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DOCUMENT FILE

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**CASUALTY**

**MICROFILMED**  
FILM REF *105 R.439-1*

RETURN THESE DOCUMENTS  
TO WAR SERVICE RECORDS  
DEPT. OF VETERANS AFFAIRS

S.K.

R.55402

SASSEVILLE, JOSEPH ELZEAR SAUL



**- RECORDAX -**

Document..... *B100 agree* .....

Reel No..... *11* .....

Exposure No's..... *162* .....

Date..... *7-5-41* ..... Int.....



3826 29/3/50

R-55402

MISS ANNETTE SASSEVILLE, 617, 497

SAINT CASIMIR, R.R. #1,  
CO. PORTNEUF, P.Q.







Miss Annette Sasseville (sister)  
St. Fabien De Panet,  
Montmagny Co.,  
Que.

June-44.

1844  
JUN 15 1844  
DATE  
REGN. NO 3896



H.Q. FILE No. 1022-S-1863

NAME SASSEVILLE? Joseph Elzear Saul

REGT'L No. R55402

RANK Sgt. W.O.A.G. UNIT ~~XXXXXX~~ PRESUMED DEAD

BLE		NATURE OF CASUALTY		CAS. LIST	
NO.	DATE			NO.	DATE
DATE OF DEATH:	19-Feb-43	MOTHER LIVING:	YES	WIFE:	NA
MINISTERIAL CARD:	8-3-43	ROYAL MESSAGE:	5 Dec 43	MEMORIAL CROSS:	2 Dec 43
	To mother & father		to mother & father:		to mother: 7-12-43
	To mother & father 3-8-43				
	French Card				
	Mr. & Mrs. Nazaire Sasseville,				
	Saint Fabien de Panet,				R.C.
	Combe de Montmagny, Que.				No. 3







# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R55402** RANK **SGT.** TRADE **W.O.A.G. (SP GR)** UNIT **295 Sqn.**

S	E	ROVERSEAS	C	E
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
<b>X</b>				

NAME **SASSEVILLE, JOSEPH ELZEAR SAUL**

MARITAL STATUS **SINGLE**

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? **NO**

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP ADDRESS

**MR. NAZAIRE SASSEVILLE (FATHER)  
ST. FABIEN DE PANET  
MONTMAGNY CO., QUEBEC.**

NAME ADDRESS D.A.B.

**MISS ANNETTE SASSEVILLE (SISTER)  
SAME ADDRESS**

ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

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

RELIGION **R.C.** CANADIAN FRENCH CANADIAN **YES** OTHER

PARENTS NAMES **MR. & MRS. NAZAIRE SASSEVILLE**  
ADDRESS **ST. FABIEN DE PANET  
MONTMAGNY COUNTY, QUEBEC.**

FATHER LIVING ON ENLISTMENT **YES**  
MOTHER LIVING ON ENLISTMENT **YES**

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/**NO** IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/**NO**  
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO  
IF SO, GIVE PERIOD OR PERIODS: . . . . .

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

AUTHORITY CAS. SIG. NO. **AIR MIN KNY---PCX487---d-21-JULY-43.**  
CASUALTY DETAILS:

**13170**

**PREVIOUSLY REPORTED "MISSING" 19-FEB-43 AFTER AIR OPERATIONS (OVERSEAS)  
AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED"  
NOW "PRESUMED DEAD" 19-FEB-43 FOR OFFICIAL PURPOSES.**

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

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

DATE **July 29th 43**

P. OF D...**YES**

**2 WILLS**

FOR CHIEF OF THE AIR STAFF



## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	<b>OVERSEAS</b>						Official name of civil municipality or township						Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township					
	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..... <b>SASSEVILLE</b>																			
Given names..... <b>JOSEPH ELZEAR SAUL</b> (Block letters)																			
Do not write in this space																			
CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH																			
22. Date of death..... <b>February 19th 1943</b>																			
(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																			
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.																			
Previously reported missing after air operations, now for official purposes, presumed dead.																			
(a) due to																			
(b) Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).																			
(c) due to																			
(c) Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																			
II																			
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																			
If a communicable disease is mentioned on this certificate, give																			
(a) Date of appearance..... 19.....																			
(b) Duration of disease..... days																			
25. If a woman, was there a puerperal condition?.....																			
26. Was there a surgical operation?..... Date of..... 19.....																			
State findings..... Was there an autopsy?.....																			
27. If death was due to external causes (violence) fill in also the following:—																			
Accident, suicide or homicide..... Date..... <b>Feb. 19th 1943</b>																			
Manner of injury..... <b>Accident Presumed killed during air operations</b>																			
(How sustained)																			
Nature of injury..... <b>public place</b>																			
Specify whether injury occurred in 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.)																			
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																			
For (R.C.A.F.) Records Officer																			
This signature authorizes the collector to accept this form as authentic.																			
(Voir l'autre côté pour le français)																			
3. NAME OF DECEASED	RESIDENCE																		
	Street..... No.																		
Official name of civil municipality or township..... <b>St. Fabien de Panet</b>																			
Municipal county..... Province..... <b>Quebec</b>																			
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)																
<b>Male</b>	<b>Canadian</b>		<b>Single</b>																
9. If married give name of wife or husband of deceased																			
10. BIRTHPLACE (Province or Country) <b>Quebec</b>																			
11. DATE OF BIRTH <b>April 25th 1915</b>																			
(Month) (Day) (Year)																			
12. AGE OF DECEASED	Years	Months	Days	If less than one day old															
<b>27</b>	<b>9</b>	<b>25</b>	hrs. or min.																
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Wireless Operator Air Gunner</b>																			
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. <b>R.C.A.F.</b>																			
15. Date deceased last worked at this occupation <b>Feb. 19/43</b>																			
16. Total years spent in this occupation <b>Three</b>																			
17. NAME																			
18. BIRTHPLACE (Province or Country)																			
FATHER	<b>Sasseville, Nazaire</b>						<b>Quebec</b>												
MOTHER (Maiden Name)	<b>Longchamps, Theonile</b>						<b>Quebec</b>												
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)																			



42 070

1. Rank. *Sgt.* 2. Christian Names. *JOSEPH ELZEAR SAUL* 3. Surname. *SASSEVILLE* 4. Decorations.

5. Type and date of commission or engagement, if Airman Pilot.

7. Date of award of flying badge.

8. Types of service aircraft flown.

Date of expiry.

Date of qualification as service pilot, % marks, and whether failed and re-examined.

*Norseman  
Fairly Battle  
Moth  
Fleet Finch*

6. Branch or Trade.

*W. A. G.*

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).

10. Date of birth.

12. If married: Date.

11. Religion.

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 in 18*

18. Next of kin. Relationship and address.

*(Father)  
Mr. N. Sasseville,  
St. Fabien, Paroisse,  
Comte Montmagny, P.Q.  
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.



PART I—Concluded

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—

Numerical assessment as to suitability  
for Commissioned Rank:— 318

*Intymall. Bah v/c*  
Officer Commanding  
No. 1 Wireless School  
Date 8.11.41.

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

PART II

ARMAMENT TRAINING

1. No. 1 B. G. S. Course No. 20  
2. Dates of Courses:— From 8-10-41 To 8-12-41

AIR TRAINING

GUNNERY

3. Flying Time:—

Aircraft	Day	Night	Passenger	Total	
				Hrs.	Mins.
Battle	11.25		3.50	15.15	

4. Air Gunnery Results— Average percentage hits to rounds fired

(a) Beam Test ..... 6. %  
 (b) Beam Relative Speed Test ..... 3. %  
 (c) Under Tail Test ..... 8. %

5. Total Rounds Fired—

Ground ..... 570 %  
 Air to Ground ..... 300 %  
 Air to Air ..... 2219 %

6. Assessment— Marks Obtained

(a) Written Examination ..... (100 Marks) 69  
 (b) Practical and Oral Examination ..... (100 Marks) 74  
 (c) Ability as Firer ..... (250 Marks) 137  
 (d) Qualities as an N.C.O. .... (150 Marks) .....  
 Totals ..... ~~750~~ (600 Marks) 280

7. Position in Class 32 No. in Class 41 Pass or Fail pass

8. Date authorized to wear Air Gunner's Badge 8-12-41

9. Comments on suitability for Commissioned Rank Unsuitable.

10. Remarks. The most conscientious and hardest worker on the course. Exceptionally ambitious but handicapped in speaking English. An outstanding possibility as a leader if language difficulty could be overcome.

*J. Polson* Squadron Leader.  
Chief Instructor  
No. 1 B. G. S.  
Date 8-12-41



PART II—Concluded

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	... 739 ...
Bombing and Gunnery School.....	<del>450 600</del>	... 280 ...
TOTALS.....	1450 <del>1600</del>	... 1019 ...

12. Percentage. 70.3 Pass or Fail..... pass..... Position in Class... 19.....

No. in Class..... 28.....

13. Recommended for Commissioned Rank... No..... Assessment... Average.....  
(yes or no) (ex., above average)

14. Remarks... A very likeable, hard working man, possessing a wide knowledge  
His determination and keenness will make him most valuable......

G. E. Wait Group Captain  
(G. E. Wait) Officer Commanding  
No. .... 1 ... B. G. S.

Date. 6-12-41.....



# ROYAL AIR FORCE.

## Report on Officer, W.O., or Airman passing out from or leaving Courses of Instruction.

Surname (In block capitals.) } SASSEVILLE Christian Name } J.E.S. Rank or Classification } SGT. Official Number } R.55402  
 Parent Unit } No. 42 D. T. U. Trade of W.O. or Airman } W. OP/A.G.  
 Nature of Course } A/C Place Held } ANDOVER Period of Course from } 10.6.42 to } 7.9.42

Subjects 1	% marks obtained in each subject 2	Is he suitable as an Instructor (Write "Yes" or "No" opposite subject) 3	Remarks and Disposal 4	Flying Times During Course 5				
				Type of Aircraft	Dual	Solo or 1st Pilot	2nd Pilot	Other Duty
SIGNALS	74%	No	Keen and tries hard. Average.					
GUNNERY	60%	No	Below average but very keen.	ANSON				11.35
A/C. RECOG:	94%	No	Above average.	BLENHHEIM				47.45

% marks obtained \_\_\_\_\_ Result (See Instruction No. 3) \_\_\_\_\_

6. Special Qualifications ..... Posted to No. 295 Squadron w.e.f. 7.9.42 .....

7. Remarks by Commandant ..... An average W. Op/A.G. .....

Signature ..... M. S. Hill .....

Rank ..... W/Cdr. ..... Date ..... 5.9.42 .....



1. LIEU DU DÉCÈS	Comté municipal	Nom officiel de la municipalité civile ou du canton						Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité   Ville   Village   Paroisse   Canton																											
	Rue	No.						Hôpital ou institution																											
2. SÉJOUR	(a) dans l'hôpital ou l'institution.....	Années	Mois	Jours	(b) dans la municipalité du décès.....	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré).....	Années	Mois	Jours																			
3. NOM DU DÉFUNT	Nom de famille.....						N'écoutez pas dans cet espace						CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS																						
4. RÉSIDENCE	Noms de baptême ou prénoms..... <i>(Lettres moulées)</i>						22. Date du décès.....												19.....																
	Rue.....	No.....						(jour).....						(mois).....						(année).....															
4. Nom officiel de la municipalité civile ou du canton.....						Province.....						23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le.....						19.....																	
4. Comté municipal.....						Province.....						que je l'ai vu vivant pour la dernière fois le.....						19.....																	
5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE			8. Célibataire, marié, veuf ou divorcé <i>(Écrire l'un de ces mots)</i>			24. CAUSE DU DÉCÈS																											
9. Si le défunt était marié, nom de son conjoint.....						I Cause immédiate						Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc.						(a).....																	
10. LIEU DE NAISSANCE (Province ou pays).....						II États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).						(b).....						dû à.....																	
11. DATE DE NAISSANCE.....						(jour).....						(mois).....						(année).....																	
12. ÂGE DU DÉFUNT						Années	Mois	Jours	Si âgé de moins d'un jour			III Si une maladie contagieuse est mentionnée à ce certificat, donner						(a) Date d'éclosion.....						19.....											
13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.						14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.						15. Dernière date à laquelle le défunt vaquait à oe travail						16. Nombre d'années occupées dans cette profession						(b) Durée de la maladie.....						jours					
17. NOM						18. LIEU DE NAISSANCE (Province ou pays)						25. S'il s'agit d'une femme, y avait-il état puerpéral?.....																							
PÈRE												26. Y a-t-il eu intervention chirurgicale?.....						Date de l'opération.....						19.....											
MÈRE (Nom de fille)												Constatations.....						Y a-t-il eu autopsie?.....																	
19. Lieu de l'inhumation, de l'incinération ou destination du transport												27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—						Accident, suicide ou homicide.....						Date.....						19.....					
20. Date de l'inhumation.....												Signature.....						M.D.																	
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE												Adresse.....						Date.....						19.....											
(a) Nom de la paroisse ou église.....												28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)						29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.																	
(b) Municipalité civile de.....												Cette signature autorise le collecteur à accepter la formule comme authentique.						(For English see other side)																	
(c) Comté municipal.....																																			
(d) Date.....																																			
(jour).....																																			
(mois).....																																			
(année).....																																			



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

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

1. Nom Sasseville Prénoms en entier Joseph Elzear Saül
2. Adresse actuelle Saint-Fabien de Panet Téléphone.....
3. Adresse fixe Saint-Fabien de Panet
4. Lieu de naissance Saint-Fabien de Panet Nationalité Canadien français
- ✓ 5. Date de naissance 25 avril 1915 Marié, célibataire, veuf, séparé, divorcé célibataire
6. Enfants N/A

Nom	Date de naissance	Nom	Date de naissance
	N/A		

7. Profession Instituteur 8. Religion catholique-Romain  
(Indiquez la confession religieuse)
9. Langues français et anglais  
Degré de connaissance
10. Plus proche parent (nom en entier) Nozair Sasseville Degré de parenté mon père  
Adresse du plus proche parent St-Fabien de Panet, Comté de Montmagny
11. Père (nom en entier) Nozair Sasseville Lieu de naissance Rutland  
Adresse St-Fabien de Panet Nationalité Canadien-français  
Profession menuisier
12. Mère (nom de fille en entier) Thionil Longchamp Lieu de naissance St-Ephrem (Beauce)  
Adresse St-Fabien de Panet Nationalité Canadien-français
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date		Motif de la libération
				du	au	
		N/A				

14. Honneurs, récompenses, citations N/A
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? No
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? No Si oui, où? N/A  
Quand? N/A Résultat N/A
17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? No  
Si oui, indiquez la nature de l'infirmité N/A
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? No  
Si oui, indiquez la nature de l'infirmité N/A
19. Avez-vous jamais été trouvé coupable de délit? non Si oui, indiquez-en la nature N/A
20. Avez-vous des dettes? non Si oui, donnez des détails N/A

R.C.A.F. Records Office

JUL 26 1940

G. K. M. B. C. I. S. M. H.

R. O. N. I.

S. L. P. A. M. W. P. B.



## 21. Éducation:

	Nom de l'école	Date		Cours, sujets, etc.
		du	au	
Instruction primaire—École publique ou séparée.....	<i>St. Fabien de Paré<sup>no 7</sup></i>	<i>1922</i>	<i>1929</i>	<i>Cours primaire</i>
Cours supérieur—Collège, etc.....	<i>École normale St. Joseph</i>			
Cours technique.....	<i>St. Foy Est</i>	<i>1929</i>	<i>1934</i>	<i>Cours d'instituteur</i>
Autres cours universitaires ou scolaires.....	<i>Institut pédagogique St. Georges Montcal</i>			
Cours par correspondance.....				

## 22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date		Motif du départ
		du	au	
<i>Collège de Loretteville</i>	<i>instituteur</i>	<i>1934</i>	<i>1936</i>	_____
<i>.. St. Etienne de Beaufort</i>	<i>instituteur</i>	<i>1936</i>	<i>1938</i>	_____
<i>École St. Philippe Trois R.</i>	<i>instituteur</i>	<i>1938</i>	<i>1940</i>	<i>pour entrer dans le corp d'aviation R.C.</i>

23. Heures de vol, seul... *NA* ... accompagné... *NA* ... avec passager... *NA*24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. *NA*25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement... *NA*

26. Service aéronautique dans lequel vous voulez vous engager (Service à terre. Service navigant. *AIRCREW*)

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

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

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

Nom	Adresse	Profession
<i>F.R.C. Frère Hébert (visiteur)</i>	<i>St. Foy Est, Québec</i>	<i>visiteur du district</i>
<i>Docteur Marcoux</i>	<i>Beaufortville</i>	<i>médecin</i>

28. Autres renseignements se rapportant à votre demande d'engagement... *NONE*29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires?... *oui*

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

Date *le 28 juin* 19 *40* Signature *Joseph Elzéar S. Lavoieville*



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

*Partie 1. Renseignements obtenus de la recrue—*

1. Age 25 2. Avez-vous souffert d'une des maladies suivantes?
- |  |  |
|--|--|
| (a) Rhumatisme..... <u>No</u>                      | (j) Affection nasale..... <u>No</u>              |
| (b) Tuberculose..... <u>No</u>                     | (k) Maladies des oreilles..... <u>No</u>         |
| (c) Bronchite ou asthme..... <u>Yes</u> <u>No</u>  | (l) Maladies des yeux..... <u>No</u>             |
| (d) Affection cardiaque..... <u>No</u>             | (m) Epilepsie..... <u>No</u>                     |
| (e) Maladie du rein ou de la vessie..... <u>No</u> | (n) Maladie nerveuse ou mentale..... <u>No</u>   |
| (f) Gastrite intestinale..... <u>No</u>            | (o) Syphilis..... <u>No</u>                      |
| (g) Hernie..... <u>No</u>                          | (p) Gonorrhée..... <u>No</u>                     |
| (h) Varices..... <u>No</u>                         | (q) Fracture..... <u>No</u>                      |
| (i) Pieds plats ou déformés..... <u>No</u>         | (r) Autre maladie ou défectuosité..... <u>No</u> |
3. Avez-vous jamais porté des lunettes? No

*J. J. S. Lasselle*  
Signature de la recrue

Observations des examinateurs.....

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

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....

Appendectomy Scar

2. Taille 5 pieds 4 pouces. 3. Poids 125 livres.
4. Teint Medium 5. Couleur des yeux Brown Cheveux Brown
6. Développement Bon 7. Tour de poitrine—Expiration 34 pouces  
Passable  
Médiocre Degré d'expansion 3 pouces
8. Ouïe—Droite W.V.20 Gauche W.V.20 Tympan—Droit Norm. gauche Norm.
9. Vue—sans lunettes—droit 20/20 avec lunettes—droit.....  
gauche 20/20 gauche.....
10. État de la bouche et des dents 40 points healthy.
11. Urine—Albumine Nil Sucre Nil
12. Anomalies révélées à l'examen (congénitales et pathologiques) none

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

**A3B**

Observations spéciales des médecins.....

*Physique is good, Mentality is alert.*

Date 4-7-40 19.....

*Louise Martel*  
Capt Recruit  
for Hospital  
at Recruit.

Membre

Membre











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

R.C.A.F. FORM R230  
 100M-3-43 (3287)  
 H.Q. 885-R-230  
 K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
<b>25.4.15</b>				

PARTICULARS OF FAMILY			
SINGLE, MARRIED, WIDOWER, DIVORCED			
WIFE (FULL MAIDEN NAME) OR HUSBAND			
PRESENT ADDRESS (IN PENCIL)			
PLACE OF MARRIAGE		DATE	
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)			

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN <b>Fr. Can.</b>

CIVIL OCCUPATIONS AND EXPERIENCE
<b>Instructor</b>

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)
<b>J. Nazaire Sasseville ST. FABIN PANET CO. MONTREAL QUE. QUE.</b>

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

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

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

ARMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<b>Sgt.</b>	<b>8 12 41</b>	<b>AFRO</b>	<b>WOAC</b>		
<b>T.F. Sgt.</b>	<b>8 6 42</b>	<b>11/3/44</b>			
<b>T.W.O. II</b>	<b>8 12 42</b>	<b>AFRO</b>			
		<b>11/3/44</b>			

OFFICERS, ARMEN/AIRWOMEN					
COURSE OR TRADE	GRP.	%	PF	DATE	

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







ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: JOSEPH, E. S. JASSEVILLE Register No. ....  
 (Christian Names) (Surname) File No. 31231  
 PAYEE: R. G. of Canada Date .....  
 (Christian Names) (Surname) Service No. R-55402  
 ADDRESS: Director of Estates Final Rank or Rating .....  
Ottawa Ontario Date of Discharge 19 FEB / 43  
 Date of Termination of O/S service 19 FEB / 43

A. TOTAL QUALIFYING SERVICE \$ 232.50  
 No. of days 946 equal to 31 complete periods @ \$7.50  
30

B. QUALIFYING OVERSEAS SERVICE \$ 98.25  
 No. of days 409 less 16 ineligible days, equal to 393 days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE  
 Daily Rates at Discharge  
 Pay ..... \$ 4.35  
 Subsistence or Lodging and Provision Allowance ..... \$ 1.25  
 Additional Pay ..... \$ .....  
 Dependents' Allowance 1/30 of \$ ..... \$ .....  
 TOTAL \$ 5.60 x 7 = \$ 39.20  
 No. of days 409 x \$ 39.20 = 87.61  
183

DD. WAR SERVICE GRATUITY \$ 418.36

E. Deductions  
 Overpayment of Pay and Allowances \$  
 Dependents' Allowance \$  
 and Assigned Pay  
 Other deductions \$

F. TOTAL AMOUNT PAYABLE \$ 418.36

G. YOUR PROPORTION: (D.A. in issue to you )  
 (Total D.A. in issue ) of \$

PREPARED BY <u>L.N.</u>	CHECKED BY
----------------------------	------------



4.35

ROYAL CANADIAN AIR FORCE

W.S.G

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER 855402 FINAL PAID RANK WO2 GROUP Spec. CHRISTIAN NAMES Joseph E. S. SURNAME Lasseville  
 8-12-42-AFR0113

Reason for termination of service: Pres. dead. 19-2-43  
PCX 487d. 21-7-43.

TOTAL SERVICE:

T.O.S. 19-7-40 S.O.S. 19-2-43 946 DAYS  
 T.O.S. \_\_\_\_\_ S.O.S. \_\_\_\_\_ \_\_\_\_\_ DAYS  
 TOTAL 946 DAYS

LESS NON-QUALIFYING SERVICE:

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 TOTAL QUALIFYING SERVICE 946 DAYS

OVERSEAS SERVICE:

From: 7-1-42 To: 19-2-43 409 DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 TOTAL 409 DAYS

LESS NON-QUALIFYING SERVICE:

From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 From: \_\_\_\_\_ To: \_\_\_\_\_ DAYS  
 TOTAL QUALIFYING OVERSEAS SERVICE 409 DAYS

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

*[Handwritten signature]*

31009

COMPUTER'S INITIALS	<i>[Handwritten initials]</i>
CHECKER'S INITIALS	<i>[Handwritten initials]</i>
DATE	

R. C. A. F. RECORDS OFFICE OTTAWA



# ROYAL CANADIAN AIR FORCE RECORD OF SERVICE

<b>1</b>	<b>PARTICULARS OF BIRTH</b>			11
DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION	
25-4-15	Saint Fabien de Panet, P.Q.	British	Birth	

<b>2</b>	<b>NEXT OF KIN</b>		
NAME	ADDRESS	RELATIONSHIP	
Nazaire Lasserille	St. Fabien de Panet, Montmagny Co., P.Q.	Father.	

<b>3</b>	<b>ADDRESS PRIOR TO ENLISTMENT</b>
	Saint Fabien de Panet, Montmagny Co., P.Q.
<b>4</b>	<b>RELIGION</b>
	Roman Catholic.
<b>5</b>	<b>MARRIED OR SINGLE</b>
	Single.

<b>6</b>	<b>PARTICULARS OF MARRIAGE</b>		
DATE	TO WHOM	PLACE	CLERGYMAN

<b>7</b>	<b>PARTICULARS OF CHILDREN</b>				
	CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED	
					12
					REASO
					13

<b>8</b>	<b>CIVIL EDUCATION</b>			
	SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS	
	St. Fabien de Panet # 7.	1922-29	General.	
	Normal School, "St. Joseph."	1929-34	Sr. Matic, equiv. - Teacher's course.	
	Institut pedagogique St. Georges	-		
	Montreal			14

<b>9</b>	<b>CIVIL EMPLOYMENT</b>			
	EMPLOYER	YEARS	DUTIES	
	Lapreterville College.	1934-36	Teacher	
	St. Edouard	1936-38	"	
	St. Philippe School, Trois-Rivieres	1938-40	"	

<b>10</b>	<b>USEFUL CIVIL EXPERIENCE</b>				
	EMPLOYER	YEARS	DUTIES	ASSESSED	
					15
					16



NAME SASSEVILLE, JOSEPH ELZEAR SAUL  
SURNAME CHRISTIAN NAMES

AIR FORCE NO. R55402

17 RANK AND APPOINTMENTS			24 INCREASED RATES OF PAY			
FROM	TO	DUTIES	RANK	DATE	INCREASE ON RANK	DATE OF EFFECT
			<i>AC 2</i>	<i>19-7-40</i>		
18 TRADE AND CLASSIFICATION			25 ENGAGEMENTS			
TRADE	DATE	ENGAGEMENT	FROM	TO		
<i>Crew (Observer)</i>	<i>19-7-40</i>	<i>Duration of War</i>	<i>19-7-40</i>			
19 MEDICAL CATEGORIES			26 OFFENCES WHILE SERVING			
CATEGORY	DATE	OFFENCE	DATE	PUNISHMENT		
<i>A</i>	<i>4-7-40</i>					
20 CHARACTER ASSESSMENT			27 MARRIED ESTABLISHMENT			
ASSESSMENT	DATE	PLACED ON OR REMOVED FROM	RANK	DATE		
21 TRADE PROFICIENCY			28 FLYING TIME			
TRADE AND ASSESSMENT	DATE	UNIT	DATE	HOURS	PILOT	PASS
22 COURSES OF INSTRUCTION			23 EXAMINATIONS AND TESTS			
COURSE	FROM	TO	SUBJECT	RESULTS	DATE	

KX

R.60 *js*



AUTHORITY

CASUALTY

DATE OF EFFECT

No. 1000	Enlisted R.C.A.F. S.R. at Quebec, Que., 19-7-40 Al <sub>2</sub> Graded Air Crew 1.	19-7-40
	Posted to and T.O.S. #1 M.D. 20-7-40	20-7-40
No. 1000	Proceeded on Temp duty E.A.C. Yarmouth N.S. 6-8-40	6-8-40
No. 1000	Ceases to be on Temp duty on posting to No. 119 (BR) Sqdn Yarmouth N.S. eff.	16-8-40
No. 1000	Ceases to be on TD on posting to Yarmouth Det. eff.	16-8-40
No. 1000	Posted to #1 S.S. Toronto 11-10-40, date same date	11-10-40
No. 1000	SOS on posting to No. 4 M.D. Quebec. eff. 7-11-40 resp. 8-11-40	7-11-40

Handwritten scribbles and markings at the bottom left corner.



CASUALTY

DATE OF  
EFFECT











# ROYAL CANADIAN AIR FORCE

## RECORD OF SERVICE AIRMEN

**R.55402 SASSERVILLE JELZEAR SAUL R.C.**

A.F. No. Surname Christian Names Religion

Born **25/4/15** Place **ST. FABRIEN PANET** Country **QUE. CANADA** Citizen of **CAN** Racial Origin **F.C.**

ENLISTMENT		CIVIL EDUCATION			PREVIOUS SERVICE
Date	<b>19/7/40</b>	High School Entrance	Jr. Mat.	Sr. Mat.	
At	<b>R.C. Quebec</b>	Technical School	Corres. Courses		
Term	<b>Duration</b>	University			

RANK	DATE	Med. Cat.	Date	CIVIL OCCUPATIONS AND EXPERIENCE					
<b>AC2</b>	<b>19 7 40</b>			<b>INSTITUTOR</b>					
<b>LAC</b>	<b>21 4 41</b>								
<b>T/Sgt (PA)</b>	<b>8-12-41</b>								
COURSES AND TRADE TESTS									
Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
<b>AIRCREW ST/ OBSERVER</b>	<b>ST/</b>			<b>19 7 40</b>	<b>W.O.A.G. Grade 1</b>	<b>295</b>	<b>19-20</b>	<b>43</b>	<b>25 1 43</b>
<b>W.O. Spec</b>				<b>8-12-41</b>					
<b>W.O.A.G. Grade 2</b>				<b>6. 3. 42</b>					

PARTICULARS OF FAMILY M  S  D

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

Children	Names	Date of Birth	Place of Birth

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

*J. Nazaire Sasseville, St. Fabien Panet, Co. Montouquy Que*

LEAVE			CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS				
FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
<b>0615/9-10-41</b>	<b>2200-24/12/41</b>	<b>(14) Embank. DRO* 339/41</b>	<b>6-12-41</b>			<b>A.P.'s Badge</b>	<b>DRO #339/41</b>

MOVEMENTS AND CASUALTIES							
AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
<b>MOR13 DRO. 173</b>	<b>RC Quebec</b>	<b>No1 MD</b>	<b>19-7-40</b>	<b>DRO 24/41</b>	<b>DRO 22</b>	<b>#3 ITS CAP MADELE</b>	<b>21/4/41</b>
<b>DRO 188</b>	<b>No1 MD</b>	<b>T/DUTY</b>		<b>" 24/41</b>	<b>" 11/41</b>	<b>#11 EFTS No1 MD</b>	<b>8/5/41</b>
		<b>YARMOUTH</b>	<b>6-8-41</b>	<b>" 112/41</b>	<b>" 114/41</b>	<b>No1 MD KTS</b>	
<b>" 194</b>	<b>CEASES TO BE ON T/DUTY</b>		<b>16-8-40</b>			<b>TRACED</b>	<b>12/5/41</b>
<b>" 194</b>	<b>DRO 1</b>	<b>#1 MD</b>	<b>#119 B. SQR. 16-8-40</b>	<b>DRO 148/41</b>	<b>(151</b>	<b>STANTON</b>	<b>23-6-41</b>
		<b>YARMOUTH</b>		<b>269</b>		<b>WALS</b>	
<b>" 16</b>	<b>" 185</b>	<b>RCAP DEPOT</b>	<b>No ITS</b>	<b>DRO* 339</b>		<b>WALS</b>	<b>8-11-41</b>
		<b>YARMOUTH</b>	<b>TORONTO</b>			<b>WALS</b>	<b>9/12/41</b>
<b>" 200</b>	<b>" 61</b>	<b>No1 ITS</b>	<b>No4 MD</b>	<b>LRO 19</b>		<b>WALS</b>	<b>7-1-42</b>
		<b>Quebec</b>	<b>7/1/40</b>			<b>WALS</b>	<b>8-1-42</b>
<b>" 70</b>	<b>" 5/4</b>	<b>No4 MD</b>	<b>43 ITS</b>			<b>WALS</b>	<b>21-1-42</b>
		<b>Victoriaville</b>	<b>24/3/41</b>	<b>80/42 (322)</b>	<b>30/42 (322)</b>	<b>U.K.</b>	<b>3-P.R.C</b>
				<b>16/142 (322)</b>	<b>16/142 (322)</b>	<b>3PRB</b>	<b>15.5. 11-3-42</b>



Authority	Unit from	Unit to	Date.	
96/42 (29/24)	101/42 (23/24)	S.S. 30) AFU	25.4.42	
139/42 (35)	117/42 (56)	3 BDL. 42 BTU	9-6-42	
18/42 (21/62)	9/42 (43/61)	42 OTU. 295 sq	7.9.42	
20/42 (12/54)	52/43 (15/54)	295 sqd. 1 Depot	19.2.43	
	'1264'	Missing, 295 Sqdn	19.2.43.	
	Now Presumed Dead - - -		19.2.43.	CR 349
C.C.L. 259		Missing	19.2.43	
D.C.L. 276		Believed Killed	19.2.43	
52/43		1 R.A.F. Depot	19.2.43	
AFRO 616		M. after oil ops	"	
CR 349		Presumed Dead	"	

Finger Printed  
 Date 28-7-41  
 Initials J.M.



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

4  
AIR

DECEASED  
MEMBER'S  
NAME

Joseph E.S.  
(CHRISTIAN NAMES)

Sasseville  
(SURNAME)

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

31231  
18 Sept/47  
R-55402  
WO2  
19 Feb/43

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

DATE OF TERMINATION OF OVERSEAS SERVICE 19 Feb/43

A. TOTAL QUALIFYING SERVICE		NO. OF DAYS <u>946</u> EQUAL TO <u>31</u> COMPLETE PERIODS AT \$7.50		\$ 232.50
B. QUALIFYING OVERSEAS SERVICE		NO. OF DAYS <u>409</u> LESS <u>16</u> INELIGIBLE DAYS, EQUAL TO <u>393</u> DAYS @ 25C. PER DAY		98.25
C. SUPPLEMENT FOR OVERSEAS SERVICE				
DAILY RATES AT DISCHARGE				
	PAY	\$	4.35	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.25	
	ADDITIONAL PAY	\$		
		\$		
		\$		
	DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
	TOTAL	\$	5.60 x 7 = \$ 39.20	
	NO. OF DAYS		409 x \$ 39.20	87.61
				183
D. WAR SERVICE GRATUITY				418.36
E. DEDUCTIONS		OVERPAYMENT OF PAY AND ALLOWANCES \$		
		DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$		
		OTHER DEDUCTIONS \$		
F. TOTAL AMOUNT PAYABLE				418.36

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 L.N.  
CHECKED BY

TREASURY  
CHECKED BY [Signature]  
DATE 22/9/47

[Signature]  
SERVICE REPRESENTATIVE



# ROYAL CANADIAN AIR FORCE

Name SASSEVILLE Joseph Elzear Saul R55402

Rank LAC RCAF

Age 26 Height 5'4" Weight 136

Hair Dark Brown Eyes Brown Hair on face Medium

Marks, scars, etc. Scar on little finger left hand.

Sasseville J.E.S. (Signature of holder)

A. McKernedy 7/6 (Signature of issuer)

Place No. 1 W.S., Montreal, Quebec Date 28th July, 1941.

Card serial number **40306**

Right Index  
Fingerprint

Impressions forwarded to  
Headquarters P.I.B. by ..... Rank ..... Date .....

FOR HEADQUARTERS USE ONLY  
R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

Received for Photostat by ..... Rank ..... Date .....

Forwarded to H.Q. P.I.B. by ..... Rank ..... Date .....

HEADQUARTERS FINGERPRINT SECTION

Received at P.I.B. by ..... Rank ..... Date .....

Classified at P.I.B. by ..... Rank ..... Date .....

Checker ..... Searcher ..... Date .....



R 5 5 4 0 2

*mm*

Name..... SASSEVILLE Joseph Elzear Saul.....






Classification.....

No..... 40306






Sex..... Male.....

Reference.....

RIGHT HAND

1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger
				

LEFT HAND

6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger
				

Impressions taken by:

*W. G. Miller*  
(Signature of person taking prints)

Note amputations

Signature of printed person:

*Sasseville J. E. S.*

Date impressions taken..... 28th July, 1911.....

Four fingers taken simultaneously

Four fingers taken simultaneously

Left Hand



Left thumb



Right thumb



Right Hand









# ROYAL CANADIAN AIR FORCE

## SERVICE CONDUCT SHEET

Official No R.55402 Name and Initials Sasseville J.E.S. Date of Enlistment 19/7/40 Sheet No one Signature M. C. Stadelon Flt Date 20/7/40  
 (IN BLOCK CAPITALS) and Rank of C.O. For (G.N. Irwin) Sgd. Ldr.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
To be carried over											







# ROYAL CANADIAN AIR FORCE

## GENERAL CONDUCT SHEET

OFFICIAL No. R.55402 NAME AND INITIALS Sasseville J.E.S. (IN BLOCK LETTERS) DATE OF ENLISTMENT 19/7/40

SHEET No. me R.55402 SIGNATURE AND RANK OF C.O. M.C. Staddon DATE 20/7/40  
 (IN WORDS) for (G.N. Irwin) Sqd. Ldr.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
No. 1 W/S, Montreal.	3-11-41	LAC		W.O.A.S: Asleep in class. Sec. 40 APA	ACI S Sperling	3 days C.B.	4-11-41	J.A. Macdonell S/L	<i>Jan 5/42</i>
				<i>Further</i> CERTIFIED NO ENTRY	<i>M. Nicholson</i>	<i>W/O C.D.O. No. 1 SIGNALS SCHOOL</i>			25 APR 1942
				<i>certified no entry</i>	<i>J. C. Whalley P/O</i>	<i>P/O ASST. ADJUTANT, No. 3 A.O.S. BOBBINGTON</i>			9.6.42
				CERTIFIED NO ENTRY	<i>J. Mack</i>	<i>F/2T. ARJ. 295 SQUADRON WETHERAVON</i>			20 FEB. 1943.
				To be carried over					



Brought forward



Sister

Certified that *Annette*  
*Sasseville*  
is the Beneficiary under the will of  
the late *R. 55402*

(J. MacL. Murray)

Air Commodore

for Chief of the Air Staff



ROYAL CANADIAN AIR FORCE  
 VERIFICATION OF DECORATIONS AND  
 AWARDS

No. R.55402 RANK AC2 NAME Sasseville J.E.S.

The above stated Airman is shown on his Record of Service Form R.C.A.F. R44A, as entitled to the following:

1. N.A.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

The medals have been inspected by me personally and the following state is reported.

<u>In Possession</u>	<u>Missing</u>
1. <u>N.A.</u>	1. <u>N.A.</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

The explanations offered by the Airman regarding the medals shown above as missing are as follows:

R.C.A.F. Records Office

Rec'd AUG 8 1940

O. K. .... C.I.B. ....

R. C. .... N. I. ....

S. L. .... P. A. *DS*

No. 1 Manning Depot, R.C.A.F.  
 Toronto, Ontario.

20/7/40  
 Date

*W.C. Staddon* P/O  
 Inspecting Officer  
 for Commanding Officer



C1009

ROYAL CANADIAN AIR FORCE

Register No. 31231

File No. \_\_\_\_\_

CASUALTIES ONLY

For purpose of W.S.G.  
Casualties include death  
subsequent to discharge

THE WAR SERVICE GRANTS ACT, 1944

Ottawa, 23 Oct 1946

TO: Chief Treasury Officer,  
Dependents' Allowance and Assigned Pay Branch

Service No. R55402

Name: J. E. J. (Christian Names) JASSEVILLE (Surname)

Please supply the following information in respect of the marginally-named at the time of his discharge or death.

19-2-43  
(Discharge Date)

*J. MacL. Murray*  
for (J. MacL. Murray) Air Commodore  
Director of Accounts and Finance.

	<u>Name</u>	<u>Amount</u>
Names of persons in receipt of D.A. and amounts of monthly awards:	_____	\$ <u>nil</u>
	_____	_____
	_____	_____

If no D.A. in issue, list names of persons in receipt of A.P. who may be classed as dependents under the War Service Grants Act, 1944, and amounts of monthly assignments.	<u>Miss Annette Gasseville</u>	<u>35<sup>00</sup></u>
	<u>(2)</u>	_____
	_____	_____

Names of persons to whom assigned pay was continued by supplementary award after death.	_____	<u>nil</u>
	_____	_____
	_____	_____

Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	_____	<u>nil</u>
	_____	_____
	_____	_____

4-11- 1946

*J. MacL. Murray*  
for Chief Treasury Officer,  
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayment of D.A. and/or A.P. recovered from W.S.G. \$ \_\_\_\_\_



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No. [REDACTED] 5402 Name *Sassville, J. S.*

Following Documents.. *M. 7 B. 4. 65 B.*

for the above named, forwarded to.....

*4<sup>th</sup>* Dep at *Zueber*

Date *1-6-12-42* Initials *J. S.*



OFFICIALLY PRESUMED DEAD

NO. R55402 RANK Sgt NAME SASSEVILLE Josph Elzer Saul

UNIT OVERSEAS EFF. DATE 19-2-43 K.R. (AIR)

Auth: C.L. #465 d/24-7-43

xDMS (Air) Sig. rec'd.....	xAuthority for Discharge.....	<i>na</i>
xSig. rec'd. from unit.....	xR.15a Discharge Cert.....	<i>na</i>
xKR (Air) 255A(3) (Officers).....	M.10 (including M.13).....	<i>na</i>
xR.51 (Airmen).....	xMFB227 Medical Board.....	<i>na</i>
E.147 Record of Kit.....	MFB465a Dental Envelope.....	<i>na</i>
xR.71 General Conduct Sht.....	xDental exam. on discharge.....	<i>na</i>
xR.72 Service Conduct Sht.....	xDec. of C. of I. (Deserter).....	<i>na</i>

DEATH CERTIFICATE --- *✓*

xDate Board sent to Pensions:

B.F. date..... *24-10-43*.....

x Not necessary for deaths

Date file rec'd.....

Checker's signature..... *M. J.*.....



No. *R55407* Name *Saiceville, J. A.*

Following Document's: *m70465*

for the above named, forwarded to.....

*Overseas Holdings*

*4-2-45* Initials *hm*



Extrait des registres des baptêmes, mariages et  
séputures de la paroisse de St. Fabien de Panet  
pour l'année 1915.

Le vinht-six avril mil neuf  
cent quinze, nous prêtre soussigné, avons bap-  
tisé Joseph Elzéar Saul, né la veille, fils lé-  
gitime de Nazaire Sasseville et de Theonile  
Longchamps, de cette paroisse. Parrain: Jean Briss  
son; marraine: Marie Bélanger, son épouse, de cette  
paroisse, soussignés avec nous. Lecture faite.

+

Certifié copie conforme à l'o-  
riginal, tel que consigné dans les registres  
de la dite paroisse.

Fait à St. Fabien le 23 juillet 1936.

*W. J. H. p. te*  
votre curé

+ Jean Brisson  
Marie Bélanger  
Naz. Sasseville.

Quis 1. Cloutier p. te

Très vous bons.

*W. J. H. p. te*

P.C.A.F. Records Office
Rec'd JUL 26 1940
G. K. <i>amb</i> C.I.B. NH
R. C. N.L.
S. L. P.A. <i>mm</i>



# CASUALTY

XX

TO: R.C.A.F. Records Officer

12 JANUARY 1945

Request is made for final search in your office for a Will of:-

SASSEVILLE, Joseph Elzear S.      W02      R55402

Director of Estates

TO: Director of Estates

I certify that there is no Will in Records Office for the above. *E. Middleton*

Dated

JAN 24 1945

194

*E. Middleton*  
R.C.A.F. Records Officer



1st April

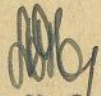
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R.55402

The Chairman,  
Dependents' Allowance Board,  
Experimental Farm,  
Ottawa, Ontario.

Number and Name of Deceased Member: R.55402 W.O.2  
Joseph E.S. SASSEVILLE  
Applicant's Name: Miss Annette Sasseville,  
Address: St. Fabien de Panet,  
Que.  
Relationship to Deceased: Sister  
Beneficiary under Service Will: Miss Annette Sasseville  
Sister

1. The above named applicant for the War Service Gratuity payable on behalf of the marginally noted deceased member, was in receipt of assigned pay of \$35.00 monthly at the date of the serviceman's death.
2. Will you, therefore, please investigate to determine whether the applicant could be considered a dependent of the deceased within the meaning of the War Service Grants Act, 1944, and para. 4 of the Directive of the Minister of Veterans Affairs, dated May 27th, 1946.

  
(J. MacL. Murray)  
Air Commodore  
for Chief of the Air Staff

AGC/OG



TRANSLATION

ST. FABIEN DE PANET,

July 26th, 1946.

lx  
R55402  
R.C.A.F.,

Your file H.Q. 1022-S-1863 FD 20 8  
31231

Sirs:

I do not know whether I am addressing myself to the right department, if not, please forward my letter to the department concerned.

I would like to know if there is still something due for the Rehabilitation Grant --I do not know if this is what you call it.

I have already received a payment in connection with the credit of my brother who was killed in the Canadian Air Force, W.O. J.E.S. SASSEVILLE, NO - R - 55402.

Am I still entitled to something? If so, I am in great need of it. Please excuse me for the trouble I am giving you. Hoping to receive a cordial answer, thank you.

Signed (Miss Annette Sasseville)

ST FABIEN DE PANET,

Montmagny Cty.,





ROYAL CANADIAN AIR FORCE

File: R.55402 (DAF/F.2-5)  
Date: 3 April, 1947

The Canadian Pension Committee  
Daly Building  
Ottawa, Ontario.

Dear Sirs:

Re: the late W.O.2 Joseph, E.S. SASSEVILLE (R.55402)

Will you kindly notify the undersigned the names and addresses of all persons who have claimed a pension with respect to the above noted deceased member. Please indicate against each name the amount of pension granted, if any.

This information will be of assistance in determining dependency under the provisions of the War Service Grants Act, 1944 and the Directive from the Minister, Department of Veterans Affairs, dated 8th January, 1947.

For convenience, please use the space provided below and return this request to the Secretary, Department of National Defence, Ottawa, (Attention: DAF/F-2-5).

Yours truly,

*J. MacL. Murray*

(J. MacL. Murray)  
Air Commodore

Director of Accounts and Finance



PENSION CLAIMED BY Miss Annette Sasseville Amount  
(name) \$15.00

*eff 1-2-46*

St Feliende Panet  
(address) Montmagny, P.Q.

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

15/4/47  
.....  
(date)

signed J. A. Dolson  
.....  
Canadian Pension Commission



B-5402

FRENCH TRANSLATION

25 April,

7

Miss Annette Sasseville  
St. Babien de Panet  
Montmagny Cty., Que.

Dear Miss Sasseville:

Further to correspondence with respect to the application for war service gratuity on behalf of your late brother, W.O.2 Joseph E.S. Sasseville, please be advised of the following change in policy.

Under the provisions of a new Directive from the Minister, Department of Veterans Affairs, dated 8th January, 1947, a thorough investigation must be made by this Headquarters in an endeavour to locate any person or persons who might have a claim on the war service gratuity and be able to prove dependency. If no person in this category can be found, the approval of the Minister of Veterans Affairs must then be obtained before the war service gratuity may be passed into the Service Estate.

You will appreciate that such an investigation may take considerable time. Meanwhile, your application is retained by this Headquarters and you will be further advised of any new developments.

Yours truly,



(J. MacL. Murray)  
Air Commodore  
for Chief of the Air Staff

AGC/BJ





CANADA

# Dependents' Allowance Board

PLEASE ADDRESS REPLY TO  
CHAIRMAN AND QUOTE

NO. XR 55402

Department of National Defence

Your File No.  
R 55402(DAF)F-5  
Serial No.

W.S.G. 16

Ottawa, Canada

September 10, 1947.

Secretary,  
Dept. of National Defence,  
D.A.F. War Service Gratuity Section,  
Beaver Barracks,  
Ottawa, Ontario.

RE: XR 55402 W.O.SASSEVILLE, Joseph E.S.

1. Reference your memorandum of April 1, 1947.
2. The Dependents' Allowance Board has found that (sister) Miss Annette Sasseville, was NOT dependent on the marginally-named at date of casualty as required by Section 4 of the War Service Grants Act.
3. The Board has also found that the following persons may NOT be considered dependent.

Mother	Mrs. Theonil Longchamps Sasseville, St. Fabien de Panet, P.Q.
Brother	Mr. Georges Sasseville, "
"	Mr. Louis Sasseville "
"	Mr. Anicet Sasseville "
"	Mr. Jean-Louis Sasseville, Chicago, Ill. "
Sister,	Miss Rose Sasseville, Chicago, Ill.
"	Mrs. Yvonne Ferland, Arthford, Conn.
"	Mrs. Beatrice Laflamme, Rockville, Conn.
"	Mrs. Germaine Laquerre, St. Casimir Co. Portneuf.

DEPENDENTS' ALLOWANCE BOARD

For ~~Chairman~~ Chairman.  
L. J. Carey



R55402(DAF)F-2-5

Ottawa, Ontario.  
17th September, 1947.

Miss Annette Sasseville,  
St. Fabien de Panet,  
Montigny, P.Q.


Dear Miss Sasseville:-

Your application for the war service gratuity in respect of your late brother, Warrant Officer(2) Joseph E. S. Sasseville has been reviewed by the authorities responsible for determining entitlement.

It is advised that payment is being made into his service estate for distribution to the person named as beneficiary under his service will.

Distribution may be expected within the reasonably near future and any further enquiries should be directed to the Director of Estates, The Canadian Building, Ottawa, Ontario. (Attention: War Service Gratuity Section).

Yours very truly,

  
(J. MacL. Murray)  
Air Commodore  
for Chief of the Air Staff

ACC 522



PROMOTION OF PERSONNEL DECEASED, ~~INTERNEED, P. O. W.~~ 19-2-43

1022-S-1863

NO. CAN. P 55402 TRADE 210/O.Y.

NAME Dasserville, J.E.S.

SUBSTANTIVE RANK Sgt. EFFECTIVE 8-12-41

APPOINTED FN (TEMP)(PAID) EFFECTIVE 8-6-42

Particulars checked by gpm WBP

Certified above (airman)(~~officer~~) is eligible for promotion in accordance with the provisions of A.F.A.O. A.44/10.

Signature Moore

Rank WING COMMANDER  
D.A.P.S. (A.P. 2)

Appointment \_\_\_\_\_

Date JAN 4 1944

APPROVED  
Signature \_\_\_\_\_

Rank \_\_\_\_\_

Appointment \_\_\_\_\_

Date \_\_\_\_\_

**DRAFT**  
**A. F. R. O.**

DATE.....  
**JAN 21 1944**

*gpm*



R. C. A. F.

our file Q. S. 1022-S-

1963 f. d. 208

Messieur.

Je me salue et je m'adresse  
à la bonne adresse si non Willey  
m'excuse et remette ma lettre au  
bon office.

Je voudrais savoir si il reste encore  
quelque chose à venir sur le  
credit de ritalement je ne s'ai  
si c'est comme cela vous appellez cela.

J'ai déjà reçu une compte au sujet  
du credit de mon fils qui est  
mort dans l'aviation canadienne  
le sous-officier J. E. S. Sassenille  
no = R = 55-412.

Est-ce qu'il me reste encore  
quelques chose si oui j'en aurais  
un bien grand besoin. Willey m'excuse  
du dérangement que je vous cause  
en esperant recevoir une réponse  
un cordiale merci

Mlle Annette Sassenille  
Saint-Fabien de Paroisse  
Comté Montmagny

Saint-Fabien de Paroisse

le 26 juillet  
1946





PROMOTION OF PERSONNEL DECEASED, INTERRED, ~~P of W.~~ 19-2-43

NO. CANR 55402 TRADE WO/A.G.

NAME Asseville, J.E.S.

SUBSTANTIVE RANK FW EFFECTIVE 8-6-42

APPOINTED 1002 (TEMP)(PAID) EFFECTIVE 8-12-42

Particulars checked by WOM WRP.

Certified above (airman)(~~officer~~) is eligible for promotion in accordance with the provisions of A.F.A.O. A.44/10.

Signature M. W. Jones

Rank WING COMMANDER  
D.A.P.S. (A.P. 2)

Appointment \_\_\_\_\_

Date JAN 4 1944

APPROVED  
Signature \_\_\_\_\_

Rank \_\_\_\_\_

Appointment \_\_\_\_\_

Date \_\_\_\_\_

**DRAFT**  
**A.F.R.O.**  
DATE JAN 21 1944

*to advise  
5 Nov/44*



**OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION**

NUMBER **R55408** RANK **W/S (PAID)** UNIT **295 SQDN**  
 WITH EFF. 0-JUNE-42. **OVERSEAS**  
 TRADE **W.O.A.G. (SP CR)** **W/O (PAID)**  
 WITH EFF. 0-DEC-42. 

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

  
 NAME **SASSEVILLE, JOSEPH HENRI SAUL**

MARITAL STATUS \_\_\_\_\_ RELIGION \_\_\_\_\_ CANADIAN \_\_\_\_\_  
 FRENCH CANADIAN \_\_\_\_\_ OTHER \_\_\_\_\_

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP  
 ADDRESS **MR. McMAINE SASSEVILLE (father)**  
**ST. FORTIN DE PAINT**  
**MONTAGNY CO., QUEBEC.**  
 NAME ADDRESS D.A.B.

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

FATHER'S NAME  
 ADDRESS

LIVING ON ENLISTMENT

MOTHER'S NAME  
 ADDRESS

LIVING ON ENLISTMENT

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

ANNULLED ENLISTMENT

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 MEN KEY PKX 497 0-21-JULY-45.**  
**PREVIOUSLY REPORTED "MISSING" 19-FEB-43 AFTER AIR OPERATIONS (OVERSEAS)**  
**AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED"**  
**HOW "PRESUMED DEAD" 19-FEB-43 FOR OFFICIAL PURPOSES.**

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

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

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

DATE **06th NOV-45**

*[Handwritten Signature]*

FOR CHIEF OF THE AIR STAFF



Date - May 10/41  
Age - 26  
May 7/41  
Trade - Teacher (urban)  
Rec'd.

DISTOSAL OF C.T. AIRCREW (Provisional)

(Reclassification remustering discharge)  
Date of Board: \_\_\_\_\_

Name: Sasseville Christian Names: J.E.S.

Number: R 55402 RANK: \_\_\_\_\_

Pilot Air Observer W/O Air Gunner Air Gunner  
School from which reporting: #1 I.T.S. C#7

No. of Course: # M.D. for language

REASON FOR CESSATION OF TRAINING  
# 3 I.T.S. #1 # 11 E.F.T.S.

Air Training Progress Unsatisfactory  
Due to: Lack of Air Sense, Landings,  
Lack of Judgment, Take Offs,  
Poor Airmanship, Turns,  
Aerobatics, Spins.

Ground Training Progress Satisfactory  
Progress Unsatisfactory  
General

Airsickness  
Aversion to flying  
Aversion to flying as pilot but not as  
passenger  
Might pass with more than normal training.

Health  
General conduct and application  
Unsuitable for Aircrew.

Any Remarks: So that - had 4 instructors  
language skill a factor - got discouraged

Education: Vol. wash. landings - nervous, tense  
for co-ordination

Assessment of Character: Good Subjects etc.

RECOMMENDATION FO BOARD:

Reclassify to Air Observer W/T Air Gunner Air Gunner  
Remuster Trade/G.D.

Any Remarks: No personal worries.  
Self & social adjustment  
quite good.  
Good material.

Not keen to be WO/AG. & with language  
he could not be O.B.S.

\_\_\_\_\_  
President of the Board.

\_\_\_\_\_  
Member of the Board.

Final Disposition

Summary - likeable & he may  
good basic qualities, but not good air  
crew material. Tense, unstable  
& introspective. Not aggressive.



ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname.....Christian Names.....  
SASSEVILLE J E S  
Number.....Rank.....  
R55402 LAC

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P.100, Section 7.

PART I

INITIAL TRAINING

1. No. .... I.T.S. Course No. .... From.....To.....  
3 22 22-3-41 22-4-41  
2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained.	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	91	Hygiene & Sanitation	40	22
Armament (R&O) ..	100	79	Drill.....	100	85
Signals.....	100	97	Law and Disc., etc...	60	46

3. Maximum Marks 500. Marks Obtained..... Percentage..... 84  
420  
4. Passed or Failed.....Position in Class...46...No. in Pilot's Class... 370  
5. Considered ~~Suitable~~ P for Commissioned Rank. Unsuitable  
6. Recommended for training as: (a) Pilot.....  
(b) Air Observer.....  
(c) .....

7. Remarks: *willing + hard working - who is overcoming the language difficulties making real headway*

*J. Stuchet - Wg. Cndr.*  
Commanding Officer

No. .... I.T.S. ....  
3 Victoriaville  
Date.....  
22-4-41

To be passed to No. .... E.F.T.S. ....  
11

Can.  
A U.K. Trainee.  
Aus.  
N.Z.

NOTE: X out Countries not applicable.



PART II

ELEMENTARY TRAINING

1. No. 11.....E.F.T.S. Course No. 26.... From 22/4/41.....To 9/6/41.....  
 2. Flying Time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Fleet Finch 2	7.15				7.15	

3. Results of Flying Tests:--20 hour,.....% Final Test,.....% Instr. Fly.....%  
 4. Ability as a Pilot (Ex., A.A., A., Below Av., Poor). Nil.....Pass or Fail...F.....  
 5. Recommended for Training on T.E. or S.E. aircraft.....  
 6. Remarks on Flying Progress and points which require special consideration.....  
**Complete lack of interest in the flying; and add to this, will simply not try.**

P.M. Boisvert.  
 Chief Flying Instructor  
 Date 8/5/41

GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	.....	Th. of Flight.....	100	.....
Airframes.....	100	.....	Air Nav.....	200	.....
Aero Engines.....	100	.....	Arm. (Oral).....	200	.....
Signals (Prac.)....	100	.....	Quals. as an Officer	200	.....

Maximum Marks 1200. Marks Obtained.....Percentage.....  
 Pass or Fail.....Position in Class.....No. in Class.....

8. Commissioned Rank (appears suitable or unsuitable). Unsuitable  
 9. General Remarks (Ability, Conduct, etc.).. Knowledge of English very poor. Would not pass ground school examinations. Seemed rather bored; not interested and poor reactions; sleepy type  
2nd recommendation "General duties"

J. Gordon Elliott  
 Chief Ground Instructor  
 Date May 8th 1941

[Signature]  
 Sqd. Ldr.  
 Chief Supervisory Officer

No. 11.....E.F.T.S.....  
 Cap de la Madeleine, Que.  
 Date.....

To be passed to No. ....S.F.T.S.



NOTIFICATION OF DEATH

CERTIFIED that according to the records of this department CAN/R. 55402 Sergeant Joseph Elzear Saul SASSEVILLE, Royal Canadian Air Force, was reported missing and is presumed, for official purposes, to have lost his life on the nineteenth day of February, 1943, as the result of air operations.

*R. K. Mann F/O*

Flying Officer,  
for Director of Personal Services.

Dated at  
the Air Ministry,  
London,  
this *11th* day of August, 1943.



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R55402** RANK **SGT.** TRADE **W.O.A.G. (SP GR)** UNIT **295 SQDN. (OVERSEAS).**  
 NAME **SASSEVILLE, JOSEPH ELTEAR SAUL**

S	E	R	E
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.
<b>X</b>			

MARITAL STATUS **SINGLE** WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? **NO**

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. NATAIRE SASSEVILLE (FATHER) ME** **MISS ANNETTE SASSEVILLE, (SISTER)**  
 ADDRESS **ST. FABIEN DE PANET, MONTMAGNY COUNTY, QUEBEC.** ADDRESS **D.A.B. SAME ADDRESS**

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. N. SASSEVILLE (FATHER)**  
 ADDRESS **ST. FABIEN DE PANET, MONTMAGNY COUNTY, QUEBEC.**

RELIGION **R.C.** CANADIAN FRENCH CANADIAN **YES** OTHER

PARENTS NAMES **MR. & MRS. NATAIRE SASSEVILLE,** FATHER LIVING ON ENLISTMENT **YES**  
 ADDRESS **ST. FABIEN DE PANET, MONTMAGNY COUNTY, QUEBEC.** MOTHER LIVING ON ENLISTMENT **YES**

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/~~NO~~ IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/~~NO~~  
 IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO  
 IF SO, GIVE PERIOD OR PERIODS: . . . . .

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

AUTHORITY CAS. SIG. NO. **AIR MIN KBY---FX6128---d-21-FEB-43.** 5991  
 CASUALTY DETAILS: **"MISSING" 19-FEB-43 AFTER AIR OPERATIONS (OVERSEAS).**

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? **YES** M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? **YES** DATE **3-MARCH-43.**



1 BG #339

A. F. NUMBER Can R55402

**AIRMAN**

NAME

Sasseville, J. S. EN I

RELIGION

R.C.

**R.C.A.F.**

R.C.A.F. R. 79  
60M-3-41 (9743)  
H.Q. 1062-3-62

Rec'd MAY 27 1942  
Records Office  
C.I.B.  
R.C.  
P.A.



Receipt of Identity discs, as defined  
in A. F. A. O. A12/7, is acknowledged.

A. F. No.

R 55402

Signature

Sasseville J. S.

Date

30/12/41



QUEBEC AIRWAYS TRAINING LIMITED

FROM

Chief Flying Instructor  
No 11. E.F.T.S.  
Cap de la Madeleine. P.Q.

Subject L.A.C. Sasseville J.E.W. R 55402

My opinion on L.A.C. Sasseville, is that he lacks everything needed to do any kind of flying. This man should stay on the ground. He has no dash and no fighting spirit.



P.M. Boisvert.

C.F.I.



PART III

SERVICE FLYING TRAINING

1. No. ....S.F.T.S. Course No. .... From.....To.....

2. Flying Time:-

FLYING TRAINING

Aircraft	S.E. Aircraft				T.E. Aircraft				Instru- ment	Link Trainer	Pass- enger.
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Brought Forward from E.F.T.S.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grand Totals...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

3. Qualities as a Pilot, 700. Marks Obtained,.....

4. Remarks on Flying Progress, Navigation, and points which require consideration

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

.....  
 Squadron Commander

Date.....

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship & Maintenance .....	200	.....	Navigation & Meteorology.....	200	.....
Armament (W).....	100	.....	Signals (W).....	100	.....
Armament (P).....	100	.....	Signals (P).....	50	.....
			TOTAL.....	750	.....

6. Remarks of C.G.I.....

.....

.....  
 Chief Ground Instructor

Date.....

ARMAMENT (AIR EXERCISES) (T.E. Schools only)

Subject	Maximum Marks	Marks Obtained
Wind Speed and Direction Finding.....	100	.....
Straight Runs Over as Pilot.....	100	.....
TOTAL.....	200	.....



PART III (Continued)

8. Qualities as an Officer (Marks Possible) 700. Marks Obtained.....  
 9. Final Assessment (S.E. and T.E. Schools):-

	Maximum Marks	Marks Obtained
S.E. Schools.....	2150	.....
T.E. Schools.....	2350	.....

10. Percentage.....Passed or Failed.....Position in Class.....No. in Class.....  
 11. Qualities as an Operational Pilot (Ex., Above Av., Av., Below Av., Poor).....  
 (a) Formation Flying.....(b) Navigation Ability.....  
 (c) Night Flying.....(d) Determ. and Initiative.....  
 (e) Instrument Flying.....  
 (f) Ability to Maintain Speed, Course & Height (T.E.).....  
 Recommended for (Type of Service Squadron).....  
 Type of A/C (T.E. or S.E.).....Recommended for Flying Instructor.....  
 (Yes or No)

NOTE: Paras. 11(a)(b)(c)(d)(e)(f) to be assessed Ex., A. Av., Av., Below Av., Poor.

12. General Remarks on Training, Ability, etc:.....

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by C.A.P.100, Section 7, (Yes or No).....

.....Wg. Comdr.  
 Chief Instructor

13. Awarded Pilot's Flying Badge. Date.....

14. Recommended for Commissioned Rank.....Assessment.....  
 (Yes or No) (Ex., Above Av., Av.)

15. Remarks of Commanding Officer.....

.....Gp. C.  
 Commanding Officer  
 No.....S.F.T.S.....  
 Date.....

16. Accidents (C.A.P. 100, Sec. 4)

This pupil has been involved in the following flying accidents during his training.

E.F.T.S. or S.F.T.S.	Type of Accident Para. 27	Assessment of Blame - Para. 25.	Previous Communications	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)



1. Rank. *Sgt.* 2. Christian Names. JOSEPH ELZEAR SAUL 3. Surname. SASSEVILLE 4. Decorations.

5. Type and date of commission or engagement, if Airman Pilot.

Date of expiry.

6. Branch or Trade.

W. A. G.

10. Date of birth.

12. If married :  
Date.

11. Religion.

7. Date of award of flying badge.

Date of qualification as service pilot, % marks, and whether failed and re-examined. }

7a. Qualifications, including any symbols ; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.

8. Types of service aircraft flown.

*Norseman*  
*Fairy Battle*  
*Moth*  
*Fleet Finch*

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).

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 in 18*

18. Next of kin. Relationship and address.

*(Father)*  
*Mr. N. Sasseville,*  
*St. Fabien, Paroisse,*  
*Comte Montmagny, P. Q.*  
*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.



22. Courses of instruction - Subject	Posting	Unit	From	To	Authority
Embarked				8.1.42	
Disembarked				20.1.42	
#3 P.R.C.				2.1.42	P.O.R. 30
#1 S.S.			P.	11.3.42	P.O.R. 80.

23. Course Postings and Attachments.					Acting Rank Postings and Attachments				
To	Duty	"P" or "A"	Date	Authy.	To	Duty	"P" or "A"	Date	Authy.
Course 20									
#1 B. & G. Jarvis, Ont Canada									
No. 42. O.T.U		P	9.6.42	POR 139/42					

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.



22. Courses of instruction - Subject.	Posting	Unit	From	To	Authority
Embarked				8.1.42	
Disembarked				30.1.42	
#3 P.R.C.				2.11.42	P.O.R. 30
#1 S.S.			P.	11.3.42	P.O.R. 80

23. Course Postings and Attachments.					Acting Rank Postings and Attachments, Relinquishments				
To	Duty	"P" or "A"	Date	Authy.	To	Duty	"P" or "A"	Date	Authy.
Course 20									
#1 P.R.C. Jamaica, Ant. Canada									

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.



PART III

SERVICE FLYING TRAINING

1. No. ....S.F.T.S. Course No. .... From.....To.....

2. Flying Time:-

FLYING TRAINING

Aircraft	S.E. Aircraft				T.E. Aircraft				Instru- ment	Link Trainer	Pass- enger
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Brought Forward from E.F.T.S.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grand Totals...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

3. Qualities as a Pilot, 700. Marks Obtained.....

4. Remarks on Flying Progress, Navigation, and points which require consideration  
 .....  
 .....  
 .....

.....  
Squadron Commander

Date.....

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship & Maintenance .....	200	.....	Navigation & Meteorology.....	200	.....
Armament (W).....	100	.....	Signals (W).....	100	.....
Armament (P).....	100	.....	Signals (P).....	50	.....
			TOTAL.....	750	.....

6. Remarks of C.G.I.....  
 .....

.....  
Chief Ground Instructor

Date.....

ARMAMENT (AIR EXERCISES) (T.E. Schools only)

Subject	Maximum Marks	Marks Obtained
Wind Speed and Direction Finding.....	100	.....
Straight Runs Over as Pilot.....	100	.....
TOTAL.....	200	.....



PART III (Continued)

8. Qualities as an Officer (Marks Possible) 700. Marks Obtained.....  
 9. Final Assessment (S.E. and T.E. Schools):-

	Maximum Marks	Marks Obtained
S.E. Schools.....	2150	.....
T.E. Schools.....	2350	.....

10. Percentage..... Passed or Failed..... Position in Class..... No. in Class.....  
 11. Qualities as an Operational Pilot (Ex., Above Av., Av., Below Av., Poor).....  
 (a) Formation Flying..... (b) Navigation Ability.....  
 (c) Night Flying..... (d) Determin. and Initiative.....  
 (e) Instrument Flying.....  
 (f) Ability to Maintain Speed, Course & Height (T.E.).....  
 Recommended for (Type of Service Squadron).....  
 Type of A/C (T.E. or S.E.)..... Recommended for Flying Instructor.....  
 (Yes or No)

NOTE: Paras. 11(a)(b)(c)(d)(e)(f) to be assessed Ex., A.Av., Av., Below Av., Poor

12. General Remarks on Training, Ability, etc.....

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by C.A.P.100, Section 7, (Yes or No).....

..... Wg. Comdr.  
 Chief Instructor

13. Awarded Pilot's Flying Badge. Date.....

14. Recommended for Commissioned Rank..... Assessment.....  
 (Yes or No) (Ex., Above Av., Av.)

15. Remarks of Commanding Officer.....

..... Gp. C.  
 Commanding Officer

No..... S.F.T.S.....

Date.....

16. Accidents (C.A.P. 100, Sec. 4)

This pupil has been involved in the following flying accidents during his training.

E.F.T.S. or S.F.T.S.	Type of Accident Para. 27	Assessment of Blame - Para. 25.	Previous Communications	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....



No. 295 Sqdn.

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname..... SASSEVILLE..... Christian Names..... J. E. S.....

Number..... R55402..... Rank..... LAC.....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P.100, Section 7.

*Re-mustered WOAG eff: 28-5-41 DRO 128/41*

PART I

INITIAL TRAINING

1. No. 3..... I.T.S. Course No. 22..... From 25-9-41..... To 22-4-41.....

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	..91..	Hygiene & Sanitation	40	..22....
Armament (R&O) ..	100	..79....	Drill.....	100	..85....
Signals.....	100	..97....	Law and Disc., etc..	60	..46....

3. Maximum Marks 500. Marks Obtained.....420..... Percentage.....84.....

4. Passed or Failed....P.... Position in Class 46..... No. in Pilot's Class 370

5. Considered ~~Unsuitable~~ <sup>Suitable</sup> for Commissioned Rank:

6. Recommended for training as: (a) Pilot...Pilot.....  
(b) Air Observer.....  
(c)

7. Remarks: *Willing & hard working who is overcoming the language difficulty making well progress.*

*Stanley Taylor*  
Wg. Comdr.  
Commanding Officer

No. 3..... I.T.S. Victoriaville

Date..... 22-4-41.....

To be passed to No. 11..... E.F.T.S.

Can. ~~Trainee~~  
A ~~Trainee~~  
Aux ~~Trainee~~  
~~Trainee~~

NOTE: X out Countries not applicable.



PART II

ELEMENTARY TRAINING

1. No. 11 E.F.T.S. Course No. 26 From 22/4/41 To 9/6/41

2. Flying Time:-

FLYING TRAINING

Fleet Finch 2

Aircraft	Total Dual	Total Sole	Instrument Flying	Passenger	Total	Link Trainer
	7.15				7.15	

3. Results of Flying Tests:- 20 hour.....% Final Test.....% Instr. Fly.....%

4. Ability as a Pilot (Ex., A.A., A., Below Av., Poor).....Pass or Fail.....

5. Recommended for Training on T.E. or S.E. aircraft.....

6. Remarks on Flying Progress and points which require special consideration  
*not try*

P.M. Boisvert.

Chief Flying Instructor

Date.....

GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	.....	Th. of Flight.....	100	.....
Airframes.....	100	.....	Air Nav.....	200	.....
Aero Engines.....	100	.....	Arm. (Oral).....	200	.....
Signals (Prac.).....	100	.....	Quals. as an Officer	200	.....

Maximum Marks 1200. Marks Obtained.....Percentage.....

Pass or Fail.....Position in Class.....No. in Class.....

8. Commissioned Rank (appears suitable or unsuitable)..... *Unsuitable*

9. General Remarks (Ability, Conduct, etc.)... Knowledge of English very poor. Would not pass ground school examinations. Seemed rather bored, not interested and poor reactions, sleepy type.

*and recommendation "General Duties"*

Chief Ground Instructor

Date *May 8th 1941*

Sq. Ldr. Chief Supervisory Officer

No. 11 E.F.T.S. Cap de la Madeleine, Que.

Date May 8th, 1941

To be passed to No. ....S.F.T.S.



42. C.T.U.

# ROYAL CANADIAN AIR FORCE

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

### AIR AND GROUND TRAINING

Surname..... Sasseville ..... Christian Names..... J.E.  
Number..... R55402 ..... Rank..... LAC

### INSTRUCTIONS

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

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

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

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

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

### PART I

### WIRELESS TRAINING

1. No..... 1 ..... Wireless School. Course No..... 20 ..... To..... 8.11.41 ..... From... 23.6.41 .....

#### 2. Flying Times—

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

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

Above average  
Average  
Below average

#### 4. Ground Training—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	<u>45</u>	Signals Organization.....	150	<u>105</u>
Radio Equipment.....	250	<u>135</u>	Armament.....	100	<u>70</u>
Morse (buzzer and lamp).....	200	<u>185</u>	Drill and P.T.....	50	<u>25</u>
Procedure.....	200	<u>174</u>	TOTALS.....	1000	<u>739</u>

Maximum Marks, 1000. Marks Obtained 739 Percentage 73.9 Pass or Fail..... Pass

Position in Class..... 54 ..... No. in Class..... 112

5. Date authorized to wear Wireless Operator's Badge..... 8.11.41 .....



# ROYAL AIR FORCE.

Form 292.

## Report on Officer, W.O., or Airman passing out from or leaving Courses of Instruction.

Surname (In block capitals.) } SASSEVILLE Rank or Classification } SGT. Official Number } R.55402  
 Christian Name } J.E.S. Trade of W.O. or Airman } W.OP/A.G.  
 Parent Unit } No. 42 O. T. U. Nature of Course } A/C Place Held } ANDOVER Period of Course from } 10.6.42 to } 7.9.42

Subjects 1	% marks obtained in each subject 2	Is he suitable as an Instructor (Write "Yes" or "No" opposite subject) 3	Remarks and Disposal 4	Flying Times During Course 5				
				Type of Aircraft	Dual	Solo or 1st Pilot	2nd Pilot	Other Duty
<u>SIGNALS</u>	<u>74%</u>	<u>No</u>	<u>Keen and tries hard. Average.</u>					
<u>GUNNERY</u>	<u>60%</u>	<u>No</u>	<u>Below average but very keen.</u>	<u>ANSON</u>				<u>11.35</u>
<u>A/C. RECOG:</u>	<u>94%</u>	<u>No</u>	<u>Above average.</u>	<u>ELENHEIM</u>				<u>47.45</u>

% marks obtained

Result (See Instruction No. 3)

6. Special Qualifications ..... Posted to No. 295 Squadron. w.e.f. 7.9.42

7. Remarks by Commandant ..... An average W.Op/A.G.

Signature ..... [Signature]

Date ..... 5.9.42



1. Rank. SGT	2. Christian Names. J. E. S.	3. Surname. SASSEVILLE Can. 55402	4. Decorations.
-----------------	---------------------------------	--------------------------------------	-----------------

5. Type and date of commission or engagement, if Airman Pilot.  Date of expiry.	7. Date of award of flying badge.  Date of qualification as service pilot, % marks, and whether failed, and re-examined.	8. Types of service aircraft flown.  9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).
	7a. Qualifications, including any symbols; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.	
6. Branch or Trade. W.O/A.G.		
10. Date of birth.	12. If married: Date.	
11. Religion.		
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.	18. Next of kin. Relationship and address.	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.
---	---



22. Courses of instruction : Subject.

Unit.

From

To.

Result and percentage of marks.

23. Postings and Attachments.

Postings and Attachments.

To	Duty	"P" or "A"	Date	Authy.	To	Duty	"P" or "A"	Date	Authy.
No. 3 (O) A.F.U.									
No. 42 O.T.U.	Opr. Trg.	P	9/6/42						
No. 295 Squadron	W.O/A.G.	P	7/9/42	DML 250/42					
No. 1 R.A.F. Depot	Missing in Whitley	P	19/2/43	BD 538					

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.



Date of Written Test... 19-1-43

R.A.F. Form 167.

Date of Recommendation.....

Result of Local or Central Trade Test Board Examination.

Date of Examination :— 20-1-43

Where Examined :— *Wobesavan*

All Airmen Except Senior N.C.O.'s.		Senior N.C.O.'s.		Recommended by Board to be :—
Part. Vide A.P. 1112.	Marks.	Part.	Marks.	
Part I.	75	Allied Test.		Enlisted as :— —
" II.	152	Trade Test.		Promoted to :— —
" III.	113.5	Part II.		Remustered to :— —
" IV.	38	" III.		Reclassified to :— <i>Re-graded to: - Grade One</i>
" V.	—	" IV.		FAILED in Part(s)
" VI.	—	" V.		
Total.	378.5	Total.		
Aggregate %	75.7	Aggregate %		

Particular attention is drawn to A.P. 1112, Part II, Section I, para. I (viii).

Remarks by President of the Board :

Remarks by C.O. of Airman's Unit :

Signatures :—

President :— *Michael*

Member :—

Member :— *W.O*

Date :—

20-1-43

NOTE:—(i) Marking to be in conformity with A.P. 1112, Part II.  
(ii) Forms to be made out in accordance with K.R. & A.C.I. 501(4).



75.5

# TRADE TEST CARD.

R.A.F. Form 167.

## For Airmen and Recruits.

### For Examinations under K.R. and A.C.I. 498, 499 and 504 (9).

This form in triplicate (one card and 2 filmsies) is to be filled up, on this side only, by the C.O. Unit, and forwarded to President of the Examination Board in accordance with Para. 501 (ii) of K.Rs. and A.C.I.s. as notice that a N.C.O. or Airman is ready for examination. After examination, one filmsy completed will be forwarded by the President of the Board to the C.O. candidate's unit and one to O.i/c. Records, the card copy will be retained or forwarded to the C.O. Reception Depot.

### For Examinations under K.R. and A.C.I. 500 and 485(4).

This form in duplicate (2 filmsies) to be filled up on this side only by the C.O. Unit and forwarded to the President of the Examination Board in accordance with paragraph 501 (i). After examination one filmsy completed will be forwarded to O.i/c. Records and one filmsy forwarded to the C.O. candidate's unit.

### Report under K.R. and A.C.I. 393.

This form in triplicate to be filled up on this side only and forwarded to O.i/c. Records.

Number AN/R 55/402 Surname (in block letters) SASSEVILLE (Initials) J.S. Present rank 1/SGT.  
 Unit and Command Group No 295 SQUADRON. A.C.C. Date promoted to present rank 8-12-41.  
 Present Trade WOP/AG GRADE 2 Group TWO Age 27 10/12.  
 Whether passed for Drill (K.R. & A.C.I. para. 481(1) (a) ) ..... Date Passed ..... Assessment .....  
 " " Handling Aircraft (K.R. & A.C.I. para. 484 (5) (6) ) ..... " " " " .....  
 " " Elementary Education (K.R. & A.C.I. para. 468) ..... " " " " .....  
 Whether holding Certificate : L.A.C. Education (K.R. & A.C.I. para. 484 (2) (c) ) ..... Date taken .....  
 " " Sergeants Education (K.R. & A.C.I. para. 490 (2) (f) ) ..... " " " " .....  
 Whether qualified Discipline (K.R. & A.C.I. para. 490 (2) (a) ) ..... " " " " .....  
 " " Administration (K.R. & A.C.I. para 490 (2) (b) ) ..... " " " " .....

†Recommended for REGRADE TO WOP/AG GRADE ONE.  
 Signature [Signature] Commanding No 295 SQUADRON.  
 Date 2. 2. 43



19

# ROYAL CANADIAN AIR FORCE

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

### AIR AND GROUND TRAINING

Surname..... **Sasseville** ..... Christian Names..... **J. E.** .....  
Number..... **R55402** ..... Rank..... **LAC** .....

### INSTRUCTIONS

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

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

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

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

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

### PART I

### WIRELESS TRAINING

1. No. .... **1** ... Wireless School. Course No. .... **20** .. To ... **8.11.41** .. From ... **23.6.41** ...

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator ..... **1** ..... hours.

(b) In Flying Classroom, listening watch ..... **3** ..... hours.

(c) In 2-seat aircraft as sole operator ..... **7** ..... hours.

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

R.C.A.F. Records Office

Rec'd. FEB 5 1942

O.K. .... C.I.B. ....

R.C. JB N. I. ....

S.L. ~~Abraham~~ P. A. ....

Below average

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory .....	50	45	Signals Organization .....	150	105
Radio Equipment .....	250	135	Armament .....	100	70
Morse (buzzer and lamp) .....	200	185	Drill and P.T. ....	50	25
Procedure .....	200	174	TOTALS .....	1000	739

Maximum Marks, 1000. Marks Obtained **739**. Percentage **73.9** Pass or Fail..... **Pass** .....

Position in Class..... **54** ..... No. in Class..... **112** .....

5. Date authorized to wear Wireless Operator's Badge..... **8.11.41** .....



PART I—Concluded

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—

Numerical assessment as to suitability  
for Commissioned Rank:- 318

*Ernest M. Baker*  
Officer Commanding  
No. 1 Wireless School  
Date 8.11.41.

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

PART II

ARMAMENT TRAINING

1. No. 1 B. G. S. Course No. 20  
2. Dates of Courses:— From 10-11-41 To 8-12-41

AIR TRAINING

GUNNERY

3. Flying Time:—

Aircraft	Day	Night	Passenger	Total	
				Hrs.	Mins.
Battle	11.25		3.50	15.15	

4. Air Gunnery Results— Average percentage hits to rounds fired  
(a) Beam Test 6.0%  
(b) Beam Relative Speed Test 3.0%  
(c) Under Tail Test 8.0%

5. Total Rounds Fired—  
Ground 570%  
Air to Ground 300%  
Air to Air 2219%

6. Assessment— Marks Obtained  
(a) Written Examination (100 Marks) 69  
(b) Practical and Oral Examination (100 Marks) 74  
(c) Ability as Firer (250 Marks) 137  
(d) Qualities as an N.C.O. (150 Marks) ..  
Totals (450 Marks) 280

7. Position in Class 32 No. in Class 41 Pass or Fail pass

8. Date authorized to wear Air Gunner's Badge 8-12-41

9. Comments on suitability for Commissioned Rank Unsuitable.

10. Remarks The most conscientious and hardest worker on the course. Exceptionally ambitious but handicapped in speaking English. An outstanding possibility as a leader if language difficulty could be overcome.

*J. J. Jodson* Squadron Leader.  
Chief Instructor  
No. 1 B. G. S.  
Date 6-12-41



PART II—Concluded

AIR TRAINING

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

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	739
Bombing and Gunnery School.....	450 <del>600</del>	280
TOTALS.....	1450 1600	1019

12. Percentage. **70.3** Pass or Fail..... **pass** Position in Class... **19**

No. in Class... **28**

13. Recommended for Commissioned Rank... **No** Assessment... **Average.**  
(yes or no) (ex., above average)

14. Remarks... **A very likeable, hard working man, possessing a wide knowledge**  
**His determination and keenness will make him most valuable.**

*J. E. Wait* Group Captain  
(G.E. Wait) Officer Commanding  
No. .... **1** ... B. G. S.

Date. **6-12-41**



SPECIAL RESERVE

CONVENTION

De: R55.402 AC 2  
Sasseville Joseph Elzear Satl.

A: M. le commandant du bureau  
de recrutement du C.A.R.C.

1. Au cas où je serais admis à m' enrôler dans le Corps d'aviation royal canadien, j'accepte les conditions de service qui suivent:

(a) Je serai susceptible d'être appelé à remplir des fonctions qui ne se rapportent pas directement ou indirectement au métier dans lequel j'ai sollicité mon admission, soit .....  
Observer .....  
jusqu'à ce que le C.A.R.C. soit en mesure de m'employer ou de m'instruire dans ledit métier.

(b) Je serai tenu de passer les examens et épreuves prescrits devant une Commission d'épreuve professionnelle du C.A.R.C. avant de pouvoir être admis à me rengager dans un groupe professionnel plus élevé.

(c) Au cas où les autorités du C.A.R.C. me trouveraient inapte à servir ou m'instruire dans le métier susmentionné, je serai susceptible d'être rengagé dans un autre métier.

2. J'ai lu attentivement cette convention et je comprends absolument qu'elle est en sus de celle de la formule d'engagement qu'il me faudra signer, le cas échéant.

*J.R. Landry*  
-----  
(Témoin)  
(J.R. Landry) Flight Lieutenant.  
Commanding Officer.  
RCAF Recruiting Centre. Quebec.  
Juillet 19, 1940  
-----  
(Date)

*J. Elzear S. Sasseville*  
-----  
(Signature du postulant)

le 19 juillet, 1940  
-----  
(Date)

R.C.A.F. Records Office  
Rec'd JUL 26 1940  
O. K. .... C.I.B. ....  
R. C. .... N. I. ....  
S. L. .... P. A. *mm* .....



Les Trois-Rivières, 27 juin

1940

Monsieur,

C'est avec plaisir que je vous recommande le porteur de cette lettre, Monsieur Elzéar Sasseville.

Depuis un an que j'ai ce jeune homme à mon service, je n'ai eu qu'à me féliciter de sa courtoisie, de son dévouement inlassable et de son savoir-faire. Je n'ai qu'un regret, c'est celui de ne pouvoir en jouir plus longtemps.

Comme professeur, il rivalisait avec les meilleurs. Ses bonnes manières et sa douce autorité le faisaient estimer et aimer de ses élèves et de leurs parents.

Toutes les charges à lui confiées, ont été remplies à la satisfaction générale. Il suffisait de le mettre à la tête d'une organisation pour être certain de sa réussite.

Sa conduite personnelle a toujours été irréprochable: c'est le type du vrai "gentleman". J'ai donc tout lieu de croire que celui qui emploiera Monsieur Sasseville aura dans sa personne un autre lui-même.

Bien vôtre,

R.C.A.F. Records Office	
Rec'd	JUL 26 1940
O. K.....	C.I.B.....
R. C.....	N. I.....
S. L.....	P. A.....

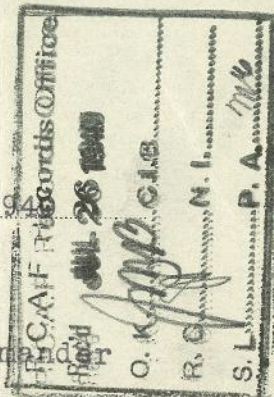
*Eugène F.C.*



LES FRÈRES  
DES  
ÉCOLES CHRÉTIENNES  
SAINTE-FOY EST  
P. Q.  
CANADA

ADMINISTRATION

*Sainte-Foy, le 26 juin 194*



Le soussigné a bien l'honneur de recommander  
M Jos.-Elzéar Sasseville. M. Sasseville possède le  
Diplôme d'Instituteur délivré par les Ecoles Normales.  
Il a quatre ou cinq ans d'expérience dans l'enseignement  
où il obtenait d'excellents résultats dans la conduite  
d'une classe. Il donnera certainement satisfaction à  
qui voudra bien lui témoigner quelque confiance - qu'il  
a mérité d'ailleurs par une constante bonne conduite.

*J. Hébert*  
vis. prov.



QUEBEC AIRWAYS TRAINING LIMITED

To

Chief Flying Instructor  
No 11. E.F.T.S.  
Cap de la Madeleine. P Q

from

E.M. Bowron  
Flying Instructor  
No 11. E.F.T.S.  
Cap de la Madeleine. P Q

Subject L.A.C. Sasseville J.E.S. R 55402

I gave this man 7 hours dual and decided to have him Progress tested. He has not ability; his mentality and spirit are of good average. His main trouble is that he can't put into practice what he is told. This pupil also came to me complaining that his English being so bad, he had much difficulty with his ground subjects to such an extent that he had to study half the night and then worried the other half.

M. BOWRON.

FLYING INSTRUCTOR.



ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

to be completed by the Medical Officer (E.F.T.S.)  
from R.C.A.F. Form T.58 and other sources.

1. Completed Training. On completion of course, form will be sent to F.M.O. for transmission to D.M.S. (Air), M.A. 2.
2. Ceased Training. Immediately on training being stopped, form will be filled out in duplicate, one copy (sealed in envelope, addressed to President Medical Selection Board, to accompany airmen to Manning Depot. One copy sent to F.M.O. for transmission to Command Director of Training.

Name: **Sasseville,**

Christian Names: **J.E.S.**

Number: **R55402**

Rank: **LAC**

1. No. 11 Elementary Flying Training School, Course No. **26** From: **22-4-41**  
To: **9-6-41**

FLYING TRAINING

2. Flying Time:-

Aircraft	Dual	Solo	Passenger	Total	Link Time
<b>Fleet Finch 2</b>	<b>7.15</b>			<b>7.15</b>	

3. Results of Flying Tests:- 20 Hr **50Hr** Instr. Fly
4. Ability as a Pilot **Nil** Pass or Fair **1 FAIL**
5. Recommended for Training on T.E. or S+E. Aircraft.
6. Remarks on Flying Progress and points which require special consideration:

**Complete lack of interest in the flying; and to this will simply not try.**

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200		Th. of Flight	100	
Airframes	200		Air Nav.	200	
Aero Engines	200		Arm. (Oral)	200	
Signals (Prac.)	50		Quels. as en (Officer (N.C.O.	200	

Maximum Marks 1550    Marks Obtained    Percentage    Pass or Fail  
Position in Class    No. in Class

8. Commissioned Rank (appears suitable or unsuitable)
9. General Remarks (Ability, Conduct, etc.) **Knowledge of English very poor. Would not pass ground school examinations. Seemed rather bored, not interested and poor reactions. Sleepy sype.**

To Proceed to No.

S.F.T.S.

Date:

**May 8th, 1941.**



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

REASONS FOR TRAINING CEASED

1. Lack of Air Sense, Airmanship, Judgment. **XX**
2. Landings and Forced Landings. **XX**
3. Take-offs.
4. Hands and (or) feet. **XX**
5. Turns (Climbing, Medium, Steep, Gliding).
6. Aerobatics and Spins.
7. Ground Subjects.
8. Poor Conduct and Application.
9. Other Causes.

Medical Findings.

**There is nothing in the actual medical examination to account for this man's inability to learn to fly. He is definitely afraid of flying.**





## ROYAL CANADIAN AIR FORCE

Cap de la Madeleine, Que. May 8th, 1941

To: Air Officer Commanding,  
No. 3 Training Command,  
Montreal, P.Q.

From: Chief Supervisory Officer,  
No. 11 E.F.T.S., R.C.A.F.,  
Cap de la Madeleine, Que.

Subject: Cessation of Flying Training  
LAC Sasseville, J.E.S. R.55402

1. This airman is definitely not temperamentally suited for flying duties. He has no fighting spirit whatsoever and is licked before trying. This airman is suffering from an inferiority complex and tries to blame it on his lack of knowledge of the English language, which, in my opinion is not the case. He is being washed out at this own request.
2. I cannot recommend the above subject airman for any other flying duties but feel that he would make a good general duties standard.
3. Attached herewith are forms T58, M.O's Report, Chief Flying Instructor's report, and Flying Instructor's report.

(signed) (J.M.W. St. Pierre) Sqn/Ldr.,  
Chief Supervisory Officer,  
No. 11 E.F.T.S., R.C.A.F.,  
Cap de la Madeleine, Que.

(Copy)



55402

IN REPLY PLEASE QUOTE

FILE No.12-10J (T.F.2)



R.C.A.F. HEADQUARTERS  
CENTRAL REGISTRY

1022-5-1863

DAH

ROYAL CANADIAN AIR FORCE

1941 MAY 14 AM 9:51

Montreal, Quebec, May 13th, 1941.

To: The Secretary,  
Department of National Defence for Air,  
Jackson Building,  
Ottawa, Ontario.

From: Air Officer Commanding,  
No. 3 Training Command,  
Montreal, Quebec.

Subject: Discontinuance of Flying Training  
R55402 - LAC Sasseville, J.E.S.

1. The Flying Training of the above noted pupil was discontinued, effective April 8th, 1941.

2. Attached herewith are the following documents in respect of the above.

- (a) Copy of C.S.O.'s report and recommendation.
- (b) R.C.A.F. Form T.58A.
- (c) Chief Flying Instructor's report.
- (d) Flying Instructor's report.
- (e) Medical Officer's report

3. It is the opinion of the C.S.O. that this pupil should not be recommended for any other flying duties, but he feels that he would make a good general duties standard.

*Handwritten notes:*  
14.5  
14/5/41

*Signature:*  
R. West  
R. West) Squadron Leader,  
for Air Officer Commanding,  
No. 3 Training Command.

R.C.A.F. Records Office	
Rec'd	AUG 13 1941
O. K.	C. I. B.
R. C.	N. I.
S. L.	P. A.



This is to certify that number.....*CAN/R 55402*.....

Rank.....*Sgt.*.....Name.....*Sasseville J.S.*.....has satisfied  
this Headquarters that he is fully conversant with the command signal  
organisation and procedure.

Date.....*19th March 1943*.....

*for* *R.S. Clark P/O*  
Group Captain, Commanding,  
No: 38 Wing, Royal Air Force.

HEADQUARTERS SQUADRON  
R.A.F. UXBRIDGE  
28 APR 1943  
GISTRY

*D.P.*



Date of Written Test... 19-1-43

R.A.F.

Date of Recommendation... /

## Result of Local or Central Trade Test Board Examination

Date of Examination :—

20-1-43

Where Examined :—

Wetherover

All Airmen Except Senior N.C.O.'s.		Senior N.C.O.'s.		Recommended by Board to be :—
Part. Vide A.P. 1112.	Marks.	Part.	Marks.	
Part I.	75	Allied Test.		Enlisted as :— /
" II.	152	Trade Test.		Promoted to :— /
" III.	113 3/4	Part II.		Remustered to :— /
" IV.	38	" III.		Reclassified to :— Re-graded to:— Grade One
" V.	—	" IV.		FAILED in Part(s)
" VI.	—	" V.		
Total.	378.5	Total.		
Aggregate %	75.7	Aggregate %		

Particular attention is drawn to A.P. 1112, Part II, Section I, para. I (viii).

Signatures :—

Remarks by President of the Board :

President :—

Richard T. J.

Remarks by C.O. of Airman's Unit :

Member :—

Member :—

W. O. W. O.

Date :—

25-1-43.

NOTE:—(i) Marking to be in conformity with A.P. 1112, Part II.  
(ii) Forms to be made out in accordance with K.R. & A.C.I. 501(4).



# TRADE TEST CARD.

R.A.F. Form 167.

## For Airmen and Recruits.

For Examinations under K.R. and A.C.I. 498, 499 and 504 (9).

This form in triplicate (one card and 2 flimsies) is to be filled up, on this side only, by the C.O. Unit, and forwarded to President of the Examination Board in accordance with Para. 501 (i) of K.Rs. and A.C.I.s. as notice that a N.C.O. or Airman is ready for examination. After examination, one flimsy completed will be forwarded by the President of the Board to the C.O. candidate's unit and one to O.i/c. Records, the card copy will be retained or forwarded to the C.O. Reception Depot.

For Examinations under K.R. and A.C.I. 500 and 485(4).

This form in duplicate (2 flimsies) to be filled up on this side only by the C.O. Unit and forwarded to the President of the Examination Board in accordance with paragraph 501 (i). After examination one flimsy completed will be forwarded to O.i/c. Records and one flimsy forwarded to the C.O. candidate's unit.

Report under K.R. and A.C.I. 393.

This form in triplicate to be filled up on this side only and forwarded to O.i/c. Records.

Number CA/N/255402 Surname (in block letters) SASSEVILLE (Initials) J.S. Present rank T/SGT.  
Unit and Command Group No. 295 SQUADRON. A.C.C. Date promoted to present rank 8-12-41  
Present Trade WOP/AG GRADE 2 Group TWO Age 27 10/12  
Whether passed for Drill (K.R. & A.C.I. para. 481(1) (a) ) ..... Date Passed ..... Assessment .....  
" " Handling Aircraft (K.R. & A.C.I. para. 484 (5) (6) ) ..... " " " " .....  
" " Elementary Education (K.R. & A.C.I. para. 468) ..... " " " " .....  
Whether holding Certificate : L.A.C. Education (K.R. & A.C.I. para. 484 (2) (c) ) ..... Date taken ..... " " " " .....  
" " " Sergeants Education (K.R. & A.C.I. para. 490 (2) (f) ) ..... " " " " .....  
Whether qualified Discipline (K.R. & A.C.I. para. 490 (2) (a) ) ..... " " " " .....  
" " Administration (K.R. & A.C.I. para 490 (2) (b) ) ..... " " " " .....

†Recommended for .....

REGARDING TO WOP/AG GRADE ONE.

Signature .....

Commanding .....

No. 295 SQUADRON.

Date .....

2 3 42

†Insert reason for test and quote para. of K.R. & A.C.I



A.S.V.  
552

294/1035

m 19/2

CHECKED AT

R.C.A.F. E.147  
50M-12-39 (3446)  
H.Q. 1062-6-138

JAN 3 1941

No. 1 "Y" Depot R.C.A.F.

# RECORD OF KIT

(OFFICERS AND AIRMEN)

NAME SASSEVILLE, J.E.S RANK Sgt *K.A.C.*

OFFICIAL No. R-55402 DATE OF ENLISTMENT 19-7-40

UNIT #1 Manning Depot STATION Toronto, Ont

## INSTRUCTIONS

3 OAFU

Two copies of this form are to be prepared for each airman. It is to record all issues and exchanges, each issue or exchange being initialled by the individual. On the transfer of an individual from one unit to another this form is to accompany the voucher and is to be retained by the Equipment Officer at the new unit.

### CERTIFICATES TO BE SIGNED ON TRANSFER

CERTIFIED THAT THE RECORD DETAILED OVERLEAF IS CORRECT.

CERTIFIED THAT THE RECORD DETAILED OVERLEAF HAS BEEN VERIFIED.

On transfer to the undermentioned Unit	Date	Signature of Issuing Officer	On transfer from the undermentioned Unit	Date	Signature of Receiving Officer
#119 B. P. Squadron Yarmouth, N.S.	4/6/41	T. W. ...	No. 1 Manning Depot Toronto	20/10/40	R. ...
No. 1 Manning Depot Toronto #1975	11/12/40	R. ...	#119 B.P. Sqdn Yarmouth	12/10/40	H.N. ...
No. 4 MANNING DEPOT RCAF QUEBEC, QUE			#1 I.T. School Toronto, Ont.	17/1/41	R. ...
No. 3 I.T.S. VICTORIAVILLE P.Q.	24/3/41	J. ...	No. 4 MANNING DEPOT QUEBEC P.Q.	26/3/41	H.R. Zella
#11 E.F.T.S., Cap de la Madeleine, Que	21-4-41	J.C. Galbraith	No. 3 I.T.S. Victoriaville, P.Q.	8-5-41	J. ...
#1 Manning Depot Toronto, Ont. Composite School Trenton, Ont.	15/5/41	R. ...	NO. 11 ELEMENTARY FLYING TRAINING SCHOOL Cap de la Madeleine P.Q.	14-5-41	R. ...
No 1 Wireless School Montreal Quebec	19/6/41	R.T. ...	R.C.A.F. Station Trenton Ontario	1-7-41	J. ...
#1 B.V. School Jarvis Ont	7-11-41	R. ...	#1 W.S.	9/11/41	W.A. Shillock
No. 1 Y Depot Halifax, N.S.	9-12-41	W.A. Shillock	Montreal Que. NET B & School Jarvis, Ont		







3 Rec

DESCRIPTION OF ARTICLES

RECORD OF ISSUES AND EXCHANGES

DESCRIPTION OF ARTICLES	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
(Sec. 22G) MITTS, WINTER.....															
OVERALLS, COMBINATION OVERSHOES.....															
RUBBERS, BLACK Copr A.G. Custom 3-H Stewart Mtn.	1	12/10/88	W.S.	1			1	3/22	W.S.	1			1	2/20/84	W.S.
BADGES, W/O (Sec. 22H) BADGES, ARM, BLUE	2	5/24/90	W.S.												
CROWNS.....															
EAGLES (LEFT & RIGHT)	4	7/20	W.S.												
PROPELLORS	4	12/14	W.S.												
BADGES, CAP, R.C.A.F.	1	7/20	W.S.												
BADGES, FLYING, PILOTS															
CHEVRONS, BLUE-2 BAR															
-3 BAR	6	3/24/88	W.S.												
Buttons	2	7/20	W.S.												
Buttons AG No	2	3/24/88	W.S.												
Buttons RR	4	7/20	W.S.												
(Sec. 22) BOTTLES, WATER EQUIPMENT, WEB, BLUE GREY	1	7/14/80	W.S.												
ATTACHMENTS, BRACE	1	5/10/88	W.S.												
BELTS, WAIST	1	3/14/80	W.S.												
BRACES, LEFT	1	"	W.S.												
BRACES, RIGHT	1	"	W.S.												
CARRIERS, CARTRIDGE, LEFT	1	"	W.S.												
CARRIERS, CARTRIDGE, RIGHT	1	"	W.S.												
CARRIERS, WATER BOTTLE	1	"	W.S.												
FROGS, BAYONET	1	"	W.S.												
Haversacks	1	"	W.S.												
HOLSTERS, PISTOL															
PIECES, SIDE															
POUCHES, AMMUNITION															
RUCKSACKS, LOWER	1	3/14/80	W.S.												
RUCKSACKS, UPPER	1	5/10/88	W.S.												
SLINGS, RIFLE	1	7/20	W.S.												
STRAPS, ADJUSTMENT, STRAPS, SUPPORTING, RUCKSACKS	1	3/14/80	W.S.												
LANYARDS, PISTOL, BLUE	1	"	W.S.												
TINS, MESS	1	"	W.S.												
TINS, MESS-STRAPS															
WHISTLES															
WHISTLES-THONGS															
ACCOUTREMENTS, SETS															
CORPORALS AND BELOW	1	3/22/88	W.S.												
SERGEANTS AND ABOVE	1	3/22/88	W.S.												

Katon Bay 1 " 928

Rv 21084

1 3/14/80 W.S.

Returned 11/10/80 W.S.

W.S. 2/20/84



RECORD OF ISSUES AND EXCHANGES

DESCRIPTION OF ARTICLES

SEC. 22-C

	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials	Quantity	Date Issued	Initials
BOOTS AVIA. MOCC. PATT.																		
GAUNTLETS CHAUF	2	4/14	JES															
GOGGLES AVIA. MASK	1	4/14	JES															
HELMETS FLYING	1	4/14	JES															
CAPS FLYING																		
COVERS EAR	2	4/14	JES															
PADS RUBBER	2	4/14	JES															
GAUNT. FLY RBL.	2	5/12/41	JES															
GLOVES S.I.K.	2	5/12/41	JES															
SUITS AVIA. SUMMER	3	4/14	JES															
SUITS WINTER N.P.	3	4/14	JES															
Boots Flying	1	4/14	JES															
Mitts	1	4/14	JES															
Jacket R12	1	4/14	JES															
Coat R12	1	4/14	JES															
Boots	4	4/14	JES															
Mitts	2	4/14	JES															
Boots	1	4/14	JES															
Mitts	6	4/14	JES															
2 P. pants	2	4/14	JES															

Av. d. 165

Acty 7/14/41  
Av 21084

SIZE ROLL FOR CLOTHING

ARTICLE	SIZE No.	REMARKS
BOOTS, ANKLE	7 1/2	
CAPS, FIELD, SERVICE	7	
CAPS, FORAGE, BLUE		
CAPS, WINTER		
COATS, GREAT, WARM	0	
COLLARS	15	
DRAWERS, WINTER		
GLOVES, LEATHER, BLACK	8	
JACKETS, SERGE, BLUE	6	
JACKETS, SWEATER		
MITTS, WINTER		
OVERALLS, COMBINATION		
OVERSHOES		
RUBBERS	7	
SHIRTS, SILVER-GREY	15	
SHIRTS, SERVICE		
SHIRTS, WINTER		
TROUSERS, SERGE, BLUE	11	
TROUSERS, SERVICE	34-31	



Auth: DAHS 927-1-20 (R3B) 28-10-41.

CLEARANCE CERTIFICATE

On posting No. 1 B. & G. Jarvis, Ontario.

Eff. 8-11-41.

Reporting: 9-11-41.

Certified that the deficiencies chargeable to.....R55402 LAC Sasseville J.E.S.  
are recorded in the Accounting Section and that he has no other liability to  
the Unit.

.....*J.P. D...*.....  
(Accountant Officer)

.....Nov. 7th., 1941.....

IMPORTANT -KEEP THIS STUB

IT MUST BE REPRESENTED AT NEW UNIT.



**SPECIAL RESERVE**

R.C.A.F. Special Reserve

~~Non-Flying List~~

Interview Report

Air Crew

Administration  
 Technical  
 Equip. & Accounts  
 Pilot  
 Observer  
 Wireless Op. Air.  
 Air Gunner

SURNAME CHRISTIAN NAMES IN FULL

Age 25

SASSEVILLE Joseph Elzear Saul.

Height 5'7"

ACADEMIC STANDING:

Weight 138

Equivalent to Sr. Matric at Ecole Normal St. Joseph  
 & Institut Pedagogique. Quebec P.Q.

~~Marrried~~ Single  
~~Now of Children~~

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

none

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

none

SPORTS:

EXTENSIVELY: Baseball, Skiing  
 MODERATELY:  
 OCCASIONALLY:

HOBBIES:

none

APPEARANCE HEALTHY ~~FATIGED~~ SLENDER  
~~TALL~~ MEDIUM ~~SHORT~~  
 REFINED ~~ORDINARY~~ ~~COARSE~~  
 CLEAN ~~UNTIDY~~ ~~DIRTY~~

DRESS: ~~FLASHY~~ ~~EASTERN~~ CONSERVATIVE  
~~POORLY DRESSED~~ BUT CLEAN AND  
 NEAT ~~SMART~~ ~~UNTIDY~~ ~~CARELESS~~

INTELLIGENCE: QUICK ~~DELIBERATE~~ ~~SLOW~~  
 ORGANIZED ~~ACCURATE~~ ~~RAMBLING~~

PERSONALITY: ~~DOMINEERING~~ ~~CONFIDENT~~  
~~SUBMISSIVE~~ ~~MATURE~~  
~~IMMATURE~~ ~~PLEASANT~~  
~~MOROSE~~ ~~BITTER~~

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

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

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

Very Good

SUMMARY OF ALL OF THE ABOVE:

Will make a very good Air Crew

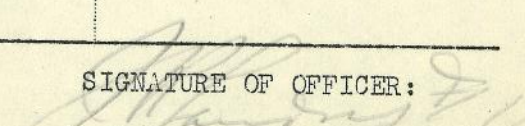
~~EXCELLENT~~  
 ABOVE AVERAGE  
 AVERAGE  
~~BELOW AVERAGE~~  
 (Strike out words  
 not applicable)

RECOMMENDED FOR:

Air Crew.

DATE:  
 28-6-40  
 A.F.M. 5

RECRUITING CENTRE:  
 QUEBEC

SIGNATURE OF OFFICER:  
  
 Commanding Officer.



ROYAL CANADIAN AIR FORCE  
VERIFICATION OF DECORATIONS AND  
AWARDS

No. R.55402 RANK AC2 NAME Sasseville J.E.S.

The above stated Airman is shown on his Record of Service Form R.C.A.F. R44A, as entitled to the following:

1. N.A.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

The medals have been inspected by me personally and the following state is reported.

<u>In Possession</u>	<u>Missing</u>
1. <u>N.A.</u>	1. <u>N.A.</u>
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

The explanations offered by the Airman regarding the medals shown above as missing are as follows:

No. 1 Manning Depot, R.C.A.F.  
Toronto, Ontario.

20/7/40 Date

M.C. Haddon  
Inspecting Officer  
for Commanding Officer



Records Ottawa  
for proper distribution  
R.A.F.

M/19-2-43

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

to be completed by the Medical Officer (E.F.T.S.)  
from R.C.A.F. Form T.58 and other sources.

1. Completed Training. On completion of course, form will be sent to P.M.O. for transmission to D.M.S. (Air), M.A. 2.
2. Ceased Training. Immediately on training being stopped, form will be filled out in duplicate, one copy (sealed in envelope, addressed to President Medical Selection Board, to accompany airman to Manning Depot. One copy sent to P.M.O. for transmission to Command Director of Training.

Name: **Sasseville,** Christian Names: **J.E.S.**  
 Number: **R55402** Rank: **LAC**

1. No. 11 Elementary Flying Training School, Course No. **26** From: **22-4-41**  
 To: **9-6-41**

FLYING TRAINING

2. Flying Time:-

Aircraft	Dual	Solo	Passenger	Total	Link Time
<b>Fleet Finch 2</b>	<b>7.15</b>			<b>7.15</b>	

3. Results of Flying Tests:- 20 Hr 50Hr Instr. Fly

4. Ability as a Pilot **Nil** Pass or Fail **FAIL**

5. Recommended for Training on T.E. or S.E. Aircraft.

6. Remarks on Flying Progress and points which require special consideration:  
**Complete lack of interest in the flying; and to this will simply not try.**

GROUND TRAINING

7.

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200		Th. of Flight	100	
Airframes	200		Air Nav.	200	
Aero Engines	200		Arm. (Oral)	200	
Signals (Prac.)	50		Quals. as an (Officer (N.C.O.	200	

Maximum Marks 1350 Marks Obtained Percentage Pass or Fail  
 Position in Class No. in Class

8. Commissioned Rank (appears suitable or unsuitable)
9. General Remarks (Ability, Conduct, etc.) **Knowledge of English very poor. Would not pass ground school examinations. Seemed rather bored, not interested and poor reactions. Sleepy type.**

To Proceed to No. **S.F.T.S.** Date: **May 8th, 1941.**



QUEBEC AIRWAYS TRAINING LIMITED

To

Chief Flying Instructor  
No 11. E.F.T.S.  
Cap de la Madeleine. P Q

from

E.M. Bowron  
Flying Instructor  
No 11. E.F.T.Q.  
Cap de la Madeleine. P Q

Subject L.A.C. Sasseville J.E.S. R 55402

I gave this man 7 hours dual and decided to have him  
Progress tested. He has not ability; his mentality and spi-  
rit are of good average. His main trouble is that he can't  
put into practice what he is told. This pupil also came  
to me complaining that his English being so bad, he had much  
difficulty with his ground subjects to such an extent that  
he had to study half the night and then worried the other half.

M. BOWRON.

FLYING INSTRUCTOR.



QUEBEC AIRWAYS TRAINING LIMITED

FROM

Chief Flying Instructor  
No 11. E.F.T.S.  
Cap de la Madeleine. P.Q.

Subject L.A.C. Sasseville J.E.S. R 55402

My opinion on L.A.C. Sasseville, is that he lacks everything needed to do any kind of flying. This man should stay on the ground. He has not dash and no fighting spirit.



P.M. Boisvert.

C.F.I.



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

REASONS FOR TRAINING CEASED

1. Lack of Air Sense, Airmanship, Judgment.
2. Landings and Forced Landings. XX
3. Take-offs. XX
4. Hands and (or) feet.
5. Turns (Climbing, Medium, Steep, Gliding). XX
6. Aerobatics and Spins.
7. Ground Subjects.
8. Poor Conduct and Application.
9. Other Causes.

Medical Findings.

There is nothing in the actual medical examination to account for this man's inability to learn to fly. He is definitely afraid of flying.



ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

SYNOPSIS OF THE REPORTS AND OPINIONS OF THE FLYING INSTRUCTORS

as recorded by the Medical Officer:

Name: **Sasseville, J.E.S.** No. **R55402**

Name of Instructor: **Max Bowron.**

1. MENTAL ATTITUDE (Including spirit determination, fear, and whether cocky or keen.)

**Very keen, spirit excellent, no fear, slightly nervous the first flights but overcome this.**

2. GENERAL ABILITY

**Below par, takes advice well but cannot carry it out.**

3. GENERAL DEPARTMENT (Discipline, taking of advice etc.)

**Excellent, takes advice well.**

4. REACTION

(a) 1st Flight: **Slightly nervous, but enjoyed it.**

(b) 1st Solo. (No. of hours to 1st Solo.) **N.A.**

(c) Aerobatics and later flying: **N.A.**

5. GENERAL ESTIMATE

**This man not cut out to be a pilot, he has the mentality but not the ability. Very good spirit.**



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

REASONS FOR TRAINING CEASED

1. Lack of Air Sense, Airmanship, Judgment.      XX
2. Landings and Forced Landings.                      XX
3. Take-offs.
4. Hands and (or) feet.                                      XX
5. Turns (Climbing, Medium, Steep, Gliding).
6. Aerobatics and Spins.
7. Ground Subjects.
8. Poor Conduct and Application.
9. Other Causes.

Medical Findings.

There is nothing in the actual medical examination to account for this man's inability to learn to fly. He is definitely afraid of flying.



*This copy for Commanding Officer  
No 1 Manning Depot  
Toronto, Ont.*

Cap de la Madeleine, Que. May 8th, 1941.

To: Air Officer Commanding,  
No. 3 Training Command,  
Montreal, P.Q.

From: Chief Supervisory Officer,  
No. 11 E.F.T.S., R.C.A.F.,  
Cap de la Madeleine, Que.

Subject: Cessation of Flying Training.  
LAC Sasseville, J.E.S. R55402.

1. This airman is definitely not temperamentally suited for flying duties. He has no fighting spirit whatsoever and is licked before trying. This airman is suffering from a inferiority complex and tries to blame it on his lack of knowledge of the English language, which, in my opinion is not the case. He is being washed out at his own request.

2. I cannot recommend the above subject airman for any other flying duties but feel that he would make a good general duties standard.

3. Attached herewith are forms T58, M.O's. Report, Chief Flying Instructor's report, and Flying Instructor's report.

*J.M.W. St. Pierre*  
(J.M.W. St. Pierre) Sqn/Ldr.,  
Chief Supervisory Officer,  
No. 11 E.F.T.S., R.C.A.F.,  
Cap de la Madeleine, Que.

ENCL:  
JMWSP/KJJ



SPECIAL RESERVE

CONVENTION

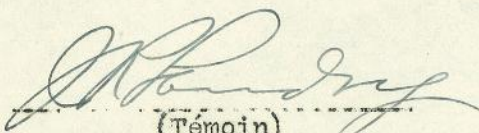
De: R55.402 AC 2  
Sasseville Joseph Elzear Satl.

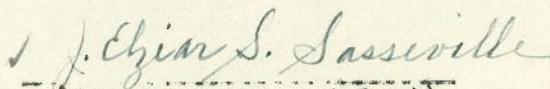
A: M. le commandant du bureau  
de recrutement du C.A.R.C.

1. Au cas où je serais admis à m' enrôler dans le Corps d'aviation royal canadien, j'accepte les conditions de service qui suivent:

- (a) Je serai susceptible d'être appelé à remplir des fonctions qui ne se rapportent pas directement ou indirectement au métier dans lequel j'ai sollicité mon admission, soit .....  
..... **Observer** .....  
jusqu'à ce que le C.A.R.C. soit en mesure de m'employer ou de m'instruire dans ledit métier.
- (b) Je serai tenu de passer les examens et épreuves prescrits devant une Commission d'épreuve professionnelle du C.A.R.C. avant de pouvoir être admis à me rengager dans un groupe professionnel plus élevé.
- (c) Au cas où les autorités du C.A.R.C. me trouveraient inapte à servir ou m'instruire dans le métier susmentionné, je serai susceptible d'être rengagé dans un autre métier.

2. J'ai lu attentivement cette convention et je comprends absolument qu'elle est en sus de celle de la formule d'engagement qu'il me faudra signer, le cas échéant.

  
-----  
(Témoin)  
(J.R. Landry) Flight Lieutenant.  
Commanding Officer.  
RCAF Recruiting Centre. Quebec.  
Juillet 19, 1940  
-----  
(Date)

  
-----  
(Signature du postulant)  
  
le 19 juillet, 1940  
-----  
(Date)







ARMY CO-OPERATION COMMAND RCAF.  
**CONFIDENTIAL.**

R.A.F. Form 39.  
 Army Form I. 1220.  
 Naval Form M. 246.

No. of enclosure in Form 48.....

Serial No. in Form 38 }  
 or in A. & D. Book }

**Hospital or Sick List—Record Card.**

Surname SASSEVILLE Christian Names J. E. S.

Rank Sgt. Unit No. 295 Sdn.

R.A.F. or } R. 55402  
 Army No. }

Branch or Trade W. Op/AG.

Age Total }  
 Service } Under instruc- }  
 tion as }

Hospital or Station } Medical Statistical Office.  
 rendering this form }

Dates of :  
 Arrival as direct admission ..... from .....

    "    " transfer ..... from .....

Discharge to duty.....

    " as an invalid or to unit for invaliding.....

Transfer..... to.....

Death 19.2.43.

Number of days under treatment.....

**CLINICAL NOTES.**

Disease or injury..... Death Presumed.

New disease supervening, and date.....

Operation, nature and date.....

Anæsthetic, and method of administration.....

Date	Previous history of case and family, if relevant
	Condition on admission.....
19.2.43.	<u>Death Presumed.</u> CCL. 1200 (140)

**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

19.2.43.

Death Presumed.

Signature of Medical Officer

Date 3.8.43.

*[Handwritten Signature]* F/0

MSO. Ruislip.



DEPARTMENT OF NATIONAL DEFENCE

X-RAY INSPECTION OF CHESTS

SECTION 1

A radiograph of the chest of

Rank ~~R55.402~~ AC 2 Name SASSEVILLE, Joseph Elzéar...

Reg. No. R55.402 Unit R.C.A.F.

is reported as follows:— 25 ans

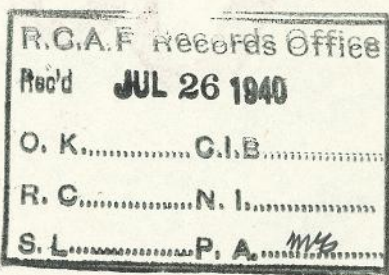
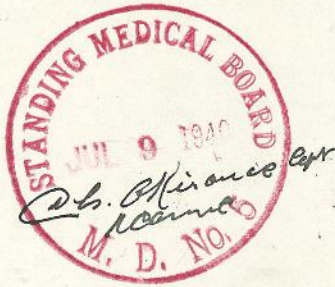
- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Active Service Force, except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

A - Négatif.

B - Négatif.

C - Négatif.

COPY



Place L'Hotel Dieu de Québec.

A. R. Potvin, M. D. Radiologist.

Date 5 juil-1940.

If a pathological condition or congenital abnormality is not observed by this method of examination after (c) record "negative."

The Radiologist is to be guided by his experience in the rejection of a candidate on grounds of tuberculosis. A healed primary complex or calcified glands of the lung root should not of themselves be considered sufficient grounds for rejection. Positive or doubtful cases should be referred to a Specialist in Tuberculosis and doubtful cases will be examined later but not exceeding a period of 2 months. The recruit also should be referred to the Standing Medical Board if the heart shadow is more than half the width of the thoracic cage. Consultations with Specialists in Tuberculosis will be arranged by the District Medical Officer.



SECTION 2

Remarks of Specialist in Tuberculosis or President of Standing Medical Board. (State whether in your opinion the lesion present antedated enlistment.)

X-RAY INSPECTION OF CHESTS

(a) Radiological examination does not disclose evidence of tubercular disease of the lungs of such a nature as to indicate rejection for service in the Canadian Armed Forces, unless as stated below.  
(b) The presence of a diameter of the heart is ...  
(c) Radiological conditions or congenital abnormalities of importance seen in the film are under- noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

SECTION 3

Opinion of Consultant Physician and Radiologist at D.G.M.S. office as may be indicated by Section 2.

COPY

Conclusion re Category:—

Date.....

Sig. .... Sig. .... Sig. ....



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

MEDICAL OFFICER'S SUMMARY

ILLNESS AT THIS STATION:

Nil

GENERAL IMPRESSION:

This man is absolutely unsuited temperamentally for aircrew duties. He is slow mentally, incapable of absorbing instruction. It is not the language difficulty because he was given a good trial with a French instructor. He is recommended for ground duties.

(T.E. Kirk) Flight Lieutenant,  
Medical Officer in Charge  
No. 11 E.F.T.S.  
Cap-de-la-Madeleine, P.Q.



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

REASONS FOR TRAINING CEASED

1. Lack of Air Sense, Airmanship, Judgment. **XX**
2. Landings and Forced Landings. **XX**
3. Take-offs.
4. Hands and (or) feet. **XX**
5. Turns (Climbing, Medium, Steep, Gliding).
6. Aerobatics and Spins.
7. Ground Subjects.
8. Poor Conduct and Application.
9. Other Causes.

Medical Findings.

**There is nothing in the actual medical examination to account for this man's inability to learn to fly. He is definitely afraid of flying.**



ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

SYNOPSIS OF THE REPORTS AND OPINIONS OF THE FLYING INSTRUCTORS

as recorded by the Medical Officer:

Name: **Sasseville, J.E.S.**

No. **R55402**

Name of Instructor: **Max Bowron.**

1. MENTAL ATTITUDE (Including spirit determination, fear, and whether cocky or keen.)

**Very keen, spirit excellent, no fear, slightly nervous the first flights but overcome this.**

2. GENERAL ABILITY

**Below par, takes advice well but cannot carry it out.**

3. GENERAL DEPORTMENT (Discipline, taking of advice etc.)

**Excellent, takes advice well.**

4. REACTION

(a) 1st Flight: **Slightly nervous, but enjoyed it.**

(b) 1st Solo. (No. of hours to 1st Solo.) **N.A.**

(c) Aerobatics and later flying: **N.A.**

5. GENERAL ESTIMATE

**This man not cut out to be a pilot, he has the mentality but not the ability. Very good spirit.**



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

MEDICAL OFFICER'S SUMMARY

ILLNESS AT THIS STATION:

Nil

GENERAL IMPRESSION:

This man is absolutely unsuited temperamentally for aircrew duties. He is slow mentally, incapable of absorbing instruction. It is not the language difficulty because he was given a good trial with a French instructor. He is recommended for ground duties.

*T. E. Kirk*  
(T.E. Kirk) Flight Lieutenant,  
Medical Officer in Charge  
No. 11 E.F.T.S.  
Cap-de-la-Madeleine, P.Q.



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

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Medical Officer in Charge  
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Cap-de-la-Madeleine, P.Q.



R55402 LAC Sasseville, J.E.S.

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)

Report on Training at the E.F.T.S.

MEDICAL OFFICER'S SUMMARY

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*J. E. Kirk*  
(T.E. Kirk) Flight Lieutenant,  
Medical Officer in Charge  
No. 11 E.F.T.S.  
Cap-de-la-Madeleine, P.Q.



# ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Victoriaville

Date 16-4-41

3917  
HEP  
J.M.D.

Surname Sasseville Chr. Names Joseph, Elzear, Saul  
 Nature of Commission Aircrew Date of Birth 25-4-15 Married or Single Single  
 Branch Special Reserve Hours Flown 3 hours as passenger  
 Address Saint-Fabien de Panet, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown.....  
 Severe or "Sick" Headaches, Migraine.....  
 Fits or Convulsions of any kind.....  
 Sun or Heat Stroke.....  
 Head Injury or Concussion (including "knock-out").....  
 Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
- (ii) LUNG TROUBLE or Consumption.....  
 Bronchitis, Pneumonia or Pleurisy.....  
 Asthma or Hay Fever.....
- (iii) HEART DISEASE, "Weak or Strained Heart".....  
 Fainting Attacks or Giddiness.....  
 Rheumatism, Rheumatic Fever or "Growing Pains".....  
 Frequent Sore Throats or Tonsillitis.....  
 Diphtheria, Scarlet Fever or Scarlatina.....
- (iv) STOMACH or BOWEL TROUBLE.....  
 Chronic Indigestion or Pain after Food.....
- (v) KIDNEY or BLADDER TROUBLE.....  
 Syphilis or Gonorrhœa.....
- (vi) TROPICAL DISEASE..... I hereby declare that I have had no  
 Malaria..... illness, since my last M2 exam, nor do I  
 Dysentery..... wish to change any statement in my original  
 M2 report.
- (vii) EYE TROUBLE or Inflammation of Eyelids.....  
 Wearing of Glasses.....  
 Colour or Night Blindness.....
- (viii) EAR TROUBLE, Earache or Discharge from Ears.....  
 Deafness, Noises in the Ears, or Dizziness.....  
 Frequent Colds in Head, Catarrh or Obstruction.....  
 Prolonged Hoarseness or Loss of Voice.....  
 Sea, Car or Train Sickness.....  
 Discomfort on Swings, Roundabouts, Switchbacks.....
- (ix) OPERATIONS.....
- (x) Any Illness or Injury not mentioned above.....

Education Completed High Sch. & Graduated from Normal School

Present Occupation Teacher, Elementary Sch. Hobbies Read

Previous Service Cadet instructor in Three-Rivers School

Athletics Softball, hockey, sch. teams, Tennis - for pleasure

Habits—Smoking 10 cigs./day Alcohol No

FAMILY HISTORY—Consumption No

Nervous Ailments, Mental Trouble, or "Fits" No

Father Alive—Health A. & W. Dead—Cause.....

Mother Alive—Health A. & W. Dead—Cause.....

Brothers (4) Alive—Health A. & W. (0) Dead—Cause.....

Sisters (5) Alive—Health A. & W. (1) Dead—Cause Infancy

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

Date April 16, Signature Sasseville J.E.S. Witness Donald Day



**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique.....**Athletic**.....(b) Mentality.....**Standard**.....  
 Body Marks, Scars, Deformities.....  
 Size of Thyroid Gland.....**Normal - No hernia or varicosities**.....  
 Surgical Abnormalities.....  
 Results of Wounds, Injuries, Operations.....**Appendectomy scar 1925**.....

	Date..... <b>16-4-41</b>	Date.....	Date.....	Assessing Room			REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	
Height (ins.).....	<b>64</b>						Date.....
Weight (lbs.).....	<b>136</b>						
Chest Circumference (ins.).....							
Body Build (lbs.).....							
LEG LENGTH (ins.).....							
Pulse Rate {	Sitting.....	<b>66</b>					
	Standing 1st.....						
	Standing 2nd.....						
	After Exercise.....						
Time to Normal							
Arterial Walls.....	<b>Soft</b>						
Blood Pressure {	Systolic.....	<b>120</b>					
	Diastolic.....	<b>80</b>					
Heart {	Size.....	<b>N.</b>					
	Sounds.....	<b>Clear</b>					
	Rhythm.....	<b>Regular</b>					
Lungs.....	<b>Clear</b>						
Breath held.....							
Expiratory Force.....							
Vital Capacity (Best of 5).....							Date.....
Reflexes {	Knee.....	<b>N.</b>					
	Ankle.....	<b>N.</b>					
	Triceps.....	<b>N.</b>					
	Abdominal.....	<b>N.</b>					
	Plantar.....	<b>N.</b>					
Cranial Nerves.....							
Balancing Rod.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors {	Fingers.....	<b>1S.1S.</b>					Date.....
Eyelids.....							
Abdomen {	Liver.....	<b>N.</b>					
	Spleen.....	<b>N.</b>					
	Muscular Tone.....	<b>Good</b>					
Urine {	Albumen.....						
	Sugar.....						
Initials of M.O.							
40 mm. Hg. Test.....	<b>866</b>					<b>777/777/777/786/87 = 70</b>	
Date.....							
Date.....							
Date.....							
Date.....							

Remarks by Consultant.

46



EYE EXAMINATION

History..... ..... <b>Neg.</b> ..... ..... Visual Acuity { R. 20/20 , $\bar{c}2.25 = \frac{20}{200}$ { L. 20/20 , $\bar{c}2.25 =$ Colour Vision... <b>Ishihare normal</b> Red, Green... <b>Sl. eso tendency</b> Diaphragm Test (P.D. = <b>5 1/2</b> ) <b>Bar at 2</b> Convergence { C. = <b>6</b> cms. { S. C. = <b>11</b> cms. Accommodation { R. ) { L. ) <b>7</b> Cover Test... <b>R. Sl. Lat. Dive. R.R.</b> Fundi and Media... <b>N.</b> Fields... <b>N.</b> Remarks: <b>Fit.</b>		
Initials of M.O..... Date <b>16-4-41</b>	Initials of M.O..... Date.....	Initials of M.O..... Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	..... <b>Neg.</b> .....		
Hearing { R. Ear..... { L. Ear..... External Ear, Meatus Membranes { R. Ear..... { L. Ear..... Middle Ear, Eustachian Tubes { R. Ear..... { L. Ear..... Cochlear Apparatus { R. Ear..... { L. Ear..... Vestibular Apparatus { R. Ear..... { L. Ear..... Buccal Cavity..... Teeth..... Gums..... Pharynx..... Nasopharynx..... Nose..... Larynx..... Remarks: <b>Fit</b>	W. V. 20' W. V. 20' W. V. 20' N. N. Pat. Pat. N. N. N. N. Health		
	Initials of M.O..... Date <b>16-4-41</b>	Initials of M.O..... Date.....	Initials of M.O..... Date.....



HISTORY OF PRESENT CONDITION

Date.....16-4-41.....

Finished Normal School course at 19. Has been teaching at Three Rivers ever since  
Wants to be pilot.  
Has no financial or other responsibilities  
Parents approved of his joining R.C.A.F. His girl friend feels that it is his duty to join R.C.A.F.  
Appears to be alert, stable individual

Fit 1A3B.

EXAMINATION OF EAR, NOSE AND THROAT

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....16-4-41.....

1A3B

*E. Clark*

R.C.A.F. Records Office  
Rec'd MAY 12 1941  
O.K. C.I.E.  
R.C.A.F. N.I.  
S.L. P.A. G.P.R.



R55402

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Toronto, Ontario, #1, MSB. Date 2-11-40

Surname Sasseville Chr. Names Joseph, Elzear, Saul,  
Nature of Commission ..... Date of Birth 25-4-15 Married or Single S  
Branch ..... Hours Flown 3 - passenger  
Address St. Fabien, Panet, Quebec.

HAVE YOU ANY HISTORY OF:-

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

Education Normal School (Out 6 yrs.)

Present Occupation Teacher Hobbies Sports, reading

Previous Service None

Athletics Skiing, tennis, badminton, softball

Habits—Smoking Moderate 10 cigs. a day Alcohol No

FAMILY HISTORY—Consumption..... No

Nervous Ailments, Mental Trouble, or "Fits"..... No

Father Alive—Health Good Dead—Cause.....

Mother Alive—Health Good Dead—Cause.....

Brothers (4) Alive—Health Good Dead—Cause.....

Sisters (5) Alive—Health Good Dead—Cause.....

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

Date 2/11/40 Signature Sasseville J.E.S. Witness [Signature]



GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Sedentary (b) Mentality Standard  
 Body Marks, Scars, Deformities Birth Mark left Clavicle, appendectomy scar  
 Size of Thyroid Gland Not enlarged  
 Surgical Abnormalities Absence of toe nail both great toes - operation removal  
 Results of Wounds, Injuries, Operations Satisfactory

	Date <u>2-11-40</u>	Date	Date	Date	Date	Date	REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	
Height (ins.)	63 <sup>3</sup> / <sub>4</sub>						Date <u>2-11-40</u> This man needs two things. (1) a bath (2) To learn english.
Weight (lbs.)	126						
Chest Circumference (ins.)	34						
Body Build (lbs.)	-2						
LEG LENGTH (ins.)	40						
Pulse Rate	{ Sitting	72					
	{ Standing 1st	84					
	{ Standing 2nd	72					
	{ After Exercise	96					
	{ Time to Normal	30					
Arterial Walls	N						
Blood Pressure	{ Systolic	118					
	{ Diastolic	80					
Heart	{ Size	N					
	{ Sounds	N					
	{ Rhythm	R					
Lungs	N						
Breath held	80						
Expiratory Force	115						
Vital Capacity (Best of 5)	4600						
Reflexes	{ Knee	N					Date.....
	{ Ankle	N					
	{ Triceps	N					
	{ Abdominal	N					
	{ Plantar	Fl					
Cranial Nerves	N						
Balancing Rod	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	ls ls						
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	ls ls						
Tremors	{ Fingers	Steady					Date.....
	{ Eyelids	Steady					
Abdomen	{ Liver	N					
	{ Spleen	N					
	{ Muscular Tone	Good					
Urine	{ Albumen	Neg.					
	{ Sugar	Neg.					
Initials of M.O.	FALM						

40 mm. Hg. Test. 777/788/789/999/989/99 - 70 seconds  
 Date .....  
 Date .....  
 Date .....  
 Date .....

Remarks by Consultant.

2-11-40 -- Tests satisfactory - This man did very well but is extremely handicapped by not knowing English. (FALM)



EYE EXAMINATION

History.....	Negative		
Visual Acuity	$\left\{ \begin{array}{l} \text{R. } 20/20, c \text{ --- } +2.25 = 20/200 \\ \text{L. } 20/30, c \text{ --- } +2.25 = 20/200 \end{array} \right.$		
Colour Vision.....	N Ishihara		
Red, Green.....	N		
Diaphragm Test (P.D. = 59)	Bar at 1 Exo.		
Convergence	$\left\{ \begin{array}{l} \text{C.} = 6 \text{ cms.} \\ \text{S. C.} = 12.5 \text{ cms.} \end{array} \right.$		
Accommodation	$\left\{ \begin{array}{l} \text{R.} \quad 7. \\ \text{L.} \quad 6.5 \end{array} \right.$		
Cover Test.....	Lat. div. R. & L. Rec. rapid		
Fundi and Media.....	N		
Fields.....	N		
Remarks:	O.S. corrects to 20/20.		
	D.P. 0,0,0 mm		
	Fit		
	Initials of M.O. <u>HLS</u>	Initials of M.O.....	Initials of M.O.....
	Date <u>2-11-40</u>	Date.....	Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Tonsillectomy at 22.		
Hearing	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{W. V. } 20' \\ \text{L. Ear} \dots \text{W. V. } 20' \end{array} \right.$		
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$		
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{Pat.} \\ \text{L. Ear} \dots \text{Pat.} \end{array} \right.$		
Cochlear Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$		
Vestibular Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$		
Buccal Cavity.....	N		
Teeth.....	Good		
Gums.....	Healthy		
Pharynx.....	"		
Nasopharynx.....	"		
Nose.....	"		
Larynx.....	N		
Remarks:			
	Initials of M.O. <u>JBW</u>	Initials of M.O.....	Initials of M.O.....
	Fit	Date <u>2-11-40</u>	Date.....



HISTORY OF PRESENT CONDITION

Date.....

Visual Acuity

Colour Vision

Red Green

Diaphragm Test (R.D.) =

Convergence

Accommodation

Cover Test

Fields

Remarks:

Initials of M.O. H.S. Date 2-11-40

EXAMINATION OF EAR, NOSE AND THROAT

History

Hearing

External Ear

HEJ

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 2-11-40

Ht. 63 $\frac{1}{2}$

Doesn't understand English well.

A1B - A3B

(H. A. Peacock) Lt. Col., R.C.A.M.C.

CATEGORY APPROVED

A1B - A3B

NOV 6 1940

.....

Lieut. Col. for D.G.M.S.

R.C.A.M.C.

Rec'd DEC 19 1940

K.O.

R.C. *F.S.D.*

L.P. *P.T.*

Initials of M.O. H.S. Date 2-11-40



ARMY CO-OPERATION COMMAND **3262**  
CONFIDENTIAL.

R.A.F. Form 39.  
Army Form I. 1220.  
Naval Form M. 246.

No. of enclosure in Form 48 \_\_\_\_\_  
Serial No. in Form 38 } \_\_\_\_\_  
or in A. & D. Book } \_\_\_\_\_

Hospital or Sick List—Record Card.

Surname **SASSEVILLE** Christian Names **J. E. S.**  
Rank **Sgt.** Unit **No. 295 Sqdn.**  
R.A.F. or } **R. 55402** Branch or Trade **W. Op/AG.**  
Army No. }  
Age \_\_\_\_\_ Total }  
Service } Under instruc- }  
tion as }  
Hospital or Station } **Medical Statistical Office.**  
rendering this form }

Dates of :  
Arrival as direct admission \_\_\_\_\_ from \_\_\_\_\_  
" " transfer \_\_\_\_\_ from \_\_\_\_\_  
Discharge to duty \_\_\_\_\_  
" as an invalid or to unit for invaliding \_\_\_\_\_  
Transfer \_\_\_\_\_ to \_\_\_\_\_  
Death **19.2.43.**  
Number of days under treatment \_\_\_\_\_

CLINICAL NOTES.

Disease or injury **Death Presumed.**  
New disease supervening, and date \_\_\_\_\_  
Operation, nature and date \_\_\_\_\_  
Anæsthetic, and method of administration \_\_\_\_\_

Date	Previous history of case and family, if relevant
<b>19.2.43.</b>	<b>Death Presumed.</b>
	<b>CCL. 1200 (140)</b>

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.



INSPECTION BOARD  
OF U. S. & C.  
SEP 30 1943  
D. O. (FILMS) OTTAWA



3063

Date

Progress of case

[Lined area for case progress notes]

Condition on discharge

19.2.43.

Death Presumed.

Signature of Medical Officer

*[Handwritten Signature]*

F/O

Date

3.8.43.

MSO. Ruislip.



INSPECTION BOARD  
OF U. K. & C.  
SEP 30 1943  
D. O. (FILMS) OTTAWA

6



(3)

# CASE HISTORY SHEET

Station ..... Hospital ..... R.C.A.F. Yarmouth, N.S. .... Station

No. B55402 Rank A62 Name SASSEVILLE, J.E.S. Age 25

Unit 119 B.R. Sqd. Completed years of service Where and how long } Canada Only. 2 months

Date of admission 5-9-40 Date of discharge 11-9-40

Diagnosis Pharyngitis. Place of origin Yarmouth, N.S.

Complaint Sore throat

Examination and Progress Notes Inflammation throat

7-9-40 not much change throat still sore

9-9-40 Much improved

TREATMENT Mercurichrom 2% Protargin Soda Bicarb.

(Especially any specific or special form)

CONDITION ON DISCHARGE Recovered

(and disposal made of case) To duty

Date 11-9-40 Ambulant Capt.

Medical Officer i/c case

3



# ROYAL CANADIAN AIR FORCE

Medical Board held at Cap-de-la-Madeleine, P.Q. Date May 7th, 1941.

FILE NUMBER

Surname Sasseville, Chr. Names Joseph, Elzear, Saul.  
Nature of Commission Aircrew Date of Birth 25-4-15 Married or Single Single  
Branch Special Reserve Hours Flown 10:15 hrs  
Address Saint-Fabien de Panet, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown.....  
Severe or "Sick" Headaches, Migraine.....  
Fits or Convulsions of any kind.....  
Sun or Heat Stroke.....  
Head Injury or Concussion (including "knock-out").....  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
- (ii) LUNG TROUBLE or Consumption.....  
Bronchitis, Pneumonia or Pleurisy.....  
Asthma or Hay Fever.....
- (iii) HEART DISEASE, "Weak or Strained Heart"..... **NO ILLNESS SINCE LAST**  
Fainting Attacks or Giddiness..... **M2 EXAMINATION.**  
Rheumatism, Rheumatic Fever or "Growing Pains".....  
Frequent Sore Throats or Tonsillitis.....  
Diphtheria, Scarlet Fever or Scarlatina.....
- (iv) STOMACH or BOWEL TROUBLE.....  
Chronic Indigestion or Pain after Food.....
- (v) KIDNEY or BLADDER TROUBLE.....  
Syphilis or Gonorrhoea.....
- (vi) TROPICAL DISEASE.....  
Malaria.....  
Dysentery.....
- (vii) EYE TROUBLE or Inflammation of Eyelids.....  
Wearing of Glasses.....  
Colour or Night Blindness.....
- (viii) EAR TROUBLE, Earache or Discharge from Ears.....  
Deafness, Noises in the Ears, or Dizziness.....  
Frequent Colds in Head, Catarrh or Obstruction.....  
Prolonged Hoarseness or Loss of Voice.....  
Sea, Car or Train Sickness.....  
Discomfort on Swings, Roundabouts, Switchbacks.....
- (ix) OPERATIONS.....
- (x) Any Illness or Injury not mentioned above.....

Education Completed High School & Graduated from Normal School.

Present Occupation Teacher, Elementary Sch. Hobbies Reading

Previous Service Cadet instructor in Three-Rivers School.

Athletics Softball, hockey, sch. teams, Tennis - for pleasure.

Habits—Smoking 10 cig. a day Alcohol No.

FAMILY HISTORY—Consumption No

Nervous Ailments, Mental Trouble, or "Fits" No.

Father Alive—Health A & W Dead—Cause.....

Mother Alive—Health A & W Dead—Cause.....

Brothers (4) Alive—Health A & W (0) Dead—Cause.....

Sisters (5) Alive—Health A & W (1) Dead—Cause Infancy

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

Date 7-5-41 Signature J. E. Sasseville Witness [Signature]



**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique Sedentary (b) Mentality Below Standard  
 Body Marks, Scars, Deformities Mole upper chest - Vaccination - Appendectomy (McBurney)  
 Size of Thyroid Gland Normal  
 Surgical Abnormalities Absence of both great toe nails (Operation)  
 Results of Wounds, Injuries, Operations Satisfactory.

	Date <u>7-5-41</u>		Date		Date		REMARKS ON ANY ABNORMALITIES FOUND
		Assessing Room		Assessing Room		Assessing Room	
Height (ins.)	<u>64</u>						Date.....
Weight (lbs.)	<u>130</u>						
Chest Circumference (ins.)	<u>30 1/2</u>						
Body Build (lbs.)							
LEG LENGTH (ins.)	<u>41</u>						
Pulse Rate	{ Sitting	<u>68</u>					
	{ Standing 1st	<u>80</u>					
	{ Standing 2nd	<u>72</u>					
	{ After Exercise	<u>96</u>					
	{ Time to Normal	<u>30s</u>					
Arterial Walls	<u>Soft</u>						
Blood Pressure	{ Systolic	<u>112</u>					
	{ Diastolic	<u>72</u>					
Heart	{ Size	<u>N</u>					
	{ Sounds	<u>Clear</u>					
	{ Rhythm	<u>Sinus Arrhythmia</u>					
Lungs	<u>N</u>						
Breath held	<u>80</u>						
Expiratory Force							
Vital Capacity (Best of 5)							
Reflexes	{ Knee	<u>N</u>					Date.....
	{ Ankle	<u>N</u>					
	{ Triceps	<u>N</u>					
	{ Abdominal	<u>N</u>					
	{ Plantar	<u>N</u>					
Cranial Nerves	<u>N</u>						
Balancing Rod	R. L.	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	
	lu.lu						
Self Balancing	R. L.	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	
	lu.lu						
Tremors	{ Fingers	<u>Slight</u>					Date.....
	{ Eyelids	<u>Steady</u>					
Abdomen	{ Liver	<u>N</u>					
	{ Spleen	<u>N</u>					
	{ Muscular Tone	<u>Good</u>					
Urine	{ Albumen	<u>Neg</u>					
	{ Sugar	<u>Neg</u>					
Initials of M.O.							

40 mm. Hg. Test. (7-5-41) 50 - 6/678/899/888/7  
 Date.....  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.



EYE EXAMINATION

History.....	Negative	
Visual Acuity	{ R. 20/20 , 7/2.25 = 20/200 L. 20/30 , 7/2.25 = 20/120	
Colour Vision	Normal Ishihara	
Red, Green	Normal	
Diaphragm Test (P.D. = 58 mm.....)	Bar thru 4 at 3	
Convergence	{ C. = 6.5 cms. S. C. = 15 cms.	
Accommodation	{ R. 13.5 L. 14	
Cover Test	Sl. Lat. Div. R & L. Rap. Rec.	
Fundi and Media	N	
Fields	N	
Remarks:		
	Initials of M.O. <i>J. G. K.</i>	Initials of M.O.
	Date <i>7-5-41</i>	Date

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Tonsillectomy at 22		
Hearing	{ R. Ear.....	W.Y. 20'	
	{ L. Ear.....	W.Y. 20'	
External Ear, Meatus Membranes	{ R. Ear.....	N	
	{ L. Ear.....	N	
Middle Ear, Eustachian Tubes	{ R. Ear.....	Patent	
	{ L. Ear.....	Patent	
Cochlear Apparatus	{ R. Ear.....	N	
	{ L. Ear.....	N	
Vestibular Apparatus	{ R. Ear.....	N	
	{ L. Ear.....	N	
Buccal Cavity	Healthy		
Teeth	N		
Gums	N		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	N		
Remarks:	Initials of M.O. <i>J. G. K.</i>	Initials of M.O.	Initials of M.O.
	Date <i>7-5-41</i>	Date	Date



# HISTORY OF PRESENT CONDITION

Date..... May 7th, 1941......

**This man is not suitable aircrew material. He is temperamentally unsuited and mentally incapable of absorbing instruction. It is not the language difficulty as he was given a trial by a French instructor. Suitable for ground duties only. (A4B)**

*J. G. Kirk F/4*

Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.

## EXAMINATION OF EAR, NOSE AND THROAT

Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

Date	Date	Date	Date
Initials of M.O.	Initials of M.O.	Initials of M.O.	Initials of M.O.



# ROYAL CANADIAN AIR FORCE

Medical Board held at Cap-de-la-Madeleine, P.Q.

Date May 7th, 1941.

FILE NUMBER

Surname Sasseville, Chr. Names Joseph, Elzear, Saul.  
 Nature of Commission Aircrew Date of Birth 25-4-15 Married or Single Single  
 Branch Special Reserve Hours Flown 10:15 hrs.  
 Address Saint-Fabien de Panet, P.Q.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown.....  
 Severe or "Sick" Headaches, Migraine.....  
 Fits or Convulsions of any kind.....  
 Sun or Heat Stroke.....  
 Head Injury or Concussion (including "knock-out").....  
 Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
- (ii) LUNG TROUBLE or Consumption.....  
 Bronchitis, Pneumonia or Pleurisy.....  
 Asthma or Hay Fever.....
- (iii) HEART DISEASE, "Weak or Strained Heart"..... NO ILLNESS SINCE LAST  
 Fainting Attacks or Giddiness..... M2 EXAMINATION.  
 Rheumatism, Rheumatic Fever or "Growing Pains".....  
 Frequent Sore Throats or Tonsillitis.....  
 Diphtheria, Scarlet Fever or Scarlatina.....
- (iv) STOMACH or BOWEL TROUBLE.....  
 Chronic Indigestion or Pain after Food.....
- (v) KIDNEY or BLADDER TROUBLE.....  
 Syphilis or Gonorrhoea.....
- (vi) TROPICAL DISEASE.....  
 Malaria.....  
 Dysentery.....
- (vii) EYE TROUBLE or Inflammation of Eyelids.....  
 Wearing of Glasses.....  
 Colour or Night Blindness.....
- (viii) EAR TROUBLE, Earache or Discharge from Ears.....  
 Deafness, Noises in the Ears, or Dizziness.....  
 Frequent Colds in Head, Catarrh or Obstruction.....  
 Prolonged Hoarseness or Loss of Voice.....  
 Sea, Car or Train Sickness.....  
 Discomfort on Swings, Roundabouts, Switchbacks.....
- (ix) OPERATIONS.....
- (x) Any Illness or Injury not mentioned above.....

Education Completed High School & Graduated from Normal School.

Present Occupation Teacher, Elementary Sch. Hobbies Reading

Previous Service Cadet instructor in Three-Rivers School.

Athletics Softball, hockey, sch. teams, Tennis - for pleasure.

Habits—Smoking 10 cig. a day Alcohol No.

FAMILY HISTORY—Consumption No

Nervous Ailments, Mental Trouble, or "Fits" No.

Father Alive—Health A & W Dead—Cause.....

Mother Alive—Health A & W Dead—Cause.....

Brothers (4) Alive—Health A & W (0) Dead—Cause.....

Sisters (5) Alive—Health A & W (1) Dead—Cause Infancy

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

Date 7-5-41 Signature J. S. Sasseville Witness [Signature]



**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique Sedentary (b) Mentality Below Standard  
 Body Marks, Scars, Deformities Mole upper chest - Vaccination - Appendectomy (McBurney)  
 Size of Thyroid Gland Normal  
 Surgical Abnormalities Absence of both great toe nails (Operation)  
 Results of Wounds, Injuries, Operations Satisfactory

	Date <u>7-5-41</u>		Date		Date		REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room		
Height (ins.)	<u>64</u>						Date.....
Weight (lbs.)	<u>130</u>						
Chest Circumference (ins.)	<u>30 1/2</u>						
Body Build (lbs.)							
LEG LENGTH (ins.)	<u>41</u>						
Pulse Rate	{ Sitting	<u>68</u>					
	{ Standing 1st	<u>80</u>					
	{ Standing 2nd	<u>72</u>					
	{ After Exercise	<u>96</u>					
	{ Time to Normal	<u>30s.</u>					
Arterial Walls	<u>Soft</u>						
Blood Pressure	{ Systolic	<u>112</u>					
	{ Diastolic	<u>72</u>					
Heart	{ Size	<u>N</u>					
	{ Sounds	<u>Clear</u>					
	{ Rhythm	<u>Sinus Arrhythmia</u>					
Lungs	<u>N</u>						
Breath held	<u>80</u>						
Expiratory Force							
Vital Capacity (Best of 5)							
Reflexes	{ Knee	<u>N</u>					Date.....
	{ Ankle	<u>N</u>					
	{ Triceps	<u>N</u>					
	{ Abdominal	<u>N</u>					
	{ Plantar	<u>N</u>					
Cranial Nerves	<u>N</u>						
Balancing Rod	<u>lu.lu</u>	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	<u>lu.lu</u>	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors	{ Fingers	<u>Slight</u>					Date.....
	{ Eyelids	<u>Steady</u>					
Abdomen	{ Liver	<u>N</u>					
	{ Spleen	<u>N</u>					
	{ Muscular Tone	<u>Good</u>					
Urine	{ Albumen	<u>Neg.</u>					
	{ Sugar	<u>Neg.</u>					
Initials of M.O.							
40 mm. Hg. Test. (7-5-41)	<u>50</u>	<u>6/678/899/888/7</u>					
Date							
Date							
Date							
Date							

Remarks by Consultant.

I herewith certify that I have carefully considered the statements made above and 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 willfully suppressing any information I shall incur the risk of not being granted a Commission or of being reported to the appropriate authorities and forfeit any claim to gratuity or other benefits.

Date 7-5-41 J. S. [Signature]



EYE EXAMINATION

History.....	Negative		
Visual Acuity	{ R. 20/20 , 72.25 = 20/200 L. 20/30 , 72.25 = 20/120		
Colour Vision	Normal Ishihara		
Red, Green	Normal		
Diaphragm Test (P.D. = 58 mm.....)	Bar thru 4 at 3		
Convergence	{ C. = ..... 6.5 ..... cms. S. C. = ..... 15 ..... cms.		
Accommodation	{ R. .... 13.5 L. .... 14		
Cover Test	Sl. Lat.Div. R & L.Rap. Rec.		
Fundi and Media	N		
Fields	N		
Remarks:			
	Initials of M.O. <i>J.L.K.</i>	Initials of M.O.	Initials of M.O.
	Date..... 7-5-41	Date.....	Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Tonsillectomy at 22		
Hearing	{ R. Ear.....	W.V. 20'	
	{ L. Ear.....	W.V. 20'	
External Ear, Meatus Membranes	{ R. Ear.....	N	
	{ L. Ear.....	N	
Middle Ear, Eustachian Tubes	{ R. Ear.....	Patent	
	{ L. Ear.....	Patent	
Cochlear Apparatus	{ R. Ear.....	N	
	{ L. Ear.....	N	
Vestibular Apparatus	{ R. Ear.....	N	
	{ L. Ear.....	N	
Buccal Cavity	Healthy		
Teeth	N		
Gums	N		
Pharynx	N		
Nasopharynx	N		
Nose	N		
Larynx	N		
Remarks:	Initials of M.O. <i>J.L.K.</i>	Initials of M.O.	Initials of M.O.
	Date..... 7-5-41	Date.....	Date.....







**ROYAL CANADIAN AIR FORCE**

FILE NUMBER

Medical Board held at Victoriaville

Date 16-4-41

Surname Sasseville Chr. Names Joseph, Alcear, Saul  
 Nature of Commission Alcear Date of Birth 25-4-15 Married or Single Single  
 Branch Special Reserve Hours Flown 3 hours as passenger  
 Address Saint-Fabien de Panet, P.Q.

- HAVE YOU ANY HISTORY OF:—
- (i) NERVOUS TROUBLE or Nervous Breakdown.....  
 Severe or "Sick" Headaches, Migraine.....  
 Fits or Convulsions of any kind.....  
 Sun or Heat Stroke.....  
 Head Injury or Concussion (including "knock-out").....  
 Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....
  - (ii) LUNG TROUBLE or Consumption.....  
 Bronchitis, Pneumonia or Pleurisy.....  
 Asthma or Hay Fever.....
  - (iii) HEART DISEASE, "Weak or Strained Heart".....  
 Fainting Attacks or Giddiness.....  
 Rheumatism, Rheumatic Fever or "Growing Pains".....  
 Frequent Sore Throats or Tonsillitis.....  
 Diphtheria, Scarlet Fever or Scarlatina.....
  - (iv) STOMACH or BOWEL TROUBLE.....  
 Chronic Indigestion or Pain after Food.....
  - (v) KIDNEY or BLADDER TROUBLE.....  
 Syphilis or Gonorrhoea.....
  - (vi) TROPICAL DISEASE.....  
 Malaria.....  
 Dysentery.....  
 I hereby declare that I have had no illness, since my last M2 exam, nor do I wish to change any statement in my original report.
  - (vii) EYE TROUBLE or Inflammation of Eyelids.....  
 Wearing of Glasses.....  
 Colour or Night Blindness.....
  - (viii) EAR TROUBLE, Earache or Discharge from Ears.....  
 Deafness, Noises in the Ears, or Dizziness.....  
 Frequent Colds in Head, Catarrh or Obstruction.....  
 Prolonged Hoarseness or Loss of Voice.....  
 Sea, Car or Train Sickness.....  
 Discomfort on Swings, Roundabouts, Switchbacks.....
  - (ix) OPERATIONS.....
  - (x) Any Illness or Injury not mentioned above.....

Education Completed High Sch. & Graduated from Normal School  
 Present Occupation Teacher, Elementary Sch. Hobbies Read  
 Previous Service Gadet instructor in Three-Rivers School  
 Athletics Softball, hockey, sch. teams, Tennis - for pleasure  
 Habits—Smoking.....10 cigs./day Alcohol.....No

FAMILY HISTORY—Consumption.....No  
 Nervous Ailments, Mental Trouble, or "Fits".....No  
 Father Alive—Health.....A., & W. Dead—Cause.....  
 Mother Alive—Health.....A. & W. Dead—Cause.....  
 Brothers (4) Alive—Health.....A. & W. (0) Dead—Cause.....  
 Sisters (5) Alive—Health.....A. & W. (1) Dead—Cause.....Infant

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 willfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date April 16, Signature Sasseville J. S. W. Witness W. St. Aubert



**GENERAL MEDICAL AND SURGICAL EXAMINATION**

Impression given by (a) Physique.....**Athletic**.....(b) Mentality.....**Standard**.....  
 Body Marks, Scars, Deformities.....  
 Size of Thyroid Gland.....**Normal - No hernia or varicosities**.....  
 Surgical Abnormalities.....  
 Results of Wounds, Injuries, Operations.....**Appendectomy scar 1925**.....

	Date..... <b>16-4-47</b>	Assessing Room	Date.....	Assessing Room	Date.....	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	<b>64</b>						Date.....
Weight (lbs.).....	<b>136</b>						
Chest Circumference (ins.).....							
Body Build (lbs.).....							
LEG LENGTH (ins.).....							
Pulse Rate {	Sitting.....	<b>66</b>					
	Standing 1st.....						
	Standing 2nd.....						
	After Exercise.....						
Time to Normal							
Arterial Walls.....	<b>Soft</b>						
Blood Pressure {	Systolic.....	<b>120</b>					
	Diastolic.....	<b>80</b>					
Heart {	Size.....	<b>N</b>					
	Sounds.....	<b>Clear</b>					
	Rhythm.....	<b>Regular</b>					
Lungs.....	<b>Clear</b>						Date.....
Breath held.....							
Expiratory Force.....							
Vital Capacity (Best of 5).....							
Reflexes {	Knee.....	<b>N.</b>					Date.....
	Ankle.....	<b>N.</b>					
	Triceps.....	<b>N.</b>					
	Abdominal.....	<b>N.</b>					
	Plantar.....	<b>N.</b>					
Cranial Nerves.....							Date.....
Balancing Rod.....	R. L. R. L. R. L. R. L. R. L. R. L.						
Self Balancing.....	<b>15.15.</b>						Date.....
Tremors {	Fingers.....						
	Eyelids.....						
Abdomen {	Liver.....	<b>N.</b>					
	Spleen.....	<b>N.</b>					
	Muscular Tone.....	<b>Good</b>					
Urine {	Albumen.....						
	Sugar.....						
Initials of M.O.							

40 mm. Hg. Test.....**866**.....**777/777/777/786/87 - 70**  
 Date.....  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.

*[Faint handwritten notes and signatures at the bottom of the page]*











(2)

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at QUEBEC City

Date 4-7-40

Surname SASSEVILLE Chr. Names Joseph Elzéar Saül  
Nature of Commission Aircrew Date of Birth 24-4-15 Married or Single Single  
Branch R.C.A.F. Hours Flown None  
Address St-Fabien de Panet, Co., Montmagny 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")..... **Head injury in 1931**  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... **No**
- (ii) LUNG TROUBLE or Consumption..... **No**  
Bronchitis, Pneumonia or Pleurisy..... **No**  
Asthma or Hay Fever..... **No**
- (iii) HEART DISEASE, "Weak or Strained Heart"..... **No**  
Fainting Attacks or Giddiness..... **No**  
Rheumatism, Rheumatic Fever or "Growing Pains"..... **No**  
Frequent Sore Throats or Tonsillitis. **Sore throat from 1933 to 1937**  
Diphtheria, Scarlet Fever or Scarlatina..... **No**
- (iv) STOMACH or BOWEL TROUBLE..... **No**  
Chronic Indigestion or Pain after Food..... **No**
- (v) KIDNEY or BLADDER TROUBLE..... **No**  
Syphilis or Gonorrhœa..... **No**
- (vi) TROPICAL DISEASE..... **No**  
Malaria..... **No**  
Dysentery..... **No**
- (vii) EYE TROUBLE or Inflammation of Eyelids..... **No**  
Wearing of Glasses..... **No**  
Colour or Night Blindness..... **No**
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... **No**  
Deafness, Noises in the Ears, or Dizziness..... **No**  
Frequent Colds in Head, Catarrh or Obstruction. **Cold in head in Springtime four days per year**  
Prolonged Hoarseness or Loss of Voice. **Loss of voice from 1932 to 1937**  
Sea, Car or Train Sickness..... **No**  
Discomfort on Swings, Roundabouts, Switchbacks..... **No**
- (ix) OPERATIONS..... **Appendectomy in 1935, operated in 1932.**
- (x) Any Illness or Injury not mentioned above..... **for in-growing toe nails.**  
**No.**

Education Brevet supérieur d'Ecole Normale de Quebec (Equiv. Senior Matricula.

Present Occupation Professor. Hobbies Reading and studying.

Previous Service None

Athletics Baseball, Tennis, Skiing as an amateur (Professor of Gymnasium)

Habits—Smoking 15 cig. a day. Alcohol None

FAMILY HISTORY—Consumption None

Nervous Ailments, Mental Trouble, or "Fits" None

Father Alive—Health good Dead—Cause.....

Mother Alive—Health good Dead—Cause.....

Brothers (4) Alive—Health good..... (2) Dead—Cause in infancy.

Sisters (5) Alive—Health good..... (2) Dead—Cause 18 unknown; one in infancy.

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

Date 4-7-40

Signature J. Elzéar S. Sasseville Witness [Signature]



**GENERAL MEDICAL AND SURGICAL EXAMINATION -**

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

	Date <u>4-7-40</u>		Date		Date		REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	Assessing Room	
Height (ins.)	64						Date.....
Weight (lbs.)	125						
Chest Circumference (ins.)	36						
Body Build (lbs.)	-4						
LEG LENGTH (ins.)	40						
Pulse Rate	{ Sitting	84					Date.....
	{ Standing 1st	96					
	{ Standing 2nd	96					
	{ After Exercise	108					
	{ Time to Normal	25					
Arterial Walls	Soft						
Blood Pressure	{ Systolic	124					Date.....
	{ Diastolic	76					
Heart	{ Size	N.					Date.....
	{ Sounds	N.					
	{ Rhythm	N.					
Lungs	N.						
Breath held	105						
Expiratory Force	160						
Vital Capacity (Best of 5)	5000						
Reflexes	{ Knee	Exag.					Date.....
	{ Ankle	N.					
	{ Triceps	N.					
	{ Abdominal	N.					
	{ Plantar	Abs					
Cranial Nerves	N.						
Balancing Rod	R. L. 1/s	R. L. 1/s	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1Fs	R. L. 1Fs	R. L.	R. L.	R. L.	R. L.	
Tremors	{ Fingers	sf sf					Date.....
	{ Eyelids	Nil					
Abdomen	{ Liver	N.					Date.....
	{ Spleen	N.					
	{ Muscular Tone	N.					
Urine	{ Albumen	Nil					Date.....
	{ Sugar	Nil					
Initials of M.O.	<i>L.M.</i>						

40 mm. Hg. Test 4-7-40 : 60 7/8 9/10/10 10 11/11 11 10/11 11 12/ *Type III*  
 Date.....  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.

**Good physical efficiency.**  
*40 mm Hg Test is type III. L.M.*



EYE EXAMINATION

History..... **No history of eye disease.**

Night Vision Test. B'Mth. *30.1.42 Average 10/32* *Q. L. S. J. on R/O*

Visual Acuity { R20/20,  $\frac{-2.25}{c} = 20/200$   
 L20/20,  $\frac{-2.25}{c} = 20/100$

Colour Vision. **Ishihara 6th Edition: Normal.**

Red, Green. **Eso 1/2" Normal**

Diaphragm Test (P.D. = 58 mm.) **At 2 mm. No. 4 disappears**

Convergence { C. = 6 cms.  
 S. C. = 16 cms.

Accommodation { R. 8 cms.  
 L. 7 cms.

Cover Test. **Div. both eyes, R. R.**

Fundi and Media. **Normal**

Fields. **Wide.**

Remarks: **Fit for flying.** *L. M.*

Initials of M.O. *L. M.* Initials of M.O. Initials of M.O.

Date **4 - 7 - 40** Date Date

EXAMINATION OF EAR, NOSE AND THROAT

History **Tonsilectomy in 1937; sore throat (intermittent) from 1934 to 1937**  
**loss of voice (4 days ~~per~~ annum) from 1932 to 1937**

Hearing { R. Ear..... **Norm. W.V. 20 ft.**  
 L. Ear..... **Norm. W.V. 20 ft.**

External Ear, Meatus Membranes { R. Ear..... **Clear & Healthy**  
 L. Ear..... **Clear & Healthy**

Middle Ear, Eustachian Tubes { R. Ear..... **Patent**  
 L. Ear..... **Patent**

Cochlear Apparatus { R. Ear..... **Normal**  
 L. Ear..... **Normal**

Vestibular Apparatus { R. Ear..... **Normal**  
 L. Ear..... **Normal**

Buccal Cavity..... **Normal**

Teeth..... **40 points Healthy**

Gums..... **Healthy**

Pharynx..... **Healthy**

Nasopharynx **Tonsil abs.** **Healthy**

Nose..... **Healthy**

Larynx..... **Healthy**

Remarks:

Initials of M.O. *L. M.* Initials of M.O. Initials of M.O.

Date **4-7-40** Date Date



HISTORY OF PRESENT CONDITION

Date.....4-7-40.....

I General Appearance:

Candidate presents a good appearance; he responds readily to questioning, he is a little nervous. (sympathicotonique)

II Personnal History.

- a/ Candidate had slight head injury in 1931, he did not faint, no complication since.
- b/ Candidate had sore throat once a year, from 1933 to 1937 Tonsilectomy in 1937.
- c/ Candidate had loss of voice for four days in spring time from 1932 to 1937  
He is now completely cured from sore throat and loss of voice since tonsilectomy.
- d/ Appendectomy at l'Hotel Dieu de Levis in 1925, no complication, completely cured since.
- e/ Operated in August 1932 for in growing toe nails. Completely cured since. Candidate can easily walk 18 miles a day without pain.

III Family History. : Negative.

IV Examination of Eye, ears, nose & throat is satisfactory.

In the opinion of this Board, the candidate is regarded as a superior type fit for flying duties.

*Normal Hg Test is type III L.M.*  
He is assessed A3B

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....4-7-40.....

This candidate is classed A3B for 40 Mm. Test is

type III

*Lawson*  
Capt. R. E. A. M. C.

*Louise Martel  
Capt. R. E. A. M. C.  
for Lieut. Guy Latour  
Lieut. R. E. A. M. C.*



R55402

# ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Toronto, Ontario, #1, MSB. Date 2-11-40

Surname Sasseville Chr. Names Joseph, Elzear, Saul,  
 Nature of Commission..... Date of Birth 25-4-15 Married or Single..... S  
 Branch..... Hours Flown..... 3 - passenger  
 Address..... St. Fabien, Par. Quebec.

HAVE YOU ANY HISTORY OF:—

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

Education..... Normal School (Out 6 yrs.)  
 Present Occupation Teacher..... Hobbies Sports, reading  
 Previous Service..... None  
 Athletics..... Skiing, tennis, badminton, softball  
 Habits—Smoking Moderate 10 cigs. a day Alcohol..... No  
 FAMILY HISTORY—Consumption..... No  
 Nervous Ailments, Mental Trouble, or "Fits"..... No  
 Father Alive—Health..... Good..... Dead—Cause.....  
 Mother Alive—Health..... Good..... Dead—Cause.....  
 Brothers (4..) Alive—Health..... Good..... (..) Dead—Cause.....  
 Sisters (5..) Alive—Health..... Good..... (..) Dead—Cause.....

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

Date 11/1/40 Signature Sasseville J.C. Witness [Signature]



GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....Sedentary.....(b) Mentality.....Standard.....  
 Body Marks, Scars, Deformities.....Birth Mark left Clavicle, appendectomy scar.....  
 Size of Thyroid Gland.....Not enlarged.....  
 Surgical Abnormalities.....Absence of toe nail both great toes - operation removal.....  
 Results of Wounds, Injuries, Operations.....Satisfactory.....

	Date <u>2-11-40</u>		Date .....		Date .....		REMARKS ON ANY ABNORMALITIES FOUND
		Assessing Room		Assessing Room		Assessing Room	
Height (ins.).....	<u>63 1/2</u>						Date <u>2-11-40</u> This man needs two things (1) a bath (2) To learn english.
Weight (lbs.).....	<u>126</u>						
Chest Circumference (ins.).....	<u>34</u>						
Body Build (lbs.).....	<u>-2</u>						
LEG LENGTH (ins.).....	<u>40</u>						
Pulse Rate {	Sitting.....	<u>72</u>					
	Standing 1st.....	<u>84</u>					
	Standing 2nd.....	<u>72</u>					
	After Exercise.....	<u>96</u>					
	Time to Normal.....	<u>30</u>					
Arterial Walls.....	<u>N</u>						
Blood Pressure {	Systolic.....	<u>118</u>					
	Diastolic.....	<u>80</u>					
Heart {	Size.....	<u>N</u>					
	Sounds.....	<u>N</u>					
	Rhythm.....	<u>R</u>					
Lungs.....	<u>N</u>						
Breath held.....	<u>80</u>						
Expiratory Force.....	<u>115</u>						
Vital Capacity (Best of 5).....	<u>4600</u>						
Reflexes {	Knee.....	<u>N</u>					Date .....
	Ankle.....	<u>N</u>					
	Triceps.....	<u>N</u>					
	Abdominal.....	<u>N</u>					
	Plantar.....	<u>Fl</u>					
Cranial Nerves.....	<u>N</u>						
Balancing Rod.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	<u>ls ls</u>						
Self Balancing.....	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
	<u>ls ls</u>						
Tremors {	Fingers.....	<u>Steady</u>					Date .....
	Eyelids.....	<u>Steady</u>					
Abdomen {	Liver.....	<u>N</u>					
	Spleen.....	<u>N</u>					
	Muscular Tone.....	<u>Good</u>					
Urine {	Albumen.....	<u>Neg.</u>					
	Sugar.....	<u>Neg.</u>					
Initials of M.O.	<u>PAIM</u>						

40 mm. Hg. Test.....777/788/789/999/989/99 - 70 seconds.....  
 Date.....  
 Date.....  
 Date.....  
 Date.....

Remarks by Consultant.

2-11-40 -- Tests satisfactory - This man did very well but is extremely handicapped by not knowing English. (PAIM)

Cat. 3.



EYE EXAMINATION

History..... <u>Negative</u> .....  Visual Acuity { R. <u>20/20</u> , $\bar{c} +2.25 = 20/200$ { L. <u>20/20</u> , $\bar{c} +2.25 = 20/200$ Colour Vision..... <u>N</u> ..... <u>Ishihara</u> ..... Red, Green..... <u>N</u> ..... Diaphragm Test (P.D. = <u>59</u> ) Bar at 1 <u>Exo.</u> Convergence { C. = <u>6</u> .....cms. { S. C. = <u>12.5</u> .....cms. Accommodation { R..... <u>7.</u> { L..... <u>6.5</u> Cover Test <u>Lat. div. R. &amp; L. Rec. rapid</u> Fundi and Media..... <u>N</u> ..... Fields..... <u>N</u> ..... Remarks: <u>O.S. corrects to 20/20.</u>  <u>D.P. 0,0,0 mm</u>  <u>Fit</u>			
Initials of M.O. <u>HLS</u> .....	Initials of M.O.....	Initials of M.O.....	
Date <u>2-11-40</u> .....	Date.....	Date.....	

EXAMINATION OF EAR, NOSE AND THROAT

History.....	<u>Tonsillectomy at 22.</u>		
Hearing { R. Ear.....	<u>W. V. 20'</u>		
{ L. Ear.....	<u>W. V. 20'</u>		
External Ear, Meatus Membranes { R. Ear.....	<u>N</u>		
{ L. Ear.....	<u>N</u>		
Middle Ear, Eustachian Tubes { R. Ear.....	<u>Pat.</u>		
{ L. Ear.....	<u>Pat.</u>		
Cochlear Apparatus { R. Ear.....	<u>N</u>		
{ L. Ear.....	<u>N</u>		
Vestibular Apparatus { R. Ear.....	<u>N</u>		
{ L. Ear.....	<u>N</u>		
Buccal Cavity.....	<u>N</u>		
Teeth.....	<u>Good</u>		
Gums.....	<u>Healthy</u>		
Pharynx.....	<u>"</u>		
Nasopharynx.....	<u>"</u>		
Nose.....	<u>"</u>		
Larynx.....	<u>N</u>		
Remarks:			
Initials of M.O. <u>JBW</u> .....	Initials of M.O.....	Initials of M.O.....	
Date <u>2-11-40</u> .....	Date.....	Date.....	
<u>Fit</u>			











**MEDICAL HISTORY OF**

SURNAME **SASSEVILLE** CHRISTIAN NAMES **Joseph Eliezer Saill**

TABLE I.—General Table

Birthplace { Town **S-Fabien de Parret**  
Province **Quebec**

Examined { on **4th** day of **July** 1940  
at **Quebec**

Declared age **25** years **69** days

Apparent age **25** years

Trade or occupation **Teacher** Observer.

Height **5** feet **4** inches. Weight, stripped **125** lbs.

Colour of Hair **Brown** Complexion **Med.**

" Eyes **Brown** **37** inches

Chest Measurement { Girth when fully expanded **3** inches  
Range of expansion **3** inches

Physical development (Good, fair or poor) **Good.**

Vaccination marks { Arm Right Left  
Number **1**

When vaccinated **1926 Successful**

Vision { R.E.-V **20/20** With Glasses { R  
L.E.-V **20/20** L

Hearing, R. ear **W.V. 20 ft** L. ear **W.V. 20 ft**

Identification marks, such as Tattoo, Moles, Scars, etc.—  
**Apparent tummy scars**

Defects or ailments:—

Examined and found—

FIT FOR CATEGORY

(Strike out those which do not apply)

Signature **Joseph Saill**  
(Rank) **Private R.C.A.M.P.**

Enlisted or appointed at **RCAP Recruiting Centre, Quebec.**  
on **19th** day of **July** 19 **40**

Joined on enlistment or appointment

CORPS	REGTL. No.
<b>No. 1 Manning Depot Toronto</b>	<b>R55.402</b>

Transferred to

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

DATE	BRIEF DETAILS AND SIGNATURES
4-5-40	Dupuis's reaction: <b>normal</b> Knee reflexes: <b>brg.</b> Ankle reflexes: <b>normal</b> Plantar reflexes: <b>absent</b> Alummine: <b>nil</b> Sugar: <b>nil</b> Cataract Vision: <b>Normal</b> Ray: <b>negative</b> P.M.
9-7-40	
19-7-40	Rechecked found fit for category <b>A3B</b> P.M.
22-7-40	made 2 tests + <b>yes</b>
20-7-40	1st test +, 2nd test <b>yes</b>
21-8-40	T.A.B. III <b>amblyopia</b>
25-12-40	Det. Test II <b>med</b>
1-7-41	DICK. TEST - <b>NEG.</b>
4-10-41	TABT <b>fine</b>
9-10-41	Advised that he <b>fit</b>
10-10-41	Withdrew <b>fit</b>
5-11-41	Wipo for ice <b>fit</b>
DEC 3 1941	<b>RECHECK - FIT FOR OVERSEAS DUTY</b>

TABLE IV.—Service Table

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

Became non-effective by

on..... day of..... 19.....

(Signature)

(Rank)







**SPECIAL RESERVE**

R.C.A.F. Special Reserve

Non-Flying List

Interview Report

Air Crew

Administration  
 Technical  
 Equip. & Accounts  
 Pilot  
 Observer  
 Wireless Op. Air.  
 Air Gunner

SURNAME	CHRISTIAN NAMES IN FULL	Age
SASSEVILLE	Joseph Elzear Saul.	25
ACADEMIC STANDING:		Height
Equivalent to Sr. Matric at Ecole Normal St. Joseph & Institut Pedagogique. Quebec P.Q.		5'7"
		Weight
		138
		Married or Single
		No. of Children

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

none

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

none

<u>SPORTS:</u>	<u>HOBBIES:</u>
EXTENSIVELY: Baseball, Skiing	none
MODERATELY:	
OCCASIONALLY:	

<u>APPEARANCE</u>	<u>DRESS:</u>
HEALTHY - RUGGED - SLENDER TALL - MEDIUM - SHORT REFINED - ORDINARY - COARSE CLEAN - UNTIDY - DIRTY	FLASHY - TASTEFUL - CONSERVATIVE POORLY DRESSED BUT CLEAN AND NEAT - SMART - UNTIDY - CARELESS

<u>INTELLIGENCE:</u>	<u>PERSONALITY:</u>
QUICK - DELIBERATE - SLOW ORGANIZED - ACCURATE - RAMBLING	DOMINEERING - CONFIDENT - SUBMISSIVE - MATURE - IMMATURE - PLEASANT - MOROSE - BELLIGERENT

SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F. .... YES <u>NO</u>	FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK... YES <u>NO</u>
---	---

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

<u>SUMMARY OF ALL OF THE ABOVE:</u>	<u>EXCELLENT</u>
Will make a very good Air Crew	ABOVE AVERAGE
	AVERAGE
	BELOW AVERAGE
	(Strike out words not applicable)

R.C.A.F. Records Office  
 Rec'd **JUL 26 1940**  
 O. K. .... C. I. B. ....  
 R. C. .... N. I. ....  
 S. L. .... P. A. *M/S*

RECOMMENDED FOR:  
 Air Crew.



NAME SASSEVILLE J.E.S. RANK AC2

AGE 25 REG. No. R-55402

UNIT RCAF

DATE JUL 26 1940 19.....

No.11 E.F.TS. RCAF. 7-5-41

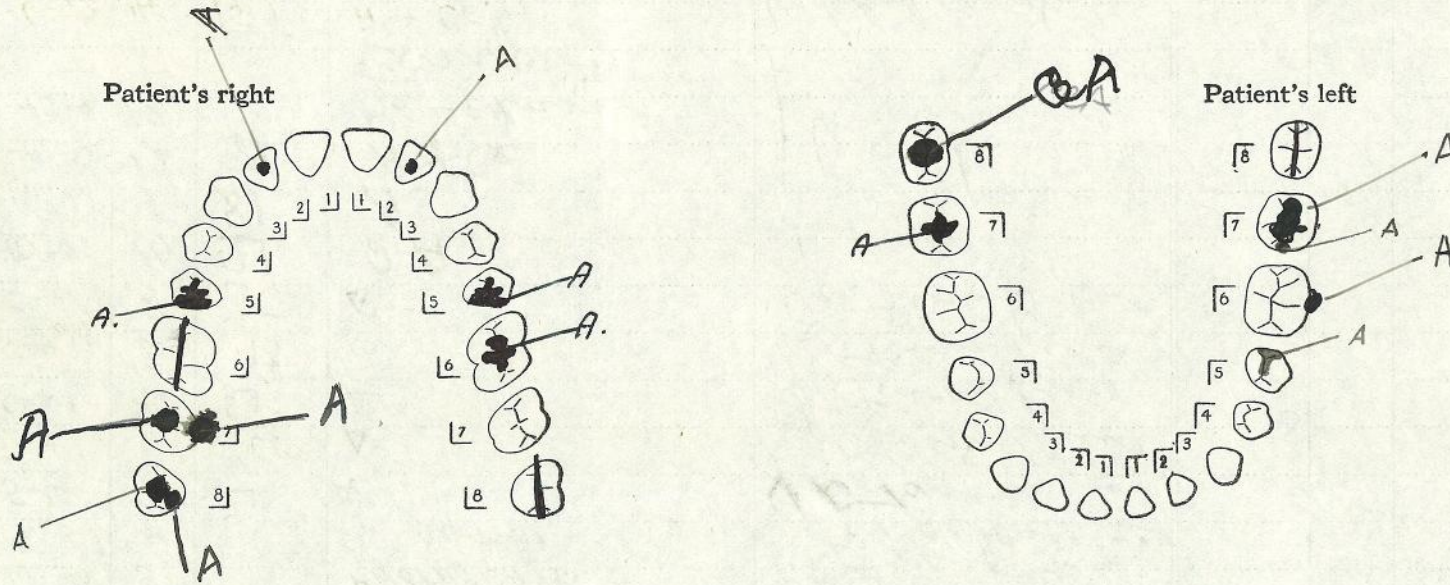
No.1 Wireless School 17-10-41

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 } Inlay
- GC Gold } Crown
- PC Porcelain } Crown
- RC Richmond } Crown
- JC Jacket } Crown

- R Root Canal
- V's Vincent's Pulpitis
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

Describe with sketch

- Br Bridge
- PD Partial } Denture
- CU Complete upper } Denture
- CL Complete lower } Denture
- 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.

J. Sophie Hunt McRoy  
Signature and unit of examining officer



Indicate surfaces of teeth as follows:

Mesial — M                      Labial — La  
 Distal — D                      Buccal — B  
 Incisal — I                      Lingual — Li  
 Occlusal — O

Indicate tooth by the notation below.

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Patient's right	Patient's left

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator
28-10-40	1	51 L5	OXYPHOSPHATE LINING	Emmery dent					
31-10-40	2	5156 71	AMALGAM FILLING	Emmery dent					
31-10-40	3		PROPHYLAXIS	Emmery dent					
27-2-41	4		Proph	R. Baucell apt					
7-5-41	5	2	A	J.D. Brown dent					
7-5-41	6	L2	A	J.D. Brown dent					
7-5-41	7	8	A	J.D. Brown dent					
7-5-41	8	7	A	J.D. Brown dent					
7-5-41	9	6	A	J.D. Brown dent					
17-10-41	10	21	2 A						
17-10-41	11	81	A						
17-11-41	12	87	A + Ce	A. Liberman dent					
17-10-41	13		Re-exam. Complete						
24-6-42	14	157	A + CE. Treatment complete	V.H. Robinson F/C					

JUL 5 1942



NAME SASSEVILLE J.E.S. RANK AC2

AGE 25 REG. No. R-55402

UNIT RCAF

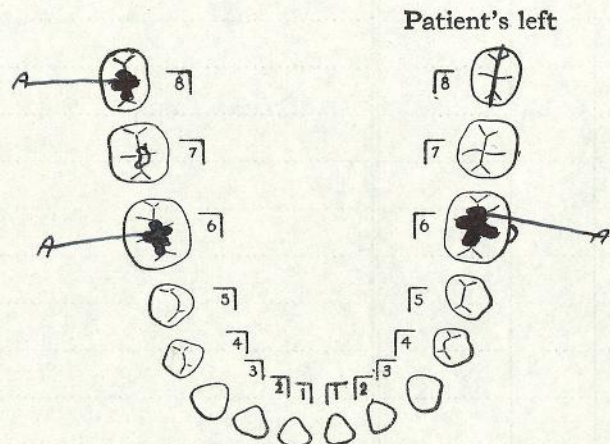
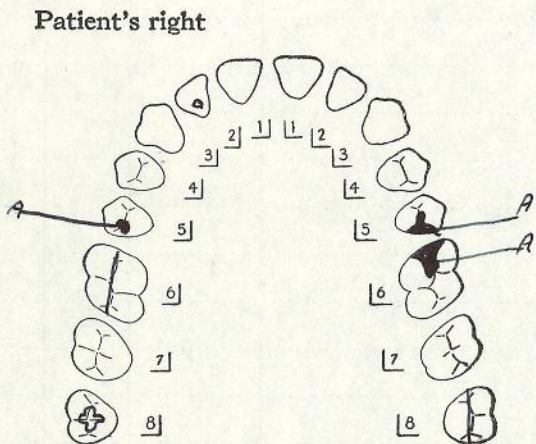
DATE JUL 26 1940

Strike out inapplicable number and words.

ORAL HYGIENE Good  
~~Fair~~  
Neglected

PROPHYLAXIS required Yes  
~~No~~

MUCOSA  
(Describe any pathological condition briefly)



R.C.A.F. Records Office  
 Rec'd DEC 9 1940  
 O. K. .... C.I.B. ....  
 R. C. .... N. I. ....  
 S. L. .... P. A. ....

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- |    |           |         |
|----|-----------|---------|
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| PI | Porcelain |         |
| GC | Gold      | } Crown |
| PC | Porcelain |         |
| RC | Richmond  |         |
| JC | Jacket    |         |

- TREATMENT
- R Root Canal
  - V's Vincent's
  - Pu Pulpitis
  - PO Post Operative
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*J. Goshie*  
 Signature and unit of examining officer







# ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45  
30M-4-41 (168)  
H.Q. 1062-2-126

## Individual Record of Flying

RANK L.A.C

No. R-55402

NAME SASSEVILLE J

LOWE-MARTIN MERS.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT									MULTI-ENGINE AIRCRAFT									CREW DUTIES						PASSENGER	TOTAL	
			DAY			NIGHT			DAY			NIGHT			OBSERVER		AIR GUNNER		OTHER										
			1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	1ST PILOT	2ND PILOT	DUAL	(N)		(O)		(P)		(Q)		(R)			
			(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)	(K)	(L)	(M)															
Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins		Hrs		Mins			
1941 No. 1 WIRELESS SCHOOL - MONTREAL																													
OCTOBER 22																													
" 23																													
" 24																													
" 25																													
<i>Total</i>																													
#1 Bt School 6/1/41																													



