J93110
ALMAS
RUSSELL MUNN

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WAC
R 16 1274 5479



ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
DOMINION GOVERNMENT AND MUST
NOT BE DESTROYED OR DEFACED

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.

J93110

Air Force No. R161274 Surname ALMAS

Christian Names (in full) RUSSELL MUNN

Date of Birth 5.1.18 Religion ANGLICAN

Date of Enlistment/Appointment 27.4.42

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

Occupation in Civil Life Miner

Signature of Holder R. M. Almas

Name and Address of Next-of-Kin

Edward Russell Almas (Father)
Ancaster (Ont.)

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

Edward Russell Almas (Father)
Ancaster (Ont.)

Certified Correct H. K. Martin Lt

Date 12 May 43 Place No. 7 Depot
Trenton

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
W.O.A.C.(S.P.)	3.5.43		H.K. Martin Vt

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/SGT(P)	3.5.43	AERO 104	H.K. Martin Vt
F/SGT	3.3.44	C5/44	
W02	3.9.44	OR 55/44	
PO	20.11.44	0/0132/44	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

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

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
15.4.42	A.B.A.B.	Exam		

BLOOD GROUP

Date	International	Initials of M.O.

BLOOD GROUP A

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
30.4.42	— J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test	30.4.42	Pos	
Dick Test	30.4.42	Pos.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation		Date	Dose	Initials of M.O.
THBT	1	30.4.42	1 cc	J. F. HOPKIRK
"	2	21.5.42	"	
"	3	12.6.42	"	
S.F. toxt	A	7.5.42	"	
"	B	14.5.42	"	
"	C	21.5.42	"	
"	D	28.5.42	"	
"	E	5.6.42	"	
Dip tox	1	7.5.42	"	
"	2	5.6.42	"	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.
Kahn neg.	28.11.42.	J. F. HOPKIRK	

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

Confidential R.A.F. Form 5042 B

R.A.F.—TRAINING REPORT

WIRELESS OPERATOR/AIR GUNNER

No. 24 O.T.U.

1. Surname ALLAS Christian Names E.

2. Number 1.161274 3. Rank SGT 4. Course No. 38

5. Posted from 2 (O) A.F.U. 6. Date Course commenced 10.12.43 7. Date Course ended 25.2.44. 8. Posted to [illegible] SCHOOL

Date 25.2.44. Date 10.3.44

9. Morse and Visual Tests.

TESTS	REQUIRED	Obtained on Arrival at Unit		Obtained at end of Course	
		S.	R.	S.	R.
Morse Speed P/L (through interference)	18 w.p.m.	18	18	20	20
Morse Speed Groups (through interference)	18 g.p.m.	18	18	20	20
Aldis Lamp Speed	8 w.p.m.	8	8	10	10

10. Ground Results.

SUBJECT	Marks Allotted	Marks Obtained
Knowledge and Manipulation of W/T and R/T Equipment	300	213
W/T Organisation and Procedure	200	144
Special Equipment	200	145
Navigation	100	74
Armament	100	75
Log-keeping	100	82
Total ...	1,000	733
Per cent. ...		73.3

11. Air Results.

SUBJECT	Marks Allotted	Marks Obtained
Air Operating	1,000	670
Per cent. ...		67

12. Number of W/T Operations Done in Aircraft at this Unit.

H/F D/F Contacts (Base)	82			Messages Received...	12
H/F D/F Contacts (not Base) ...	170			Messages Transmitted	27
M/F D/F Fixes	22			Flying Control Contacts	27
M/F D/F Sections Worked ...	62x31			Daily Inspections	35
Loop Bearings (Practice)	V. 36	A. 02		Per cent. Broadcasts Received ...	98%
Loop Bearings Plotted by Navigator	30	64			

13. Number of Gunnery Practices at this Unit.

	AIR FIRING		CINE CAMERA GUN	
	Number of Exercises	Number of Rounds	Number of Exercises	Number of Rounds
Air—Ground				
Air—Air				

14. Flying Times at this Unit.

TYPE OF AIRCRAFT	TYPE OF W/T EQUIPMENT	HOURS AT W/T SET Day	Night	TOTAL HOURS
ANSON	T.1154 R.1155	12.20	8.50	21.10
OXFORD	T.154 R.1155	45.55	51.00	96.55
TOTAL	T.1154 R.1155	58.15	59.50	118.05

	Marks allotted	Marks obtained
15. Assessment of Qualities of Character and Leadership	100	80

	0	1	2	3
	Not at all suitable	Moderately suitable	Definitely suitable	Extremely suitable
16. Degree of Suitability for Further Training as a W.O./A.G. Instructor			X	

(Mark "X" in appropriate column.)

Remarks :

A pupil of above average ability who has led all pupils in the flight on work done. A very good and keen worker, should be an asset to his crew

C.H. Burridge F/Lt
Chief Signals Officer

T.J. GUNN ..... W/Cdr
Chief Instructor. C.A.F.U.

Date 27th. February 1944

Signed ..... A.C.P. CANN W/CMDR.
Officer Commanding.

(*12893) Wt. 25618—P1439 10M 8/43 T.S. 700

GROUP ~~UNIT~~ Copy CANADIAN. CAN.R.~~161274~~ J93110

ROYAL AIR FORCE.

Form 373.

1. Rank.	2. Christian Names.	3. Surname.	4. Decorations.
~~W/O~~ P/O 3.9.44 ~~F/Sgt. 23.1.44~~	Russell, Munn,	AIMAS,	

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

Date of expiry.

6. Branch or Trade.
W/O. AIR GUNNER.

7. Date of award of flying badge. 1-6-43.

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

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

8. Types of service aircraft flown.

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

10. Date of birth.	12. If married: Date.
5-1-18	S.

11. Religion.
C. of E.

13. Medical classfn.	14. Date and place of last medical Exam.	15. *Date of last vaccination.	16. *Date of last inoculation. 1. T.A.B. 2. Cholera. 3. Plague.

9. 13-19 and 21 to be kept in pencil. *To be inserted in unit copy only.

CAN.R.161274 AIMAS, R.M.

17. Permanent Address.

18. Next of kin. Relationship and address.
(Father)
Mr. E.R. Almas
Ancaster
Ontario,
Canada

19. Name and address of person to be notified in case of casualty.

Instead of / *In addition to the Next of kin.

*Delete as necessary.

20. Periods in hospital, or sick quarters, or sick at home.

DIS. SSQ 28-8-44
adm No 1 Cdn Spec. Hosp. Alton 3-9-44
DIS No 1 —·— —··· —··· —·· ~~8-9-44~~ 8-10-44

52

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training; If not, what tests still require to be passed.

Wt. 44507/3061 380M. 2/42 KJ 51-4307

22. Courses of instruction : Subject.	Unit.	From	To.	Result and percentage of marks.
Course No. 51 No. 4 Wireless School,	Guelph, Ont.			
" 196 WO/AG	2(O) AFU.			

23. Postings and Attachments.					Postings and Attachments.				
To	Duty	"P" or "A"	Date	Authy.	To	Duty	"P" or "A"	Date	Authy.
Embarked			28-5-43.		att 162 SQN		A	23.3.44	61 3/44
Disembarked.			4-6-43.			CTBA		25-4-44	61 96/44
No. 3 P.R.C.		P	4-8-43.		att 165 SQN		A	1.7.44	61/604/P4
2(O) AFU		P	14.9.43			CTBA		18-9-41	
24 GRU		P	16.12.43	NOFTE.					
61 BASE BATTLE SCHOOL	Supy for Eng	P	10/3/44	91G/779/44					
429 Sqdn		P.	23.4.44	61 96/44					
61 Base		P.	16.6.44	66/2595/44					
429 Sqdn		P.	18.9.44	66/5215					
ACA 74 a/c Unit		P.	21.11.44						
" " " "	Missing	TOS	22.11.44	NEW 210/44					
" " " "	Pres Dead	SOS	21.11.44	NEW 26/45					

24. Attendances at Courts Martial.

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

SPECIAL RESERVE

"C.T.E. CANADA"

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
~~R 161274~~ J. 93110	Almas	Russell Munn	Anglican

Born 5-1-18 Place Hamilton, Ont Country Canada Citizen of Canada Racial Origin Canadn

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)

Edward Russell Almas (father)
Ancaster, Ont

CIVIL EDUCATION

High School Entrance ✓ Jr. Mat. 1 yr Sr. Mat.

Technical School 1 yr Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Miner

PREVIOUS SERVICE

ENLISTMENT

Date 27-4-42

At Hamilton, Ont

Term Duration

Med. Cat.	Date	Med. Cat.	Date
A1B A3B	15/4/42		

Rank	Auth.	Date	Trade	Auth.	Date
A.C.2		27/4/42	W.O.A. Gunner Std		27/4/42
LAC	PRO 209	1/9/42			
T/Sgt (R)	104	3/5/43			
P/O.	00 1324/45	20/11/44.			

Trade Tests and Courses	GP	%	P or F	Date
W.O.A.G. Std	S			
Wireless Operator (AG)	STD			
W.O.A.G. Spec				3/5/43

LEAVE

From	To	Auth. and Description
14-12-42	23-12-42	PRO 293 9 dys. Special
23-12-42	29-12-42	PRO 293 5 dys. Xmas.
3/5/43	16/5/43	PRO 104 Embark.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
22/3/43.		Awarded Wireless Operator's Badge		DRO 67/43.
		Awarded W.O.A.G. Badge		DRO 104

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O. R13	#10 RIC Hamilton Ont.	No 1 M.D. Toronto, Ont.	27-4-42				
#1 M.D. 101	"	"	27-4-42				
#1 M.D. 160/42	#1 M.D. Toronto	T.T.S. ST. Thomas	5-7-42.				
DRO. 182/42.	Q.O.R. Le Regt.	~~31-7-42. Ont~~ #4 D.I. Guelph	31-7-42.				
DRO. 183/42	T.O.S. at No. 4 W.D.	4 W.D. Guelph	1-8-42				
DRO. 231/42	Admitted	Christie St. Hospital	23-9-42				
DRO. 245/42	Discharged	✓ ✓	9-10-42				
DRO. 247/42	Transferred from	ese. 49 to 51	14-10-42				
DRO. 293/42.	Entitled to allowance in lieu of rations for 15-12-42 to	28-12-42 (Incl)	(14 days)				
DRO. 67/43.	Entitled to	Flying Pay, eff.	16 Mar/43.				
DRO. 67/43	#4 W.S. GUELPH	#2 B.G. MOSSBANK	21 Mar/43.				
DRO 104	2 Bde Massbank	1 Ly Depot Halifax	17/May/43.				
DRO 139	1 Ly Depot	R.A.F. T.P.	26-5-43				
		Bde Halifax	27.5.43.				
		DIS HR	4.6.43.				
	2nd C79 No 3PRC	No 3PRC					

2HOTJ 14/12/43.

WPG 38

"C.T.E. CANADA"

57 R&S

R.C.A.F. T. 82 (Revised)
25M—10-41 (1045)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname Almas Christian Names Russell Munn

Number R161274 Rank ~~LAC~~ Sgt T

INSTRUCTIONS

Instructions regarding the use and distribution of this form are contained in Air Force Administrative Order A.51/24.

PART I

WIRELESS TRAINING

1. No. 4 Wireless School. Course No. 51 To 22-3-43 From 31-8-42

2. *Flying Times*—
   (a) In Flying Classroom as 1st Operator 4.50 hours.
   (b) In Flying Classroom, listening watch NA hours.
   (c) In 2-seat aircraft as sole operator 33.00 hours.

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

~~Above average~~
Average
~~Below average~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	40	~~Morse (Buzzer and Lamp)~~ Morse (Lamp)	~~100~~ 50	44
Radio Equipment	250	179	Signals Organization	150	96
Morse (~~buzzer and lamp~~)	200	150	~~Armament~~ Fault Finding	~~100~~ 50	36
Procedure	200	132	Drill and P.T	50	39
			Totals	1000	716

Maximum Marks, 1000. Marks Obtained 716 Percentage 716 Pass or Fail Pass

Position in Class 60 No. in Class 80

5. Date authorized to wear Wireless Operator's Badge 22-3-43

6. Character and Leadership—Assessment (Max. 500 Marks) 255 Marks.

A/T Kelsaree S.C.
Officer Commanding

No. 4 Wireless School

Date 22-3-43

To be passed to No. 2 B. G. S.

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

E502-18

DECEASED MEMBER'S NAME [redacted] Russell M. (CHRISTIAN NAMES) Almas (SURNAME)

REGISTER NO. 28468

PAYEE Receiver General of Canada,

ADDRESS Director of Estates, Ottawa, Ont.

FILE NO. 8 Jan/46

SERVICE NO. J.93110

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 21 Nov/44

DATE OF DISCHARGE 21 Nov/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 940/30 EQUAL TO 31 COMPLETE PERIODS AT $7.50	232.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 546 LESS 10 INELIGIBLE DAYS, EQUAL TO 536 DAYS @ 25C. PER DAY	134.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 6.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 7.95 ×7 = $ 55.65		
NO. OF DAYS 546/183	×$ 55.65	166.04	
D. WAR SERVICE GRATUITY		532.54	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS			
F. TOTAL AMOUNT PAYABLE		532.54	

JAN 21 1946

O. K.

R. C.

D. L.

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ _____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Dep. Trans. Trust Account
Journal Voucher # G333

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
JLC	FAG

TREASURY CHECKED BY	DATE
[signature]	11.1.46

[signature]
SERVICE REPRESENTATIVE

ΔT

NAME ALMAS, Russell Munn

FILE NO. R161274 FD328

RANK ~~WXXXXXXXXXXXXXXXX~~ P/O CATEGORY ~~XXXXXX~~ MISSING P.D.

REG. NO. ~~R161274~~ J93110

DATE OF DEATH: 21-Nov-44

MOTHER LIVING: NO

WIFE: NA

MINISTERIAL CARD: 8-12-44

ROYAL MESSAGE: AUG 24 1945

MEMORIAL CROSS TO CHAPLAIN:

To Father-

DEL'D TO MOTHER:

To Father--31-July-45

DEL'D TO WIFE:

Mrs. Edward Russell Almas,
Ancaster,
Ontario.

COMMAND:

RELIGION:

SJ093110 ALMAS RUSSELL M POB

1 NUMBER | NAME | 29 RANK

SERVICE AWARD CARD

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

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.			OP W6S	
✓								✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													20/1/47	MEDAL ISSUED

2669

PREFIX | NUMBER | NAME | RANK | COD

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Edward R. Almas (Father)
Ancaster,
Ont.

Feb.-46

MEMORIAL BAR
DATE DESP.....
REGN. NO. A4900

8731 21-5-50

To be made out in duplicate

M.F.M. 5
20M—12-41 (2833)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank ALMAS RUSSELL MUNN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R161274 AC2

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

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower?

(8) Have you any children? 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

R.C. Records Office
Rec'd MAY 1 1942
O. K. C
R. C. N. I.
S. L. P. A.

[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? .....

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

.....

.....

(11) Is your father alive? Yes (Travelled)

If so, state name and address, occupation Mr. Edward Russell Almas

Lancaster, Ontario

(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? No

If so, state name and address .....

.....

(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? .....
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? No .....

If so, in what Company? .....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? .....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

R. M. Almas .....
(Signature of officer or man)

Date 28/4/42

.....

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

Date 28/4/42

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.

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13017

This is to Certify that

J93110 PILOT OFFICER RUSSELL MUNN ALMAS R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 21ST day

of NOVEMBER, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 3RD day of JULY 1945

(T.K. McDougall)
Group Captain,
R.C.A.F. Records Officer.

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mr. Edward Russell Almas
Ancaster, Ont.

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. J93110 FD 67

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 20 1945

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

ESTATES BRANCH P/O AUG 8 1945 H.Q. OTTAWA NATIONAL DEFENCE

ALMAS Russell Munn

J93110 R. C. A. F. O/S

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.

Col. Director of Estates.

FEM/VS

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		no		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Edward R. Almas	62	Ancaster, Ont.
4	Mother of the Deceased.....		—	—	—
5	Brothers of the Deceased	Full Blood	—		
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	(Mrs) Mary H. Regan	33	R.R.#3, Dundas, Ont.
			(Mrs) Dorothy R. Low	32	49 Beulah Ave., Hamilton, Ont.
			(Mrs) Margaret J. Hoffman	30	86 Sisdale S. apt 3 Hamilton Ont
			(Miss) Phyllis Almas	18	Ancaster, Ont.
		Half Blood	—		—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children
			—		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Russell Munn Almas
9	Date of his birth.	January 5th, 1918
10	Place and date of his marriage.	———
11	Place and date of his parents' marriage.	Barton Township, Ontario July 5th, 1910.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hamilton, 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) Ontario (b) Wentworth (c) (d)
14	Nature of employment before enlistment.	Miner at McLeod Cockshutt at Geraldton, Ont.
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.	Ancaster, Ont.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	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	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No ——— ——— ———
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	$80.00. In possession of Mrs. Margaret J. Hoffman, 86 Sidale S. Apt 3. Hamilton
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	$100.00 Bearer ——— Second & Seventh Loan (Mrs) Margaret J. Hoffman, 86 Sidale S. Hamilton, Ont
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	———
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

OVER

(Please Turn Over)

DECLARATION

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

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

*.....father.....of the deceased.

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

.....E. P. Almas..... {Signature of Informant}

.....Lancaster Ont.....Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Edward Russell.....

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

Dated at..Ancaster..this..7th..day of..August..19.42.

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

.....E. E. Fyon..... Qualification..Commissioner & J. P.

Address.....Ancaster, Ontario.....

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

Three years before enlistment deceased resided in Winnipeg, Man. & Geraldton, Ont. In Geraldton he worked as a miner at McLeod Cockshutt gold Mines & came to Hamilton three months before enlisting in the R.C.A.F. While in Hamilton, he was a shipper.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J93110 (R161274) RANK PILOT OFFICER UNIT 429 RCAF (OVERSEAS)

TRADE WOP/AG (G.L.)

NAME ALMAS RUSSELL MUNN

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

PRESENT MARITAL STATUS SINGLE RELIGION CHURCH OF ENGLAND CANADIAN Y S

FRENCH CANADIAN OTHER

NEXT OF KIN MR. EDWARD RUSSELL ALMAS

RELATIONSHIP FATHER

ADDRESS ANCASTER ONT.

FATHER'S NAME MR. EDWARD RUSSELL ALMAS

ADDRESS ANCASTER ON . LIVING ON ENLISTMENT YES

MOTHER'S NAME DECEASED

ADDRESS LIVING ON ENLISTMENT NO

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO N/K BEING OBTAINED.

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. BOMBER MAIL LETTER --29-MAY-45

PREVIOUSLY REPORTED "MISSING" 21-NOV-44 AFTER AIR OPERATIO (OVERSEAS) (OVER CASTROP- RAUXEL IN THE RUHR VALLEY 5 MILES NORTH NORTH WEST OF DORTMUND GERMANY) AND SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLE (GERMAN INFORMATION)

NOW "PRESUMED DEAD" 21-NOV-44 FOR OFFICIAL PURPOSES.

ESTATES BRANCH JUL 10 Rec'd H.Q. OTTAWA NATIONAL DEFENCE

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

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

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

DATE 3-JULY-45

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

74677

ROYAL CANADIAN AIR FORCE

SPECIAL RESERVE

INTERVIEW REPORT

1. SURNAME ..... ALMAS

2. CHRISTIAN NAMES ..... RUSSELL MUNN

3. APPLYING FOR ENLISTMENT ..... Wireless Operator Air Gunner

SELECTION BOARD

4. PERSONNEL OFFICER

EDUCATION ..... X - Ont.

Classification Test XXXXXXXXXXXXX ..... 42 ..... Cat Test Score 51

RECOMMENDED FOR ..... Wireless Operator Air Gunner

SUITABLE FOR COMMISSION .....

SIGNED

J. S Mencel, F/O

5. MEDICAL OFFICER

MEDICAL CATEGORY A.1.B.-A.3.B.-

ASSESSMENT: (Physical; Temperamental) Fit, good type.

RECOMMENDED FOR ..... W.O.A.G.

SUITABLE FOR COMMISSION ..... YES

SIGNED

H. A. Kester, F/Lt.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Appears good type. Keen and sincere. Is my opinion he desires chance for W.O.A.G.

RECOMMENDED FOR ..... W.O. (A.G.)

SUITABLE FOR COMMISSION ..... YES

SIGNED

J H Fenn, F./LT.

R.C.A.F. Records Office
Rec'd. MAY 2 1942
O.K. ..... C.I.B. .....
R.C. ..... N.I. .....
S.L. ..... P.A. .....

FOUND ACCEPTABLE FOR ..... Wireless Operator Air Gunner

DATE: APRIL 15 1942

(J.G. Ryrie) Squadron Leader,
Commanding Officer,
No. 10 Recruiting Centre RCAF.,
Hamilton, Ontario.

A.F.E. 5
24-12-41

SPECIAL RESERVE

AIR FORCE No. R161274 POSTED TO #1 Manning Depot, Toronto, Ontario TRADE W.O.-A.G. STD.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname ALMAS Full Christian Names RUSSELL MUNN
2. Present Address Ancaster, Ontario Telephone 331
3. Permanent Address Ancaster, Ont.
4. Place of Birth Hamilton, Ont. Citizenship Canadian
5. Date of Birth Jan 5, 1918 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None			

7. Occupation Miner 8. Religion Anglican (State denomination)
9. Languages English fluently (State proficiency)
10. Next of Kin (Full Name) Edward Russell Almas Relationship Father
" Address Ancaster, Ont.
11. Father (Full Name) Edward Russell Almas Birthplace Barton Twp., Ont.
" Address Ancaster, Ont. Citizenship Canadian
" Occupation Manufacturer
12. Mother (Full Maiden Name) Mary Josephine Munn Birthplace Barton Twp., Ont.
" Address Deceased Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
NONE						

R.C.A.F. Records Office Rec'd. MAY 2 1942 O.K. C. B. R.C. N. I. S.L. P. A.

14. Honours, Awards, Mentions NO
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.

R.C.A.F. Form R. 100
150M—10-41 (993)
H.Q. 1062-3-83

442-74

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Ancaster School, Ont.	1927	1934	General course
High School—Collegiate Institute, etc.	Westdale Collegiate Hamilton, Ont.	1934	1935	General course
Technical School	Westdale Tech, Hamilton Ont.	1935	1936	Motor Mechanics
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
MacLeod Cockshutt	Miner	1941	1942	To join R.C.A.F.
	Various positions	1936	1941	

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

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

MOTOR MECHANICS

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

Baseball, Hockey, Rugby. moderately

26. Air Force Duty you wish to enlist for ~~Ground Duties~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist.....
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
Gordon Egleston	Ancaster, Ont.	Accountant
Frank McMurray	Ancaster, Ont.	Comm. Traveller
Rev. Brown	Ancaster, Ont	Minister
Douglas Styles	Westdale Collegiate, Hamilton, Ont.	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 15th, 1942. Signature R. M. Almas

L.A.V.

NATIONAL REGISTRATION CERTIFICATE PRODUCED.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test (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, Russell Munn Almas .....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 April 27th 19 42. R. M. Almas
Signature of Recruit

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

I, Russell Munn Almas .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date April 27th, 19 42. R. M. Almas
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 Hamilton, Ontario this 27th day of April 19 42.

..... Commanding Officer, #10 Recruiting Centre, R.C.A.F.,
Signature of Officer — Rank — Hamilton, Ont. — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 24 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? No

4. Have you had any illness for more than one week's duration. No

5. I certify that I have revealed my full medical history and have not withheld any relevant information. R. M. Allmond
Signature of Applicant

Examiner's Remarks *re* above Typhoid :- age 5 yrs. no complications
Scarlet fever age 7 :- no complications

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

1. Identification marks or scars (if operative obtain history) Mc Burney's operative incision

2. Height 5 feet 7 inches. 3. Weight 135 pounds.

4. Complexion dark 5. Color of Eyes brown Hair brown

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration 30 inches
Range of expansion 3 inches

8. Hearing—Right W.V.20' Left W.V.20' Tympana—Right clear Left clear

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

10. Condition of mouth and teeth satisfactory

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination
nil

Part 2 Cont'.
13. Reflexes N/
14. Heart N/
15. Lungs N/
16. Blood Pressure S.D. 126/76
17. Colour Vision Normal

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B A3B

Any special remarks of the Medical Officers
16/4/42 CHEST X-RAY NEGATIVE R.M.B
27/4/42 RECHECK SATISFACTORY R.M.B

Date Apr 15 1942

H A Lester F/L — President
R S Brandon F/L — Member
Member

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ALMAS K.M. (b) Reg'l. No. R161274
2. (a) Arm of service R.C.A.F. (b) Unit No. 1 M. Depot (c) Rank AC. 2
3. (a) Date of birth JAN 5 1911 (b) Have you any dependents? No (c) Place of residence at time of enlistment LANCASTER, ONT.
4. (a) Place of enlistment HAMILTON, ONT (b) Date of enlistment APRIL 27 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Two Years High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer MAC LEOD Cockshutt Gold MINE Address GERALDTON ONT
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) GOLD MINING
20. (a) Your specific occupation DRILLER (b) Number of years' experience at this occupation with any employer 2 YRS
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 (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

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?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form WIRELESS OPERATOR

R.C. Records Office MAY 11 1942 Recd C.I.B. D.K. N.I. A.G. No. P.A. S.L.

DATE May 5/42 194 SIGNATURE R. M. Almas

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

1. PLACE OF DEATH
City, Town or Village of: OVERSEAS (GERMANY) Street:
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of: County or District of:

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

3. PRINT FULL NAME OF DECEASED ALMAS (Surname or last name) RUSSEL MUNN (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of: Ancaster Street:
Township of: County or District of: Province of: Ontario.

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian		Single	Ontario.

10. Date of Birth: January (Month by name) 5th (Day) 1915 (Year)

11. AGE — Years: 26 | Months: | Days: | If less than one day: hrs. or min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Wireless Operator Air Gunner
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation: November 21, 1944. **14.** Total years spent in this occupation: Three

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased:

16. Name of father: Almas (Surname or last name) Edward Russell (Given or Christian names)

17. Maiden name of mother: Munn (Surname or last name) Mary Josephine (Given or Christian names)

18. Birthplace: Father: Ontario (Province or Country) Mother: Ontario (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, this 6th day of July 19 45
Signature of informant: G. Langton for (R.C.A.F. Records Officer) Relationship to deceased:
Address:

20. Burial, Cremation or Removal: Date: (Month by name) (Day) 19 (Year)
Place of Burial: (Municipality) Cemetery:
Burial Permit was issued by: Address:

21. Funeral Director:
Name: Address:

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November (Month by name) 21st (Day) 19 44 (Year)

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

CAUSE OF DEATH		DURATION Yrs.	Mos.	Dys.
I — Immediate cause. Give disease, injury or complication which caused death, NOT the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Previously reported missing after air operations and subsequently reported missing believed killed now for offidal purposes presumed dead. due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b) due to			
	(c)			
II — Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy? Duration: weeks. Was there a delivery?

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 (State which) Date of injury: November 21 44 19
Manner of injury: (How sustained)
Nature of injury: Presumed killed during air operations.
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: public place.

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**

Division Registrar's Record No.
Date of Registration: 19 (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

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

AIR FORCE No. J-93110. R161274

SURNAME: Almas

FULL CHRISTIAN NAME: Russell Munn

ENLISTMENT/APPOINTMENT
PLACE: Hamilton
DATE: 27-4-42

RELIGION: Anglican

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

Comm. 20.11.44.

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
5-1-18	Hamilton	Ontario	Canada	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION ✓
HIGH SCHOOL ENTRANCE ✓	SENIOR MATRICULATION
TECHNICAL SCHOOL 1 yr.	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

miner

PREVIOUS SERVICE

nil

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
15-4-42	AIB A3B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: single

WIFE (FULL MAIDEN NAME) OR HUSBAND:

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

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

Edward Russell Almas (father) Ancaster, Ont.

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.
P/O(A)SS-SL - W.O.O.	20 11 44	J10 1324/45	AFRO 425/45.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
A.C. 2	27 4 42	—	W.O.A.Y.	27 4 42	E.D.
L.A.C.	1 9 42	ARO 209	WAG Sgt.	3 5 43	104
T/Sgt.	3 5 43	" 104			
T/F/Sgt	3 3 44	20 399 AFRO 932/44			
T/W.O. II	3 9 44	20 1198			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
W.O.A.Y. (Staff)				3 5 43
#2 B&G. Class 51				29/3 3/5 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J-93110. R161274

SURNAME: ALMAS

FULL CHRISTIAN NAME: RUSSELL MUNN

ENLISTMENT/APPOINTMENT
PLACE Hamilton
DATE 27-4-42

RELIGION V/C Anglican

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
17-7-43	30-7-43		S.L.	1 P.D.C 55/43
11-8-43	17-8-43.	7.	Prin Leave.	3 PRC 202/43
2 11 43	8 11 43	7	Prin Leave	Medical 33
26 2 44	10 3 44	14	Prin Leave.	240 TU 18/44
10 5 44	16 5 44	7	Prin Leave	429 Sqd 44
21. 6. 44	24. 6. 44	4.	A/L	61 Base 206/44
3 7 44	6 7 44	4	Prin Leave	61 Base 247/44.
11-7-44		4	P.L.	165 C.U. 106
21-8-44		7	P.L.	165 C.U. 106.
12-10-44		7	P.L.	429 Sq. 51.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
22 3 43	Flinders Obs. Badge	DRO 67/43
	WOAG Badge.	DRO 104
24 8 44	Pilots Wings and Mbr. 240 TU 50/44	
	Ops Wings	61 Base 40/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
31 12 43	V.G.	Sat. Sat.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
S.O.S.	#1 Y Depot RAF TP	26 5 43	ORO 139
	Embk. Halifax	27 5 43	
	Disembk. U.K.	4 6 43	EG 72
S.O.S.	at 3 P.R.C.	5 6 43	
Att.	1 R.D.C.	4 6 43	1 P.D.C 55/43
CTBA	1 PDC	31 7 43	1 PDC 99/43
SOS	8 PRC To 2 (O) 17 FU 29/43	14 9 43	8 PRC 232/43
SOS	R17F Hullavington To 240 TU	14 12 43	Hullavington 47/43
SOS	240 TU To 61 Base	10 3 44	61 Base 240 TU 28/44
ATT To	165 CU from 61 Base	23/2 3/44	61 Base 9/44 165 CU 34/44
ATT To	Dalton Battle School	23 3 44	61 Base 31/44
TOS	429 Sqn from 61 Base	25 4 44	61 Base 94/44 429 Sqn 14/44 61 Base 143/44.
SOS	429 Sqd To 61 Base	16 6 44	429 Sqd 21/44 61 Base 143/44
ATT	61 Base To Battle Sch.	15/1 5/7 44	61 Base 143/44 " " 338/44
ATT	165 Sq CU fr 61 Base	18 9 44	165 CU 66/44 -98/44. 61 Base 353/44 61 Base 378.
TOS	429 Sqdn. fr 61. Base.	18 9 44	61 Base 378 429 Sqn. 40/44.
F/B	Missing from 429 Sqdn.	21/11/44	Supp-AFRO 1/45 CR 628
	Missing believed Killed		CL. 662
TOS	N/EU	22 11 44	2/0/44
	PRESUMED DEAD	21 11 44	UK NEW 146/45 CR 785 Supp AFRO 1127

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
R/T Hosp West Kirby Adm. 16.7.43 Disch. 16.7.43	3 PRC 200/43
Rep wounded and forfeits Fellow 1/44/43	
abs: without leave. 9 days pay 23 11 43	
Disch SQ 28 8 44	61 Base. 341/44
Adm 1 Cdn Spec Hosp 3-9-44	61 Base
Disch " " " 15.9.44	61 Base 373/44
Adm. 1 Cdn. Spec. Hosp. 3.10.44	429 Sq. 45
Disch. 1 Cdn Spec. Hosp. 8/10/44	429 Sq. 51.

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embk. 27-5-43

AIR FORCE No. ~~R161274~~ R

SURNAME: ALMAS, FULL CHRISTIAN NAMES: RUSSELL MUNN

ENLISTMENT — PLACE Hamilton Ont — DATE 27-4-42

RE-ENLISTMENT

C.R. FILE NUMBER R88

J.93110

OFFICER

RECORD OF SERVICE AIRMEN

Comm - 20-11-44

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

7. BIRTH: DATE 5-1-18 — PLACE Hamilton Ont — CITIZENSHIP British 2

FATHER (FULL NAME) Edward Russell Almas

BIRTHPLACE Barton Twp. Ont

MOTHER (FULL MAIDEN NAME) Mary Josephine Munn

BIRTHPLACE Barton Twp. Ont

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE	x Ont
JUNIOR MATRICULATION	1 yr. Ont
SENIOR MATRICULATION	
TECHNICAL SCHOOL	1 yr - Motor mechanics
UNIVERSITY	
CORRESPONDENCE COURSES	

1

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

Various positions	1936-41
Miner	1941-42

1800

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
W.O. Badge	4 W.B. 67.	22-3-43
air Gunners Badge	2 B.G. 104	3-5-43
E V S M + M L	27-3-44	D B 117-90
P.C.A.F (per. Wing.	4 W B 1640	

1

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION C. of E.

3

14. LANGUAGES English

1

15. SPORTS Baseball. Hockey. rugby.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

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: Edward Russell Almas — RELATIONSHIP father

ADDRESS: Ancaster, Ont — D.R.O. 0

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	27 4 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

AIR FORCE No. ~~R161274~~

SURNAME: ALMAS, FULL CHRISTIAN NAMES: RUSSELL MUNN

ENLISTMENT PLACE: Hamilton, Ont DATE: 27-4-42 RE-ENLISTMENT

C.R. FILE NUMBER: R88

J.93110

X. OFFICER RECORD OF SERVICE AIRMEN

Comm. 20-11-44

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

1. POSTING (INDICATE S.O.S. AND T.O.S.) — Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	# 1 M.D. Toronto	27	4	42	1M.D. 101
SOS	4/M.D Toronto	5	7	42	1MD160
TOS	T.T.S. St. Thomas	6	7	42	T.T.S.161
SOS	T.T.S. St. Thomas	31	7	42	T.T.S 182-187
TOS	4W.S. Guelph Ont	1	8	42	4WS 183
T.D.	Proc & Ret 4 WSO. Cancel TO 4WS 58				
Cancel T	12 From 4WS 58				
SOS	4 W S Guelph	21	3	43	4WS 67
T.O.S.	2 B&G S. Mosbank Sask	22	3	43	2B4S 75
SOS	2 B&G Mossbank	17	5	43	2B&G 104A
T.O.S	1 G. D. Halifax	18	5	43	1G 123
S.O.S	1 G D. Halifax	26	5	43	1G 137A
	RAF Trained Pool				
	Missing	21	11	44	DCL 88 a/27-11-44.
Presumed Dead 21 Nov. 44.		DCL 1045			a/11 June 45

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2	27	4	42	1M.D.101
L.A.C.	1	9	42	4WS 209
T/Sgt. pd	3	5	43	2B&G 104A
T/F/Sgt. (pd)	3	3	44	GD 932
T/WO II	3	9	44	GD 1198
P/O 20-11-44/APRR55/5-3-45				AFRO 425/45

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
27-4-42	R100	21B-43B	
Christie St. Hosp.	23-9-42	9-10-42	4WS 234/245.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Wag.	8	27	4	42	1M.D.101
3045					
W.O. AG	8G	3	5	43	2B&G 104A
3045					
W. Off. Op. B&G		20	11	44	APRR55/5-3-45

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Cde W.G		2B&G 104A

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Trans. To. 49 D to 51A		14 10 42	4WS 249.
Trans 41 – to Can 51			4WS 93-47

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
14-12-42	23-12-42	9	Special	4WS 293
23-12-42	29-12-42	5	Xmas	4WS 293
3-5-43	16-5-43	14	Emb L	2B&G 104A

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D. R. O.

RCAF OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | RELIGION | PROVINCE OF ENLISTMENT | DISCHARGE | AC

49

CONFIDENTIAL

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

2.

ROYAL CANADIAN AIR FORCE

Medical Board held at Hamilton, Ont. *Date* 15-4-42

FILE NUMBER 161274

Surname ALMAS *Chr. Names* RUSSELL MUNN
Nature of Commission WAG *Date of Birth* 5-1-18 24 *Married or Single* S
Branch Aircrew *Hours Flown* 2 hrs. passenger
Address Ancaster, 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 NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsillitis T & A. 1940
Diphtheria, Scarlet Fever or Scarlatina Scarlet fever—at 5 yrs. of age
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS T & A 1940 Appednectomy 1934
(x) Any Illness or Injury not mentioned above Typhoid fever at 6 yrs. of age.

Education Grade X
Present Occupation Miner (driller) Hobbies Radio
Previous Service None
Athletics Basketball, rugby (corner lot.)
Habits—Smoking 10 cigs. per day Alcohol 1 beer per week
FAMILY HISTORY—Consumption None
Nervous Ailments, Mental Trouble, or "Fits" none
Father Alive—Health Well Dead—Cause
Mother Alive—Health Dead—Cause Cancer of neck (46)
Brothers (0..) Alive—Health (0..) Dead—Cause
Sisters (4..) Alive—Health Well (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 15. 4. 42 *Signature* R. M. Almas *Witness* H B Keates F/L

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Athletic ..... *(b)* Mentality ..... Standard .....
Body Marks, Scars, Deformities ..... R/C Bueney's operative incision .....
Size of Thyroid Gland ..... N .....
Surgical Abnormalities ..... nil .....
Results of Wounds, Injuries, Operations ..... nil .....

	Date 15/4/42	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	67						
Weight (lbs.)	135						*Date*
Chest Circumference (ins.)	30-33						
Body Build (lbs.)	-4						
Leg Length (ins.)	41						
Pulse Rate — Sitting	84						
Pulse Rate — Standing 1st							
Pulse Rate — Standing 2nd							
Pulse Rate — After Exercise							
Pulse Rate — Time to Normal							
Arterial Walls	N						
Blood Pressure — Systolic	126						
Blood Pressure — Diastolic	76						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held							
Expiratory Force	120						
Vital Capacity (Best of 5)							*Date*
Reflexes — Knee	N						
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	Fl						
Cranial Nerves	N						
Balancing Rod	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	1S 1S						
Tremors — Eyelids	SC SC						*Date*
Abdomen — Liver	SF SF						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	N						
Urine — Albumen	good						
Urine — Sugar	neg						
Initials of M.O.	neg						
	MSE						

40 mm. Hg. Test 15/4/42 ... 72 secs: ... 7/678, 777, 665, 444, 44 .....
Date .....
Date .....
Date .....
Date .....

Remarks by Consultant.

(1)

EYE EXAMINATION

History	nil		
Visual Acuity	R. 20/20 , c̄ ~~2.50~~ = blur		
	L. 20/ 20 , c̄ ~~2.50~~ = blur		
Colour Vision	N Ishihara		
Red, Green	Eso tendency		
Diaphragm Test (P.D. = ~~6~~ 6.3)	4 disappears at 0		
Convergence	C. = 6.0 cms.		
	S. C. = 10.0 cms.		
Accommodation	R 7.0		
	L 7.0		
Cover Test	Sl. lat. conv. R R. Bilat		
Fundi and Media			
Fields	no limitation		
Remarks: A1B A3B			
	Initials of M.O. RSB	*Initials of M.O.*	*Initials of M.O.*
	Date Apr. 15/42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History nil

Hearing	R. Ear	W.V. 20'		
	L. Ear	W.V. 20'		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	P		
	L. Ear	P		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		Healthy		
Teeth		good		
Gums		healthy		
Pharynx		normal		
Nasopharynx				
Nose		no obstruction		
Larynx				
Remarks: Fit		*Initials of M.O.* RSB	*Initials of M.O.*	*Initials of M.O.*
		Date Apr. 15/42	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date.....15-4-42

(1) Medical history--appendectomy, scarlet fever--no complications.

(2) Physical Exam: fit.

(3) Special tests: well done

(4) E.N.T. & Eyes: normal

Impression: intelligent, interested, physically fit. Has applied previously but did not have education for aircrew. Has built radio sets.

Very good WAG.

Category A1B A3B

H A Kester F/L

FIT
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

Date 15.4.42

M.O. H A Kester F/L

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

A1B
A3B (Turret)
A3B
A3B (Turret)

CATEGORY ~~.....~~ APPROVED

DATE ..... Oct. 15 ..... 19.42

J H Freemen S/L ..... M.O.

No. 4 WIRELESS, ~~or B. and G.~~ School

NIGHT VISION TEST
No. 4 Wireless School.
20-11-42

B. A. F/32

J.A.K.

R.C.A.F. Records Office
Rec'd DEC 3 1942
O.K.
R. C. ..... N. T. .....
S. L. ..... P. A. .....

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

ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY

REGISTRAR-GENERAL'S BRANCH

April 13-1942

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.

Russell Munn Almas

Hamilton

January 5-1918

Name of Father Edward Russell Almas

Maiden Name of Mother Mary Josephine Munn

Reg. January 8-1918

1918-34-10

F. V. Johns.

Deputy Registrar-General

JVM

R.C.A.F. Records Office
Rec'd. MAY 2 1942
O. K. ... C. I. B. ...
R. C. ... N. I. ...
S. L. ... P. A. ...

Westdale Secondary School

THE TECHNICAL SECTION

Hamilton, Ontario

B. L. SIMPSON, M.A.
PRINCIPAL

APRIL 15, 1942.

TO WHOM IT MAY CONCERN:

Russell Almas, Ancaster, Ontario, attended this school from September 4, 1934 until May 12, 1936. He had previously one successful year in the Collegiate Section, First Form.

His last marks, Easter, 1936, were as follows:

Arithmetic	37	Drafting	63
Literature	70	Machine Sh.	54
Composition	75	Mot. Mech.	50
History	41	Elec.	67
Algebra	81		
Geometry	40		

He withdrew from the Second Year Industrial Course, May 12, 1936, and was recorded as driving a truck for the Edwards Farm Products, Ancaster.

In the characteristics of Industry, Accuracy, Dependability, Leadership, Appearance and Deportment he was graded "an average student" by his teachers.

Yours sincerely,

B L Simpson

BSL/FM.

PRINCIPAL.

J 93110 (DPC)

OTTAWA, Canada, 27 March, 1951.

Mr. E.R. Almas,
Ancaster,
Ontario.

Dear Mr. Almas:

Please find enclosed a photograph which has been received from Overseas, of the grave of your son, Pilot Officer Russell Munn Almas.

Cemeteries are being handed over progressively to the Imperial War Graves Commission, of which Canada is a member, who are entrusted with the perpetual maintenance of the resting places of all our Fallen, and who will beautify the graves and surroundings, and erect a permanent headstone at each grave.

It is not necessary for you to contact the Commission. Any discrepancy as to rank, etc., which may appear on the temporary cross shown in the enclosed photograph, will appear correctly on the permanent headstone.

Yours sincerely,

/BC single grave

for (J.G. Stephenson)
Group Captain,
for Chief of the Air Staff.

Encl.

PA - CR File

(RO)

J.93110

Ottawa, Ont.,

7 July 1947

R E G I S T E R E D

Mr E.R. Almas,
Ancaster, Ont.

Re: ~~R.M. Almas (J.93110)~~

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

J93110 (RO)

P.A.

REGISTERED OTTAWA, Canada, 20th January, 1947.

Mr. Edward R. Almas,
Ancaster,
Ontario.

Dear Mr. Almas:

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, Pilot Officer R.M. Almas.

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)
Wing Commander
for Chief of the Air Staff.

/BBO

Our File: AR.161274 DA/EST

DISTRIBUTION OF SERVICE ESTATE
ROYAL CANADIAN AIR FORCE

ALMAS	Russell Munn	R.161274
Name	Christian Names	Number

Warrant Officer II	R.C.A.F.	21st November, 1944.
Rank	Unit	Date of Death

Cheque No.	Particulars of account	Name & Address	£	s	d	$	¢
14965	Mess Bill	Treasurer, Sergeants' Mess, R.C.A.F. Station, Leeming. YORKS.	£0-4-3d				95

45
38[illegible]30

Payment approved and authorised

Officer i/c Estates
Overseas

Certified correct

J. R. Harding. F/L

For Senior Accountant
Officer, U.K.B.A.U.

Audited for payment

For Chief Treasury
Officer Overseas.

Date 26th September, 1945. Date 1 OCT 1945 Date

If sufficient funds are available in the account, please forward the cheques as above.
If insufficient funds, return one copy hereof showing balance of account available.

Balance available 29.77

/AMH EST DA

R.C.A.F.
O.S. Headquarters
OCT 16 1945
XXXIII
ESTATES BRANCH

R.C.A.F. OVERSEAS
HEADQUARTERS
RECEIVED
1 OCT 1945
KNIGHTSBRIDGE
SECTION
CENTRAL REGISTRY

WILL

R.C.A.F. r. 60

(1) I....ALMAS Russell MUNN.....of the (City, Town,) (Village, Township)
of....Ancaster.....in the District of.....
County
Province of...Ontario.....Miner.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number..R.161274.....Do hereby revoke all former wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:- MY FATHER: Mr. Edward Russell Almas, Ancaster, Ont.

MY WHOLE ESTATE

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

(4) I appoint....MY FATHER: Mr. Edward Russell Almas OF THE ABOVE ADDRESS.....
(Name) (Address)

.....to be the Executor ~~Executrix~~

of this my Last Will IN WITNESS WHEREOF I have hereunto set my hand this
.....28th.....day of .....April.....19.42.....

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.

E. R. M. Almas
(Signature of Testator)

(5) Signature.....
Address....No. 1 Manning Depot, R.C.A.F. Toronto
Occupation Clerk

Signature.....
Address....No. 1 Manning Depot, R.C.A.F. Toronto
Occupation Clerk

R.C. Post Office
Rec'd MAY 2 1942
O.K. Cl.
R.C. Mas N.I.
S.L. P.A.

R-161274 (R-4)

OTTAWA, Canada, 25th July, 1945.

Mr. E.R. Almas,
Ancaster,
Ontario.

Dear Mr. Almas.

Our Overseas Headquarters have forwarded to this office statements made by Pilot Officer Nelson and Flight Lieutenant Mitchell, members of the crew with your son, Pilot Officer Russell Munn Almas.

They state that their aircraft crashed near Dortmund, Germany. Flight Lieutenant Mitchell believes that your son lost his life either during the attack by the enemy or in the subsequent crash as he was still in the aircraft when Flight Lieutenant Mitchell abandoned it at a height of four hundred feet. It is regretted that Pilot Officer Nelson has no definite information as to what happened to your son. I realize that this information is of little help to you but I thought you would wish to be advised of these statements.

There are several Services which have been set up in an endeavour to find out all particulars possible of crashed aircraft. Some information is available concerning a great many aircraft which crashed or were shot down by the enemy and every possible effort on an organized basis is being put forth to secure all information available. It is the duty of the Graves Registration Units, which are under the control of the Military Authorities to enquire for and locate the graves of all personnel known or believed to have crashed and to have been buried in occupied areas.

A Royal Air Force and Dominion Air Force Missing Research and Enquiry Service has been organized for the purpose of research and enquiry in liberated territories into the circumstances of aircrews reported as casualties. This Service endeavours to obtain

...2...

additional information to supplement that already received. The civilian population of these areas is being contacted by Radio, Press and Proclamations through the various civic authorities to centralize thorugh this Service and information or concrete evidence they may have about Air Force personnel or crashed aircraft. Similar instructions have been issued to all Service personnel in those areas.

I wish again to assure you that when any additional information is received concerning your son, it will be forwarded to you. However, I am sure you will realize that owing to ~~chaotic~~ conditions existing in Europe at the present time and the great number of wnquiries confronting these enquiry services, some time may pass before more information is received.

May I again offer you and the members of your family my deep sympathy.

Yours sincerely,

R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

MGS
EWJ

R161274 (R.O.4)

R E G I S T E R E D

OTTAWA, Canada, 9th June, 1945.

Miss M.C. Egleston,
157 Catherine St. S.,
Hamilton, Ontario.

Dear Miss Egleston:

It is with deep regret that I must inform you that advice received from the Royal Canadian Air Force Casualties Officer, Overseas, states that Pilot Officer Russell Munn Almas, is now for official purposes presumed to have died on Active Service on November 21st, 1944.

I realize that this letter will be a blow to the hopes you have entertained for so long, and in your added sorrow I offer you my deepest sympathy. May the same spirit which prompted him to offer his life give you renewed courage.

Yours sincerely,

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

MS