.3.42
	Emb. Canada.	13.3.42.
85/42	3 PRC.	24.3.42
	7 A.G.S.	30.5.42
No. 7 AGS	No 29 OTU	23.6.42
No 29 O.T.U.	Wogbons Flight	23.9.42
9. Conv Flight.	97 Sqdn.	8/1/42.
97 Squadron	War Cas Accb Depot UXBRIDGE	18.1.43

SECTION 2.—PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS.

* Authority.	Description.	Date of Effect.
	Enlisted AC2, W.AG. 'Std.'	6.10.41.
	Reclass LAC.	
	Remus A/G. 'Std.'	15.1.42
	Prom A/Sgt/Pd A/G. Sp.	16.2.42
POR 99/42	PROMOTED T/F/Sgt.	1.12.42

POR 152/42 ATTENDED GUNNERY COURSE AT STORMY DOWN ON 24/5 - 13/6/42 84.75% CLASS A

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.

173/1099 357M 8/41 McC. & Co. Ltd. 51-994.

MSC

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/Sgt	V.G.	A Gunner					23.6.42	G J Pester P/O
T/Sgt.	V.G.	Air Gunner	On Strength for			Training Only	23.9.42	[signature] W/Cdr
T/Sgt.	V.G.	Air Gunner	On Strength	for		Training only	11.11.42	[signature] S/Ldr
T/F/Sgt	V.G	Air Gunner	AC SAT	AC SAT	—	Rec.	31-12-42	[signature] W/Cdr
T/F/Sgt	V.G	Air Gunner	AC SAT	AC SAT	—	Rec	18.1.43	[signature] W/Cdr

Priv Leave	31.12.42	to 6.1.43	(7 Days) POR 100/42	Rw. / [illegible] (SAC L A)	[signature] F/Lt
PRIV Leave	19.11.42	to 25.11.42	(7 days) POR 89/42	F1677 216220 SACLA.	[signature] F/Lt
P.O.R. 111/42	7 Days.	Priv: Leave	13.9.42 – 19.9.42	R. 10. 9	[signature] S/Ldr
POR 152/42	16.6.42	23.6.42	8 days P.	RW. 16, 336090	G J Pester P/O

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.Os.C., ETC.

Authority.	Nature.	Date of Effect.
	Clothing etc. returned to store or otherwise explained [signature] F/Lt.	ACCOUNTANT OFFICER 30 JAN 1943 R.A.F. STATION CONINGSBY

B.C.A.T.P.
CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R96932	BEEBE	Henry Craig	Presbytarian

Born 9-4-1912 Place New Carlisle P.Q. Country Canada Citizen of Canada Racial Origin Eng Can.

ENLISTMENT
Date 6-10-41
At R.C. Quebec
Term Duration of War

CIVIL EDUCATION
High School Entrance 2 years High Jr. Mat. Sr. Mat.
Technical School Corres. Courses
University

PREVIOUS SERVICE
1928-1935
Fusiliers du St Laurent
RCA Quebec City
18-6-40 to 6-10-41

Rank	Date			Med. Cat.	Date		
AC 2	6	10	41	A3 B	26	9	41
A/SGT (Pd.)	16	2	42				
97 Sqd 99/42 (19/11) T/F/SGT.	1	12	42				

CIVIL OCCUPATIONS AND EXPERIENCE
Contractor 1934-1940

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.			Trade	Grp.	%	PorF	Date Rem.
WAG.				6	10	40					
Air Gunner	S			15	1	42					
A.G.	SP.GP.			16	2	42					

PARTICULARS OF FAMILY M (crossed) S M (crossed)

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 George Beebe (Father)
New Carlisle
Bonaventure Co. P.Q.

LEAVE

From	To	Auth. and Description
7-10-41	2-11-41	On leave without pay
17-2-42	3-3-42	(14) EMBARKATION LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date
Reg'n #1081A	R/C Quebec	R/C Quebec	6-10-41
MORB Reg'n #1081A	R/C Quebec	#1 M Depot	3-11-41
D.R.O. 269/41			
No. 1 M.D. 14/42 (Remust Air Gunner)			15-1-42
No. 1 M.D. 14/42	No. 1 M.D.	#8 B&G. School	
DRO 20/42	Toronto	Lethbridge	15-1-42
DRO: 48/42	8 B & G.	1 Y DEPOT	
	LETHBRIDGE	HALIFAX.	17-2-42
DRO 85.	1 Y Depot	RAFTP	13.3.42
		Emb. Can	18.3.42
	85/42	3PRC	24.3.42
7AGS 131/42 (21/33) 3PRC 145/42 (10/32)	3PRC.	7 Air Gun S.	23.5.42

Authority	Unit from	Unit to	Date
157/42 (47/40) 34/42 (23/39)	7AGS.	29.O.T.U.	23.6.42
128/42 (44/68) 5/42 (45/67)	29 OTU.	9 C.	23-9-42
94 Sq 4/43 (12/27) 20/43 (4/29)		1 Depot (N.E)	18.1.43
1232	Missing	7S.	17/18.1.43

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

				Attended Gunnery at Stormy Down. 84.7501 'A'	Course Cpl.	24.5.42 to 22.6.42	T.A.G.S. 152/42 (21/41)

Finger Printed
Date 6-10-41
Initials ... Sgt.

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME BEEBE

CHRISTIAN NAMES Henry Craig

MARRIED Single NO OF CHILDREN N.A.

N.F

FLYING

AGE 29
HEIGHT 5'. 8. 1/2"
WEIGHT 150

ADMINISTRATION
TECHNICAL
EQUIP./ACCTS.
GEN.LIST

PILOT
OBSERVER
W.O. AIR GUNNER X

EDUCATIONAL STANDING:- Number of years

High School 3 yrs. Technical none Commercial none

University (Name and dates of Attendance) none

Standing other Countries N.A.

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo none Dual none

Private " Solo none Dual none Passenger none

No, Hours & Types during last 2 yrs. none

MILITARY AND OTHER TRAINING:-

St Laurent Fusiliers 1928-1935

R.C.A. Gunner from 16th June 1940

to present time.

SPORTS:- (What branches)

Hockey (extensively) Racing, Jumping,

HOBBIES: Reading,

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

Courteous, well spoken, clever cut.

Anxious to join aircrew. Has qualifications to

become air gunner.

APPROACH
Confident X
Nervous
Easy

CARRIAGE
Upright X
Medium
Athletic

DRESS
Neat X
Conservative
Clean X
Careless

PHYSIQUE
Medium X
Heavy set
Slender

SPEECH
Clear X
Slow
Hesitant

RESPONSE
Quick X
Deliberate
Slow

MANNER
Alert X
Confident
Sincere X
Reserved
Nervous
Overbearing
Irresponsible

EXCELLENT

ABOVE AVERAGE

AVERAGE X

BELOW AVERAGE

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

REFERENCES CHECKED--SATISFACTORY
" " --UNSATISFACTORY
" NOT CHECKED

CONSIDERED SUITABLE FOR COMMISSIONED RANK? No

BEST FITTED FOR Wireless Air Gunner

DATE 26-9-41

RECRUITING CENTRE
QUEBEC.

A.F.M.5

R.C.A.F. Records Office
Rec'd OCT 9 1941
O.K. C.I.B.
R.O. N.I.

Signature of Officer
(J.A. Bugold.) P/O

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

J. A. T. P. CANADA

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R107152 NAME AND INITIALS HARPER M.A. (IN BLOCK LETTERS) DATE OF ENLISTMENT 29-5-41

SHEET No. One (IN WORDS) SIGNATURE AND RANK OF C.O. C E Aitchison P/O DATE 13-6-41
For Commanding Officer, No. 2 Manning Depot, Brandon, Man.

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 ENTRY				[illegible] A/P/O for: O.C., 10 (O) A.F.U., Dumfries	14-7-42
				CERTIFIED NO ENTRY.				J McWilliam A/S/L A/Adjutant for O.C. R.A.F. Kinloss.	1/10/42
				CERTIFIED NO ENTRY				[illegible] W/O for: F/LT. ADJUTANT No. 1654 CONVERSION UNIT	23.1.43
				CERTIFIED NO ENTRY				[illegible] F/LT ADJ. for O/C 97 Squadron.	28.12.42
				To be carried over					

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

M. 14/18.1.43

FINAL TRAINING REPORT

AIR GUNNER

Surname BEEBE. Christian Names H.C.

Number R.96932. Rank SGT. Nationality CAN.

Trained at No. 29 Operational Training Unit

Period at O.T.U. From 23.6.42. To Course No. 2.

Posted to

FLYING TIMES

Type of Aircraft	Day	Night	Total
Wellington IC.	54.40	35.45.	90.25.
Previous Flying	16.00	-	16.00
T O T A L	70.40	35.45	106.25

GUNNERY TRAINING

Ground					Air						
Rds.fired at 25 yds Range		Rds.fired at 400 yrd Range		Clay Pigeon	Air Firing				Cine Camera		
					Drogue			Sea Marker Rds. Fired.	No. of Exs.	No. of Films.	Assessment.
Day	Night	Day	Night	No.Shots	No of Exs.	Rounds Fired	% Hits				
600	400	-	-	50	4	2000	27	-	2	4	71

SUBJECT	ASSESSMENT	SUBJECT	ASSESSMENT
Range Estimation	68 %	Practical Harmonization	75
Aircraft Recognition	72 %	Pract.Gun Cleaning & Maint.	75
Running Commentary	65		

Exam. Result 70 %

Fighter Affiliation carried out

Gunnery Exercises not completed or requiring further practice.

Remarks on Gunnery Training

Exceptionally keen while on Ground Instruction and was a good average on all subjects.
Above average on all his work. Very keen. Recommended for Gunnery Leaders Course.

R. MOSELEY. S/Ldr.
Chief Armament Instructor.

Whether recommended for a Commission. **Yes.**
Whether recommended for a Gunnery Leaders Course. **Yes.**

F. F. Rainsford. W/Cdr.
Chief Instructor.

Date:- 17.9.42.

Group Captain,
Commanding, No. 29 O.T.U.

Date:-

9

XXXXXXXXXXXXX

73-77 Oxford St. London

2nd February, 1943.

CAN.R96932/P4/CAS

Dear Mr. Beebe:

It is with deep regret that I must confirm the information which you have already received from Air Force Headquarters, Ottawa, which stated that your son, Flight Sergeant Henry Craig Beebe, was reported missing as the result of air operations on the night of 17th/18th January, 1943.

Your son was the rear Gunner of a Lancaster aircraft which took off on a bombing raid on Berlin on the above mentioned date and failed to return. No information has been received of your son or the other members of the crew but enquiries are being made through the International Red Cross Committee and all other available sources. Any information received will be forwarded to you immediately.

Please accept my deepest sympathy with you in your great anxiety.

Sincerely,

MILTON A. FOSS

(Milton A. Foss) Flight Lieutenant,
R.C.A.F. Casualties Officer,
for Air Officer Commanding-in-Chief,
Royal Canadian Air Force, Overseas.

Mr. G. Beebe,
New Carlisle,
Bonaventure Co.,
Quebec,
C A N A D A.

WAK

R96932 F/Sgt Beebe, H.C.

Royal Air Force,
Woodhall Spa, 1022 B 6875
Lincolnshire, England.
18th January, 1943.

Dear Mrs. Beebe,

It is with the deepest regret that I must confirm that your son Sergeant H.C.Beebe failed to return from night operations on the 17th January, 1943, and I wish to express the sympathy of the whole Squadron with you in your anxiety.

Your son took part in a raid on Berlin as Air Gunner, no news having since been received. We can but hope that the aircraft was forced to land and that the crew are safe, even as prisoners of war.

Sergeant Beebe joined the Squadron on the 9th November, 1942, and was beginning a promising career as Air Gunner, He was exceedingly popular and his loss will be keenly felt by the Squadron.

Your son's kit is being carefully checked and will be sent to the Central Depository from whom you will hear in due course.

If any news is received I will write to you immediately, and in the meantime I again offer you my deepest sympathy.

Yours sincerely,

Sgd. ?
Wing Commander, Commanding,
R.A.F. Woodhall Spa, Lincs.

Mrs. Beebe,
New Carlisle,
Quebec,
CANADA.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R96932 RANK F/SGT. TRADE AIR/GUN (SP GR) UNIT 97 SQDN (OVERSEAS)

NAME BEEBE, HENRY CRAIG

SERVICE

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

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. GEORGE BEEBE, (FATHER)
ADDRESS NEW CARLISLE, QUE.

NAME ADDRESS D.A.B. MRS. ADELAIDE BEEBE, (MOTHER) SAME ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

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

RELIGION PRES. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. GEORGE MILLER BEEBE,
ADDRESS NEW CARLISLE, QUEBEC.

FATHER LIVING ON ENLISTMENT YES
MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? 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: . . . .

ESTATES BRANCH SEP 3 1943 H. Q. OTTAWA NATIONAL DEFENCE

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

AUTHORITY CAS. SIG. NO. AIR MIN KWY-----PCX952-----d-23-AUG-43. 747

CASUALTY DETAILS:

PREVIOUSLY ~~R~~ REPORTED "MISSING" 18-JAN-43 AFTER AIR OPERATIONS (OVERSEAS) ~~XXX~~ NOW "PRESUMED DEAD" 18-JAN-43 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 ~~30~~ 28-AUG-43.

P? OF D. YES

J. Westman F/O
FOR CHIEF OF THE AIR STAFF

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

2 ADMINISTRATOR OF ESTATES, OTTAWA

R.C.A.F. G.64
5M—10-42 (2840)
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH H04750

This is to Certify that

R96932 FLIGHT SERGEANT BEEBE, HENRY CRAIG R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 10TH day

of JANUARY 1943, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 20TH day of AUGUST 1943

(T.K. McDougall)
Wing Commander,
R.C.A.F. Records Officer.

CANADIAN AIR FORCE RECORDS OFFICE

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 territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: BEEBE (Block letters)

Given names: HENRY CRAIG

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: New Carlisle

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 9th (Day) 1912 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	30	9	9	....hrs. or ....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Jan.18/43

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Beebe, George	Quebec
MOTHER (Maiden Name)	Caldwell, Adelaide	Quebec

Place of burial, cremation or removal

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

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 18th (Day) 19 43 (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 Jan.18th 43

Accident, suicide or homicide (State which) Date

Presumed killed during air operations

Manner of injury (How sustained)

Nature of injury

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

Signed ....M.D.

Address Date ....19....

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

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

R. Kane S/O

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

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

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

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

Noms de baptême ou prénoms.....

4. RÉSIDENCE

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

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

Comté municipal..... Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

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

N'écrivez pas dans cet espace

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

24. CAUSE DU DÉCÈS

I

Cause immédiate

Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

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

(b).....

dû à

(c).....

II

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

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

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

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

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

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

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

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

Nature de la blessure.....

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

Signature.....M.D.

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

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

.....

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

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

.....

(For English see other side)

WILL R.C.A.F. r.60

(1) I. BEEBE, Henry Craig ....of the (City (Town (Village (Township

of..... New Carlisle .....in the ~~District~~ County of ....

Province of .... Quebec .... Contractor
(Civil Occupation)

a member of the Royal Canadian Air Force, Number... R 96932 ....Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My father: Mr. George Beebe,
New Carlisle,
Bonaventure County, Quebec.

MY WHOLE ESTATE

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint...... My father, Mr. George Beebe .... OF THE ABOVE ADDRESS ....
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this ..... 4th .....day of

..... Nov. .....19 41 .....

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

..... H.C. Beebe .....
(Signature of Testator)

(5) Signature..... J.W. Bowler .....
Address ..... No. 1 Manning Depot. R.C.A.F. Toronto.
Occupation..... Clerk .....
Signature..... Leslie Jones .....
Address..... No. 1 Manning Depot. R.C.A.F. Toronto
Occupation..... Clerk .....

R.C.A.F. Records Office
Rec'd NOV 6 1941
O. K. .... C.I.B. ....
R. C. H.m.e. N. I. ....
S. L. .... P. A. 14B

To be made out in duplicate.

M.F.M. 5
400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier BEEBE, HENRY CRAIG
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number R. 96932

(3) Unit No. 1 M DEPOT R.C.A.F. TORONTO

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife —

(*b*) Present postal address of wife —

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

(7) Are you a widower? —

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages —

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them —

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name —

Postal Address

R.C.A.F. Rec'd NOV 17 1941 C.I.B. O.K. N. R.C. P.A. S.L.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address —

(11) Is your father alive? Yes

If so, state name and address George Miller Beebe, New Carlisle, Quebec.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. —

Also state reason he has no other means of support —

(14) Is your mother alive? Yes

If so, state name and address Adelaide Beebe, New Carlisle, Quebec.

(15) If your mother is a widow, are you her sole support? —

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining C.F.F. —

Also state reason why she has no other means of support —

(17) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance Premium? —

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

H E Beebe
(Signature of officer or man)

Date 4/01/41

Officer Commanding FOR (G. E. NASH) W/C
No. 1 M DEPOT R.C.A.F. TORONTO

Date 4/11/41

PERSONAL EFFECTS OF CAN/R.96932. F/SGT BEEBE. H.C. F.22034

1 Suitcase containing :-

1 tin calox tooth Powder.
9 tablets of soap.
2 tubes palmolive shaving cream.
1 tablet William Shaving soap.
1 stick "Fields" shaving soap.
1 tube "Old English Lavender" shaving cream.
3 tubes tooth paste.
1 tooth brush.
3 prs pyjamas
9 prs socks.
5 vests
4 handkerchiefs.
1 hand towel.
1 khaki balaclava.
1 pr swimming trunks.
3 prs trunks.
2 A/G badges in envelope.
1 pr woollen gloves.
1 pr woollen wristlets.
1 pr bedroom slippers.
1 pr shoes.
1 black tie.
1 ronson lighter in Ronson-Tin. initials "H.G.B".
1 fountain pen, and 1 pencil in case. "W.A. Sheaffer Pen Co"
1 fountain pen (damaged) VIS-O-RAY.
2 rings.
1 kodak DUEX camera.
1 pr leather gloves.
1 alarm clock
1 pr braces.
1 toilet case complete.
1 baseball glove.
1 shoe brush
1 button brush
10 books.
1 purse(empty)
1 wallet (empty)
1 safety razor in container with steel mirror. Gillette.
3 packs of aeroplane cards.
1 leather strap.
1 patent saftey razor, with 4 packets of refills, injector blades.
3 towels.

2 metal canadabadges.
2 metal crowns, and 1 whistle.
1 writing case with photos, correspondence.
2 notebooks.

==================================

One wireless Set.

==================================

The following have been extracted and forwarded to the R.C.A.F. Overseas Headquarters:-

1 Tin Box containing:-

1 tin veal ham & tomato pate.
2 tins lobster.
1 tin vitone.
1 tin ovaltine.
1 tin york pork sandwich spread.
1 tin sardines.
1 tin kippered snacks.
1 packet cheese spread.
1 packet "Pero" Cheese.

==================================

Package in suitcase containing:-

snaps.
1 photograph wallet.
1 diary.
Photographs.
correspondence.

==================================

Original Station Inventory unsigned ~~by Bernard le Strange. F/O 26.2.43~~

Effects checked at Central Depository on 26.2.43.

60M-SETS-8-46 (9477)
H.Q. 1064-81-3

VETERANS AFFAIRS

DEPARTMENT OF ~~NATIONAL DEFENCE~~

NAVY ═══ ARMY ═══ AIR FORCE

AMENDED STATEMENT 6

ARMY

STATEMENT OF WAR SERVICE GRATUITY

DUAL SERVICE

NAME Harry Craig (CHRISTIAN NAMES) BEEBE (SURNAME)

REGISTER NO. 4551-A

FILE NO. 119-H

DATE 26-3-52

PAYEE: Mrs. Adelaide Beebe,

ADDRESS New Carlisle, Bonaventure, P.Q.

SERVICE NO. B21933,R96932

FINAL RANK OR RATING Gnr. & F/S

DATE OF TERMINATION OF OVERSEAS SERVICE 18-1-43

DATE OF DISCHARGE 18-1-43

		$ ¢
A. TOTAL QUALIFYING SERVICE ARMY - 476 d. RCAF - 443 d. NO. OF DAYS 919 / 30 EQUAL TO 30 COMPLETE PERIODS AT $7.50		225.00
B. QUALIFYING OVERSEAS SERVICE NO OF DAYS 313 LESS 19 INELIGIBLE DAYS, EQUAL TO 294 DAYS @ 25c. PER DAY		73.50
Ck.X11224 - 3-4-52.	SUB TOTAL	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE RCAF		
PAY $ 3.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $ -		
$ -		
$ -		
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ 0.83		
TOTAL $ 5.33 X7 = $ 37.31		
NO. OF DAYS 313 / 183 X$ 37.31		63.81
D. WAR SERVICE GRATUITY AMENDED AWARD		362.31
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ -		
DEPENDENT'S ALLOWANCE AND ASSIGNED PAY $ -		
ORIGINAL AWARD PAID IN FULL OTHER DEDUCTIONS $ 241.31		241.31
F. AMOUNT PAYABLE		121.00
(THIS AMOUNT IS PAYABLE IN MONTHLY INSTALMENTS OF $ EACH)		

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES $ X30 $

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
HD	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

ΔTR

P.A.

R96932 (RO)

REGISTERED

OTTAWA, Canada, 28th. June, 1946.

Mr. G.M. Beebe,
New Carlisle,
Quebec.

Dear Mr. Beebe:

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 son Flight Sergeant H.C. Beebe.

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

Yours very sincerely,

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

KF