

J25795
CLARSON
OWEN

MUNRO



J 25795 4910

Clanson Q

P/O

5214801102

PROCEEDINGS OF COURT OF INQUIRY OR INVESTIGATION

opened on (date) 13.1.45.

at (place) R.A.F. FALDINGWORTH by order of NO. 23 GROUP

with instructions to inquire into the **FLYING ACCIDENT** on (date) 8.1.45.

at (place) 3 miles N.E. of Chopgate, Yorks. (nearest town) Hemsley.

Here insert any special terms of reference and whether recommendations are called for. and (i) To establish the facts called for in the Findings set out below. (ii) To inquire specially into

The cause of the accident and any circumstances which were a contributory factor. No recommendations called for.

COMPOSITION OF THE COURT (OR NAME OF INVESTIGATING OFFICER)

	Rank	Name	Unit
President.....	S/Ldr.	REGINALD BURCH	1517 B.A.T. Flight.
Members.....			
In attendance (a).....			

LIST OF WITNESSES

Rank	Name	Unit (if civilian say so)	Rank	Name	Unit (if civilian say so)
S/Ldr.	A.L. WOODE A.F.C.	1546 BAT Flt.	F/O	G.E. HORSFIELD	RAF Topcliffe
F/Lt.	F. GESIOR	Control Faldingworth.	S/L	J.F. HAMMETT	" "
S/Ldr.	S. KARPINSKY	do.	S/L	J.I. PERVERSEFF	" "
F/LT	P. ZWIERZCHOWSKI	Met. "	O/L	J. ALSTON	RAF WATNALL
COMMANDER	M. JOHNSTONE DSC	Nas Crail	W/C	H.C. GIVINS	RAF TOPCLIFFE
LT.	A. KINGETT	" "			
LT. COMMANDER	R.B. PINK	" "			

FINDINGS (b) OF THE COURT OR INVESTIGATING OFFICER

(NOTE.—THE COURT OR INVESTIGATING OFFICER MUST REFER TO A.P. 837, SECTION 51.)

1. Description of aircraft.

Type, Mark and Number	Dual or single control	Damage to Airframe (c)	Engine(s) Type and Series	Engine Number(s)		Damage to Engine(s) (d)	Whether aircraft was fit for the Flight
				A.M. No.	Makers No.		
OXFORD MARK I LW. 903 H.	Dual	Total	Cheetah X	PORT A420891	RC 5503	Total	Yes
				STBD A420976	RC5588		

pa 238-45
pa 20-4-45

2. Description of Occupants.

Service Number and Name (e)	Rank	Unit	Duty, e.g., Pilot, A.G. etc.	No. of aircraft in which he was occupant	Where seated	Extent injured (f)
J. 25795 O.M.W. CLARSON	F/O	1546 BAT Flt. Faldingworth.	Captain	LW. 903	Normal	Fatally
150443 J.D.S. BARKELL	F/O	1546 BAT Flt.	2nd Pilot	LW. 903	"	"
J26110 H.G. RILEY	F/O	" " "	Passenger	LW. 903	"	"

NOTES.—(a) If present by reason of Specialist qualifications, nature of these to be stated (vide A.P.837 S.51, para. 1360 (iii)).
 (b) The Findings must be based on and supported by the recorded evidence.
 (c) and (d) Indicate as "Total," "serious," "slight" or "no damage."
 (e) If more than one aircraft involved, insert here first, in order, names of occupants of aircraft entered first above. Captain of each aircraft to be stated.
 (f) Classify as "Fatally, missing, seriously, slightly or uninjured."

3. The purpose of and instructions for the flight(s) were as follows :

Aircraft Type and Number	(i) Who authorised the flight(s)? (ii) For what purpose? (iii) Special instructions (if any). (iv) Was instruction being given? If so, by whom?
OXFORD I. LW. 903	1. S/Ldr. A.L. Woode 2. Navigation exercise and to ferry back from Montrose F/O Riley who had ferried an aircraft from Faldingworth to Montrose. 3. No special instructions. 4. No.

4. The aircraft took off as follows :

Aircraft Type and Number	Time	Place (from which)	Weather conditions (including strength and direction of surface wind) at the time and place of take-off.
Oxford I LW. 903	12.37	Naval Air Station Crail Scotland	Clear period between Snow Showers Visibility 3 miles cloud 10/10 at 2,000 feet Wind 355°

5. The accident occurred at the place and on the date set forth on the front page of this Form. Further details are as follows :

Time	Exact location of crash, including height (g) where relevant	Weather conditions (including strength and direction of surface wind, condition of light, etc.) at the time and place of accident.
8th January 1945 1327 Hours	Map reference 074215 Sheet 16 3 miles North East of Chopgate Yorkshire. 1489 ft. above sea level. Aircraft struck ground in or near flying altitude.	Snowing visibility 50 yds. Surface wind North West 15 to 20 m.p.h. Gusty. Air temperature near surface 33° Fahrenheit.

6. The flying experience of the pilot prior to this flight was :

PILOT(S) (h)	Hours flown (quote to nearest hour)											
	Name, Age, where trained, and how assessed.	Type of aircraft including type quoted in para. 1.	Within 6 months prior to accident				Total solo (Day and Night)		Total solo (Night) (k)		By Instruments (l)	Hours on Link Trainer (m)
			Day and Night		Night (j)		On type quoted in para. 1	On all types	On type quoted in para. 1	On all types		
			Dual	Solo	Dual	Solo						
F/O O.M.W. Clarson Brith. 10.6.1922. No. 6 SFTS Average No. 7 (P) AFU " No. 2 F.I.S. "	Oxford Mk. I only.	14	321	-	-	575	833	-	-	98	63	
F/O T.D.S. BARKELL Birth 12.12.1923. Pensacola-Above average. No. 11 (P) AFU Average No. 7 FIS Average	Oxford Mk I only	11	251	-	-	617	701	-	-	96	64	
F/O H.G. Riley Birth 8.6.1920 5 EFTS Above average 21 (P) AFU Average No. 7 F.I.S.	Oxford Mk I only	-	278	-	-	680	722	-	-	90	64	

NOTES.—(g) Give (i) height (above sea level) of ground at scene of accident ; (ii) Height above ground of any obstacle struck by aircraft before impact with the ground, as applicable.
(h) Include all pilots involved in accident except any whose flying hours it would serve no useful purpose to quote.
(j) and (k) Only to be quoted if accident occurred at night.
(l) and (m) To be quoted only if loss of control occurred at night, or in bad visibility necessitating instrument flying, or while flying artificially blind.

7. We (I) have examined the following aircraft, engine, flight authorization book, and pilot's flying log books and also Form 700 and have ascertained :

Description of book and form	Remarks, including material facts supplementing or confirming evidence of witnesses and whether all necessary inspections were carried out prior to the flight.
Aircraft Log	No outstanding modifications
Engine Logs	Modifications 741 and 742 Lubrication of fuel pump pads outstanding.
Flight Authorisation Book.	Properly authorised (Exhibit A)
All Pilots Flying Logs.	Up-to-date and hours correct as quoted.
Form 700	All necessary inspections were carried out prior to flight and signed for, Total hrs. flown 354. Next major 400 hours.
Compass Log.	Compass last swung 15.12.44. Exhibit B.

NOTE.—If any of these Documents have not been examined, this must be stated and reason given.

8. We (I) ~~have~~ ^{have not} visited the scene of the accident ~~before~~ ^{after} aircraft ~~was~~ ^{were} removed and have found the following material facts :

Aircraft struck high ground 1489 feet above sea level, evidence of Specialist Officer 12th Witness points to aircraft having flown into high ground under power in or near flying altitude.

9. We (I) have been unable to obtain the evidence of the following material witnesses :

Name	Rank	Unit	Reasons precluding obtaining of evidence	How concerned with accident
Eye-witness			Crash was not witnessed.	

10. **CONCLUSIONS.** Under this Heading the following should always be included :

- Brief description of the accident and its attendant circumstances.
- Diagnosis of cause or causes including all contributory factors.
- Recommendations, if called for by the convening authority.

a) F/O Riley was detailed to deliver an Oxford aircraft to R.A.F. Montrose, and F/O Clarkson with F/O Barkell accompanied him in Oxford LW.903. Both aircraft landed at R.A.F. Middleton St. George where F/O Riley dropped a messenger L.A.C. Gregory who had been authorised just before the flight to fly on leave to Middleton St. George. Both aircraft flew on to Scotland but owing to adverse weather landed at R.A.F. Kinnel instead of Montrose. As R.A.F. Kinnel is a satellite aerodrome to Montrose F/O Riley handed over his aircraft at Kinnell.

F/O Clarkson after refuelling Oxford L.W.903 then took off with F/O Barkell and F/O Riley on the return journey.

At 17.30 hours F/O Clarkson landed at Naval Air Station, Crail to stay the night.

The next day the 8th January F/O Clarkson took off against the advice of the Control Officer and Commander Flying to fly to Faldingworth, Lincolnshire. Heavy snow showers were expected and the icing index was high in showers and cloud. The pilot was given a route and a route forecast (Exhibit C). The Royal Observer Corps plotted an Oxford aircraft at V.1521 over the Yorkshire Hills which plot faded out at 1327 hours. At the time the plot faded it was snowing - visibility 50 yards. Oxford LW.903 was subsequently found near where the R.O.C. plot faded. It struck the ground 1489 feet above sea level was completely wrecked and all three occupants killed.

b) Owing to the distribution of the wreckage it is considered that the aircraft flew into the hill during very bad weather. The pilot either was trying to obtain sight of the ground or what is more probable, was forced to descend owing to ice accretion or because of failure or partial failure of engine or engines due to carburetor ice, or because of a combination of both aircraft and engine icing.

10. (Continued)

The pilot took off against an adverse weather report. The pilot was a skilled instrument pilot and expert in the use of Beam Approach procedure in bad weather conditions, which led him to not give sufficient weight and consideration to the weather forecast. The pilot did not apparently follow the route given to him (Exhibit C) which kept to the valleys, but according to the way his maps were marked (12th Witness) took a route which passed over the high ground on which he crashed.

The Commander Flying at Crail allowed himself to be persuaded into giving permission for the flight in the very adverse weather conditions.

11. This accident (is not) being investigated by the Accidents Investigation Branch.
is

Signature of President (or Investigating Officer)..... R. Burch S/Leader

„ (Member of Court).....

„ „ „

Date of signing..... 21.1.45

REPORT OF COMMANDING OFFICER File Ref. No.....

I am in agreement with the views expressed by the Investigating Officer.

Signature of C.O..... F.G. Argyle Robinson G/Capt.

Date of signing..... 21.1.45. Commanding R.A.F. Station..... Church Lawford.

REMARKS OF GROUP COMMANDER File Ref. No.....

Signature.....

Date of signing..... Group

FTC/68160/IA

FORWARDING REMARKS OF COMMANDER-IN-CHIEF File Ref. No.....

This Headquarters concurs in the remarks of the Air Officer Commanding No.23 Group. It is considered that with regard to the remarks concerning the Commander Flying at Crail this matter should be taken up with the Admiralty at Air Ministry level.

Date of signing..... 13th Feb 1945. Signature..... S/L K.R. DURIE, for Air Officer Commanding in Chief,

..... FLYING TRAINING Command.

respect of F/O Clarson's flying on that day. Statements from civilian witnesses in the area were not however sufficient to warrant proceeding to trial by Court Martial. I did however have the officer brought before me on 27th December, 1944 and warned the officer that there were strong indications that his very low flying on that occasion was not justified and only insufficient evidence had saved him from a Court Martial.

Signed C.C.W. Lockyer A.V.M.

The Investigating Officer, in his two concluding paragraphs sums up the situation at Crail immediately prior to the take-off on the fatal flight much too mildly.

2. In my opinion, the Commander, Flying, at Crail should have, in the weather conditions prevailing, and could have, prevented the flight by checking up on the credentials of the Captain of the Oxford, who after all was only a young Flying Officer.

3. The three arguments put forward by F/O Clarson after the repeated refusal of Commander Johnstone to authorise the flight were that, the pilot stated:-

- (a) He was a Lancaster captain.
- (b) he was a self-authorising pilot.
- (c) he had been in touch with his Commanding Officer and his return to unit was urgent.

4. All these three statements could have been checked by a telephone call to the Commanding Officer concerned, but not only was this not done, but according to the 2nd witness F/Lt. Gestor, the Control officer on duty at R.A.F. Faldingworth on the 8th January - "In connection with this flight I had not been communicated with by anyone regarding the state of the weather at this aerodrome".

5. In actual fact it has been ascertained from F/O Clarson's C.O. (S/Ldr. Woode) that as regards:

- (a) F/O Clarson's log book has been forwarded to Air Ministry. His Commanding Officer is, however, practically certain that he had not flown Lancaster aircraft. Furthermore, he was no ex-operational, therefore it would be virtually impossible for him to be a qualified Lancaster Captain.
- (b) F/O Clarson was not a self-authorising pilot except for instructional flights. No.23 Group A.S.I.'s Section II Serial I "Cross Country Flights" refers. (bona-fide self authorisation was the only point on which the orders at Crail could be legally over-ridden by the pilot).
- (c) He had not been in touch with his Commanding Officer

/subsequent

subsequent to leaving Faldingworth, and with regard to his statement to the effect that his return was urgent, the reverse was the case. In point of fact, the final course before the closing down of No.1546 B.A.T. Flight had been completed and all Instructors had been given 48hrs leave. It was presumably in order to avail himself of this leave that he resorted to subterfuge in his efforts to return.

A discussion between the Commanding, Flying, Crail and O.C. B.A.T. Flight, Faldingworth, as to the weather at each end would, I submit, of itself have resulted in the flight being cancelled.

6. Therefore, pending any further evidence exonerating Commander Johnstone, I must record my view that this officer was very materially contributory to this accident, inasmuch as he did not sufficiently satisfy himself that he could, as he most obviously and most strongly felt he should, forbid this flight to take place.

7. A copy of this finding will presumably be passed to the officer concerned through the appropriate channels in order that he may defend his action in respect of the authorisation of the flight from Crail.

8. As to the action of the pilot, captain of aircraft, I cannot help but say that the fundamental cause was indiscipline. Apart from my remarks at 5(a) (b) and (c) above in support of this opinion it will be observed from the evidence that he did not conform to the route given him.

Signed C.C.W. Lockyer A.V.M.
Headquarters No.23 Group

5th Feb. 1945.

FOOTNOTE This is the same officer who was the captain of Oxford I. HM.837 which received damage from 12 bore gun-shot on 19th October, 1944, when flying at very low altitude. By reason of the evidence given at the Civil trial of the Naval officer responsible for the shooting, the circumstances of the case were submitted to this Headquarters by the Provost Marshal's Department and a summary of Evidence was taken in /respect

Mrs. Dorothea L. Carson ⁽²¹⁻¹⁻⁵⁰⁾ (mother)

~~12 Garden City Ave.,~~ 20343 Lakeshore Road,
~~St. Anne de Bellevue,~~ Baie D'Urpe, Que.

~~P.A.~~

~~non-45~~

MEMORIAL BAR
DATE DESP
REGN. NO

9980

22-11-49

025795 CLARSON OWEN MW

F07

J-25795

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

SERVICE AWARD CARD

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
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39-45 STAR
 ATL. STAR
 A/C EUR STAR
 AFRICA STAR
 PACIFIC STAR
 BURMA STAR
 ITALY STAR
 FR. AND GER. STAR
 DEFENCE MEDAL
 GEN. SER. MEDAL
 C.V.S.M.

33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80							

41425

✓
✓
✓

AWARD
 AWARD AND CLASP
 APPLICATION DISPATCHED
 RIBBON ISSUED
 MEDAL ISSUED

NAME CLARSON, Owen Munro Wovenden

FILE NO. FD12

RANK F/O CATEGORY "KILLED"

REG. NO. J25795

DATE OF DEATH: 8 Jan. /45 MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: FEB 28 1945 ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN:

MAY 16 1945

MAY 13 1945

To Mother and Father-

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Henry Thomas Clarson,
12 Garden City Avenue,
St. Anne De Bellevue, Quebec.

COMMAND:

RELIGION:

MB

19
R.A.F. Station,
Church Lawford,
Nr. Rugby.

19th February, 1945.

Ref. 18 (P) AFU/C8001/55/Air.

Dear *Mr. Clarkson*

Thank you for your letter of the 30th January, 1945. I had intended to write to Mr. Clarkson previously, but hadn't done so as I was awaiting the enclosed photographs, which were taken at your son's funeral.

The first coffin going into the Chapel is that of your son, and the fourth cross from the left indicates his grave.

As you are aware, the funeral took place at the R.A.F. Regional Cemetery, Harrogate, on the morning of Friday the 19th January, 1945. The arrangements were made through R.A.F. Station *Womb* and I am sure the Commanding Officer did his best to anticipate your own wishes in regard to the ceremony.

You may like to know that your son was buried in Grave Section H, Grave number E¹², and that the officiating Chaplain was S/Ldr F.W. McLean of the R.C.A.F., 5 District Headquarters, York.

As I indicated in my letter to Mr. Clarkson, there is very little I can tell you with regard to the accident. He was flying at the time with two other officers, F/O. J.D. Barkell, an English Officer, and F/O. N.G. Piley, a Canadian Officer.

cont'd.

21 FEB 1945

cont'd.

I am sorry to say that they were killed. There were no other personnel in the plane.

I am making enquiries as to whether any friends of your son have any recent photographs of him, and if any are forthcoming, I shall be only too happy to forward them to you.

Again expressing my very deep sympathy in your sad loss.

Yours, sincerely,

H. H. Marshall

Group Captain Commanding,
R.A.F. Station,
CHURCH LAWFORD,
Nr. Rugby.

Mrs. D.L. Clarson,
12, Garden City Avenue,
St. Anne de Bellevue,
Prov. Quebec.

LETTER RECEIVED.....	21.2
ORIGINAL SENT.....	22.2
COPY TO OTTAWA.....	26.2
PHOTOS SENT TO.....	22.2

12, Garden City Avenue,
St. Anne de Bellevue,
Prov. Quebec.

January, 30th, 1945.

Dear Sir,

Mr. Clarkson and myself wish to thank you for your very kind letter of sympathy in the loss of our son Owen.

It was indeed some small comfort to know that he did not suffer and that he has been laid to rest in a country which we know well. We will be extremely grateful for any further details you may be able to give us, but realize that these will necessarily be few.

If possible we would like to know with whom he was flying and if there were any survivors, or if he were alone.

Would it be too much to ask if any of his friends at the Station have any recent pictures of him. He mentioned sending some home, but that was some time ago and they have evidently gone astray. Also if possible, we would very much appreciate a picture of his grave.

Owen's loss is of course a very great one to us, but we have every confidence that everything possible was done for him, and would ask you to extend our grateful thanks and appreciation to those responsible for his burial.

Yours very sincerely,

(sgd) Doris L. Clarkson.

MISSING MEMORANDUM 6059

25 JAN 1945

P.4. Cas. B.3. (B)

<u>FILE NO.</u> No.	Rank	Name	PREV. CLASS.	NEW CLASS	INFORMATION
<u>P.425319/44.</u> 1829205	L.A.C	W. CHAMBERS	Missing 7.11.44	K. on A.S	Information received states, body of L.A.C. Chambers washed ashore on beach at Blankenberghe on 5th January, 1945. Buried by B.P.C. at Blankenberghe on 6th January.
<u>P.427427/45.</u> J.25795	F/O	O.M.W. CLARSON	Missing 8.1.45	K. on A.S	Information received states, F/O Clarson, F/O Riley killed.
J.26110	F/O	N.G. RILEY	"	"	
<u>P.427088/45.</u> 1318079	Sgt.	A.J. WOOD	Missing 2.1.45	K. on A.S.	Information received states Sgt. Wood killed.
<u>P.426827/44.</u> 1081369	L.A.C.	C. LATTIMORE	P/W 20.12.44	Safe.	Signal from B.P.O., R.A.F. B.N.A.F. states, L.A.C. Lattimore safe but injured, admitted 97 British General Hospital.

G.57358

30/1/45
Jmc

16

Serial No. 15

File No.

P.4. CASUALTIES.ENQUIRY FORMParticulars of Officer, Nurse, Airman or Airwoman.Surname..... CLARSON R.A.F. No. J-25795
(IN BLOCK CAPITALS)Christian names..... O.M.W.
(IN FULL)Rank..... F/O Unit.....Particulars of Enquirer : (accompanied by..... persons)Name..... F/O H.J. Green J-26468
(IN BLOCK CAPITALS)Full Postal Address..... R.A.F. WatchfieldRelationship to officer, nurse, airman or airwoman..... Friend

Nature of information required :

Date..... 29-1-45 Signature of enquirer..... H.J. Green

Information available :

Initials and date..... HJG

Cards: —

File: —

Initials and date.....

*P/O rank
F. Lemmon 7-19-42*

For Official use only.

Report on interview :



12
Royal Air Force Station,

CHURCH LAWFORD,

Nr. Rugby.

Warwickshire.

Ref:- C:8001/55/Air.

16th. January, 1945.

Dear

M. Blannin

The Canadian Authorities will have already informed you of the very sad loss of your son, Owen Munroe, as the direct result of a flying accident which occurred on the 8th. January, 1945.

All at this Unit join with me in sending you their deepest sympathy, in your sad loss.

There is not very much that one can say about the accident itself, and all that I can tell you is that it occurred whilst carrying out a Flight between Crail and Faldingworth, on the 8th January, 1945.

The aircraft was first reported as missing and in spite of extremely bad weather, search parties were sent out and air reconnaissance was made. The aircraft was discovered on the 12th January 1945, three miles North East of Chopgate, Yorkshire, It may give you a little consolation to know that your son's death must have been instantaneous and that he suffered no pain.

Your son was an Instructor at Faldingworth, (one of the Flights of this Unit) and his loss is one which cannot be easily replaced. He was very keen on his job and carried out his duties with efficiency and enthusiasm. He was a great asset to our cause.

All the funeral arrangements for your sons'

M. Blannin
/burial....

17 JAN 1945

burial are being made through R.A.F. Station, Wembleton and you can rest assured that the Commanding Officer there will do all he can to see that the best available arrangements are made. Later on I hope to write to you further regarding this.

An Officer has been appointed to look after the personal effects of your son. These will be sent to you through the Royal Air Force Depository, at Colnbrook.

If there is any way in which I can help you at this sad time please do not hesitate to write to me.

Once again please accept the heart-felt sympathy which all here feel for you.

Yours *sincerely,*

H. H. Angell Shiner

Group Captain. Commanding,
R.A.F. Station, Church Lawford.

H. T. Clarson Esq.,
12. Garden City Avenue,
Belleville,
Quebec,
Canada.

LETTER RECEIVED
ORIGINAL SENT
OTTAWA
17 JAN 1945

LETTER RECEIVED	17 ^d
ORIGINAL SENT	18.1
COPY TO OTTAWA.....	22.1
PHOTOS SENT TO	N/A

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

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

In every case copies of this form are to be rendered as follows:—

- (i) Two copies direct to Air Ministry, P.A.2.
- (ii) One copy direct to Ministry of Aircraft Production (R.M.I.).
- (iii) One copy through usual channels to Command Headquarters.
- [In addition, and only if casualties to officers or airmen are involved.]
- (iv) One copy to Air Ministry, P.4 (Cas.).

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

P.427427
If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

F.A. 10th Jan/45.

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

1. UNIT **3(P) A.F.U. (1546 BAT Flight FALDINGWORTH-** Group No. **23** Command **FTC** Serial No. of Form **4/45**

2. DATE OF INCIDENT **8th January 1945**

TIME **Estimated 13.30 hours.**

SITE OF INCIDENT **14.00 hours**

(a) Name of airfield or landing ground.....

(b) Place (if (a) not applicable) **Unknown**

(c) County **Yorkshire probably**

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

3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORISED:—

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

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

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine.			
		Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type.....	OXFORD	RO5503	RO5588		
Mark or series.....	I				
R.A.F. No. (and makers' No. for engines).....	LW. 903	420891 ^a	420976 ^a	^a	^a
Total hours run.....	354.30 ^b	359.30 ^b	376.45 ^b	^b	^b
Date last installed in Airframe.....	—	15/Aug/45 ^b	15/Aug/45 ^b	^b	^b
^c Extent of damage.....	Unknown	Category			

^a To be quoted whenever an engine is damaged or fails.

^b To be quoted only for incidents involving defect or failure of airframe or engines

^c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.

B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.

A = For repair by nearest R.A.F. unit.

U = No damage

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

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

Flying Experience of Pilots and Pupil Pilots. See Note (ii)

Duty	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Part A.		Part B (see Note (i) below).		Part C (see Note (ii) below).	
					Total Solo (Day & Night).		Solo (Night).		Instruments.	Link Trainer.
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.		
Pilot	O.M.W. Clarson	F/O.	J. 25795	M	670	833			98	63
2nd Pilot	J.D.S. Barkell	F/O.	J. 150443	M	616	701			96	64
Passenger	N.G. Riley	F/O.	J. 26110	M	680	722			90	64

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

6. STAGE OF FLIGHT.		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.	9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.	Unknown	A. Day (daylight).	-
B. Starting up.	G. Landing.		E. Moonlight.	
C. Stationary other than A or B.	H. Towed or manhandled		F. Not known	
D. Taxiing.	J. Not known.			
E. Taking off				
Quote A or B or C, etc., as appropriate			Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary.	

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

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

The pilot took off from R.A.F. Kinnel at 12.35 hrs. to return to Faldingworth, on completion of a ferry trip to deliver an aircraft to Kinnel. The pilot was routed via Dunbar, west of Newcastle, Darlington, York, Doncaster. The aircraft has been missing since departure. Overdue action taken by Faldingworth at 16.48 hrs. on the 8th January 1945. Route forecast obtained prior to departure gave snow showers expected on route, but fair periods. The Royal Observer Corps. plotted an Oxford aircraft which finished in the Yorkshire area.

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

Accident to be investigated by H.Q. No. 23 Group.

Is Form 1022 or 1023 being rendered? } Signature..... A. Farlton W/Cdr.

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

- Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)
- Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.
- Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

Accident to be investigated by Headquarters No. 23 Group.

Pilots and aircraft still missing.

Signature P. B. Powell W/Cdr. Commanding Flying Wing Date 12.1.45

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

Accident is being investigated.

Signature P. B. Powell W/Cdr. Commanding 18 (P) AFU Date 12.1.45

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J25795(R164682)** RANK **F/O**

UNIT **1546 BAT FLIGHT (OVERSEAS)**

TRADE **PILOT (G.L.)**

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

NAME **CLARSON, OWEN MUNRO WOVENDEN**

PRESENT MARITAL STATUS **SINGLE** RELIGION **C. OF E.** CANADIAN **YES**

FRENCH CANADIAN OTHER

NEXT OF KIN **MR HENRY THOMAS CLARSON**

RELATIONSHIP **FATHER**

ADDRESS **12 GARDEN CITY AVE., STE ANNE DE BELLEVUE, P.Q.**

FATHER'S NAME

MR. & MRS. HENRY THOMAS CLARSON

ADDRESS **12 GARDEN CITY AVE
STE ANNE DE BELLEVUE P.Q.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS LIVING ON ENLISTMENT **YES**



ADDRESS AT TIME OF ENLISTMENT **229 KENSINGTON ST., WESTMOUNT P.Q.** MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**

OCCUPATION **INSTALLER**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **NOT KNOWN--- BEING OBTAINED.**

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN KWY----PCX748---d---11JAN-45** **NR136/11JAN**

PREVIOUSLY REPORTED "MISSING" 8-JAN-45 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS) (THREE MILES NORTHEAST OF CHOPGATE, YORKSHIRE ENGLAND)

NOW REPORTED "KILLED" 8-JAN-45 (BODY RECOVERED)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES **NA** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES **NA**

DATE **26-JAN-45**

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO **YES/NO** **1 VICTORY BOND LETTER.**

[Signature]
FOR CHIEF OF THE AIR STAFF

Mrs. Henry T. Clarson,
 12 Garden City Ave.,
 Ste. Anne De Bellevue, P.Q.

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

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

and the following number quoted:—

H.Q. J.25795 FD 17

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

February 1, 1945

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

CLARSON, Owen Munro Wovenden, F/O.

J.25795 R.C.A.F.

it is necessary that certain information regarding the deceased and his relatives should
 be furnished the Estates Branch. You are asked therefore to read the enclosed
 memorandum before completing pages 2 and 3 of this form. The particulars required
 are to be carefully filled in and the Declaration on page 4 should then be signed in the
 presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary
 Public or a Commissioned Officer of any of His Majesty's Forces who should be asked
 to complete and sign the Certificate. This form should then be returned to the above
 address.

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

IGR/NM

Director of Estates.

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.....	Not Applicable		
2	Children of the Deceased and dates of their Births.....	Not Applicable		
3	Father of the Deceased.....	CLARSON, Henry Thomas	47	12 Garden City Avenue Ste. Anne de Bellevue.
4	Mother of the Deceased.....	CLARSON, Dorothea Lindsay (Doris)	47	12 Garden City Avenue Ste. Anne de Bellevue, P. Que.
5	Brothers of the Deceased	CLARSON, Robert Lindsay	24	Overseas - CASF.
		Full Blood		
		Half Blood	None	
6	Sisters of the Deceased	None		
		Full Blood		
		Half Blood	None	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)		Address of their children
		None		None

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	CLARSON,	Owen Munro Wovenden
9	Date of his birth.		June 10, 1922
10	Place and date of his marriage.		Not Applicable
11	Place and date of his parents' marriage.		April 1, 1920. Montreal, P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.		Montreal, P. Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province Quebec - From birth (b) until enlistment. (c) (d)	
14	Nature of employment before enlistment.		None
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.		Unknown

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.		No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?		Not Applicable
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?		Not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.		Not Applicable
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.		\$200 - Registered. No. L9A-1304781-2 Bank of Montreal, Ste. Anne de Bellevue.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.		None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.		None

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.		None
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 elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

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

* no otherof the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Dorothea L. Carlson {Signature of Informant
12 Garden City Avenue, Address
St. Anne de Bellevue, P.Q.

CERTIFICATE

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

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

Dated at St. Anne de Bellevue P.Q. this 14th day of Feb 19 45

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

[Signature]

Authorized under the Department of Pensions and National Health Act to administer oaths. Qualification

Address St. Anne's Hospital
St. Anne de Bellevue 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

I do not know if any will exists Overseas. Any details of his Service Estate are unknown

To be made out in duplicate

M.F.M. 5
50M-8-41 (1292)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank Clayson-Owen Munro Wovender.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R. 164682 Ac3

(3) Unit No. 5 Manning Depot Machine Que.

(4) Are you married? No.

(5) If married, state,
(a) Full name of your wife h.A.

h.A.

(b) Present postal address of wife h.A.

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

(7) Are you a widower? h.A.

(8) Have you any children? h.A. Number of boys..... Girls.....
Names and ages h.A.

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

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

Name h.A.

Postal Address.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

N.A.

(11) Is your father alive? *Yes*

If so, state name and address, occupation

*Henry Thomas. Clerson
12 Garden City Ave. St. Anne's. Que. Civil Servant.*

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

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

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

(14) Is your mother alive? *Yes*

If so, state name and address

*Dorothea Clerson
12 Garden City Ave. St. Anne's. Que.*

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

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

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

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

If so, state the following particulars:—

Relationship *N.A.*

Full Name *N.A.*

Postal Address *N.A.*

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

(18) Are you insured? *No*

If so, in what Company? *N.A.*

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? *N.A.*

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.

Osway M. Clerson
(Signature of officer or man)

Date *May 26, 1942*

S. Louis Ojo

Officer Commanding *No. 5 McPeckhache Ave*

Date *26/5/42*

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

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

Date November 15th 1945

RECEIVED this date Treasury cheque for the sum of

EIGHT HUNDRED AND FORTY-SEVEN-----61 Dollars (\$ 847.61)
100

in connection with the estate of the below-named deceased

CLARSON, Owen M.W., F/O
No. J25795 R.C.A.F.



Morris L. Clarson

Signature

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

1074/B
44249
2
AIR

DECEASED
MEMBER'S
NAME

Owen M.W.
(CHRISTIAN NAMES)

Clarson
(SURNAME)

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

18481
27 July/45
J25795
F/O
8 Jan/45

PAYEE
ADDRESS

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

DATE OF TERMINATION OF OVERSEAS SERVICE

8 Jan/45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 960 EQUAL TO 32 COMPLETE PERIODS AT \$7.50
30

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 567 LESS nil INELIGIBLE DAYS, EQUAL TO 567 DAYS @ 25c. PER DAY

141.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.00
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$
DEPENDENTS' ALLOWANCE 1/30 OF \$
TOTAL \$ 8.70 X 7 = \$ 60.90
NO. OF DAYS 567 X \$ 60.90
183

109
-188.69

D. WAR SERVICE GRATUITY

570.44

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$171.
570.44

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
GHR

CHECKED BY
JFM

TREASURY

CHECKED BY

DATE

31.7.45

SERVICE REPRESENTATIVE

SIXTH VICTORY LOAN BONDS

Certified that

J25795

(Regimental No.)

F/O

(Rank)

CLARSON, OWEN MUNRO

(Name)

has subscribed for \$

200.

SIXTH VICTORY LOAN BONDS

(a) By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for \$44/14/10 has been received.

(b) By ~~monthly assignments of pay~~ \$.....

Bonds to be delivered to:

MRS DORIS LINDSAY CLARSON - 12 GARDEN CITY AVE STE ANNES DE BELLEVUE PQ

Date:

APR 29 / 44

NOTE: This stub to be torn off and handed to subscriber

[Signature]

(Unit Representative)

38

From: THE OFFICER COMMANDING, R.A.F. STATION, **FALDINGWORTH**

(To be prepared in duplicate.)

To: THE STANDING COMMITTEE OF ADJUSTMENT, R.A.F. CENTRAL DEPOSITORY, COLNBROOK.

(In triplicate in the case of R.C.A.F. and R.N.Z.A.F. casualties.)

No.	Rank	Name	Initials	Killed Missing P. of W. or Interned Insane	On (Date)
J 25795	3/0	CLARSON	DM	RCAF	8-1-45

(If a member of a Dominions or Allied Air Force, state which.....)

CERTIFIED

1. That all the personal effects of the above named (except bulky articles) as listed on the accompanying inventory in triplicate* (additional copy enclosed with the effects) were forwarded to the Central Depository, Colnbrook,

by { ~~road~~ rail registered post } on the **21-1-45** from **Market Rasen** Station
 (Carrier's Note No. **H.337080**)
 from..... Post Office
 (Regn. No.....)

and next of kin have been so informed (not applicable to Dominion Air Forces).

2. That the following bulky articles are held at R.A.F. Station pending the receipt of disposal instructions :

one BSA Sports bicycle

and that the next of kin have been so informed (not applicable to Dominion Air Forces).

3. That the following documents were extracted from the personal effects and forwarded to :-

- (a) Air Ministry Dept. Accts. 13, Worcester, } on
(in R.A.F. and R.N.Z.A.F. cases)
 - (b) Officer i/c Estates, R.C.A.F. Overseas H.Q., } on
20, Lincolns Inn Fields, London, W.C.2
 - (c) Air Officer Commanding Overseas H.Q., } on
R.A.A.F., 63, Kingsway, London, W.C.2
(Casualty Section)
- { (i) Post Office Savings Bank Book.
Office of issue and Number.....
 - (ii) National Savings Certificates for..... Units, Serial Nos.....
 - (iii) National Savings Stamp Books for £.....
 - (iv) Book and Gift Tokens for £.....
 - { (v) Life Assurance Policy for £.....
Company
No. Dated
 - { (vi)

and that the next of kin have been so informed (not applicable to Dominion Air Forces).

N.B. (i) Strike out the addresses not applicable.

(ii) If space is insufficient, a rider should be attached giving the serial numbers of National Savings Certificates.

4. That cash amounting to **£ 5-0-2** and stamps to the value of £..... was found among the effects. (See A.M.O. A.1265/43 para. 14, as amended by A.M.O. A.284/44, which provides for the insertion on the inventory of effects of the amount of cash found and where discovered.)

*Accountant Officer's receipt, in duplicate, attached

5. That the following are the ascertained preferential charges outstanding. In the case of Airmen charges debited against the pay account should not be included.

- (i) YES. ^{TRIPPLICATE.} (Duplicate certified Mess Bill attached.)*
- (ii) N/A. (Form 664B attached*
Applicable to Dominion and Allied Air Forces.)
- (iii) NONE. (Other charges)*

Delete sub-para(s).
inapplicable.

6. Duplicate Forms ⁸⁹⁴/₉₀₁ duly certified by the station Accountant Officer :

- (i) Attached* (in deceased cases).*
- (ii) To follow as soon as possible* ✓ (Do.) *
- (iii) N/A because.....

Delete sub-para(s).
inapplicable.

7. That notice has been received of the following non-preferential Claims :—

NIL. (Original accounts attached.) (Applicable to Dominion & Allied personnel only.)

8. That name, address and relationship of the recorded next of kin is :—

M^r H J Carlson
12 Gardens City Avenue
St Anne de Belleville
Quebec

(Mother)

Canada

9. That a search of the personal effects (including the Pay Book, Form 64) was made and :—

- (i) No trace of a will or testamentary document was found.
- (ii) A will or testamentary document was found and was duly forwarded to Air Ministry Dept. Accts. 13, Worcester, or, in the case of R.C.A.F. personnel, to Officer i/c Estates, R.C.A.F. Overseas H.Q., 20, Lincolns Inn Fields, London, W.C.2, and for R.A.A.F. personnel to the Air Officer Commanding, Overseas H.Q., R.A.A.F., 63, Kingsway, London, W.C.2 (Casualty Section).
- (iii) (In deceased cases only) Certified copy of will forwarded herewith.*

Delete sub-para(s).
inapplicable.

10. That attached are copies (in duplicate) of all correspondence relating to the effects.*

11. That Flying Log Book was despatched to ~~the Air Ministry (Archives), Nestle's Avenue, Hayes, Middlesex, on~~.....
18 PA7U 15-1-45

~~That no Flying Log Book was found.~~

(Delete whichever is inapplicable.)

12. Certified that clearance certificates (Form 578) from the Accountant, Equipment or other responsible officers for all public cash, equipment, stores, publications, etc., held on charge by the individual concerned have been obtained and the articles brought on charge (reference C.R.V. Nos.) or otherwise accounted for with the exception of those items listed on the accompanying duplicate* forms 664B (see para. 5. (ii) above).

NOTE.

* One additional copy required in the case of a member of a Dominion Air Force.

13. SPECIAL REMARKS.

None

Signed..... Whitson (P. RICARD)
(To be signed by the Senior Administrative Officer of the Station.)

(Date) 1st Feb. 1945

(Place) Faldingworth

PERSONAL EFFECTS OF NO. J. 25795. F/O. CLARSON, O.M.W.

- | | |
|--|--|
| 1 fountain pen (Parker). | 1 envelope containing personal papers. |
| 1 ring with R.C.A.F. Crest (Sterling). | |
| 1 Identity disc R.C.A.F. Crest (Sterling). | 4 keys. |
| 1 wrist watch - Mido - Glass, broken, unserviceable. | |
| 1 wallet (3 photographs). | 1 Carton containing:- |
| 1 Wardrobe suitcase. | fawn canvas bag, zip fastener. |
| 1 tweed sports jacket. | 1 blue shirt. |
| 1 brown sports shirt. | 3 blue shirts, collars attached. |
| 1 pr. khaki drill slacks. | 2 prs. striped pyjamas. |
| 2 Service Jackets "P" Brevet. | 5 white cotton singlets. |
| 2 pr. service slacks. | 1 pr. white cotton underpants. |
| 1 Service Great coat. | 3 prs. striped underpants cotton. |
| 1 woollen dressing gown. | 2 blue service collars. |
| 1 woollen sweater. | 11 black ties. |
| 1 pr. grey flannel slacks. | 2 civilian ties. |
| 2 Course photographs. | 1 pr. green bathing trunks. |
| 1 Poly-photo. | 1 pr. P.T. Shorts. |
| 1 pr. brown leather gloves. | 6 white handkerchiefs. |
| 1 pr. blue woollen gloves. | 1 striped handkerchief. |
| 1 blue woollen scarf. | 14 blue handkerchiefs. |
| 3 prs. grey socks. | 1 pr. brown leather gloves. |
| 7 prs. blue socks. | 1 pr. suspenders. |
| 1 pocket diary. | 1 pr. braces. |
| 1 envelope containing:- | 1 leather belt brown. |
| photograph. | 1 Jew's harp. |
| 1 R.C.A.F. Writing pad. | 1 whistle. |
| 3 Canadian Service Ribbons. | 5 Service Buttons. |
| 1 Parker Pencil. | 1 Gillette razor in cloth case. |
| 1 pr. armlets. | 2 small torches. |
| 1 blue leather writing case, | 2 white towels. |
| containing:- | 1 blue slipover. |
| 2½d. in postage stamps | 14½ prs. black socks. |
| correspondence. | 1 pr. fawn socks. |
| personal papers. | 1 pr. grey socks. |
| 1 address book. | 2 prs. black shoes. |
| 1 driving licence. | 1 pack playing cards, |
| 1 Pilots Brevet. | 1 razor hone. |
| 2 notebooks. | 1 box dice. |
| | 1 white armband. |
| | 1 lock. |

7 shirts.
 2 prs. shorts.
 2 vests.
 4 towels.
 9 handkerchiefs.
 1 pr. pyjamas.
 2 collars.
 1 laundry bag.
 1 small leather zip fastener bag,
 zip unserviceable.
 1 pr. red leather slippers.
 1 pr. felt slippers.
 1 pr. white plimsoles.
 1 white bicycle pump.
 1 pr. black boots.
 1 pr. beige woollen mitts.
 1 holdall and button stick.
 1 dress cap.
 1 black bakelite torch.
 1 hairbrush.
 2 clothes brushes.
 1 Blue canvas satchel zip fastener
 containing:-
 1 Black Rexine holdall following
 contents:-
 1 wooden bowl soap.
 1 tin elastoplast.
 1 shaving brush.
 1 bottle Brylcreem.
 1 tube toothpaste.
 1 tube Iodine.
 1 blue bakelite soap box
 with soap.
 1 pr. white metal cuff links.
 1 hair brush.
 1 tooth brush.
 1 Gillette razor in case.
 1/2 styptic pencil.
 1 metal mirror in paper case.
 1 pr. scissors.
 1 comb.
 1 tin ointment.
 1 Campo belt - brown.

2 collar studs.
 1 metal mirror.
 1 towel.
 1 pr. leather gloves.
 1 leather belt.
 1 tooth brush holder with brush.
 1 jar shaving cream.
 1 tube tooth paste.
 1 pack playing cards.
 1 nickel box with Schick Razor and
 blades.
 1 shaving brush.
 1 nail, file.
 1 shoe brush.
 1 handkerchief.
 1 bakelite soap box with soap.
 1 leather case with goggles, broken.
 1 Field Service Cap.
 1 blue raincoat.

Note.

1 B.S.A. Sports bicycle retained
at Unit pending disposal instructions.

Cash amounting to £8.15.2d.
found among the personal effects
has been credited to his Service
Account.

1 Pawn ticket for 10/-
and account for Victory Loan
Bond extracted and forwarded to
R.C.A.F. O/S.H.Q. London.

Original Station inventory signed by
?? F/O dated 19.1.45.
Effects checked at Central Dep.
on 13.2.45.

Royal Canadian Air Force

DOCUMENT TRANSIT AND RECEIPT

FROM Officer i/c Estates
R.C.A.F. O/S Headquarters.

FILE G11 No. 1108 (DA/EST)

TO Director of Estates
Department of National Defence
OTTAWA ONT CANADA.

DATE April 30th 1945

The documents enumerated below are forwarded for your necessary action. Please receipt and return to sender.

COPIES	FORM	DESCRIPTION
1	10/5/45	<p>Watch - Tavannes Watersport. minus strap</p> <p>Property of the undermentioned Officer:</p> <p><u>CAN J.25795 F/O CLARSON, Owen Munro Wavender(Dec'd)</u></p> <p>(Inscription on back "R.L.Clarson - 76043 R.M.R.")</p> <p><i>John</i> <i>10/5/45</i> <i>W. H. B. O. X</i></p>

RECEIPT IS ACKNOWLEDGED

DATE

Signature

for
(A.C. Pennington) W/C
Officer i/c Estates, RCAF Overseas.

Signature of Sender

WILL

(a) Names in full to be written.

(1) (a) I, Owen Munro Wovender Carson of the City of Montreal in the County of Quebec Province of Quebec District of Student (Civil Occupation) R. 164682.

a member of the Royal Canadian Air Force, Number R. 164682. do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc. (b) Insert the name of beneficiar(y) (ies) in full. (c) Insert the address(es) if known. (d) Here state "all of my estate" or the particular articles or money intended to be given. See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my (a) My Mother (b) Mrs. Dorothea Carson (c) 12 Garden City Ave. St. Anne, Que (d) A Q of my Estate

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:

(a) (b) (c)

Name and address of Executor.

(4) I appoint Mrs Dorothea Carson, 12 Garden City Ave St Anne Que to be the Executor of this my Last Will. Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 26th day of May 1942.

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.

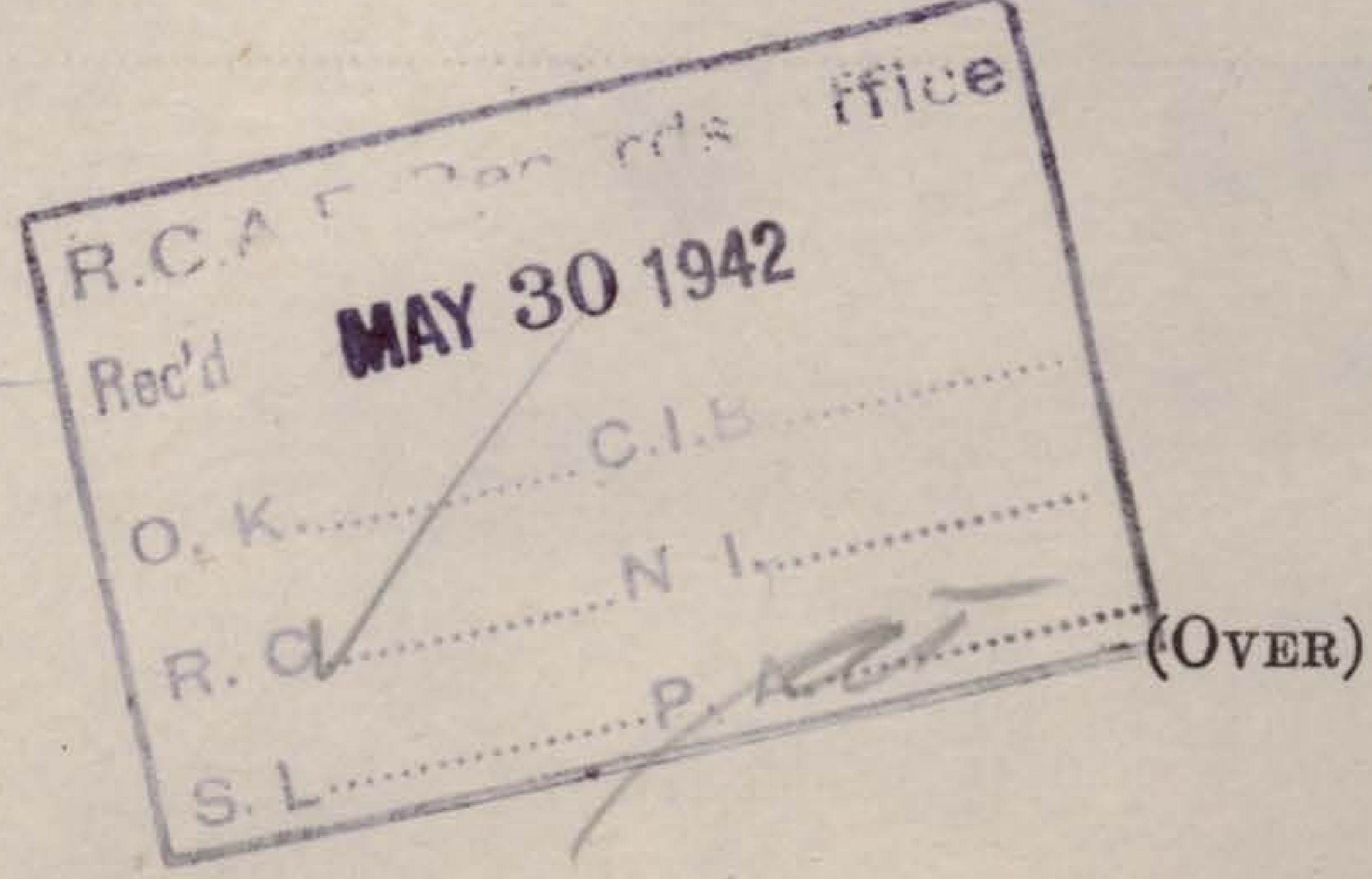
First Witness sign here.

(5) We Libby (Signature) 5237 St. Urbain St (Permanent Home Address) R.C.A.F. Clerk (Occupation)

Second Witness sign here.

Paul Benson (Signature) 30 Sweetland Ottawa (Permanent Home Address) Clerk (Occupation)

(Witnesses are not to be beneficiaries.)



(OVER)

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:
 - (a) my wife
 - (b) Mary Brown
 - (c) 26 Cherry Ave., Ottawa, Ont.
 - (d) all my estate

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

“my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. and my household goods and effects”.	\$100.00
“my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.	\$100.00”
“my friend, John Smith, 60 LaSalle St., Winnipeg, Man.	\$100.00”

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as “my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, the balance of my estate”, or “my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, the balance of my estate in equal shares or in the event that one dies before the other, the balance to the survivor”.

- (3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.
- (4) **Do not omit to date the will.** You are to sign the will with your usual signature in the presence of two witnesses, each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....
(Signature)

To be made out in duplicate

M.F.M. 5
50M-8-41 (1292)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank CHARSON, OWEN MUNRO
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank J-25975 PILOT OFFICER

(3) Unit #1 Y DEPOT HALIFAX

(4) Are you married? No.

(5) If married, state,

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

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

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

(7) Are you a widower? No.

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

Names and ages N.A.

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

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

Name NONE

Postal Address

AUG 24
[SEE OTHER SIDE]
P

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? *N.A.*

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

(11) Is your father alive? *YES.*

If so, state name and address, occupation *HENRY THOMAS CHARSON.*

12 Garden City Ave. Ste Anne de Bellevue. Department of Pensions & Health.

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

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

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

(14) Is your mother alive? *Yes.*

If so, state name and address *Dorothea Lindsay Charson.*

12 Garden City Ave. Ste Anne de Bellevue.

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

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

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

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

If so, state the following particulars:—

Relationship *N.A.*

Full Name *N.A.*

Postal Address *N.A.*

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

(18) Are you insured? *No.*

If so, in what Company? *N.A.*

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? *N.A.*

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.

Osway Mc Charson P/O.
(Signature of officer or man)

Date *May 16 1943.*

Date *17 May 1943*

for *M. J. [Signature]*
Officer Commanding *No 19 [Signature]*

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

OTTAWA, Canada, 19th January, 1945.

Mr. H.T. Clarson,
12 Garden City Ave.,
Ste. Anne de Bellevue, P.Q.

Dear Mr. Clarson:

It is with deep regret that I must confirm our recent telegram informing you that your son, Flying Officer Owen Munro Wovenden Clarson, previously reported missing, is now reported killed on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your son lost his life during flying operations at 1:25 P.M. on January 8th, 1945, when the aircraft, of which he was a member of the crew, flew into high ground three miles northeast of Chopgate, Yorkshire, England. His funeral takes place at 10:30 A.M. on January 19th, at the Royal Air Force Regional Cemetery, Harrogate, Yorkshire, England.

You may be assured that any further information received will be communicated to you immediately.

I realize that this news has been a great shock to you, and I offer you my deepest sympathy. May the same spirit which prompted your son to offer his life give you courage.

Yours sincerely,

(D.E. MacKell)
Air Commodore,
Deputy Air Member for Personnel.

MS

MONTREAL, P.Q.

GENERAL INFORMATION Single.

EDUCATION

- 1929-32 - Cedar Park School, Points Claire P.Q.- Primary.
- 1932-34 - Herbert Symonds, Montreal P.Q. - Prim.
- 1934-38 - Montreal West High, Mtl. - Completed primary, 2 yrs high.
- 1938-40 - Westmount High School - 4 years high.
- 1942-----W.E.T.P. - Acad. Graduate.

CIVIL EXPERIENCE

- 1940-41 - Northern Electric, Mtl. P.Q. - Installer.

SPORTS

Hockey, football, basketball, tennis, swimming, bowling.

SERVICE EXPERIENCE

- 1942-43- R.C.A.F. - A.C.2 - P.O.

(CL) Pilot CLARSON, Owen Munro Wovenden (SR)
 10-6-22 21 30-4-43
 Birth Date Age on Appointment Date of Appointment

POSTINGS APR#89 d/31-5-43

Rank	Date	Station	Date	Duty
P/O.	30-4-43	#6 S.F.T.S.		Pilot. Course #66.
P/O	30-4-43	#1 "Y" Dep.Halifax	14-5-43	Auth D.R.O. # 88
		Overseas		
TFO	30-10-43	Overseas	14-5-43	AP&R #20, d/21-1-44.
		MISSING after flying operations	8-1-45	Cas.List #920
		KILLED		Cas.List #923 d/17-1-45

Date	CONFIDENTIAL REPORTS	Date	A. M. P. Liaison, Reports
			Recommendations for Promotion
			Remarks of Promotion Board

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

B
44249
4
AIR

DECEASED MEMBER'S NAME

Owen M.W.
(CHRISTIAN NAMES)

Clarson
(SURNAME)

REGISTER NO.

18481

FILE NO.

27 July/45

DATE

J25795

SERVICE NO.

F/O

PAYEE ADDRESS

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

FINAL RANK OR RATING

DATE OF DISCHARGE

8 Jan/45

DATE OF TERMINATION OF OVERSEAS SERVICE

8 Jan/45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **960** EQUAL TO **32** COMPLETE PERIODS AT \$7.50
30

\$ 240.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **567** LESS **nil** INELIGIBLE DAYS, EQUAL TO **567** DAYS @ 25C. PER DAY

141.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	7.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.70	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	8.70	X7 = \$ 60.90
NO. OF DAYS		567	X\$ 60.90
		183	

188.69

D. WAR SERVICE GRATUITY

570.44

E. DEDUCTIONS

OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

570.44

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

P. & A. Bal. Trans. Trust Account
Journal Voucher # G109

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 **GHR** CHECKED BY **JEM**

TREASURY
CHECKED BY *[Signature]* DATE *27/45*

[Signature]
SERVICE REPRESENTATIVE

ΔT

ROYAL AIR FORCE.

Form 551.

P427427

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

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

1. Surname CLARSON Christian Names (in full) O.M.W. Owen Munroe Wovender
 Rank F/O. Number J-25795 Unit 1546 B.A.T. Flt., Faldingworth
 Date and time of accident 13:25 hrs., 8.1.45. Place of accident Urra Moor, Yorks.

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

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

Oxford LW 903 crash at 13:25 hrs., 8.1.45. near East Bilsdale Hall farm, Urra Moor, Yorks.

This casualty was found with the injuries mentioned below.

Can B

3. (a) Description of injuries :—

Multiple fractures, Contusions & Death.

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

(i) Fatal (ii) N/A

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

(i) N/A (ii) N/A

Date 13.1.45 Signature of Medical Officer D. C. Spence

4. Commanding Officer's statement :—

(a) Was the injury sustained

- (i) In the performance of air force duty?..... **Yes.**
- (ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority?
- (iii) On leave?.....

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

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

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

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

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

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

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

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

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

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

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

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

(e) Was anyone else to blame? If so, give name and particulars

(f) Is the accident being investigated by

(i) Court of Inquiry? If ~~so~~, state date and place

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

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

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

Signature..... *A. J. Wood* S/ Ldr.

Date..... **22nd. January** 194⁵..... Commanding **No. 1546 B.A.T. Flight.**

Faldingworth

Observer - Pilot. J.T. Std.
ROYAL CANADIAN AIR FORCE
 J.A.T.P. CANADA

RECORD OF SERVICE AIRMEN
 R.C.A.F. Special Reserve

R. 164682
 A.F. No.

Clarson
 Surname

Owen Munro Wovenden
 Christian Names

Church of England
 Religion

Born 10-6-22 Place Montreal-Que Country Canada Citizen of Canada Racial Origin British

PARTICULARS OF FAMILY M.S.D.V.

Wife's Maiden Name _____ Present Address (in pencil) _____

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

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)
 Mrs Dorothea Lindsay Clarson (Mother)
 229 Kensington St. Westmount - Montreal. Pa

CIVIL EDUCATION

CIVIL OCCUPATIONS AND EXPERIENCE

High School Entrance Jr. Mat. 4 years Sr. Mat.
 Technical School _____ Business Courses _____
 University W.E.T.P. Acad. (Graduate - 18-5-42)

Installer - 1940 to date -

PREVIOUS SERVICE

ENLISTMENT

Med. Cat. DATE Med. Cat. DATE

None

Date 25-5-42
 At Montreal-Que
 Term Duration

A 1 B 22 5 42
 A 3 B

RANK AUTH. DATE TRADE AUTH. DATE TRADE TESTS AND COURSES

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
A.C. 2		25 5 42	O.P. U.T		25 5 42					
LAC	DRO 256	24 10 42	Crew Pilot	DRO 256	24 10 42	O.P. U.T	S	P	18 5 42	
T/Sgt. (Pd)	DRO 88/43	30 4 43	A/M. Pilot sp. Gp.	DRO 88/43	30 4 43	Airman Pilot Spec			30 4 43	

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
31-12-42	4-1-43 (6 days)	DRO 307 Spec. PRE-EMBARKATION	30 4 43	Awarded	Pilots Flying Badge		DRO 88/43
07/5-43	15 May 43 (4)	LEAVE DRO 88/43	30 4 43	Categorized	(P.A.)		DRO 88/43

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.R. 13	#13 R.C.M.H.	#5. Machine. Co	25-5-42				
DRO 12/42	TOS #5 M.D.	Lockport, Ont.	25-5-42				
DRO. 159/42	#5 M.D.	#9 B&B	3-7-42				
D.R.O. 183/42	#5 M.D.	#9 B&B	4-7-42				
238/2-9-42	#9 B&B	#5 I.T.S.					
	Mont Joli	Belleville	29-8-42.				
DRO 268	#5 I.T.S.	#10 E.F.T.S.	7-11-42				
	Belleville	Readleton					
DRO 263	ENTITLED TO PAY - ART. 146 B F.R. & I FOR THE R.C.A.F. ON ACTIVE SERVICE		8-11-42				
DRO. 8/43	No. 10 E.F.T.S. Readleton	No. 6 S.F.T.S. Dunnville	9 Jan. 1943				
DRO 8/43 TOS	#10 E.F.T.S.	#6 S.F.T.S.	10 Jan/43.				
DRO 41/43	Adm to Station	Hospital	23 Feb/43.				
DRO 43/43	Disch. from Station	Hoop.	25 Feb/43.				
DRO 88/43	Ext. Retires	All from 1 to 14 May incl. (14 days)					
DRO 88/43 SOS	#6 S.F.T.S.	#12 Depot	14 May/43.				

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A

Revised 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

22770

SURNAME Clarson CHRISTIAN NAMES O.M.W. NUMBER R164682 RANK LAC
 I.T.S. 5 COURSE NO. 61 FROM 31-8-42 TO 24-10-42
 E.F.T.S. 10 COURSE NO. 68 FROM 9-11-42 TO 10-1-43
 S.F.T.S. 6 COURSE NO. 72 FROM 11 Jan/43 TO 30 Apr/43
 TRAINEE FROM: CAN. X U.K. _____ AUS. _____ N.Z. _____

(1) G.I.S. RESULTS

(2) FLYING RESULTS

SUBJECTS	Finals			SFTS			TESTS	EFTS	SFTS
	ITS	EFTS	SFTS	ITS	EFTS	SFTS			
1. Mathematics	115						20 hours	66	ARM 107
2. L.D.A.O.	74						Instrument	61	102
3. Navigation	124	129	113				Clear Hood	97	220
4. General Studies							Navigation	35	100.5
5. Airmanship	55	86	160		111		TOTAL OBTAINED	193	529.5
6. Airframes							TOTAL POSSIBLE	300	750
7. Aero-Engines							PERCENTAGE	64.3	70.6
8. Theory of Flight							NUMBER IN CLASS	30	42
9. Anti-gas	34						POSITION IN CLASS	22	30
10. Armament (Writ)	40	75	77				(3) FLYING APTITUDE		
11. Armament (Prac)			35				1. Natural Skill	A	AA
12. A/C Recognition	57	80	37				2. Skill in Landing	A	A
13. Drill	60						3. Airmanship	AA	AA
14. Signals (Writ)	150	75	43				4. Cockpit Drill	A	A
15. Signals (Prac)			90				5. Instrument Flying	A	A
16. Meteorology	25		29				6. Night Flying	A	A
TOTAL OBTAINED	734	445	575				7. Aerobatics	A	A
TOTAL POSSIBLE	1000	700	750				8. Formation in Flying		A
PERCENTAGE	73	63.6	76.66		67.1		9. Map Reading		A
NUMBER IN CLASS	106	30	41				10. Wind Speed & Direction Finding (TE)		NA
POSITION IN CLASS	59	23	26				11. Straight Runs over as Pilot (TE)		NA

(4) Flying Time

Link Trainer - 68%

School	Type A/C	DAY		Night		Formation	Instru-ment	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		
10 EFTS.	T. M.	29:30	29:40	4:30	:30	-	7:05	12:25	4:25	6:20	10:40	-
6 SFTS	S.E.	69:00	74:45	7:10	9:20	20:30	26:10	20:20	20:10	9:25	9:10	15:15
Total		98:30	104:25	11:40	9:50	20:30	33:15	32:45	24:35	15:45		15:15

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Aircraft Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.
#6 S.F.T.S.	Ground Loop	Log endorsed "Error in judgment"	Signal A3018 d/15 Mar/43 D.14 #5 Mar/43	<i>[Signature]</i>

Records Office
 O.K.
 R.C.
 S.L.
 JB P.A.

Date _____
 Initials _____
 PR 5

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	A					A	
S.F.T.S.			Yes			X AA P (AA)	

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	529.5
G.I.S. (Para.1)	575
Character & Leadership(Para.8)	510
TOTAL	1614.5
PERCENTAGE	71.7
STANDING IN CLASS	31

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	60
S.F.T.S.	510
TOTAL	

(9) CERTIFIED

(a) That this pupil pilot has ~~not~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is ~~not~~ authorized to wear the Pilot's Flying Badge, W.E 30 Apr/43.

A. Bryan
Chief Instructor,
No. 6 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Co-operative, dependable and will advance through own initiative and desire to fly.

ick

E. Curran
Commanding Officer
No. 5 I.T.S.

(b) E.F.T.S. A keen steady student with a natural ability for flying. He grasps matters very quickly.

O.P. Roberts
Commanding Officer
~~Chief Supervisory Officer~~
No. 10 E.F.T.S.

(c) S.F.T.S.

Flying - Smooth and capable, average ability.
G.I.S. - Satisfactory, worked well.
Department - Very good.

A. Bryan
Chief Instructor
No. 6 S.F.T.S.

(d) S.F.T.S.

Recommended for Commission - Yes.

V. W. ...
Commanding Officer,
No. 6 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

- Actual marks to be given for 1, 2, 7, and 8.
- Para. 2 - Total for E.F.T.S. if from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
- Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
- Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P. (Ex.)".
- Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

AIR FORCE No.

RI 64682

CLARSON, OWEN MUNRO WOVENDEN

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE Montreal, Que.

DATE 25-5-42

J.25795

OFFICER RECORD OF SERVICE AIRMEN

Comm 30-4-43.

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

7. BIRTH: DATE 10-6-22 PLACE Montreal, P.Q. CITIZENSHIP 2 British.

FATHER (FULL NAME) Henry Thomas Clarson.

BIRTHPLACE England

MOTHER (FULL MAIDEN NAME) Dorothea Lindsay.

BIRTHPLACE England.

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.
Duration	25-5-42				

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Due.

JUNIOR MATRICULATION 4 yrs Due.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES 4. Pw Enlistment Course (U.E.T.P.)

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

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

Installer - Northern Electric - 1940-1941
nil Due.

5260

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: Dorothea Lindsay Clarson RELATIONSHIP Mother.

ADDRESS: 12 Gardens City Ave, St Anne de Bellechasse Que 14111 D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil.

0

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
Pilots Flying Badge 68788	30-4-43

22. (A) ADDRESS PRIOR TO ENLISTMENT

229 Kensington St., Westmount, Montreal, P.Q.

22302

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER -

13. RELIGION C of O. 3

14. LANGUAGES English. 1

15. SPORTS hockey, football, basketball, tennis, swimming, bowling.

Date and Place of Signing R 40

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
30-5-42	30-5-42	26-5-42			X.

AIR FORCE No. **RI64682**

CLARSON, OWEN MUNRO WOVENDEN

ENLISTMENT PLACE Montreal, Que. RE-ENLISTMENT DATE 25-5-42.

C.R. FILE NUMBER SR.

J.25795

OFFICER RECORD OF SERVICE AIRMEN

13
Comm 30-4-43.

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.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE			
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.
T.O.S.	5 M D Lachine	25 5 42	5MD124	A.C. 2.	25 5 42	5MD124	O.P. W.E.P.	S	25 5 42	5MD124	25-10-42	5-11-42	11	Special	5175257
S.O.S.	5 M D Lachine	3 7 42	5MD158	LAC	24 10 42	5175256	Aircrew (to)		1 7 42	9RAS209	1-5-43	15-5-43	14	Pre-Emb.	68788
T.O.S.	9RAS Front Joli	4 7 42	9RAS188	2/Sgt. fd.	30 4 43	68788	Aircrew Pilot	✓	24 10 42	5175256					
S.O.S.	9RAS Front Joli	29 8 42	9RAS238				Aircrew	S	cancelled	5MD170					
T.O.S.	5 ITS Belleville Out	30 8 42	5 ITS 210				Pilot	Sgt.	30 4 43	68788					
S.O.S.	5 ITS Belleville	7 11 42	5 ITS 268				Pilot M.L.		30 4 43	(APR 20/31-54)					
T.O.S.	#10 EFTS Leadleton	8 11 42	10EF263				1700								
S.O.S.	10 EFTS Leadleton	9 1 43	10EF8												
T.O.S.	6 ITS Dunnville	10 1 43	6 ITS 8												
S.O.S.	6 ITS Dunnville	14 5 43	6 ITS 88												
T.O.S.	14 Halifax	15 5 43	14-116												
	Dashed under RR (am) 39218	30 4 43	Py-116												
T.O.S.	on appeal to Commr	30 4 43	Py-116												
	TD 14131-														
S.O.S.	14 to RAF training pool	22 6 43	14160AO												
<p>Missing - 8 Jan. 45. DC L 920 d/13 Jan. 45 Now Reported Killed. - DC L 923 d/17 Jan. 45.</p>				3. MEDICAL HISTORY											
				EXAMINATIONS (IN RED INK)											
				DATE	FORM	CATEGORY	REMARKS								
				HOSPITALIZATION (IN BLACK INK)											
				HOSPITAL	ADMITTED	DISCHARGE	D.R.O.								
				QUARTERS	CONFINED	RET'N DUTY									
				16-1-42	R100	A1B/A3B									
				Stu Hoop	23-2-43	25-2-43	6SF4143								
<p>COMPLETED</p>				5. COURSES-TESTS-ETC.											
				SUBJECT	RESULT	DATE	AUTHORITY								

1 R.C.A.F. OVERSEAS
2 R.C.A.F. OVERSEAS
3 ENLISTMENT STATUS
4 ENLISTMENT STATUS
5 ENLISTMENT STATUS
6 PRESENT MARITAL STATUS
7 PRESENT MARITAL STATUS
8 PRESENT MARITAL STATUS
9 HIGH & TECH. SCHOOL EDUCATION
10 HIGH & TECH. SCHOOL EDUCATION
11 HIGH & TECH. SCHOOL EDUCATION
12 HIGH & TECH. SCHOOL EDUCATION
13 HIGH & TECH. SCHOOL EDUCATION
14 HIGH & TECH. SCHOOL EDUCATION
15 HIGH & TECH. SCHOOL EDUCATION
16 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
17 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
18 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
19 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
20 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
21 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
22 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
23 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
24 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
25 C. OF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PREV. SERV.
26 PROVINCE OF ENLISTMENT
27 PROVINCE OF ENLISTMENT
28 PROVINCE OF ENLISTMENT
29 PROVINCE OF ENLISTMENT
30 PROVINCE OF ENLISTMENT
31 PROVINCE OF ENLISTMENT
32 PROVINCE OF ENLISTMENT
33 PROVINCE OF ENLISTMENT
34 DISCHARGE
35 DISCHARGE
36 DISCHARGE
37 DISCHARGE
38 DISCHARGE

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 CHARSON, OWEN MUNRO (b) Reg'l. No. J-25795
2. (a) Arm of service R.C.A.F. (b) Unit #1 Y DEPOT. Halifax (c) Rank P/O
3. (a) Date of birth JUNE 10 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment 12 Garden City Ave. St. James de Bellevue.
4. (a) Place of enlistment R.C.A.F. BISHOP STREET MONTREAL (b) Date of enlistment May 25 1942.

PLEASE LEAVE BLANK

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.) 4 years High School.
7. If you attended a university, give name of university and standing or degree secured N.A.
8. (a) Did you ever enter upon a trade apprenticeship? N.A. (b) If so, for what occupation? N.A. (c) Did you finish it? NA (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

11. Had you ever been employed fairly regularly since leaving school? YES.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked INSTALLER. (b) State how long you had worked at this trade or occupation 4 months.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified N.A.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment MARCH 1942.
15. Give details of last employer, if any: Name Northern Electric Co. Address Beaver Street Montreal
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Electrical Equipment
17. (a) If your last employment was in a business of your own, state nature and address of business N.A. (b) Date of discontinuing it N.A.

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 N.A. Address —
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) N.A.
20. (a) Your specific occupation N.A. (b) Number of years' experience at this occupation with any employer —
21. (a) Did your employer promise definitely to give you employment on discharge? N.A. (b) Did your employer refuse to promise you employment on discharge? N.A. (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 N.A. (b) Where was it located? N.A.
23. (a) Number of years engaged in this business N.A. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N.A.

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? No. (c) If so, in what kind of farming? N.A. 1943
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? None

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.) N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. S.L. P.A.

DATE May 16 1943 SIGNATURE Owen Mc Clancy

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

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

- 1. Surname CLARSON FULL Christian Names OWEN MUNRO WOVENDEN
2. Present Address 229 Kensington St., Westmont, Montreal, P.Q. Telephone We. 5520
3. Permanent Address 229 Kensington St., Westmount, Montreal, P.Q.
4. Place of Birth Montreal, P.Q. Citizenship Canadian
5. Date of Birth June 10th, 1922. Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

Table with 4 columns: Name, Date of birth, Name, Date of birth. Content: N.A.

- 7. Occupation Installer 8. Religion Protestant (C. of E.) State denomination
9. Languages English fluently State proficiency
10. Next of Kin (Full Name) Dorothea Lindsay Clarson Relationship Mother Address 229 Kensington St., Westmount, Montreal, P.Q.
11. Father (Full Name) Henry Thomas Clarson Birthplace England Address 229 Kensington St., Westmont, Mtl, P.Q. Citizenship British Occupation Corporal in the Army
12. Mother (Full Maiden Name) Dorothea Lindsay Wovenden Birthplace England Address 229 Kensington St., Westmount, Mtl, P.Q. Citizenship British
13. Details of any Naval, Military or Air Force Service: None

Table with 6 columns: Unit, Place, Rank, Trade, Date (From, To), Reason for discharge. Content: N.A. Includes R.C.A.F. Records Office stamp dated MAY 28 1942.

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

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Cedar Park School, Pointe Claire, P.Q.	1929	1932	Primary, 3rd grade
High School—Collegiate Institute, etc.....	Herbert Symonds, Montreal P.Q.	1932	1934	Primary, 5th grade
Technical School.....	Montreal West High, Mtl.	1934	1938	Completed primary, 2 years High
University or School other than above.....	Westmount High School	1938	1940	4 years High School
Correspondence Courses, etc.....	<i>WETP - Acad graduate 15-5-42</i>			

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Northern Electric, Mtl. P.Q.	Installer	1940	1941	To enlist in the R.C.A.F.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F..... None.....

25. Sports engaged in. State: extensively, moderately, occasionally.....
 hockey, football, basketball, tennis, swimming, bowling (moderately)

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..... Pilot or Observer
 If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) ~~Wireless Operator~~ (Air Crew).
 (Cross out words not applicable.)

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

Name	Address	Occupation
Col. Paul R. Hanson <i>AK</i>	4404 Western Ave., Montreal, P.Q.	Manager
Mr. H. B. Parker <i>AK</i>	Westmount High School, Montreal, P.Q.	Principal
Mr. J. D. Champlain	20 Belton Rd. Montreal, P.Q.	Manager
Mr. D. Weir	24 Belton Rd. Montreal, P.Q.	Garage Owner

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 January 7th, 1942. Signature *Owen R. Clancy*

FOR OFFICIAL USE ONLY

MAY 25 1942

(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.....

DECLARATION MADE BY MAN ON ATTESTATION

I, Owen Munro Wovenden Clarson, 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 May 25th 19 42 Owen M. Clarson
Signature of Recruit

OATH TAKEN BY MAN ON ATTESTATION

I, Owen Munro Wovenden Clarson, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date May 25th 19 42 Owen M. Clarson
Signature of Recruit

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 Montr eal, P.Q. this 25th day of May 19 42.

J. B. Sheppard
Signature of Officer

Rank

#13 Recruiting Centre, Montreal, P.Q.
Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 2. Have you ever suffered from any of the following defects in health?
- | | | | |
|------------------------------------|-----------|-------------------------------------|-----------|
| (a) Rheumatism..... | <u>NO</u> | (j) Nasal Trouble..... | <u>NO</u> |
| (b) Tuberculosis..... | <u>NO</u> | (k) Ear Disease..... | <u>NO</u> |
| (c) Bronchitis or Asthma..... | <u>NO</u> | (l) Eye Disease..... | <u>NO</u> |
| (d) Heart Disease..... | <u>NO</u> | (m) Epilepsy..... | <u>NO</u> |
| (e) Kidney or Bladder Disease..... | <u>NO</u> | (n) Nervous or Mental Disease..... | <u>NO</u> |
| (f) Gastro-intestinal..... | <u>NO</u> | (o) Syphilis..... | <u>NO</u> |
| (g) Rupture..... | <u>NO</u> | (p) Gonorrhoea..... | <u>NO</u> |
| (h) Varicose Veins..... | <u>NO</u> | (q) Bone Fracture..... | <u>NO</u> |
| (i) Flat or Deformed Feet..... | <u>NO</u> | 5. (r) Other Disease or Defect..... | <u>NO</u> |

3. Have you ever worn glasses? NO
 4. Have you had any illness for more than one week's duration. NO

I certify that I have revealed my full medical history and have not withheld any relevant information.
[Signature]
 Signature of Applicant

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)..... None

2. Height..... 5 feet..... 10 1/2 inches. 3. Weight..... 190 pounds.
 4. Complexion..... Med 5. Color of Eyes..... Brown Hair..... Brown
 6. Development Good Fair Poor 7. Chest Measurement—Full expiration..... 31 inches
 Range of expansion..... 3 inches
 8. Hearing—Right..... W.V. 20' Left..... W.V. 20' Tympana—Right..... n Left..... n
 9. Vision—Without glasses—Right..... 20/20 With glasses—Right..... 1 NA
 Left..... 20/20 Left.....
 10. Condition of mouth and teeth..... Healthy
 11. Urine—Albumen..... neg Sugar..... neg
 12. Abnormalities (Congenital and Pathological) found on Examination..... None

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

A1B
A3B

16-1-42 Ray 106558 neg
 Any special remarks of the Medical Officers.....

- Part 2 Cont'
 13. Reflexes..... n
 14. Heart..... n
 15. Lungs..... n
 16. Blood Pressure..... 130/80 S. D.
 17. Colour Vision..... N. Ish

Date..... Jan 16th 19. 42
[Signature] President *[Signature]* Member *[Signature]* Member

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

- 1. SURNAME..... CLARSON.....
- 2. CHRISTIAN NAMES..... O. M. W.....
- 3. APPLYING FOR ENLISTMENT AS.....

SELECTION BOARD

- 4. PERSONNEL OFFICER
Education..... 3 yrs. H.S.....
A to L Score..... 34/60.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)

good type of applicant-away from school only 1 1/2 yr. Had a fair type of position-athletic-good A.L. score - W.E.T.P. ACAD. Graduate

RECOMMENDED FOR..... P. or O. (YTP). Mt'l. Tech... school.....

SUITABLE FOR COMMISSION..... Yes.....

Signed B. J. Labrosse

- 5. MEDICAL OFFICER
Medical Category..... A, B, A z B.....

ASSESSMENT: (Physical; Temperamental)

Fit Even

RECOMMENDED FOR..... Pilot - Obs.....

SUITABLE FOR COMMISSION..... Yes.....

Signed C.K. Norris M.D.

- 6. INTERVIEWING OFFICER Good type of youth, athletic, alert. Pleasant
cheerful. Did not complete his 4th year H.S.,
ASSESSMENT: (General Fitness) but fair in mathematics & good material for aircrew

RECOMMENDED FOR..... P or O.....

SUITABLE FOR COMMISSION..... Possible.....

1/7/42

Signed P. Chevalier F/O

FOUND ACCEPTABLE FOR.....

O. or P. Std (WETP)
P. Chevalier
Commanding Officer

DATE:

A.F.M. 5
24.12.41

MAY 25 1942

R.C.A.F. Records Office
 Rec'd. MAY 28 1942
 O.K..... C.I.B.....
 R.O. *Bim* N.I.....
 S.L..... P.A.....

No.13 Recruiting Centre.

1. PLACE OF DEATH	Municipal county	OVERSEAS (ENGLAND)		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	CLARSON (Block letters)														
	Given names	OWEN MUNRO WOVENDEN														
4. RESIDENCE	Street	Kensington Street No. 229														
	Official name of civil municipality or township	Westmount, Montreal														
	Municipal county	Province Quebec														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
Male	Canadian	English	Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec																
11. DATE OF BIRTH June 10th 1922 (Month) (Day) (Year)																
12. AGE OF DECEASED Years 22 Months Days If less than one day old hrs. or min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Pilot															
	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. 8/45 16. Total years spent in this occupation Three															
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER	Clarson, Henry Thomas												England			
MOTHER (Maiden Name)	Wovenden, Dorothea Lindsay												England			
19. Place of burial, cremation or removal																
20. Date of burial.....19.....																
21. PLACE OF REGISTRATION OF THIS BURIAL	(a) Name of parish or church.....															
	(b) Civil municipality of.....															
	(c) Municipal county.....															
	(d) Date.....19..... (Month) (Day) (Year)															
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																
22. Date of death..... January 8th 1945 (Month) (Day) (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 Killed in flying accident Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a)..... 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. (a)..... (b)..... (c).....																
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. 8th 1945 Accident, suicide or homicide..... Date.....19..... (State which) Killed in flying accident Manner of injury..... (How sustained) Nature of injury..... Specify whether injury occurred in public place industry, in home, or in public place.....																
Signed..... M.D. Address..... Date.....19.....																
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <i>[Signature]</i> For (R.C.A.F. Records Officer) This signature authorizes the collector to accept this form as authentic.																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. (Voir l'autre côté pour le français)																

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. Date Jan 16thm 1942.

FILE NUMBER

Surname CLARSON Chr. Names Owen MUNRO WOVENDEN
Nature of Commission M-2-1 - Date of Birth 10-6-22 Married or Single Single
Branch General List Hours Flown None
Address 229 Kensington St., Westmount, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... NO
- Severe or "Sick" Headaches, Migraine..... NO
- Fits or Convulsions of any kind..... NO
- Sun or Heat Stroke..... NO
- Head Injury or Concussion (including "knock-out")..... NO
- Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... NO
- (ii) LUNG TROUBLE or Consumption..... NO
- Bronchitis, Pneumonia or Pleurisy..... NO
- Asthma or Hay Fever..... NO
- (iii) HEART DISEASE, "Weak or Strained Heart"..... NO
- Fainting Attacks or Giddiness..... NO
- Rheumatism, Rheumatic Fever or "Growing Pains"..... NO
- Frequent Sore Throats or Tonsilitis..... NO
- Diphtheria, Scarlet Fever or Scarlatina..... NO
- (iv) STOMACH or BOWEL TROUBLE..... NO
- Chronic Indigestion or Pain after Food..... NO
- (v) KIDNEY or BLADDER TROUBLE..... NO
- Syphilis or Gonorrhoea..... NO
- (vi) TROPICAL DISEASE..... NO
- Malaria..... NO
- Dysentery..... NO
- (vii) EYE TROUBLE or Inflammation of Eyelids..... NO
- Wearing of Glasses..... NO
- Colour or Night Blindness..... NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... NO
- Deafness, Noises in the Ears, or Dizziness..... NO
- Frequent Colds in Head, Catarrh or Obstruction..... NO
- Prolonged Hoarseness or Loss of Voice..... NO
- Sea, Car or Train Sickness..... NO
- Discomfort on Swings, Roundabouts, Switchbacks..... NO
- (ix) OPERATIONS..... NO
- (x) Any illness or Injury not mentioned above..... NO

Education High School
Present Occupation Unemployed Hobbies None
Previous Service None
Athletics Hockey
Habits—Smoking NO Alcohol NO
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health poor ~~Good~~ Dead—Cause.....
Mother Alive—Health Good Dead—Cause.....
Brothers (1) Alive—Health Good (0) Dead—Cause.....
Sisters (0) Alive—Health (0) 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 accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 16-1-42 Signature Owen M. Clarson Witness C. K. Morris

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Athletic (b) Mentality Fit
 Body Marks, Scars, Deformities None
 Size of Thyroid Gland Normal
 Surgical Abnormalities None
 Results of Wounds, Injuries, Operations Good

	Date <u>16-1-42</u>	Date <u>22-5-42</u>	Date <u>8-9-42</u>	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	<u>70 1/2</u>		<u>70 1/2</u>	Date.....
Weight (lbs.)	<u>170</u>		<u>180</u>	
Chest Circumference (ins.)	<u>38</u>			
Body Build (lbs.)	<u>+25</u>		<u>+32</u>	
LEG LENGTH (ins.)	<u>Ample</u>		<u>Ample</u>	
Pulse Rate	{ Sitting	<u>72</u>	<u>72</u>	<u>72</u>
	{ Standing 1st	<u>96</u>	<u>84</u>	
	{ Standing 2nd	<u>84</u>	<u>72</u>	
	{ After Exercise	<u>108</u>	<u>96</u>	
	{ Time to Normal	<u>15</u>	<u>30 sec.</u>	
Arterial Walls	<u>Soft</u>		<u>H</u>	Date.....
Blood Pressure	{ Systolic	<u>130</u>	<u>120</u>	<u>118</u>
	{ Diastolic	<u>80</u>	<u>90</u>	<u>80</u>
Room Temperature				
Heart	{ Size (in cms.)	<u>n</u>		<u>9-9</u>
	{ Sounds	<u>N</u>		<u>H</u>
	{ Rhythm	<u>N</u>		<u>H</u>
Lungs	{ Inspection	<u>N</u>		<u>H</u>
	{ Palpation	<u>N</u>		<u>H</u>
	{ Percussion	<u>N</u>		<u>H</u>
	{ Auscultation	<u>N</u>		<u>H</u>
	{ Expiratory Force	<u>130</u>	<u>160</u>	
X-Ray				Date.....
Reflexes	{ Knee	<u>N</u>	<u>N</u>	<u>H</u>
	{ Ankle	<u>N</u>		<u>H</u>
	{ Triceps	<u>N</u>		<u>H</u>
	{ Abdominal	<u>N</u>		<u>H</u>
	{ Plantar	<u>N</u>		<u>H</u>
Cranial Nerves	<u>N</u>		<u>H</u>	
Balancing Rod	R. L.	R. L.	R. L.	
Self Balancing	<u>15</u> R. <u>15</u> L.	R. L.	<u>15</u> R. <u>15</u> L.	Date.....
Tremors	{ Fingers	<u>None</u>		<u>abs.</u>
	{ Eyelids	<u>None</u>		<u>abs.</u>
Abdomen	{ Liver	<u>N</u>		<u>H</u>
	{ Spleen	<u>N</u>		<u>H</u>
	{ Muscular Tone	<u>Good</u>		<u>H</u>
Urine	{ Albumen		<u>neg.</u>	<u>neg.</u>
	{ Sugar		<u>neg.</u>	<u>neg.</u>
Initials of M.O.	<u>[Signature]</u>	<u>C. ST. O.</u>	<u>[Signature]</u>	

40 mm. Hg. Test
 Date 7/767/777/888/787/ = 60 Secs.
 Date 22-5-42 - 1st trial 72 secs. 6/777, 756, 668, 767, 56 C. ST. O.
 Date 8-9-42 - 6/787, 766, 666, 666, 676, 63 - 1st 72

8-9-42 - Fit - stability excellent -
average mentality
& good motivation 7806
Pouchfully muscled - [Signature]

EYE EXAMINATION

History..... Nil

Visual Acuity { R 20/20, $\frac{+2.50}{C} = 20/200$ 20/20
L. 20/20, $\frac{+2.50}{C} = 20/200$ 20/20

Colour Vision No 4 mal Ishihara

Red, Green Exo 1D M.R.

Diaphragm Test (P.D. = 58 cms) 4/5 at 3

Convergence { C. = 6 cms.
S. C. = 10.5 cms.

Accommodation { R. } Blur
L. } 8 1/2

Cover Test Ortho

Fundi and Media Normal

Fields Normal

REMARKS: A1B, A3B.

Initials of M.O. [Signature] Initials of M.O. C. ST.O. [Signature] Initials of M.O. [Signature]

Date 16-1-42 Date 22-5-42 Date 8-9-41

RH RE
20 + 2.50 blur
15 + 2.50 blur
15 CUV #9 dth
MR 6 months, 26 cm ortho
PD 61 base
6 cm
8 cm
7 cm
7 cm
no latency
N
N
A1B A3B

EXAMINATION OF EAR, NOSE AND THROAT

History..... T.A. 1931

Hearing	R. Ear	W.V. 20'	← W U 20'
	L. Ear	W.V. 20'	← W U 20'
External Ear, Meatus Membranes	R. Ear	Normal	✓
	L. Ear	Normal	✓
Middle Ear, Eustachian Tubes	R. Ear	patent	4xP
	L. Ear	patent	4xP
Cochlear Apparatus	R. Ear	--	
	L. Ear	--	
Vestibular Apparatus	R. Ear	--	
	L. Ear	--	
Buccal Cavity		Clean	✓
Teeth		Good	good upper
Gums		Healthy	✓
Pharynx		Healthy	✓
Nasopharynx		Not seen	✓
Nose		Clear	no obstr.
Larynx		Not seen	✓

REMARKS: Nil

Initials of M.O. [Signature] Initials of M.O. [Signature] Initials of M.O. [Signature]

Date 16-1-42 Date 8-9-42 Date

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

Physically Fit Assessed AlB.A3B. Good Pilot Material

Category AlB,A3B

C.K. Woods

D. White

22-5-42 Six point medical recheck normal. No infectious, venereal disease or herniae.

FIT Date 25-5-42

PILOT *A.B.A3B*

OBSERVER

W/OPERATOR

A/GUNNER

Category AlB A3B

G.L. SUTTON F.L.
R.M. MATTHEWS F.L.

M.O. *R.M. Matthews F.L.*

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

N. VISION	<i>15/32 Average.</i>	8-9-42.
E. E. G.	<i>6.</i>	Physically fit. Too heavy for A.G. Above average emotional stability. Good motivation.
E. C. G.		AlB-A3B.
D. CHAMBER	<i>No trouble</i>	R.G.M. Harbert Flt/Lt.

AlB.A3B

NOV 28 1942

R.A.F.—TRAINING REPORT

PILOT

SCHOOL

NO. 1 **BEAM APPROACH TRAINING FLIGHT**

1. Surname CLARSON Christian Names : OWEN MUNRO
2. Number : J.25795 3. Rank : F/O 4. Course No. : 257
5. Posted from 15 (P)A.F.U. 6. Date Course commenced 2/8/44 7. Date Course ended 8/8/44 8. Posted to 15 (P)AFU
9. Flying Times (at this Unit) :

Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
	Dual	Solo	Dual	Solo				
OXFORD	12.50				12.50	12.50	-	4.35

10. Flying Tests		
SUBJECT	Marks Allotted	Marks Obtained
(a) B.A. PROCEDURE AND "Q" CODE (LINK TRAINER)	200	135
(b) RECEIVER OPERATION	100	60
(c) INSTRUMENT FLYING	250	155
(d) CLOUD AND NIGHT FLYING	250	155
(e) GENERAL APPLICATION OF B.A. PROCEDURE (FLYING)	200	125
TOTAL	1,000	630
AVERAGE	PER CENT. :	63.0%

11. Remarks :

F/O. Clarkson's reactions to beam signals were inclined to be slow from the beginning of the course and improved very slowly. He suffers from occasional lapses in his orientation and execution of Beam Approach procedure. He maintained an average standard in Instrument and Cloud flying during the course. With further practice he would make a competent Beam Approach pilot.

Date 8/8/44

Signed E.P. Webb S/Ldr.

Officer Commanding.

Flying Instructors' School Report on an Officer or Airman Pilot undergoing a Flying Instructor's Course.

(This form is also to be used for re-categorising instructors).

(See Instructions over.)

NAME..... CLARSON O.M. UNIT..... No. 2 F.I.S. (A)

RANK..... F/O NUMBER..... J 28798 (25795)

Duration of training—From..... 17/11/43 To..... 9/2/44

Purpose or No. of Course..... No. 39 Flying Instructors' Course

1. FLYING TIMES :—

Type of Aircraft	DUAL		SOLO		TOTALS
	Day	Night	Day	Night	
1. Master	-	D/A	1.00	-	Dual 46.40
2. Oxford	39.40	6.00 1.00	43.40	5.35	Solo 50.15
3.					Grand Total 96.55
4.					Total hours experience :
5. (B.A.T.)					Flying 385.05 | Instructing.

2. GROUND TRAINING—FLYING INSTRUCTOR'S COURSE :—

Subject	Written (50)	Oral (50)	Total (100)	Marks possible	Remarks
1. Principles of Flight ...	86	120	206	100	Of average keenness but weak in Met. Low Average.
2. Navigation ...	89	117	206	100	
3. Airmanship ...	89	107	196	100	S.G. BETTY S/L
et.	29	56	85	150	
4. Technical Subjects ...	47	44	91	100	
TOTAL ...			784	1170	Final position on Course : 22/27

3. ASSESSMENT OF ABILITY :—

(i) as pilot { Day..... High Average
Night..... Average

(ii) as flying instructor..... Average

(iii) as B. A. instructor..... N/A

4. REMARKS BY CHIEF INSTRUCTOR :—

A sound pilot who can be relied upon to use his initiative. He has a very good instructional manner and delivery and demonstrates convincingly. Talks rather too much and overdoes the matter at times but should make a good instructor. Recommend B (ME) Category.

A.E. BALLAN S/Ldr. A.C.F.I. (2)

5. REMARKS BY COMMANDING OFFICER :—

I concur

Previous Category (if any) Nil

Category now recommended B (ME)

F.H. COLEMAN G/C

Date 9/2/44

Commanding No. 2 Flying Instructors' School.

INSTRUCTIONS.

1. This report will be rendered in respect of any officer or airman pilot undergoing training or test as a Flying Instructor.

2. Distribution of the completed report will be as follows :—

The Air Ministry, S.7.d (2) (In respect of officers)	...	...	1 copy.
" " " D.P.2 (In respect of airmen)	...	...	1 copy.
Empire Central Flying School	...	...	1 copy.
Air Officer i/c Records (in respect of airmen)	...	...	1 copy.
Unit to which an instructor is posted on completion of training	...	...	1 copy.

3. Assessments of ability in Section 3 of the Form are to be one of the following :—

- Exceptional.
- Above Average.
- Average.
- Below Average.

4. Flying instructors are categorised on the following basis :—

- B. Qualified to instruct (SE) (ME) or (Elementary).
- C. Has the makings of an instructor with practice. Permitted to instruct on probation.

5. GROUND TRAINING :—To secure a pass a pilot under training as a flying instructor must obtain not less than 50 per cent. in each subject of the examination and not less than 60 per cent. of the total marks.

ROYAL CANADIAN AIR FORCE
CORPS D'AVIATION ROYAL CANADIEN

PERSONAL HISTORY RECORD
ANTÉCÉDENTS PERSONNELS

This form enables you to record important points about your experience for the information of officers who will be concerned with your entry into the R.C.A.F. and later with your training.

It is to your advantage to record accurately the particulars asked for since they will aid to plan training in line with your fitness. Incorrect entries are likely to reflect upon the person making them. If any item does not apply, mark it N.A.

Sur cette formule, vous inscrivez les points saillants de votre expérience, qui serviront à renseigner les officiers chargés de l'instruction de votre demande d'admission dans le C.A.R.C., et, plus tard, de votre entraînement.

Vous avez tout intérêt à fournir des détails précis. Ceci permettra de vous donner une instruction conforme à vos aptitudes. C'est se nuire que de donner des réponses inexactes. Inscrivez N.A. à côté des questions qui ne s'appliquent pas à votre cas.

A. IDENTIFICATION - IDENTITÉ

Date... *Jan... 8... 1942* Recruiting Station *Montreal Quebec*
Centre de recrutement *Bishop Street*

Surname (in print) *CHARSON*
Nom de famille (en caractères d'imprimerie)

Given names (in full) *Owen Munro Howenden*
Prénoms (au long)

Place of birth *Montreal* Date of birth *June 10 1922*
Lieu de naissance Date de naissance

Duty for which you wish to enlist
Fonction à laquelle vous aspirez

B. EDUCATION - INSTRUCTION

1. Name of school last attended *Westmount High* Town *Westmount* Province (State) *Quebec*
Dernière école que vous avez fréquentée Ville Province (État)

2. If you attended High School or University, state the type of course taken:
Si vous avez fréquenté une école supérieure ou une université, quel cours avez-vous suivi:
.....

3. Were you at any time out of school long enough to lose a year? *No.*
Vous êtes-vous absenté de l'école assez longtemps pour perdre une année?
At what grade? For what reason?
En quel cours? Pourquoi?

4. Circle the highest grade completed: 6 7 8 9 10 **11** 12 13
University: 1st, 2nd, 3rd, 4th yr., post-graduate.
Entourez d'un cercle le chiffre correspondant au cours le plus avancé que vous ayez fini: 6 7 8 9 10 11 12 13; université: 1re, 2e, 3e, 4e année, post-universitaire.

5. At what age did you complete the grade indicated in Question 4? 18
À quel âge avez-vous fini le cours indiqué à la question 4?

6. Check this line to indicate in which quarter you stood in your class during your last year at school:

Top Bottom
1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

How many pupils were in your class?..... 35

Indiquez ci-dessous à quel groupe vous apparteniez, quant au rang, dans votre classe, durant votre dernière année d'école:

Tête Queue
1er quart 2e quart 3e quart 4e quart

Combien étiez-vous d'élèves dans votre classe?.....

7. What two school subjects did you do best?..... *Algebra + History*
Enjoy most?..... *Algebra + Spanish*

Quelles sont les deux matières où vous remportiez le plus de succès?.....
Qui vous plaisaient davantage?.....

8. What two school subjects did you do least well?..... *French + Chemistry*
Enjoy least?..... *French + Chemistry*

Quelles sont les deux matières où vous obteniez le moins de succès?.....
Qui vous plaisaient le moins?.....

9. Check this line to indicate in which quarter you stood in your class in mathematics during your last year at school:

Top Bottom
1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

Indiquez ci-dessous à quel groupe vous apparteniez, quant au rang, en mathématiques, dans votre classe, durant votre dernière année d'école:

Tête Queue
1er quart 2e quart 3e quart 4e quart

10. Have you done work with figures since leaving school? Give details :
Avez-vous travaillé dans les chiffres depuis votre sortie de l'école? Donnez des détails:

..... *No*

11. Place a (✓) in the bracket opposite each subject you have studied. If you studied the subject at the University write U in the bracket instead of the ✓
Indiquez d'un ✓ dans la parenthèse quelle matière vous avez étudiée. Si vous avez étudié cette matière à l'université, inscrivez U au lieu du ✓ dans la parenthèse.

- | | | | | | |
|----------------------|-----|----------------------|-----|-------------------------------|-------|
| Algebra | (✓) | Physics | () | Electricity | () |
| Algèbre | () | Physique | () | Electricité | () |
| Geometry | (✓) | Woodwork | (✓) | Sheet metal | () |
| Géométrie | () | Menuiserie | () | Tôle | () |
| Analytical Geometry | () | Machine Shop | () | Other shops (state which) | () |
| Géométrie analytique | () | Atelier de mécanique | () | Autres ateliers (dire lequel) | () |
| Trigonometry | () | Welding | ( ) | ..... | ..... |
| Trigonométrie | () | Soudage | ( ) | ..... | ..... |
| Forging | () | Forge | ( ) | ..... | ..... |

12. Have you carried on any special studies (night school, correspondence courses, etc.) ? State (a) what these studies were, (b) the purpose for which they were undertaken, and (c) whether the course was completed.

Avez-vous suivi des études spéciales (cours du soir, par correspondance, etc.)? Dites (a) quelles études, (b) le but que vous vous proposiez, et (c) si vous avez fini le cours.

.....

C. JOBS - EMPLOIS

13. List below the last three jobs you have had since leaving school and give the information asked for about each. Commence with your last job and work back to the earlier ones.

Enumérez ci-dessous les trois derniers emplois que vous avez occupés depuis votre sortie de l'école et donnez sur chacun les détails requis. Commencez par votre dernier emploi et remontez aux autres.

EMPLOYER AND PLACE EMPLOYEUR ET LIEU	WHAT DUTIES PERFORMED NATURE DES FONCTIONS	DATE AND MONTHLY EARNINGS DATE ET SALAIRE MENSUEL		REASONS FOR LEAVING MOTIFS DU DÉPART
		Start Début	End Fin	
Northern Electric	Installer	\$95	\$95	No Future & to gain R.C.A.F.

14. List below paid jobs you did while attending school or during vacation. Start with your last job.

Enumérez ci-dessous les emplois rémunérateurs que vous avez remplis, tout en suivant la classe, ou durant vos vacances. Commencez par votre dernier emploi.

NAME OF JOB GENRE D'EMPLOI	HOW LONG YOU WORKED AT IT DURÉE	WHAT USE YOU MADE OF EARNINGS CE QUE VOUS AVEZ FAIT DU SALAIRE

15. If any of your jobs have involved long hours, heavy work, excessive heat or cold or other difficulties, describe these circumstances.

Si ces emplois comportaient de longues heures, un travail ardu, l'exposition à une chaleur ou à un froid intenses, ou d'autres difficultés, donnez des détails.

.....

16. Before you decided to enlist, what kind of work were you looking forward to in future years?
Avant de vous décider de vous enrôler, quelle profession désiriez-vous exercer plus tard?

.....

17. What steps have you taken to aid in reaching this goal?
Quelles dispositions avez-vous prises pour atteindre ce but?

.....

D. AVIATION

18. Which of the following have you done?
Parmi les initiatives suivantes, indiquez celles qui ont retenu votre attention:

- (a) Reading about aviation (check) : Popular magazines Magazines populaires
Lecture sur l'aviation Technical magazines.... Magazines spécialisés....
(indiquez d'un Books Livres

Name one publication in each case that you have checked.....
Nommez une publication dans chaque groupe portant un ✓

(b) Making model airplanes? Non flying models (....) Gliders(....) Elastic
powered(....) Gas powered (....) No. competitions entered.....
Fabrication de modèles d'avions: Modèles non-volants(....) Planeurs(....)
Mûs par bande élastique(....) Mûs à l'essence (....) Nombre de concours
auxquels vous avez participé.....

(c) Taking course of ground instruction? Name of school.....
Subjects.....No. lessons.....
Cours d'instruction au sol. Nom de l'école.....
Matières.....Nombre de leçons.....

(d) Flying? No. passenger flights.....*None*.....Hours dual instruction.....
Solo.....License.....
Vol effectif. Nombre d'envolées comme passager.....Nombre d'heures d'instruction (double commande).....Solo.....Brevet.....

(e) Take part in Air Cadet work.....*No*.....For how long?.....
Participation au travail des cadets de l'air.....Combien de temps.....

19. What special steps, if any, have you taken to prepare for entry into the R.C.A.F.
Le cas échéant, dites quelles dispositions spéciales vous avez prises pour préparer votre admission dans le C.A.R.C.

.....

E. RECREATION - SPORTS ET RÉCRÉATION

20. List below not more than three team sports or athletic competitions in which you have taken part.

Ci-dessous, énumérez au plus trois équipes sportives dont vous avez fait partie, ou trois concours athlétiques auxquels vous avez participé.

Name of sport Sport	Teams on which you have played or competitions you have entered. Équipes pour lesquelles vous avez joué ou concours auxquels vous avez participé	Accomplishments of your team or awards you have won personally. Succès de votre équipe ou prix que vous avez obtenus personnellement
Hockey Football Tennis	Westmount High & Junior Teams in M. R. J. H. A. Westmount High	City Championships

21. Check each activity in which you have fair proficiency:

Indiquez d'un le sport dans lequel vous êtes assez bien versé:

- | | | | |
|------------------|-----|-------------------|-----|
| Motor cycling | () | Sailing | (✓) |
| Motocyclette | () | Canotage à voiles | () |
| Motor boating | (✓) | Marksmanship | (✓) |
| Canot-automobile | () | Tir | () |
| Aquaplaning | (✓) | Skiing | (✓) |
| Aquaplane | () | Ski | () |
| Swimming | (✓) | Riding | (✓) |
| Natation | () | Equitation | () |
| Car driving | () | Diving | (✓) |
| Automobile | () | Art de plonger | () |

22. Do you give much attention to making or repairing things in your spare time?
Give details.

Consacrez-vous beaucoup de vos loisirs à fabriquer ou à réparer des objets?
Donnez les détails.

.....
.....
.....

23. On what other pastimes or hobbies do you spend your leisure time?
À quels autres passe-temps ou occupations favorites employez-vous vos loisirs?

.....
.....
.....

F. FAMILY - FAMILLE

24. Are both your parents living?.....*Yes*.....If not, state which is dead.....
and the year of death.....

If both are living, do they maintain a home together?.....*Yes*.....Are they separated?.....
Divorced?.....

Vos père et mère vivent-ils?.....Si non, dites lequel est décédé.....
et l'année de sa mort.....

Si tous deux sont vivants, habitent-ils ensemble?.....Sont-ils séparés?.....
Sont-ils divorcés?.....

25. What is your father's occupation?.....*Army*.....
Quelle est la profession de votre père.....

26. Have any of your brothers flying experience?.....*No*.....
Avez-vous un frère ou des frères qui ont pratiqué l'aviation?.....

G. SPECIAL QUALIFICATIONS - APTITUDES PARTICULIÈRES

27. Have you had previous experience in the Navy, Army, Air Force, Cadets, etc?
Give details below.

Avez-vous déjà fait du service dans la marine, l'armée, l'aviation militaire, les
cadets, etc? Donnez les détails ci-dessous.

UNIT Unité	Date of service Date de service	Rank Grade	Duties Fonctions	Special courses and certificates held Cours spéciaux et certificats obtenus	Reason for discharge Motifs de la libération

28. List any positions of leadership you have held, such as captain of a team, president of your class, secretary or representative of a group.

Enumérez les postes de commande que vous avez occupés, tels que capitaine d'équipe, président de votre classe, secrétaire ou représentant d'un groupement.

.....
.....

29. With what languages other than English are you acquainted? State whether you read, write, or speak such languages, and how well?

Hors le français, quelles langues connaissez-vous? Dites si vous lisez, écrivez ou parlez ces langues, et dans quelle mesure.

.....
.....
.....

30. Do you hold a St. John Ambulance Association Certificate or any comparable one? Détenez-vous un certificat de l'Association ambulancière Saint-Jean ou quelque autre certificat semblable?

.....
.....
.....

31. List the important points in your case which you consider as assets in performing duties for which you wish to enlist.

Enumérez les points importants que vous jugez de nature à vous aider dans l'exercice des fonctions auxquelles vous aspirez.

.....
.....
.....

Killed
8-1-48

ROYAL CANADIAN AIR FORCE SERVICE BOOK

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.

Air Force No. J25793 Surname CLARSON
 Christian Names (in full) OWEY MUNRO WOVENDEN
 Date of Birth 10-6-22 Religion C.M.F.
 Date of Enlistment/Appointment 25-5-42
 Married (M), Widower (W) or Single (S) S
 Occupation in Civil Life INSTALLER

Signature of Holder Owey M. Clason

Name and Address of Next-of-Kin
Mrs. Dorothy Lindsay Clason (Mother)
12 Garden City Ave. St. Anne
de Bellevue, Que.

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

Certified Correct M. J. Porter
 Date 14th May 1943 Place 101st Depot Halifax N.S.

Alford 2339
 METRICK 208
 H. B. Bready

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
 states that he has executed a Will and that the same has been deposited with.....
 at.....
 Signature of Officer.....
 Rank or Appointment.....
 Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....
 Rank or Appointment.....
 Date.....

Date Certificate extracted.....
 Signature of Officer.....
 Unit.....
 To Whom sent.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) **GEORGE GRIFFIN,**
 Sgt., R. 12345,
 R.C.A.F.

Date October 10th, 1942.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) **GEORGE GRIFFIN,**
 Sgt., R. 12345,
 R.C.A.F.

Date October 10th, 1942.

To Whom sent.....
 Unit.....
 Date Will extracted.....
 Signature of Officer.....

To Whom sent.....

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.....

Capt Dawson
Woo-1101

Marsden
Green
2290
Francis
Schacht

NAME

Clayson O.M.W

RANK & No.

P.O J25795

ROYAL AIR FORCE

FLYING CLOTHING CARD

Date of Issue
and
Unit Stamp



Leo Lagarde O/O

.....

Signature of Equipment Officer

I ITEM.		ISSUES.			RETURNS.		
Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
748	Boots, flying, knee	1	6/7	5898	OM Clancy	IC 39	Tachariv
234	Socks	2					
	Caps, flying						
	Earpieces, Type B... ..						
	Ring, earpiece securing ..						
	Caps, blank						
757	Gauntlets, flying, left hand ..	1	6/7	5898	OM Clancy		
761	" " right hand ..	1					
434	Linings, gauntlets	1					
293	Gloves, silk	1					
259	Suits, flying, Collars	1					
352	" " Linings, inner ..	1					
852	" " Suits, outer ..	1					

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
826	Goggles	1	6/7	5898	OM Clancy		
	Glasses, tinted						
	,, non-tinted						
	Spectacles, anti-glare						
	Respirators, complete	1	put				
	Helmets, steel	1	put		OM Clancy		
S. Dressing	Nets, camouflage	1	6/7	5704			
	Ointment, anti-gas	2	✓	✓			
	Capes	1	✓	✓			
	Covers, cap						
	Curtains, steel helmet	1	put		OM Clancy		
	Eyeshields	3	6/7	5704			

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
22C	Helmets, flying, Type B. (Without Mask, Oxygen)	1	6/7	5898	OM. Clancy	FT 8286	F66693 [Signature]
449 60 624	Masks, Oxygen, Type D.	1	10/11/43	1454	OM. Clancy	IV FT 8286	[Signature]
	Masks, Microphone, Type E. (Non Oxygen)						
10A 12571	Masks, Microphone, Type E (Oxygen)	1	18/8/44	FT 7294	OM. Clancy	IV FT 8291	[Signature]
10A 7063	Receiver, telephone, head, Type C...	2	7/9/44	FT 8342	OM. Clancy		
	Pistol, revolver No.						
	Pistol, automatic, .455 No.						
	Magazines, .455						
	Brushes, cleaning						
	Rods, cleaning						
10A 13120	Microphone	1	7/9/44	IV FT 8043	OM. Clancy		
6D/644	Mask Oxygen	1	15/9/44	IV FT 8287	OM. Clancy		
526	Whistle	1	15/9	"			
528	Tube	1	15/9	"			

ITEM.

ISSUES.

RETURNS.

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
22B/1	BAGS KIT						
"/152	SOCKS WORSTED						
22C/385	SUITS BLOUSES						
"/415	TROUSERS						
60/50	TACING FLEXIBLE						
22C/421	GLOVES CHAMOIS						
"/424	CONTAINERS ANKLE						
"/422	MESH C						
23/73	ATTACH BRACH	2					
"/76	BRACES LEFT	1					
"/76	" RIGHT	1					
"/74	BELTS WAIST	1					
"/75	HOLSTER PISTOL	1					
"/81	BOUGIES AMMO.	1					
	2 AMMUNITION						

1 6/7 5898. *On Clancy*

Attaches } *On Clancy*

Reference Number	Description	Quantity issued	Date	I. V. Number	Received by (Signature of Recipient)	Date and R.V. Number	Confirmed by (Signature of Equipment Officer)
33A/72	OINTMENT A/G						
1	CAPS A/G						
43	CURTAIN S/H						
3	EYESHIELDS A/G						
23/91	LANYARD PISTOL						
"/157	HELMET STEEL						
"/191	NETS CAM.						
877	Helmet Flying	1	3247 16/12	IC	<i>[Signature]</i>		
917	Boats Flying 1945	1	7/1/45	117	<i>[Signature]</i>		
128/77	Boys Kit	1	7/1/45	IC 249	<i>[Signature]</i>		

SPECIAL INSTRUCTIONS FOR USE IN WAR:

1. This card is to be retained by the individual to whom it is issued and produced on the occasion of all issues and returns of flying clothing. All issues are to be signed by the recipient and all returns by the equipment officer receiving the equipment. Exchanges of flying clothing are *not* to be recorded on the card.

2. In the event of an officer or airman being unable to produce his card its loss is to be reported to the accountant officer for action under A.M.O. A.1161/42. The loser of a card is liable to be charged for any deficiencies in his equipment according to the scales appropriate to his duties.

3. Articles lost on active service through the exigencies of the campaign, or whilst actually flying, or destroyed in a flying accident, will be replaced free provided a certificate, signed by the officer commanding the unit in which the loss or damage occurred, is produced.

3

3

6

6

9

9

6

6

3

3

R 164682

A3741

Clarkson, O. M. W.

R164682

MELODY

ROYAL CANADIAN AIR FORCE

SUBJECT

CLARSON,

OWEN M.W.

FOR CROSS REFERENCES SEE INSIDE COVER

DIRECTED TO

DIRECTED TO

REGISTRY POINT	STAFF OFFICER P.A. OR B.F.	REMARKS	DATE	INITIALS	REGISTRY POINT	STAFF OFFICER P.A. OR B.F.	REMARKS	DATE	INITIALS
	PA	-	25 Feb	DD					
ROY			18/2/45	PA					
CR	PA		1 Feb	AB					
ROY	Reg	624	22 Feb	JL					
CR	PA		24 Feb	AB					
ROY (usg)		P.Q. Gardiner	23.3.45	DL					
CR	P.A.		28/3/45	ML					
ROY		25	20/4	m					
CR	PA		20/4	WH					
ROY		264	16/5	m					
CR	PA		16 May	J					
F2-5		WITH PAPERS C.R.	10 1945	DL					
CR	A		11 July	D					
ROY		38	22/8	m					
CR	PA	AUG 24 1945	23 Aug	BB					
ROY		53	7-16/45	Wing					
CR	PA	NOV 10	8/11/45	OP					
R22-1	476	Request	NOV 12 1946	MAYNARD					
CR	PA	NOV 14	14/11/46	BMD					
ROY - 4		PER REQUEST CR	NOV 24 1953	185					
CR	PA		25/11/53	meL					

J25795

FILE No. H.Q.

Pt-CR file

J.25795 (RO)

Ottawa, Ont., 26th Apr. 1947

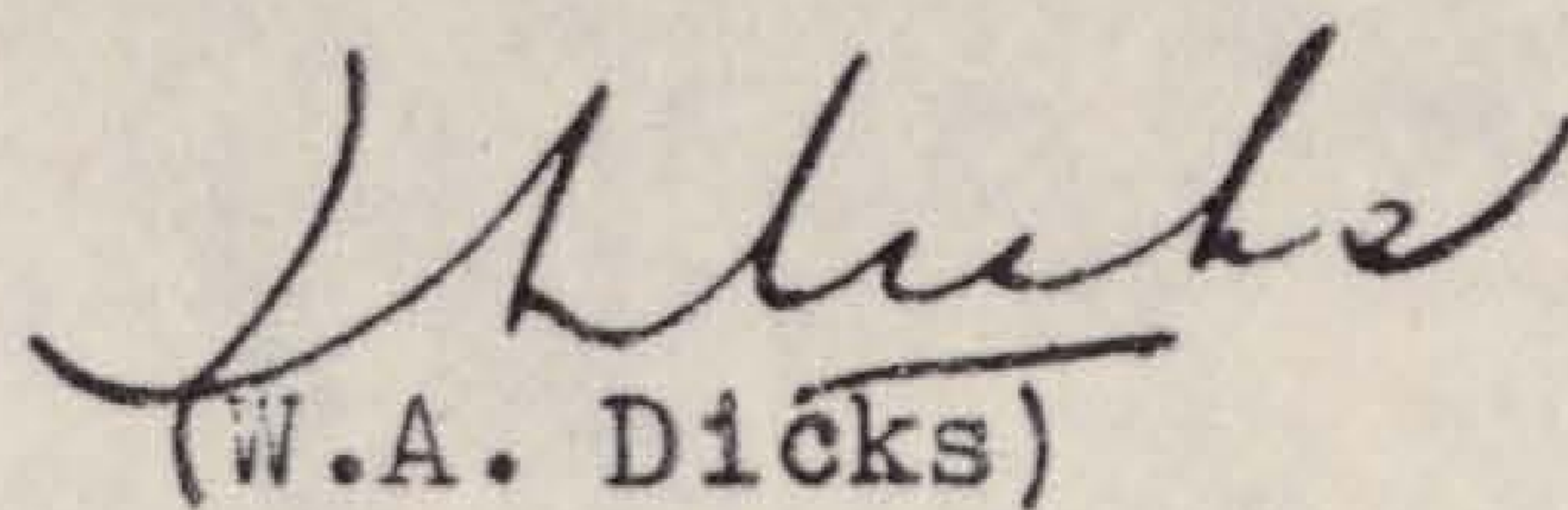
R E G I S T E R E D

Mrs D.L. Clarson,
12 Garden City Ave.,
St Anne de Bellevue, P.Q.

Re: O.M.W. Clarson (J.25795)

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

Yours truly,



(W.A. Dicks)

Wing Commander,
for Chief of the Air Staff.

Encls. 1

COPY.

R.A.F. Station,
Church Lawford,
Rugby.

22

1st April, 1945.

Ref:- 18 (P)AFU/C8001/55/Air.

Dear Mrs. Clarson,

Further to my letter of the 19th February 1945, it has now been possible to ascertain that there were some recent photographs of your son in his effects.

2. These are now in the process of shipment to the Director of Estates, Ottawa, who will forward them to you as next-of-kin in due course.

Yours sincerely,

Sgnd) *C.M.* Lennan, F/Lt.
for Group Captain Commanding,
R.A.F. Station, Church Lawford.

Mrs. D.L. Clarson,
12 Garden City Avenue,
St. Anne de Bellvue,
Prov. Quebec,
Canada.

*Letter
Despatched
14.4.45
C.M.*

*W. J. ...
C9*

11 APR 1945

From:- R.A.F. Station, Church Lawford.

To :- R.C.A.F. Casualty Branch, 73/7 Oxford Street, London, W.1.

Date:- 3rd April 1945.

Ref :- 18 (F)AFU/C8001/55/Air.

Letter to next of kin - F/O.O.M. Clarson (J.27595) Pilot.

Further to this Unit's letter of even reference dated 20.2.45, herewith in triplicate is a further letter to the next of kin of the above named officer.

2. It is requested that it may be forwarded by the first available mail.

[Handwritten signature]
Group Captain Commanding,
R.A.F. Station, Church Lawford.

*Noted
Sawyer
1/4/45*

11 APR 1945

From:- 18 (P) A.F.U., Church Lawford.

To :- R.C.A.F., Casualty Branch, 73/7 Oxford Street, London, W.1.

Date:- 20th February, 1945.

Ref :- 18 (P) AFU/C.8001/55/Air.

F/O. N.G. Riley (Can. J26110) and F/O. O.M. Clarkson (Can. J. 27595)

Attached hereto in triplicate are letters to the next-of-kin of the above mentioned officers. Attached also are 3 sets of photographs for Mr. Clarkson and 2 sets of photographs for Mrs. Riley.

It is requested that the letters and enclosures be forwarded in the usual way by the first available air mail.

R. Dawson
Group Captain Commanding,
R.A.F. Station, Church Lawford.

21 FEB 1945

BURIAL RETURN.

[To be returned in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) 25th January 1945

PLACE OF BURIAL Harrogate. Map Reference H.

(and name of Cemetery) Regional Cemetery.

Grave No. H/ E.12. Personal or Official No. CAN/J. 25795.

Unit No. 18(P) Advanced Flying Unit.

Name: (Surname) Clarson. (Initials) O.M. W.

Rank P/O Religion Protestant.

Date of Death 8/1/45. Date of Burial 19.1.45.

Means of Identification Identity Discs.

1/D

COPY FOR H.Q. OTTAWA

[Signature]

(NUMBER)
(RANK)
(NAME)

1 FEB 1945

To be answered by Home Units and Units in the Field.

Have effects (if any) been forwarded to the (i) Base Personnel Staff Officer?
..... (ii) Standing Committee of Adjustment? Yes.....

To be answered by Units in the Field.

CROSSES. (Strike out all but one line.)

1. No Cross required, as an adequate cross with durable inscription is already in position
2. Cross required : (a) Will be called for at G.R.U. Office at.....
(b) To be forwarded by G.R.U. to.....
(c) To be erected by G.R.U. as soon as possible.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

(Signed) [Signature]
Chaplain, O. i/c Burials, or O.C. Unit.

Unit. 18 (P) AFU

Distribution :—Units in the Field

Home Units and Overseas
Units not in the Field

{ 2 copies to B.P.S.O.
{ 1 copy to Head of Graves Services.
{ 2 copies to Air Ministry.
{ 1 copy to Record Office for Airmen.

WJW/A

TELEGRAM EN CLAIR

13.

51/18

FROM: WOMBLETON

TO: 43 GROUP, A.M. KINGSWAY, 60 MU, RAF CHURCH
LAWFORD 1 GRP, RAF FALINGWORTH HQBC, 7 GRP,
76 BASE.

(RECEIVED A.M.C.S. (KWY) JANUARY 18TH 1945)

A813 JANUARY 18TH IMMEDIATE.

(ATTN P4 CAS CI ACCIDENTS) HEREWITH CORRECT VERSION
OUR A860 DATED 14 JAN 1945.

F. A.

(A) OXFORD 11 LW903

(B) 1546 BAT FLY FALDINGWORTH No 1 GRP.

(C) 074215 SHEET 16 3 MILES NORTH EAST OF CHOPGATE
YORKSHIRE 8 JANUARY 1325 HRS SNOWING - DAY ON FLIGHT
FROM CRAIL TO FALDINGWORTH.

(D) 1 PILOT J25795 F/O O.M.W. CLARSON CANADIAN 2ND
PILOT 150443 F/O J.O. S. BARKELL BRITISH PASSENGER
PILOT J26110 F/O B.G. RILEY CANADIAN ALL PERSONNEL
FROM 1546 BAT FLT FALDINGWORTH. (2) ALL KILLED.

(E) RCAF WOMBLETON SSQ

(F) No

(G) FLEW INTO HIGH GROUND AIB No 765(C) YES.

(H) A/C COMPLETELY DEMOLISHED CAT "E".

(J) 60 MU

(K) KINNOT.

TIME OF ORIGIN: 181123A

CRASH F.A.I. P.4.CAS (6 COPIES)
CAS CAN (4 COPIES)
A.R.8.

61/14 REFERS (OXFORD)



WJW

From:- R.A.F. Station, Church Lawford. 11.

To:- The R.C.A.F. Canadian Casualty
Branch, Air Ministry P.4.Cas (Can)
73/77. Oxford Street, London. W.1.

Date:- 16th. January, 1945.

Ref :- 18(P)AFU/C.8001/55/Air.

F/O. O.M. CLARSON ✓

F/O. N.G. RILEY. ✓

With reference to the deaths of the above mentioned Officers caused by a flying accident on 8th. January, 1945, attached hereto are original and two copies of letters to their next-of-kin.

It is requested that you will forward by the first available air-bag.

Al W of F/L

✓ Group Captain, Commanding,
R.A.F. Station Church Lawford.

CONFIDENTIAL

17 JAN 1945

10

OUTGOING CYPHER MESSAGE.

TO—

H.O. & ROAD EDPS OTTAWA.

PC X

FROM AIR MINISTRY
KINGSWAY

DEGREE OF PRIORITY
IMPORTANT.

	Intls.	Time.
To be Typed ..		
Checked by ..		
Despatched ..		
Finally Inspected by		

TEXT OF MESSAGE.

R. 543 FURTHER BY R. 418 JANUARY 15 FEDERAL CAN/J25795 F/O G.M.V. CLAYSON
 FRIDAY JANUARY 19
 AND CAN/J26110 F/O H.G. RILEY 1030 HOURS/RAF REGIONAL EXX CEMETERY HARROGATE
 STOP INFORMED MR W. JEFFRIES FOR F/O RILEY CANCO

TIME OF ORIGIN 11/20/52

TRANSMISSION { MAY be by W/T.
 { MUST NOT be by W/T.
 (Delete whichever is not applicable).
 See Page 29 Staff Handbook Pt. II).

COPIES TO :—

W. GARNER

Signature of Originator.

RANK H.G.C.

BRANCH R. & CAS CAN

DATE 15/JANUARY

A.M. FILE 427427 REFERS.

H.J. 2100

No. of Groups

FOR USE IN A.M.C.S.

OUTGOING CLEAR MESSAGE

A.M. Form 1
1/19/45

TO

Time

Initials

To be typed

FROM WOMBLETON

Typed by

Checked by

TO AIR MINISTRY KINGSWAY

DEGREE OF PRIORITY

FROM AIR MINISTRY

Finally inspected by

A. 367 16 JANUARY/45 REFERENCE YOUR PC 467 15 JANUARY FUNERAL OF
CAN/J26110 F/O N.G. RILEY AND/J24795 F/O OMW CLARSON TO BE HELD ON FRIDAY
JANUARY 19TH AT 1030 HOURS AT RAF REGIONAL CEMETERY HARROGATE

RECEIVED IN RCAF SHIFT SECTION 2100 HOURS 16/JANUARY

TIME OF ORIGIN

Originator's instructions

TRANSMISSION MUST NOT BE BY W/T

Signature of Originator

COPIES TO

RANK

BRANCH

DATE

A.M. FILE REFERS

OUTGOING CLEAR MESSAGE.

FOR USE IN A.M.C.S.

TO—

FROM AIR MINISTRY

DEGREE OF PRIORITY

To be Typed ...

Typed by ...

Checked by ...

Despatched ...

Finally Inspected by

Intls.

Time

TEXT OF MESSAGE.

ORIGINATORS REFERENCE
NUMBER

DATE

Originators Instructions

TIME OF ORIGIN

TRANSMISSION MUST NOT be by W/T.

COPIES TO :—

.....
Signature of Originator.

RANK

BRANCH

DATE

A.M. FILE.....REFERS.

8

Called Station Adjutant (Rugby 2263) and advised him of additional nextkin to be informed re Riley. He did not know the funeral particulars but said he would advise the Mr. Jeffries of them as soon as possible and also signal them to us. Also asked him to confirm Mr. Jeffries informed in the funeral signal.

W.L. Cunningham Sgt. 1700/16-1

Church Lawford Rugby 2263.

No. of Groups *7*

FOR USE IN A.M.C.S.

OUTGOING CLEAR MESSAGE.

TO—

R.C.A.F. WOMBLETON

FROM AIR MINISTRY
KINGSWAY

DEGREE OF PRIORITY
IMPORTANT

	Intls.	Time
To be Typed ...		
Typed by ...		
Checked by ...		
Despatched ...		
Finally Inspected by		

TEXT OF MESSAGE.

ORIGINATORS REFERENCE NUMBER

DATE

E.422 YOUR A.860 JANUARY 14 STOP SIGNAL DATE TIME PLACE

FUNERAL CAN/J26110 FLYING OFFICER N.G.RILEY AND

CAN/J25795 FLYING OFFICER O.M.W.CLARSON REFERS

Originators Instructions

TIME OF ORIGIN *15 20 11 A*

TRANSMISSION MUST NOT be by W/T.

COPIES TO :—

[Signature]
Signature of Originator.

RANK *F/O*

BRANCH *P.4 CAS CAN*

DATE *15.1.45*

A.M. FILE *P427427*

REFERS.

1325/AEC

16

OUTGOING CYPHER MESSAGE.

TO—

R.O. 4 RCAF HDQTS OTTAWA.

PC X

FROM AIR MINISTRY
KINGSWAY

DEGREE OF PRIORITY
IMPORTANT.

	Intls.	Time.
To be Typed ..		
Checked by ..		
Despatched ..		
Finally Inspected by		

TEXT OF MESSAGE.

E. 418 FURTHER CANCAS 811 JANUARY/ELEVENTH STOP AIRCRAFT/CRASHED 3 MILES NORTH
 EAST OF CHOPGATE YORKSHIRE 1325 HOURS EIGHTH JANUARY BODIES OF CAN/J25795 F/O
 OM. W. CLARSON AND CAN/J26110 F/O N.G. RILEY AND ONE NOT RCAF RECOVERED STOP
 ALL RECLASSIFIED KILLED EIGHTH JANUARY STOP ADD PARA (G) FLEW INTO HIGH GROUND
 CANCO

LOCATED

CHANGE OF CATEGORY LIST

17/11 No. 396
 DATE INITIALS

R.N.

TIME OF ORIGIN 151412Z

TRANSMISSION { MAY be by W/T.
 { MUST NOT be by W/T.
 (Delete whichever is not applicable).
 See Page 29 Staff Handbook Pt. II).

65 S. [Signature]
 Signature of Originator.

COPIES TO :—

RANK
 BRANCH P. 4 CAS CAN
 DATE 15/JANUARY
 A.M. FILE 2427427 REFERS.

(850)

R.H.

GEM/B

TELEGRAM EN CLAIR.

61/14.

(RECEIVED A.M.C.S. (KWY) JANUARY 14TH 1945).

FROM. WOMBLETON.

TO 43 GROUP 60 MU AM. KINGSWAY RAF CHURCH
LAWFORD. HQ 1 GROUP.

A.860 JAN.14TH IMMEDIATE NOTWT.

AM ATTN P.4.CAS.CI.ACCIDENTS.F.A.

(A) OXFORD 11 LW903.

(B) 1546 BAT FLIGHT FALDINGWORTH NO.1. GROUP.

(C) 074215 SHEET 16 3 MILES NORTH EAST OF CHOPGATE
YORKSHIRE 8TH JANUARY 1325 HOURS SNOWING-DAY ON
FLIGHT FROM CRAIL TO FALDINGWORTH.

(C) 1 PILOT J25795 F/O.O.M.W. CLARSON CANADIAN 2ND
PILOT 150443 F/O.J.O.S. DARKELL BRITISH PASSENGER
PILOT J26110 F/O.N.G. RILEY CANADIAN ALL PERSONNEL
FROM 1546 BAT FLIGHT FALDINGWORTH.(2) ALL KILLED.

(E) RCAF WOMBLETON SSQ.

(F) NO.

(G) FLEW INTO HIGH GROUND AIB YES 765(C) YES.

(H) A/C. C M P L E T E L Y D E M O L I S H E D C A T ' E ' .

(J) 60 MU.

(K) KINNOT.

TIME OF ORIGIN:- 141633A.

CRASH (F.A.1).

P.4.CAS.(6 COPIES). A.R.8. P.4.CANCAS.(4 COPIES).



5

OUTGOING CYPHER MESSAGE.

TO—

R.C.A.F. H.Q. OTTAWA R.O.4.

PC X

FROM AIR MINISTRY
KINGSWAY

DEGREE OF PRIORITY
IMMEDIATE

	Intls.	Time.
To be Typed ..		
Checked by ..		
Despatched ..		
Finally Inspected by		

TEXT OF MESSAGE.

CAN CAS 811 FLYING ACCIDENT (A) OXFORD ONE (B) 1546 BAT FLIGHT
 (C) AIRCRAFT MISSING ~~PROBABLY DOWNED~~ LEFT CRAIL FIVE FOR FALDINGWORTH
 LINCOLNSHIRE 1237 HOURS DAY EIGHTH JANUARY (D) CAN/J25795 FLYING OFFICER
OMW CLARSON (PILOT) (MOTHER) HT CLARSON 12 GARDEN CITY AVE STE ANNE DE
BELLEVUE QUE STOP CAN/J26110 FLYING OFFICER NG RILEY (PILOT) (PASSENGER)
 (WIFE) NG RILEY 2834 ST GEORGE STREET VANCOUVER (RNS) (KINFORMED) ~~MISSING~~
 MR. MRW
~~JEFFRIES~~ JEFFRIES 17 RUSSELL ROAD CLEVELLYS LANCASHIRE STOP TOTAL NAMES
 REPORTED TWO STOP ONE NOT RCAF STOP ALL MISSING (F) YES (G) ~~CRASH LOCATED~~ UNKNOWN
 CANCO

TIME OF ORIGIN

TRANSMISSION { MAY be by W/T.
 { MUST NOT be by W/T.
 (Delete whichever is not applicable).
 See Page 29 Staff Handbook Pt. II).

COPIES TO :—

[Handwritten Signature]
 Signature of Originator.

RANK FLYING OFFICER

BRANCH P.4. CAS (CAN)

DATE 11/JANUARY-45

A.M. FILE P.427427 REFERS.

1015 HOURS/GHV

Wickenby
245.

FH/C.

TELEGRAM EN CLAIR

50/10

(RECEIVED A.M.C.S.(KWY) JANUARY 10)

FROM:- FALDINGWORTH

TO:- AIR MINISTRY KINGSWAY HQ RCAF HQ FLYING
TRAINING COMMAND HQ 43 GROUP HQ 23 GROUP 18
PAFU CHURCH LAWFORD.

P.1 JANUARY 10. IMMEDIATE SECRET NOTWT.

(ATTENTION OF AM CI ACCIDENTS AND P4 CASUALTIES
BRANCH). F.A.

- (A) OXFORD MK 1 LW903
- (B) 1546 BAT FLIGHT
- (C) UNKNOWN AIRCRAFT MISSING PROBABLY YORKSHIRE.
LEFT CRAIL FOR FALDINGWORTH 1237 ON 8 JAN DAY.
- (D) PILOT J25795 F/O CLARSON O.M. RCAF
PASSENGER J26110 F/O RILEY N.G. RCAF
150443 F/O MARKELL J.D.S.
ALL OF 18 PAFU (1546 BAT FLIGHT) ALL MISSING.
- (E) UNKNOWN
- (F) R3002 R1124 R1125 TR119A.
- (G) CRASH ASSUMED. AIRCRAFT 48 HOURS OVERDUE.
- (H) UNKNOWN
- (J) NIL
- (K) F/O CLARSON MOTHER KINNOT MRS. H.T. CLARSON 12
GARDEN CITY AVENUE ST. ANNE DE BELLEVILLE QUEBEC
CANADA. F/O RILEY WIFE KINNOT MRS. N.G. RILEY
2834 ST. GEORGE STREET VANCOUVER B.C. CANADA
ALSO M.R.W. JEFFRIES 17 RUSSEL ROAD CLEVELEYS
LANCASHIRE F/O BARKELL KINNOT MR. J.H. BARKELL
WARDEN LODGE DAVENTRY NORTHANTS.
- (L) UNKNOWN.

TIME OF ORIGIN 101630 HRS.

CRASH CIRCULATION F.A.I. P.4. CAS (6 COPIES) P4 CAS
CAN (5 COPIES) A.R.8 MOVEMENTS 5.

RCAF.
OPERATIONAL HEADQUARTERS
11 JAN 1945

(2)

VERIFICATION OF PARTICULARS
FOR R.C.A.F. CASUALTIES

INSTRUCTIONS

Upon telephone request from P.4 CAS. CAN., Air Ministry, this form is to be filled in, and upon completion, the added particulars are to be given by telephone to the R.C.A.F. airman on duty at P.4 CAS. CAN., Air Ministry. (Gerard 9234, ext. 3609). The completed form should then be passed to P.4 CAS. CAN., Air Ministry, Oxford Street, London.

Date and time requested 0800 11/1/45
By bypl Sullivan
(Rank and Name)

As received by phone from P.4 CAS. CAN:	Annotated on our records:
Surname <u>CARSON</u>	Surname <u>CHARSON</u>
Christian Names <u>O. M.</u> (in full)	Christian Names <u>OWEN MUNRO</u> (in full) <u>WOVENDER.</u>
Rank <u>F/O</u> Number <u>525795</u>	Rank <u>F/O</u> Number <u>525795</u>
Trade <u>Pilot.</u>	Rank on shadow roster (airman ground crew)
Unit <u>1546 BAT FLIGHT</u>	Trade <u>Pilot</u>
	Unit <u>1546 BAT FLIGHT.</u>

Date of appointment or ~~enlistment~~ 30-4-43 Date of Birth 10-6-22
Place of Birth _____ Religion COPE.

PARTICULARS OF NEXT OF KIN

Name of Wife (if any) _____
(State if single)
Address _____

Name of Person or Persons other than Wife to be Notified:
(State relationship)

MRS ^{H.T.} CHARSON Relationship MOTHER

Address 12 GARDEN CITY AVE. ST ANNE de BELLEVUE QUEBEC

Name of any other Person to be Notified (State relationship if any)

Relationship _____
Address _____

The above details were passed by Col. Miles
(Rank and Name)

by telephone to 1AC Vincent at 0915 hours 11-1-44 Date

OK
GFR

TELEPHONED VERIFICATION OF PARTICULARS FOR R.C.A.F. CASUALTIES

INFORMATION (Strictly) AS GIVEN IN SIGNAL.

AS RECEIVED FROM R.&.S. SECTION

1. Surname Chyson
 Christian Names O.M.

10. Surname Clason
 Christian Names Owen

2. Rank F/O Number J-25795

11. Rank D.O. Number J-25795
 Rank on Shadow Roster _____

3. Trade Pilot Unit 1546 Bat Flight

12. Trade Pilot Unit 1546 B.A.F.

Religion _____

Religion S.F.E.

4. NEXT OF KIN (WIFE - as applicable)

13. NEXT OF KIN (WIFE - as applicable)

Name _____
 Address _____

Name _____
 Address _____

5. N. of K. (OTHER THAN WIFE - as applicable)

14. N. of K. (OTHER THAN WIFE - as applic)

Name Mrs. H.T. Clason (M)
 (Relationship)
 Address 12 Garden City Ave.,
St. Anne de Belleville, Que.

Name Mrs. D.L. Clason (M)
 (Relationship)
 Address 12 Garden City Ave.,
St. Anne de Belleville, Que.

6. OTHER PERSONS TO BE NOTIFIED

15. OTHER PERSONS TO BE NOTIFIED

Name _____
 (Relationship)
 Address _____

Name _____
 (Relationship)
 Address _____

7. Name _____
 (Relationship)
 Address _____

16. Name _____
 (Relationship)
 Address _____

8. Name _____
 (Relationship)
 Address _____

17. Name _____
 (Relationship)
 Address _____

9. PHONED BY _____
 At 0800 11-1-45
 (hours) (date)

18. RECEIVED BY Vincent
 At 0915 11-Jan.
 (hours) (date)

N.B. On receipt of the Confirmatory Verification Sheet from R.&.S. the above is to be checked with the particulars shown thereon and this form filed face down as folio One.

REMARKS :-

J.26110 F/O M.G. RILEY

J.25795 F/O O.M.W. CLARSON

45 SUBSEQUENT INFORMATION RECEIVED REGARDING
BALANCE, OR ANY OTHER MEMBER OF THE CREW.

150443 F/O J.D.S. BARKELL

K. ON A.S.

Information received states F/O Barkell killed and
buried 20.1.45, Botley Cemetery, Oxford.

Classified on MM. No. 6197

8.3.45

NOTE: TO BE PLACED ON FILE AS FIRST FOLIO (UNNUMBERED) IN
EVERY CASE OF MISSING WHEN MORE THAN ONE MEMBER IN CREW
R.C.A.F. OR OTHER FORCES.

DEPARTMENT OF NATIONAL DEFENCE—(ARMY)
8/JANUARY

CROSS REFERENCE

MISSING
KILLED

M.M. 6059

RILEY

N.G.

F/O

J.26110

MISSING
KILLED

P.427427

ONE NOT R.C.A.F. ALSO MISSING KILLED

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")							
CR 667	12/1	PA	NK	C.10	Letter 1-4	R.H.	11.1
				C.11	Redemption of M.C. 15/1		
	18/1	PA	[Signature]	C.11	2-10-45	MJ	16.1.45
				C.9	CO's letter {Ret C.11	Miro	18 JAN 1945
				C.11	Req.	[Signature]	18/1/45
				Inquiry	Return C-11	Jmc	29/1
	30-1	P.A.	M.	C.11	Req	[Signature]	29/1
Noted	30-1	P.A.	Jmc	C.10	Letter 16	gm	30-1
	2/2/45	P.A.	[Signature]	C.9	Burial Returns	Miro	31 JAN 1945
	21/2	PA	[Signature]	C.2	WITH MAIL {PASS TO C.9}	Miro	21/2/45
	22/2	P.A.	[Signature]	C.9		[Signature]	21/2
	23/2/45	PA	[Signature]	C.9	BURIAL RETURNS	Miro	23-2-45.
	14/4/45	PA	[Signature]	C.9	Letter for N/K.	Miro.	11 APR 1945

DO NOT WRITE BELOW THIS LINE

145 H.Q. CLARSON O.M.W. F/O J.25795 P.427427-45

R.C.A.F. CASUALTY SECTION
INITIAL ACTION SHEET

MISSING OR MISSING BELIEVED KILLED

8 Jan
(DATE)

DATE	INITIALS
<i>11 Jan</i>	<i>W.S.</i>
<i>11/1</i>	<i>RH</i>
<i>11 Jan</i>	<i>SW</i>
<i>11 Jan</i>	<i>SW</i>
<i>12/1</i>	<i>W.E.</i>

Crash Signal Received

Verification Received

C.R.Card Compiled

A.B.C.CANCAS to Ottawa

Record & action cards compiled

Promulgated Daily Report No. *667*

Scrutiny (N.C.O.i/c)

C.O's letter at folio No.

Circumstantial report at folio No. (if FB or BC)

Form 765C at folio No. (if FA)

KILLED

(DATE)

Crash Signal Received

Verification Received

C.R.Card Compiled

A.B.C.CANCAS to Ottawa

Funeral particulars requested

Funeral particulars received

Ottawa informed funeral particulars

Chaplain informed funeral particulars

Record & action cards compiled

Promulgated Daily Report No.

Scrutiny (N.C.O. i/c)

Burial Return

C.O's letter at folio No. *12 414*

Circumstantial report at folio No. (if FB or BC)

Form 765C at folio No. (if FA)

Form 551 at folio No. (if FA or BC)

<i>16-1</i>	<i>mf</i>
<i>2/2/15</i>	<i>[Signature]</i>
<i>18/1</i>	

INJURY or ILLNESS

Change of Category from MISSING to MISSING BELIEVED KILLED, KILLED, or SAFE

	Date	Initials
Information Received	<i>15-1</i>	<i>[Signature]</i>
Passed to R.C.A.F. H.Q. OTTAWA	<i>15-1</i>	<i>[Signature]</i>
File passed to <u>C.11</u> (Missing Section)	<i>15-1</i>	<i>[Signature]</i>
Promulgated Change Category List No. <i>394</i> as <i>Killed</i>	<i>17/1</i>	<i>[Signature]</i>
N/K Informed (if applicable)		
Unit informed		

N.B. - This form is to be placed on the bottom of the Action Sheet in all changes of category as stated above.

FALSE DOCKET
AIR FORCE No. 17

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

CLARSON,

OWEN M.W.

DCL

9230

OWEN M.W.

CLARSON,

J25795

FILE NO. H.Q.

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
					(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")		
				Estates			
				R	P. 64 for signature	md	2-2-45
				R	With Papers FEB 23 1945		
				Eff	Per Request	Reg	11-5
				R	Eff entered	Eff	12-5-45
				RL	With Papers JUN 22 1945		
				M	Per B. F. JUL 7 1945		
				QV	Per B. F. JUL 21 1945		
				Q4	P4	QV	23-7
				WSG	Request E 171		9-8
				M	With Papers AUG 27 1945		
				M	Effects to go & pass Q4	m	29-8
				M	Effs shipped	Effs	30/8/45
				JA	Per as instructed	Effs	31/8/45
				QW	For Sig	R	6-9
				QW	P4. TO TREAS.		17/9
				M	mail & posts to QW	Reg	19/9
				QW	as per request	m	20/9
				WSG	to attach award form & return to QW		21-9
				QW	P4 to Treas.	WSG	6/10/45
				M	Send diary	Reg	12-10
				M	Effects - send diary	m	16-10
				QW	Diary sent	Eff	17/10
				M	WITH PAPERS OCT 27 1945		
				M	WITH PAPERS NOV 2 1945		
				Qe	& PA	m	6-11

Casualty Report— Date Received 29-1-45 Date Despatched 29-1-45 Flying accident

Will { Service { Canada 26-5-43 Beneficiary Mrs. Dorothea Clarson (mother)
O/Seas
Civil
None
Probate (or L of A) Residing { Canada
Elsewhere

Particulars of Family Form dated 16-5-43 None Single Married
Parents Both Children (Minors)
Life Insurance Nil

Form P. 64 Dated 14/2/45 Domicile Quebec By Mother Single M
Other N/K Father, Sister Debts
Will No Civil Estate Nil

Action Required Action Taken Date App'd

Bank a/c

W.S.C.

Bonds Yes (Reg-200) 20.11.45 22/1/45 Transfer to Bearer 22/1/45
R.V. 14629 V.L.B. (2x100) 6TH Regd. Mother

C. of A. Report 21.3.45 22.6.45 Approved SH Service Debts Nil
Service Will No Will

L.P.C. \$ 277.17 " 3.7.45 **VERIFIED** J.V. 182

Amended 570.44 4-9-45 War Service Gratuity J.V. 6109

Bank Credits

R.R. 0/5
24.9.45

DISTRIBUTION— 1873 3576/3 To Mother

Effects { Canada 29-8-45 Bulk via R.V.S. Case 2 cts CNX F369

Overseas Banker Mail 30-8-45 Valuables via Wife 6291

16.10.45 Diary 8663 Letter as to, dated 28.8.45 & 15.10.45

Total Cash \$ 277.17 To Mother

Date of Despatch 847.61 Mrs. Dorothea Clarson

6.11.45 12 Garden City Ave. St. Anne de Belleme

Quebec,

per Will M.G.

(Engine VFB-See A24)

W.S.C.

W.S.C. of activity - 510.45 Dito



DEPARTMENT OF FINANCE

Ottawa, December 17, 1945

Director of Estates,
Estates Branch,
Department of National Defence,
Ottawa, Ontario.

M
M *20/11* *PA*
20-12-M

Re: J.25795 - F/O Owen M.W. Clarson

Your file: H.Q.J.25795 F.D. 17



Receipt is acknowledge of your letter of the 19th of Oct. in connection with Victory Loan Bonds purchased by the above mentioned.

We wish to advise that a \$50 Fourth Victory Loan bearer bond No. L.4 H.1516968 was mailed on January 31st, 1944, to Mr. Owen M.W. Clarson, 12 Garden City Avenue, Ste. Anne de Bellevue, P.Q.

J. Sutherland

A/Chief Clerk,
Employees Instalment Purchase Plan.

OP/G

DEPARTMENT OF NATIONAL DEFENCE

CLARSON, O.M., F/O., (Deceased)

ESTATES BRANCH

No. J.25795

R.C.A.F.

OTTAWA

CANADA



R

Date.....1945

Received this day from the Director of Estates Bonds as described in Estates letter dated November 29th, /45.

H. 2. J.25795.FD17.....

Morris L. Clarson

Signature

ESTATES BRANCH

OTTAWA

CANADA

29 Nov 45

Mrs. Dorothea Clarson,
12 Garden City Avenue,
ST. ANNE DE BELLEVUE, Que.

CLARSON, Owen Munro, F/O., (Deceased)
Ho. J.25795 R.C.A.F.

Dear Mrs. Clarson:

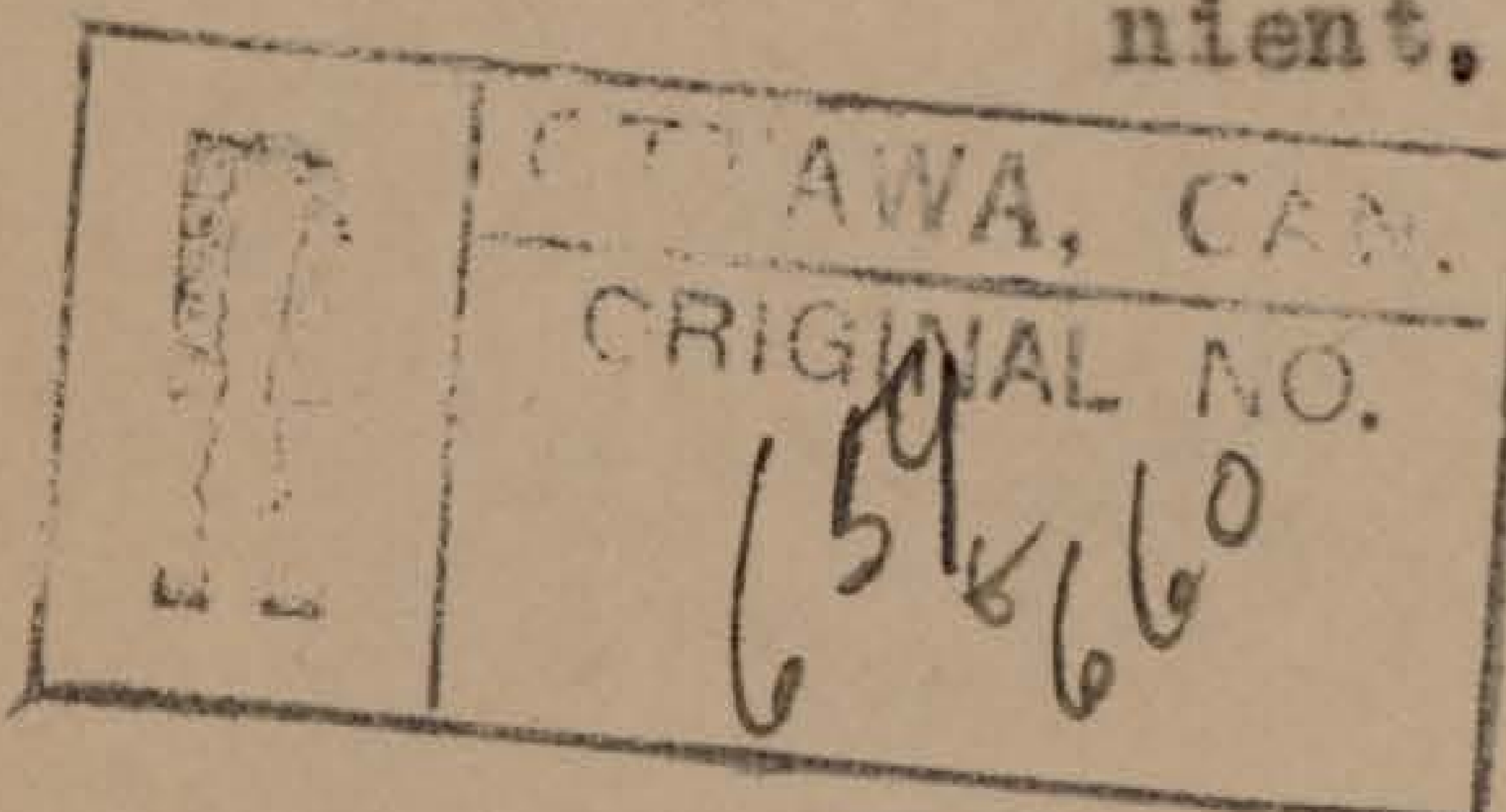
As requested in your letter of November 15th, the enclosed bonds have now been converted to bearer form. The particulars of these bonds are as follows:

Two \$100 Dominion of Canada, 6th Victory Loan Bonds, 1960 maturity, bearing interest at 3%, Nos. L9 A1304781/82, with coupon 3 and all subsequent coupons attached, bearer.

To comply with insurance regulations, we are forwarding each of these bonds under separate covers.

Please sign and return as soon as convenient, the attached form of acknowledgment.

Yours faithfully,



[Handwritten signature]

LBR/MEN
ENCL.
REG.

[Handwritten signature]

(L.M. Firth) Colonel,
Director of Estates.

HQ.J.25795 FD17

22Nov 45.

CLARSON, Owen Munro, F/O., (Deceased)
No.J.25795 R.C.A.F.

Jan. 8/45.

Dorothea Clarson, 12 Garden City Ave., St.Anne de Bellevue, Que.

LBR

LBR/MEN

M

TWO \$100 D. of C., 6th V.L.B., 1960 maturity, bearing interest at 3%, Nos. L9
A1304781/82, with coupon 3 and all sub. opns. attached, REG.

12 Garden City Avenue,
Ste. Annes de Bellevue,
November 15, 1945.

Director of Estates
Royal Canadian Air Force,
Ottawa, Ont.



CLARSON, Owen M., F/O (Deceased)
H.Q. J.25795 FD17

I acknowledge with thanks receipt of cheque for \$847.61 being amount of my son's estate, and enclose herewith signed receipt as requested.

I also enclose two One Hundred Dollar Victory Bonds, registered in the name of my son, which please have transferred to ordinary bearer bonds of the same value and return to me.

Thanking you,

Moris L. Clarson.

RV 14629
20-11-45

XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

ESTATES BRANCH
OTTAWA ONTARIO

6 November, 1945.

Mrs. Dorothea L. Clarson,
12 Garden City Ave.,
Ste. Anne De Bellevue,
Quebec,

CLARSON, Owen M.W., F/O (Deceased)
No. J25795 R.C.A.F.

Dear Mrs. Clarson,

You will recently have received from Treasury a cheque payable to your order in the amount of \$847.61. This is the total amount to the credit of your son's Service estate, and is made up as follows:

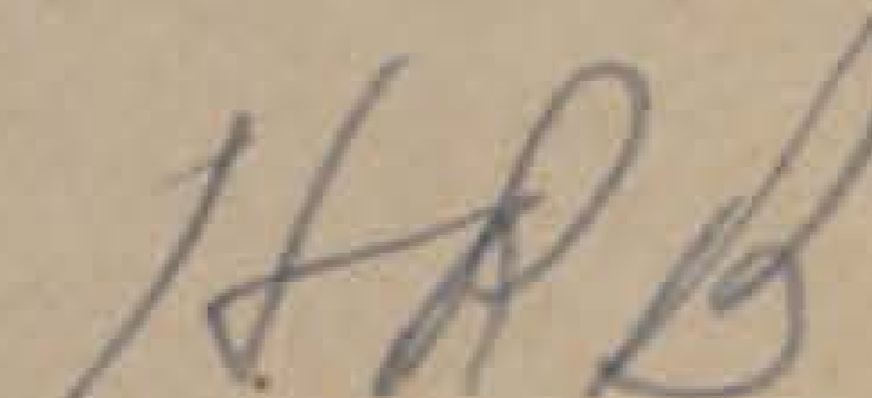
War Service Gratuity, as per state-	
ment attached.....	\$570.44
Proceeds, Bank of Montreal, London..	71.17
Cash in effects.....	39.15
Proceeds, sale of bicycle.....	31.29
Balance of pay account.....	135.56
	<u> </u>
Total	\$847.61

The whole amount is paid to you as the sole beneficiary named in your son's Will on file in this Branch.

Will you kindly sign and return the enclosed form of acknowledgment.

We could have your son's registered Victory Loan Bond transferred to your name if you would send it to this Branch with your instructions.

Yours faithfully,



Director of Estates.

Wm Irvine Estate as per
Statement attached 570.44

Proceeds - Bd of Montreal - London 71.17

C. D. E. 39.15

Proceeds - Sale of buy ch 31.29

Bal of P. A. 135.56

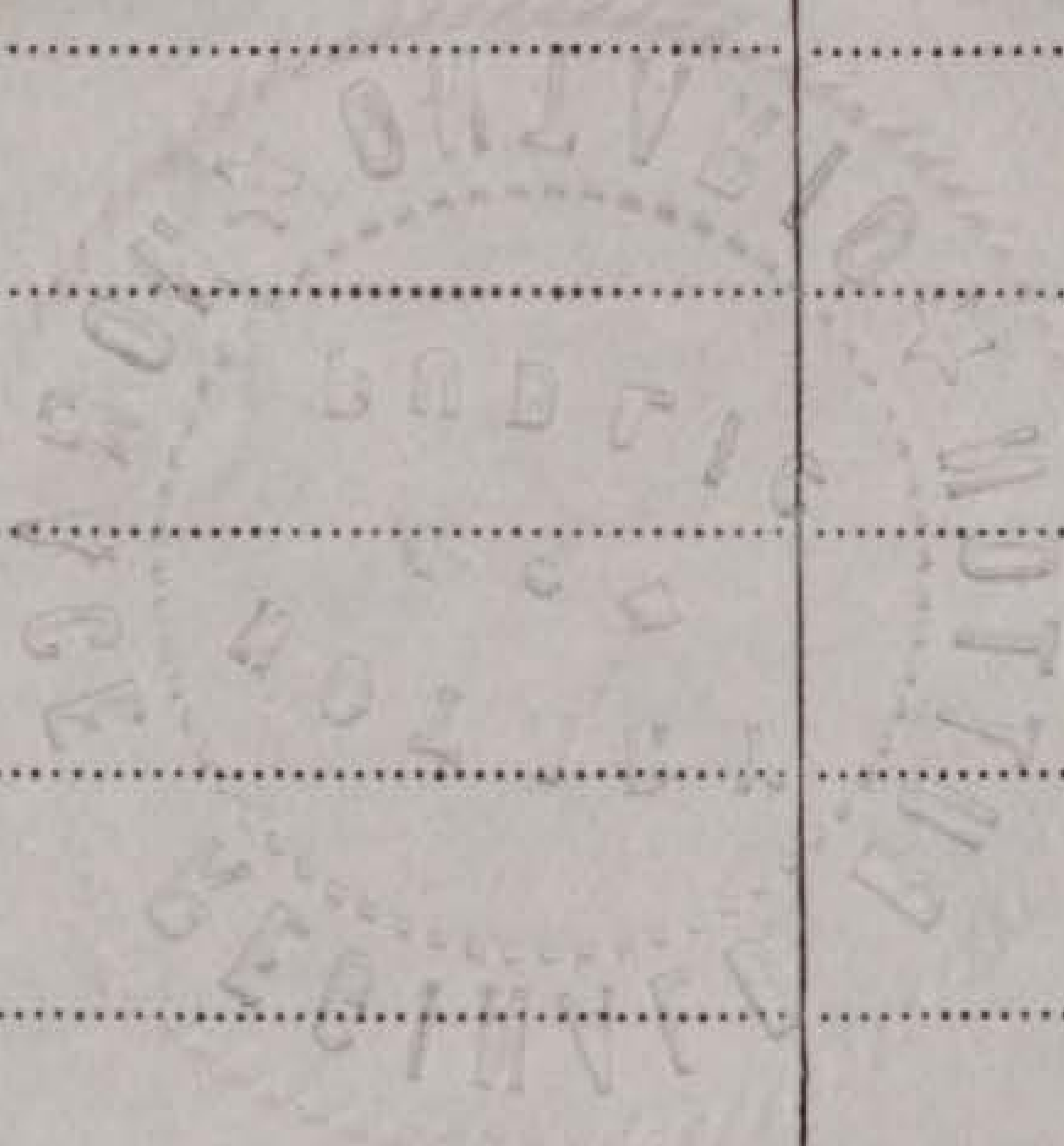
Total 847.61

Sole beneficiary under son's will
V.B.

~~Consolidation in 401 V.B.B.~~

847.61
712.05
135.56





I certify that checked remains by stock-taking are as s

..... Officer-in-char

N.B.—All issues must be accounted for by vouchers or
return.



Department of National Defence

Estates Branch

Ottawa,

Canada

Date October 24th 1945

Received this date from the Director of Estates

-----One Diary-----

containing personal effects of my deceased son

H.Q. J-25795 FD 17

CLARSON Owen M.W. F/O

No. J-25795 R.C.A.F.

Wario L. Clarson
Signature

ESTATES BRANCH
OTTAWA ONTARIO

19 October, 1945.

Mr. R.L. Casselman,
Employees Installment Purchase Plan,
Department of Finance,
Ottawa, Ont.

CLARSON, Owen M.W., F/O (Deceased)

No. J25795 R.C.A.F.
(R164682)

1. The above named deceased purchased a 4th Victory Loan Bond.
2. If this bond is held in safekeeping at your Branch, may same be forwarded to this Branch so that it may be transferred to the beneficiary.
3. If the said bond is not held by you, may we be informed of the disposition made of same.

HRB/OB

HRB
Director of Estates.

ESTATES BRANCH

15th October, 1945.
OTTAWA, Canada.

Mrs. Dorothea L. Clarson,
12 Garden City Avenue,
St. Anne De Bellevue,
Quebec.

CLARSON Owen M.W. F/O (Deceased)
No. J-25795 R.C.A.F.

Dear Mrs. Clarson:

Your son's diary has now been received from his Unit Overseas and will be forwarded to you in the course of the next few days by registered mail. Upon receipt of the diary would you please sign and return the enclosed form of acknowledgment to this Branch for our records.

Yours faithfully,

HRB

Director of Estates.

EBCL
HRB/MM

8663

Department of National Defence

Estates Branch

Ottawa,

Canada

Date September 1st 1945

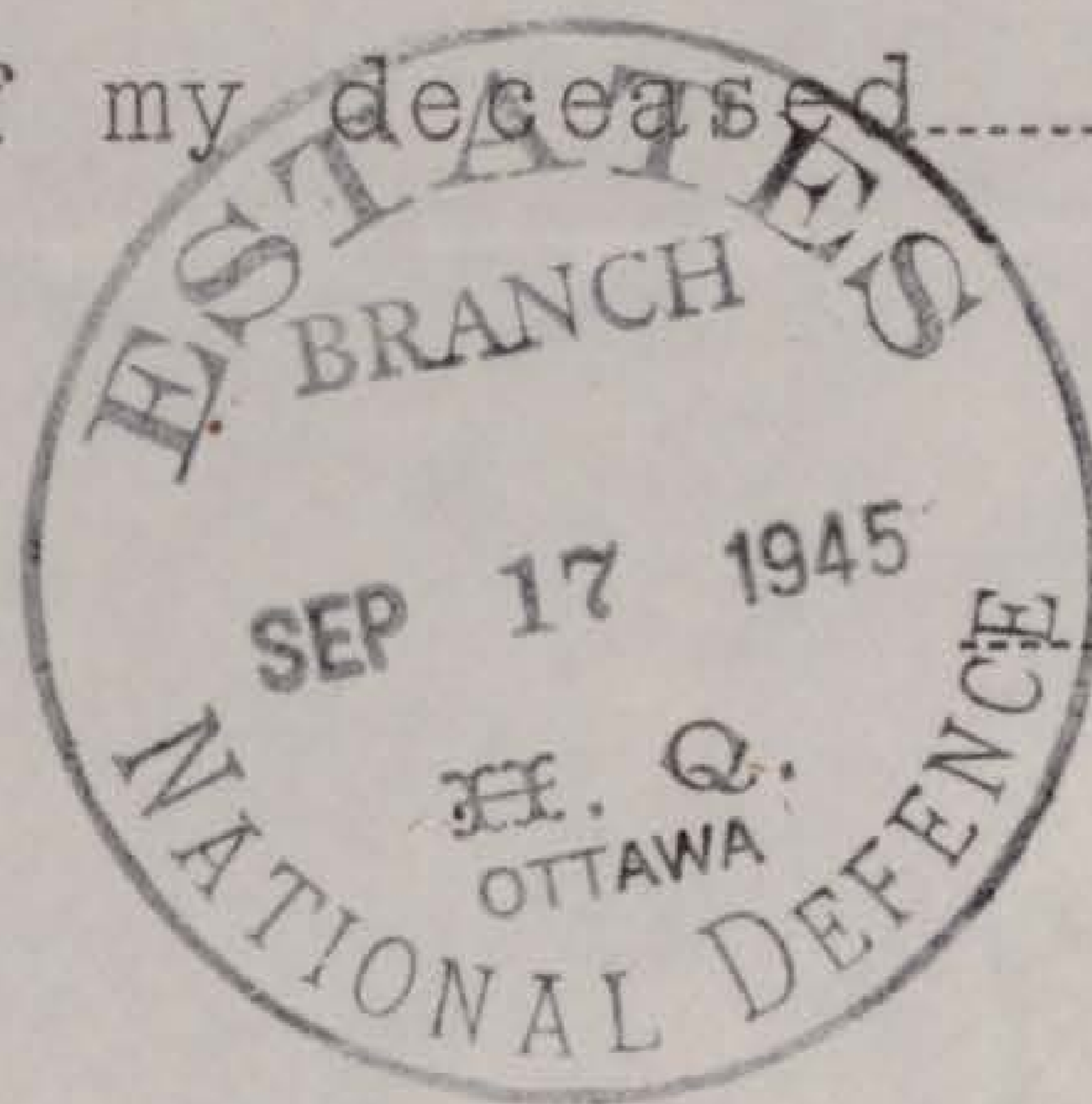
Manila
BF
m

R Received this day from the Director of Estates
ONE PARCEL BY REGISTERED MAIL
ONE WARDROBE, SUITCASE AND TWO CARTONS BY PREPAID EXPRESS.

containing personal effects of my deceased son

H.Q. J.25795 FD 17

CLARSON, Owen M.W. F/O (Dec'd)
No. J.25795 R.C.A.F.



Owen L. Clarson

Signature

TO: R.C.A.F. Records Officer

July 23

194 5

Request is made for final search in your office for a Will of:-

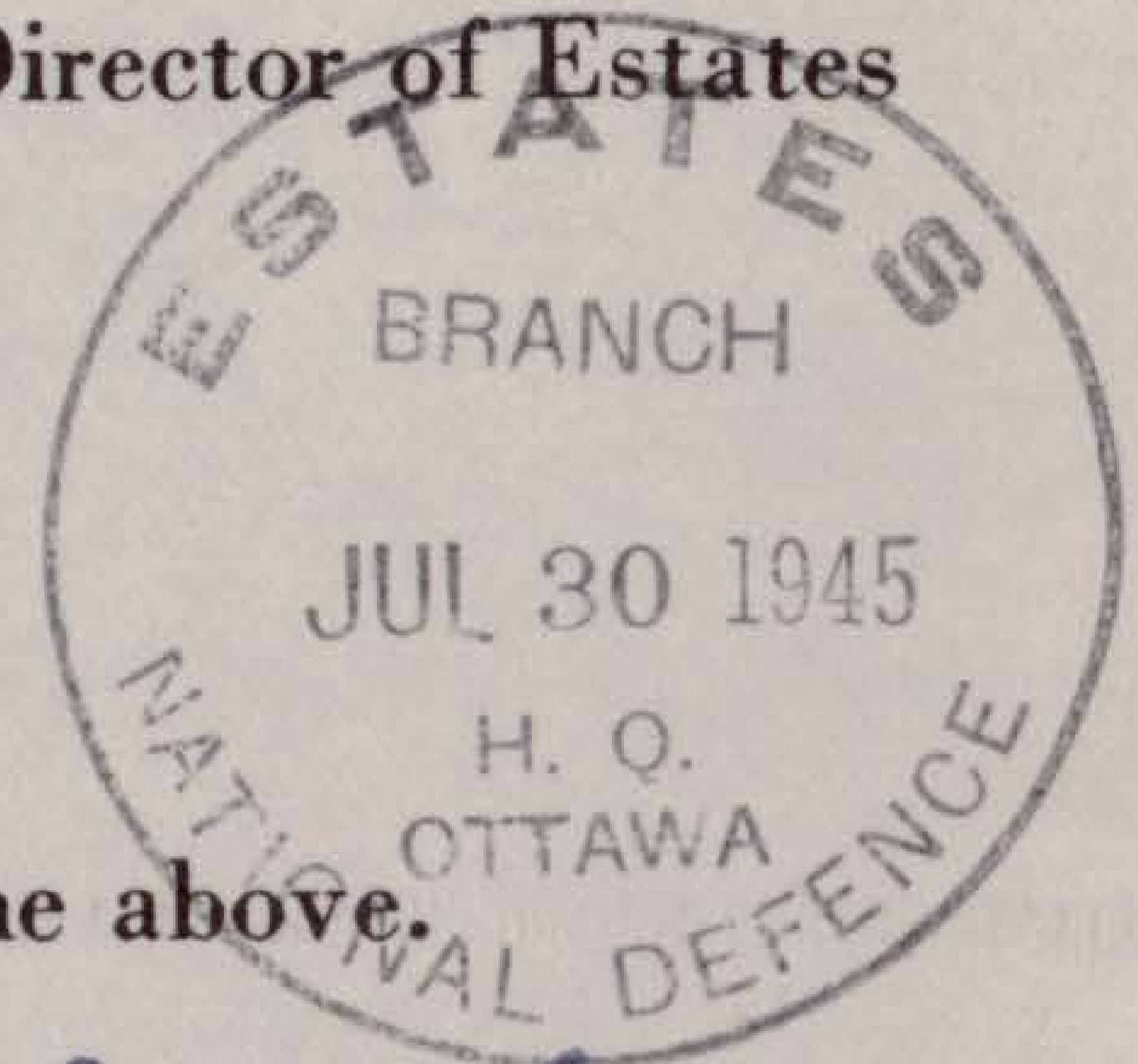
WOVENDEN

CLARSON, Owen Munroe ~~Wovender~~

F/O

J25795

Director of Estates



TO: ^(fr) Director of Estates

I certify that there is no Will in Records Office for the above.

Dated

JUL 27 1945

194

[Handwritten Signature]
R.C.A.F. Records Officer

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F.

HG

Name: CLARSON Surname Owen M.W. Christian Names No.: 2.25795

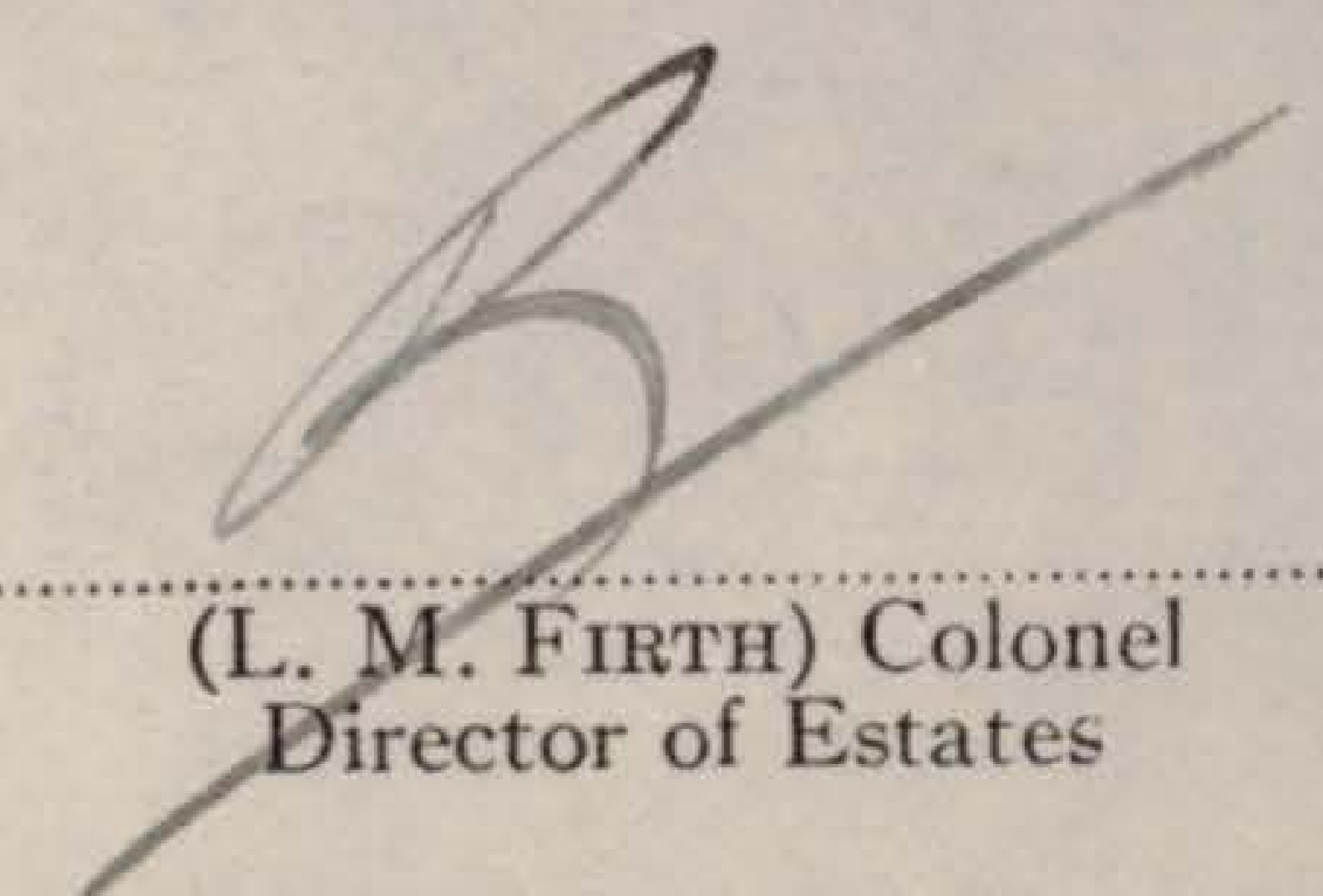
F/O. Rank R.C.A.F.O/S Unit 8-1-45 Date of Death

AMOUNT W.S.G. 570.44
L.P.C......\$ 277.17
 Other Credits.....
 Total..... 847.61

Date: 5-9-45

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Dorothea L. Clarson, 12 Garden City Ave., Ste Anne de Bellevue, Que. (Sole beneficiary under will)	\$847.61
		P4. TO TREAS. <i>12-10-45, R.M.</i>	M

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 0000	833	01	70	000	\$847.61
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

 (L. M. FIRTH) Colonel
 Director of Estates
 AUDITED FOR PAYMENT

(847.61 J M. W.)

75

DISTRIBUTION

SERVICE

- NAVY
- ARMY
- AIR FORCE —
- C.E.F.

NAME: Clarson Owen M. W.

NO ✓ 25795 RANK F/6

REGT: R.L. 07 O/S. DATE OF DEATH 8-1-45

WSC 570.44

L.P.C. 277.17

OTHER CREDITS

all mother

TOTAL 847.61

PAY TO:

*Mrs Dorothy J. Clarson
12 Garden City Ave.
Ste Anne de Bellevue
Que.*

(847.61)

(collected by necessary under will)

ESTATES BRANCH

Ottawa, Canada,
28th August, 1945.

Mrs. Dorothea Clarson,
12 Garden City Ave.,
St. Anne (de Bellevue),
Quebec.

CLARSON, Owen Munroe Wavender F/O (Deceased)
No. J.25795 R.C.A.F.

Dear Mrs. Clarson:

Your son's personal effects have now been received from Overseas and they will be going forward to you within the course of the next few days contained in one wardrobe suitcase and two cartons by express prepaid and one parcel by registered mail.

We trust these effects will reach you in good condition and would ask you to be good enough to complete the enclosed form of acknowledgement and return it to this Branch for our records.

Yours faithfully,

M

Director of Estates.

4291

Clarson

ENCL.
MG/AM

27.8.45

N.

EFFECTS SECTION

O/S CASE No. 1873 OUR CASE No. 744

DATE RECEIVED 27-6-45 FROM O/S

CLARSON O.I.M. F/O J25795

NAME _____ INITIALS _____ RANK _____ No. _____

V—VALUABLES

M—MISSING
3 photographs
[Signature]

S—SURPLUSES

D—DESTROYED (reason why)
1 wooden soap
1 Bottle Bupcream
1 Tooth Paste
1 Tube Godine
2 Bars soap
1 jar shaving cream
1 Tube tooth paste
Partly Used
Dryly
[Signature]

VALUABLE DOCUMENTS

R—RETAINED (reason why)

MONEY: W.S.C.'s, ETC.

DIARIES 1 - Out
LETTERS in mother

CONTAINERS RECEIVED
1 Wardrobe suitcase
3 ctms

CONTAINERS REPACKED
1 wardrobe suitcase
2 ctms
[Signature]

REMARKS

INVENTORIES (Dates; No. of Pages; first and last article on each inventory)
No Sale from 1 fountain pen to 1 blue raincoat

DATE CHECKED 25 Aug 45 BY [Signature] CHECKER
[Signature] CHECKER

OFF. OR N.C.O. i/c [Signature]

PERSONAL EFFECTS OF NO. J. 25775. P/O. CLARSON, O.B.W.

- | | |
|--|--|
| 1 fountain pen (Parker). | 1 envelope containing personal papers. |
| 1 ring with R.C.A.F. Crest (sterling). | |
| 1 Identity disc R.C.A.F. Crest (sterling). | 4 keys. |
| 1 wrist watch - Mido - Glass, broken, unserviceable. | 1 Carton containing:- |
| 1 wallet (3 photographs). | fawn canvas bag, zip fastener. |
| 1 Wardrobe suitcase. | 1 blue shirt. |
| 1 tweed sports jacket. | 3 blue shirts, collars attached. |
| 1 brown sports shirt. | 2 prs. striped pyjamas. |
| 1 pr. khaki drill slacks. | 5 white cotton single s. |
| 2 Service Jackets "P" Brevet. | 1 pr. white cotton underpan s. |
| 2 pr. service slacks. | 3 prs. striped underpants cotton. |
| 1 Service Great coat. | 2 blue service collars. |
| 1 woollen dressing gown. | 11 black ties. |
| 1 woollen sweater. | 2 civilian ties. |
| 1 pr. grey flannel slacks. | 1 pr. green bathing trunks. |
| 2 Course photographs. | 1 pr. P.T. Shorts. |
| 1 Poly-photo. | 6 white handkerchiefs. |
| 1 pr. brown leather gloves. | 1 striped handkerchief. |
| 1 pr. blue woollen gloves. | 14 blue handkerchiefs. |
| 1 blue woollen scarf. | 1 pr. brown leather gloves. |
| 3 prs. grey socks. | 1 pr. suspenders. |
| 7 prs. blue socks. | 1 pr. braces. |
| 1 pocket diary. | 1 leather belt brown. |
| 1 envelope containing:- | 1 Jew's harp. |
| photograph. | 1 whistle. |
| 1 R.C.A.F. Writing pad. | 5 Service buttons. |
| 3 Canadian Service Ribbons. | 1 Gillette razor in cloth case. |
| 1 Parker Pencil. | 2 small torches. |
| 1 pr. armlets. | 2 white towels. |
| 1 blue leather writing case, | 1 blue slipover. |
| containing:- | 14 1/2 prs. black socks. |
| 2d. in postage stamps | 1 pr. fawn socks. |
| correspondence. | 1 pr. grey socks. |
| personal papers. | 2 prs. black shoes. |
| 1 address book. | 1 pack playing cards. |
| 1 driving licence. | 1 razor hone. |
| 1 Pilots Brevet. | 1 box dice. |
| 2 notebooks. | 1 white armband. |
| | 1 lock. |

- 7 shirts.
- 2 prs. shorts.
- 2 vests.
- 4 towels.
- 9 handkerchiefs.
- 1 pr. pyjamas.
- 2 collars.
- 1 laundry bag.
- 1 small leather zip fastener bag,
zip unserviceable.
- 1 pr. red leather slippers.
- 1 pr. felt slippers.
- 1 pr. white plimsoles.
- 1 white bicycle pump.
- 1 pr. black boots.
- 1 pr. beige woollen mitts.
- 1 holdall and cutton stick.
- 1 dress cap.
- 1 black bakelite torch.
- 1 hairbrush.
- 2 clothes brushes.

1 Blue canvas satchel zip fastener Note.
containing:-

1 Black Rexine holdall following
contents:-

- 1 wooden bowl soap.
- 1 tin elastoplast.
- 1 shaving brush.
- 1 bottle Brylcreem.
- 1 tube toothpaste.
- 1 tube Iodine.
- 1 blue bakelite soap box
with soap.
- 1 pr. white metal cuff links.
- 1 hair brush.
- 1 tooth brush.
- 1 Gillette razor in case.
- 1 styptic pencil.
- 1 metal mirror in paper case.
- 1 pr. scissors.
- 1 comb.
- 1 tin ointment.
- 1 Camp belt - brown.

- 2 collar studs.
- 1 metal mirror.
- 1 towel.
- 1 pr. leather gloves.
- 1 leather belt.
- 1 tooth brush holder with brush.
- 1 jar shaving cream.
- 1 tube tooth paste.
- 1 pack playing cards.
- 1 nickel box with Schick Razor and
blades.
- 1 shaving brush.
- 1 nail file.
- 1 shoe brush.
- 1 handkerchief.
- 1 bakelite soap box with soap.
- 1 leather case with goggles, broken.
- 1 Field Service Cap.
- 1 blue raincoat.

1 B.S.A. Sports bicycle retained
at Unit pending disposal instructions.

Cash amounting to £8.15.2d.
found among the personal effects
has been credited to his Service
Account.

1 Pawn ticket for 10/-
and account for Victory Loan
Bond extracted and forwarded to
R.C.A.F.O/S.M.J. London.

Address of N of K: Fratell.
Mrs G. J. Blayson,
12 Garden City Avenue,
St. Annes de Bethune,
Quebec.

ROYAL CANADIAN AIR FORCE
Overseas Headquarters.

20, Lincoln's Inn Fields,
London, W.C.2.

Date: 12th June, 1945.

Director of Estates,
Department of National Defence,
OTTAWA, Canada.

CAN: J.25795 F/O Owen Munroe Wavender CLARSON

The under noted documents relating to the Service Estate
of the above noted deceased are referred for your further action:

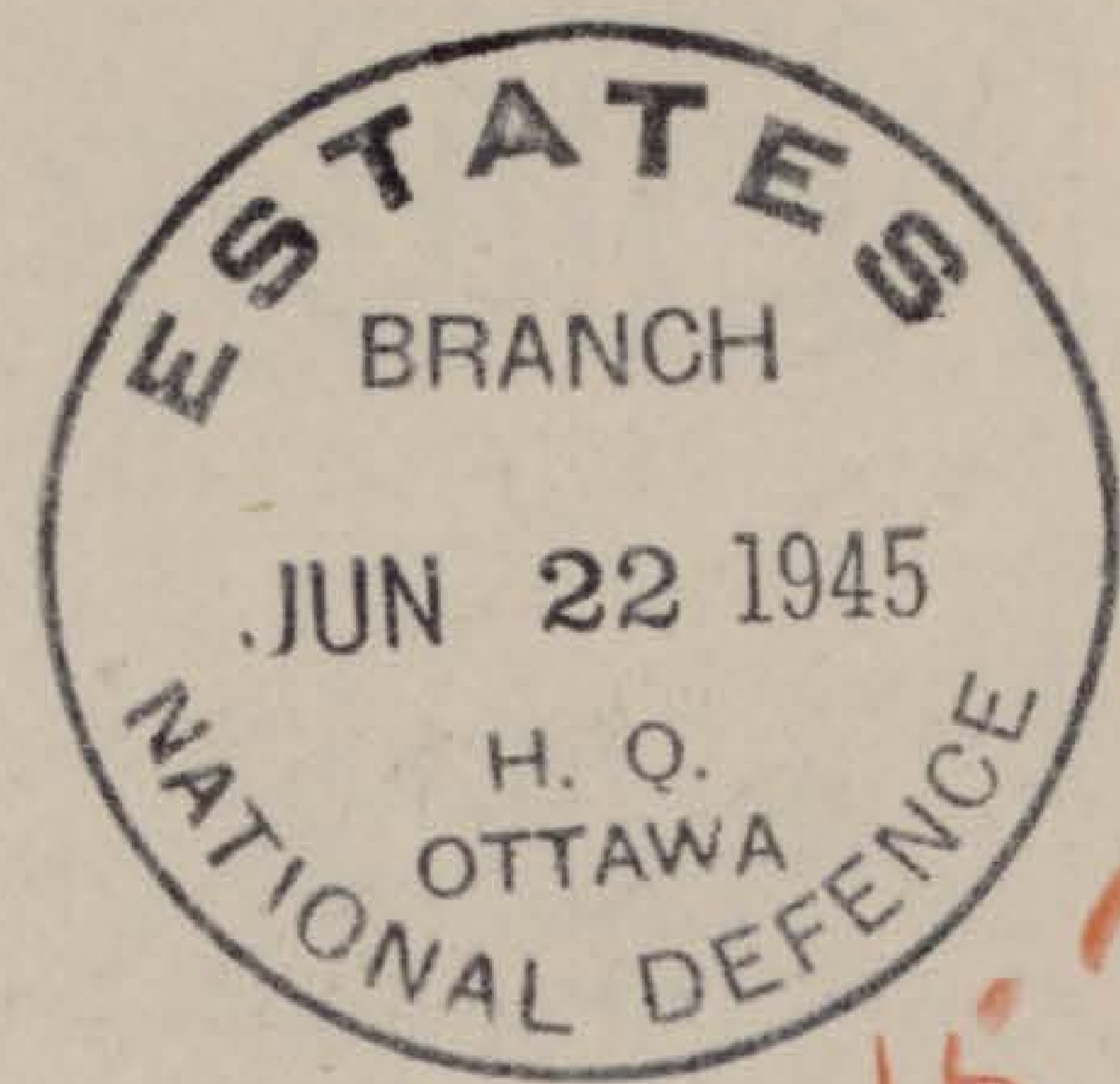
Form A.28 (2 pages)

Committee of Adjustment Report:

- ✓ Receipted mess account, R.A.F. Station, Faldingworth - P.4 attached.
- ✓ Acknowledgment of receipt of cheque in redemption of watch, H. Phillips, Aldershot - P.4 attached.
- ✓ Subscription receipt, Sixth Victory Loan Bond - value \$200.00.

and you are advised

Overseas Action has been completed:



Documents Checked. X

Remarks:

- ✓ 1. Personal effects forwarded to you 22nd May, 1945 - Case No. 1873.
- ✓ 2. The casualty's bicycle was sold for the sum of £7.0.0.
- ✓ 3. Bank of Montreal Account No. 14109 uplifted.
- ✓ 4. The casualty's "Tavannes Watersport watch, minus strap" was forwarded to you by G.11 No. 1108, d/30th April, 1945.
- ✓ 5. It will be noted that Form 1644 reflects cash in effects in the amount of £5.0.2. only. However, subsequent to completion of this form, a further amount was located, making a total of £8.15.2., as reflected on the enclosed A.28.

ENCL.

(Signature)
 (A.C. Pennington) W/C.,
 Officer i/c Estates,
 R.C.A.F. Overseas.

OUTFIT ALLOWANCE PAID

MARRIED or SINGLE *S*

RECORD OF PAY

BANKING ARRANGEMENTS *Bank Montreal 14189*

WARRANT OFFICERS \$ ON
OFFICERS \$1500 ON 27-43
ON

APPOINTED OR ENLISTED
AT ON

NET RATE OF DEFERRED PAY \$

No. *J 5795* NAME IN FULL *CLARSON*

R.C.A.F. A38E
BY 1753/1947
1948 & 49
M1 R1 0746/4

RATE OF PAY										ASSIGNMENTS			DEPENDENTS ALLOWANCE			REMARKS			
D.R.O. No.	DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD PAY	COMBINED RATE	PEN. DED.	NET FORTNIGHT RATE OF PAY	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
<i>216</i>	<i>2010-45</i>	<i>7/0</i>	<i>GL</i>	<i>95</i>	<i>7.00</i>		<i>7.00</i>		<i>38-8-0</i> <i>134-18</i>		<i>Dorothy Clarkson</i>	<i>1-6-43</i>	<i>80.00</i>	<i>80.00</i>					
											<i>CLARSON, DOROTHY</i>	<i>1-2-45</i>	<i>80.00</i>						
													<i>Missing 8-1-45 CR 667-7</i>						
													<i>Killed 8-1-45 CR 671</i>						

NEW PAY BOOK				PAY AND ALLOWANCES				DEFERRED PAY						
DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
<i>1944</i>	BROUGHT FORWARD		<i>199.29</i>	<i>199.29</i>	<i>1944</i>	BROUGHT FORWARD		<i>3.85</i>	<i>3.85</i>		BROUGHT FORWARD			
<i>15-1</i>	<i>Oct of 43 31-12-43</i>	<i>V-8326</i>	<i>62.58</i>	<i>136.71</i>	<i>Sept</i>	<i>Sept Pay</i>		<i>210.00</i>						
	<i>Jan Deposit</i>	<i>134.10</i>		<i>2.61</i>		<i>Oct Pay</i>	<i>80.00</i>		<i>133.85</i>					
<i>21-1</i>	<i>Feb</i>		<i>203.00</i>	<i>205.61</i>		<i>End Pay</i>	<i>134.10</i>		<i>25</i>					
	<i>7-2-44</i>		<i>80.00</i>	<i>125.61</i>	<i>Oct</i>	<i>Oct Pay + Allow</i>	<i>80.00</i>	<i>217.00</i>	<i>136.75</i>					
	<i>March</i>		<i>125.16</i>	<i>45</i>		<i>End Pay</i>	<i>134.10</i>		<i>2.65</i>					
<i>Mar</i>	<i>March Pay</i>		<i>217.00</i>		<i>Nov</i>	<i>Nov Pay + Allow</i>	<i>80.00</i>	<i>210.00</i>	<i>132.65</i>					
	<i>Oct Pay</i>	<i>80.00</i>		<i>137.45</i>	<i>27-11</i>	<i>Ins. Prem. Baggage, Halifax 5128691</i>	<i>6.78</i>		<i>125.94</i>					
	<i>End Pay</i>	<i>134.10</i>		<i>3.35</i>		<i>End Pay</i>	<i>134.10</i>		<i>8.16</i>					
<i>Apr</i>	<i>April Pay</i>		<i>210.00</i>		<i>Dec</i>	<i>Dec Pay + Allow</i>	<i>80.00</i>	<i>217.00</i>	<i>128.84</i>					
	<i>Oct Pay</i>	<i>80.00</i>		<i>133.35</i>		<i>End Pay</i>	<i>125.16</i>		<i>3.68</i>					
	<i>End Pay</i>	<i>134.10</i>		<i>75</i>	<i>Jan</i>	<i>Jan Pay + Allow</i>	<i>80.00</i>	<i>217.00</i>	<i>140.68</i>					
<i>May</i>	<i>May Pay</i>		<i>217.00</i>				<i>140.68</i>		<i>1074.85</i>	<i>1074.85</i>				
	<i>Oct Pay</i>	<i>80.00</i>		<i>136.25</i>	<i>JAN 10-10/181756</i>									
	<i>End Pay</i>	<i>134.10</i>		<i>2.15</i>	<i>16-1 BAL TO NONEFF 10/181755</i>			<i>140.68</i>	<i>140.68</i>					
<i>June</i>	<i>June Pay</i>		<i>210.00</i>		<i>FEB 12-11/204229 C.I.E.</i>			<i>39.15</i>	<i>179.83</i>					
	<i>Oct Pay</i>	<i>80.00</i>		<i>132.15</i>	<i>MAR 6-11/225107 UP BANK BILL (MONTREAL)</i>			<i>71.17</i>	<i>251.00</i>					
	<i>End Pay</i>	<i>134.10</i>		<i>1.95</i>	<i>26-13/243653 REDEMPT. OF LEDGE. H. PHALIPS.</i>		<i>2.92</i>		<i>248.08</i>					
<i>July</i>	<i>July Pay</i>		<i>217.00</i>	<i>215.05</i>	<i>APR 27-11/268124 SALE OF CYCLE</i>			<i>31.29</i>	<i>279.37</i>					
	<i>Oct Pay</i>	<i>80.00</i>		<i>135.05</i>	<i>MAY 3-13/275597 MESS BILL. FALDINGWORTH</i>		<i>2.20</i>		<i>277.17</i>					
	<i>End Pay</i>	<i>134.10</i>		<i>95</i>			<i>277.17</i>		<i>282.29</i>	<i>282.29</i>				
<i>Aug</i>	<i>Aug Pay</i>		<i>217.00</i>	<i>217.95</i>					<i>277.17</i>	<i>277.17</i>				
	<i>Oct Pay</i>	<i>80.00</i>		<i>137.95</i>	<i>L.P.E. May 145</i>				<i>277.17</i>	<i>277.17</i>				
	<i>End Pay</i>	<i>134.10</i>		<i>2.85</i>										
	CARRIED FORWARD		<i>1686.34</i>	<i>1690.39</i>		CARRIED FORWARD								

C.I.E. Montreal
Sale of Cycle

27.7.17
2 P.L.E.

019747

R.C.A.F.
O& Headquarters
8
JUN 1 1945
ESTATES BRANCH

R.C.A.F. A28B.
 (1944)
 WY 12113/0-3
 1000 4/48
 W1861 07 28/1

OUTFIT ALLOWANCE PAID

WARRANT OFFICERS \$ ON
 OFFICERS \$ 150 ON 27-5-43
 \$ ON

MARRIED or SINGLE S

APPOINTED OR ENLISTED
 AT Montreal, P.Q. ON 25-5-42

RECORD OF PAY

NET RATE OF DEFERRED PAY \$

BANKING ARRANGEMENTS Montreal/Canada # 1410

No. 525795 NAME IN FULL CLARSON

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS		
D.R.O. No.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD PAY	COMBINED RATE	PEN. DED.	NET FORTNIGHTLY RATE	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.Y. CLASS.	
116	27/4/43	SGT.	SG.	AS.	3.70		3.70		27.70		Marythly Clarson - War Dead	1-12-42	20.00							
	31/5/43	P/O	GL.	AS.	6.25		6.25		1.90.58	7.01 1/2 Depos - 1/2	M.F.M. 19	1-5-43	8.40							
	30/10/43	F.O.	GL.	AS.	7.00		7.00		10.85	90.755-760/43 208773	M.F.M. 19	1-6-43	80.00	88.40						
									13.51.0		U.H.V.L.	30/3	540.80	80.00						

631044
 Formated with # 141/14

PAY AND ALLOWANCES					DEFERRED PAY									
DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
1943	BROUGHT FORWARD	41.55				BROUGHT FORWARD			NIL		BROUGHT FORWARD			
1-5	Pay fr. 1/5 to 14/5 @ 3.70		51.80		1/7	July Pay		193.75	193.75					
	Pay fr. 20/4 to 14/5 @ 2.55		28.25		1/7	July A.P.	88.40		105.35					
	Pay fr. 15/5 to 31/5 @ 6.25		106.25		31/7	July Dep.	100.58		4.77					
	Bas. Pay	28.40			31/7	Casual Pay. V. 3018	44.70		39.93					
	V.C. 955	10.00			Aug	Aug Pay		193.75	153.82					
	End. Pay	116.00				Aug Pay	88.40		65.42					
1-6	June Pay.		187.50			Aug deposit	64.82		0.60					
	- A.P.	88.40			1-9	Sept Pay		187.50	188.10					
	End. Pay.	99.45				" A.P.	88.40		99.70					
		383.80	383.80		27-9	Sept Dep.	100.58		88					
					Oct	July A.P.		193.75	192.87					
						" A.P.	88.40		104.47					
						Sept Dep.	100.58		3.89					
					1-11	Nov. Pay		187.50	191.39					
						" A.P.	80.00		111.39					
					29-11	Nov. Dep.	100.58		10.81					
					DEC.	DEC. Pay		193.75						
						" allow	80.00		124.56					
					27-12	DEC. Dep.	109.52		15.04					
					21-12	From 3/0 H. 3040.43 208773		47.25	62.29					
						Jan/1944 Jan. Pay		217.00						
						Jan allow	80.00		199.29					
							199.29							
							1410.25	1410.25						
									199.29					

CARRIED FORWARD

CARRIED FORWARD

CARRIED FORWARD

019747

R.O.A.F.
O.S. Headquarters
8
JUN 11 1946
ESTATES BRANCH

CONFIDENTIAL**ROYAL AIR FORCE****STANDING COMMITTEE OF ADJUSTMENT****REPORT****ON****ACTION TAKEN IN THE CASE OF**Official No. J.25795 Rank F/O Trade or Branch PILOTName CLARSON Owen Munroe Wavender (RCAF)
(Surname) (Christian names in full)

(Under the terms of A.M.O. A.1265/1943)

Reference No. CD/BV.26531To
Officer i/c Estates,
R.C.A.F. Overseas Headquarters,
20, Lincoln's Inn Fields,
LONDON. W. C. 2.

10969

Date forwarded 21 MARCH 1945.

(Form 247 attached)

Reference:-
CD/BV.26531

Central Depository,
Royal Air Force,
Colnbrook,
Slough, Bucks.

J.25795 F/O Clarson.O.M.W.

The Standing Committee of Adjustment has the honour to forward herewith R.A.F. Form 1644 together with the requisite documents as mentioned therein. The Committee's checked inventory replaces that submitted by the Station.

2. Copies of all correspondence between the Standing Committee and the next of kin are also enclosed. **NIL**

3. The following documents and/or information have been received by the Standing Committee subsequent to the receipt of Form 1644.

Para.4. Accountant Officer's receipt for £8.15.2d attached. Copy of letter from R.A.F. Station, Faldingworth, dated 8th February, 1945 attached for information.

Para.6. Form 894 attached.

4. Disposal instructions regarding the Bicycle retained at the Unit are awaited.

5. The personal effects are being forwarded to the Director of Estates, Ottawa, Canada.

Date..... 21 March 1945

The Officer i/c Estates,
R.C.A.F. Overseas Headquarters,
20, Lincoln's Inn Fields, W.C.2.

President. *Megdon*
Members. *M.R. Lawrence* *FB*
Fay

COPY LETTER:

From RAF Station FALDINGWORTH

To R.A.F. Colnbrook.
Central Depository, Slough, Bucks.

Date 8th February 1945.

Ref FH/C.425/19/P.1.

J.25795 F/O O.M. Clarson. -No.1546
- B.A.T. FLIGHT (DECEASED)
- - - - -

Attached herewith consolidated
receipt, in triplicate, in respect of the
above-mentioned officer.

2. Please cancel previous receipts.

C.Wilton. F/O
for Officer, Commanding,
British Substitution Unit.
R.A.F. Station, FALDINGWORTH.

Encl.

R.A.F. STATION..... *Faldingworth*

..... 31. 1. 1944⁵⁻

Received from the Committee of Adjustment, the sum of

120

..... *Eight* pounds *Fifteen* shillings *Two* pence

in respect of Cash found in the effects of:-

No..... *J. 25795* Rank..... *WO* Name *Clarson, OMI*

TRIPPLICATE

Accountant Officer,
R.A.F. Station,

A. Howell *RAF 14 Base, Ludford*

<i>Sterling</i>	<i>5-15-2</i>
<i>Postage Stamps</i>	<i>6/3</i>
<i>Currency:-</i>	
<i>7.00 U.S. Dollar</i>	<i>1-13-10</i>
<i>Notes.</i>	
<i>100 Escudos</i>	<i>19-11</i>
	<hr/>
	<i>£ 8-15-2</i>
	<hr/>

33/42

FORM 894

ROYAL AIR FORCE

SA

PARTICULARS OF DECEASED OFFICER'S NON-EFFECTIVE ACCOUNT.

Unit 1546 BAT. FLT.

Service No. and Rank J. 25495 F/O.

Name Clarson O.M.

Date of death 8.1.45 Where Flying Accident

BALANCE AVAILABLE FOR ISSUE BY THE AIR MINISTRY.

	Period	Rate	Amount
Pay (when issued locally)			
Allowances	Ration		
	Lodging		
	Furniture		
	Fuel & Light		
	Servant		
	Field		
	Colonial		
	Consolidated		
Cash received from Committee of Adjustment abroad			
Cash in effects (Home)			8 = 15.2
* Other Credits, viz.			
	Total Credits		8 = 15.2
Debits (to be shown in red ink)			
		Net Total £	8 = 15.2

FEB 1945

B26531

* Supporting vouchers should be forwarded with this form.

I hereby certify that the particulars overleaf are correct,

and that the sum of Eight pds 15/2 ^{has been} ~~is available~~

~~for issue by the Air Ministry.~~ ^{to RCAF} The allowances are entered

~~on Voucher~~ ~~to my cash account for the~~

~~month of~~ ^T and the Cash is brought

to account in my Cash Account for the month of Jan' 45

Signature of
Accountant Officer

} Wood ^{S/L.}

Station 14 Base

Date 29.1.45

Date..... 9-4-1945

J 25795 F/O O.M. CLARSON

Received from the Committee of Adjustment (BAT FLIGHT Squadron) the sum of £ 7 ; - ; - d.

SEVEN pounds shillings pence

Cash found in effects. airman
being Cash from Sale of Effects of the above-named officer.

W. Litty F/O
S/Ldr.,
Senior Accountant Officer,
R.A.F. Station, Hemswell.

FAWING WORTH

APR 21 1945
O.S. Headquarters
R.C.A.F.
ESTATES BRANCH

OFFICERS' MESS

37

R.A.F. STATION, FALDINGWORTH

Name F/O Clarkson J.25795 O.M.W.

For the month of Jan. 1945

ITEMS	£	s.	d.
Brought forward			
Messing			
Maintenance			
Mess Contribution			
R.A.F. B.F.			
Library			
P.M.C. other Messes			
Linen			
Telephone			
Laundry		5	10
Sundries			

0192930

PAID

for

Mess Sec. Officers Mess
R.A.F. Faldingworth, Lines

TOTAL £ — 9 - 10

File No
CJ.25795
DA/EST

RECEIPT

Cheques to be made payable to P.M.C. Officers' Mess, R.A.F., Faldingworth.

It is requested that this Mess Bill is paid before the 10th of the month.

These charges are certified correct.
Y.C. Beyer-Jones R/L
Mess Sec. Officers Mess
R.A.F. Faldingworth, Lines.

2.2.45

012523

R.C.A.P.
O.S. Headquarters
4
JUN 1945
ESTATES BRANCH

DISTRIBUTION OF SERVICE ESTATE

ROYAL CANADIAN AIR FORCE.

CLARSON, Owen Munro Novender J.25795
 Name: Christian Names: Number:
 F/O R.C.A.F. Overseas 8th January, 1945.
 Rank: Unit: Date of Death:

.....
 Cheque No: Particulars of Account Name and Address £. s. d. \$.

84131

Mess Bill

P.M.C.,
 Officers' Mess,
 R.A.F. Station,
 Faldingworth,
 Lincs.

0.9.10.

2.20

..... 27559.7

Payment approved and authorised: Certified Correct Audited for payment.
H.C. Tennant *[Signature]* *[Signature]*
 Officer i/c Estates Overseas For Senior Accountant For Chief Treasury Officer Overseas.
 Date: 23rd April, 1945. Date: 1 MAY 1945 Date: 2 MAY 1945

If sufficient funds are available in the account, please forward cheques as above:
 if insufficient funds, return one copy hereof, showing balance of account available.

Balance available: \$ 248.08

DISTRIBUTION OF SERVICE - ESTATES

ROYAL CANADIAN AIR FORCE

Name:

Rank:

Number:

Character Name:

Name:

Date of Death:

Base of Death:

Unit:

Rank:



DISTRIBUTION OF SERVICE - ESTATES

ROYAL CANADIAN AIR FORCE

Name:

Character Name:

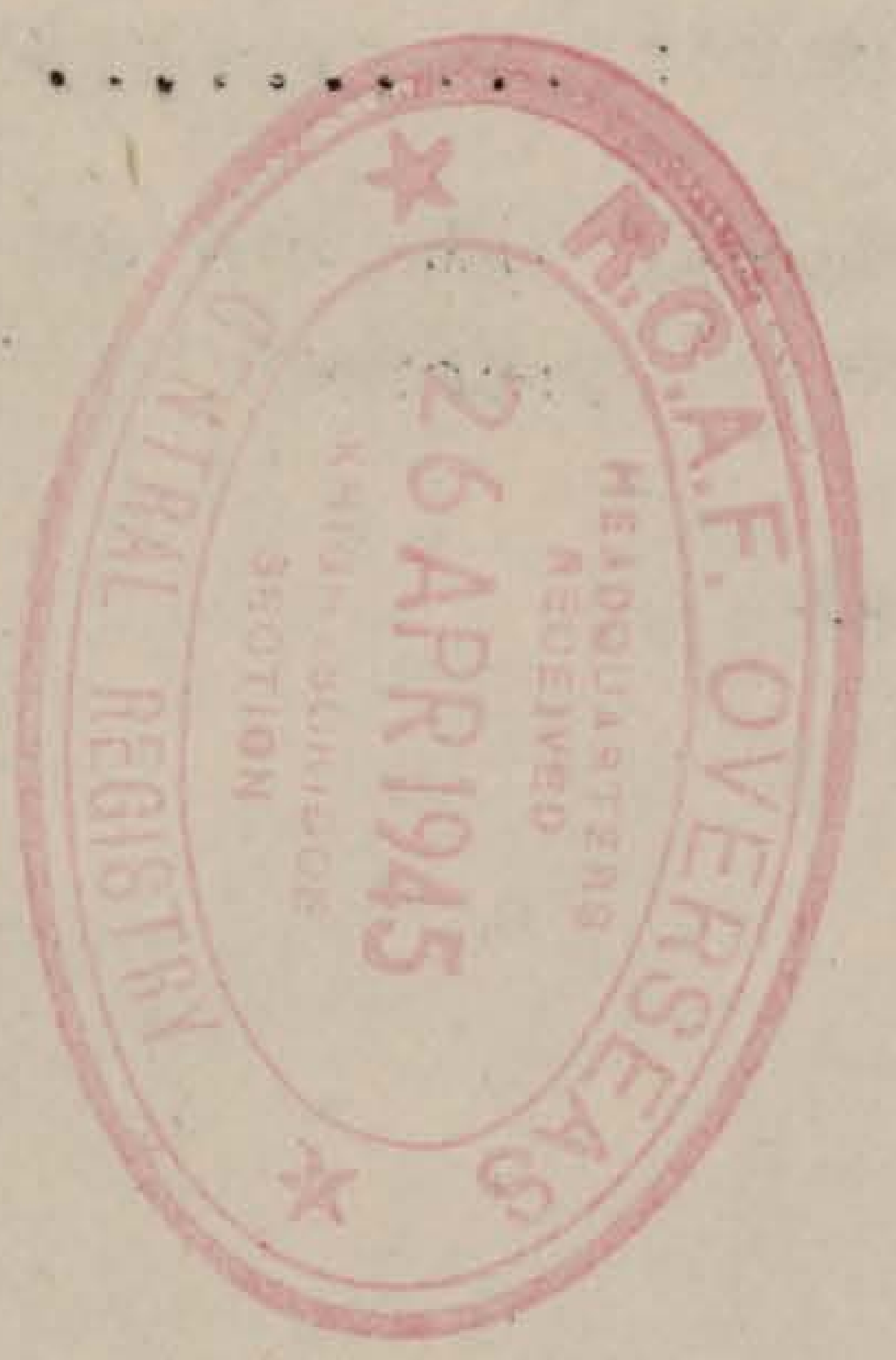
Name:

Date of Death:

Base of Death:

Unit:

Rank:



DISTRIBUTION OF SERVICE - ESTATES

ROYAL CANADIAN AIR FORCE

825795

Larson, O.M. W

ESTABLISHED 1856

1100

H. PHILLIPS

Jeweller and Pawnbroker

17, 19 & 21, HIGH STREET, ALDERSHOT

HIGHEST PRICE GIVEN FOR DIAMOND JEWELLERY, GOLD & SILVER

April 24th 1945

A.O.C-in-C

R.C.A.F. Overseas.

Dear Sir:

Re your letter of 18th inst

No C.J. 25795 (DA/EST)

We have to thank your letter with cheque 13/1 &

herewith forward you the

watch re. pawn ticket No 6180

26 Aug 1944.

015815

Thanking you
yours faithfully
H. Phillips

Watch held by J.G.W.

A.L.W.

B

DISTRIBUTION OF SERVICE ESTATE

ROYAL CANADIAN AIR FORCE

..... **CLARSON,** **Owen Munro Wovender** **J.25795**
Name Christian Names Number

..... **R/O** **R.C.A.F.** **8th January, 1945.**
Rank Unit Date of death

.....
Cheque No. Particulars of account Name and Address a s d \$ ¢

.....
Redemption of Pledge **Messrs. H. Phillips,**
17, 19 & 21 High Street, **£0.13.1.**
Aldershot

2.92 (70)

76535

.....
Payment approved and authorized

Certified correct

243653
Audited for payment

J. W. Alexander
Officer i/c Estates Overseas

J. K. Gardiner F/L
For Senior Accountant
Officer, U.Y.B.A.U.

J. Hewitt
For Chief Treasury
Officer Overseas

Date **14th March, 1945**

Date **23 MAR 1945**

Date **23 MAR**

If sufficient funds are available in the account, please forward cheques as above.
If insufficient funds, return one copy hereof showing balance of account available.

Balance available £ **251.00**

R.C.A.F.
Headquarters
10
APR 1945
ESTATES BRANCH

R.C.A.F. OVERSEAS
RECEIVED
17 MAR 1945
KNIGHT BRIDGES
REGISTRATION
CENTRAL REGISTRY

ESTATES BRANCH
O T T A W A C A N A D A

February 28, 1945.

Mrs. Dorothea L. Clarson,
12 Garden City Avenue,
Ste. Anne de Bellevue, Quebec.

CLARSON, Owen Munro Wovenden, F/O (Deceased)
No. J.25795, R.C.A.F.

Dear Mrs. Clarson:

Receipt of our completed Form P.64 is gratefully acknowledged.

We now have on file a Will executed by your son, dated May 26th, 1942, in which you are named sole beneficiary, and the Will is being retained on file to support the administration of the Service estate.

We are unable to say definitely when your son's personal effects and pay documents will be received from Overseas. We wish to assure you, however, that on arrival you will be notified, at which time we will write you further regarding the Dominion of Canada Victory Loan Bonds.

Yours faithfully,


Director of Estates.

IGR:EA

COPY FOR RECORDS OFFICE

PLEASE ADDRESS ALL
COMMUNICATIONS TO
CHIEF OF THE
CURRENCY DIVISION

Bank of Canada

CURRENCY DIVISION
OTTAWA

Sept, 23, 1944.

Mrs. Doris Lindsey Clarson,
12 Garden City Ave.,
Gardenvale P.O.,
Ste. Anne de Bellevue, Que.

I am enclosing under registered cover:

\$ 200 Dominion of Canada 3%
Victory Loan bond(s) No(s).

LSA-1304781-2 Prin. Reg.

sent to you at the request of

Clarson, Owen Munro P/O J25795,
18 (P) A.F.U. R.C.A.F. Overseas.

whose cash application was recently received
from Overseas. I shall be obliged if you will
kindly notify him of safe arrival of bond(s).

Please acknowledge receipt by signing and
returning the duplicate copy of this letter.

Yours very truly,

C. E. Campbell

Chief of Currency Division.

H.Q.

J25795

FALSE DOCKET
AIR FORCE No.

17

ESTATES

DEPARTMENT OF NATIONAL DEFENCE, CANADA

CROSS REFERENCE

CLARSON,

O. M. W.

M

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
CLOSED	30-11	BF	M		New Cover		7-11-45
		PA	QC	QC	+PA (no 20)	M	6-11-45
					Spec Rec Request		19/11
					St Return Bonds		22/11
					Q Two Bonds return		23.11.45
					St Bond Bonds		29/11
					M for BF		Key 30-11
	30-12	B7	M				
	19-12	PA	M	M			
						WITH PAPERS DEC 18 1945	
					Per B. F. DEC 23 1945		
LR	7-1-46	PA	M				

CLARSON, O.M.W.
J25795

FILE
H.Q. No.

DO NOT WRITE BELOW THIS LINE

P.A.

ROYAL CANADIAN AIR FORCE

File: J25795(DAF/F-2-5)
Ottawa, Ontario, 25th July, 1945.

Mrs. Dorothy Clarson,
12 Garden City Avenue,
Gardenvale, Quebec.

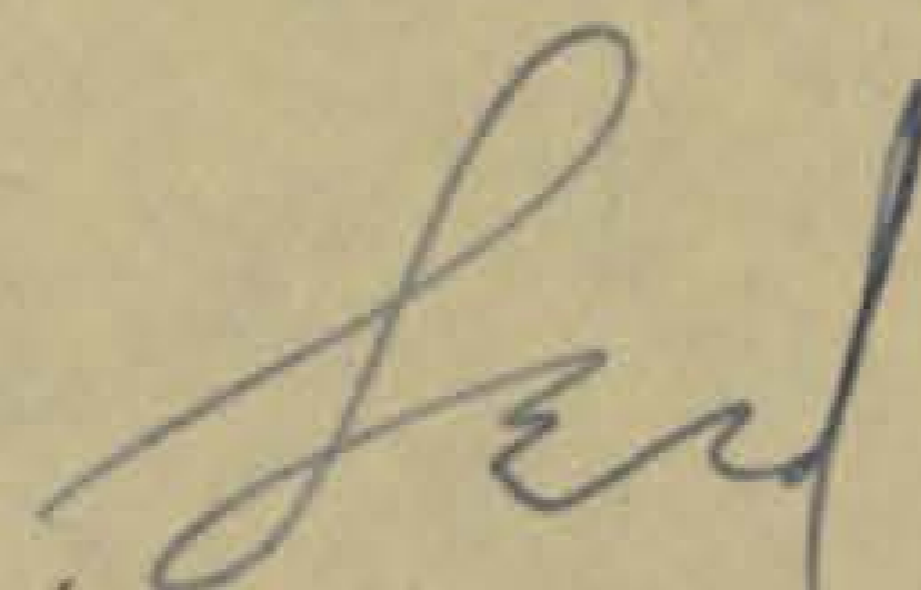
Dear Mrs. Clarson:

In view of the information contained in your recent letter, the war service gratuity payable in respect of the late **Flying Officer Owen M.W. Clarson** will be paid into his service estate.

Distribution may be expected within the reasonably near future.

Any further enquiries should be directed to the Estates Branch, 308 Sparks St., Ottawa, Ontario (Attention: War Service Gratuity Section).

Yours truly,



(J. MacL. Murray)

Air Commodore

for Chief of the Air Staff

ROYAL CANADIAN AIR FORCE

File: J. 225795 (DAF/T-2-5)

Ottawa, Ontario, 28th June, 1945.

Mrs. Dorothy Clarson,
12 Garden City Avenue,
Gardenvale, Que.

Dear Mrs. Clarson:

This will acknowledge receipt of your application for the war service gratuity in respect of the late F/O Owen M. Clarson.

In the case of death of a member of the forces, regulations provide that the gratuity on his behalf is to be paid either to a person who was dependent upon him at the time of his death or, if there was no dependent, it is then to be paid into his service estate for distribution in accordance with the terms of his will or, in the absence of a will to the person or persons legally entitled to his estate.

Records reveal that pay was assigned to you by the deceased at the time of his death, which may or may not indicate that a state of dependency existed. Therefore, in order to facilitate the handling of your application and in order to hasten settlement of the gratuity payable in respect of your deceased son, will you kindly inform us whether or not you were dependent upon the assignment received.

If dependency is claimed, your case will be referred to the appropriate authorities for investigation. On the other hand, if no dependency is claimed, the gratuity will be paid into your son's service estate.

Since the advice requested will be of distinct assistance to us, an early reply will be appreciated.

Please forward your letter to The Secretary, Department of National Defence for Air, Ottawa, Ontario (Attention: DAF/Gratuities Section), quoting the above file number.

Yours very truly,


(J. MacL. Murray)

Air Commodore
for Chief of the Air Staff

Letter dated

6 July

from

W. L. Carlson

Removed and attached to application

for war service gratuity.

DAF/AS

D
11 July

OTTAWA, Canada, 27th March, 1945.

Mrs. D.L. Clarson,
12 Garden City Avenue,
Gardenvale, P.Q.

Dear Mrs. Clarson:

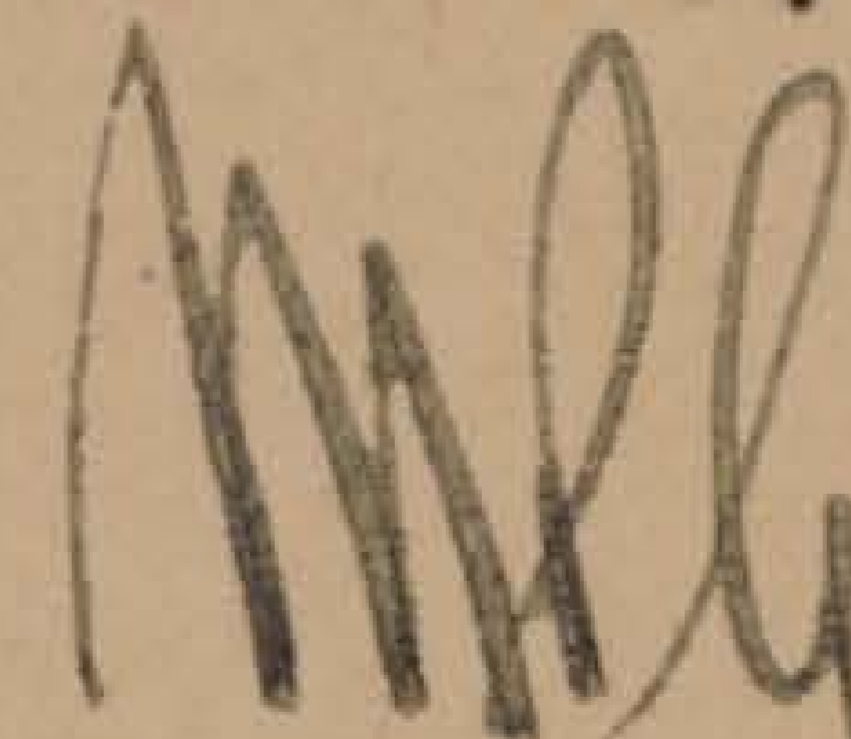
Receipt is acknowledged of your letter of the
21st March, 1944 regarding a War Service Gratuity.

We wish to advise that in the case of death of a member of the forces, the war service gratuity is payable to a person who was dependent upon the deceased member at the time of his death. In such circumstances dependency is established either through eligibility for dependents' allowance or through a state of actual dependency and the receipt of assigned pay from the member immediately prior to his death.

If you can be classed as a dependent under these conditions, every consideration will be given to the granting of a gratuity on your behalf and you will be advised further within the reasonably near future.

Your letter contains all the information necessary for application and will be used as one. It will not be necessary, therefore, for you to forward any other application.

Yours truly,



(T.K. McDougall)
Group Captain,
for Chief of the Air Staff.

Clarson, O.M.W. ✓

File J25795 ✓

January 19, 45.

Mrs. E.T. Clarson, ✓
12 Garden City Ave., ✓
Ste. Anne De Bellevue, Que. ✓

920/6 /3.

a.p.

100

J25795
(NUMBER)P/O
(RANK)Clarson O.M.
(NAME)R.A.F. Station,
Church Lawford,
Rugby.

19th February, 1945.

Ref. 18 (P) AFU/CS00L/55/Air.

Dear

Mr. Clarson

Thank you for your letter of the 30th January, 1945. I had intended to write to Mr. Clarson previously, but hadn't done so, as I was awaiting the enclosed photographs, which were taken at your son's funeral.

The first coffin going into the chapel is that of your son, and the fourth cross from the left indicates his grave.

As you are aware, the funeral took place at the R.A.F. Regional Cemetery, Harrogate, on the morning of Friday the 19th January, 1945. The arrangements were made through R.A.F. Station Womblesdon and I am sure the Commanding Officer did his best to anticipate your own wishes in regard to the ceremony.

You may like to know that your son was buried in Grave Section H, Grave number E,¹² and that the officiating Chaplain was S/Ldr. F.W. McLean of the R.C.A.F., 5 District Headquarters, York.

As I indicated in my letter to Mr. Clarson, there is very little I can tell you with regard to the accident. He was flying at the time with two other officers, F/O J.D. Barkell an English officer, and F/O N.G. Riley, a Canadian Officer. I am sorry to say that they were killed. There were no other personnel in the plane.

cont'd.

21 FEB 1945

cont'd.

I am making enquiries as to whether any friends of your son have any recent photographs of him, and if any are forthcoming, I shall be only too happy to forward them to you.

Again expressing my very deep sympathy in your sad loss.

Yours

sincerely,

H. H. Campbell

Group Captain Commanding,
R.A.F. Station,
Church Lawford,
Nr. Rugby.

encl.

Mrs. D.L. Clarson,
12, Garden City Avenue,
St. Anne de Bellevue,
Prov. Quebec.



PLACE ON FILE

NAME F/O. O.M.W. *Clawson*

FILE NUMBER

J. 25-795

MISSING MEMORANDUM NUMBER *6029*
PLACED ON FILE

PA 19-2 624

NAME LAC. N.F. *Ready*

FILE NUMBER

R. 15-9857

Commander

COPY FOR H.Q. OTTAWA

Royal Air Force Station,

CHURCH LAWFORD,

Nr. Rugby.

Warwickshire.

J 25795 F/O Clason O.M.W.
(NUMBER) (RANK) (NAME)

Ref:- C:8001/55/Air.

16th. January, 1945.

Dear *M. Clason*

The Canadian Authorities will have already informed you of the very sad loss of your son, Owen Maurice, as the direct result of a flying accident which occurred on the 8th. January, 1945.

All at this Unit join with me in sending you their deepest sympathy, in your sad loss.

There is not very much that one can say about the accident itself, and all that I can tell you is that it occurred whilst carrying out a Flight between Crail and Faldingworth, on the 8th January, 1945.

The aircraft was first reported as missing and in spite of extremely bad weather, search parties were sent out and air reconnaissance was made. The aircraft was discovered on the 12th January 1945, three miles North East of Chopgate, Yorkshire. It may give you a little consolation to know that your son's death must have been instantaneous and that he suffered no pain.

Your son was an Instructor at Faldingworth, (one of the Flights of this Unit) and his loss is one which cannot be easily replaced. He was very keen on his job and carried out his duties with efficiency and enthusiasm. He was a great asset to our cause.

All the funeral arrangements for your sons'

/burial....

17 JAN 1945

burial are being made through R.A.F. Station, Wombleton and you can rest assured that the Commanding Officer there will do all he can to see that the best available arrangements are made. Later on I hope to write to you further regarding this.

An Officer has been appointed to look after the personal effects of your son. These will be sent to you through the Royal Air Force Depository, at Colnbrook.

If there is any way in which I can help you at this sad time please do not hesitate to write to me.

Once again please accept the heart-felt sympathy which all here feel for you.

Yours *sincerely.*

H. H. Angell-Chinn

Group Captain. Commanding,
R.A.F. Station, Church Lawford.

H. T. Clarson Esq.,
12. Garden City Avenue,
Belleville,
Quebec,
Canada.

17 JAN 1945



	DATE	INITIALS
TELEGRAPHIC ADVISE REC'D	11-1-45	L 7
NEXT OF KIN INFORMED	12-1-45	G 7
DELIVERY CONFIRMATION REC'D		
LETTERS OF REGRET ISSUED WITH PAMPHLET		1
EXTRACT FOR CHAPLAIN ISSUED		
EXTRACT OF SIGNAL TO C.P.C., A OF E, D.A.A.P.B.		
MINISTERIAL CARD OF REGRET ISSUED		L
3RD MONTH LETTER		
4TH MONTH LETTER		
PREFIRM SIGNAL REC'D		
5 1/2 MONTH LETTER PREFIRM		L
KINAGRETS LETTER RECEIVED		
KINAGRETS SIGNAL SENT		

RCAF

FATAL

OVERSEAS

TELEGRAPHIC ADVISE REC'D	16-1-45 mab
NEXT OF KIN INFORMED	16-1-45 mab
DELIVERY CONFIRMATION REC'D	
C.A.S.'S LETTER OF CONDOLENCE	
PREPARED WITH PAMPHLET	
CASUALTIES OFFICER'S LETTER	26 Jan 45 set
EXTRACT FOR CHAPLAIN	26 Jan 45 set
EXTRACT TO C.P.C. OF E. D.A.B.	26 Jan 45 set
M.F.M. 5 TO A OF E AND WILL	30/1/45 mab
MINISTER'S CARD ISSUED	Walter
MEMORIAL CROSSES AVAILABLE TO	
MEMORIAL CROSSES ISSUED	
ROYAL MESSAGE	

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

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

In every case copies of this form are to be rendered as follows:—

- (i) Two copies direct to Air Ministry, P.A.2.
 - (ii) One copy direct to Ministry of Aircraft Production (R.M.I.).
 - (iii) One copy through usual channels to Command Headquarters.
 - (iv) One copy to Air Ministry, P.4 (Cas.)
- [In addition, and only if casualties to officers or airmen are involved.]*

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

P.427427

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

F.A. 10th Jan/45.

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

1. UNIT 18(P) A.F.U. (1546 BAT Flight FALDINGWORTH-	Group No. 23	Command FTC	Serial No. of Form 4/45
--	---------------------	--------------------	--------------------------------

2. DATE OF INCIDENT **8th January 1945**

TIME **Estimated 13.30 hours. -**

SITE OF INCIDENT **14.00 hours**

(a) Name of airfield or landing ground.....

(b) Place (if (a) not applicable) **Unknown**

(c) County **Yorkshire probably**

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

3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORISED:—

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

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

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine.			
		Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type.....	OXFORD	RC5503	RC5588		
Mark or series.....	I				
R.A.F. No. (and makers' No. for engines).....	LW. 903	420891 ^a	420976 ^a	a	a
Total hours run.....	354.30 ^b	359.30 ^b	376.45 ^b	b	b
Date last installed in Airframe.....	—	15/Aug/43 ^b	15/Aug/43 ^b	b	b
c Extent of damage.....	Unknown Category				

^a To be quoted whenever an engine is damaged or fails.

^b To be quoted only for incidents involving defect or failure of airframe or engines

^c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.
B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.
A = For repair by nearest R.A.F. unit.

U = No damage

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

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

Flying Experience of Pilots and Pupil Pilots. See Note (ii)

Duty	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Part A.		Part B (see Note (i) below).		Part C (see Note (iii) below).	
					Total Solo (Day & Night).		Solo (Night).		Instru-ments.	Link Trainer.
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.		
Pilot	O.M.W. Clarson	F/O.	J. 25795	M	670	833			98	63
2nd Pilot	J.D.S. Barkell	F/O.	150443	M	616	701			96	64
Passenger	N.G. Riley	F/O.	J. 26110	M	680	722			90	64

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

6. STAGE OF FLIGHT.		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.		9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.		A. Day (daylight).	E. Moonlight.	
B. Starting up.	G. Landing.		F. Not known		
C. Stationary other than A or B.	H. Towed or manhandled				
D. Taxiing.	J. Not known.				
E. Taking off					
Quote A or B or C, etc., as appropriate	F	Unknown	Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary		

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

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

The pilot took off from R.A.F. Kinnel at 12.35 hrs. to return to Faldingworth, on completion of a ferry trip to deliver an aircraft to Kinnel. The pilot was routed via Dunbar, west of Newcastle, Darlington, York, Doncaster. The aircraft has been missing since departure. Overdue action taken by Faldingworth at 16.48 hrs. on the 8th January 1945. Route forecast obtained prior to departure gave snow showers expected on route, but fair periods. The Royal Observer Corps. plotted an Oxford aircraft which finished in the Yorkshire area.

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

Accident to be investigated by H.Q. No. 23 Group.

Is Form 1022 or 1023 being rendered? } Signature A. Tarlton W/Cdr.
If "Yes" state which

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

- Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)
- Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.
- Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

Accident to be investigated by Headquarters No. 23 Group.

Pilots and aircraft still missing.

Signature P. B. Powell W/Cdr. Commanding Flying Wing Date 12.1.45

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

Accident is being investigated.

Signature P. B. Powell W/Cdr. Commanding 18 (P) AFU Date 12.1.45

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J25795(R164682)** RANK **F/O** UNIT **1546 BAT FLIGHT (OVERSEAS)**
 TRADE **PILOT (G.L.)**
 NAME **CLARSON, OWEN MUNRO WOVENDEN**

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

PRESENT MARITAL STATUS **SINGLE** RELIGION **C. OF E.** CANADIAN **YES**
 FRENCH CANADIAN _____ OTHER _____

NEXT OF KIN **MR HENRY THOMAS CLARSON**
 RELATIONSHIP **FATHER**
 ADDRESS **12 GARDEN CITY AVE., STE ANNE DE BELLEVUE, P.Q.**

FATHER'S NAME _____
 ADDRESS **MR. & MRS. HENRY THOMAS CLARSON**
12 GARDEN CITY AVE LIVING ON ENLISTMENT **YES**
STE ANNE DE BELLEVUE P.Q.
 MOTHER'S NAME _____
 ADDRESS _____ LIVING ON ENLISTMENT **YES**

ADDRESS AT TIME OF ENLISTMENT **229 LENSINGTON ST., WESTMOUNT P.Q.** MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**
 OCCUPATION **INSTALLER**

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **NOT KNOWN--- BEING OBTAINED.**

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN KWY----PCX748---d---11JAN-45** **NR136/11JAN**

PREVIOUSLY REPORTED "MISSING" 8-JAN-45 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS) (THREE MILES NORTHEAST OF CHOPGATE, YORKSHIRE ENGLAND)

NOW REPORTED "KILLED" 8-JAN-45 (BODY RECOVERED)

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 **26-JAN-45**

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/**NO** **1 VICTORY BOND LETTER.**

[Signature]
 FOR CHIEF OF THE AIR STAFF
68114

RANK F/O ✓ NAME CLARSON OWEN MUNRO WOVENDEN REL CHURCH OF ENGLAND ✓

NUMBER J25795 (R164682) TRADE PILOT ✓ NAT CANADIAN ✓

MARRIED OR SINGLE AT TIME OF ENLISTMENT SINGLE ✓

MARRIED OR SINGLE SINGLE

TYPE AND DATE OF CASUALTY MISSING 8 JAN 1945

NEXT OF KIN AND ADDRESS MR HENRY THOMAS CLARSON (FATHER)
12 GARDEN CITY AVE
STE ANNE DE BELLEVUE PQ

FATHERS NAME AND ADDRESS AS ABOVE

FATHER LIVING ON ENLISTMENT
YES ✓

MOTHERS NAME AND ADDRESS SAME AS FATHER ✓

MOTHER LIVING ON ENLISTMENT
YES ✓

ADDRESS ON ENLISTMENT 229 KENSINGTON ST WESTMOUNT PQ ✓

WAS A MEMBER ATTACHED TO RAF AT
ANYTIME? ~~YES~~

OCCUPATION ON ENLISTMENT INSTALLER ✓

IF CASUALTY OCCURRED IN CANADA DID
MEMBER HAVE SERVICE OUTSIDE
CANADA NA WAR WITH GERMAN REITCH? *W*

*Reclassified
Killed Jan 8*

R E G I S T E R E D

20th January, 1945.

Mr. H.T. Clarson,
12 Garden City Avenue,
Ste. Anne de Bellevue, P.Q. /

Dear Mr. Clarson:

I have learned with deep regret of the death of your son, Flying Officer Owen Munro Wovenden Clarson, on Active Service Overseas on January 8th and I wish to offer you and the members of your family my sincere and heartfelt sympathy.

It is most lamentable that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely,

(SGD.) C. A. S.

(J.A. Sully)
Air Vice-Marshal,
Acting Chief of the Air Staff. /

GB

[Handwritten signature]

[Handwritten initials]
19/1

Call OUT
and :—
Preface IN

Serial No.

Date

DG

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS

49

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR H T CLARSON 12 GARDEN CITY AVE STE ANNE DE BELLEVUE PQ
(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

REFERENCE AND DATE

M9095

17 JAN MY

YOUR

(Use Double Space Typing)

YOU WILL WISH TO KNOW THAT FUNERAL YOUR SON FLYING OFFICER
IS TO TAKE PLACE
OWEN MUNRO WOVENDEN CLARSON ~~J TWO FIVE SEVEN NINE FIVE~~ TOOK
AT 1030 AM.
~~PLACE~~ 1030 ~~HRS~~ FRIDAY JANUARY NINETEENTH RAF REGIONAL
YORKSHIRE ENGLAND
CEMETERY HARROGATE/STOP LETTER FOLLOWS

~~NR~~ NR 27/17 CHURCH OF ENGLAND J25795 R164682

This message must be sent **AS WRITTEN**
and may be sent by W/T.
Signature *[Signature]* R04

This message must be sent **IN CYPHER**
and may be sent by W/T.
Signature *[Signature]*

Originator's Instructions* Degree of Priority*
IMM IMMEDIATE

TIME OF ORIGIN *1850* G.M.T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
				<i>HT</i>	<i>1914</i>		<i>NK</i>				

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

Serial No.

Date

OUT
and
Preface IN

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS

39

LF

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO*

MR H T CLARSON 12 GARDEN CITY AVE STE ANNE DE BELLEVUE PQ

FROM*

RCAF CASUALTIES OFFICER (REPORT DELIVERY)

ORIGINATOR'S NUMBER

DATE

REFERENCE AND DATE

19624

16 JAN

MY

YOUR

(Use Double Space Typing)

DEEPLY REGRET TO ADVISE THAT INFORMATION RECEIVED FROM OVERSEAS STATES YOUR SON FLYING OFFICER OWEN MUNRO WOVENDEN CLARSON PRESVIOUSLY REPORTED MISSING IS NOW REPORTED KILLED HIS BODY HAVING BEEN RECOVERED STOP PLEASE ACCEPT MY PROFOUND SYMPATHY STOP LETTER FOLLOWS.

33/16 CHURCH OF ENGLAND J25795 R164682

This message must be sent **AS WRITTEN** and may be sent by **W/T**.
Signature

This message must be sent **IN CYPHER** and may be sent by **W/T**.
Signature

Originator's Instructions* Degree of Priority*

1800
TIME OF ORIGIN G.M.T.

IMMEDIATE

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
				TT	1857		NK				

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

TB27 V OTT

IMPORTANT

T

FROM AIR MIN KSWY

TO RCAF HQ OTT RO4

PCX676 E543 16JAN FURTHER E418 15JAN

FUNERAL CAN J25795 F/O OMW CLARSON AND CAN J26110 FO NG RILEY 1030 HRS

FRIDAY JANUARY 19TH RAF REGIONAL CEMETERY HARROGATE. KINFORMED MR RW

JEFFRIES FOR F/O RILEY. CANCO--162015Z

EM (305/17) 170524Z



no K
1

copy

RO4

RCAF OTT 33 IMPORTANT

T

FROM AIR MIN KINGSWAY

TO RCAF HQS OTTAWA RO4

PCX470 E418 15JAN MY FURTHER CANCAS 811 11JAN

AIRCRAFT LOCATED, CRASHED 3 MILES NORTH EAST OF CHOPGATE YORKSHIRE 1325

HOURS EIGHT JANUARY BODIES OF CAN/J25795 F/O OM W CLAQSON AND CAN/J26110

F/O NG RILEY AND ONE NOT RCAF RECOVERED. ALL RECLASSIFIED KILLED 8TH

JANUARY. ADD PARA (G) FLEW INTO HIGHT GROUND-----151912Z

JPF B (352/16)

160846Z

*Reclass. Killed
Signal
BB*

*925795
Clarson O.M.A.*

RO4 76 V OTT

T

*F/O A.M.A.
Blarson
{ 25795*

FROM A M K W Y

TO R04

PCX118 E374 13 JAN FURTHER CANCAS 811 11 JAN

RE CAN J26110 F/O NG RILEY ADD BELATED TO PARA "C" LAST RDF R

REPORT FADING AT 1345 HOURS APPROXIMATELY TEN MILES SOUTH OF

MIDDLEBOROUGH YORKS --131336Z

JR B 142229Z

*Mr Segalton
for*

AKS

Call OUT
Preface IN

Serial No.

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS 37

BL

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR H T CLARSON 12 GARDEN CITY AVE STE ANNE DE BELLEVUE PQ

(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

12 JAN

MY

REFERENCE AND DATE

YOUR

m 9811

(Use Double Space Typing)

REGRET TO ADVISE THAT YOUR SON FLYING OFFICER W OWEN MUNRO
WOVENDEN CLARSON J TWO FIVE SEVEN NINE FIVE IS REPORTED
MISSING AFTER ^{FLYING} AIR OPERATIONS OVERSEAS JANUARY EIGHTH STOP
LETTER FOLLOWS

NR 136/11 CHURCH OF ENGLAND J25795 R164682

This message must be sent **AS WRITTEN**

and may be sent by **W/T.**
Signature

This message must be sent **IN CYPHER**

and may be sent by **W/T.**
Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

1400
TIME OF
ORIGIN

G.M.T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
				<u>11</u>	<u>1434</u>		<u>EF</u>				

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L



copy

08136 V OTT IMMEDIATE

T

FROM AIR MINISTRY KINGSWAY

TO AFHQ

PCX748 CANGAS 811 11JAN.

FLYING ACCIDENT (A) OXFORD 1 (B) 1546 BAT FLIGHT (C) A/C MISSING

LEFT CRAIL FBEE? FOR FALDINGWORTH LINCOLNSHIRE 1237 HRS DAY 8JAN.

(D) CAN J25795 F/O OMW CLARSON PILOT MOTHER MT CLARSON 12 GARDEN CITY

AVE STE ANNE DE BELLEVUE QUE. CAN. J26110 F/O NG RILEY PILOT PASSENGER

WIFE NG RILEY 2834 ST GEORGES ST, VANCOUVER (RNS) KINFORMED MR. W.

JEFFRIES 17 RUSSEL ROAD CLEVELEYS LANCS. TOTAL NAMES REPORTED 2.

ONE NOT RCAF ALL MISSING. (F) YES (G) UNKNOWN---111052Z

LH (403/11) 112140Z 112139 BEW

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity of using it.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.

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

In every case copies of this form are to be rendered as follows:—

- (i) One copy direct to Air Ministry, O.1. (Accidents).
- (ii) Two copies direct to Air Ministry, S.4. (Statistics).
- (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
- (iv) One copy through usual channels to Command Headquarters.
[In addition, and only if casualties to officers or airmen are involved.]
- (v) One copy to Air Ministry, P.4 (Cas.).

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

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

A.298.....20 October, 1944.

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

1. UNIT 1546 BAT Flight, Paldingworth. Group No. 23 Command F.T.C. Serial No. of Form 97/44.

2. DATE OF INCIDENT 19th October, 1944.

TIME 1615 hours.
SITE OF INCIDENT

(a) Name of airfield or landing ground.....

(b) Place (if (a) not applicable) Market Rasen.

(c) County Lincolnshire.

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

3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORISED:—

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

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

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe.	Engine.			
		Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	<u>OXFORD</u>	<u>Cheetah</u>	<u>Cheetah</u>		
Mark or series	<u>I</u>	<u>X</u>	<u>X</u>		
R.A.F. No. (and makers' No. for engines)	<u>HM. 837</u>	<u>N/A</u>	<u>N/A</u>		
Total hours run	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
Date last installed in Airframe	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
c Extent of damage	<u>N</u>	<u>U</u>	<u>U</u>		

a To be quoted whenever an engine is damaged or fails.

b To be quoted only for incidents involving defect or failure of airframe or engines.

c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.
B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.
A = For repair by nearest R.A.F. unit.

U = No damage.

TO BE RENDERED NOT LESS THAN 4 DAYS AFTER THE ACCIDENT

AIR MINISTRY
25 OCT 1944

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

925795

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

Flying Experience of Pilots and Pupil Pilots. See Note (ii)

Part A. Total Solo (Day & Night).		Part B (see Note (i) below). Solo (Night).		Part C (see Note (iii) below).	
Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instru- ments.	Link Trainer.

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instru- ments.	Link Trainer.
Instructor.	GIARDON, O.M. (Canadian).	W/O.	J.25795	U	530	634				
Pilot under training.	HILIARY, I.	SGT.	1549201	U	15	121				

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

6. STAGE OF FLIGHT.		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.	9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.		A. Day (daylight).	E. Moonlight.
B. Starting up.	G. Landing.		B. Dusk (half light of evening).	F. Not known.
C. Stationary other than A or B.	H. Towed or manhandled.		C. Dawn (half light of morning).	
D. Taxiing.	J. Not known.		D. Dark (no moon or moon obscured).	
E. Taking off.				
Quote A or B or C, etc., as appropriate			Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary	

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

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

On completion of B.A. exercise I returned to Ludford Magna, height 2400 ft. Q.P.F. Visibility appeared to be poor on the ground so I turned onto course 270 Magnetic, and commenced to descend on return to Faldingworth. I had decided to height of 300 ft. just before ~~seeing~~ railway running South from Market Rasen, then commenced to fly level to base at 300 ft. looking out for high tension cables running North and South. Visibility at this height was 1,000 yards. I noticed a party of people on the left, who appeared to be shooting in my direction. I turned left and flew back to investigate, and whilst still turning, another shot was fired and I felt the aircraft hit. I returned to base and reported the matter.

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

No question of technical defect being responsible for this incident.
 The port main plane leading edge wing red fairing had numerous dents caused by gun shot.
 Plywood skin, aft of fuselage door, damaged by gunshot and covering an area of approx. 4 square feet.
 Skin on starboard side damaged on inside face.
 Aircraft categorised Category 'A'.

Is Form 1022 or 1023 being rendered? Signature: A. TARBTON, W/Cdr.

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

- Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)
- Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.
- Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

- A. Flying Instructor was returning from Ludford Magna to Faldingworth on completing B.A. Instructional Detail. Having descended from 2400 ft. to approximately 300 ft. owing to bad visibility he passed a party of men out shooting game. He thought he had been fired at and circled round down to 100-150 ft. to investigate and was fired on again, and the aircraft was struck on the fuselage.
- B. No Beam installed at Faldingworth, and poor visibility.
- C. Unavoidable. Instructor fired on by party of men shooting game. Matter being investigated by the D.A.P.M. Lincoln and the Inspector of Police, Market Rasen, with a view to tracing the man who fired the shot. Instructor not considered blame-worthy. No disciplinary action or endorsement recommended.

Signature..... P. B. POWELL, W/Cmdr., Commanding..... Flying Wing..... Date..... 22.10.44.

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

The question of moving the B.A.T. Flight to an airfield installed with Beam has been raised on previous occasions.

Signature..... *H. J. ... G/C.* Commanding..... *18/P/ A.F.U.* Date..... *23.10.44.*

FILE MEMO

FILE NO *J 25-795-*

CASUALTY FALSE DOCKET NO. *12*

HAS BEEN OPENED DATE *12/1/45-*

a.g. (G.E. Logan) F/L.

G.R.O.

OTTAWA, Ontario, September 3rd, 1943.

Mrs. Dorothea L. Clarson,
12 Garden City Ave.,
Ste. Annes de Bellevue, Que.

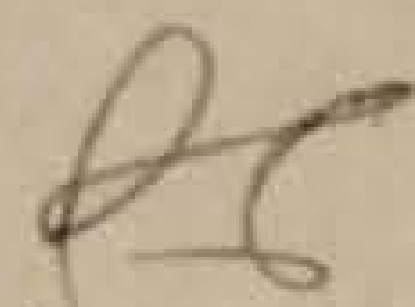
Dear Mrs. Clarson,

Forwarded herewith is the Officer's Commission Script for **your son, Pilot Officer Owen M.W. Clarson.** This script is being forwarded to you for safekeeping and for delivery to him upon his return.

The enclosed Commission Script represents the authority vested in **Pilot Officer Clarson,** as well as the trust placed in him by His Majesty, The King.

Would you be good enough to sign and return the enclosed receipt as evidence that the script has been received by you in good condition.

Yours very truly,


(T.K. McDougall)
Wing Commander,
for Chief of the Air Staff.

Encl. - 3.

/PF

J.25795

R.164682

CLARSON, OWEN MUNRO WOVENDEN

R 100	PREV. DIS. & AWARDS	BIRTH MARR	DEP'D'TS' BIRTH	INDEX CARDS	R 44	CHECKED
	C RTIFICATES			COMPLETED		

CASUALTY

MICROFILMED
 FILM REF W.S. R 3525-3

9-50
Sumner

RETURN THESE DOCUMENTS
 TO WAR SERVICE RECORDS
 DEPT. OF VETERANS AFFAIRS

OFFICER

- RECORDAX -

Document *R100*

Reel No. *452*

Exposure No's. *304*

Date *28-5-42*

14-6-43

LR
RHP

CONFIDENTIAL REPORTS

Date

24-2-44

Promoted overseas. Not yet promulgated in A.F.R.O.'s.

Date

Remarks re Promotion

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J25796(R164682)** RANK **F/O** UNIT **1546 BAY FLIGHT (OVERSEAS)**

TRADE **PILOT (O.L.)**

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

NAME **CLARSON, OWEN HURDO NOVENDEN**

PRESENT MARITAL STATUS **SINGLE** RELIGION **C. OF E.** CANADIAN **YES**

FRENCH CANADIAN _____ OTHER _____

NEXT OF KIN **MR. HENRY THOMAS CLARSON**

RELATIONSHIP **FATHER**

ADDRESS **12 GARDEN CITY AVE., STE ANNE DE BELLEVUE, P.Q.**

FATHER'S NAME

MR. & MRS. HENRY THOMAS CLARSON

ADDRESS **12 GARDEN CITY AVE** LIVING ON ENLISTMENT **YES**
STE ANNE DE BELLEVUE P.Q.

MOTHER'S NAME

ADDRESS _____ LIVING ON ENLISTMENT **YES**

ADDRESS AT TIME OF ENLISTMENT **229 BENSINGTON ST., WESTMOUNT P.Q.** MARITAL STATUS AT TIME OF ENLISTMENT **SINGLE**

OCCUPATION **INSTALLER**

IS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO **NOT KNOWN--- BEING OBTAINED.**

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN WNY----PCX748---8---11JAN-45** **NR186/11JAN**

PREVIOUSLY REPORTED "MISSING" 8-JAN-45 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS) (THREE MILES NORTHEAST OF CROPGATE, YORKSHIRE ENGLAND)

NOW REPORTED "KILLED" 8-JAN-45 (BODY RECOVERED)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? **YES** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **YES**

DATE **26-JAN-45**

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY **YES** **1 VICTORY BOND LETTER.**

[Signature]
FOR CHIEF OF THE AIR STAFF

B.F. DATE

KILLED.

J25795

RANK

F/O.

NAME

CLARSON, O.M.W.

UNIT OVERSEAS.

EFF. DATE

8-Jan-45.

D.O.L.

#923d/17-Jan-45.

MFW2643 rec'd

N.A.

E.236 DEFICIENCY LIST

n a

STN. FILE rec'd

14-4-45

M.10 (INCLUDING M13)

✓ 7-5-45 mg

M.10 to DMS(AIR)

N.A.

MFB465a DENTAL ENV.

✓ 7-5-45 mg

(Natural Death only)

DEATH-CERTIFICATE

✓ mg

Ret'd

18-5-45

CASUALTY

TO: R.C.A.F. Records Officer

July 23

1945

Request is made for final search in your office for a Will of:-

WLOVEN DEN

CLARSON, Owen Munroe ~~Wavender~~

F/O

J25795

Director of Estates

(fr)
TO: Director of Estates

I certify that there is no Will in Records Office for the above. *E. Williams*

Dated

JUL 27 1945

194

[Signature]
R.C.A.F. Records Officer

OTTAWA, Canada, 22nd May, 1945.

Mr. H.T. Clarson,
12 Garden City Avenue,
REGISTRE DE LA PROVINCE DU QUEBEC
Anne De Bellevue, P.Q.

Dear Mr. Clarson:

F/O. O.M.W. Clarson (J25795)

1 Declaration re Birth.

Enclosed herewith are the following original documents which were submitted by the above noted on enlistment in the Royal Canadian Air Force:

Yours truly,

C. Gallant.

(T.K. McDougall)
Group Captain
for Chief of the Air Staff.

Encls:

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: OWEN M.W. CLARSON
 (Christian Names) (Surname)
 PAYEE: R.C. of G.
 (Christian Names) (Surname)

Register No. 18481
 File No. 18481
 Date JUL 27 1945
 Service No. 925795
 Final Rank or Rating 7/0
 Date of Discharge 8 Jan 45

ADDRESS:

Date of Termination of O/S service 8 Jan 45

A. TOTAL QUALIFYING SERVICE
 No. of days 960 equal to 32 complete periods @ \$7.50
 30

\$
 ¢
240.00

B. QUALIFYING OVERSEAS SERVICE
 No. of days 567 less ineligible days, equal to 567 days @ 25¢ per day

141.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

Daily Rates at Discharge

Pay\$ 7.00 ✓
 Subsistence or Lodging
 and Provision Allowance\$ 1.70 ✓
 Additional Pay\$
 Dependents' Allowance 1/30 of \$\$

TOTAL \$ 8.70 x 7 = \$ 60.90 ✓
 No. of days 567 / 183 x \$ 60.90 ✓

188.69

DD. WAR SERVICE GRATUITY

570.44 ✓

E. Deductions

Overpayment of Pay and Allowances \$
 Dependents' Allowance \$
 and Assigned Pay

Other deductions \$

F. TOTAL AMOUNT PAYABLE

570.44 ✓

G. YOUR PROPORTION: (D.A. in issue to you)
 (Total D.A. in issue) of \$

PREPARED BY [Signature] CHECKED BY JFM

18481
J-25795

ROYAL CANADIAN AIR FORCE

File: J25795(DAF/P-2-5)

Ottawa, Ontario, 25th July, 1945.

Mrs. Dorothy Clarson,
12 Garden City Avenue,
Gardenvale, Quebec.

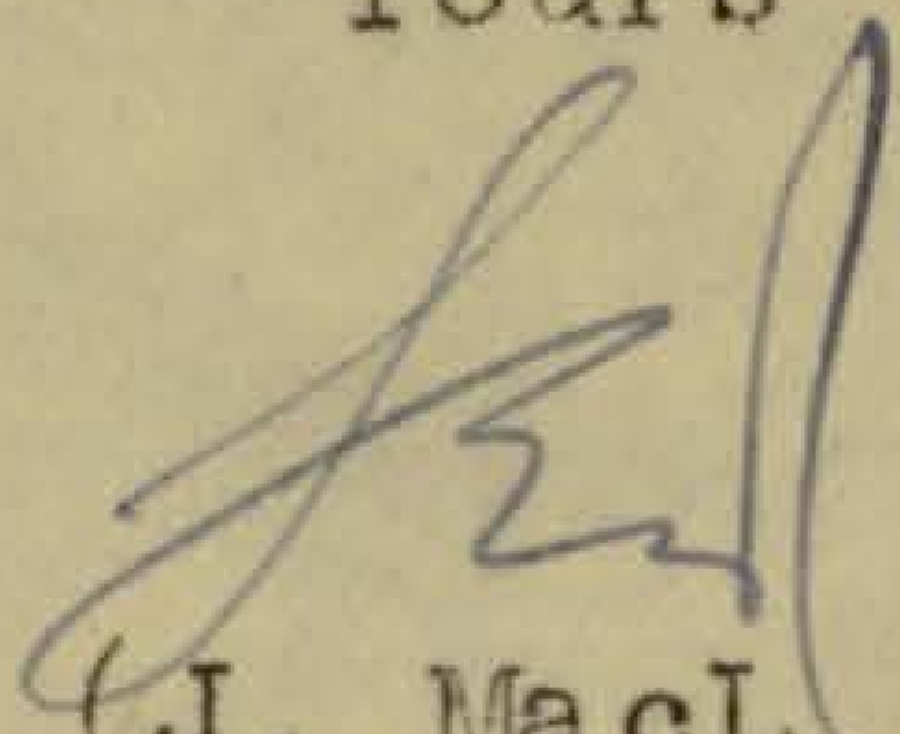
Dear Mrs. Clarson:

In view of the information contained in your recent letter, the war service gratuity payable in respect of the late **Flying Officer Owen M.W. Clarson** will be paid into his service estate.

Distribution may be expected within the reasonably near future.

Any further enquiries should be directed to the Estates Branch, 308 Sparks St., Ottawa, Ontario (Attention: War Service Gratuity Section).

Yours truly,



(J. MacL. Murray)

Air Commodore
for Chief of the Air Staff

18481
~~925795~~
File: J.25795 (DAF/F-2-5)

1945 JUL 10 AM 8:35
Garden City Avenue,
Gardenvale, P. Que.
July 6, 1945.

The Secretary
Dept. of National Defence for Air,
Ottawa, Ont.

Att: DAF/Gratuities Section

Dear Sir,

Replying to your letter of June 28, with reference to war service gratuity of my son F/O Owen M. Clarson, I may say that I was partially dependent upon him. For your further information I have been advised by the Estates Branch of the RCAF that I am named as sole beneficiary in his will, which fact will, I presume simplify matters very considerably.

Had I been aware that the gratuity would automatically be paid into his estate I would not have bothered you with my application for same.

Thanking you,

Yours truly,

H. L. Clarson

(Mrs) D. L. Clarson.

ROYAL CANADIAN AIR FORCE

File: J. 25795 (DAF/F-2-5)

Ottawa, Ontario, 28th June, 1945.

18481
J 25795
Mrs. Dorothy Clarson,
12 Garden City Avenue,
Gardenvale, Que.

Dear Mrs. Clarson:

This will acknowledge receipt of your application for the war service gratuity in respect of the late F/O Owen M. Clarson.

In the case of death of a member of the forces, regulations provide that the gratuity on his behalf is to be paid either to a person who was dependent upon him at the time of his death or, if there was no dependent, it is then to be paid into his service estate for distribution in accordance with the terms of his will or, in the absence of a will to the person or persons legally entitled to his estate.

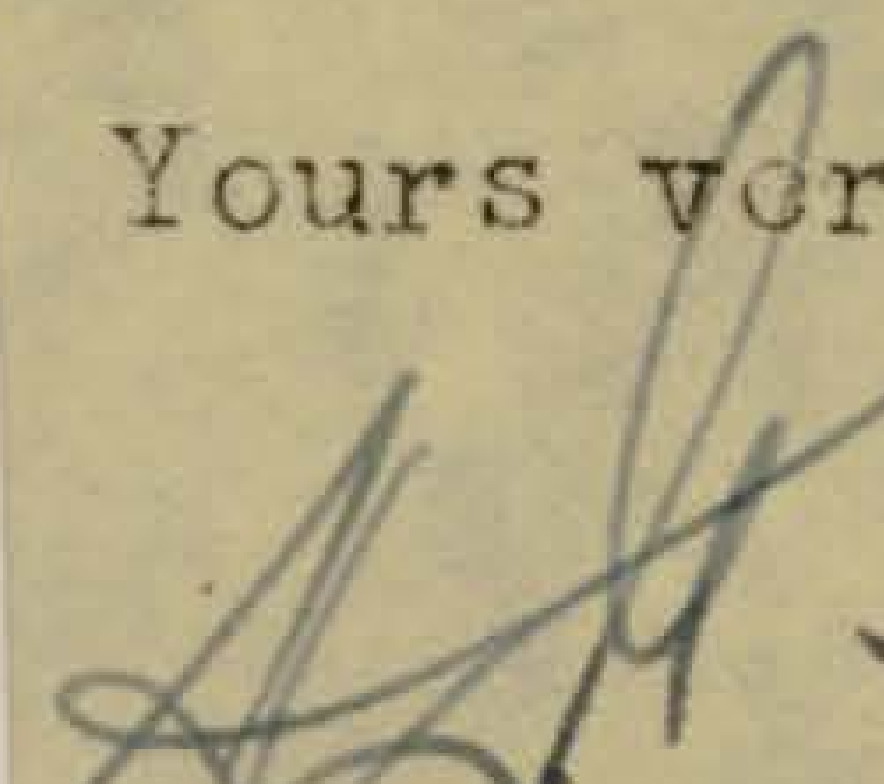
Records reveal that pay was assigned to you by the deceased at the time of his death, which may or may not indicate that a state of dependency existed. Therefore, in order to facilitate the handling of your application and in order to hasten settlement of the gratuity payable in respect of your deceased son, will you kindly inform us whether or not you were dependent upon the assignment received.

If dependency is claimed, your case will be referred to the appropriate authorities for investigation. On the other hand, if no dependency is claimed, the gratuity will be paid into your son's service estate.

Since the advice requested will be of distinct assistance to us, an early reply will be appreciated.

Please forward your letter to The Secretary, Department of National Defence for Air, Ottawa, Ontario (Attention: DAF/Gratuities Section), quoting the above file number.

Yours very truly,


(J. MacL. Murray)
Air Commodore
Chief of the Air Staff

(J. MacL. Murray)

Air Commodore
for Chief of the Air Staff

Certified that

is the beneficiary under the will of the

late J25795 F/O Clarson, O.M.W.

18481
25795

ROYAL CANADIAN AIR FORCE

File: J. 25795 (DAF/F-2-5)

Ottawa, Ontario, 28th June, 1945.

Mrs. Dorothy Clarson,
12 Garden City Avenue,
Gardenvale, Que.

Dear Mrs. Clarson:

This will acknowledge receipt of your application for the war service gratuity in respect of the late F/O Owen M. Clarson.

In the case of death of a member of the forces, regulations provide that the gratuity on his behalf is to be paid either to a person who was dependent upon him at the time of his death or, if there was no dependent, it is then to be paid into his service estate for distribution in accordance with the terms of his will or, in the absence of a will to the person or persons legally entitled to his estate.

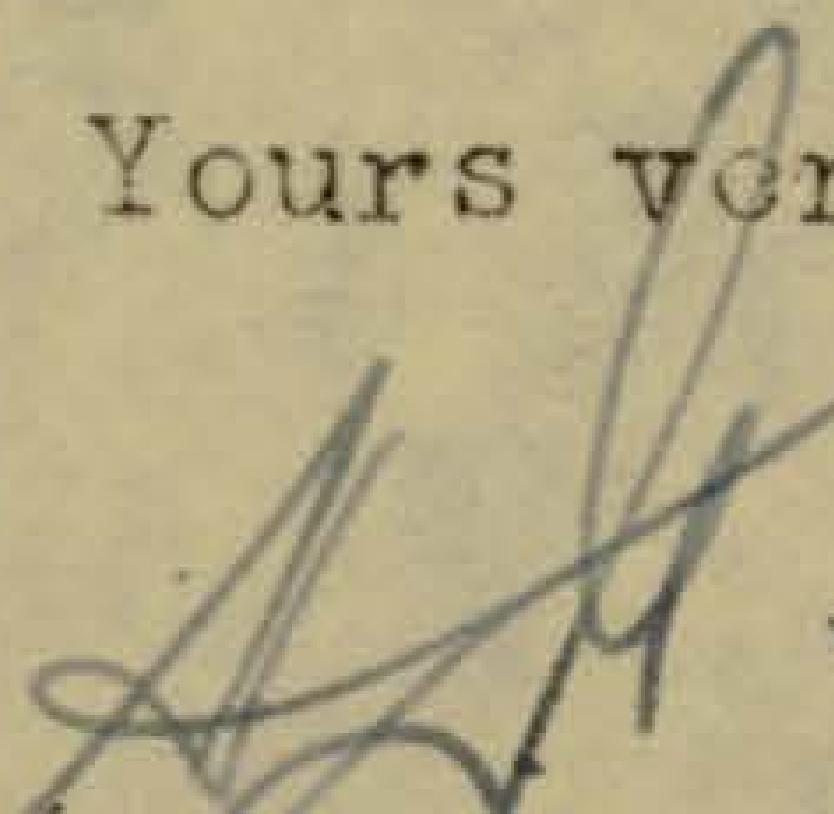
Records reveal that pay was assigned to you by the deceased at the time of his death, which may or may not indicate that a state of dependency existed. Therefore, in order to facilitate the handling of your application and in order to hasten settlement of the gratuity payable in respect of your deceased son, will you kindly inform us whether or not you were dependent upon the assignment received.

If dependency is claimed, your case will be referred to the appropriate authorities for investigation. On the other hand, if no dependency is claimed, the gratuity will be paid into your son's service estate.

Since the advice requested will be of distinct assistance to us, an early reply will be appreciated.

Please forward your letter to The Secretary, Department of National Defence for Air, Ottawa, Ontario (Attention: DAF/Gratuities Section), quoting the above file number.

Yours very truly,


(J. MacL. Murray)

Air Commodore
for Chief of the Air Staff

12 Garden City Avenue,
Gardenvale, P. Q.

18481 / J 25795

APR 9 1945

Secretary,
Dept. National Defence for Air,
No. 8, Temporary Building,
D.A.F./Accts. Ottawa, Ont.

1945 MAR 23 AM 8:59

J 25795
J. Rosney

Re: J.25795 F/O Clarson, Owen M.

462

My son, the above named officer, enlisted in the R.C.A.F. on May 24, 1942, and was killed Overseas on January 8, 1945. He made an assignment of pay in my favour to the amount of Eighty Dollars (\$80.00) per month.

Please advise me if I am entitled to receive his War Service Gratuity.

W. L. Clarson (Mrs)

March 21, 1945

C 3 11

New cert of
kind & cost
app mls

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

7.00

<u>NUMBER</u>	<u>FINAL PAID RANK</u>	<u>GROUP</u>	<u>CHRISTIAN NAMES</u>	<u>SURNAME</u>
25795	F10		Stover	Stover
	31-10-43 (AB 756)			

Reason for termination of service: Killed 8-1-42
MC 923 d/17-1-45

TOTAL SERVICE:

T.O.S.	<u>25-5-42</u>	S.O.S.	<u>8-1-45</u>	<u>960</u> DAYS
T.O.S.	_____	S.O.S.	_____	_____ DAYS
TOTAL				<u>960</u> DAYS

LESS NON-QUALIFYING SERVICE:

From: _____	To: _____	_____ DAYS	
From: _____	To: _____	_____ DAYS	
From: _____	To: _____	_____ DAYS	
TOTAL QUALIFYING SERVICE			<u>960</u> DAYS

OVERSEAS SERVICE:

From: <u>22-6-43</u>	To: <u>8-1-45</u>	<u>567</u> DAYS	
From: _____	To: _____	_____ DAYS	
From: _____	To: _____	_____ DAYS	
TOTAL			<u>567</u> DAYS

LESS NON-QUALIFYING SERVICE:

From: _____	To: _____	_____ DAYS	
From: _____	To: _____	_____ DAYS	
From: _____	To: _____	_____ DAYS	
TOTAL QUALIFYING OVERSEAS SERVICE			<u>567</u> DAYS

1949
989
1382

Handwritten signature/initials

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

M. Riddell
 R.C.A.F. RECORDS OFFICER

COMPUTER'S INITIALS	<u>DR</u>
CHECKER'S INITIALS	<u>AS</u>
DATE	<u>3-4-45</u>

1945 APR 11 AM 8:59

[Faint handwritten notes, possibly including the word "RECORD" and some illegible characters]

[Faint handwritten notes, possibly including the word "RECORD" and some illegible characters]

[Faint handwritten notes, possibly including the word "RECORD" and some illegible characters]

ROYAL CANADIAN AIR FORCE

File: J.25795(DAF/F-2-5)
Date: 12th July 1945.

Chief Treasury Officer,
Department of Veterans Affairs,
Ottawa, Ontario.

Dear Sir: Re: The late J.25795 F/O CLARSON O.M.W.

Will you kindly notify the undersigned as to whether or not payment of a pension has been authorized to any person or persons in respect of the above named deceased member. For this purpose, please do not include a pension payable under Section 33 (3) of the Pension Act, dating from a time subsequent to the member's death.

This information will be of assistance in determining dependency under the provisions of The War Service Grants Act, 1944.

For convenience, please use the space provided below and return this request to the Secretary, Department of National Defence for Air, Ottawa, (Attention: DAF/F-2-5)

If no pension is now being paid, but at a later date the Canadian Pension Commission authorizes payment of a pension to any person on behalf of the above deceased serviceman, will you kindly notify this office accordingly by separate communication.

Yours truly

J. MacL. Murray
(J. MacL. Murray)
Air Commodore

Director of Accounts & Finance

JUL 21 1945

Payment of Pension Authorized to:

No pension being paid

.....
(Name)

.....
(Address)

.....
(Relationship)

Effective:

Amount:

J. A. Johnson
In Chief Treas Off

1-25-45



BURIAL RETURN.

to be rendered in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) 25th January, 1945

PLACE OF BURIAL Harrogate. Map Reference H.

(and name of Cemetery) Regional. Cemetery.

Grave No. H/ E. 2. Personal or Official No. CAN/J. 25795.

Unit No. 8 (P) Advanced Flying Unit.

Name: (Surname) Clarson. (Initials) O.M.W.

Rank F/O Religion Protestant.

Date of Death 8/1/45. Date of Burial 19.1.45.

Means of Identification Identity Discs.

1/D

31 JAN 1945

RECEIVED
31 JAN 1945
P.A. ICAS.
[P.T.O.]

NUMBER

J 25795

RANK

F/O

NAME

Clarson, O. J. W.

R.A.F. Form 765(c) (Report on flying accident or forced landing not

attributable to enemy action) for the accident in which the above

named was involved on *8-1-45* will be found on the *Cas. false socket*

of

Clarson

as Officer

APR 23 1945

R.O. 4

Mr. K...	C.I.B.
Mr. G...	N.I.
Mr. L...	
Mr. M...	
Mr. P...	
Mr. Q...	
Mr. R...	
Mr. S...	
Mr. T...	
Mr. U...	
Mr. V...	
Mr. W...	
Mr. X...	
Mr. Y...	
Mr. Z...	

ROYAL CANADIAN AIR FORCE

18481

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

<u>NUMBER</u>	<u>FINAL PAID RANK</u>	<u>GROUP</u>	<u>CHRISTIAN NAMES</u>	<u>SURNAME</u>
25795	F/O		Stover	Blair

Reason for termination of service: 31-10-43 (AB756) Killed 8-1-45
W/L 923 d/17-1-45

TOTAL SERVICE:

T.O.S. 25-5-42 S.O.S. 8-1-45 960 DAYS
 T.O.S. _____ S.O.S. _____ DAYS
 TOTAL 960 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS nil

TOTAL QUALIFYING SERVICE 960 DAYS

OVERSEAS SERVICE:

From: 22-6-43 To: 8-1-45 567 DAYS
 From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS

TOTAL 567 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS nil

TOTAL QUALIFYING OVERSEAS SERVICE 567 DAYS

Certified that entitlement to benefits under
 The War Service Grants Act, 1944 has been
 established, based on service shown herein.

(S)

R.C.A.F. RECORDS OFFICE

COMPUTER'S INITIALS	<u>2H</u>
CHECKER'S INITIALS	<u>JK</u>
DATE	<u>3-1-45</u>

ROYAL CANADIAN AIR FORCE
HEADQUARTERS

Ottawa, September 3rd, 1943.

From Chief of the Air Staff

To: MRS. DOROTHEA L. CLARSON,
12 GARDEN CITY AVE.,
STE. ANNE DE BELLEVUE, QUE.

Herewith enclosed for distribution { Commissions } numbered as follows:
 { Certificates }
 { Warrants }

SCRIPT FOR - PILOT OFFICER O.M.W. CLARSON (J25795)

1 - RCAF G.26

Please sign and return this receipt.

T.K. McDougall
(T.K. McDougall) Wg/ Cmdr,
for Chief of the Air Staff

I hereby acknowledge receipt of the above { Commissions.
 { Certificates.
 { Warrants.

Dated at Ste. Anne de Bellevue, this 9th day of September 1943

Dorothea L. Clarson

Call OUT
and :—
Preface IN

Serial No
Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS 37

BL

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR H T CLARSON 12 GARDEN CITY AVE STE ANNE DE BELLEVUE PQ
(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE
12 JAN

MY

REFERENCE AND DATE
YOUR

M 9811

(Use Double Space Typing)

REGRET TO ADVISE THAT YOUR SON FLYING OFFICER K OWEN MUNRO
WOVENDEN CLARSON J TWO FIVE SEVEN NINE FIVE IS REPORTED
MISSING AFTER ^{FLYING} ~~ARR~~ OPERATIONS OVERSEAS JANUARY EIGHTH STOP
LETTER FOLLOWS

NR 136/11 CHURCH OF ENGLAND J25795 R164682

Message must be sent **AS WRITTEN**

This message must be sent **IN CYPHER**

Originator's Instructions* Degree of Priority*

----- be sent by W/T.

and may ----- be sent by W/T.
Signature

IMMEDIATE

1400
TIME OF ORIGIN G.M.T.

Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
					<u>1439</u>		<u>EF</u>				

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

S E R V I C E R O L L

Officers of No. 1 'Y' Depot, Halifax, N.S. Station

ROYAL CANADIAN AIR FORCE

The officers whose signatures appear hereon, have complied with Para. 211G.K.R. (Air) in that they have taken the following Oath:--

"I, the undersigned, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty."

Signature	Date	Signature of officer of the rank of Flight Lieutenant or above, authorized to prescribe Oath or of a Justice of the Peace
... J. 25795. Clarson, O. H. M.	16/5/43.	<i>[Signature]</i>
<i>O. M. Casey</i>		

Stamp: AUG 24, S.I., [Signature]

DECLARATION

I, Owen M. Clancy..... do hereby agree to accept a
commission in the Royal Canadian Air Force (Special Reserve)
and do hereby declare that I am willing to serve on Active
Service anywhere in Canada, also beyond Canada and Overseas,
for the duration of the present war and for the period of
demobilization thereafter, should His Majesty so long require
my services. I also understand that His Majesty may exercise
the right at any time to dispense with the services of an
Officer on probation.

Witness: K.R. Russell No..... Signature: Owen M. Clancy.....
Date: May 16 1943.....
Place:.....

Office
AUG 24 1943
R. O.
B. L. P. A. P

OFFICERS' STATEMENT AT EMBARKATION

1. Next of Kin (give full Christian names) CLARSON, DOROTHEA LINDSAY.
Address 12 GARDEN CITY AVE. Relationship MOTHER.
STE ANNE DE BELLEVUE.

2. Name of Person to be Notified in Case of Casualty MRS. D. L. CLARSON
Address 12 Garden City Ave. Ste. Annes de Bellevue.

3. Single, Married, Widower, Divorced, Separated? Single
Full Christian names of wife.....
Address.....

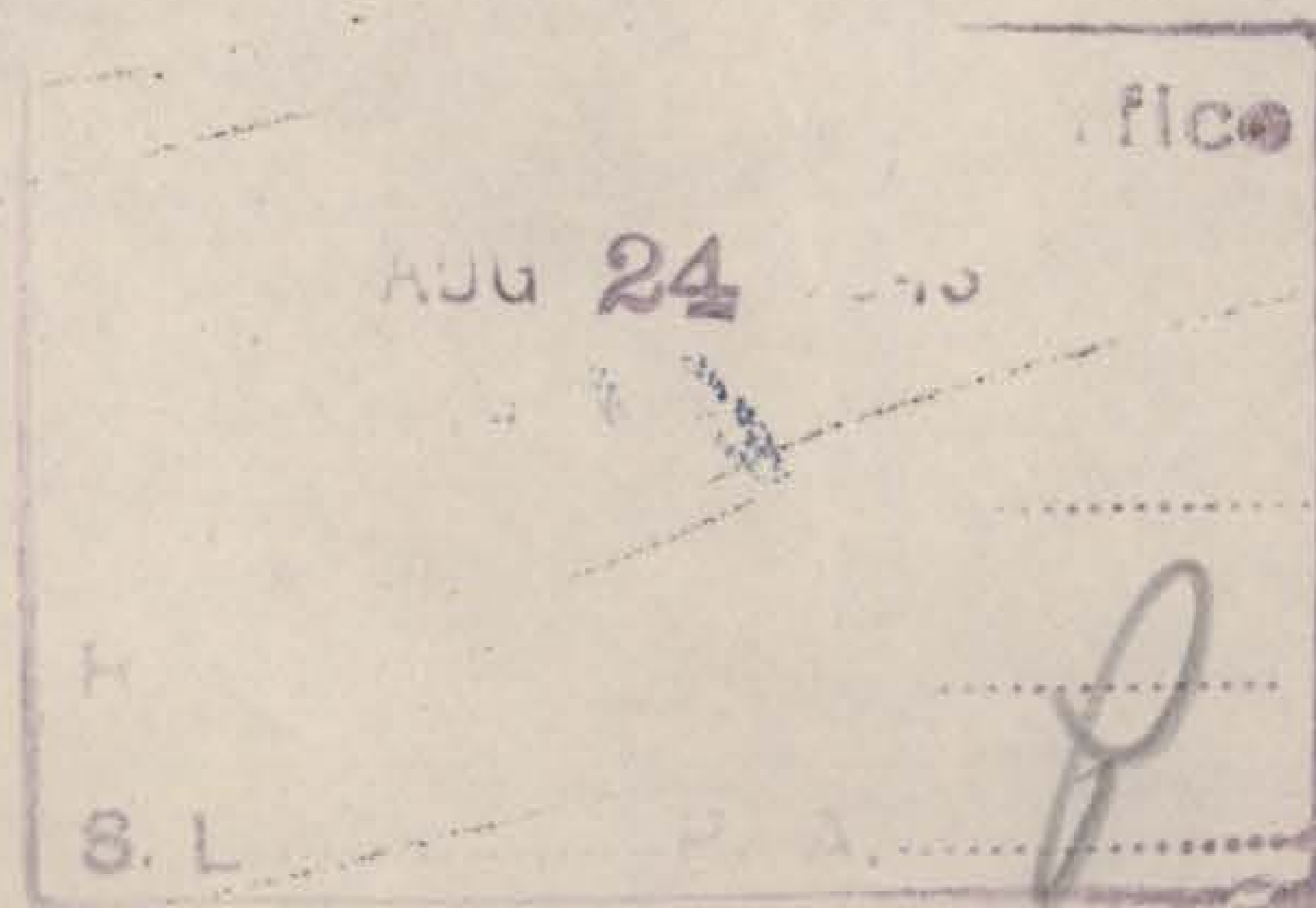
4. Parent's name (If living. Give full Christian names)
Mother Dorothea Lindsay Clarson
Address 12 Garden City Ave Ste Annes de Bellevue.
Father Henry Thomas Clarson
Address 12 Garden City Ave Ste Annes de Bellevue.

5. Permanent home address 12 Garden City Ave Ste Annes de Bellevue.

6. Religion (State denomination, eg. C. of E., E.C., U.C., etc.) C. E.

7. Commission Script to be sent to:
(a) Overseas.....
(b) Next - of - Kin or other person in Canada (state name and address of person to whom sent)
Mrs. H. T. Clarson.
12 Garden City Ave Ste Annes de Bellevue.

Signature and Rank of Officer P/O Quay No Clarson
Date 16/5/43.



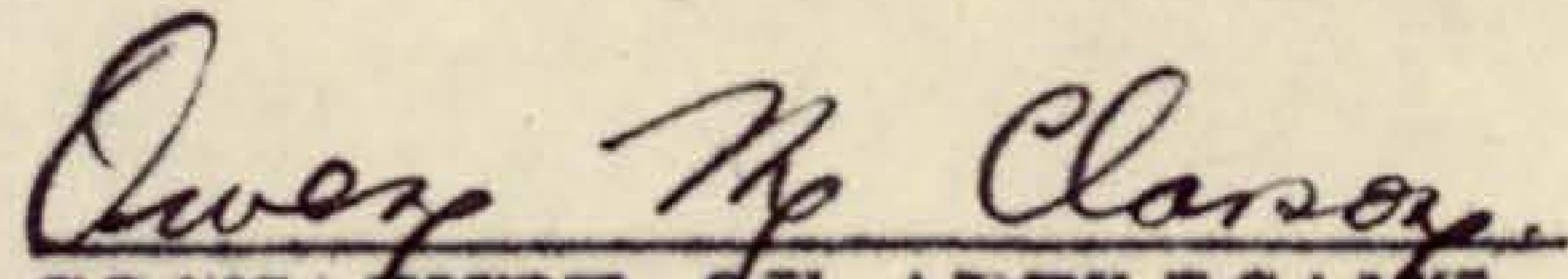
X-RAY AGREEMENT

R164682 AC.2 CLARSON, Owen Munro Wovender.

I understand that if the results of my x-ray are unsatisfactory, I may be discharged immediately.



SIGNATURE OF WITNESS



SIGNATURE OF APPLICANT

#13 Recruiting Centre,
Montreal, P. Q.

May 25th, 1942.

DATE

NAME CLARKSON, O.M. RANK AC2 AGE 19 REG. No. R-164182

UNIT NO. 5 M.D. R.C.A.F. DATE May 26-42 1942

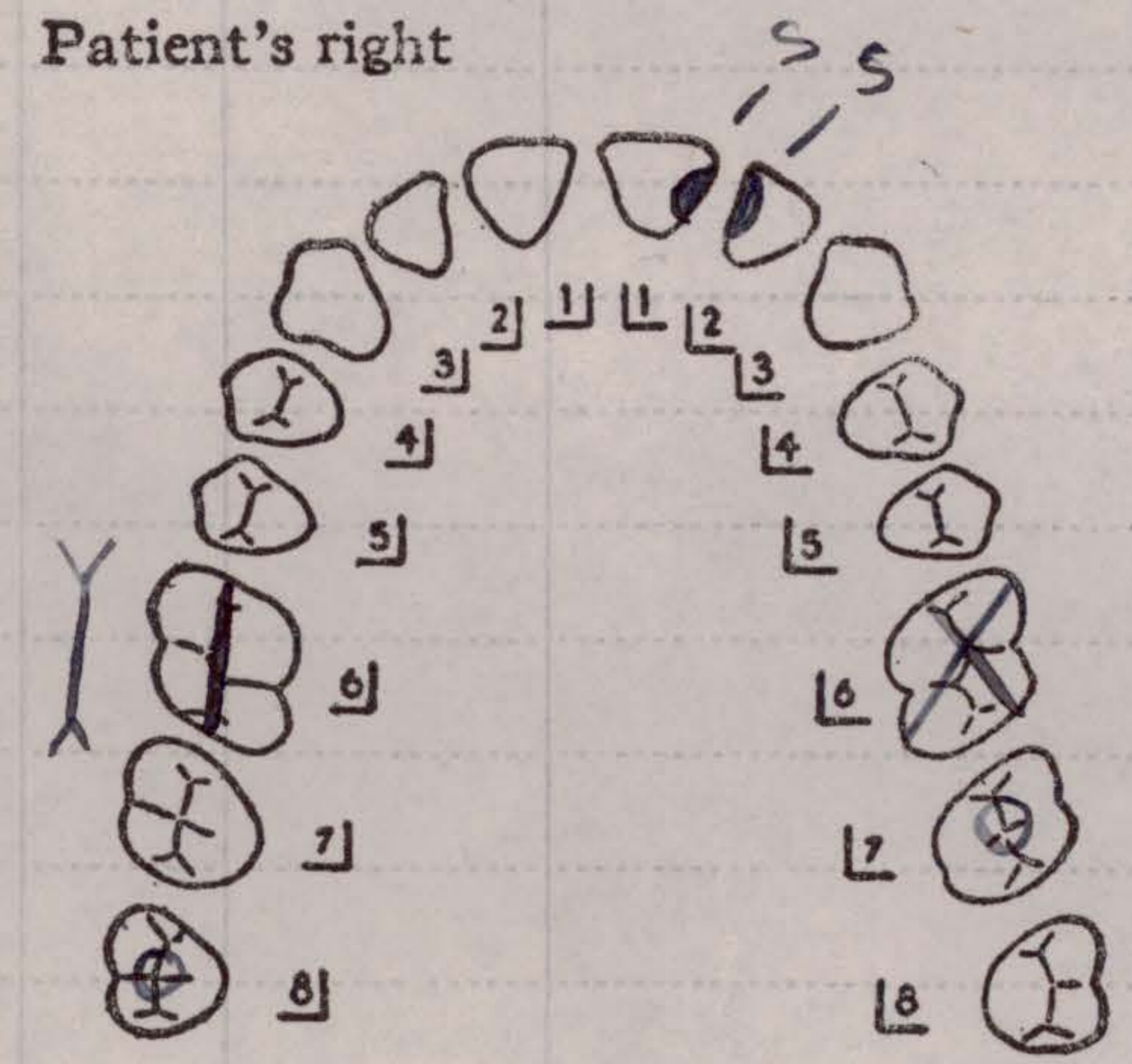
Strike out inapplicable number and words.

ORAL HYGIENE { Good
Fair
Neglected

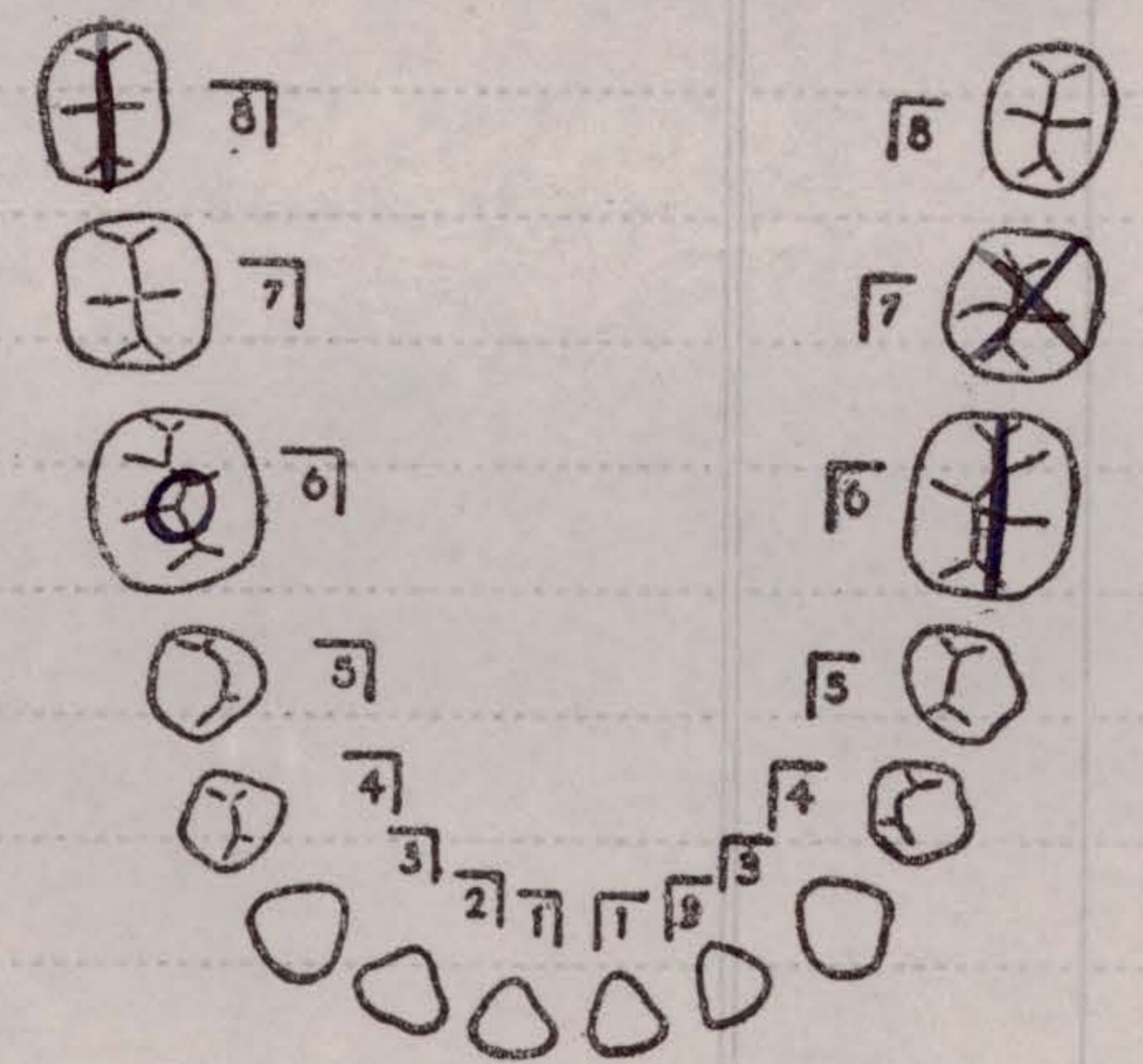
PROPHYLAXIS required { Yes
No

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }
- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- RC Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
- Br Bridge
- PD Partial
- CU Complete upper
- CL Complete lower
- DA Adjustment

Denture

Records Office
Rec'd JUN 5 1942
O. K. C.I.B.
R. C. *inc.* N.I.
S. L. P. A. *RL*

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.
All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

① For first examination after enlistment. ② Subsequent examination and treatment.

M.F.B. 465
6M pads of 100-7-40 (5811-2)
H.Q. 1772-39-950

Roland Bernier capt.
Signature and unit of examining officer

No. 39 Coy., C.D.C.

R. C. A. F.

EVIDENCE OF EDUCATION

This is to certify that CLARSON O.M.W. has
(Name)

been a student at the PRE-ENTRY AIRCREW EDUCATIONAL COURSE

at Montreal University-Mtl under the auspices of:
(Place)

- DOMINION PROVINCIAL YOUTH TRAINING PROGRAMME)
- CANADIAN LEGION EDUCATIONAL SERVICES) Underline to
- DEPARTMENT OF EDUCATION, PROVINCE OF...Quebec...) indicate

He has taken the final R.C.A.F. examinations in _____
(Subject)

_____ and _____ and has obtained
(Subject) (Subject)

the following marks:

<u>Subject</u>	<u>Mark</u>	(Delete word not applicable)	
<u>ENGLISH</u>	<u>77</u>	Pass	Fail
<u>SCIENCE</u>	<u>50</u>	Pass	Fail
<u>MATHEMATICS</u>	<u>64</u>	Pass	Fail

Date: May 18-42

Signed _____

Joseph White F/O
(Teacher)

R.C.A.F. Records Office
 Rec'd. MAY 28 1942
 O.K. . B.
 C.B.M. . I.
 S.L. P.A.

A.M.W. 59
27.11.41

MEDICAL RECHECK

I certify upon my honour that I have suffered no illness or disability since my last examination.

Date: 22-5-42 Signature Quay M. Clancy Witness G.L. Sutton FL

THE HIGH SCHOOL

WESTMOUNT

QUEBEC

OFFICE OF THE PRINCIPAL
H. B. PARKER

TELEPHONE:
WELLINGTON 5404

June 16, 1941.

The Officer in Charge of Recruiting,
R. C. A. F.,
Montreal.

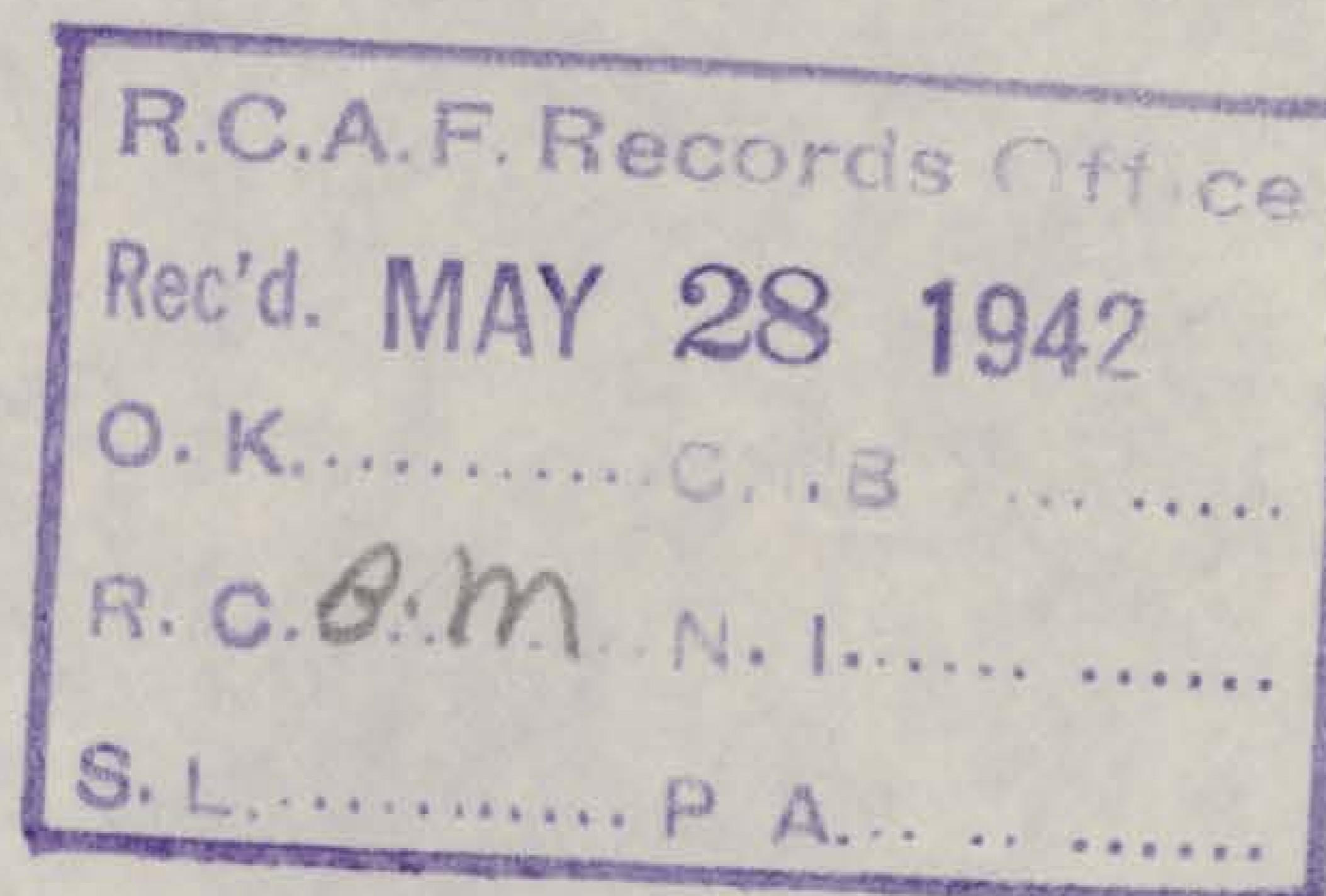
Dear Sir:-

This is to certify that
Mr. Owen Clarson obtained his High
School Education at Westmount High
School, and withdrew from the Fourth,
or Final, Year in March, 1941.

Yours very truly,

H. B. Parker

Principal.



AIR FORCE No. J 25795	<i>Temporary</i> CLARSON. OWEN MYNRO WOVENDER <small>SURNAME FULL CHRISTIAN NAME</small>	ENLISTMENT/APPOINTMENT PLACE No. 14 DEPOT HALIFAX DATE 30-4-43	RELIGION C of E
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**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
10-6-22					SINGLE, MARRIED, WIDOWER, DIVORCED WIFE (FULL MAIDEN NAME) OR HUSBAND PRESENT ADDRESS (IN PENCIL) PLACE OF MARRIAGE DATE AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

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

CIVIL OCCUPATIONS AND EXPERIENCE	CHILDREN																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">NAMES</th> <th style="width:30%;">PLACE AND DATE OF BIRTH</th> <th style="width:30%;">NAMES</th> <th style="width:30%;">PLACE AND DATE OF BIRTH</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>	NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH												
NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH														

PREVIOUS SERVICE	NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
	<i>Mrs. D. L. G. Larson (Mother) 12 Garden City Ave. Ste. Anne's de Bellefleur, Quebec</i>

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

OFFICERS				AIRMEN AND AIRWOMEN					OFFICERS, AIRMEN/AIRWOMEN				
----------	--	--	--	---------------------	--	--	--	--	---------------------------	--	--	--	--

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.	RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
P/O G. L. Petat	30 4 43	B D 1681								<i>Refresher Course</i>				10 10 43
T.F.O.	30 10 43	0-0. 786/13	AFRP 513/44											15 11 43

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

AIR FORCE No. **525795**

Temporary
Clarson Owen Munro Wovender
 SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE **No. 14 D. Halifax**
 DATE **30-4-43**

RELIGION
 R.C.A.F. FORM R230

TYPE OF LEAVE					TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT	POSTINGS, ATTACHMENTS & TEMPORARY DUTY				ALL OTHER CASUALTIES			
FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
16-2-43	22-7-43	7	P-L	3PRC/15/43		SOS		#14 D. RAE.T.P.		22 6 43	DR 162		
26-9-43	1-10-43	6	P-L	7(P)AFU 25				Emb. Can.		23 6 43			
11-11-43	16-11-43	6	" "	7(P)AFU 35				Dis. Emb. U K		1 7 43			
9-2-44	15-2-44	7		2FIS 7/44				3 PRC Int C95		2 7 43			
30-3-44	4-4-44	6	Prix Leave	18 PIAFU 5									
8-5-44	14-5-44	7	P/L	18(P)AFU 21		TOS		7 (P)AFU		27 7 43	7(P)AFU 15		
21-8-44		7	P/L	18(P)AFU 40		D.T.		ACRS (Lifford) PAFU		9 10 43	7(P)AFU 21		
23-10-44		9	PR	18(P)AFU 49/44		SOS		7(P)AFU & 2 FIS		17 11 43	7(P)AFU 38		
						SOS		2 FIS & 18(P)AFU		16 2 44	2 FIS 8		
						Att.		18(P)AFU to Lichfield		25 3 44	Lichfield 5		
						Att.		18(P)AFU to 27 OTU		28 2 44	18(P)AFU 9		
						Att.		B.A.T. Fld. Watchfield		1 8 44	18(P)AFU 32		
						SOS		18(P)AFU to 1546 BAT		10 8 44	18(P)AFU 32		
								F.A. Missing Killed		8 1 45	CX667		
										8 1 45	CX671	AFRO 180	
								Period at Harrogate RAF Cemetery Exon; H.E. 12.		1-35-2	ED 1188		

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
		DR 116

R.C.A.F. No. R164682

Name Clarson

Owen, Munro, Wouender

R.C.A.F. R1.
70M-2-42-(1712)
H.Q.1062-3-121

*Killed
8.1.45
CR.671*

g 23795

SURNAME CHRISTIAN NAMES

ROYAL CANADIAN AIR FORCE DOCUMENT ENVELOPE (AIRMEN)

CofC
J.A.T.P. CANADA

Recd 14-4-45

DISPATCH FROM			DOCUMENTS COMPLETED ON ENLISTMENT			DOCUMENTS COMPLETED AT FIRST UNIT						DOCUMENTS COMPLETED AT LATER UNITS			RECEIPT BY						
			NON-SERVICE		SERVICE	MEDICAL	DENTAL	SERVICE		EQUIPMENT	PAY	Non-Service	TRAINING AND MISCELLANEOUS								
Date	Dispatching Unit	Signature	Evidence of Marriage Births and Deaths	Interview Report (Aircrew)	Enlistment Agreement	Record of Service Airmen	Medical Envelope with Enclosures	Dental Envelope with Enclosures	General Conduct Sheet	Service Conduct Sheet	Record of Kit	Last Pay Certificate	Particulars of Family					Date	Receiving Unit	Signature	
			MFM 16D (2)	AFM5 (1)	AFM 23 (1)	R440 (1)	M10 (1)	MFB 465A (1)	R71 (1)	R72 (1)	E147 (1)	930A (1)	MFM5 (1)	T.58	R.45	MFB	R.57	387			
25-5-42	#13 R/C	John Shoupe	-	+	-	+	+											26-5-42	#5 M.D.	[Signature]	
3-7-42	#5 MD	[Signature]		✓		✓	✓	✓			+		+					9-7-42	#9B & S M.J.	[Signature]	
4-9-42	#9B & S Montreal	D.N.C.		✓		✓	✓	✓			✓		✓					7-9-42	#5 I.T.S.	[Signature]	
7-11-42	#5 I.T.S.	[Signature]		+		+	+	+			+			+				16-11-42	#10 E.T.S.	[Signature]	
9-1-43	No. 10 E.F.T.S. PENDLETON ONTARIO	L. Christie		+		+	+	+			+		+		+			15-1-43	#6 SFTS Dunnville	[Signature]	
16-1-43	Dunnville OSFTS	[Signature]				✓	✓														
5-5-43	#6 SFTS	[Signature]				+	+	+			+			+	+	+	+				
22-6-43	#1 "Y" Depot	[Signature]				✓	✓	✓			✓			✓	✓	✓	✓	13-5-43	#17 Depot	[Signature]	

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

J.25795

SURNAME Clarson, CHRISTIAN NAMES O.M.W. NUMBER R164682 RANK LAG
 I.T.S. 5 COURSE NO. 61 FROM 31-8-42 TO 24-10-42
 E.F.T.S. 10 COURSE NO. 68 FROM 9-11-42 TO 10-1-43
 S.F.T.S. 6 COURSE NO. 72 FROM 11 Jan/43 TO 30 Apr/43
 TRAINEE FROM: CAN. X U.K. _____ AUS. _____ N.Z. _____

(1) G.I.S. RESULTS

(2) FLYING RESULTS

SUBJECTS	Finals			SPTS			TESTS	EFTS	SPTS
	ITS	EFTS	SPTS	ITS	EFTS	SPTS			
1. Mathematics	115						20 hours	66	107
2. L.D.A.O.	74						Instrument	61	102
3. Navigation	124	129	113				Clear Hood	97	220
4. General Studies							Navigation	35	100.5
5. Airmanship	55	86	160	111			TOTAL OBTAINED	193	529.5
6. Airframes							TOTAL POSSIBLE	300	750
7. Aero-Engines							PERCENTAGE	64.3	70.6
8. Theory of Flight							NUMBER IN CLASS	30	42
9. Anti-gas	34						POSITION IN CLASS	22	30
10. Armament (Writ)	40	75	77				(3) FLYING APTITUDE		
11. Armament (Prac)			35				1. Natural Skill	A	AA
12. A/C Recognition	57	80	37				2. Skill in Landing	A	A
13. Drill	60						3. Airmanship	AA	AA
14. Signals (Writ)	150	75	43				4. Cockpit Drill	A	A
15. Signals (Prac)			90				5. Instrument Flying	A	A
16. Meteorology	25		29				6. Night Flying	A	A
TOTAL OBTAINED	734	445	575				7. Aerobatics	A	A
TOTAL POSSIBLE	1000	700	750				8. Formation in Flying		A
PERCENTAGE	73	63.6	76.66	67.1			9. Map Reading		A
NUMBER IN CLASS	106	30	41				10. Wind Speed & Direction Finding (TE)		NA
POSITION IN CLASS	59	23	26				11. Straight Runs over as Pilot (TE)		NA

(4) Flying Time

Link Trainer - 68%

School	Type A/C	DAY		Night		Formation	Instru-ment	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		
10 EFTS.	T. M.	29:30	29:40	4:30	:30	-	7:05	12:25	4:25	6:20	10:40	-
6 SPTS	S.E.	69:00	74:45	7:10	9:20	20:30	26:10	20:20	20:10	9:25	9:10	15:15
Total		98:30	104:25	11:40	9:50	20:30	33:15	32:45	24:35	15:45		15:15

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Aircraft Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.
#6 S.F.T.S.	Ground Loop	Log endorsed "Error in judgment"	Signal A3018 d/15 Mar/43 D.14 #5 Mar/43	<i>[Signature]</i>

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	▲					A	
S.F.T.S.			Yes			X AA P (AA)	

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para.3)	529.5
G.I.S. (Para.1)	575
Character & Leadership (Para.8)	510
TOTAL	1614.5
PERCENTAGE	71.7
STANDING IN CLASS	31

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	60
S.F.T.S.	510
TOTAL	

(9) CERTIFIED

(a) That this pupil pilot has ~~(Ex. Ex.)~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is ~~(Ex. Ex.)~~ authorized to wear the Pilot's Flying Badge, W.E. 30 Apr/43.

[Signature]
Chief Instructor
No. 6 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S.

[Signature]

Co-operative, dependable and will advance through own initiative and desire to fly.

[Signature]
Commanding Officer
No. 5 I.T.S.

(b) E.F.T.S.

A keen steady student with a natural ability for flying. He grasps matters very quickly.

[Signature]
Commanding Officer
~~Chief Instructor~~
No. 10 E.F.T.S.

(c) S.F.T.S.

Flying - Smooth and capable, average ability.
G.I.S. - Satisfactory, worked well.
Department - Very good.

[Signature]
Chief Instructor
No. 6 S.F.T.S.

(d) S.F.T.S.

Recommended for Commission - Yes.

[Signature]
Commanding Officer,
No. 6 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

- Actual marks to be given for 1, 3, 7, and 8.
- Para. 2 - Total for E.F.T.S. if from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
- Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
- Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P. (Ex.)".
- Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

PILOT

No. 7 ADVANCED FLYING UNIT

Christian

1. Surname CLARSON Names OWEN MINRO
 2. Number J25795 3. Rank P/O 4. Course No. 51
 5. Posted from P.R.C. 6. Date course com- menced 27/7/43 7. Date course ended 8/10/43 8. Posted to 2 F.I.S.

9. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	200
(b) Applied Flying	200	100
(c) Instrument Flying	250	125
(d) Night Flying	100	60
(e) Link Trainer	50	30
Total	1,000	545
PER CENT.		55%

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	50

Degree of Suitability for further training	0	1	2	3
	Not at all suitable	Moderately suitable	Definitely suitable	Extremely suitable
11. As a Flying Instructor			X	

(Mark "X" in appropriate column.)

12. Remarks :

Rather a stupid type but he is very keen and has worked hard during the course. His I.F. needs more practice. His Navigation is poor needs practice. Fit for solo at night on operational aircraft. Average night pilot no serious faults.

Date

Signed M. Griffiths. W/Cdr.

Officer Commanding.

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instru-ment	Link Trainer
MASTER.	Day ...	2.00	10.55	42.10	4.00	13.10	2.10	7.10
	Night...	1.05	6.15	3.25				

14. Flying Accidents.—All flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in "None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. "Taxying", "Heavy Landing", "Over-shooting" etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness, " etc.
				NONE			

* Column (6) above : " R.U." —Repairable at Unit.
 " R.X.U." —Repairable away from Unit.
 " W.O." —Write off.

PILOT

NO. 1541 BEAM APPROACH TRAINING FLIGHT

1. Surname Clarson Christian Names : John Junro
 2. Number : 325785 3. Rank : P/O 4. Course No. : 24
 5. Posted from 2.1.44 6. Date Course commenced 1.2.44 7. Date Course ended 7.3.44 8. Posted to 2.1.44
 9. Flying Times (at this Unit) :

Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
	Dual	Solo	Dual	Solo				
Oxford	8.05	-	-	-	3.05 At controls	6.00	-	5.00

SUBJECT	Marks Allotted	Marks Obtained
(a) B.A. PROCEDURE AND " Q " CODE (LINK TRAINER)	200	100
(b) RECEIVER OPERATION	100	50
(c) INSTRUMENT FLYING... ..	250	125
(d) CLOUD AND NIGHT FLYING	250	125
(e) GENERAL APPLICATION OF B.A. PROCEDURE (FLYING)	200	90
TOTAL	1,000	490
	PER CENT. :	49.0

11. Remarks : Below the average as a B.A. pilot. Although a pleasant type, this pilot's I.P. is poor. Has only a faint idea of S.M.A. procedure and has great difficulty in applying it. He is unable to coordinate his I.P. with procedure. A slow thinker. He has not the right qualities that make an efficient S.M.A. pilot. Has tried hard.

Date 6th February 1944 Signed Clarson S/ndc. Officer Commanding.

RECORD of LEAVE of (Rank) P/O. F/O (Name) O.M. CARSON.

(3463) (12) 5/41 Wt.24389 140m (18) 9/41 Gp.697 C&SLtd.

Year	From (Both days inclusive)		To		No. of Days.					Unit	Authority (Casualty Form No. and date)
	Ordinary	Accumulated	Privilege	Local	Sick						
1943	26. 9. 43	1. 10. 43	RWI-	310758	6.					7(P)AFU	POR 25/43.
	11. 11. 43	16. 11. 43	"	489349	6					"	" 35/43
1944	9. 2. 44	15. 2. 44	"	594224	4.					2FIS.	" 7/44
	30. 3. 44	1. 4. 44			6 (AA 315221)					18(P)AFU	13/44
	31 7. 44	1. 8. 44.			4 hrs.					18(P)AFU	
	23. 10. 44.	31. 10. 44.			9 days. (AA 733411)					1546BAT	19/44.
	27. 11. 44	28. 11. 44		48						1546BAT	-

When the officer is posted to a new unit, this card is to be transmitted in accordance with para. 2335 K. R's. At the end of a leave year, a line should be drawn, and entries continued for successive leave years until both sides of the card are completed.

1. Rank. *F/O* *30/10/43* *P/O* 2. Christian Names. *Owen Munro Wovenden* 3. Surname. *Blason* 4. Decorations.

5. Type and date of commission or engagement, if Airman Pilot.
RCAF SR 30-4-43
Date of expiry.

7. Date of award of flying badge. *30-4-43*
Date of qualification as service pilot, % marks, and whether failed, and re-examined.

8. Types of service aircraft flown.
Harvard
Mustang
Oxford

6. Branch or Trade.
Pilot

7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).
Oxford

10. Date of birth.
10-6-22

12. If married: Date.
S

11. Religion.
Protestant

13. Medical classfn.

14. Date and place of last medical Exam.

15. *Date of last vaccination.

16. *Date of last inoculation.
1. T.A.B.
2. Cholera.
3. Plague.

9, 13-19 and 21 to be kept in pencil.

*To be inserted in unit copy only.

17. Permanent Address.
as 18

18. Next of kin. Relationship and address.
Mrs H.T. Blason (mother)
12, Garden City Ave
St Anne De Bellechasse
Quebec
Canada

19. Name and address of person to be notified in case of casualty.
Instead of _____ the Next of kin.
*In addition to
*Delete as necessary.

20. Periods in hospital, or sick quarters, or sick at home.

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.

ROYAL CANADIAN AIR FORCE

MOVEMENT ORDER

1. Name CLARSON, Owen Munro Wovender Date May 25th, 1942
 No. R164682 Rank AC. 2 Trade Observer Pilot Y. T. Std.
 Unit or Station of Origin #13 Recruiting Centre, RCAF. Montreal, P.Q.

2. INSTRUCTIONS

you are to proceed to Lachine on May 25th 1942, and immediately on arrival you are to report to the Orderly Room and present this form. If you are delayed en route you are to have Para. 4 of this form completed.

Signature [Handwritten Signature]
 for (L.P. Gelinus)
 Rank Flight Lieutenant,

Acknowledged

(Signature of Bearer) Owen M. Clarson Appointment C.O.#13 Recruiting Centre, RCAF.Mtl,P.Q.

3. TRANSPORTATION ARRANGEMENTS

(a)

Warrant Nos.	Date	From	To	Via	Berth Issued	R.R.
1	<u>25-5-42</u>	<u>Montreal</u>	<u>Lachine</u>	<u>Road Rax</u>	<u>-----</u>	<u>-----</u>
2						

Your train leaves ----- at ----- hours ----- 19-----
(Place) (Time) (Date)

Change trains at ----- arriving ----- at ----- hours ----- 19-----
(Place) (Destination) (Time) (Date)

or,

(b) By Road (Insert Instructions) -----

4. DELAYS OF OVER SIX HOURS

Place delayed ----- Time of delay from ----- to -----

Cause of delay -----

Signature of responsible person -----

Sickness to be certified by a doctor. Railroad delays by train conductor. Other delays by responsible persons

5. FOR INFORMATION OF UNIT AT DESTINATION

The bearer is in possession of ~~the following~~ all documents. pertaining to enlistment.

- 1 4
- 2 5
- 3 6

6. UNIT REMARKS

Actual date of arrival ----- shown in D.R.O. No. ----- Dated -----

----- Adjutant

----- Rank

----- Unit

NOTE:—This form is to be made out in duplicate. One copy forwarded to the new unit by mail and one copy with bearer. C.O. new unit after completing para. 6, is to forward one copy to Air Force Headquarters, Ottawa.

1. Rank. P/O	2. Christian Names. Owen Munro Wounded	3. Surname. Clawson	4. Decorations.
-----------------	---	------------------------	-----------------

5. Type and date of commission or engagement, if Airman Pilot. RCAF SR 30.4.43 Date of expiry.		7. Date of award of flying badge. 30.4.43 Date of qualification as service pilot, % marks, and whether failed, and re-examined.		8. Types of service aircraft flown. Harvard	
6. Branch or Trade. Pilot		7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam. Killed in Flying Accident 8.1.45 bat. "B" 8.2.44		9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).	
10. Date of birth. 10.6.22	12. If married: Date.	11. Religion. Protestant		9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).	
13. Medical classfn. A1B.	14. Date and place of last medical Exam.	15. *Date of last vaccination.	16. *Date of last inoculation. 1. T.A.B. 2. Cholera. 3. Plague.		

9, 13-19 and 21 to be kept in pencil.

*To be inserted in unit copy only.

17. Permanent Address. as 18	18. Next of kin. Relationship and address. Mrs H F Clawson (mother) 12, Garden City Ave St Anne De Belleville Quebec Canada	19. Name and address of person to be notified in case of casualty. Instead of *In addition to the Next of kin. *Delete as necessary.
---------------------------------	--	---

20. Periods in hospital, or sick quarters, or sick at home.	21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.
---	---

AIR FORCE No. **J 25795.**

Temporary
CLARSON. OWEN MYNRO WOVENDER
 SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE **No. 14 DEPOT, HALIFAX.** DATE **20-4-43**

RELIGION **C of E**

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
10-6-22					SINGLE, MARRIED, WIDOWER, DIVORCED			
CIVIL EDUCATION					WIFE (FULL MAIDEN NAME) OR HUSBAND			
PUBLIC SCHOOL					PRESENT ADDRESS (IN PENCIL)			
HIGH SCHOOL ENTRANCE					PLACE OF MARRIAGE			
TECHNICAL SCHOOL					DATE			
CORR./BUSINESS COURSES					AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)			
CIVIL OCCUPATIONS AND EXPERIENCE					CHILDREN			

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

PREVIOUS SERVICE

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)
*Mrs. D. L. G. Larson (Mother)
 12 Garden City Ave Ste Anne de Belleme Quebec*

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS				AIRMEN AND AIRWOMEN						OFFICERS, AIRMEN/AIRWOMEN				
RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.	RANK	DATE	AUTH.	TRADE	DATE	AUTH.	COURSE OR TRADE	GRP.	%	PF	DATE
<i>P/O G.L. Peter</i>	<i>30 4 43</i>	<i>B.P. 1/68</i>								<i>Refresher Course</i>				<i>15 11 43</i>
<i>T.F.O.</i>	<i>30 10 43</i>	<i>2 E 15 AFDP</i>												
		<i>0-0. 756/13</i>												
		<i>513/44</i>												

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





MEDICAL RECHECK

I certify upon my honour that I have suffered no illness or disability since my last examination.

Date: 22-5-42 Signature Quincy M. Carson Witness G. L. Sutton PC

ROYAL CANADIAN AIR FORCE

25 JUL 9 1942

THIS ENVELOPE CONTAINS THE MEDICAL RECORDS OF:-

NAME Clawson CHRISTIAN NAMES Owen, Muro, Wavender NUMBER R 164682 RANK P/O AC2

J. 25795.
R 164682

TABLE 1—CONTENTS—All Documents on Insertion are to be entered below

Date	Form No.	Enclosure No.	Date	Form No.	Enclosure No.
25-5-42	M13	1			
	M2	2			
26-5-42	465	3			
20-1-45	F39	4			

TABLE 2—MEDICAL CATEGORY—Each Entry is to be Signed by the Medical Officer

Date of Exam.	Category	Signature—Medical Officer	Date of Exam.	Category	Signature—Medical Officer
16-1-42	A3A9B.	<i>[Signature]</i>			
8-9-42	A1B-A3B.	<i>[Signature]</i>			
30/4/43	At sea	<i>[Signature]</i>			

J. A. T. P. CANADA

A1B		N.V.C.
A3B	Turret	N.V.C. 15
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:		
Date		

Killed 8-1-45

1546
BAT
427

TABLE 3—IMMUNIZATION RECORD

Procedure	Date	Result				Station or Unit	Signature of M.O.
		No Take	Primary Take	Early Reaction	Vaccinoid Reaction		
Smallpox Vacc.	26-5-42	✓				5 M.D.	<i>[Signature]</i>
Schick Test	26-5-42	Positive	Neg. 1	Neg. 6	Sensitive	✓	<i>[Signature]</i>
Dick Test	26-5-42	Positive		Negative		✓	<i>[Signature]</i>
Diphtheria Toxoid	2-6-42	1	Amount		Reaction	5 M.D.	<i>[Signature]</i>
	20-6-42	2				✓	<i>[Signature]</i>
Scarlet Fever Toxin		1					
		2					
		3					
		4					
		5					
TABT	26-5-42	1				5 M.D.	<i>[Signature]</i>
	16-6-42	2				✓	<i>[Signature]</i>
	31-7-42	3				#9B+G	J.C.P. Leonard <i>[Signature]</i>
KANN-NEG.							
Additional Inoculations							

BLOOD GROUP O

MEDICAL HISTORY OF

SURNAME *Clarson* CHRISTIAN NAMES *Owen, Munro, Koolander*

TABLE I—General

Recruiting Centre: *Montreal, P.Q.*
 Date *Jan 16th* 1942. Age *19* yrs.
 Former Occupation: *Installer*
 Height *5'* ft *10 1/2"* ins. Weight *170* lbs.
 Identification Marks: *none*
 Past Illnesses, Operations, Injuries: *none*
 Colour Vision *N.* Test *Sh*
 Vision—without glasses—Rt. 20/ *20*
 —Lt. 20/ *20*
 —with glasses —Rt. 20/ *20*
 —Lt. 20/ *20*
 Condition of Mouth and Teeth: *Healthy*
 Blood Pressure: S *130* D *80*
 Urine *Urine*
 Abnormalities: *none*

TABLE II

Consultations
 Medical Boards
 Courts of Inquiry
 Surgical Appliances
 Flying Accidents

Re-check Medical Examinations
 X-ray of Chest
 Sick Leave
 Issue of Glasses
 Corrective Lens Goggles

DATE BRIEF DETAILS AND SIGNATURES

*22-5-42 - Medical recheck
 negative -
 Category A1B A3B - 94. Sutton FC.*
3-7-42 N.O.D. 45 M.O. A1B A3B. Operational Ph
30/4/43 Overseas (W. Shultz FC)

Remarks by Medical Examiner:

Fit

Category:

A1B, A3B

Signature of M.O.

C.H. Woods

Rank

X-Ray of Chest:

106558 Neg

Date

16-1-1942 M.O. *Sh*

SEROLOGICAL TEST FOR V.D.S.

INTERNATIONAL BLOOD GROUP

Test

Neg.

O A B AB

Date

26-5-42

M.O.

*Note:

O = Moss IV: Jansky I: Univ. Donor
 A = Moss II: Jansky II
 B = Moss III: Jansky III
 AB = Moss I: Jansky IV: Univ. Recipient

No. of enclosure in Form 48 4
Serial No. in Form 38 }
or in A. & D. Book }

Hospital or Sick List—Record Card.

Surname Clarson. Christian Names Owen, Munro.
Rank F/O. Unit 1546. B.A.T. Flight.
R.A.F. or } J. 25795. Branch or Trade Pilot.
Army No. }
Age 22. Total } 3 YRS. Under instruc- }
Service } tion as }
Hospital or Station } S.S.Q. R.A.F. Station, Faldingworth.
rendering this form }

Dates of :
Arrival as direct admission 8.1.45. from Unit.
,, ,, transfer from
Discharge to duty
,, as an invalid or to unit for invaliding
Transfer to
Death 8.1.45.
Number of days under treatment Nil

CLINICAL NOTES. (FA)
Disease or injury Multiple Fractures and Contusions.
New disease supervening, and date
Operation, nature and date
Anæsthetic, and method of administration

Date	Previous history of case and family, if relevant
	<u>This officer was in an Oxford aircraft which crashed near East Bilsdale Hall Farm, Urra Moor, Yorkshire, on 8.1.45. Body found by Mountain Rescue Service and taken to R.C.A.F. Station, Wombledon, for disposal.</u>
	Condition on admission <u>Multiple Fractures and Contusions.</u>
	<u>DEAD.</u>

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

Date

Progress of case

Condition on discharge

DEAD.

Signature of Medical Officer



F/Lt.

Date

20.1.45.

CONFIDENTIAL

I-66

(2)

R.C.A.F. Special Reserve

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

R164682

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Montreal, P.Q.

Date Jan 16th 1942.

Surname CLARSON Chr. Names Own MUNRO WOVENDEN
Nature of Commission M-2-1 Date of Birth 10-6-22 Married or Single Single
Branch General List Hours Flown None
Address 229 Kensington St., Westmount, P.Q.

HAVE YOU ANY HISTORY OF:-

- (i) NERVOUS TROUBLE or Nervous Breakdown NO
- Severe or "Sick" Headaches, Migraine NO
- Fits or Convulsions of any kind NO
- Sun or Heat Stroke NO
- Head Injury or Concussion (including "knock-out") NO
- Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
- (ii) LUNG TROUBLE or Consumption NO
- Bronchitis, Pneumonia or Pleurisy NO
- Asthma or Hay Fever NO
- (iii) HEART DISEASE, "Weak or Strained Heart" NO
- Fainting Attacks or Giddiness NO
- Rheumatism, Rheumatic Fever or "Growing Pains" NO
- Frequent Sore Throats or Tonsilitis NO
- Diphtheria, Scarlet Fever or Scarlatina NO
- (iv) STOMACH or BOWEL TROUBLE NO
- Chronic Indigestion or Pain after Food NO
- (v) KIDNEY or BLADDER TROUBLE NO
- Syphilis or Gonorrhoea NO
- (vi) TROPICAL DISEASE NO
- Malaria NO
- Dysentery NO
- (vii) EYE TROUBLE or Inflammation of Eyelids NO
- Wearing of Glasses NO
- Colour or Night Blindness NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears NO
- Deafness, Noises in the Ears, or Dizziness NO
- Frequent Colds in Head, Catarrh or Obstruction NO
- Prolonged Hoarseness or Loss of Voice NO
- Sea, Car or Train Sickness NO
- Discomfort on Swings, Roundabouts, Switchbacks NO
- (ix) OPERATIONS NO
- (x) Any illness or Injury not mentioned above NO

Education High School
Present Occupation Unemployed Hobbies None
Previous Service None
Athletics Hockey
Habits—Smoking NO Alcohol NO
FAMILY HISTORY—Consumption NO Diabetes NO Haemophilia NO
Nervous Ailments, Mental Trouble, or "Fits" NO
Father Alive—Health poor good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (1) Alive—Health Good (0) Dead—Cause
Sisters (0) Alive—Health (0) 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 accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 16-1-42 Signature Owen M. Clarson Witness C. H. Wood

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique *Athletic* (b) Mentality *Fit*
 Body Marks, Scars, Deformities *None*
 Size of Thyroid Gland *Normal*
 Surgical Abnormalities *None*
 Results of Wounds, Injuries, Operations *Good*

	Date <i>16-1-42</i>	Date <i>22-5-42</i>	Date <i>8-9-42</i>	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	<i>70 1/2</i>		<i>70 1/2</i>	Date
Weight (lbs.)	<i>170</i>		<i>180</i>	
Chest Circumference (ins.)	<i>38</i>			
Body Build (lbs.)	<i>+25</i>		<i>+32</i>	
LEG LENGTH (ins.)	<i>Ample</i>		<i>Ample</i>	
Pulse Rate	Sitting	<i>72</i>	<i>72</i>	
	Standing 1st	<i>96</i>	<i>84</i>	
	Standing 2nd	<i>84</i>	<i>72</i>	
	After Exercise	<i>108</i>	<i>96</i>	
	Time to Normal	<i>15</i>	<i>30 sec.</i>	
Arterial Walls	<i>Soft</i>		<i>N.</i>	Date
Blood Pressure	Systolic	<i>130</i>	<i>120</i>	
	Diastolic	<i>80</i>	<i>90</i>	<i>118</i> <i>70</i>
Room Temperature				
Heart	Size (in cms.)	<i>n</i>	<i>N-9</i>	
	Sounds	<i>N</i>	<i>N</i>	
	Rhythm	<i>N</i>	<i>N</i>	
Lungs	Inspection	<i>N</i>	<i>N</i>	
	Palpation	<i>N</i>	<i>N</i>	
	Percussion	<i>N</i>	<i>N</i>	
	Auscultation	<i>N</i>	<i>N</i>	
	Expiratory Force	<i>130</i>	<i>160</i>	
	X-Ray			
Reflexes	Knee	<i>N</i>	<i>N</i>	<i>N</i> <i>N</i>
	Ankle	<i>N</i>	<i>N</i>	<i>N</i> <i>N</i>
	Triceps	<i>N</i>		<i>N</i> <i>N</i>
	Abdominal	<i>N</i>		<i>N</i> <i>N</i>
	Plantar	<i>N</i>		<i>Fl.</i> <i>Fl.</i>
Cranial Nerves	<i>N</i>		<i>N</i>	<i>N</i>
Balancing Rod	R. L.	R. L.	R. L.	
Self Balancing	<i>13</i> <i>L. 13</i>	R. L.	R. L.	
Tremors	Fingers	<i>None</i>	<i>15</i>	<i>15</i>
	Eyelids	<i>None</i>	<i>Abs.</i>	<i>Abs.</i>
Abdomen	Liver	<i>N</i>	<i>N</i>	
	Spleen	<i>N</i>	<i>N</i>	
	Muscular Tone	<i>Good</i>		<i>N</i>
Urine	Albumen		<i>neg.</i>	<i>Neg.</i>
	Sugar	<i>(P)</i>	<i>neg.</i>	<i>Neg.</i>
Initials of M.O.		<i>C. ST. O.</i>	<i>L. L.</i>	

40 mm. Hg. Test
 Date *7/767/777/888/787/* = 60 Secs. *(P)*
 Date *22-5-42* - 1st trial *72* secs. *6/777.756.668.767.56* C. ST. O.
 Date *8-9-42* *6/787/766/666/666* = 63 (1st) *L. L.*
 Date

8-9-42. Fit, stability excellent. Average mentality & good motivation. Powerfully muscled. P. S. O. S.
L. Lowenstein M.D.

EYE EXAMINATION

History..... *NIL* *N.L.*

Visual Acuity { R. $\frac{20}{20}$ $\frac{20}{20}$ $\frac{20}{20}$ $\frac{20}{20}$ $\frac{20}{20}$ = 20/20
 L. $\frac{20}{20}$ $\frac{20}{20}$ $\frac{20}{20}$ $\frac{20}{20}$ = 20/20
 Normal Ishihara

Colour Vision..... *Exo 1D M.R.*

Red, Green..... *58 cms 4/5 at 3*

Diaphragm Test (P.D. = *6*)

Convergence { C. = cms.
 S. C. = *3 10.5* cms.
 } *Blur*

Accommodation { R. } *8 1/2*
 L. } *Ortho*

Cover Test..... *Normal*

Fundi and Media..... *Normal*

Fields..... *Normal*

REMARKS: *ALB, A3B.*

Initials of M.O. *[Signature]* Initials of M.O.C. *ST.O.* Initials of M.O. *[Signature]*

Date *16-1-42* Date *22-5-42* Date *8-9-42*

R.H. - R.E.
20/15 + 2.50 Blur.
20/15 + 2.50 Blur.
C.V. N. #9, Ishi.
MR 6cm. Ortho. 26cm. Ortho.
P.D. 61. Base 0.
6.
8.
7.
7.
No latency.
N
N
A1B-A3B.

EXAMINATION OF EAR, NOSE AND THROAT
 T.A. 1931

History.....

Hearing	R. Ear	<i>W.V. 20'</i>	<i>W.V. 20'</i>
	L. Ear	<i>W.V. 20'</i>	<i>W.V. 20'</i>
External Ear, Meatus Membranes	R. Ear	<i>Normal</i>	<i>N.</i>
	L. Ear	<i>patent</i>	<i>N.</i>
Middle Ear, Eustachian Tubes	R. Ear	<i>patent</i>	<i>N.P.</i>
	L. Ear	<i>---</i>	<i>N.P.</i>
Cochlear Apparatus	R. Ear	<i>---</i>	
	L. Ear	<i>---</i>	
Vestibular Apparatus	R. Ear	<i>---</i>	
	L. Ear	<i>---</i>	
Buccal Cavity		<i>Clean</i>	<i>N.</i>
Teeth		<i>Good</i>	<i>Good repair.</i>
Gums		<i>Healthy</i>	<i>N.</i>
Pharynx		<i>Not seen</i>	<i>N.</i>
Nasopharynx		<i>Clear</i>	<i>N.</i>
Nose		<i>Not seen</i>	<i>No obstruction.</i>
Larynx		<i>Not seen</i>	<i>N.</i>

REMARKS: *NIL*

Initials of M.O. *[Signature]* Initials of M.O. *L.L.* Initials of M.O.

Date *16-1-42* Date *8-9-42* Date

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

Physically Fit Assessed A1B, A3B. Good Pilot Material

Category A1B, A3B

C. K. Norm

[Signature]

22-5-42 Six point medical recheck normal. No infectious, venereal disease or herniae.

FIT | Date 25-5-42

PILOT *A. B. A3B*
OBSERVER
W/OPERATOR
A/GUNNER

Category A1B A3B

G.L. SUTTON F.L.
R.M. MATTHEWS F.L.

M.O. *R.M. Matthews*

Fit

A1B		N.V.C.
A3B	Turret	N.V.C. } 15
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:	<i>[Signature]</i>	
Date	27/5/42	

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

N. VISION	<i>15/32 Average.</i>
E. E. G.	<i>6</i>
E. C. G.	
D. CHAMBER	<i>No trouble</i>

*8.9.42. Physically fit.
Too heavy for A.C.
Above average emotional stability
Good motivation.
A, B. A3B R.M. Matthews F.L.*

MEDICAL RECHECK

I certify upon my honour that I have suffered no illness or disability since my last examination.

Date: 22-5-42

Signature

James M. Cassy

Witness

G. L. Sutton Jr

Enclosure No.
in R.C.A.F. M10
Serial No.
in A. & D. Book.

ROYAL CANADIAN AIR FORCE CASE HISTORY SHEET

R.C.A.F. M.33
150M-12-42 (2972)
H.Q. 885-M-33

Hospital Station Station # 6 S.F.S.S.

No. A 164682 Rank Sgt. C. Surname Chesson Christian Names

Unit # 6 S.F.S.S. Age 20 Branch or Trade Student Pilot Total Service (mos.) 8

Admitted direct (as transfer) from duty on 22-2-43

Discharged to duty (to a medical board) or (died) duty on 25-2-43

Transferred to on

FINAL DIAGNOSIS Ac. Pharyngitis - clinical admission

COMPLAINT: Pain throat (8 days)

HISTORY: appeared at 20 2 noon
no temp. but admitted because
of physical findings.

PHYSICAL FINDINGS: Markedly red throat & tender
cervical glands. - no exudate

Provisional Diagnosis: Acute Pharyngitis + cervical adenitis M.O. Signature Thomson

SYNOPSIS OF TREATMENT:

OPERATION (nature and date):

ANAESTHETIC AND METHOD OF ADMINISTRATION:

OTHER TREATMENT (especially any specific or special form):

CONDITION ON DISCHARGE (OR TRANSFER) lyst duties 2 days
(and disposal made of case) no parade

Date 25-2-43 Thomson
Medical Officer i/c case

NOTE: 1. In the event of an error or change in diagnosis, the disease or injury entered is to be crossed out in such a way as to remain legible, and the new disease or injury entered above it.
2. In the event of a new disease supervening, this is to be clearly set out in the clinical notes.
3. All diagnoses are to be in accordance with recognized medical nomenclature.
4. In the event of death, state the cause of death under "Condition on Discharge".

CLINICAL RECORD

UNIT # 6 S.F.S. RANK 1st Lt. NAME Clayton W.M.

DIAGNOSIS ac. pharyngitis cervical adenitis

ADMITTED 22-2-43 DISCHARGED 25-2-43

DATE	TIME	T.P.R.	TREATMENT	REMARKS	INTAKE	OUTPUT
21-2-43	17:30 hrs.	99 ²	Sulfathiazole grs. XXV Sulfathiazole grs. XV	Stat. Admitted to hospital		
21-2-43			Routine Care.	Good night.		
22-2-43			Sulfathiazole grs. XV	10-2-4-10		
22/2/43			Routine Care.	Good Night		
23-2-43			Sulfathiazole grs. XV	10-2-6-10		
23/2/43			Veg. lax. tab II Routine Care.	GOOD NIGHT.		
24-2-43			Sulfathiazole grs. XV	10-2-8-10		
24/2/43			Routine Care.	Slept very well		
25-2-43			Discharged.			

C-72



NAME CLARISON, O.M. RANK AC2 AGE 19 REG. No. ~~E-16445~~ J 25795

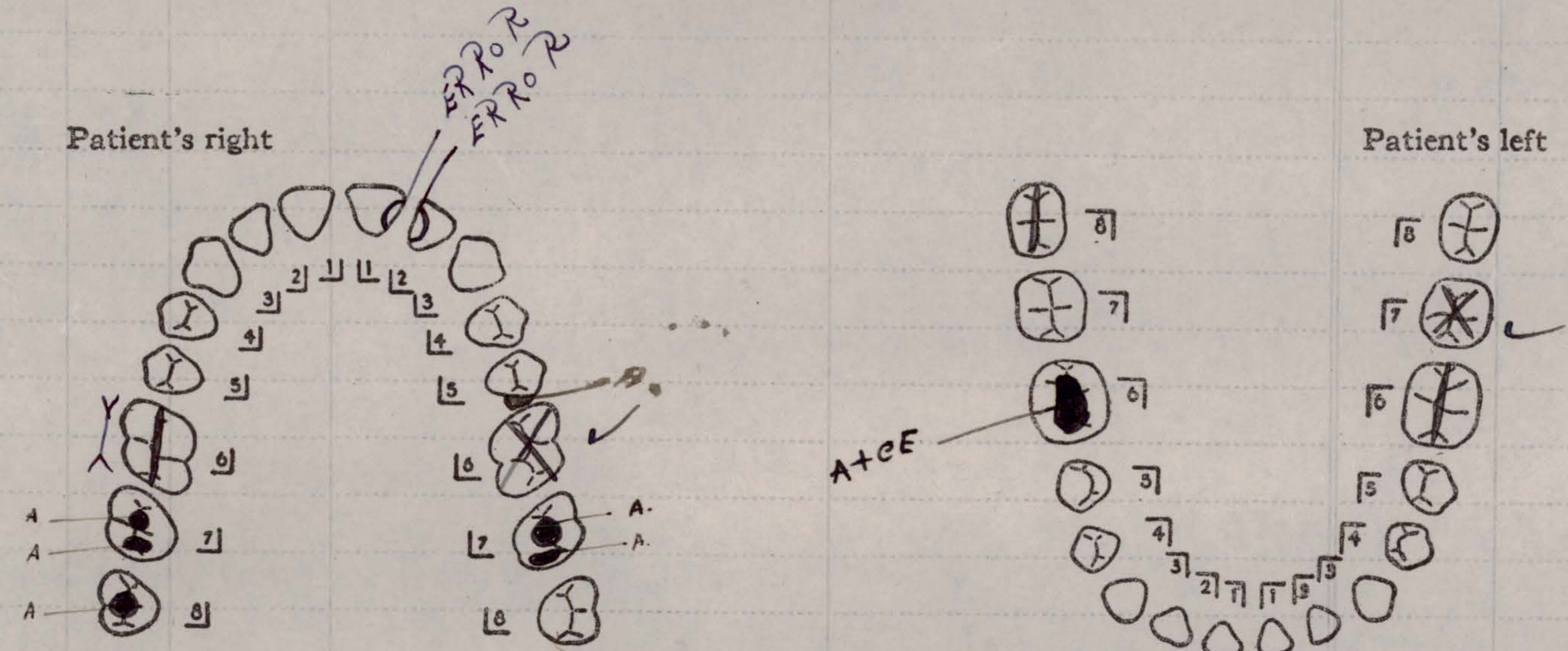
UNIT NO. 5 M.D. R.C.A.F. DATE May 26-42 1942

Strike out inapplicable number and words.

ORAL HYGIENE { Good
Fair
Neglected

PROPHYLAXIS required { Yes
No

MUCOSA
(Describe any pathological condition briefly)



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }
- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- Treatment
- RC Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
- Br Bridge
- PD Partial
- CU Complete upper
- CL Complete lower
- DA Adjustment

Irreparable tooth—Mark with an X drawn through diagram of tooth.
 Caries—Outline defective tissue. Do not fill in space.
 Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
 Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.
 All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

M.F.B. 465
6M pads of 100-7-40 (5811-2)
H.Q. 1772-39-950

Roland Bernier capt.

Signature and unit of examining officer

No. 39 Coy., C.D.C.

LABORATORY

REPORT

Name of Patient Dr. Carson No. 164682

I. URINE

Date	22-2-43				
Color	170 cc. S clear				
S. G.	1031				
Reaction	ac				
Alb.	—				
Sugar	—				
Micro	spiculis + mucus.				

II. BLOOD

Date				
R. B. C.				
W. B. C.				
Haemoglobin				
Differential				
B. W. R.				

III. STAIN

Date			
Specimen			
Type of Stain			
Result.			

THE CANADIAN
PENSION COMMISSION



IN REPLY REFER TO

P. & N. H.

1546 BAT FLIGHT
(OVERSEAS)

325-0

Ottawa, February 7th, 1945.

G. H. Bowler, Esq.,
Ministry Representative,
British Ministry of Pensions,
Journal Building,
Ottawa, Ontario.

J-25795 F/O CLARSON, Owen Munro Wovenden
(FORM. R-164682)

Dear Sir:

The Department of National Defence, Air Service, officially reports that the marginally named ^{who previously} was reported on the ~~XXXXXXXX~~ He was a member of the R.C.A.F. attached to the R.A.F. (Overseas) and his next of kin is reported as ^{father -}

Mr. Henry Thomas Clarson,
12 Garden City Ave.,
Ste. Anne de Bellevue, P.Q.

The Addressograph Stencil shows payment of Assigned Pay of \$ ^{80.00} a month to

Mrs. Dorothy Clarson,
12 Garden City Ave.,
Ste. Anne de Bellevue, P.Q.
(relationship not stated)

As no D.A. was payable the Commission will not take any action unless a claim be filed.

Yours sincerely,

/FD
COPY/MONTREAL D.O.

E. Clewes,
for
Canadian Pension Commission.

cel



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