

J27301  
ANDREWS  
ROBERT

JOHN







R. J. Andrews

156258



F07

NUMBER

NAME \_\_\_\_\_

29 RANK

SERVICE AWARD CARD

39-45  
STAR

ATL.  
STARA/C EU  
STAR

AFRIC  
STAR

PACIFI  
STAR

**BURMA  
STAR**

ITALY  
STAR

FR. AM.  
GER.  
STD.

DEFEN  
16F0AI

GEN.  
SER.  
MEDAL

C. V. S.

1

10

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

1

1

**PREFIX**

NUMBER

HOY	NAME
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	

RANK

CODE

## AWARD

AWARD  
AND  
CLASP

APPLICATION  
DISPATCHED

RIBBON  
ISSUED

MEDAL  
ISSUED

2169



Mrs. Vera S. Andrews (mother)  
38 Yarmouth Road,  
Toronto,  
Ont.

Apr. - 45-

9836

23/11/49

MEMORIAL BAR

DATE DESP

REGN. NO

A 375



NAME ANDREWS, Robert John,

FILE NO. FD193

RANK F/O CATEGORY "KILLED" REG. NO. J27301

DATE OF DEATH: 29 June /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 29-8-44 ROYAL MESSAGE: 4/1944

MEMORIAL CROSS  
TO CHAPLAIN:

To <sup>M</sup>other and Father-

DEL'D TO MOTHER:

OCT 27 1944

DEL'D TO WIFE:

OCT 20 1944

Mr. & Mrs. Ray Elwood Andrews,  
38 Yarmouth Road,  
Toronto, Ontario.

COMMAND:

RELIGION:

Am



[illegible]



[illegible]



AIR  
FORCE  
No.

R156258

ANDREWS, ROBERT JOHN

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE  
NUMBER

PLACE *Toronto*

DATE *9-3-42*

J. 27301

OFFICER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE PLACE *End* CITIZENSHIP *2*

*29-5-23* *Waderlos* *British*

FATHER (FULL NAME) *Ray Clewood Andrews*

BIRTHPLACE *Elgin Man*

MOTHER (FULL MAIDEN NAME) *Nea Sybilla Kamek*

BIRTHPLACE *Waderlos End*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE *End*

JUNIOR MATRICULATION *End*

SENIOR MATRICULATION *1 upper school subject End*

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

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

*last clk 4 mos W.G. Mape Co*

*machinist 3 mos S.A. Armstrong*

*stock clerk 6 mos Advance Machine Co*

*warehouse clerk 9 mos R.H. Simpson Co*

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

*Nil*

11. HONOURS-AWARDS, MENTIONS

AUTHORITY

DATE

*Pilot's Flying Badge 1487138 11-6-43*

*S.O.S. Medal & Clasp 2429-63 15-1-44*

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO DUAL PASSENGER

13. RELIGION *U.C.*

14. LANGUAGES *English*

15. SPORTS *hunting cycling camping*

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE

DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS

RANK

EFFECTIVE

D.R.O.

18. CHILDREN

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

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

FULL NAME: *Ray Clewood Andrews*

RELATIONSHIP *Father*

ADDRESS: *38 Garmouth Rd. Toronto End*

D.R.O.

FULL NAME:

RELATIONSHIP

ADDRESS:

D.R.O.

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

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

21. ENGAGEMENTS

TERM

EFFECTIVE

D.R.O.

TERM

EFFECTIVE

D.R.O.

*Duration 9 3 42*

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM

TO

DATE

D.R.O.

*Occ. pub. gtr + dr rtrns*

*S.L.I.W.*

*S.L.I.W.*

*6108621*

*6108621*

*9-3-42*

*29-1-43*

*19-1-43*

*17m. 829*

*128 F14*

*126721*

Date and Place of Signing R 10.

22.(A) ADDRESS PRIOR TO ENLISTMENT

*38 Garmouth Rd. Toronto End*

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60

R79

B465

X-RAY

AFM-13

IDN. CARD

*13-3-42*

*19-7-43*

*16-3-42*

15614

RAF

K



AIR  
FORCE  
No. ~~R156258~~

ANDREWS, ROBERT JOHN

FULL CHRISTIAN NAMES

RE-ENLISTMENT

PLACE *London*

DATE 9-3-42

C.R. FILE  
NUMBER

J. 27301 (14)

SURNAME

OFFICER

# RECORD OF SERVICE AIRMEN

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

Comp 11-6-43

[illegible]



ROYAL CANADIAN AIR FORCE  
(ATTESTATION PAPER)

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

1. Surname Andrews FULL Christian Names Robert John  
2. Present Address 38 Yarmouth Rd. Toronto, Ontario Telephone KE 6457  
3. Permanent Address 38 Yarmouth Road, Toronto, Ontario  
4. Place of Birth Waterloo, Ont. Waterloo County, Ont. Citizenship Canadian  
5. Date of Birth May 29, 1923 Married, Single, Widower, Separated, Divorced Single  
6. Particulars of Children

Name	Date of birth	Name	Date of birth

7. Occupation Stock Clerk 8. Religion United Church  
9. Languages English (fluently) State proficiency  
10. Next of Kin (Full Name) Ray Elwood Andrews Relationship Father  
" Address 38 Yarmouth Rd. Toronto, Ont.  
11. Father (Full Name) Ray Elwood Andrews Birthplace Elgin Manitoba  
" Address 38 Yarmouth Rd. Toronto, Ont. Citizenship Canadian  
" Occupation Machinist  
12. Mother (Full Maiden Name) Vera Sybilla Hamel Birthplace Waterloo, Ont.  
" Address 38 Yarmouth Rd. Toronto, Ont. Citizenship Canadian  
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date	Reason for discharge
NONE					

R.C.A.F. Records Office  
Rec'd. MAR 11 1942  
O.K. C.B.  
R.C. N.  
S.L. P.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? NA  
When? NA Result NA  
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO  
If so, state nature of disability NA  
18. Have you ever been or are you now in receipt of a Disability Pension? NO  
If so, state nature of Disability NA  
19. Have you ever been convicted of an indictable offence? NO If so state nature NA  
20. Are you in debt? NO If so, state particulars NA



## 21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Harriston Public School	1928	1935	General
High School—Collegiate Institute, etc.....	Harriston High & Harbord Coll.	1935	1936	Matriculation
Technical School .....	Central Technical School	1936	1937	
University or School other than above.....		1937	1940	Technical Matriculation
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Robt. Simpson Co. Tor.	Warehouse Clerk. Clothing Sales Clerk.	July 1940	Sept 1940	Work not suitable
S. A. Armstrong St. Tor.	Cost Clerk.	Sept 1940	Mar 1941	"
Advance Machine & Tool Windsor	Machinist	Mar 1941	July 1941	Salary Inadequate.
W. J. Gage & Co. Tor.	Stock Clerk.	July 1941	Sept 1941	Wanted to join R.C.A.F.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Scout Work.

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

Camping - moderately. Hunting occasionally.  
Cycling. Extensively.

26. AIR FORCE DUTY you wish to enlist for Ground Duties. Flying 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).  
(Cross out words not applicable.)

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

Name	Address	Occupation
Fred Richter	6 Edna Ave. Tor.	Jeweller.
Rev. R. V. Kendal	588 Clinton St. Tor.	Minister
A. G. Stewart	Central Technical School.	Teacher.
D. M. Payne.	41 Yarmouth Gdn. Tor.	T. Eaton Co.

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. FEBRUARY 23. 1942. Signature. Robert J. Andrews.



## FOR OFFICIAL USE ONLY

NATIONAL REGISTRATION CERTIFICATE

PRODUCT

169-177 J.O. Plummer F/L

## (A) Report of Interviewing Officer—

General appearance.....

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

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

## (B) Report of Trade Test (Not required for Standard (Tradesmen)—

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, Robert John Andrews.....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 March 9th 19 42

Robert J Andrews  
Signature of Recruit

## (D)

## OATH TAKEN BY MAN ON ATTESTATION

I, Robert John Andrews.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date March 9th 19 42

Robert J Andrews  
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,

t. Toronto, Ont. this 9th day of March 19 42

J.O. Plummer  
Signature of Officer

F/L

Rank

RCAF Rec. Centre, Toronto, Ont.  
Unit



**FOR OFFICIAL USE ONLY**  
**CERTIFICATE OF MEDICAL EXAMINATION**

**Part 1. Information obtained from the applicant—**

1. Age. 18 2. Have you ever suffered from any of the following defects in health?

- |                                    |           |                                     |            |
|------------------------------------|-----------|-------------------------------------|------------|
| (a) Rheumatism.....                | <u>No</u> | (j) Nasal Trouble.....              | <u>No</u>  |
| (b) Tuberculosis.....              | <u>No</u> | (k) Ear Disease.....                | <u>No</u>  |
| (c) Bronchitis or Asthma.....      | <u>No</u> | (l) Eye Disease.....                | <u>No</u>  |
| (d) Heart Disease.....             | <u>No</u> | (m) Epilepsy.....                   | <u>No</u>  |
| (e) Kidney or Bladder Disease..... | <u>No</u> | (n) Nervous or Mental Disease.....  | <u>No</u>  |
| (f) Gastro-intestinal.....         | <u>No</u> | (o) Syphilis.....                   | <u>No</u>  |
| (g) Rupture.....                   | <u>No</u> | (p) Gonorrhoea.....                 | <u>No</u>  |
| (h) Varicose Veins.....            | <u>No</u> | (q) Bone Fracture.....              | <u>No</u>  |
| (i) Flat or Deformed Feet.....     | <u>No</u> | 5. (r) Other Disease or Defect..... | <u>Yes</u> |

3. Have you ever worn glasses? No

4. Have you had any illness for more than one week's duration. Yes

Examiner's Remarks re above.

Pleurisy 1 mo ago. Childhood illness.

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

Signature of Applicant

Robert J. Andrews.

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

1. Identification marks or scars (if operative obtain history)

Small brown scar med side left arm

2. Height. 5 feet. 10 1/2 inches. 3. Weight. 142 pounds.

4. Complexion. Med. 5. Color of Eyes. Hazel Hair. Brown

6. Development Good  
Fair  
Poor 7. Chest Measurement—Full expiration. 33 1/2 inches

Range of expansion 3 1/2 inches

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

9. Vision—Without glasses—Right. 20/20 With glasses—Right. —

Left. 20/20 Left. —

10. Condition of mouth and teeth. Healthy

11. Urine—Albumen. No Sugar. No

12. Abnormalities (Congenital and Pathological) found on Examination. Boxing rings

but no def sac. left varicocele (small)  
No Haemorrhoids

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

A-1 B  
A-3 B

Any special remarks of the Medical Officers.

May check reg. K.L. 65784

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 114/66

Date. Feb 25 1946

17. Colour Vision N 20

W. H. White President 30 Member

Member



1914-15  
1915-16  
1916-17

ROYAL CANADIAN AIR FORCE



SERVICE  
PAY BOOK

THIS BOOK IS THE PROPERTY OF THE  
ROYAL CANADIAN AIR FORCE AND  
IS TO BE USED ONLY FOR THE PURPOSES  
FOR WHICH IT WAS ISSUED



# 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.

1  
Air Force No. *I.27301* Surname *Andrews*  
Christian Names (in full) *Robert John*  
Date of Birth *29/5/23* Religion *W.C.*  
Date of Enlistment/Appointment *11/6/43*  
Married (M), Widower (W) or Single (S) *S.*  
Occupation in Civil Life *Clock.*

Signature of Holder *Robert Andrews*  
Name and Address of Next-of-Kin

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

*Ray Andrews (father)*  
*38 Yarmouth Rd.*  
*Toronto*  
*Ont*

Certified Correct *D. H. Whiff 410*  
Date *7/7/43* Place *No 1 Depot*  
*Halifax*



[illegible][illegible][illegible]

## MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

[illegible]



**LEAVE RECORD**  
(With Free Railway Warrant)

[illegible]

**LEAVE RECORD**  
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

## MEDICAL CLASSIFICATION

[illegible]**BLOOD GROUP**

Date	International	Initials of M.O.
<p><b>BLOOD GROUP - O</b></p> <p><b>NIGHT VISUAL CAPACITY</b></p>		

## NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
21	7.5		J. K.



Susceptibility Test	Date	Result
Schick Test.....		
Dick Test.....		
.....		

## PROTECTIVE INOCULATIONS\*

## IMMUNIZATION PROCEDURES—Con.

\* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.



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.....

CLOTHING COUPONS - ZC 044263

8-20 - Templeton Hotel  
Phone FRO 2653  
ttd 11  
Place S.W. 5



ROYAL CANADIAN AIR FORCE  
INTERVIEW REPORT

SURNAME.....ANDREWS.....  
2. CHRISTIAN NAMES.....Robert John.....  
APPLYING FOR ENLISTMENT AS.....B & O.....

**SPECIAL RESERVE**

SELECTION BOARD

4. PERSONNEL OFFICER

Education....XII Ont.....

A. to L. Score.....50.....

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

RECOMMENDED FOR.....P & O.....

SUITABLE FOR COMMISSION...Yes.....Signed...R. W. Philp. F/O....

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical: Temperamental)

Good type.

RECOMMENDED FOR.....P & O.....

SUITABLE FOR COMMISSION...Yes.....Signed...J. T. White. F/L...

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness;) Medium build--neat, clean, good appearance--  
pleasant personality--confident, sincere- quiet mannered--Assistant Scout  
Master--prefers scout work to sports--average family background--appears to  
have courage & stability--Average Air -crew material.

RECOMMENDED FOR.....P & O.....

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

Signed N. J. Moran F/O

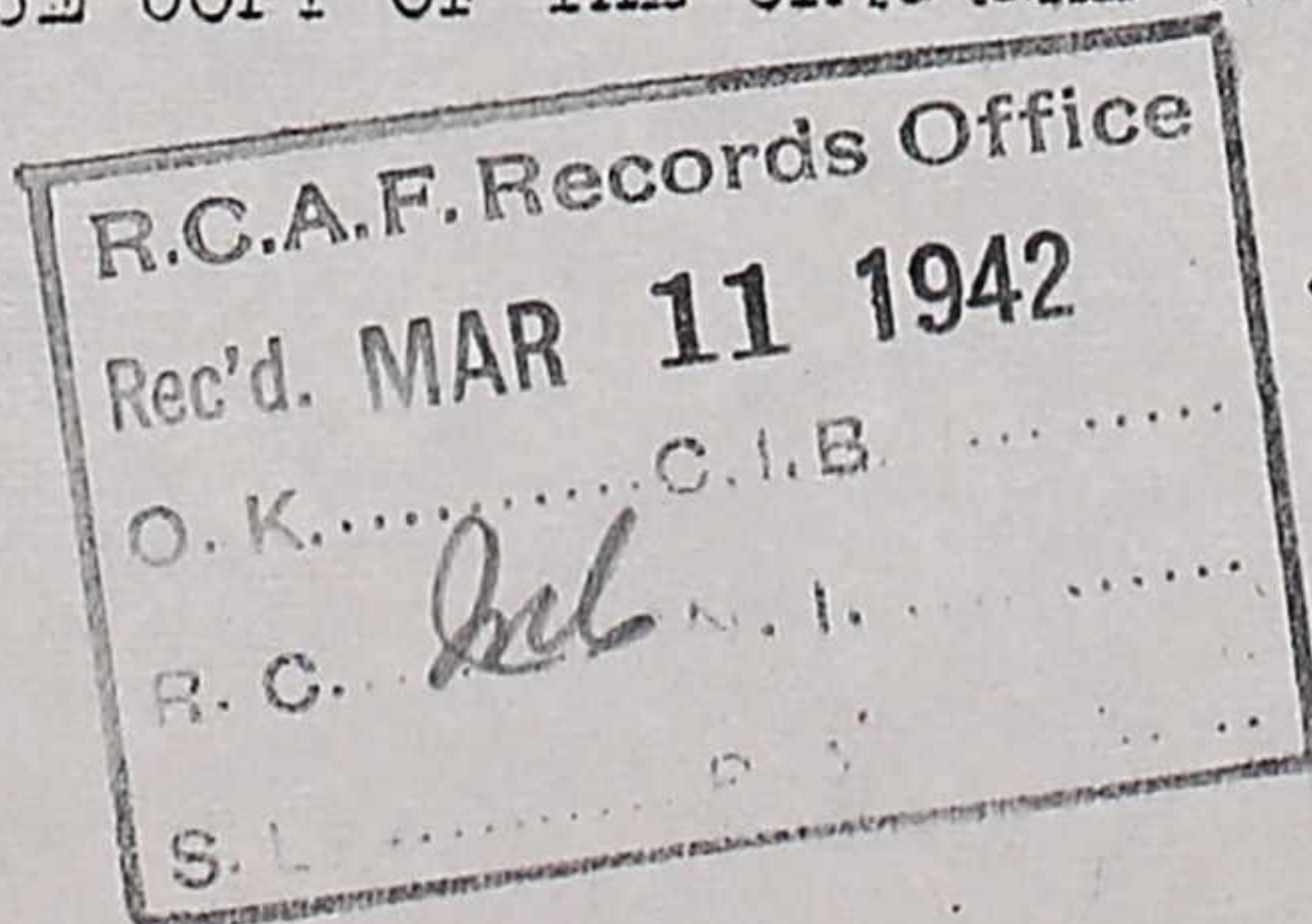
FOUND ACCEPTABLE FOR.....P & O.....

Date: 25/2/42

A.F.M. 5  
24.12.41.

for: (C. McNicoll), Squadron Leader,  
Commanding Officer,  
No. 11 Recruiting Centre, RCAF,  
TORONTO, Ontario.

CERTIFIED TO BE A TRUE COPY OF THE ORIGINAL ON FILE.



*for*



Central Technical School

This Diploma Certifies

that John R. Andrews has completed

the regular day Matriculation (Junior) Course of Four years at this  
School, and having passed a satisfactory examination if found worthy  
of graduation.

In Testimony Whereof we have hereunto affixed our signatures at Toronto, Ontario,  
this 25th day of October 1940.

(Sgd) J. Gillespie.  
Principal

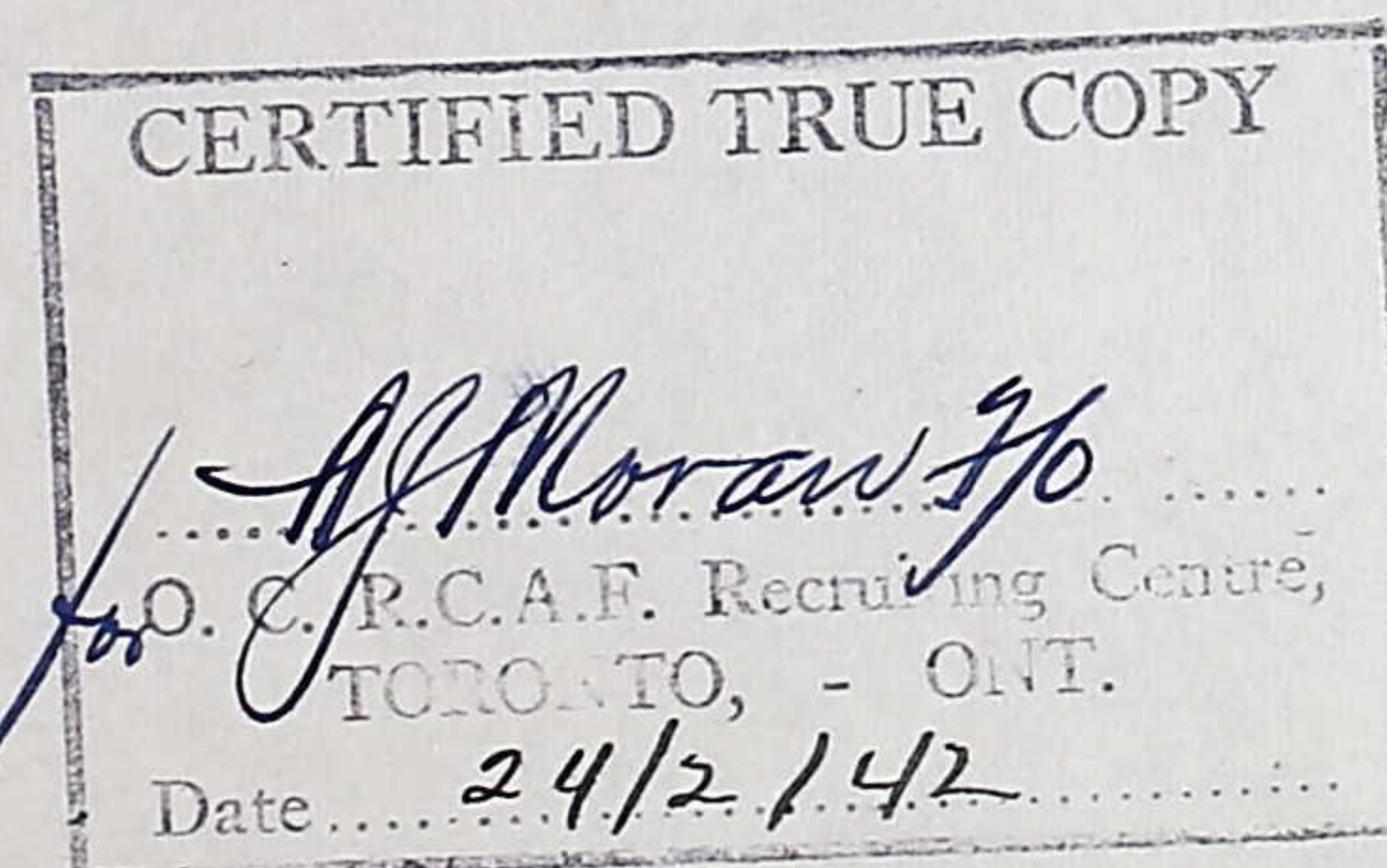
(Sgd) W. F. Elliott  
Assistant Principal

(Sgd) E. A. Hardy  
Chairman of Board of Education

(Sgd) Alex A. Stewart D.D.S.  
Chairman of Advisory Vocational Committee

(Sgd) C. C. Goldring  
Superintendent of Schools.

R.C.A.F. Re. Office	
Rec'd. MAR 11 1942	
O. K. ....	C. I. B. ....
R. C. ....	N. I. ....
S. L. ....	P. A. ....





ADDRESS ALL COMMUNICATIONS  
TO THE REGISTRAR-GENERAL  
PARLIAMENT BUILDINGS, TORONTO



ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY  
REGISTRAR-GENERAL'S BRANCH

February 20-1942.

This Certificate of Birth is issued for Military,  
Naval and Air Force purposes only

THIS IS TO CERTIFY that the  
Birth of the person named hereunder  
is of record at the office of the  
Registrar-General of Ontario as of  
the date and place noted.

Robert John Andrews

Waterloo County

May 29-1923

Name of Father Ray Elwood Andrews

Maiden Name of Mother Vera Sybilla Hamel

Reg. June 13-1923

1923-52-630

*J. V. Johns*

Deputy Registrar-General

JVM

R.C.A.F. Records Office	
Rec'd. MAR 11 1942	
O. K. <i>sc</i>	C. I. B. ....
R. C. <i>ml</i>	N. I. ....
S. L. ....	P. A. ....



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

## INSTRUCTIONS.

- (1) Name of Officer or Other Rank ANDREWS, ROBERT, JOHN.  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R-156258 AC2

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

(4) Are you married?.....

(5) If married, state,

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

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

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

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

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

Names and ages.....

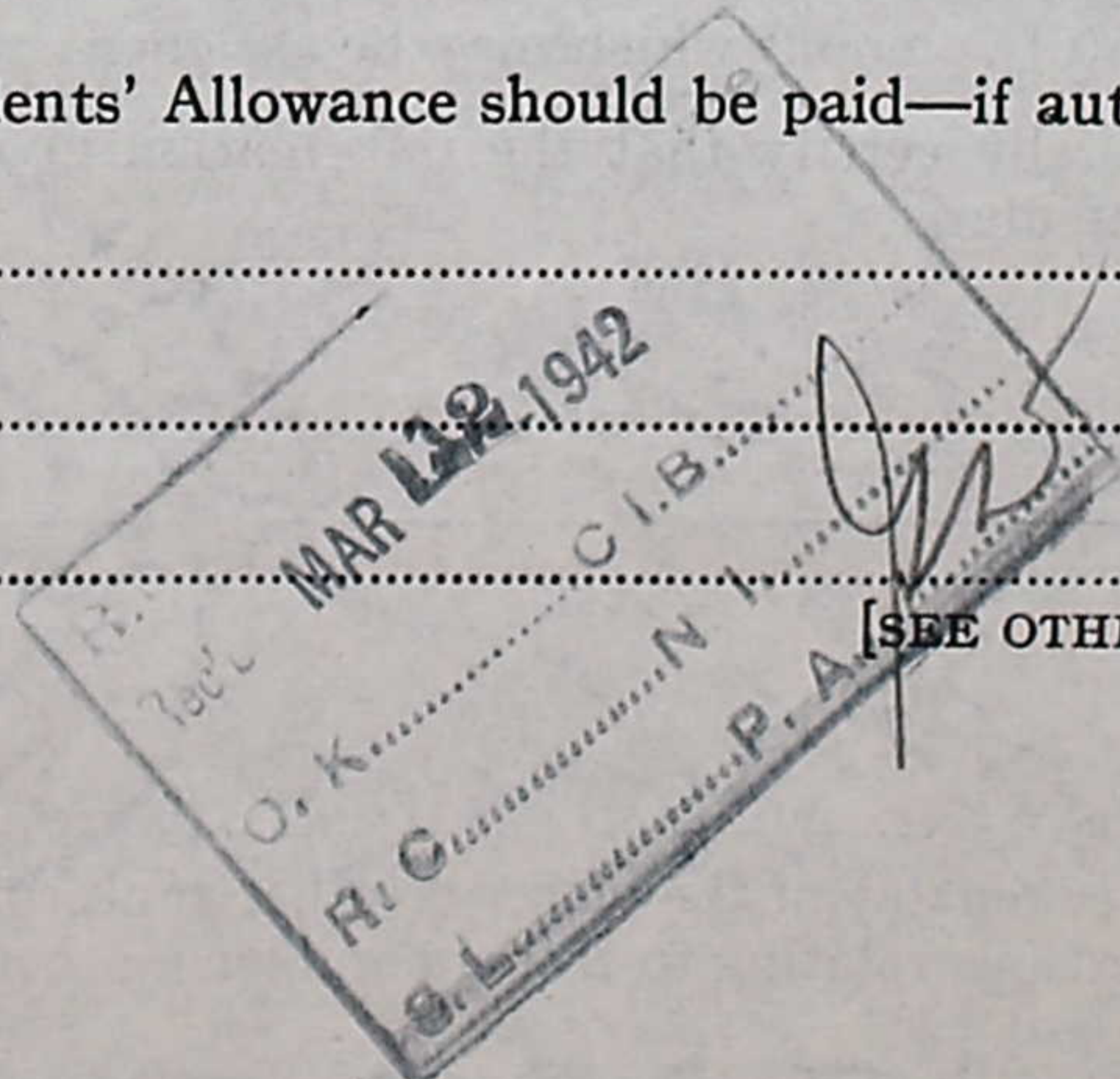
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....

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

Name.....

Postal Address.....

[SEE OTHER SIDE]





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

If so, state her full name and Postal Address.....

- (11) Is your father alive? *Yes*

If so, state name and address, occupation

*Ray Elwood Andrews.  
38 YARMOUTH RD., Toronto. Machinist.*

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

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

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

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

If so, state name and address

*Vera Sylvia Andrews*

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

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

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

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months.....

- (18) Are you insured? *Yes*

If so, in what Company?

*London Life Ins Co*  
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? *No*  
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Date *9/3/42*

*Robert J Andrews*  
(Signature of officer or man)

Date *9/3/42*

Officer Commanding *FOR (H.O. McDONALD) W/C*

*No. 1 M*

*DEPOT R.C.A.F. TORONTO*

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



# 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 ANDREW ROBERT J. ANDREWS (b) Reg'l. No. 156258  
2. (a) Arm of service 1st CAN. INF. DIV. (b) Unit 41 M. DEPOT (c) Rank Private  
3. (a) Date of birth 1922 (b) Have you any dependents? No (c) Place of residence 1000  
4. (a) Place of enlistment 17 (b) Date of enlistment NO

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? NO  
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) JK TECHNICAL MATRIC.  
7. If you attended a university, give name of university and standing or degree secured NO  
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? TOOL YOE MAKER (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 4 WEEKS  
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) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

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

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

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

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

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

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

18. Name of employer W. J. GARRA Address 24 SPADINA AVE. ST. CATHARINES  
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NO  
20. (a) Your specific occupation NO (b) Number of years' experience at this occupation with any employer 6 MONTHS  
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 NO (b) Where was it located? NO  
23. (a) Number of years engaged in this business NO (b) Have you made, or will you make plans to return to the same or a similar business on discharge? NO

## Section F—PARTICULARS OF FARMING EXPERIENCE

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

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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.) TO BECOME A PILOT.  
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Robert J. Andrews.

DATE MAR. 9 194 2 SIGNATURE Robert J. Andrews.



RC MAR 18 Office  
Rec'd  
O.K. *MA* N I.  
R.C. P.A. *PT*  
S.L.



**CONFIDENTIAL**R.C.A.F. M. 2  
300M-4-41 (87)  
H.Q. 1062-10-2

## ROYAL CANADIAN AIR FORCE

Medical Board held at TorontoDate 25/2/42

FILE NUMBER

Surname Andrews Chr. Names Robert John  
Nature of Commission PO Date of Birth May 29/23 Married or Single 2  
Branch SR Hours Flown none  
Address 38 Yarmouth Rd, Toronto, Ont.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown no  
Severe or "Sick" Headaches, Migraine no  
Fits or Convulsions of any kind no  
Sun or Heat Stroke no  
Head Injury or Concussion (including "knock-out") no  
Insomnia, Nightmares, Sleep-walking, or Bed-wetting no  
(ii) LUNG TROUBLE or Consumption no  
Bronchitis, Pneumonia or Pleurisy Pleurisy - slight attack 2-3 days about 1 mo ago  
Asthma or Hay Fever no  
(iii) HEART DISEASE, "Weak or Strained Heart" no  
Fainting Attacks or Giddiness no  
Rheumatism, Rheumatic Fever or "Growing Pains" no  
Frequent Sore Throats or Tonsilitis no  
Diphtheria, Scarlet Fever or Scarlatina no  
(iv) STOMACH or BOWEL TROUBLE no  
Chronic Indigestion or Pain after Food no  
(v) KIDNEY or BLADDER TROUBLE no  
Syphilis or Gonorrhoea no  
(vi) TROPICAL DISEASE no  
Malaria no  
Dysentery no  
(vii) EYE TROUBLE or Inflammation of Eyelids no  
Wearing of Glasses no  
Colour or Night Blindness no  
(viii) EAR TROUBLE, Earache or Discharge from Ears no  
Deafness, Noises in the Ears, or Dizziness no  
Frequent Colds in Head, Catarrh or Obstruction 3-4 colds per yr.  
Prolonged Hoarseness or Loss of Voice no  
Sea, Car or Train Sickness no  
Discomfort on Swings, Roundabouts, Switchbacks no  
(ix) OPERATIONS 10412 yrs ago no fractures  
(x) Any illness or Injury not mentioned above some childhood illnesses  
3 yrs ago - car accident. Lunk right side of his forehead & nose - latter is  
demarked from straight line.

Education in naturePresent Occupation Stock Clerk - W. J. G. & Co. Hobbies Scout workPrevious Service noneAthletics no organized sports Camping, hiking, canoeing Hockey slightlyHabits—Smoking yes Alcohol occasionalFAMILY HISTORY—Consumption no Diabetes no Haemophilia noNervous Ailments, Mental Trouble, or "Fits" noFather Alive—Health AW Dead—Cause —Mother Alive—Health AW Dead—Cause —Brothers (A.) Alive—Health AW (—) Dead—Cause —Sisters (A.) Alive—Health AW (—) Dead—Cause —

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 25/2/42 Signature Robert J. Andrews Witness J. White



# GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique *lorry* (b) Mentality *Standard*  
 Body Marks, Scars, Deformities *small brown scar med. side left tibia*  
 Size of Thyroid Gland *normal*  
 Surgical Abnormalities *Lax. inguings but no def. sac. Left varicose (small) No haemorrhoids*  
 Results of Wounds, Injuries, Operations *none*

	Date <i>25/2/42</i>	Date <i>24.8.42</i>	Date	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	<i>70 1/2</i>	<i>70 3/4</i>		
Weight (lbs.)	<i>142</i>	<i>144 1/2</i>		
Chest Circumference (ins.)	<i>33 1/2 - 36</i>	<i>-</i>		
Body Build (lbs.)	<i>- 2 1/2</i>	<i>- 2 1/2</i>		
LEG LENGTH (ins.)	<i>43</i>	<i>-</i>		
Pulse Rate { Sitting Standing 1st Standing 2nd After Exercise Time to Normal	<i>84</i>	<i>60</i>		
Arterial Walls	<i>N</i>	<i>soft</i>		
Blood Pressure { Systolic Diastolic	<i>114</i> <i>66</i>	<i>120</i> <i>70</i>		
Room Temperature	<i>N</i>	<i>good</i>		
Heart { Size (in cms.) Sounds Rhythm	<i>N</i> <i>N</i> <i>R</i>	<i>N</i> <i>N</i> <i>s.a.</i>		
Lungs { Inspection Palpation Percussion Auscultation Expiratory Force X-Ray	<i>N</i> <i>N</i> <i>N</i> <i>N</i> <i>N</i> <i>neg</i>	<i>Clear</i>		
Reflexes { Knee Ankle Triceps Abdominal Plantar	<i>N</i> <i>N</i> <i>N</i> <i>N</i> <i>↓ ↓</i>	<i>Exag.</i> <i>N</i> <i>N</i> <i>N</i> <i>N</i>		
Cranial Nerves	<i>N</i>	<i>N</i>		
Balancing Rod	<i>R. L. not done</i>	<i>R. L. -----</i>		
Self Balancing	<i>R. L. 1/2 1/2</i>	<i>R. L. 1/s 1/s</i>		
Tremors { Fingers Eyelids	<i>sl. fine</i> <i>none</i>	<i>s.f.</i> <i>nil</i>		
Abdomen { Liver Spleen Muscular Tone	<i>N</i> <i>N</i> <i>N</i>	<i>N.P.</i> <i>N.P.</i> <i>good</i>		
Urine { Albumen Sugar	<i>neg</i> <i>neg</i>	<i>neg.</i> <i>neg.</i>		
Initials of M.O.	<i>JTW</i>	<i>PER</i>		

40 mm. Hg. Test *70 secs / 8 / 10 " " / 11 10 " / 11 10 10 / 11 10 10 / 99*  
 Date *24.8.42*: *5/678/777/888/877/765 = 75 secs. 1st try (2) PER*  
 Date  
 Date  
 Date

*25/2/42*  
*JTW*



# EYE EXAMINATION

History *neg.*

No. 6 MSB

Rt. eye & hand master

Visual Acuity { R. 20/20 }  
 { L. 20/20 } *2.50 Blur*

20/20)

+ 250 = Blur

20/20)

Colour Vision *normal red test*

C.D.S. 9th Ishi.

Red, Green *orthophoria*

MR. 6 m. Eso. 2 p.d; 33 cm. Exo. 5 p.d.

Diaphragm Test (P.D. = *6.1*) *Bar 3*

(64) Bar at 2

Convergence { C. = *6.5* cms.

7

{ S. C. = *11.0* cms.

12.5

Accommodation { R. } *10.5*

10

{ L. }

10

Cover Test *Sl. lat dev. R.R*

Sl. div. dev./RR

Fundi and Media *normal*

Normal

Fields *normal*

REMARKS:

ALBA3B

Initials of M.O. *Joh*

Initials of M.O. LSSK

Initials of M.O.

Date *25/2/42*

Date *24.8.42*

Date

## EXAMINATION OF EAR, NOSE AND THROAT

History *Soft. 12 yrs ago. Possible for nose 3 yrs ago in car accident -*

Hearing { R. Ear *W.V. 20'*

W.V. 20'

{ L. Ear *W.V. 20'*

W.V. 20'

External Ear, { R. Ear *N*

N

Meatus { L. Ear *N*

N

Middle Ear, { R. Ear *N & P*

N & P

Eustachian { L. Ear *N & P*

N & P

Cochlear { R. Ear *N*

N

{ L. Ear *N*

N

Vestibular { R. Ear *N*

N

{ L. Ear *N*

N

Buccal Cavity *Healthy*

N

Teeth *N*

N

Gums *N*

N

Pharynx *N*

N

Nasopharynx *normal*

Nose *N*

N

Larynx *normal*

REMARKS:

Initials of M.O. *Joh*

Initials of M.O. K

Initials of M.O.

Date *25/2/42*

Date *24.8.42*

Date



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

25/2/42.

Good type. Should train well. Alert & intelligent. Pulse 40 m. steady. Eyes & ears normal.

A, B A<sub>3</sub> B.

J. White F/L

I certify upon my honour that I have suffered no illness or disability of any kind since my last examination.

Signed.....Robert J. Andrews.....

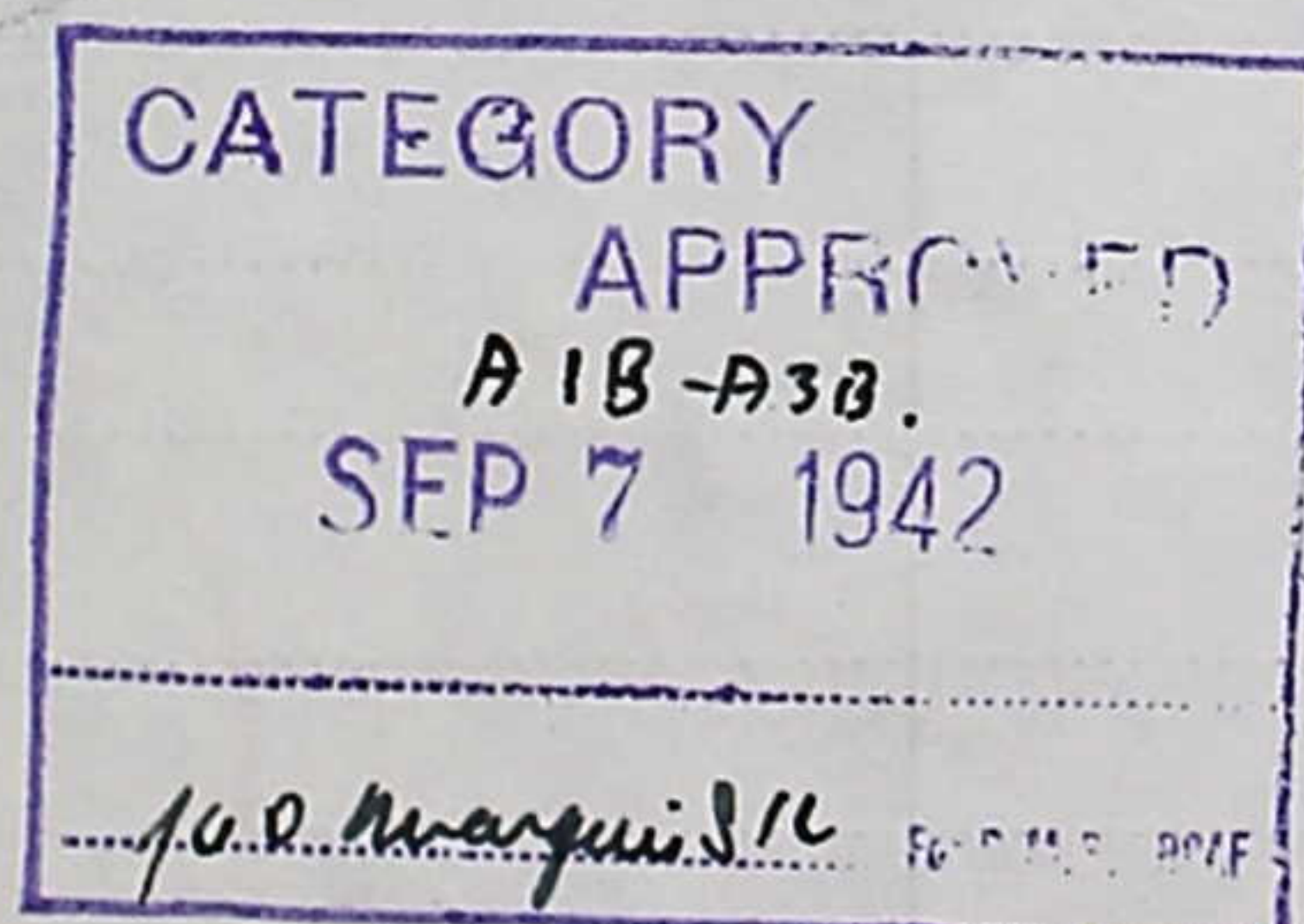
Witnessed.....J. White F/L.....

Dated.....9/3/42.....

David Christie F/Lt.,  
(David Christie) Flt./Lt.,  
Medical Officer i/c,  
No. 11 Recruiting Centre, RCAF,  
Toronto, Ontario.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....



1. Good physique - slender build. Small left varicocele.
2. Good intelligence. Young, somewhat immature but stable. Motivation is rather poor. Impresses as somewhat self-centered, egocentric.

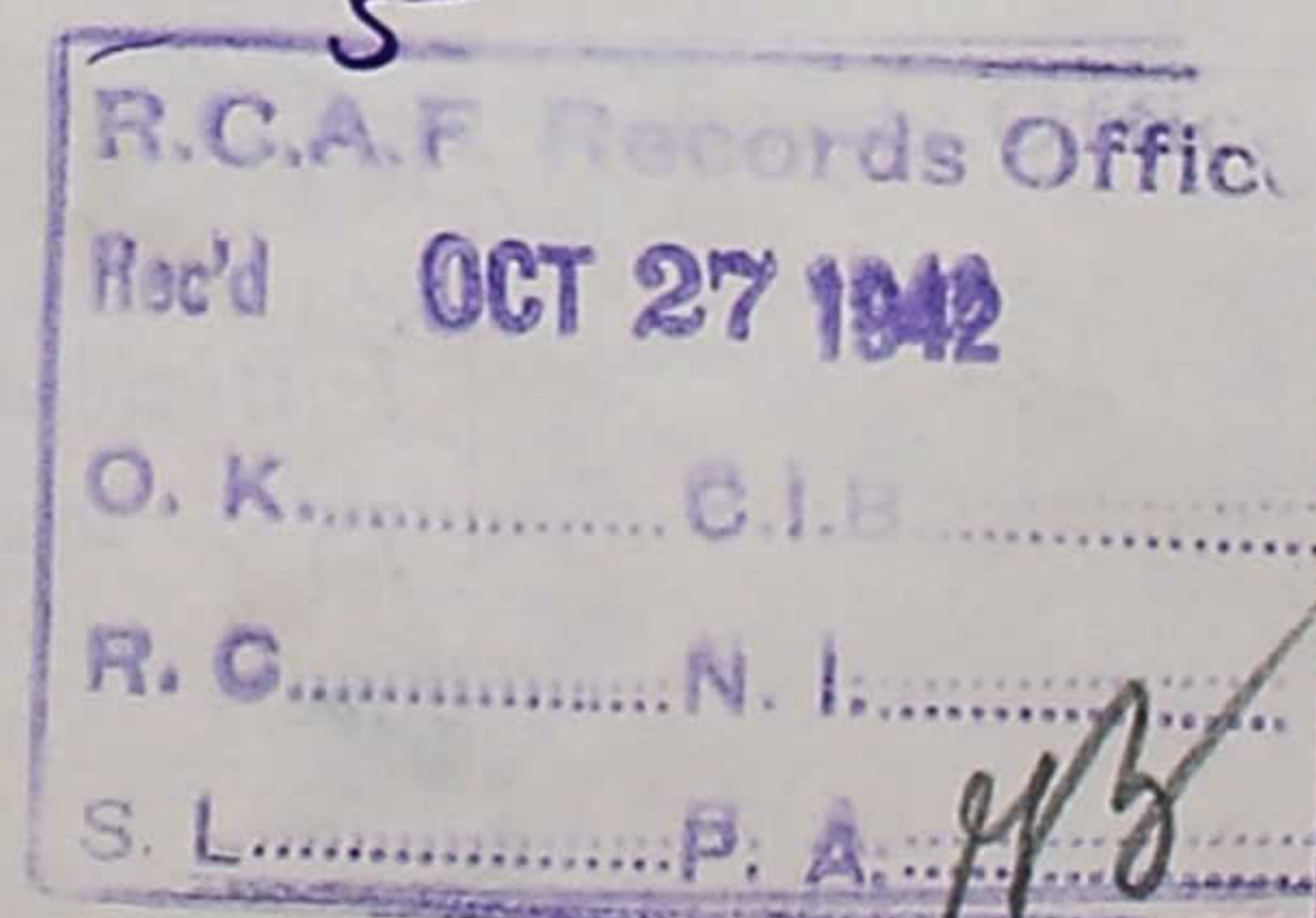
#7 P 0.4 G P.E. Ryberg F/L

FIT | Date 7.9.42  
PILOT  
OBSERVER  
W/OPERATOR  
A/GUNNER

N. Vision: 21/32 above average EW

D. Chamber: Normal CEO

EES



M.O. J. O. Macquie S/L



DECLARATION

J 27301

764

I **ROBERT J. ANDREWS**... do hereby agree to accept a commission in the Royal Canadian Air Force (Special Reserve) and do hereby declare that I am willing to serve on Active Service anywhere in Canada, also beyond Canada and Overseas, for the duration of the present war and for the period of demobilization thereafter, should His Majesty so long require my services. I also understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Signature *Robert J. Andrews*

Witness *Donald R. Jay* Cpl F/

Date *20/9/43*

Place *#1 Y.D.E.P.O.T.*





Every item of information  
should be carefully supplied.  
(See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE  
DIVISION REGISTRAR OF THE DIVISION IN WHICH  
THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH  
UNFADING INK  
THIS IS A PERMANENT  
RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"

## PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of OVERSEAS (ENGLAND) Township of \_\_\_\_\_  
If in City, Town or Village \_\_\_\_\_ Street \_\_\_\_\_ House No. \_\_\_\_\_  
(Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)  
(a) In City, Town or Township where death occurred \_\_\_\_\_ (b) In Province \_\_\_\_\_ (c) In Canada (if immigrant) \_\_\_\_\_

3. PRINT FULL NAME OF DECEASED ANDREWS ROBERT JOHN  
(Family name) (Given name or names in usual order)

RESIDENCE No. 38 Street Yarmouth Road City, Town, Village or Township Toronto Province Ontario  
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex <u>Male</u>	5. Nationality (Citizenship) <u>Canadian</u>	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word) <u>Single</u>
-----------------------	--	------------------	---

8. BIRTHPLACE Ontario  
(Province or Country)

9. DATE OF BIRTH May 29th 1923  
(Month) (Day) (Year)

10. AGE in { Years 21 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day old  
hrs. or \_\_\_\_\_ min.

OCCUPATION

11. Trade, profession or kind of work as Pilot  
spinner, teamster, office clerk, etc.

12. Kind of industry or business, as R.C.A.F.  
mill, lumbering, bank, etc.

13. Date deceased last worked June 29/41 at this occupation

14. Total years spent in this occupation Two

15. If married give name of wife or husband of deceased \_\_\_\_\_

FATHER

16. NAME Andrews, Ray Elwood

17. BIRTHPLACE Manitoba  
(Province or Country)

MOTHER

18. MAIDEN NAME Hamel, Vera Sybilla

19. BIRTHPLACE Ontario  
(Province or Country)

20. Person giving information D. Emond - s/o  
sign here For (R.C.A.F. Records Officer)

Address \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

21. Place of Burial, Cremation or Removal \_\_\_\_\_

Date of burial or removal \_\_\_\_\_

22. Burial Permit was issued by \_\_\_\_\_

Address \_\_\_\_\_

23. UNDERTAKER \_\_\_\_\_  
(Name and address)

### MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH June 29th 19 44  
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
and last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Killed in flying accident (struck by lightning)</u> due to _____ (b) _____ due to _____ (c) _____	Underline the cause to which death should be charged statistically
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).		
II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause.		

26. If a communicable disease is mentioned on this certificate, give { (a) Date of appearance \_\_\_\_\_ 19 \_\_\_\_\_  
(b) Duration of disease \_\_\_\_\_ days

27. If a woman, was the death associated with pregnancy? \_\_\_\_\_

28. Was there a surgical operation? \_\_\_\_\_ Date of operation \_\_\_\_\_ 19 \_\_\_\_\_  
State findings \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

29. If death was due to external causes (violence) fill in also the following:—  
Accident, suicide or homicide? Accident Date of injury June 29th 19 44  
Manner of injury Killed in flying accident (struck by lightning)  
(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 \_\_\_\_\_

30. Division Registrar's Record No. \_\_\_\_\_

31. Filed \_\_\_\_\_ 19 \_\_\_\_\_  
(Division Registrar)



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J27301(R156258)**

RANK **FLYING OFFICER**

UNIT **22 O.T.U.**

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

(OVERSEAS)

NAME **ANDREWS, ROBERT JOHN**

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

MARITAL STATUS **SINGLE**

RELIGION **UNITED CHURCH**

CANADIAN **YES**

FRENCH CANADIAN

OTHER

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

ADDRESS **MR. RAY ELWOOD ANDREWS (FATHER)**

**38 YARMOUTH RD.**

**TORONTO, ONT.**

NAME  
ADDRESS  
D.A.B.

**MRS. VERA S. ANDREWS** ✓

**SAME ADDRESS**

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

ADDRESS **MR. & MRS. R. ANDREWS (PARENTS)**

**38 YARMOUTH RD.**

**TORONTO, ONT.**

**ALSO MISS B. WARDALL (RNS)**

**CLIVEDON RD.**

**HOUGHTON GREEN, CHESTER, ENGLAND.**

FATHER'S NAME

ADDRESS

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS

**MR. & MRS. RAY ELWOOD ANDREWS**

**38 YARMOUTH RD.**

**TORONTO, ONT.**

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 HWY----PCX275----d-30-JUNE-44**

**HB87/30-JUNE**

**"KILLED" 29-JUNE-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)  
AT ROAD, NORTHAMPTONSHIRE, ENGLAND. (STRUCK BY LIGHTNING)**

**(NEXT OF KIN ADVISED 5-JULY-44)**

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

**XX**

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

**XX**

DATE **22-JULY-44**

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

**XX**

*Wm Bushnell*

FOR CHIEF OF THE AIR STAFF

ATS-RT

**2**

**ADMINISTRATOR OF ESTATES, OTTAWA**

**16924**



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

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

1. Surname ANDREWS Christian Names (in full) ROBERT JOHN  
 Rank FLYING OFFICER Number J.27301 Unit WELLESBOURNE MOUNTFORD.  
 Date and time of accident 24/6/44. 1720 hrs. Place of accident ROADS, NORTHANTS.

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

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

KILLED AS RESULT OF FLYING ACCIDENT, WELLINGTON HF. 641

3. (a) Description of injuries:—

MULTIPLE INJURIES

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

(i).....(ii).....

INSTANTANEOUS DEATH

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

(i).....7 OCT 4 1944.....(ii).....

Date 3/7/44

Signature of Medical Officer

(signed) J.M. BARNES, S/Ldr.



## 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)..... (b).....

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

(iv.) For what service event was the practice held? ..... **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) )..... **N/A**(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 particulars..... **NO**

## (f) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place **CONFIRMED THAT AN INVESTIGATION HAS BEEN HELD ON FORM 4-12 INTO THIS ACCIDENT.**(ii) An investigating officer?..... **G/CAPT. A. JAMES.**

(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..... **G/CAPT.**Date..... **19th July, 1944**..... Commanding **RAF. STATION, WELLESBOURNE MOUNTFORD.**



38 Yarmouth Rd., Toronto 4, Ont.  
April 9, 1945

Secy. National Defence (for Air)  
Ottawa, Ont.  
Attention Records Office.

Rog 029

Dear Sirs - re your File 1000-27-5  
- J27301 -

①

As I've had no further letter  
from you - since December 5 - would like  
to make further enquiry as to War Service  
Gratuity - as to whether my application  
has been considered yet.

Thanking you for a reply, I remain  
Yours truly

Vera S. Andrews

check dup  
of app. jpd

#8431  
TO DAF  
9/12/44  
STILL THERE  
R

② DA 7/7 - 2 - 5'

In your direct answer  
please. Case # 8431  
on 9/12/44

E. L. Spohn S/O  
14 Apr 1945.



Confidential

## R.A.F. TRAINING REPORT.

R.A.F. Form 5014

## PILOT

No. 21 ADVANCED FLYING UNIT

1. Surname ANDREWS Christian Names ROBERT JOHN  
 2. Number J.27301 3. Rank P/O. 4. Course No. 19  
 5. Posted from 3 PR.C. 6. Date course commenced 12.1.44. 7. Date course ended 15.5.44. 8. Posted to 22 O.T.U

## 9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying ... ..	400	280
(b) Applied Flying ... ..	200	150
(c) Instrument Flying ... ..	250	175
(d) Night Flying ... ..	100	72
(e) Link Trainer ... ..	50	35
Total ... ..	1,000	712
PER CENT.		71.2

## 10. Assessment of qualities of Character and Leadership ... ..

Marks Allotted	Marks Obtained
100	70

## Degree of Suitability for further training

	0	1	2	3
	Not at all suitable	Moderately suitable	Definitely suitable	Extremely suitable
11. As a Flying Instructor ... ..				

(Mark "X" in appropriate column.)

## 12. Remarks :

A good average pilot. No outstanding faults.

Date 13.5.44Signed C.D. STODOL Officer Commanding.

(N.B.—Flying Times and Accident Record shown overleaf)



### 13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Instru-ment	Link Trainer
OXFORD	Day ...	6.05	31.40	45.00	5.30	1.15	7.00	10.10
	Night...	1.15	5.55	5.15				

### 14. Flying Accidents.—All flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in "None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. "Taxying" "Heavy Landing" "Over-shooting" etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
				none			

\* Column (6) above : " R.U." —Repairable at Unit.  
" R.X.U." —Repairable away from Unit.  
" W.O." —Write off.



Confidential

## R.A.F.—TRAINING REPORT

R.A.F. Form 5012A

PILOTNO. 1515 BEAM APPROACH TRAINING FLIGHT

Christian

1. Surname ANDREWS Names : ROBERT JOHN.
2. Number : 1 27301 3. Rank : Flying Officer 4. Course No.: 88
5. Posted from 21(P) A.F.U. 6. Date Course commenced 22.2.44. 7. Date Course ended 14.3.44. 8. Posted to 21(P) A.F.U.
9. Flying Times (at this Unit) :

Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
	Dual	Solo	Dual	Solo				
OXFORD	20.15	-	-	-	14.30	20.15	-	03.55

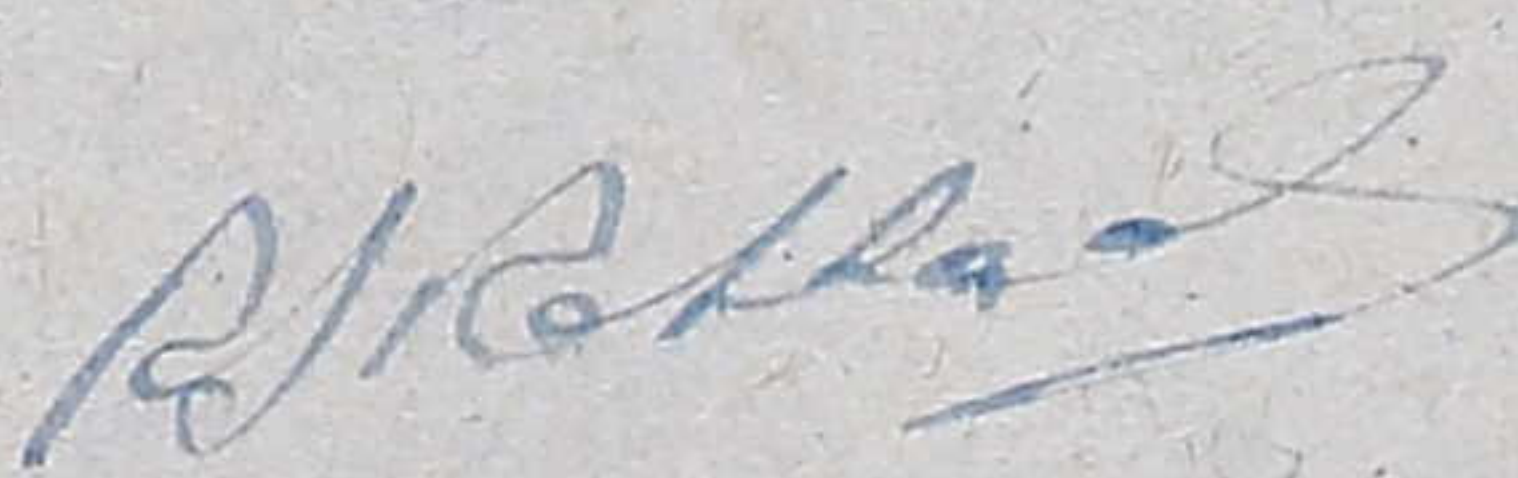
## 10. Flying Tests

SUBJECT	Marks Allotted	Marks Obtained
(a) B.A. PROCEDURE AND "Q" CODE (LINK TRAINER)	200	132
(b) RECEIVER OPERATION ... ..	100	70
(c) INSTRUMENT FLYING... ..	250	180
(d) CLOUD AND NIGHT FLYING ... ..	250	185
(e) GENERAL APPLICATION OF B.A. PROCEDURE (FLYING)	200	110
TOTAL ... ..	1,000	677
PER CENT. :		67.7%

## II. Remarks :

Distribution:  
A.M. (T.P. Stats).  
21 (P) A.F.U.  
File.

I.F. fairly good but became confused when combining I.F. with S.B.A. procedure. More B.A. practice in procedure is recommended.



Date 14th March, 1944 Signed [Signature] Officer Commanding.



FORM NO. M. 76 -- VISIBLE RECORDS LIMITED, SCARBORO P.O., CANADA  
CUT AND PUNCHED TO BE USED IN "NU-STYL" BINDER, MODEL NO. A.16F.  
R.C.A.F. T-118 5M-9-42 (2651) H.Q. 885-T-118

[illegible]

NAME \_\_\_\_\_

ANDREWS, R. J.

No.

J. 27301

al



## REPORT ON PERSONNEL - GENERAL RECONNAISSANCE SCHOOL

T.22 (G.R.)

NAME... **ANDREWS R.J.** ... NO... **PL56258** ... RANK... **P/O** ... **SUMMERSIDE, P.E.I.**COURSE NO... **98B** ... DATE COMMENCED... **5 July/43** ... DATE TERMINATED... **3 Sept/43**

## NAVIGATION - FLYING TIMES.

AIRCRAFT TYPE	DAY	NIGHT	TOTAL
ANSON	41:10		41:10

## RESULTS - PILOTS COURSE

SUBJECTS	MARKS	MAXIMUM	PERCENT
D.R. Navigation Intermediate	66	100	66
D.R. Navigation Final	239	300	79
D.R. Navigation Airwork	216	300	72
Reconnaissance	145	200	72
Reconnaissance Airwork	60	100	60
Astro Navigation	75	100	75
Compasses and Instruments	126	200	63
Meteorology	138	200	69
Signals	73	100	73
Coding	71	100	71
Ship Recognition	140	200	70
Photography	75	100	75
Visual Signals	P	Pass	P
TOTAL	1424	2000	71.2

Order of merit.....19...

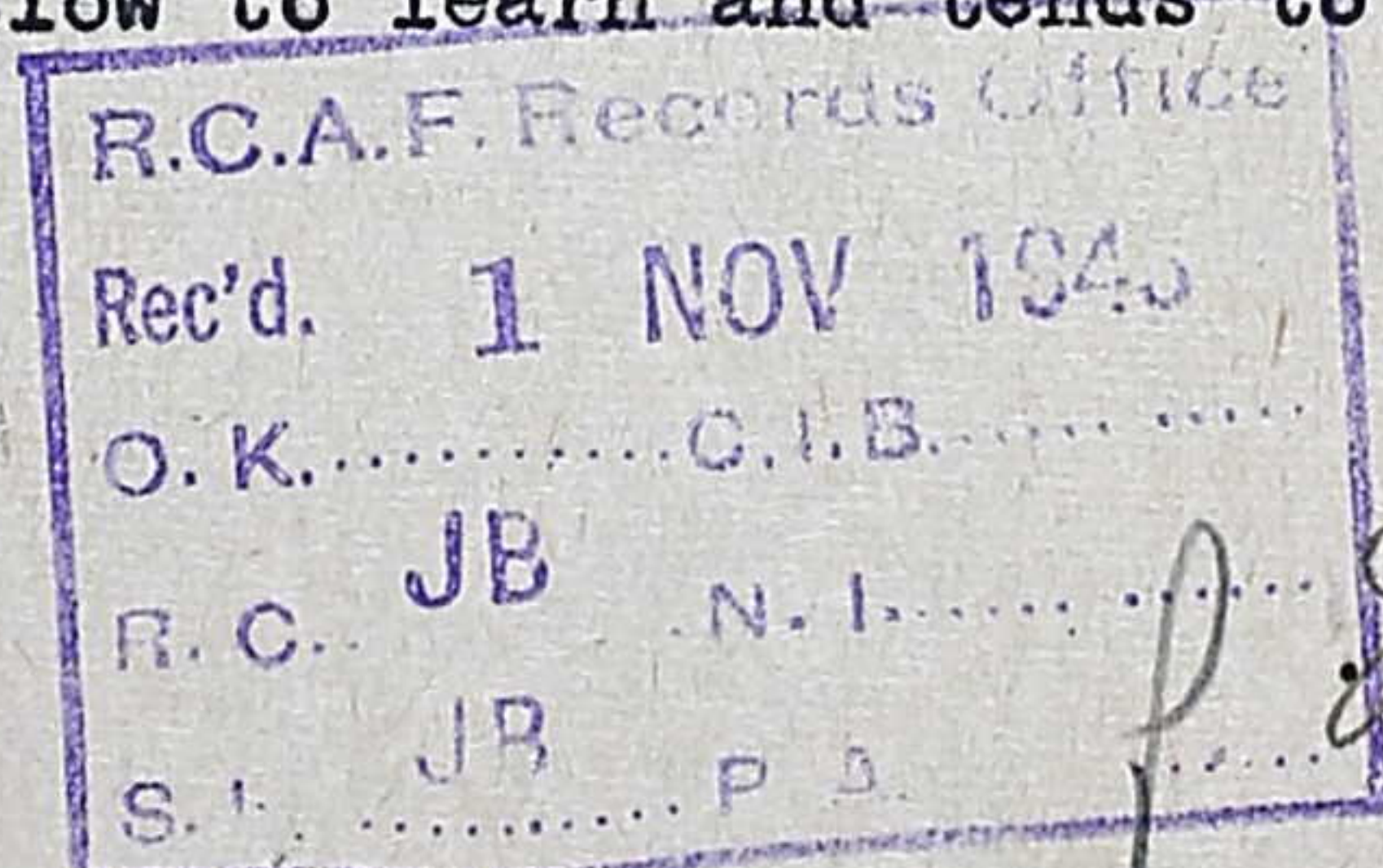
Pass...Yes.....

Size of class.....24...

Fail.....

## INSTRUCTOR'S REMARKS:-

Slow to learn and tends to be lazy. Too many outside interests.

*J.E. Lyons F/O.*  
Course Instructor.

## RECOMMENDATION FOR FUTURE EMPLOYMENT:-

1...Land Based G.R..... 2...Fighter Recco.... 3.....Flying Boats.....

CHIEF INSTRUCTOR'S REMARKS:- This pupil has not applied himself. Slow to learn. Will need further supervision.

*J.M. Hall*.....W/C  
Chief Instructor

## O.C. STATION'S REMARKS:-

I concur.

*[Signature]*  
Commanding Officer,  
No.1 G.R.S., SUMMERSIDE, P.E.I.

1 Sept/43



84311 527301

38 Yarmouth Rd, Toronto 4 Ont.  
November 29/44.

28

DEC 9 1944

The Secretary  
Dept. of National Defence for Air  
Ottawa, Ont.

RDr

Dear Sirs - re - J27301 Your file 1000-27-5

Your letter of November 11th received, enclosing form to be filled in by me, regarding application of War Service Gratitude. This form looked to me as one which should be filled in by serviceman himself, However as my son (Robt. J. Andrews) is deceased & he assigned pay to me (his Mother) I'm making application hereby, for War Service Gratitude. I have ~~xx~~ filled in the form however, and if not correct, or you wish me to fill in another please send it along.

Yours truly

Mrs. Vera S. Andrews.

OK & use as appen  
(handwritten)

C57

DEC 5 1944



*P.A.C.R. file*

J.27301 (RO)

Ottawa, Ont., 8th Apr. 1947

R E G I S T E R E D

Mrs V.S. Andrews,  
38 Yarmouth Road,  
Toronto, Ont.

Re: ~~R.J. Andrews (J.27301)~~

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

Yours truly,

  
(W.A. Dicks)

Wing Commander,  
for Chief of the Air Staff.

Encls. 1



PA Gas

CV

"THE CORNER"

178, VICTORIA ROAD.

ECCLESHILL,

BRADFORD.

September 2<sup>nd</sup> 1944.

Dear Sir,

I have recently learnt  
that my fiancé J27301 F/O. R. J. Andrews  
was killed on a routine training flight  
on 29<sup>th</sup> June 1944. He was stationed  
at the R. A. F. Station, Gaydon, in  
Warwickshire, to which address I wrote  
asking for further information, and  
the address of his people in Canada  
to whom I want to write.

I was told that regulations  
do not permit of such disclosures



from a station, but the Section  
Officer Adjutant for Detachment  
Commander at Gaydon, from whom  
I received the news suggested I  
should contact the R. S. A. I.  
Headquarters.

If you can give me any  
information about the late I/O.

R. J. Andrews, and his home address  
is Toronto, I should be much  
indebted to you.

Yours sincerely

Joan M. Bell.

---

- 8 SEP 1944



11-1-C. 38 Yarmouth Rd, Toronto 4.  
January 5, 1945.

M.L. E.C. Gallier,  
Director of Estates Branch,  
Dept. National Defence,  
Ottawa, Ont.



Dear Sir - Your file H.Q. J27301 FD190.

In reply to your letter of December 23/44 in which you state my sons' pay documents have now been received & that you would account for same after they have been checked and verified. Would you please inform me whether his bank account has also been sent on? Also my son always kept quite a bit of cash in his wallet, & I would appreciate hearing regarding above.

I have sent War Savings Certificates to Registrar (as advised by you) to be transferred to my name. Might correct your letter on one point. They were all in my sons' name, but 195.00 were deposited in envelope (with Bank) in my name. The 10.00 I had at home. However as mentioned, I sent them on to Ottawa, after getting them from the Bank.

Awaiting your reply, I remain

Yours Truly

Vera S. Andrews



Ottawa, Ontario,  
23rd December, 1944.

Mrs. Vera S. Andrews,  
38 Yarmouth Road,  
Toronto 4, Ontario.

ANDREWS, Robert J., F/O (Deceased)  
No. J27301 - RCAF

Dear Mrs. Andrews,-

You informed us previously, on our Form P-64, that you had in your possession War Savings Certificates belonging to your son having a face value of \$10.00. If you require to have these transferred, will you please forward them directly to The Registrar, War Savings Certificates, 350 King Edward Street, Ottawa, Ontario, furnishing date of your son's death and his Air Force number. The Registrar will then obtain the requisite authority from this Branch.


We note that your son has \$195.00 of War Savings Certificates in the Bank of Montreal, but as these are in your name you can simply retain them for your own use and benefit, as you are the sole beneficiary of his estate.

We note further that your son had a small bank account in the Bank of Montreal, and if you have been unable to withdraw this account we will be pleased to do it for you, if you will provide us with the particulars of the account. As this is apparently a small account we believe the bank will allow you to withdraw it without reference to this Branch.

Your son's pay documents have now been received, but these will have to be checked and verified before we can account to you for the balance of the account.

Yours faithfully,

ECC/S.

  
Director of Estates.



Mrs. Vera S. Andrews,

38 Carmouth Rd.

Toronto, Ontario.

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

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

and the following number quoted:—

H.Q. J 27301 FD 190

DEPARTMENT OF NATIONAL DEFENCE  
ESTATES BRANCH  
OTTAWA, ONT.

7 Aug.

194 4

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

Andrews, Robert John F/O

No. J27301 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.



S. C. Collins 7/1  
for Director of Estates.



## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Ray E. Andrews	46	38 Yarmouth Rd. Toronto 4.
4	Mother of the Deceased.....	Vera S. Andrews	45	38 Yarmouth Rd. Toronto 4.
5	Brothers of the Deceased	Bruce J. Andrews	6	38 Yarmouth Rd. Toronto 4. Ont.
	<del>Half Blood</del>			
	Sisters of the Deceased	Mrs. Gordon McEldon	23	38 Yarmouth Rd. Toronto 4. Ont.
	<del>Half Blood</del>			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

8	Full names of the
9	Date of his birth
10	Place and date of
11	Place and date of
12	Place where dece
13	State, in order, t resided before en
14	Nature of employ
15	State whether he so, where situat
16	Name place whe permanent home
17	Did he leave a W
18	If married, and do in the U.S.A. or community of pr contract dealing
19	Did he have a Ba give name and ac Do you wish it a
20	Amount of War where located.
21	Amount of Vict whether register
22	If deceased had payable under ea therein.
23	Describe other a space on page 4
24	Did the deceased (a) His own (b) Service of An itemized ac hereto, and "approved" particulars.
25	Have you or any part thereof amount paid
	(NOTE:—T and burial is ma zone, and if a re authorized in th by the Govern



## E QUESTIONS

, of all the relatives that the deceased ever

## RMANT'S STATEMENT

Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
46	38 Yarmouth Rd. Toronto 4.
45	38 Yarmouth Rd. Toronto 4.
6	38 Yarmouth Rd. Toronto 4. Ont.
23	38 Yarmouth Rd. Toronto 4. Ont.
Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert John Andrews.
9	Date of his birth.	May 29, 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Waterloo, Ont. Apr 14, 1919.

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Waterloo, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ont. Waterloo County 5 1/2 yrs. (b) " Wellington " 8 yrs. (c) " York " 7 1/2 " (d)
14	Nature of employment before enlistment.	factory help - M.J. Page Ltd. Stationers
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
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?	.50 % Interest in Bank of Montreal a/c # 8785 Corn. Christie & Dupont Toronto 4. Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	\$195.00 (full value) held for safekeeping by Bank of Montreal in name of Vera S. Andrews. \$10.00 at home at 38 Yarmouth Rd.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	London Life Ins. Co. Ont payable - determined by policy Beneficiary - Vera S. Andrews
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.	—
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.	—
<p>(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.)</p>		

(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.

Vera S. Andrews

Signature of Informant

38 Yarmouth Rd, Toronto 4, Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Vera S. Andrews

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

Dated at Toronto this 14th day of August 1944

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

Richard V. Kendall Qualification Clergyman

Address 588 Clinton St. Toronto

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

OTHER PARTICULARS

1. Did the deceased ever incur any debts for—

(a) His own separate board and lodging while on service.

(b) Service clothing and equipment.

(c) A furnished account for each month while he was in the service, and if so, mark the bill "settled" and if not, "unsettled". If settled, indicate the date.

2. 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.

(Note.—The Government pays funeral expenses when the deceased is a member of the Canadian Forces or when he is a member of the British Commonwealth or when he is a member of the United States Armed Forces. 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 and it is incumbent upon the relative to make arrangements for the payment of such excess.)