

R83862  
ARUNDEL  
JOHN

STANLE



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[illegible]

7405- 14/3/50

Mrs. Laura B. Bingham (mother)

213 Simcoe St.,

Apt. 3,

Peterborough,

Ont.

Feb. -44.

MEMORIAL BAR

DATE

REG. NO.

8533



H.Q. FILE NO. 1022-A-947

NAME..... ARUNDEL, John Stanley George .....

RANK.....F.S. Pilot

UNIT.....~~MISSING~~ PRES. DEAD

REGT'L No. .... R83862

[illegible]



[illegible]



*Duplicate*

*MILLBROOK PLATOON NO. 13.*

## ATTESTATION

*S.O.S.*

### NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT *MIDLAND* REGT. No. ....

1. What is your surname? (Block letters) *ARUNDEL*
2. What are your Christian names? *Stanley George*
3. What is your present address? *Millbrook* Phone No. ....
4. Employer's name and address? *None* Phone No. ....
5. Date of Birth *28/4/20* 6. (a) Country of Birth *Can.* (b) Nationality *Can.*
7. Are you Single? *Yes* Married? *—* Widower? *—*
8. What is your trade or calling? *Student* 9. Religious persuasion? *U.C.*
10. Previous Naval, Military or Air Force Service. ....  
Give particulars, qualifications, etc. *None*

11. Name, Relationship and Address of Next of Kin. ....  
*Mrs. J. H. Bingham, Mother, Millbrook.*

### CERTIFICATE OF MEDICAL EXAMINATION

Height *5'7"* Weight *135* Chest max. *37 1/4* min. *33 1/4*  
Descriptive marks *Mole ant. surface of lt. upper arm.*

I have examined the above named man in accordance with instructions laid down in Regulations for the Canadian Medical Services and find him. .... Category *A*

Date *12 July 1937* Signature *[Signature]*

### DECLARATION TO BE MADE ON ATTESTATION *Captain M.O.*

I, the undersigned *Stanley Arundel* do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address myself, my employer or my next of kin to my Commanding Officer.

### OATH TO BE TAKEN

I, *Stanley Arundel* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

*B. B. Dawson* Signature of Witness *Jack S. G. Arundel* Signature of Man

Dated this *13* day of *May* 193*6* at *Millbrook*

### 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

*L. J. Stuart, Major*

Signature of Magistrate, Justice of Peace, or Attesting Officer



## Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....  .....			..... Officer Commanding  Unit.....
Medals and Decorations			

NOTE:—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.



AIR FORCE No. R-83862

POSTED TO No. 1 Manning Depot

(Pilot or  
Air Crew Observer)  
TRADE

## ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

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

1. Surname Grundel FULL Christian Names John Stanley George  
2. Present Address 164 Stewart St. Peterboro Telephone 5417  
3. Permanent Address Millbrook, Ontario  
4. Place of Birth Cleveland, Ohio, U.S.A. Citizenship British  
5. Date of Birth April 28, 1921 Married, Single, Widower, Separated, Divorced Single  
6. Particulars of Children

Name	Date of birth	Name	Date of birth
<u>N.O.</u>			

7. Occupation Cashier - Coca-Cola Co. Ltd. 8. Religion Protestant - United Church  
9. Languages English Laura Bearns State proficiency  
10. Next of Kin (Full Name) Mrs. J. H. Bingham Relationship Mother  
" Address Millbrook, Ontario  
11. Father (Full Name) George Stanley Grundel Birthplace Toronto, Ontario  
" Address Millbrook, Ontario Citizenship Canadian  
" Occupation Receptionist - (Commercial Salesman)  
12. Mother (Full Maiden Name) Laura Bearns Birthplace Peterboro, Ontario  
" Address Millbrook, Ontario Citizenship British Canadian  
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<u>Midland Reg. N.P.A.M.</u>	<u>Port Hope</u>	<u>Corporal</u>		<u>1935</u>	<u>1938</u>	

14. Honours, Awards, Mentions N.A.  
15. Are you now on any Naval, Military or Air Force Reserve? No  
16. Have you previously made application to join the R.C.A.F.? No If so, where? N.A.  
When? N.A. Result N.A.  
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No  
If so, state nature of disability N.A.  
18. Have you ever been or are you now in receipt of a Disability Pension? No  
If so, state nature of Disability N.A.  
19. Have you ever been convicted of an indictable offence? No If so state nature N.A.  
20. Are you in debt? No If so, state particulars N.A.



21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Millbrook Public	129	134	Full entrance
High School—Collegiate Institute, etc.....	Millbrook Collegiate	134	138	Junior Matriculation
Technical School .....	Peterboro Collegiate	138	139	Special Commercial—One year course Graduated
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Zellers Limited	Asst Stock-man	Sept 1938	May 1939	To accept permanent position
The Coca-Cola Co. Ltd.	Cashier	May 1939		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.....Amateur photography.....

25. Sports engaged in. State: extensively, moderately, occasionally.....Hockey, Softball Tennis, badminton, basketball, lacrosse - Extensively.....

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

Name	Address	Occupation
Mr. H. A. Toole	Peterboro Collegiate	Head of Commercial Dept
Mr. E. W. Burbridge	198 George St. Peterboro	President - B. F. Hickman Company

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.....October 7<sup>th</sup>.....1940.....Signature.....John Stanley George Grindel.....



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—

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, John Stanley George ARUNDEL.....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 December 6th 19 40 John Stanley George Arundel  
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

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

Date December 6th 19 40 John Stanley George Arundel  
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 Toronto, Ontario this 6th day of December 19 40

John Stanley George Arundel Flying Officer RCAF Recruiting Centre,  
Signature of Officer Rank Unit  
Toronto, Ontario.



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

*Part 1. Information obtained from the applicant—*

1. Age: 19 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism.....	<u>N.O.</u>	(j) Nasal Trouble.....	<u>N.O.</u>
(b) Tuberculosis.....	<u>N.O.</u>	(k) Ear Disease.....	<u>N.O.</u>
(c) Bronchitis or Asthma.....	<u>N.O.</u>	(l) Eye Disease.....	<u>N.O.</u>
(d) Heart Disease.....	<u>N.O.</u>	(m) Epilepsy.....	<u>N.O.</u>
(e) Kidney or Bladder Disease.....	<u>N.O.</u>	(n) Nervous or Mental Disease.....	<u>N.O.</u>
(f) Gastro-intestinal.....	<u>N.O.</u>	(o) Syphilis.....	<u>N.O.</u>
(g) Rupture.....	<u>N.O.</u>	(p) Gonorrhoea.....	<u>N.O.</u>
(h) Varicose Veins.....	<u>N.O.</u>	(q) Bone Fracture.....	<u>N.O.</u>
(i) Flat or Deformed Feet.....	<u>N.O.</u>	(r) Other Disease or Defect.....	<u>N.O.</u>

3. Have you ever worn glasses?..... N.O.

*John Stanley George Grindel*  
 Signature of Applicant

Examiner's Remarks *re* above..... N.A.

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

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

Small circular birthmark on left upper arm.

2. Height..... 5' feet 7 inches. 3. Weight..... 141 pounds.

4. Complexion..... fair 5. Color of Eyes..... blue Hair..... l. brown

6. Development { Good  
Fair  
Poor 7. Chest Measurement—Full expiration..... 33 inches

Range of expansion..... 3 inches

8. Hearing—Right N.V. 20' Left N.V. 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..... neg. Sugar..... neg.

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

none

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

A.

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

x-ray of chest reported neg.  
B.P. 120/82; C.V. "N"

Date..... October 28, 19 40

*R. C. Kane*  
 President

*Robinson Capt.*  
 Member

Member



AIR  
FORCE  
No.

R83862

ARUNDEL, JOHN STANLEY, GEORGE

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE  
NUMBER

PLACE

DATE

Toronto  
6-12-40

## RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B)  
50M-10-40 (7685)  
H.Q. 1062-3-58

## 1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.
T.O.S.	1 M.D. Toronto	6 12 40	1 M.D. 293
S.O.S.	No 1 M.D. Toronto	7 1 41	1 M.D. 5
S.O.S.	No 1 M.D. Toronto (duty at 20 EFTS)		
S.O.S.	No 20 EFTS Oshawa and attached to 1 M.D. for pay only	8 1 41	1 M.D. 7
S.O.S.	No 20 EFTS Oshawa	23 3 41	1 M.D. 58
T.O.S.	No 32 I.S. Victoriaville	24 3 41	32 I.S. 88
S.O.S.	3 I.T.S.	20 4 41	3 I.T.S. 22
T.O.S.	2 EFTS Port William	21 4 41	2 EFTS 49
S.O.S.	2 EFTS Port William	2 7 41	2 EFTS 87
T.O.S.	6 EFTS. Sarnia	3 7 41	6 EFTS 132
S.O.S.	6 EFTS	14 9 41	6 EFTS 184
S.O.S.	1 "Y" Depot, Halifax	15 9 41	1 "Y" 219
S.O.S.	1 "Y" Depot, R.A. Phoenix Pool	26 9 41	1 "Y" 235
T.O.S.	3 G.R.C.	13 10 41	3 G.R.C. 50
S.O.S.	to 57074	11 11 41	RAE 51
S.O.S.	to 411 Sq. from 57074	6 1 42	RAE 56
S.O.S.	to 277 Sq. from 411 Sq.	5 2 42	RAE 10:11
att	from 277 Sq. for 687 Sq. (duty at 277 Sq.)	19 5 42	RAE 230
	Missing 6 2 5-7-42	35 7 42	RAE 46
	PX #809 27/7		
	North Atlantic in sea - Defunct	25 7 42	RAE 5809
	Shot down by enemy action - 277 Sq.	27 7 42	RAE 5809
	Pres. Dead	25 7 42	RAE 5809
	025713	15 4 43	
	at L. G. Comp.	30 9 44	
9496	Completed 3/5/46	DEC 18 1946	

## 2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
AC 2	6 12 40	1 M.D. 293
LAC	20 4 41	3 I.T.S. 22
1st Sgt. (paid)	13 9 41	6 EFTS 4
T4		
Temp 1st Sgt.	1 7 42	RAE 48
2nd Sgt.	13 3 42	RAE 10:13

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	
28-10-40	RA 100	A	
St. H. Sp. I	26-12-40	4-1-41	1 M.D. 309-5
Q. tr. M. H. Brook	26-12-40	RAE 10:11	1 M.D. 309-5
2-4-41	M 2	A. B. A. 3 B.	
1st Sgt.	16-11-41	19-11-41	RAE 52:32

## 4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
Pt. Obs. Std.	6 12 40	1 M.D. 293	
Pilot	13 9 41	6 EFTS 4	
3025			

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

## 6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
20-6-41	9-7-41	13	Annual	26786
14-9-41	25-9-41	12		651-184

## 5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Pupil's Pilot Course No 32	72.5%	13 9 41	1879
Prop. Pilot Course No 26	75.2%	21 6 41	287.793



AIR  
FORCE  
No. R83862

AIRUNDEL, JOHN STANLEY GEORGE

SURNAME

FULL CHRISTIAN NAMES

## ENLISTMENT

## RE-ENLISTMENT

C.R. FILE  
NUMBER

PLACE Toronto  
DATE 6-12-40

# RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R. 44 (B)

7. BIRTH: DATE PLACE CITIZENSHIP						16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED:						21. ENGAGEMENTS					
<div>28-4-21Cleveland, OhioBritish</div> FATHER (FULL NAME) Samuel George Brundel						<div>WIFE (FULL MAIDEN NAME)</div> PLACE OF MARRIAGE DATE						<div>TERM EFFECTIVE D.R.O.</div> <div>Duration 6 12 40</div>					
<div>BIRTHPLACE Toronto, Ont.</div> MOTHER (FULL MAIDEN NAME) Laura Beavis						<div>AUTHORITY (IF AFTER ENLISTMENT)</div>											
8. EDUCATIONAL STANDING						17. MARRIED ESTABLISHMENT						22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES					
<div>HIGH SCHOOL ENTRANCE X Ont</div> JUNIOR MATRICULATION X Ont						<div>REMARKS RANK EFFECTIVE D.R.O.</div>						<div>FROM TO DATE D.R.O.</div> <div>Occupying Public Qtrs. 6-12-40 IM.D.293</div> <div>ceases to be attached to I.S.G. for pay 23-8-41 NC 58</div> <div>Occ. qtrs &amp; drawing rtns 24-3-41 3JF 88</div> <div>OCC Govt Qtrs &amp; attached to Thunder Bay Air Training School held for status 22-4-41 2EF 49</div> <div>OCC Govt Qtrs &amp; drawing rtns 3-7-41 6SF 132</div> <div>OCC pub Qtrs &amp; drawing status 25-9-41 Am 219</div>					
<div>BIRTHPLACE Peterborough, Ont.</div>						18. CHILDREN											
<div>9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.</div> <div>Asst Stockman 1 yr Zellers Ltd.</div> <div>Cashier 1 yr Coca Cola Co.</div> <div>8100</div>						<div>CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.</div>											
<div>10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE</div> <div>Midland Regt Cpl. 1935-1938</div> <div>6</div>						<div>19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)</div> <div>FULL NAME: Mrs. Laura B. Bingham RELATIONSHIP Mother</div> <div>ADDRESS: Millbrook, Ont D.R.O.</div> <div>FULL NAME: RELATIONSHIP</div> <div>ADDRESS: D.R.O.</div>											
<div>11. HONOURS-AWARDS, MENTIONS AUTHORITY DATE</div> <div>Pilot's Flying Badge 6SF 184 13-9-41</div>						<div>20. PAY ENTRIES (OFFENCE, FORFEITURES, STOPPAGES IN RED INK)</div> <div>RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.</div>											
<div>12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)</div> <div>SOLO - DUAL - PASSENGER -</div>																	
<div>13. RELIGION United Church</div> <div>2</div>																	
<div>14. LANGUAGES English</div> <div>1</div>																	
<div>15. SPORTS Hockey, Softball, Tennis</div> <div>Badminton, Basketball, La Crosse</div> <div>Photography</div>												<div>23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)</div> <div>R60 R79 B465 X-RAY A IS IDN. CARD</div> <div>13-12-40 OHE KX.</div>					







AIR  
FORCE  
No. *R 83862*

Arundel, John Stanley George

ENLISTMENT/APPOINTMENT

RELIGION

PLACE\_

DATE 6-12-40

4. c

R.C.A.F. FORM R230

[illegible]



R.C.A.F. R. 45  
40M-8-40 (6622)\*  
H.Q. 1002-2-126

J. A. T. P. CANADA

NAME Arundel, J. S. G

[illegible]



ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45  
40M-8-40 (6622)  
H.Q. 1062-2-126

### *Individual Record of Flying*

<b>RANK</b>	<b>No.</b>	<b>NAME</b>
.....	.....	.....

[illegible]



CONFIDENTIAL

SPECIAL RESERVE

R.C.A.F. M.2  
50M-12-39 (3211)  
H.Q. 1062-10-2

## ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto.Date Oct. 28/40

FILE NUMBER

Surname Arundel Chr. Names John Stanley George  
 Nature of Commission Temp. (19) Date of Birth Sept. 28/21 Married or Single S.  
 Branch Spec. Res. Hours Flown Nil  
 Address 164 Stewart St., Peterboro, 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 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 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 None  
 (x) Any Illness or Injury not mentioned above chicken pox, measles.

Education Jr. matriculation. 1 yr. Commercial.  
 Present Occupation Cashier Hobbies Photography  
 Previous Service None  
 Athletics Hockey, Baseball, Lacrosse, Tennis.  
 Habits—Smoking No Alcohol No  
 FAMILY HISTORY—Consumption No  
 Nervous Ailments, Mental Trouble, or "Fits" No  
 Father Alive—Health Well Dead—Cause appendectomy, age 42.  
 Mother Alive—Health Well Dead—Cause   
 Brothers (0) Alive—Health (0) Dead—Cause   
 Sisters (0) Alive—Health (0) Dead—Cause

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

Date 28/10/40 Signature John Stanley George Witness John Arundel



# GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique athletic (b) Mentality alert  
 Body Marks, Scars, Deformities small circular birthmark on left upper arm.  
 Size of Thyroid Gland normal  
 Surgical Abnormalities none  
 Results of Wounds, Injuries, Operations none

	Date <u>28/10/40</u>	Assessing Room	Date	Assessing Room	Date	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.)	<u>67</u>						Date.....
Weight (lbs.)	<u>141</u>						
Chest Circumference (ins.)	<u>33</u>						
Body Build (lbs.)	<u>18</u>						
LEG LENGTH (ins.)	<u>40</u>						
Pulse Rate	{ Sitting <u>84</u> Standing 1st <u>108</u> Standing 2nd <u>108</u> After Exercise <u>132</u> Time to Normal <u>30</u>						Date.....
Arterial Walls	<u>N</u>						
Blood Pressure	{ Systolic <u>126</u> Diastolic <u>82</u>						
Heart	{ Size <u>N</u> Sounds <u>N</u> Rhythm <u>N</u>						
Lungs	<u>N</u>						
Breath held	<u>69</u>						Date.....
Expiratory Force	<u>110</u>						
Vital Capacity (Best of 5)							
Reflexes	{ Knee <u>N</u> Ankle <u>N</u> Triceps <u>N</u> Abdominal <u>N</u> Plantar <u>N</u>						
Cranial Nerves	<u>N</u>						
Balancing Rod	R. L. <u>1S 1S</u>	R. L.	R. L.	R. L.	R. L.	R. L.	Date.....
Self Balancing	R. L. <u>1S 1S</u>	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors	{ Fingers <u>None</u> Eyelids <u>None</u>						
Abdomen	{ Liver <u>N</u> Spleen <u>N</u> Muscular Tone <u>Good</u>						
Urine	{ Albumen <u>Neg.</u> Sugar <u>Neg.</u>						
Initials of M.O.	<u>D.R.E.</u>						
40 mm. Hg. Test	<u>28/10/40</u>	<u>7/899.</u>	<u>10,10,10.</u>	<u>998.</u>	<u>989.</u>	<u>87.</u>	<u>72 Secs.</u>
Date							
Date							
Date							
Date							

Remarks by Consultant.

Fit 28/10/40. D.R. Easton.



## EYE EXAMINATION

History.....	Nil	
Night Vision Test B'Mth.	15/10/41 Above average 20/32	
Visual Acuity	R. $\frac{20}{20}$ , $\frac{1}{2.25}$ = blur L. $\frac{20}{20}$ , $\frac{1}{2.25}$ = blur	
Colour Vision	Normal Ish.	
Red, Green	Normal	
Diaphragm Test (P.D. = 61)	Bar at 0	
Convergence	C. = 7 cms. S. C. = 12 cms.	
Accommodation	R. $7\frac{1}{2}$ cms. L. $7\frac{1}{2}$ cms.	
Cover Test	sl. lat. diverg. R & L R.R.	
Fundi and Media	normal	
Fields	normal	
Remarks:	Fit	
Initials of M.O.	D.G.N.	Initials of M.O.
Date	28/10/40	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	N & P	
	L. Ear	N & P	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity	Healthy		
Teeth	Healthy		
Gums	Healthy		
Pharynx	Tonsils 1 <sup>+</sup>		
Nasopharynx	Clear		
Nose	Clear		
Larynx	Normal		
Remarks:	Fit		
Initials of M.O.	D.F.	Initials of M.O.	Initials of M.O.
Date	28/10/40	Date	Date



# HISTORY OF PRESENT CONDITION

Date.....

I certify upon my honour that I have  
suffered no illness or disability since my  
last examination *John Stanley George Grindel*  
Witness - *W. J. Reid* M.O. D.C. M.C.

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date..... 28/10/40.....

Cat. A 1 B A 3 B.

*W. J. Reid*  
(W.J. Reid)  
Lieut. R.C.A.M.C.  
R.C.A.F. Recruiting Centre,  
Toronto.



# ROYAL CANADIAN AIR FORCE

## RECORD OF SERVICE AIRMEN

*R83862*  
A.F. No.

*Chundel*  
Surname

*John Stanley George*  
Christian Names

*United*  
Religion

Born *28-4-21*

Place *Cleveland*

Country *Ohio U.S.A.* Citizen of

Racial  
Origin

### 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)

*Mrs. L. B. Bingham (Mother) Millbrook, Ontario*

### CIVIL EDUCATION

High School Entrance Jr. Mat. Sr. Mat.

Technical School Business Courses

University

### CIVIL OCCUPATIONS AND EXPERIENCE

*Cashier*

### PREVIOUS SERVICE

### ENLISTMENT

Med. Cat.

DATE

Med. Cat.

DATE

*Nil*

Date *6-12-40*

At *Toronto*

Term *Duration*

### RANK

AUTH.

DATE

### TRADE

AUTH.

DATE

### TRADE TESTS AND COURSES

TRADE

GP

%

P or F

DATE

*Mc-2*

*6 12 40*

*P.O. Nil.*

*6 12 40*

*Sgt (T) (P)*

*20 4 41*

*"Spec. Group"*

*13 9 41*

*T/F/SGT.*

*(32/43)*

*1 7 42*

### LEAVE

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM

TO

AUTH. AND DESCRIPTION

DATE

CHARACTER

TRADE AND ASSM.

HONOURS AND AWARDS

AUTH.

*20-6-41*

*2-7-41*

*(12) Annual*

*4-9-41*

*25-9-41*

*Embarked 18/4/41*

*Ro 225*

*not a date*

*R. H. F.*

*Halifax*

*T. P.*

*Emb. Can*

*3 PRC*



# MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M.O. 13	Relig. Centre Toronto	#1 Mfg. Depot	6-12-40	2. S. P. A. N. 96/42 (74/44)	Attended 7th 6 S.M. Fighter Command Course		
PRO 307/40	Admitted to the Hospital		26-12-40		from 27.4.42 to 9.6.42 and obtained 74.5%		
PRO 5/41	#1 M.O. Toronto	#1 T.C. Toronto	7-1-41				
PRO 58	No. 10 E.F.T.S. Oshawa	No. 3 I.T.S. Victoria	23-3-41				
22/41	No. 3 I.T.S. Victoria	No. 2 E.F.T.S. Ft. Williams	20-4-41				
PRO 49	Enlisted to Flying Coy		22-4-41				
PRO 87	#2 E.F.T.S. Ft. Williams	#6 S.F.T.S. Winnipeg	2-7-41				
PRO 184/41	Forwarded to 1st Depot		13-9-41				
PRO 184/41	Canville	Waggon	14-9-41				
PRO 235/41	M.J.G. Depot Halifax	T.P. Canada	26-9-41				
	108/41	3 P.R.C.	27-9-41				
(51/24/41) (51/55/42)	50	570th	13-10-41				
411 342 (6)	57 Sgdm.	411 Sg.	11.11.41				
309/42	411 Sgdm.	277 Sgdm.	6.1.42				
31/42 (3951)	277 Sgdm.	1st Reg. N.E.	5.2.42				
	Missing	277 Sgdm.	25-7-42	1056			



The instructions regarding this form are contained in Chapter XIII, A.P. 1

# ROYAL AIR FORCE

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

Official No. CAN/R 83862 Name ARUNDEL, JOHN STANLEY GEORGE Rank T/Sgt. T/F/S.  
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade.....*Pilot*..... Special Qualifications.....  
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 28-4-21 Religion United Ch. Occupation in Civil Life Cashier.

Last Enlisted 6-12-40 Current Engagement Og w.

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

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

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

Mrs L. B. Bingham, Millbrook Ontario (Mother)

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

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

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

[illegible]

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



When a man or airwoman is struck off the strength of a unit, e.g., on posting; when posted to N.E. strength; death; etc.; also on 31st December each year.)

POR. 19/42. PRIV. LEAVE. 23.4.42 - 25.4.42/3)  
POR. 19/42. PRIV. LEAVE. 10.4.42 - 13.4.42/4)

RECORD	OF LEAVE	AND IS	SUE OF FREE TRAVELLING WARRANTS
--------	----------	--------	---------------------------------

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.Os.C., ETC.

[illegible]



CONFIDENTIAL.

Form 1499D

REPORT ON THE FLYING AND GROUND TRAINING  
OF PILOTSSURNAME ArundelCHRISTIAN NAMES John Stanley GeorgeNUMBER R.83862RANK Sgt

AT

## No. 57 OPERATIONAL TRAINING UNIT

ARRIVED ON 11.11.41LEFT 6.1.42COURSE No. 29

## FLYING TIMES

Type of Aircraft	Day				Night				Instrument Flying	Formation Flying	Link Trainer
	Dual	2nd Pilot	Solo	Crew Training	Dual	2nd Pilot	Solo	Crew Training			
Previous Flying	72.15	-	65.05	-	2.50	-	7.20	-	24.30	7.00	27.15
At O.T.U.	4.40	-	33.15	-	-	-	-	-	-	17.00	1.50
Total	76.55	-	98.20	-	2.50	-	7.20	-	24.30	24.00	28.45

## GROUND EXAMINATION MARKS.

Airmanship ...	...	...	...	...	%	Navigation ...	...	...	...	%
Maintenance ...	...	...	...	...	%	Aircraft Recognition ...	...	...	...	%
Armament ...	...	...	...	...	%	.....	.....	.....	.....	%
Signals (Pract.) ...	...	...	...	...	%	.....	.....	.....	.....	%

## FLYING APTITUDE (on conclusion of Course)

1. Natural Aptitude ...
2. Skill in Landing ...
3. Airmanship ...
4. Aerobatics ...
5. Cockpit Drill ...
6. Instrument Flying ...
7. Formation Flying ...
8. Night Flying ...
9. Map Reading ...
10. Flying for Bombing ...

Exceptional	Above Average	Average	Below Average	Poor
		X		
	X			
		X		
		X		
		X		
		X		
		N/A		
		X		
		X		

Note.—This report need not be shown to the pupil unless it accompanies a recommendation to cease instruction.  
For full instructions regarding compilation and distribution of this form see A.M.O. A321/41.



# **DISTINCTIVE QUALITIES—**

1. **Persistence**  
(Does he keep on trying or is he easily discouraged ?)
2. **Sense of Responsibility**  
(Has he common sense or is he over-confident ?)
3. **Endurance**  
(Does he put up a consistently satisfactory performance under conditions of strain ?)
4. **Leadership**  
(Has he taken the lead in any activities ? Would he make a good captain of aircraft or Flight leader?)
5. **Method**  
(Does he work systematically to a plan ?)
6. **Deliberation**  
(Does he act decisively **for reasons** or on impulse ?)
7. **Initiative**  
(Does he want to try things on his own ?)
8. **Dash**  
(Is he quick and decisive in action ?)
9. **Distribution of Attention**  
(Does he find it difficult to do more than one thing at a time ?)
10. **Self-Control**  
(Does he get flustered ?)
11. **General Assessment of suitability as Operational Pilot.**

Exceptional	Above Average	Average	Below Average	Poor
	X			
		X		
		X		
		X		
		X		
	X			
		X		
		X		
		X		
		X		
		X		

(a) Exercises not carried out : 10,11,14b,15,17,19,27.

(b) Number of bombs dropped as pilot : (1) Day :

(2) Night :

(c) Number of bombs dropped as bomb aimer : (1) Day :

(2) Night :

(d) Result of best high level exercise : As pilot : (1) Day :

(2) Night :

As bomb aimer : (1) Day :

(2) Night :

(e) Number of rounds fired : (1) Air to air : -

(2) Air to ground : 767

**General Remarks** (if any required) : POSTED FROM: 3.P.R.C. POSTED TO 411 Sqd.

An average pilot who is just a little bit too sure of himself.

Date.....6.1.42.....

Signature ..... *V. T. ...* ..... W/Cmdr

Officer Commanding.

Training Wing, No.57 O.R.U.



# GENERAL CONDUCT SHEET

J. A. T. P. CANADA

SHEET No. One SIGNATURE AND RANK OF C.O. R. Beah #10 DATE 7-12-40  
(IN WORDS) For (G.N. Irwin) Wing Comdr.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
				CERTIFIED NO FURTHER ENTRY CERTIFIED NO FURTHER ENTRY	C.W. Rosam	P/O for H/Lt		Adj't. 3 P.R. l	18 OCT 1941
				CERTIFIED NO ENTRY S.N. Yip/dick/Ho for	Sgt. Ho	H/Lt, Adj't. Training Wing No 57 O.T.U. Newquay		6th Jan. 1942	
				Certified no Entry	M. Whalley	H/Lt. H/Lt Squadron		Benchurch 5.2.42	
				CERTIFIED NO ENTRY.	Green St	No. 277 SQDN. STAPLEFORD.		25.7.42.	
				To be carried over					



Brought forward

9



R.C.A.F. Special Reserve

Interview Report

~~Non-Flying Instructor~~

Air Crew

~~Administration~~

~~Mechanical~~

~~Equipment & Accounts~~

Pilot

Observer

~~Non-Flying Instructor~~

~~Administration~~

SURNAME

CHRISTIAN NAMES IN FULL

Age 19

Height 5'8"

Weight 151

~~Married~~ Single

~~No. of Children~~

ARUNDEL

JOHN STANLEY GEORGE

ACADEMIC STANDING:

Junior Matriculation.

Graduated in special commercial one year course (general office training) at Peterborough Collegiate.

LYING HISTORY (PARTICULARLY DURING LAST YEAR)

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

Corporal in Midland Regiment (three years' service) Completed service on termination of three years.

SPORTS:

EXTENSIVELY: Hockey, softball, tennis

MODERATELY: Badminton, lacrosse.

OCCASIONALLY:

HOBBIES:

Amateur photography. Stamp Collecting.

APPEARANCE:

HEALTHY-RUGGED-~~SLIM~~

~~POORLY~~ MEDIUM-~~SHORT~~

REFINED-ORDINARY-~~COARSE~~

CLEAN-~~UNTIDY~~ ~~DIRTY~~

DRESS:

~~POORLY~~ TASTEFUL-CONSERVATIVE

~~POORLY~~ DRESSED-~~DIRTY~~ CLEAN AND

~~DIRTY~~ SMART-~~UNTIDY~~ CARELESS

INTELLIGENCE: QUICK-~~POOR~~ ~~DIRTY~~ ~~DIRTY~~

ORGANIZED-ACCURATE-~~POOR~~

PERSONALITY: ~~DOMINANT~~ CONFIDENT

~~SUBMISSIVE~~ MATUR

~~IMMATURE~~ PLEASANT

~~MONOTONOUS~~ ~~DIRTY~~

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

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

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

SUMMARY OF ALL OF THE ABOVE:

Very quick and alert and clean cut type. Should learn quickly and make good headway in whatever work he is employed at. Very good type for Pilot or Observer. Confident and pleasant manner.

~~EXCELLENT~~

~~ABOVE~~ AVERAGE

AVERAGE

~~BELOW~~ AVERAGE

(Strike out words not applicable)

RECOMMENDED FOR:

Pilot or Observer.

DATE: 7-10-40.

RECRUITING CENTRE:  
Toronto, Ont.

SIGNATURE OF OFFICER:

...J.O. Plummer, F.O.

A.F.M.5



# OCCUPATIONAL HISTORY FORM

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

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

## Section A—GENERAL INFORMATION

1. (a) Print name in full A. R. U. N. D. E. L., JOHN STANLEY GERRARD (b) Reg'l. No. R 83862
2. (a) Arm of service A.R. FORCE (b) Unit 2 L.F.T.S (c) Rank LAC
3. (a) Date of birth April 28, 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment PETERBORO, ONTARIO
4. (a) Place of enlistment TORONTO, ONTARIO (b) Date of enlistment DECEMBER 6, 1940

PLEASE  
LEAVE  
BLANK

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) JUNIOR MATRICULATION - I/R COMMERCIAL
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 THE CASH-COLA COMPANY OF CANADA LIMITED Address PETERBORO, ONTARIO
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CARBONATED BEVERAGE BOTTLERS
20. (a) Your specific occupation CASHIER (b) Number of years' experience at this occupation with any employer 2
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? YES

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? 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.) -
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form WOULD LIKE TO OBTAIN POSITION IN CIVIL AVIATION

DATE June 4 1941

SIGNATURE John S. G. Gurdell





OFFICE OF  
THE MAYOR

CITY OF PETERBOROUGH

CANADA



September 27, 1940.

Recruiting Officer,  
Royal Canadian Air Force,  
Toronto, Ontario.

Dear Sir:-

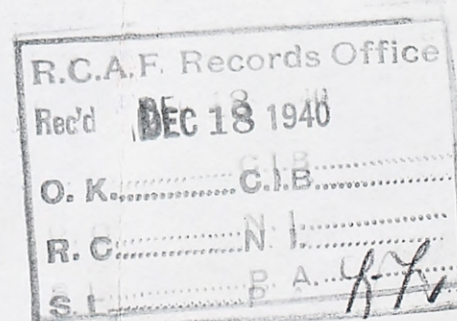
Mr. John Arundel, 164 Stewart Street,  
Peterborough, is intensely interested in joining the  
Royal Canadian Air Force.

This young man is 19 years of age, and is at  
present employed at the Coco Cola Company in this City  
as Cashier. He obtained his Junior Matriculation at the  
Peterborough Collegiate Institute and also took a year's  
Business Course at that School. I know him to be a young  
man of good character, and he should make good material  
for the Air Force.

I hope that every consideration will be given to  
his application.

Yours sincerely,

(James Hamilton)  
Mayor.









## CASUALTIES, ETC.

PART II D. O.	
NO.	DATE
293	9-12440 ENL. TORONTO TOS #1 MD. EFF 6-12-40 P. OR O. STD.
309	28-12-40 ADMIT. TO STATION HOSP. EFF. 26-12-40
311	31-12-40 CONFINED TO QUARTERS SICK MILLBROOK, EFF. 26-12-40
5	7-1-41 DISCH. FROM STATION HOSP. EFF. 4-1-41
6	8-1-41 DRO 311 P. 20 CANCELLED CONFINED TO QUARTERS.
5	7-1-41 SOS #1MD.POST.#1TC. #20 EFTS. OSHAWA EFF. 7-1-41
7	13/1/41 TOS 20 EFTS from #1 M.D. eff 8/1/41
58	25-3-41 SOS #20 EFTS to #3 ITS Eff. 23-3-41
8	1-4-41 TOS # 3 I.T.S. from #20 SFTS Eff. 24-3-41(LPC)Q&R 24-3-41
22	18-4-41 Recl. LAC and SOS #3 ITS to #2 EFTS Fort William eff. 20-4-41
49	22-4 TOS #2 EFTS Ft. William eff. 21-4 auth. Fly Pay eff. 22-4
86	19-6- Leave 20-6-41 to 2-7-41 (12 days)
87	21-6- SOS to No. 6 SFTS Dunnville, Ont. Eff. 2-7-41
132	4-7-41 TOS 6 SFTS ON POSTING FR. 2 EFTS FORT WILLIAM EFF. 3-7-41
134	13-9-41 APP. SGT. TEMPORARY (PAID) SPEC. GROUP EFF. 13-9-41
184	13-9-41 SOS #6 SFTS ON POST. TO #1 Y DEPOT HALIFAX EFF. 14-9-41
219	27-9-41 TOS # 1 "Y" DEPOT FROM DUNNVILLE EFF. 15-9-41
NR	E271 SOS #1 Y Depot on post at RAF Trainees pool eff. 26-9-41



17th April, 1943.

Mrs. L.B. Bingham,  
213 Simcoe Street,  
Apartment 3,  
Peterborough, Ontario.

Dear Mrs. Bingham:

I have learned with deep regret that your son, Flight Sergeant John Stanley George Arundel, previously reported missing on Active Service Overseas is now presumed to have died on July 25th, 1942. I wish to offer my sincere and heartfelt sympathy.

It is so unfortunate that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely,

(SGD.) C. A. S. *MS*

(L.S. Breadner)  
Air Marshal,  
Chief of the Air Staff.

/LL

*Delor*



3rd September 1942

Dear Sir,

I am directed to refer to a letter from this department dated 1st August 1942, and to inform you, with regret, that no news has been received of No. CAN/R.83862 Flight Sergeant John Stanley George ARUNDEL, Royal Canadian Air Force, since he was reported missing on 25th July 1942.

The aircraft of which Flight Sergeant Arundel was Pilot took off from base at 1 p.m. on 25th July 1942, in conjunction with two other aircraft as escort, detailed to carry out a search for a pilot in a dinghy about 5-10 miles north of Dunkirk. The aircraft proceeded to the search area and patrolled for approximately one hour. Whilst about eight miles from the French Coast a superior number of enemy aircraft were encountered and in the ensuing combat Flight Sergeant Arundel's aircraft was seen to dive into the sea and explode. No trace of survivors could be seen. Nothing further has been heard.

I am to add an expression of the department's sincere sympathy with you in your great anxiety, and to assure you that any further news will be immediately passed to you.

I am,

Dear Sir,

Your obedient Servant,

Flight Lieutenant,  
Royal Canadian Air Force Casualties Officer,  
for Air Officer in Chief R.C.A.F. Overseas.

Dr. J.H. Wright,  
Millbank,  
Ontario,  
CANADA.

MS

50



# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER	R83862	RANK	F/SGT.	TRADE	PILOT (SP GR)	UNIT	277 SQDN. OVERSEAS
NAME	ARUNDEL, JOHN STANLEY GEORGE			PILOT	R.C.A.F.	R.A.F.	R.A.A.F.
					X		
MARITAL STATUS	SINGLE	WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?		NO			
NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP	MRS. LAURA B. BINGHAM (MOTHER)			NAME	<del>XXXXXXXXXXXXXXXXXXXX</del>		
ADDRESS	213 SIMCOE STREET, APT. 3, PETERBOROUGH, ONT.			ADDRESS			
ADDITIONAL PERSON TO BE NOTIFIED				ADDRESS			
NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP				ADDRESS			
RELIGION	U.C.	CANADIAN	FRENCH CANADIAN	OTHER	BRITISH		
PARENTS NAMES	MRS. LAURA BEAVIS <del>XXX</del> BINGHAM (MOTHER)			FATHER LIVING ON ENLISTMENT	NO		
ADDRESS	213 SIMCOE STREET, APARTMENT 3, PETERBOROUGH, ONTARIO.			MOTHER LIVING ON ENLISTMENT	YES		
WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY?	YES/NO			IF SO, WAS HE A B.C.A.P.P. TRAINEE?	YES/NO		
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?							
IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . .							
IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO							
IF SO, GIVE PERIOD OR PERIODS: . . . . .							
IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . .							



AUTHORITY CAS. SIG. NO. ~~XXX~~ AIR MIN KWT --PX5713--d-15-APRIL-43.

10549

CASUALTY DETAILS:  
PREVIOUSLY REPORTED "MISSING" 25-JULY-42 AFTER AIR OPERATIONS (OVERSEAS) (NEAR DUNKIRK, FRANCE)  
NOW "PRESUMED DEAD" 25-JULY-42 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E?

YES/NO

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E?

YES/NO

DATE 21-APRIL-43.

P. OF D...YES

R.C.A.F. R217  
15M-4-42 (2067)  
H.Q. 885 R217

2

ADMINISTRATOR OF ESTATES, OTTAWA

FOR CHIEF OF THE AIR STAFF

*J. Westman F/0*



# Royal Canadian Air Force

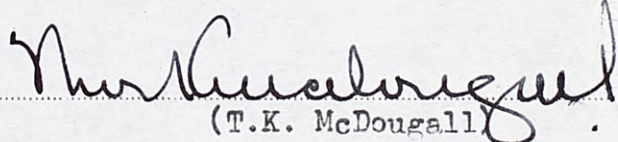
## CERTIFICATE OF PRESUMPTION OF DEATH NO. 3171

**This is to Certify that**

R83862 FLIGHT SERGEANT ARUNDEL, JOHN STANLEY GEORGE R.C.A.F.  
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 25TH day  
of JULY 1942, 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 27TH day of APRIL 1943

  
(T.K. McDougall)  
Wing Commander,  
R.C.A.F. Records Officer.



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 Township of \_\_\_\_\_  
If in City, Town or Village \_\_\_\_\_ (Name) Street \_\_\_\_\_ House No. \_\_\_\_\_  
(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 ARUNDEL JOHN STANLEY GEORGE  
(Family name) (Given name or names in usual order)

RESIDENCE No. \_\_\_\_\_ Street \_\_\_\_\_ City, Town, Village or Township Millbrook 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 <u>United States</u> (Province or Country)			
9. DATE OF BIRTH <u>April</u> <u>28th</u> <u>1921</u> (Month) (Day) (Year)			
10. AGE in { Years <u>21</u> Months <u>2</u> Days <u>27</u> If less than one day old hrs. or min.			
11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. <u>Pilot</u>			
12. Kind of industry or business, as cotton- mill, lumbering, bank, etc. <u>R.C.A.F.</u>			
13. Date deceased last worked <u>July 25/42</u> 14. Total years spent in at this occupation this occupation <u>Two</u>			
15. If married give name of wife or husband of deceased _____			
16. NAME <u>Arundel, Samuel George</u>			
17. BIRTHPLACE <u>Ontario</u> (Province or Country)			
18. MAIDEN NAME <u>Beavis, Laura</u>			
19. BIRTHPLACE <u>Ontario</u> (Province or Country)			
20. Person giving information sign here <u>For (R.C.A.F. Records Officer)</u> 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 July 25th 1942  
(Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from:

\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
and last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

CAUSE OF DEATH		PHYSICIAN
I. Immediate cause Give disease, injury or complica- tion which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) <u>Previously reported missing after air operations, now for official purposes, presumed dead.</u>	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 im- mediate cause).	(b) _____ (c) _____	
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 cer-  
tificate, 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 July 25th 42  
(State which)

Manner of injury Presumed killed during air operations  
(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)



## INSTRUCTIONS

(1) The present form of certificate has been drawn up after consultation between the Dominion Bureau of Statistics and representatives of leading bodies in the medical profession. It has been approved by the Vital Statistics Section of the Canadian Public Health Association and also by the Deputy Registrar of births, deaths and marriages of each province.

(2) **Nationality.**—Nationality is defined as the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of every person who has rights of citizenship in Canada. Every person born in Canada should be entered as "Canadian" unless he or she has subsequently become a citizen of another country.

(3) **Racial Origin.**—Racial Origin will be described by stating to what people or race the deceased person belonged, whether English, Irish, Scottish, French, German, etc. (The term "American" or "Canadian" should not be used, as they express citizenship but not a race or people.)

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family**, **cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner**, **weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store**, **soap factory**, **cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. The term "labourer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter**, **painter**, **machinist**, etc. A careful distinction should be made between **retail merchants** and **wholesale merchants**. The term "clerk" without qualification should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, bookkeeper, cashier, etc., should be reported as such, never as a "clerk".

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (See Example I), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

- (a) Name first the "Immediate Cause" of death, i.e., the disease, injury or complication which caused death (not mode of dying or terminal condition).
- (b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.
- (c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.
- (d) Use always accepted terms for morbid conditions and never record mere symptoms.
- (e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," e.g., puerperal septicaemia. Distinguish between septicaemia originating in abortion and in childbirth.
- (f) **Cancer.**—In all cases the organ or part first affected should be specified.
- (g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident**, **suicide** or **homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, e.g., an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I.	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uraemia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to (b) — due to (c) —	due to (b) — due to (c) —	due to (b) Acute appendicitis due to (c) —	due to (b) Operation due to (c) Strangulated inguinal hernia	due to (b) Chronic nephritis due to (c) —
II.	II.	II.	II.	II.	II.
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis



## MEMORANDUM FOR

P. 64

Mrs. Laura B. Bingham,  
 213 Simcoe Street,  
 Apt. 3,  
 Peterborough, Ontario

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

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

and the following number quoted:—

H.Q. 1022-A-947 FD. 74

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

May 8, 1943

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

ARUNDEL, John Stanley George, F/Sgt.

No. R-83862 R.C.A.F.

it is necessary that the requisite information regarding the deceased and his relatives  
 should be furnished on the inside of this form in strict accordance with the printed  
 instructions. The particulars required are to be carefully filled in and the Declaration  
 on the back should then be signed in the presence of a Clergyman, Priest, Local  
 Magistrate, Commissioner for Oaths or Notary Public, who should be asked to com-  
 plete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of  
 the Estates Branch, consists of any balance of pay and allowances at credit, cash on  
 hand and the personal effects which are under the control of the Service authorities.  
 To obtain such assets, it is not necessary for the person(s) legally entitled thereto to  
 obtain through the Courts Probate of the Will, or if none, Letters of Administration  
 of his estate.

In addition to the administration of those Service assets, the Administrator of  
 Estates is authorized to withdraw into Government account any funds (within a  
 defined amount) on deposit to the deceased's credit in Banks, Post Offices or other  
 financial institutions in Canada and Overseas, without expense or trouble to the  
 person(s) legally entitled to the estate, and to distribute such funds at the same time  
 as any balance of pay is distributed. Also, War Savings Certificates and Victory  
 Loan Bonds owned by the deceased may be redeemed and similarly distributed, or  
 transmitted into the name(s) of the person(s) legally entitled. Such Certificates and  
 Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters  
 of Administration, the Administrator of Estates may transfer and hand over the  
 Service assets to the executor or administrator appointed by the Court so that all  
 the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of import-  
 ance in determining whether or not the deceased's assets are such that they may all  
 be administered by the Administrator of Estates to the person(s) legally entitled,  
 that is, without the need for Probate or Administration.

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.

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

M.F.W. 77  
 6M-4-43 (9515)  
 H.Q. 1772-39-972

ADB/GMcC





## 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..none...			
2	Children of the Deceased and dates of their Births...none...			
3	Father of the Deceased...dead...			died on the 9th. of June 1927
4	Mother of the Deceased.....	Laura Beavis Bingham	53	213 Simcoe St., Apt. 3, Peterborough, Ont.
5	Brothers of the Deceased	Full Blood		
		none		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		none		
		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	
	none	none	none	



## ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

8	Full names of the deceased	JOHN STANLEY GEORGE ARUNDEL
9	Date of his birth	April 28, 1921
10	Place and date of his marriage.	not married
11	Place and date of his parents' marriage.	Winnipeg, Man. July 28, 1914

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Cleveland, Ohio, U.S.A.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) In Cleveland, Ohio, 5 years (b) Detroit, Mich., U.S.A. from (c) Feb. 1926 to Sept. 1926 in Norwood (d) Ont. from Sept. 1926 to July 1928 Millbrook July 1928
14	Nature of employment before enlistment.	Cashier in Coca-Cola Co. Office Peterborough, Ontario.
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Peterborough, Ontario, Canada

## PARTICULARS OF ESTATE

17	Did he leave a Will?	no - unless a Military Will
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	not married
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.	no
20	Amount of War Savings Certificates held by deceased.	none
21	Amount of Victory Loan Bonds held by deceased.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Canada Life Assurance Co. Toronto Ont. taken out by deceased to me, but contained a War Clause that there are no benefits under this policy.
23	Is application for Probate or Letters of Administration necessary (see page 1)? no	Metropolitan Life Ins. Co. Policy for \$1000.00 payable to me.

## OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no
(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)		

(PLEASE TURN OVER)



## DECLARATION

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

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

\*.....mother.....of the deceased.

N. B. To be signed in  
full in the presence of a  
Clergyman, Priest, Local  
Magistrate, Commissioner  
or Notary Public.

*Laura Beavis Bingham*

{ Signature  
of  
Informant

213 Simcoe St. Apt. 3, Peterborough, Ont. Address

## CERTIFICATE

I hereby certify that, to the best of my knowledge and belief...LAURA BEAVIS BINGHAM...

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

Dated at Peterborough this 12th. day of May 1943.

Signature of ~~XXXXXX~~  
~~XXXXXX~~  
Commissioner or  
Notary Public

*J. M. Eldred*

Qualification

*A Notary Public*

Address 415 Water Street, Peterborough, Ont.

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

J.T. Arundel, Oakville, Ontario, Grandfather.

Miss Helen Arundel, Oakville, Ontario, Sister of deceased's father and aunt.



WILL

R.C.A.F. r.60

I.....ARUNDEL, J.S.G.....of the  
(City  
(Town  
(Village  
(Township  
County  
of.....Millbrook.....in the District of.....Durham.....  
Province of.....Ontario.....Cashier  
(Civil Occupation)

a member of the Royal Canadian Air Force, Number....R83862..... 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 Mother:  
Mrs. Laura Bingham  
Millbrook Ont.

All my 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:-

N.A.

(4) I appoint.....Mr. James Bingham.....Millbrook, Ont.....  
(Name) (Address)  
Executor

....., to be the ~~executor~~ of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this .....7th.....day of

....December.....1940....

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 out )  
names as witnesses. )

J. S. G. Arundel.....  
(Signature of Testator)

(5) Signature.....

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

Occupation.....Clerk Geo. Davison.....

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

Address .....Clerk.....

Occupation.....Clerk.....

R.C.A.F. Records Office	
Rec'd DEC 13 1940	
O. K.....	C. I.....
R. C. <i>W</i> .....	N. I.....
S. L.....	P. <i>M</i> .....



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

9.2 2  
32802  
AIR

DECEASED  
NAME

John S.G.

Arundel

(CHRISTIAN NAMES)

(SURNAME)

REGISTER NO.

9496

FILE NO.

15 May/45

DATE

SERVICE NO.

R.83862

FINAL RANK OR RATING

FS

DATE OF DISCHARGE

25 Jul/42

DATE OF TERMINATION OF OVERSEAS SERVICE

25 Jul/42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 597 EQUAL TO 19 COMPLETE PERIODS AT \$7.50  
30

\$  
142.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 303 LESS 27 INELIGIBLE DAYS, EQUAL TO 276 DAYS @ 25C. PER DAY

69.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 4.00  
SUBSISTENCE OR LODGING \$ 1.00  
AND PROVISION ALLOWANCE  
ADDITIONAL PAY \$  
\$  
\$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 5.00 X 7 = \$ 35.00  
NO. OF DAYS 303 X \$ 35.00  
183

57.95

D. WAR SERVICE GRATUITY

269.45

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

269.45

G. YOUR PORTION OF GRATUITY IS—

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

E35 = \$

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  
RT

CHECKED BY  
JFM

TREASURY

CHECKED BY

DATE

17.5.45

SERVICE REPRESENTATIVE



Personal effects of CAN.R.83862 P/Sgt. Arundel, J.S.G.

1 Wooden Box containing:	1 pr Long Pants.	3 Silk Scarves
1 pr Sunglasses in Case	5 prs Short Pants	(2 coloured, 1 white)
1 Black Belt	3 Brushes	2 Towels
1 Blue Money belt	5 prs Coloured Wool Socks	
2 Shirts, blue check	1 Black Tie	1 Bottle Opener
4 Shirts blue	2 Photo Albums	1 Balachava Helmet
2 prs Slippers, brown	1 Tin Photos, booklets, 2 Wallets, 4 gold	Address Book
1 pr Black Shoes	studs, 4 coins, 4 Films	
1 Torch	3 Face Flannels	1 Pack Playing Cards
1 Photo in Frame	1 pr Shoe Socks	1 New Testament
2 Scarves, blue	1 Shaving Set in Blue Leather Case	
1 Sweater Blue Sports	1 Canvas bag cont. bundle of cards,	
2 Pullovers, blue	photos and sundries	1 Watch case cont.
1 Pullover White	6 Blue Handkerchiefs	sundries.
2 prs Braces	1 Coloured Cloth bag cont.	32 Handkerchiefs
6 prs Pyjamas	3 Cloth Bags empty	1 Bundle of Greeting
1 Knee Band	1 Dressing Gown Tartan	cards.
1 Jock Strap	2 prs Socks, White Wool	
2 Cups in Leather Case	1 prs Socks, Cream, wool	
7 Vests		

1 Suitcase

Effects checked at the Central Depository. 24. 8. 42.





R83862 (RD)

REGISTERED

OTTAWA, Canada, 16th. May, 1946.

Mrs. Laura Bingham,  
213 Simcoe Street,  
Apartment 3,  
Peterborough, Ontario.

Dear Mrs. Bingham:

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 Flight Sergeant J.S.G. Arundel.

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

Yours very sincerely,

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