

R167989
WALLACE
CLARENCE BURDE



Wallace C.B.

686491

-ASTMAN - SAFETY-



R167989

6521

Stallace, C B

Can 534

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

Died
1

Air Force No. R167989 Surname WALLACE
 Christian Names (in full) CLARENCE BURETTE
 Date of Birth 19/3/23 Religion Anglican
 Date of Enlistment/Appointment 18/6/42
 Married (M), Widower (W) or Single (S) S
 Occupation in Civil Life student
 Signature of Holder Clarence Wallace

Name and Address of Next-of-Kin.....

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

Mr. Burton Wallace (father)
Stoney Beach
 Sask.

Certified Correct Wm. Sudman 9/0

Date 25/5/43 Place No 14 Depot

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

WILL

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

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

5405, 21.3.50

Berton Wallace (Father)
Stony Beach,
Sask. Mar.-46.

MEMORIAL BAR

DATE DESP.....

REGN. NO. 1919.....

NAME WALLACE, Clarence Burdette

FILE NO. 1040-W-907

RANK Sgt. Air Gunner CATEGORY DIED

REG. NO. R167989

DATE OF DEATH: 8-Jan-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 4-2-44 ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN: **JUN 3 1944**

o mother & father

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Berton Wallace,
Stony Beach,
Sask.

COMMAND:

RELIGION: C. of E.

AIR FORCE No.

R167989

WALLACE, CLARENCE BURDETTE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER

PLACE Regina Sask
DATE 12-6-42

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44 (B)
30M-12-41 (1346)
H. Q. 1062-3-58

7. BIRTH: DATE PLACE CITIZENSHIP 19-3-1923 Sask British			16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED WIFE (FULL MAIDEN NAME) PLACE OF MARRIAGE DATE AUTHORITY (IF AFTER ENLISTMENT)			21. ENGAGEMENTS TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O. Duration 18 6 42					
FATHER (FULL NAME) Berton Wallace											
BIRTHPLACE Bradford Ont.											
MOTHER (FULL MAIDEN NAME) Julia Egna Sherritt			17. MARRIED ESTABLISHMENT			22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES					
BIRTHPLACE Rense Sask			REMARKS			FROM TO DATE D.R.O. S.C.T.W. # C.164736 14-12-42 3wds 96 S.C.T.W. C.237665 14-5-43 3139.11520					
8. EDUCATIONAL STANDING			18. CHILDREN								
HIGH SCHOOL ENTRANCE x Sask			CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.								
JUNIOR MATRICULATION x Sask											
SENIOR MATRICULATION											
TECHNICAL SCHOOL											
UNIVERSITY											
CORRESPONDENCE COURSES W.R.P. (W.A.P.) 6											
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F. Student.			19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)								
			FULL NAME: Berton Wallace RELATIONSHIP Father								
			ADDRESS: Stony Beach Sask. D.R.O.								
			FULL NAME: RELATIONSHIP								
			ADDRESS: D.R.O.								
10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE n.a.			20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)								
			RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.								
11. HONOURS-AWARDS, MENTIONS AUTHORITY DATE											
Air Gunners' Badge 313911520 14-5-43											
12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)						22.(A) ADDRESS PRIOR TO ENLISTMENT Stoney Beach Sask					
SOLO — DUAL — PASSENGER —											
13. RELIGION Co of E 3											
14. LANGUAGES English 1						23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)					
15. SPORTS Hockey Baseball Boxing Football						R60 R79 B465 X-RAY AFM-13 IDN.CARD 19-6-42 7-42					

AIR FORCE No. *R167989*

SURNAME *Wallace*, FULL CHRISTIAN NAME *Lawrence Burdette*

ENLISTMENT/APPOINTMENT PLACE *Regina* DATE *18-6-42*

RELIGION *Anglican*

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY
<i>19-3-23</i>	<i>Stony Beach, Nfld</i>	<i>Canada</i>	<i>British</i>	<i>Scottish</i>	<i>Single</i>

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION <input checked="" type="checkbox"/>
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CIVIL OCCUPATIONS AND EXPERIENCE

Student

CHILDREN

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

PREVIOUS SERVICE

Nil

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

*Mr. Burton Wallace (father)
 Stony Beach, Nfld*

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>18-6-42</i>	<i>A4B</i>		

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN:

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>AC2</i>	<i>18 6 42</i>		<i>Woad</i>	<i>18 6 42</i>	
<i>LRC</i>	<i>3 9 43</i>	<i>DRD 215</i>	<i>Air Gunner</i>	<i>15 1 43</i>	<i>DRD 13</i>
<i>1st Lt. pd.</i>	<i>14 5 43</i>	<i>DRD 115</i>	<i>Air Gunner SG.</i>	<i>14 5 43</i>	<i>DRD 115</i>

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
<i>Woad</i>	<i>S.</i>		<i>P</i>	<i>18 6 42</i>
<i>Crs. 51-3B4 &</i>	<i>57/63</i>			<i>22 3 43</i>

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

ADVISE ENTRIES
 UNIT RECORDS RETURNED
 TO CANADA

No. 2. Manning Depot

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

PLEASE LEAVE BLANK

- 1. (a) Print name in full WALLACE, Clarence Burdette (b) Reg'l. No. 2 107907
- 2. (a) Arm of service Air (b) Unit 2nd Depot, Manning, B.C. (c) Rank AC2
- 3. (a) Date of birth Mar. 19/23 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Stony Beach, B.C.
- 4. (a) Place of enlistment Stony Beach, B.C. (b) Date of enlistment Jan 9 1942

Section B—EDUCATION AND TRAINING

- 5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? NO Yes
- 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Grade 11
- 7. If you attended a university, give name of university and standing or degree secured NO
- 8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NO (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? NO
- 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

- 10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Not working (b) At time of enlistment of what trade union or professional society were you a member? NO

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

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

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

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

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

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

- 18. Name of employer NA Address NA
- 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NA
- 20. (a) Your specific occupation NA (b) Number of years' experience at this occupation with any employer NA
- 21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

- 22. (a) State nature of business, or professional practice NA (b) Where was it located? NA
- 23. (a) Number of years engaged in this business NA (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

Section F—PARTICULARS OF FARMING EXPERIENCE

- 24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed
- 25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 11 1/2 (c) In what provinces did you have experience? B.C., Ont., N.S., N.B., P.E.I., S.S., N.W.T., Yukon

Section G—MISCELLANEOUS

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

RC.A.F. Records Office
JUN 24 1942
G.I.B.
S.L.
P.A.

DATE 12-6-1942 SIGNATURE C.B. Wallace

ROYAL AIR FORCE.

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

Official No. CAN.R.167989 Name WALLACE Clarence Burdette Rank T/SGT
 (In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 19.3.23 Religion Anglican Occupation in Civil Life Student

Last Enlisted 18.6.42 Current Engagement D of W

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

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

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

Mr. Barton Wallace, Stoney Beach, Aask. (Father)

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

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

next of kin.

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

SECTION I.—MOVEMENTS AND CASUALTIES.

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

Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
3 B & G	No 1 Y Dep	28.5.43		WO.AG. Std AC2	18.6.42
No 1 Y Dep	RAF.T.P	15.6.43		" " LAC	3.9.42
	Emb Halifax	16.6.43		A.Gunner.Std LAC	15.1.43
	UK	24.6.43		" " Sp T/SGT	14.5.43
Int.C.92	3 PRC	24.6.43			
3 PRC	<u>28 OTU</u>	<u>6.7.43</u>			
<u>28.O.T.U.</u>	<u>1656.C.U.</u>	<u>18.9.43</u>			
<u>1656.C.U.</u>	<u>100 Sqdn.</u>	<u>11.11.43</u>			
<u>100 Sqdn</u>	<u>No 12 Base</u>	<u>17.12.43</u>			
	<u>W/Black</u>				
<u>Died at RAF</u>					
<u>Hospital Rausby 8.1.44.</u>					

SECTION 3.—GOOD CONDUCT BADGES.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

146-6-42
20-6-42

SPECIAL RESERVE ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R167989 WALLACE CLARENCE BURDETTE ANGLICAN
A.F. No. Surname Christian Names Religion

Born 19-3-23 Place 12-18-24-2 Country SASK. CANADA Citizen of CAN. Racial Origin SCOTTISH

PARTICULARS OF FAMILY M. S. D. W.

Wife's Maiden Name Present Address (in pencil)

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

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

Mr. Berton Wallace (father)
Stoney Beach, Sask

CIVIL EDUCATION

High School Entrance Jr. Mat. YES Sr. Mat. Technical School Business Courses University

CIVIL OCCUPATIONS AND EXPERIENCE

STUDENT.

PREVIOUS SERVICE

NONE.

ENLISTMENT

Date 18-6-42
At REGINA, SASK.
Term DURATION

Med. Cat. DATE Med. Cat. DATE

18 6 42

RANK

AUTH.

DATE

TRADE

AUTH.

DATE

TRADE TESTS AND COURSES

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE	GP	%	P or F	DATE
<u>AC.2.</u>		<u>18 6 42</u>	<u>W.O.A.G.</u>		<u>18 6 42</u>					
<u>L.A.C.</u>	<u>DRG 215</u>	<u>3 9 42</u>	<u>Air Gunner (CD)</u>	<u>DRD 13</u>	<u>15 1 42</u>	<u>W.O.A.G.</u>	<u>STD</u>		<u>P.</u>	<u>18 6 42</u>
<u>Temp Sgt</u>	<u>DRG 115</u>	<u>14 5 43</u>	<u>Rem. Air Gunner (spec group)</u>	<u>DRG 115</u>	<u>14 5 43</u>					

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	To	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
<u>Issued ST-LW-C</u>	<u>164736 d/14-12-42</u>	<u>DRG 296/42</u>	<u>14 5 43</u>		<u>A.G.</u>	<u>Air Gunner</u>	<u>DRG 115</u>
<u>23-1-43</u>	<u>6-2-43</u>	<u>14 days DRD 17</u>				<u>Badge</u>	
<u>15-5-43</u>	<u>28-5-43 (14 days)</u>	<u>Emb. DRG 115</u>					
<u>S.A.T.W. C</u>	<u>239065 d/14 May 43</u>	<u>DRG 115</u>					

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O.R.13.	R/C REGINA	#2 M.D. BRANDON.	18-6-42.				
			SRo. 146				
DRO 182	#2 Depot	#3 W.S.,	1-8-42				
	Brandon	Winnipeg					
DRO 191	T.O.S.	#3 W.S.	2-8-42				
DRO 28/43	3.W.S. w/9	3.B86. MACD.	6-2-43				
	T.O.S. DRO 36						
DRO 53	Adm. Sta.	4 exp.	15-2-43				
" 64	Adm. Sta	4 exp.	16-3-43				
DRO 115	#3 B.S.	#1 4 Depot	28 Aug 43				
	Nackawald	Halifax					
ure	17. Depot.	RAF. 1.P.	15.6.43				
		RAF. Halifax	16.6.43				
		Disemb. H.K	24.6.43.				
	Int. C. 92.	3 P.R.C.	24.6.43				
	3.P.R.C.						

applied in Regent WA 9 W 11

ROYAL CANADIAN AIR FORCE SPECIAL RESERVE (ATTESTATION PAPER)

*CT-38
14-4-42
TL*

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

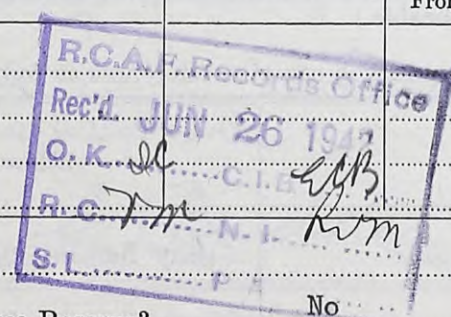
- 1. Surname WALLACE FULL Christian Names CLARENCE BURDETTE ✓
- 2. Present Address Stony Beach, Sask. Telephone None
- 3. Permanent Address Stony Beach, Sask.
- 4. Place of Birth 12-18-24-2 Sask. ✓ Citizenship Canadian
- 5. Date of Birth March 19th, 1923 ✓ Married, Single, Widower, Separated, Divorced Single
- 6. Particulars of Children None

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

- 7. Occupation Student 8. Religion Anglican Church
State denomination
- 9. Languages English--fluently.
- 10. Next of Kin (Full Name) Berton Wallace State proficiency Relationship Father
" Address Stony Beach, Sask.
- 11. Father (Full Name) Berton Wallace Birthplace Bradford, Ontario
" Address Stony Beach, Sask. Citizenship Canadian
" Occupation Farmer
- 12. Mother (Full Maiden Name) Julia Edna Sherritt ✓ Birthplace Pense, Sask.
" Address Stony Beach, Sask. Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
N.A.						N.A.



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

[Handwritten signature]

470. 31

[Handwritten signature]

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Broadway 1708	1931	1939	Grade VIII
High School—Collegiate Institute, etc.....	Belle Plaine, Sask.	1939	1942	Grade XI
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
N.A.				N.A.

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

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

25. Sports engaged in. State: ~~extensively~~, moderately, ~~occasionally~~..... Hockey, Baseball, Boxing, Football.

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

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

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

Name	Address	Occupation
Carl Harlton	Stony Beach, Sask.	Farmer
N. R. Horning	Stony Beach, Sask.	Merchant
Fred Mitchell	Stony Beach, Sask.	Merchant
H. G. Trout	Belle Plaine, Sask.	Teacher

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

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

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

Date..... April 24 1942 Signature..... B. Burdette Wallace

(A) Report of Interview

Type.....

Suitability for (

Date.....

(B) Report of Trade

Trade in which

Result.....

Trade qualificat

Date.....

(C)

I,.....
particulars are true,
and overseas, in the
thereafter, and in an
services.

Date.....

(D)

I,.....
declare) that I will

Date.....

(E)

The Recruit s
he would be liable to

The above ques

I have taken ca
as replied to and the

at..... REGINA, Sask

B. Burdette Wallace

14-4-42

3 192
3

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. *R. A. Biggar*

FOR OFFICIAL USE ONLY

Subjects, etc.

(A) Report of Interviewing Officer—

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

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

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

(B) Report of Trade Test—

Trade in which tested.....

Result.....

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

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

(C) DECLARATION MADE BY MAN ON ATTESTATION

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

Date..... June 18th 19 42. *Clarence Burdette Wallace*
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I, Clarence Burdette WALLACE.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date..... June 18th 19 42. *Clarence Burdette Wallace*
Signature of Recruit

(E) CERTIFICATE OF ATTESTING OFFICER

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at REGINA, Saskatchewan this 18th day of JUNE 1942.

R. A. Biggar for Commanding Officer,
Flying Officer. No. 5 Recruiting Centre, R.C.A.F., REGINA.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 2. Have you ever suffered from any of the following defects in health?
- (a) Rheumatism..... no
 - (b) Tuberculosis..... no
 - (c) Bronchitis or Asthma..... no
 - (d) Heart Disease..... no
 - (e) Kidney or Bladder Disease..... no
 - (f) Gastro-intestinal..... no
 - (g) Rupture..... no
 - (h) Varicose Veins..... no
 - (i) Flat or Deformed Feet..... no
 - (j) Nasal Trouble..... no
 - (k) Ear Disease..... no
 - (l) Eye Disease..... no
 - (m) Epilepsy..... no
 - (n) Nervous or Mental Disease..... no
 - (o) Syphilis..... no
 - (p) Gonorrhoea..... no
 - (q) Bone Fracture..... Yes large toe left foot
 - (r) Other Disease or Defect..... no
3. Have you ever worn glasses? no
4. Have you had any illness for more than one week's duration? no
- Signature of Applicant: B. Bredette Wallace

Examiner's Remarks re above: Large toe slightly now.

5. I certify that I have revealed my full medical history and have not withheld any relevant information.

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

1. Identification marks or scars (if operative obtain history)..... Scar left upper eyelid - one wound left - a left left below bone lateral surface.
2. Height..... 6 feet - inches. 3. Weight..... 160 pounds.
4. Complexion..... medium 5. Color of Eyes..... Brown Hair..... D. Brown
6. Development { Good Fair Peer } 7. Chest Measurement—Full expiration..... 33 inches
- Range of expansion..... 2 inches
8. Hearing—Right..... WV 20 Left..... WV 20 Tympana—Right..... n. Left..... n.
9. Vision—Without glasses—Right..... 20/20 With glasses—Right..... -
- Left..... 20/25 Left..... -
10. Condition of mouth and teeth..... 7x. Id As. removed
11. Urine—Albumen..... neg Sugar..... neg
12. Abnormalities (Congenital and Pathological) found on Examination..... nil

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

A4B.

Any special remarks of the Medical Officers.....

Part 2 Cont'

13. Reflexes n

14. Heart n.

15. Lungs **CHEST X-RAY "NEGATIVE"**

16. Blood Pressure S. D. 122-70. 29/5/42

17. Colour Vision n. 2ch.

Date..... 24-4-1942

E. J. Ryan President

M. Brian Member

Member

CONFIDENTIAL

SPECIAL RESERVE

R.C.A.F. M.2
150M-3-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Regina, Sask. Date 29-5-42

FILE NUMBER
R167989

Surname WALLACE Chr. Names CLARENCE BURDETTE
Nature of Commission WOAG Date of Birth 19-3-23 Married or Single S
Branch Aircrew Hours Flown None
Address Stony Beach, Sask.

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.
- (x) Any Illness or Injury not mentioned above..... Measles

Education Grade 10 & Grade 11

Present Occupation Student Hobbies None

Previous Service None

Athletics Hockey, softball, rugby, boxing

Habits—Smoking 0 Alcohol 0

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 (0.) Dead—Cause.....

Sisters (.1.) Alive—Health Good (0.) Dead—Cause.....

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

Date 29-5-42 Signature C. Burdette Wallace Witness Jm Newstone F/L

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique..... Athletic..... (b) Mentality..... Average.....
 Body Marks, Scars, Deformities..... Scar lt. upper eyelid, one wrist lt., lt. leg below.....
 Size of Thyroid Gland..... N..... (knee lat. surf.....
 Surgical Abnormalities..... None.....
 Results of Wounds, Injuries, Operations..... None.....

	Date 29-5-42		Date 2-10-42		Date.....		REMARKS ON ANY ABNORMALITIES FOUND
	Assessing Room		Assessing Room		Assessing Room		
Height (ins.).....	72		72				Date.....
Weight (lbs.).....	160		170				
Chest Circumference (ins.).....	33-36						Date.....
Body Build (lbs.).....							
LEG LENGTH (ins.).....	44						Date.....
Pulse Rate { Sitting.....	66		66				
{ Standing 1st.....	84		/				
{ Standing 2nd.....	78						
{ After Exercise.....	108						
{ Time to Normal.....	15						
Arterial Walls.....	N						Date.....
Blood Pressure { Systolic.....	115		108				
{ Diastolic.....	70		68				
Heart { Size.....	7.5						Date.....
{ Sounds.....	N		N				
{ Rhythm.....	reg						
Lungs.....	N						Date.....
Breath held.....	65		N				
Expiratory Force.....	125						
Vital Capacity (Best of 5).....							
Reflexes { Knee.....	N						Date.....
{ Ankle.....	N						
{ Triceps.....	N		N				
{ Abdominal.....	N						
{ Plantar.....	N						
Cranial Nerves.....	N						
Balancing Rod.....	R. L. R. L. R. L. R. L. R. L. R. L.						Date.....
Self Balancing.....	FS. FS.						
Tremors { Fingers.....	S. S.						
{ Eyelids.....	S. S.						
Abdomen { Liver.....	N						Date.....
{ Spleen.....	N		N				
{ Muscular Tone.....	Good						
Urine { Albumen.....							
{ Sugar.....							
Initials of M.O.	J. H. M.		H. G. H.				

40 mm. Hg. Test..... 29-5-42..... ~~6/656/567/656~~ 1st attempt..... 6/656/656/567/656 1st att.
 Date..... 2-10-42..... 60 Secs.....
 Date.....
 Date.....
 Date.....

Remarks by Consultant.

Histo

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EYE EXAMINATION

History.....	Neg		
Visual Acuity	{ R. 20/15-1, c-2.50 = 20/400 { L. 20/15, c-2.50 = 20/400	20/15 20/15	20/200 20/200
Colour Vision	1/2" Hypo. No. exo. or eso. N	Ish	2/20/1
Red, Green	1/2" Hypo. No. exo. or eso.		Eso tendency
Diaphragm Test	(P.D. = 57 M crowding @ 3		Eso 2/2
Convergence	{ C. = 6 cms. { S. C. = 10 cms.	6	6
Accommodation	{ R. 7 { L. 7	6	6
Cover Test	sl lat. div. let. eye with RR rt eye fixes.		no movement
Fundi and Media	N	normal	
Fields	N	normal	
Remarks:	Fit ALB A3B		Fit: A. B. A. B.
Initials of M.O.	Jmn	Initials of M.O. H.G.H.	Initials of M.O.
Date	29-5-42	Date 2-10-42	Date

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Neg		
Hearing	{ R. Ear WV 20' { L. Ear WV 20'	WV 20'	WV 20'
External Ear, Meatus Membranes	{ R. Ear N { L. Ear N	N	N
Middle Ear, Eustachian Tubes	{ R. Ear pat. { L. Ear pat	pat	pat
Cochlear Apparatus	{ R. Ear { L. Ear		
Vestibular Apparatus	{ R. Ear { L. Ear		
Buccal Cavity	clean	clean	
Teeth	healthy	healthy	
Gums	N	N	
Pharynx	N	N	
Nasopharynx			
Nose	N	N	
Larynx			
Remarks:	Fit		
Initials of M.O.	Jmn	Initials of M.O.	Initials of M.O.
Date	29-5-42	Date 2-10-42	Date

HISTORY OF PRESENT CONDITION

Date.....29-5-42.....

Well built, healthy, neat recruit. Well fitted for aircrew duties.

Cat A1B A3B

Jim Newstone F/L

ALTITUDE TOLERANCE TEST.		DATE <i>31/5/43</i>
		Symptoms
No. of 2 hrs. tests at 35,000 feet	1.	nil on <i>3</i> runs
	2.	mild on..... "
	3.	moderate on..... "
		severe on..... "

RECOMMENDATIONS:

A. Suitable for special high altitude duties.

B. ~~Suitable for limited special high altitude duties.~~

C. ~~Not suitable for..... duties.~~

FIT Date 29-5-42

PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. *Jim.*

Night Vision Test B'Mth. *25/32*

A1B	
	<i>25</i>
	<i>25/32</i>
	<i>1/7/43</i>

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....*2-10-42*.....

Rec'd. Average intelligence. F; Y. A-BH = B.

H. H. H. 8/10.

CATEGORY *A3B(T)*
A3B
A3B(U) APPROVED
DATE *24.4.43*
25/32
No. *3* WIRELESS, or B. and G. School

Mr. Berton Wallace,
Stony Beach, Sask.

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

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

and the following number quoted:—

H.Q. 1040-W-907-FD.-10

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

February 9, 1944

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

WALLACE, Clarence Burdette, Sgt.

R-167989, R.C.A.F.



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

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

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

CNT/M

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	None.		
2	Children of the Deceased and dates of their Births.....	None.		
3	Father of the Deceased.....	Benton Wallace.	43.	Stony Beach, Sack.
4	Mother of the Deceased.....	Julia, Edna, Maude. "	41.	Stony Beach, Sack
5	Brothers of the Deceased	William "	15	" " "
		Martin. "	12.	" " "
		George "	10.	" " "
		Kenneth ..	8.	" " "
		Ed "		" " "
6	Sisters of the Deceased	Roberta Wallace.	7	Stony Beach, Sack.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	None Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Clarence Burdett Wallace.
9	Date of his birth.	March, 19, 1923.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Ponse, Sask. Canada. April 5th. 1923

PARTICULARS OF DOMICILE

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

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Post Office, England. Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	2 - five dollar bonds. Stony Beach, Sask.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1 - one hundred. bearer Stony Beach, Sask.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Cooperativa Life Eva, Julia, Maud Wallace.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

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

Elena Wallace Signature of Informant
Elena Wallace, Story Beach, Sask. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Edna Wilson

See above. mother { Name of informant } is the of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Story Beach this 15th day of February 1949

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

[Signature] Qualification Commissioner of Prob.
in St. Catharines
Address Story Beach Sask
My commission expires Feb. 31/49

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

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

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

would you kindly look into
Policy regarding settlement.
Policy no. X 582 862.

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE, penalty for improper use, \$300", and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE".

For use of Department only.

No. 19

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of..... Municipality No.....

1. PLACE OF DEATH **OVERSEAS (ENGLAND)**
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name)

2. LENGTH OF STAY (in years, months and days)
(a) In municipality where death occurred..... (b) In Province..... (c) In Canada (if immigrant).....

3. PRINT FULL NAME OF DECEASED **WALLACE CLARENCE BURDETTE**
RESIDENCE **Stony Beach, Saskatchewan.**
(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)

4. SEX Male	5. CITIZENSHIP Canadian	6. RACIAL ORIGIN	7. Single, Married, Widowed or Divorced (Write the word) Single	8. BIRTHPLACE (Province or Country) Saskatchewan
-----------------------	-----------------------------------	------------------	---	--

9. DATE OF BIRTH March 19, 1923 (Month, day and year)	10. AGE in } Years 20 Months Days If less than one day hrs. or min.
---	--

USUAL OCCUPATION	11. Trade, profession or kind of work as farmer, teamster, office clerk, etc. Air Gunner
	12. Kind of industry or business, as agriculture, lumbering, bank, etc. R.C.A.F.
	13. Date deceased last worked at this occupation January 8th 1944
	14. Total years spent in this occupation Two

PARENTS	15. Name of father Wallace, Berton
	16. Birthplace of father Ontario (Province or Country)
	17. Maiden name of mother Sherritt, Julia Edna (Province or Country)
	18. Birthplace of mother Saskatchewan (Province or Country)

19. Signature of informant *[Signature]*
Address **For (R.C.A.F. Records Officer)**

20. Relationship to deceased

21. Place of burial, cremation or removal Date of burial, cremation or removal 19.....

22. Signature of Undertaker or person acting as Undertaker.....
(Name and address)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH **January 8th 1944**
(Month) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from..... 19.....
to..... 19....., and last saw h..... alive on..... 19.....

I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	CAUSE OF DEATH Died of injuries sustained during air operations	DURATION		
		Yrs.	Mos.	Dys.
(a) due to				
(b) due to				
(c) due to				
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy?.....

26. Was there a surgical operation?..... Date of operation..... 19.....
State findings..... Was there an autopsy?.....

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? **Accident** Date of injury **December 17th 1943**
Manner of injury **Died of injuries sustained during air operations**
(State which) (How sustained)
Nature of injury.....
Specify whether injury occurred in industry, in home or in public place **public place**

Signed by..... M.D.
Address..... Date..... 19.....

28. I hereby certify that the above return was made to me at.....
Dated..... 19..... (Division Registrar)

SEC. 70, Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. (See reverse side for instructions) Every item of information should be carefully supplied.

In case of Stillbirth consult definition on reverse side before making out certificate.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

R.C.A.F. R. 60
40M-5-41 (225)
H.Q. 1062-3-45

(1) I, Clarence Burdett Wallace of the City Town Village Township

Last Permanent Civilian Address

of Stoney Beach in the County District of

Province of Saskatchewan, Student
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R. 167989 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship
(b) Names and
(c) Address of beneficiaries and
(d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto my father:

Mr. Burton Wallace,
Stoney Beach, Sask.

all my estate

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH ~~all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

(4) I appoint Mr. Burton Wallace (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of

June 1942

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

C. B. Wallace
(Signature of Testator)

First Witness sign here.

(5) B. Crawford
(Signature)

R. C. F. Brandon
(Address)

Stenographer
(Occupation)

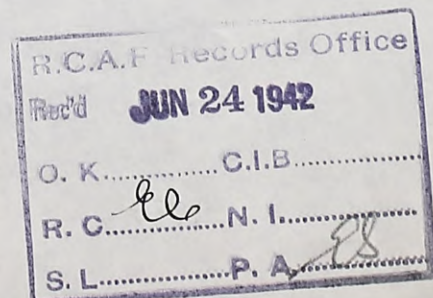
Second Witness sign here.

C. Kent
(Signature)

R. C. F. Brandon
(Address)

C. Kent
(Occupation)

(Witnesses are not to be beneficiaries.)



[OVER]

Call **OUT**
and
Preface **IN**

Serial No.

COPY FOR FILE

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43 (3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS *44*

K.M.

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MISS D E MILNE 674 INGERSOLL ST WINNIPEG MANITOBA
(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

11 JAN MY

REFERENCE AND DATE

YOUR

(Use Double Space Typing)

YOU WILL WISH TO KNOW THAT FUNERAL SERGEANT
CLARENCE BURDETTE WALLACE TAKES PLACE AT 2:00 PM
JANUARY TWELFTH AT BOROUGH CEMETERY CAMBRIDGE
CAMBRIDGESHIRE ENGLAND X

NR20 CHURCH OF ENGLAND

This message must be sent **AS WRITTEN**
and may be sent by W/T.
Signature *[Signature]*

This message must be sent **IN CYPHER**
and may be sent by W/T.
Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

TIME OF ORIGIN *1700* G.M.T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
					<i>11 1900</i>		<i>[Signature]</i>				

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

EP.19374. PERSONAL EFFECTS OF CAN/R.167989. SGT.WALLACE.C.B.

1 carton contg:-	1 brown fibre suitcase (Lid swapped damage)
1 pr brown civilian trousers	1 jack knife in sheath on belt
1 pr skating boots with skates	1 photograph album
1 pr overboots	1 torch (unserviceable)
1 pr shoes	1 nail file
1 pullover	1 brooch in box (Perspex)
1 cardigan	1 cigarette case (metal)
1 pr shorts	2 pr socks
6 shirts	2 handkerchiefs
4 pr pants	1 pr pants
2 vests	1 pyjama jacket
2 pr pyjamas	bundle contg:-
1 small kit bag	3 prs socks
1 pr bathing trunks	1 linen bag
18 handkerchiefs	1 envelope of correspondence
36 socks	3 toothbrushes
1 address book	5 handkerchiefs
1 notebook	1 face cloth
1 pencil	1 notebook
2 nail files	1 wallet with 3 photos
1 tea spoon	1 comb
1 pr cycle brake block	1 black "Burnham" fountain pen
2 Canada shoulder flashes	1 grey Waterman fountain pen
1 pr sun glasses	1 cigarette lighter (unserviceable)
1 bundle letters & photo	1 photo in holder
1 spanner	
1 small brush	
1 bandage	
1 belt	
1 piece of braces	

One Cycle being retained at Unit pending disposal instructions.

The following has been extracted by the Unit and forwarded to-
Officer i/c Estates, R.C.A.F.Overseas Headquarters:-
Post Office Savings Bank Book Lindholme No.45.

Original Station inventory signed by T.Ogley. P/O. undated.

Effects checked at Central Depository 16/2/44. & 21/2/44.

Sgt. Wallace. B.B.

Copy to Ottawa

28/12/43

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

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

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

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

P.411739

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- (i) One copy direct to Air Ministry, C.I. (Accidents).
- (ii) Two copies direct to Air Ministry, (S.4. Statistics).
- (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
- (iv) One copy through usual channels to Command Headquarters.
- [In addition, and only if casualties to airmen are involved.]
- (v) One copy direct to Records Office.

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

0.642 17/12/43.

1. UNIT <u>100 Squadron</u>	Group No. <u>1</u>	Command <u>Bomber</u>	Serial No. of Form <u>21</u>
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2. DATE OF INCIDENT 17.12.43.

TIME 00.0 hours

SITE OF INCIDENT

(a) Name of airfield or landing ground N/A
Waithe, Nr. Waltham,

(b) Place (if (a) not applicable) Grimby.

(c) County Lincolnshire.

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

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

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

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

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

Details of Airframe and Engine.	Airframe.	Engine			
		Outer Single or Port.	Inner Starboard.	Inner Centre-Port.	Outer Centre Starboard.
Type	<u>Lanc.</u>				
Mark or series	<u>III</u>				
R.A.F. No. (and makers' No. for engines)	<u>JB. 678</u>	<u>A. 11180/a/42</u> <u>24.6176</u>	<u>A. 9825/a/42</u> <u>42/24.821</u>	<u>A. 11628/a/42</u> <u>02/24.6622</u>	<u>A. 10613/a/42</u> <u>24.5609</u>
Total hours run		<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>
Date last installed in Airframe		<u>b</u>	<u>b</u>	<u>b</u>	<u>b</u>
c Extent of damage					

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

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

c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.
B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.
A = For repair by nearest R.A.F. unit.

U = No damage.

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

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

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

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Part A.		Part B (see Note (i) below).		Part C (see Note (ii) below).	
					Total Solo (Day & Night).		Solo (Night).		Instru-ments.	Link Trainer.
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.		
Pilot	Derman G.C.	Sgt.	1319761	K	64.50	338.40	40.35	127.25		
F/Eng.	Johnson A.H.	Sgt.	1872886	K						
A/B.	Blackwell H.L.	Sgt.	1227154	K						
WO/AG.	Christmas J.W.	Sgt.	1335516	K						
Nav.	Rodman I.A.	Sgt.	1248099	K						
MU/G.	Read R.G.	Sgt.	1390976	K						
R/G.	Wallace C.B.	Sgt.	R.167989	I (h)						

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

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

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

Duration of flight since last take off : Hours...7, Minutes...54, If engine failure occurred during take off quote height.....

This aircraft collided with Lancaster JB.674 approximately a mile and a half south of Grimsby Aerodrome. The rear gunner, as the only survivor, was unable to give any details of what happened.

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

No technical failure took place.

Is Form 1022 or 1023 being rendered? } No Signature..... W. H. Barber S/Ldr.
If " Yes " state which

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

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

- A. The accident occurred at night during conditions of low cloud. The lighting system at Grimsby is Mk. II Drem.
- B. Conditions of low cloud and poor visibility are the main factors.
- C. Recommended that the present use of searchlights and Sandra lights be reviewed for conditions of low cloud.

Signature..... J. F. Bilworth W/Cdr. Commanding 100 Squadron Date..... 20.12.43.

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

- (i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.
(ii) Remarks.

The cloud base at the time of the accident was approx. 900' - 1000' A.G.L. with visibility of 2 miles. The aircraft was flying across the southern end of the aerodrome at 700' approx. and in a slight turn to starboard - thus flying on a right hand circuit of the aerodrome.

The pilot had not called up on R/T and had probably only just located the aerodrome when the collision occurred.

No blame is attached to the pilot of either aircraft.

Signature..... R. A. C. Garter G/C Commanding R. A. F. Grimsby Date..... 22.12.43.

4. Commanding Officer's statement :—

- (a) Was the injury sustained
 - (i) In the performance of air force duty?.....YES.....
 - (ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority?NO.....
 - (iii) On leave?.....NO.....

- (b) If the answer to (a) (ii) is in the affirmative state
 - (i) By whom was the game, etc., organised and under whose authority?.....N/A.....
 - (ii) The nature of the game, etc., (e.g., football).....N/A.....
 - (iii) Was the officer or airman detailed to take part in it (a) as a member of an air force team, or (b) to compete as an individual?N/A.....(a).....N/A.....(b).....N/A.....

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

- (iv.) For what service event was the practice held?N/A.....
- (v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....N/A.....
- (vi) If so, under what authority and supervision?N/A.....
- (vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot?N/A.....

- (c) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)).....NO.....

- (d) Was the injury due to his own fault, i.e., did it arise from negligence or misconduct or any blameworthy cause within his own control?NO.....
- If so, state in what way.....NO.....

- (e) Was anyone else to blame? If so, give name and particularsNO.....

- (f) Is the accident being investigated by
 - (i) Court of Inquiry? If so, state date and placeNO.....
 - (ii) An investigating officer?.....NO.....
 (see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

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

Signature.....R.V.L. PATTISON.....W/Cmdr.....

Date...24th April.....1944..... Commanding ...100 Squadron, R.A.F., Grimsby.....

BURIAL RETURN.

[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or
not due to war operations.]

(Date) 10th January, 1944.

PLACE OF BURIAL Cambridge. Map Reference.....
(and name of Cemetery) Borough.....

Grave No. C14751 Personal or Official No. R167989
Unit 100 Squadron.

Name : (Surname) Wallace. (Initials) C.B.

Rank Sgt. Religion Anglican.

Date of Death 8th Jan. 1944. Date of Burial 12-1-44.

Means of Identification Easily identifiable, Died in
hospital 22 days after crash.

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

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

To be answered by all Units.

CROSSES. (Strike out as necessary.)

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

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

(Signed)..... ??????? ? F/L Unit 100 Squadron.
Chaplain, O. i/c Burials, or O.C. Unit.

Distribution :—Units in the Field

Home Units and Overseas

Units not in the Field

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



R167989 (R.O.)

OTTAWA, Canada, 7th August, 1946.

R E G I S T E R E D

Mr. Berton Wallace,
Stoney Beach,
Saskatchewan.

Dear Mr. Wallace:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son Sergeant C.B. Wallace.

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

Yours very sincerely,

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

/TED

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

4
AIR

DECEASED
MEMBER'S
NAME

Clarence B. Wallace
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

2777462-3
10 Dec/45
R.167989
Sgt.
8 Jan/44

PAYEE
ADDRESS

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

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE

8 Jan./44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 570 EQUAL TO 19 COMPLETE PERIODS AT \$7.50

\$ 142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 208 LESS INELIGIBLE DAYS, EQUAL TO 208 DAYS @ 25C. PER DAY

52.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 3.20
SUSTINENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 4.45 X 7 = \$ 31.15
NO. OF DAYS 208 X \$ 31.15

35.40

D. WAR SERVICE GRATUITY

229.90

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

229.90

G. YOUR PORTION OF GRATUITY IS—

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

P. Bal. Trans. Trust Account
OF \$ = \$
Journal Voucher # G311

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
HRR

CHECKED BY
DRM

TREASURY
CHECKED BY

DATE
13.12.45

SERVICE REPRESENTATIVE

CASUALTY ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **R167989**

RANK **SGT**

UNIT **100 SQUADRON OVERSEAS**

TRADE **AIR GUNNER (SP GR)**

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

NAME **WALLACE, CLARENCE BURDETTE**

MARITAL STATUS **SINGLE**

RELIGION **C. OF E.**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP **MR. BERTON WALLACE (FATHER)**
 ADDRESS **STONY BEACH, SASKATCHEWAN.**

NAME ADDRESS D.A.B. **NOT SHOWN.**

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP **MR. B. WALLACE (FATHER)**
 ADDRESS **STONY BEACH, SASKATCHEWAN.**

FATHER'S NAME **MR. & MRS. BERTON WALLACE**
 ADDRESS **STONY BEACH, SASKATCHEWAN.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME
 ADDRESS

LIVING ON ENLISTMENT **YES**

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. **AIR MIN KWY---PCX754---d-9-JAN-44.**

NR73/9 JAN

REPORTED "DANGEROUSLY INJURED" 17-DEC-43 AFTER AIR OPERATIONS (OVERSEAS) (AT WAITHE NEAR WALTHAM, GRIMSBY, YORKSHIRE, ENGLAND) (TARGET BERLIN, GERMANY) (ADMITTED TO GRIMSBY AND DISTRICT HOSPITAL, GRIMSBY, YORKSHIRE SUFFERING FROM MULTIPLE INJURIES) (TRANSFERRED TO HOSPITAL AT RAUCEBY, SLEAFORD, LINCOLNSHIRE, ENGLAND 23-DEC-43)

NOW REPORTED TO HAVE "DIED" 8-JAN-44 AS A RESULT OF INJURIES (PNEUMONIA AND SEVERE BURNS)

NEXT OF KIN ADVISED-----**10-JAN-44.**

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

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

DATE **1-FEB-44.**

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



J. H. Stewart FR

FOR CHIEF OF THE AIR STAFF

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME... WALLACE
2. CHRISTIAN NAMES... Clarence B
3. APPLYING FOR ENLISTMENT AS... Wireless Operator (Air Gunner) (W.E.T.P)

4. SELECTION BOARD

PERSONNEL OFFICER

Grade XI

Education.....
XXXXXX 45 C.A.T. 45
C. T. Score.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background.)
Good material for trade. Legible writer. Good appearance. Should do well.

RECOMMENDED FOR.... Wireless Operator (Air Gunner) (W.E.T.P)

SUITABLE FOR COMMISSION..... Possibly

Signed *W. Cunningham*

5. MEDICAL OFFICER

Medical Category A.1. B. A. 3. B.

ASSESSMENT: (Physical; Temperamental)

Good physical condition - neat - alert.

RECOMMENDED FOR.....
Wireless Operator (Air Gunner) (W.E.T.P)

SUITABLE FOR COMMISSION.....
Possibly

Signed *E. H. ...*

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness).

Well set up young man. Apparently suitable for trade. Neat and clean. Confident
~~can succeed.~~

RECOMMENDED FOR.....

SUITABLE FOR COMMISSION Wireless Operator (Air Gunner) (W.E.T.P)

Possible

Signed *L. M. ...*

FOUND ACCEPTABLE FOR.....

Wireless Operator (Air Gunner) (W.E.T.P)

DATE:

A.F.M. 5
24.12.42 89-5-42

R. H. ...
Commanding Officer,
No. 5 Recruiting Centre, REGINA.