J48269
PORTER
FRANK FERRIE

Recheck No.1 M.S.B. 6-10-43

CONFIDENTIAL (2) SPECIAL RESERVE

R.C.A.F. M. 2
20M—3-43 (3146)
H.Q. 885-M-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER R269288

Medical Board held at #10 R/C Hamilton, Ontario *Date* 25 Aug/43

Surname PORTER *Chr. Names* FRANK FERRIER
Nature of Commission SP RES *Date of Birth* 2 Mar/15 *Married or Single* MARRIED
Branch AIRCREW STD *Hours Flown* NONE
Address 219 Robinson, Hamilton, Ontario

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 age 43
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness Fainted once when hurt
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsilitis NO
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses Yes
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 Catarrh
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS T.& A.
(x) Any illness or Injury not mentioned above Childhood diseases

Education Sr. Matric
Present Occupation Brake Operator Hobbies Gardening Reading
Previous Service None
Athletics Baseball Basketball
Habits—Smoking Moderate Alcohol Occasionally
FAMILY HISTORY—Consumption NIL Diabetes NIL Haemophilia NIL
Nervous Ailments, Mental Trouble, or "Fits" NIL
Father Alive—Health GOOD Dead—Cause --
Mother Alive—Health GOOD Dead—Cause --
Brothers (0) Alive—Health -- (0) Dead—Cause --
Sisters (3) Alive—Health GOOD (0) Dead—Cause --

NOV 22

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

Date Aug 25/43 *Signature* Frank F. Porter *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Standard 4-1

Body Marks, Scars, Deformities None

Size of Thyroid Gland Normal

Surgical Abnormalities None

Results of Wounds, Injuries, Operations None

	25 Aug/43 Date	Date 6-10-43	Date	Remarks on any Abnormalities Found
Height (ins.)	65¾	66		
Weight (lbs.)	153	150		Date
Chest Circumference (ins.)	35			
Body Build (lbs.)	+15	+ 11		
Leg Length (ins.)	40			
Pulse Rate — Sitting	72	84		
Pulse Rate — Standing 1st	--			
Pulse Rate — Standing 2nd	--			
Pulse Rate — After Exercise	--			
Pulse Rate — Time to Normal	--			
Arterial Walls	soft	soft		Date
Blood Pressure — Systolic	125	110		
Blood Pressure — Diastolic	90	90		
Room Temperature	70			
Heart — Size (in cms.)	8.5	N		
Heart — Sounds	N	N		
Heart — Rhythm	N	N		
Lungs — Inspection	N	N		
Lungs — Palpation	N	N		
Lungs — Percussion	N	N		
Lungs — Auscultation	N	N		
Lungs — Expiratory Force	--			
Lungs — X-Ray	--			Date
Reflexes — Knee	N			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar	N			
Cranial Nerves	N			
	R. L.	R. L.	R. L.	
Balancing Rod	-- --			
	R. L.	R. L.	R. L.	
Self Balancing	IS IS			
Tremors — Fingers	NIL			Date
Tremors — Eyelids	NIL			
Abdomen — Liver	N.P.	N		
Abdomen — Spleen	N.P.	N		
Abdomen — Muscular Tone	N	N		
Urine — Albumen	NEG			
Urine — Sugar	NEG			
Initials of M.O.	DRJ	D.A.G.		

40 mm. Hg. Test 25 Aug/43 777/878/888/77 - 55 secs

Date

Date

Date

Date

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 PORTER FRANK FERRIER (b) Reg'l. No. R 269288
2. (a) Arm of service RCAF (b) Unit I M C FERRY (c) Rank A C 2
3. (a) Date of birth [illegible] (b) Have you any dependents? yes (c) Place of residence at time of enlistment HAMILTON
4. (a) Place of enlistment HAMILTON (b) Date of enlistment Aug 27 1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) Junior Matric.
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? — (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? no

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

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

11. Had you ever been employed fairly regularly since leaving school?
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 [illegible] Address [illegible]
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) Electrical Manufacturing
20. (a) Your specific occupation Welder Operator (b) Number of years' experience at this occupation with any employer 2½ 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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? 12 (c) In what provinces did you have experience? Ont.

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 [illegible]

R.C.A.F. Rec'd SEP 9 1945 Ottawa Office
B.C. N.I. S.L.

DATE Sept 3 1945 SIGNATURE [illegible]

No. 10 Rec. Centre,

AIR FORCE No. R269288 POSTED TO Hamilton, Ontario. TRADE Std. Aircrew.

186
1183
30-8

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

62-PSL
20-9-44

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

1. Surname PORTER Full Christian Names FRANK FERRIER
2. Present Address 219 Robinson St., Hamilton, Ontario Telephone None
3. Permanent Address 219 Robinson St., Hamilton, Ont.
4. Place of Birth Chatham, Ontario. Citizenship Canadian
5. Date of Birth 2 March 1915 Married, ~~Single, Widower, Separated, Divorced~~ Married
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None			

7. Occupation Brake operator 8. Religion Presbyterian (State denomination)
9. Languages English fluently (State proficiency)
10. Next of Kin (Full Name) BEATRICE ANETTA PORTER Relationship Wife
    " Address 219 Robinson St., Hamilton, Ontario.
11. Father (Full Name) FRANK WYLIE PORTER Birthplace Brechin, Scotland
    " Address RR# 1, Freelton, Ontario Citizenship British
    " Occupation Farmer
12. Mother (Full Maiden Name) EDNA MARGARETTA HEARD Birthplace Dumbarton, Ontario.
    " Address RR# 1, Freelton, Ontario. 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. SEP 1 1943
O.K. C.I.B.
R.C. N.
S.L. P.A.

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

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

688-328

21. Particulars of Education:

	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	SS#7, E. Flamboro, Ont.	1921	1927	Academic
High School—Collegiate Institute, etc.	Waterdown Collegiate,	1927	1932	Sr. Matric.
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
M. W. Fisher, Freeman, Ontario.	Chick hatchery	1932	1935	Wanted change
James Way Ltd. Weston, Ontario.	Order clerk	1935	1935	Firm changed hands.
A.S. Wilmot, Milton, Ont.	Clerk	1935	1937	Wanted change
F.W. Bray Ltd., Hamilton, Ont.	Manager.	1937	1941	Wanted change
Canadian Westinghouse, Hamilton, Ont.	Brake operator.	1941	1943	Still employed.

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

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

25. Sports engaged in. State: extensively, moderately, occasionally Skating (occ.) tennis (occ) fishing (mod)

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 Std. Aircrew
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
F. W. Bray,	120 John St., Hamilton, Ont.	Owner
M.W. Fisher,	RR# 1, Freeman , Ontario.	Owner
A. Hunt,	RR# 1, Freelton, Ontario.	Farmer
Mr. Cooper,	223 Robinson St., Hamilton, Ont.	Retired

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 23 August, 1943. Signature Frank F Porter

NATIONAL REGISTRATION CERTIFICATE PRODUCED.
E.D. 111 P.D. St. Brigits

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, FRANK FERRIER PORTER, 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 27 August, 19 43. Frank F. Porter
Signature of Recruit

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

I, FRANK FERRIER PORTER, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date 27 August, 19 43. Frank F. Porter
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 August, 19 43.

Signature of Officer — Commanding Officer, Rank — No. 10 Rec. Centre, Hamilton, Ontario. Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 28

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

(a) Rheumatism	No	(j) Nasal Trouble	Catarrh
(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	Lt arm
(i) Flat or Deformed Feet	No	(r) Other Disease or Defect	Pneumonia

3. Have you ever worn glasses? Yes

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

Frank S. Porter
Signature of Applicant

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

Examiner's Remarks *re* above: Catarrhal condition

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

1. Identification marks or scars (if operative obtain history): Scar lt. med. finger

2. Height 5 feet 8 3/4 inches. 3. Weight 157 pounds.

4. Complexion Fair 5. Color of Eyes ~~Blue~~ Grey Hair B Crown

6. Development {Good / Fair / Poor} 7. Chest Measurement—Full expiration 35 inches; Range of expansion 2 1/2 inches

8. Hearing—Right W V 20 Left W (20' Tympana—Right N Left N

9. Vision—Without glasses—Right 20/40 With glasses—Right 20/20
2.50 R 20/200 L; Left 20/30 Left 20/20

10. Condition of mouth and teeth Satisfactory

11. Urine—Albumen neg Sugar neg

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

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B A3M4

Any special remarks of the Medical Officers: 25 Aug/43 CHEST X-RAY NEGATIVE

Part 2 Cont'd.

13. Reflexes ✓
14. Heart ✓
15. Lungs ✓
16. Blood Pressure S.D. 12/4
17. Colour Vision N. Sahi

Date 25 Aug 1943

President — Member — Member

D E C L A R A T I O N

I, FRANK FERRIER PORTER, do solemnly declare as follows:

(1) THAT I am a natural born British subject and I was born at Chatham, Ontario, on the 2nd day of March 1915.

(2) THAT my full and correct name is as stated above, namely, FRANK FERRIER PORTER.

(3) THAT my father's full and correct name is FRANK WYLIE PORTER.

(4) THAT my mother's full and correct maiden name is EDNA MARGARETTA HEARD.

(5) THAT this is to serve as temporary proof of birth only.

AND I make this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under Oath and by virtue of the Canada Evidence Act.

DECLARED before me in the City)
of Hamilton, Ontario, on this)
26th day of August, 1943. (

Frank Ferrier Porter

Signature of Declarant.

J. G. Ryrie

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

R.C.A.F. Records Office
Rec'd. SEP 1 1943
O. K. ..... G. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

SPECIAL RESERVE

Application for Aircrew (x) or Ground Duties ( ) Date 23. August. 1943.....,

PERSONAL RECORD

Name .....PORTER..... (Surname) .....FRANK. FERRIER..... (Christian Names) .....2. Number R269288

3. EDUCATIONAL: Highest standing attained, province and course (e.g. XII Ont. Tech.) .....Sr..Matric..Ontario..(Date of last school attended) from 1927.to 1932.

4. TESTS: (a) C.T. .61..... (Form ..2..) (b) E.A.T. ....(Form ....) (c) C.A.T. .....
(d) M.A.T. ..... (e) CL.A.T. ..... (f) Compensating factors (if any) ....
.....Suitable.good.type.....
(g) Suitable for AIRCREW (x) or GROUND DUTIES ( ) (State Trade) .....

SIGNATURE ...J.H..Hassard.Sgt.....

5. CIVIL EXPERIENCE: (In chronological order by years, without intervals)

Employer	Business & Place	Details of Duties	From	To
M.W. Fisher,	Freeman, Ontario.	Chick hatchery	1932	1935
James Way Ltd.,	Weston, Ontario.	Order Clerk	1935	1935
A.S. Wilmot,	Milton, Ontario.	Clerk	1935	1937
F.W. Bray Ltd.	Hamilton, Ontario.	Manager,	1937	1941
Canadian Westinghouse	Hamilton, Ontario.	Brake Operator	1941	1943

6. Details of Service or similar training: (e.g. military,auxiliary,COTC Cadets, etc.
.....None.....

7. Hobbies and Sports: (a) in School years .....WALKING, fishing.....
(b) in Civil life ...fishing.and.reading.....

8. OTHER QUALIFICATIONS: (e.g. Languages, First Aid, Knowledge of Typing Mechanics, etc.) ....A.R.P..First.Aid...Some.typing.25.words...Fairly.mechanically.inclined.

9. AGE ....25..... HEIGHT ..5'..5¾"... WEIGHT ...153.... VISUAL ACUITY .20/40..20/20.
glasses 20/20 20/20
COLOUR VISION .....N.Ishi..... MEDICAL CATEGORY A1B.A3BV.....
(Mark "X" as applicable)

Fit - A1B (x)
- A3B(Turret) ( )
- A3B ( )
- A3B(Vision) (x)
- Ground Duties ( )
M.2 Exam not given (State Reason)( )

Intelligent, mature type of man. Slightly nervous but hides it well. Aircrew material.

SIGNATURE ...D.R. Jones F/L.....

10. INTERVIEWING OFFICER'S ASSESSMENT:

Will be 29 on Mar.2/44. Married man - no children. Wife will not worry unduly He wants Aircrew and is not worrying about the job he gets. Realizes he has a job on his hands, but is not afraid of work and is determined to do his best wherever placed. Would prefer pilots course but is content to let the Aircrew Selection Board decide where he can do his best job. Mature and reliable.

R.C.A.F. Records Office
Rec'd. SEP 1 1943
O.K. ..... C.I.B. .....
S.C. ..... N.I. .....
S.L. ..... H.A. .....

Date ..... Recommended for ..Std. Aircrew.... Signature ...R.M. Howard F/O.

This space for use of Selection Board at "M" Depot
SELECTED FOR

FOUND SUITABLE FOR ...Std. Aircrew.....

SIGNATURE .....
Commanding Officer, No. 10 R.C.,
Hamilton, Ontario.

.....
No. "M" Depot Selection Board

NOTE: Information called for on the reverse side of this form is also to be provided when submitting applications under Manning Order M.10/25.

CONFIDENTIAL

R.C.A.F. TRAINING REPORT

R.C.A.F. Form 5008

FLIGHT ENGINEER

At (Name of School) The T.T.S., St. Thomas, Ont.

1. Surname PORTER Christian Names F.F.

2. Number R269288 3. Rank LAC 4. Course Number 15

5. Posted from No. 5 I.T.S. 6. Date course commenced 29-Jan-44 7. Date course ended 22-June-44 8. Posted to No. 4 B&GS

9.	MARKS ALLOTTED	MARKS OBTAINED	10.	MARKS ALLOTTED	MARKS OBTAINED
Technical Theory	200	159	Advanced Engines	100	82
Prelim. Airframes	100	82	Advanced Airframes	100	84
Prelim. Engines	100	81	Advan. Hydraulics	100	84
Carburation and Superchargers	100	72	Advan. Propellers	100	85
Electrics and Instruments	100	78	Advan. Electrics and Instruments	100	90
Radial Engines	100	73	Engine Operation	200	144
In Line Engines	100	71	Signals	100	85
Hydraulics and Pneumatics	100	84	Aircraft Recog.	100	88
Propellers and Engine Control	100	64	Organization and Administration	100	90
TOTAL	1000	764	TOTAL	1000	832
PERCENT		76.4	PERCENT		83.2

11. Assessment of qualities of Character and Leadership	MARKS ALLOTTED	MARKS OBTAINED
	100	73

Degree of Suitability for Further Training	NOT AT ALL SUITABLE	MODERATELY SUITABLE	DEFINITELY SUITABLE	EXTREMELY SUITABLE
12. As a Flight Engineer Instructor	X			

(Mark "X" in appropriate column)

13. Remarks:

Specialized on In-Line Engines. An ambitious, conscientious and industrious trainee - good practical worker with a thorough understanding of the training covered so far. Above average in all respects. Honour graduate of his entry.

Passed/~~Failed~~

Date 22-June-44. Signed A. Mackenzie for (A.G. Vince) W/C.
Commanding Officer

R.C.A.F. R. 45
90M—10-43 (3551)
H.Q. 885-R 45

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK P/O NO. J48269 NAME Porter F. F.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES						PASSENGER		TOTAL	
			DAY						NIGHT						DAY						NIGHT															
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER					
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
#3 OTU	Sept	44																													23	15				
PAT BAY	Oct	44																													15	40				
BC	Nov	44																													17	30				
	Dec	44																													3	45				
																															TOTAL 3 OTU				60	10

CERTIFIED FLYING TIME IS CORRECT
SIGNATURE D. Siger F/L
No. 3 OPERATIONAL TRAINING UNIT
PATRICIA BAY, B. C.

R269288 Get reg. no.

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

ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY

REGISTRAR-GENERAL'S BRANCH

Toronto, Ontario,
September 16th, 1943.

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.

Frank Ferrier Porter

Kent County

March-2-1915

Name of Father Frank Wylie Porter

Maiden Name of Mother Edna M. Heard

Reg. March-25-15

1915-13-150
JW

F. V. Johns.

Deputy Registrar-General

AIRCREW INTERVIEW REPORT FORM

Porter, F. F. A.F. No. R269288 No. 1 M Depot Date: 2 Sep 43
(Surname) (Christian names) (Day) (Mo.) (Yr)

1. What is the reaction of your family or special friends towards your enlistment?

0 Definitely against it.
0 Consider it his own problem - or - not too happy about it.
1 Were somewhat against it but favourable now.
(2) Quite favourably disposed - or - no one's concern but his own.
3 Very keen.

2. How well will your family or dependents be provided for during your absence?
(Living conditions, obligations, finances, health.)

0 In poor health.
0 Not too well provided for.
(2) Satisfactorily provided for.
3 Very well provided for.

3. INTERVIEWING OFFICER: In your judgment, to what extent is the trainee likely to be burdened or disturbed by family worries?
(Cover above two questions, Information Sheet and similar items such as how well he gets along at home, etc.)

0 To a serious degree and quite possibly continuously.
2 To some extent, but likely to be adjusted.
(5) Normal conditions - concerned but not worried.
7 None whatsoever.

4. INTERVIEWING OFFICER: Judging by his education and job history, has he made the most of his opportunities?
(Touch such subjects as grade achieved and jobs handled in relation to family finances, their ability to pay for education, size and type of community, city, town, rural, etc.)

0 Slack type - or - satisfied with trivial jobs - lacks ambition.
3 Achievements due more to family position than own application.
(7) Fairly progressive type.
10 Capitalized on opportunities either made by self or provided by others.

5. INTERVIEWING OFFICER: Judging by his interests and contacts with others, do you consider that he would be an acceptable member of an aircrew team?
(Touch on such items as hobbies, sports, social activities, evidences of leadership, etc.)

0 "Lone wolf" type - not likely to get along with others.
2 Would tend to lean heavily on the support of others.
5 Little objective evidence of self-reliance, but seems likely to develop and mature.
(7) Reliant and co-operative.
10 Thoroughly reliable - would inspire confidence and command respect.

6. Why did you join the Air Force?

-15 Indifferent, to avoid Army call - tries to avoid aircrew.
-9 Lukewarm, not keen on aircrew.
0 Feels he can best serve as aircrew.
(+9) Eager, definitely for aircrew.
+15 Enthusiastic, heart and soul set on serving as aircrew.

RCAF R.268

7. What do you know about the Air Force?
(Growth Air Training Plan, aircrew, trades, training, aircraft types and uses, methods of air combat, present War Aces, etc.)

0 Very poorly informed.
1 Limited - sketchy information.
(3) Reasonably well informed.
5 Very well informed.

8. INTERVIEWING OFFICER: Poise.
(Does he appear to be at ease and display confidence in his ability to carry things through.)

0 Would try to bluff.
0 Uncertain of himself.
2 Sufficient self-assurance - would not back down too easily.
(3) Always at ease.
4 Appears so confident that others would have confidence in him.

9. INTERVIEWING OFFICER: Appearance and Bearing.
(Does his general appearance give an impression of smartness and neatness?)

0 Makes a poor impression.
1 Meets all ordinary requirements.
(3) Makes a good impression.
4 Smart and alert.

10. INTERVIEWING OFFICER: Power of Expression.
(How clearly and directly can he give you the information required?)

0 Unsure of himself - hard to make out what he means.
1 Inclined to wander from the point.
(4) States what he means clearly.

Total score from this form (Max. 65)	45	A
Total score from page 1 of Recruiting Centre Interview Form (Max. 35)	14	B
Total A+B (Max. 100)	59	

Date: Sept. 6th/43.

Signature: [illegible]

SPECIAL RESERVE

Enclosure No. 1.
in R.C.A.F. M.10

R.C.A.F. M. 13
200M—2-42 (1806)
H.Q. 1062-10-13

1

ROYAL CANADIAN AIR FORCE

Air Force No. R269288

MEDICAL HISTORY OF

SURNAME Porter CHRISTIAN NAMES Frank Fenner

TABLE I—General

Recruiting Centre: II 10

Date Aug 25 19 43 Age 20 yrs.

Former Occupation: Brake Operator

Height 5 ft. 5 3/4 ins. Weight 153 lbs.

Colour of Hair: Blonde Complexion Fair

Colour of Eyes: Grey

Identification Marks:
Scar rt mid finger

Past Illnesses, Operations, Injuries:
Fr rt arm
Pneumonia

Colour Vision — Test Ishi.

Vision—without glasses—Rt. 20/40
—Lt. 20/30
—with glasses —Rt. 20/20
—Lt. 20/20

Condition of Mouth and Teeth: Satisfactory.

Blood Pressure: S 125 D 90

Abnormalities: none

Remarks by Medical Examiner: Fit

Category: A1R4A3M0

Signature of M.O. [illegible]

Rank

X-Ray of Chest: CHEST X-RAY NEGATIVE

Date Aug 25 1943. M.O.

SEROLOGICAL TEST FOR V.D.S.	INTERNATIONAL BLOOD GROUP*
Result Neg	O A B AB
Date SEP - 4 1943	M.O. SEP - 4 1943

*Note:
O = Moss IV: Jansky I
A = Moss II: Jansky II
B = Moss III: Jansky III
AB = Moss I: Jansky IV

TABLE II

Consultations
Medical Boards
Courts of Inquiry
Surgical Appliances
Flying Accidents

Re-check Medical Examinations
X-ray of Chest
Sick Leave
Issue of Glasses
Corrective Lens Goggles

DATE	BRIEF DETAILS AND SIGNATURES
25 Aug/43	Urine - neg - C. S.
1-9-43	Harvard step test - 38%
22 Aug/44	Medically examined in accordance with R.C.A.F. Circular Order #242 & found to be physically fit for the category of A1, B4, E4(T) J. G. McEachen F/L

TABLE III—ADMISSIONS TO HOSPITAL AND SICK IN QUARTERS

Hospital	Date Admitted	Date Discharged	Disease	Days in Hosp.	Brief Details and Remarks	Signature of Medical Officer
T.T.S. St Thomas	24-3-44	6-4-44	A. pharyngitis	14	improved 2 work attend S.	[illegible]

(1)

Patricia Bay, B.C.
6 January, 1945.

Dear Mr. Porter:

Your letter of Dec. 26th has been received and in reply I wish to tell you that Wing Commander Fraser has now left this Unit and as I have taken his place I will attempt to give you the information you requested.

Frank's aircraft took off about four-thirty in the afternoon of Dec. 2nd on a normal night navigation exercise. Several other aircraft took off about the same time on the same exercise, and amongst the crew in Frank's aircraft was a senior Navigation Instructor from this Unit. The exercise was to take them across the southern tip of Vancouver Island, then out to sea for about two hours, and then return to base by a similar route. About six o'clock two of the aircraft on the exercise advised by radio that they were returning to base because of weather, and immediately a signal was sent out to Frank's aircraft to return also. This signal was acknowledged and they started their return trip to base. Radio stations plotted them down the coast until they entered the mouth of Juan de Fuca Straits. Shortly after this, about eight-twenty P.M. a message was received from them asking for the station to send their call sign. This was the last message received from them. They were called continually for about an hour by the ground station and when no further replies were received rescue operations were started immediately.

(2) Noted
W. Kellyann
+ RO+
12 Feb

Since that time we have covered very large areas in both air and ground searches. The U.S. Authorities have been very co-operative but I am afraid the time has come when we must accept defeat.

The Service is losing a most promising crew who would have done great credit to themselves and to us all when they got on operations.

All of us share your loss and sorrow. Please allow me to offer my sincere sympathy and that of us all at this O.T.U.

Yours sincerely,
(Signed J. R. Frizzle)

CERTIFIED TRUE COPY

E Peressini P/O
(E. Peressini) P/O,
for O.C., No. 3 O.T.U.,
Patricia Bay, B. C.

Patricia Bay, B.C.,
Dec. 8th, 1944.

(1)

Dear Mrs. Porter:

I had hoped that by now I would be able to give you some definite news to relieve the anxiety you must feel for your husband, but although we have been making an intensive air search ever since the weather cleared, on Monday, we have not yet found the aircraft. The moment I have any news I will, of course, send it on to you by telegram.

We have had a great many reports from people who saw or heard an aircraft that night, and they have all been followed up by ground parties as well as the air search--in fact everything humanly possible has been and will be done.

They left here on Saturday afternoon at 4:30 on a normal Navigation Exercise from which they were recalled at 6:15 as the weather was getting bad. Our last contact with them was at 8:20 in the evening, when they were at the entrance to the Straits of Juan de Fuca on their way home. From then on we had no further radio contact with them, nor have we any reliable information on their movements. The weather today is good and we are going on with the search.

Please accept my sincere sympathy in the anxiety we all share with you.

Yours sincerely,

(SIGNED B. A. FRASER)

CERTIFIED TRUE COPY

for O.C., No. 3 O.T.U.,
Patricia Bay, B. C.

(2) Noted
W. Kellyn
for ROY
18/12/44.

JAC 11 V OTT IMPORTANT (THIS IS AN UNPHARAPHRASED LITERAL TEXT OF A CYPHER MESSAGE ND IS TO BE HANDLED ACCORDINGLY)

FROM 3 OTU

TO RCAF HQ OTTAWA

INFO WAC

PX480 21JUL YOUR P466 4 DEC 1944

SECRET CANSO A11086 MISSING 3 DECEMBER LOCATED CLOSE TO SUMMIT OF 4000FOOT MOUNTAIN 30 MILES EAST OF TOFINO LAT 4909 NORTH 12530 ½ WEST FOUND 1 JUL LATER IDENTIFIED AS CANSO 11086 BURIAL SERVICE HELD 11 JUL COMMON GRAVE BESIDE THE AIRCRAFT TELEGRAMS DESPATCHED THIS DATE TO NEXT OF KIN WITH THE FOLLOWING EXCEPTIONS MRS K RAMSAY WIFE MRS EM STAPLES WIFE TELEGRAMS TO MPTHER'S OF F/L RAMSAY G BN P/O AI STAPLES REQUESTED INFORMATION E TO BE CONVEYED AS ADDRESS UNKNOWN AT THIS UNIT-----220020Z

CON (SER303) ACK RMS 221240

R E G I S T E R E D

4th September, 1945.

Mr. F.W. Porter

Mrs. F. F. Porter,
219 Robinson Street,
Hamilton, Ontario.

Dear Mrs. Porter:

I have learned with deep regret that your husband, Pilot Officer Frank Ferrier Porter, is now for official purposes presumed to have died on Active Service on December 2nd, 1944. I wish to offer you and the members of your family my sincere and heartfelt sympathy.

It is most lamentable 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 he was serving.

Yours sincerely,

(Sgd.) F. S. McGill A/V/M

(W. A. Curtis)
Air Vice-Marshal
Acting Chief of the Air Staff.

/AMK

J48269 (R-4)

R E G I S T E R E D

Mr. F.W. Porter,
R.R. No. 1,
Freelton, Ontario.

Dear Mr. Porter:

It is with deep regret that I must inform you that your son, Pilot Officer Frank Ferrier Porter, is now for official purposes presumed to have died on Active Service on December 2nd, 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 your son to offer his life give you renewed courage.

Yours sincerely,

(H.L. Campbell)
Air Vice-Marshal,
Air Member for Personnel.

GB

3/8

FORM 1341

CANADIAN WESTINGHOUSE COMPANY LIMITED

W. E. SPRAGUE.
VICE PRESIDENT AND SECRETARY.

HAMILTON, CANADA Sept.28, 1945.

PA 229

Referred to B4
File No.
Chgd to

R.C.A.F. Casualty Officer,
for Chief of the Air Staff,
Royal Canadian Air Force,
Ottawa, Ontario.

Dear Sir:

On May 4th last we wrote you giving the names of several employees which had appeared on casualty lists, and you replied under date of May 26th.

One of these employees was Pilot Officer Frank Ferrier Porter, J. 48269, reported missing December 3rd, 1944, and we would like to know if at this time you are able to give us further information about him.

Another employee, Flying Officer Walter Russell of Winnipeg, was reported missing on the India-Burma front sometime early this year and we would appreciate your sending us any further information you may have.

27639

With thanks for any information you can give us, I am,

Very truly yours,

Vice President and Secretary.

WES-16

RECEIVED
OCT 2 1945
CASUALTY SECTION

E.D. GOODERHAM,
PRESIDENT
H.W. FALCONER,
VICE-PRESIDENT & MANAGING DIRECTOR

THE Dominion of Canada General Insurance Company

HEAD OFFICE - TORONTO, CANADA

RECEIVED DEC 14 1945 CASUALTY SECTION

December 11th, 1945.

The R.C.A.F. Records Office,
Department of National Defence,
Ottawa, Ontario.

J 48269
P.A. 5 Dec

Dear Sirs:

Re: Pilot Officer Frank Ferrier Porter,
219 Robinson Street, Hamilton, Ontario;
Missing since December 2nd, 1944.

We are considering a claim under a life insurance policy and would be grateful if you would forward to us the official Presumption of Death Certificate regarding the death of Pilot Officer Porter.

Yours truly,

J. M. Rutherford,
Policy Supervisor, Life Dept.

JMR/MFC

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J48269 (~~R269288~~) RANK P/O

UNIT 3 O.T.U. (PATRICIA BAY, B.C.)

TRADE F/ENG (G.L.)

NAME PORTER, FRANK FERRIER

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

PRESENT MARITAL STATUS MRS. MARRIED RELIGION PRES. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS. FRANK FERRIER PORTER

RELATIONSHIP WIFE

ADDRESS 219 ROBINSON STREET HAMILTON ONTARIO.

FATHER'S NAME MR. & MRS. FRANK WYLIE PORTER

ADDRESS R.R. NO 1 FREELTON ONTARIO. LIVING ON ENLISTMENT YES

MOTHER'S NAME

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 219 ROBINSON STREET HAMILTON ONT. MARITAL STATUS AT TIME OF ENLISTMENT MARRIED

OCCUPATION BRAKE OPERATOR

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

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?

ESTATES BRANCH SEP 20 1945 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

F1225----AFHQ------d---30-AUG-45

PREVIOUSLY REPORTED "MISSING" 2-DEC-44 (CANADA) (NAVIGATION TRAINING FLIGHT) (OFFICIAL MISSING DATE CORRECTED)

NOW "PRESUMED DEAD" 2-DEC-44 FOR OFFICIAL PURPOSES.

ALL WILLS (1)

~~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 13-SEPT-45

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

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

45671

OUTFIT ALLOWANCE PAID

WARRANT OFFICERS $..... ON .....

OFFICERS $250.00 ON 18/OCT/44

$..... ON .....

MARRIED OR SINGLE Married.

APPOINTED OR ENLISTED

AT Hamilton, Ontario ON 31-8-43

RECORD OF PAY

BANKING ARRANGEMENTS .....

NET RATE OF DEFERRED PAY $.....

NO. J48269 NAME IN FULL PORTER—Frank ~~XXX~~ Ferrier.

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net Draw'g Rate of Pay	Casualties Affecting Rate of Pay
211	31-8-	Ac2	S	AS	1 50		1 50			
12	14-1-44	LAC	S	AS	1 50		1 50			Remust.Fit Eng/5ITS.
40	26-8-44	SGT	SG	AS	3 45		3 45			" Flt Eng.
263	25-8-44	P/O	SG	AS	6 25		6 25			Appt tp P/O

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
~~PORTER(Mrs) Beatrice A.~~	~~1-10-43~~	~~20.00~~	~~2000~~
~~Porter (Mrs) Beatrice non-off~~	~~1-2-44~~	~~20.00~~	
Beatrice A Porter A-137	1-10-44	100.00	10000
7th V.L.	1-11-44	16.80	1680
~~XBeatrice A Porter 1/135~~			
Beatrice A Porter 1/135	1-1-45	100.00	1680
7th V.L.	1-11-44	16.80	

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
6-9-43	Wife		

REMARKS

Date	Particulars of Entry	Debit	Credit	Balance
	BROUGHT FORWARD			
DEC. 31	31x6.25		193 75	193 75
	S.P.	116 80		76 95
Jan	31x6.25		193 75	270 70
	S.P.	116 80		153 90
	001 Missing after air ops 2-12-44	193 75		39 85
	Dec A.P.		100 00	60 15
	" "		50 40	110 55
	CARRIED FORWARD			

Date	Particulars of Entry	Debit	Credit	Balance
	BROUGHT FORWARD			
	CARRIED FORWARD			

Date	Particulars	Debit	Credit	Balance
	BROUGHT FORWARD			
	CARRIED FORWARD			

CERTIFIED TRUE COPY for
Committee of Adjustment

W. Shillington

R.C.A.F. A28B
75M—1-44 (3797)
H.Q. 885-A28B

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. (Beatrice A.) Frank F. Porter,
219 Robinson Street,
Hamilton, Ontario.

Y
Y-27-10
B.F.-Y.

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. J48269 FD 244

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

23rd October 5
194

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

PORTER, Frank Ferrier P/O

No. J48269 RCAF

ESTATES BRANCH OCT 31 1945 H.Q. OTTAWA NATIONAL DEFENCE

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.

GSG/FF

for G.S. Gilroy F/L
Director of Estates.

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 [redacted]er 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		Beatrice Arnetta Porter	32	219 Robinson St. Hamilton Ont.
2	Children of the Deceased and dates of their Births		Beatrice Leora		Stillborn June 23. 1942
3	Father of the Deceased		Frank Wylie Porter	54	RR#1 Freelton. Ontario
4	Mother of the Deceased		Edna Margaretta Porter	49	RR#1. Freelton Ontario.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jean McNielle Thomas	25	51 East 21st St. Hamilton, Ont.
			Margaret Evelyn Taylor	23	229 Homewood ave Hamilton Ont.
			Helen Cameron Howard	17	RR#2. Campbellville Ontario.
		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.	Frank Ferrier Porter
9	Date of his birth.	March 2. 1915.
10	Place and date of his marriage.	Hamilton. July 1. 1939.
11	Place and date of his parents' marriage.	Toronto, January 24. 1914.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Chatham. 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) (b) Hamilton. Ontario. (c) (d) 29 yrs.
14	Nature of employment before enlistment.	Sheet metal worker.
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.	Hamilton.

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.	Yes Imperial Bank of Canada Hamilton. Ontario. amount unknown. — Beatrice A Porter - widow.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	$110.00 widow's possession.
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. — seventh —
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Dominion of Canada General Insurance Co. $1,000.00 widow: Beatrice Arnetta Porter.
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.	None Known of.

(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 *widow 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.

Beatrice A Porter — Signature of Informant

219 Robinson St. Hamilton — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Beatrice Anetta Porter {Name of informant} is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Hamilton this 29th day of October 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. [illegible] Qualification Major

Address 15 Flatt Ave, Hamilton, 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

Y.
[redacted]-1-12
~~B.F.~~ P.A.-Y.

ESTATES BRANCH
DEC 4 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date Nov. 30. 1945

The Estates Branch has received the following personal effects of:

NAME J.48269 P/O PORTER, F.F.

1 pr. boots, black
1 New Testament
1 First Aid
1 clothes brush
1 shoe brush
1 button brush
2 pr. braces
2 belts
1 cardigan, blue
2 cigarette rollers
8 blue collars
1 pr. gloves, brown
1 Officers greatcoat
1 haversack , blue canvas
Hangers, trousers
1 housewife
1 Holdall
6 handkerchiefs
1 keycase and keys
kit bag, small, blue
2 pr. pyjamas
1 pipe

Received the effects as listed

SIGNATURE B.A. Porter

DATE REC'D Nov. 30. 1945

1 tobacco pouch
1 pullover, blue
1 Officers raincoat
1 ruler
1 safety razor
1 suitcase, gladstone
2 pr. slacks, khaki
12 pr. socks
1 suticase, brown
shoelaces
2 pr. running shoes
1 pr. shoes, canvas
1 pr. slippers
2 pr. shoe trees
1 pr. shoe cleaning outfit
2 pr. spectacles with cases
shaving outfit and accessories
suits, aircrew, blouse and trousers
2 pr. shorts
9 blue shirts
2 shirts
1 pr. gym shorts
6 towels
1 toothbrush
1 small trunk
2 Officers tunica, blue
2 pr. trousers, blue serge
3 ties

(cont'd)

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date Nov 30. 1945

The Estates Branch has received the following personal effects of:

NAME ... J.48269 ... P/O .. PORTER, ... R.R. .....

1 pr. trousers, blue serge
1 pr. swim trunks
2 suits underwear
9 undershirts
5 undershorts
1 Washcloth
1 keycase with 9 keys

ESTATES BRANCH
DEC 4 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Received the effects as listed

SIGNATURE Beatrice D. Porter

DATE REC'D Nov. 30. 1945

Cable Address "Chogie" Telephone 2-3585 P. O. Box 36

Chisholm, McQuesten & Welby
Barristers, &c.

T. B. McQuesten, K.C. W. G. Welby, K.C.
J. L. Stewart

Office
69 James St. South
Hamilton, Can.

March 21, 1946.

ESTATES BRANCH
MAR 22 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

The Royal Canadian Air Force,
Estates Branch,
OTTAWA, Ontario.

Dear Sirs: Re: PORTER, Frank Ferrier P/O (Deceased)
No. J.48269, R.C.A.F.
Your file: HQ J48269 FD 244

We are acting for Mrs. Beatrice A. Porter of 219 Robinson Street, Hamilton, widow of the above deceased, and are attempting to clean up the Estate without the necessity of probating the deceased's will. The Estate consists of a joint bank account, $2800. Dominion of Canada Bonds held for safe-keeping by the Imperial Bank of Canada at Hamilton on joint account, some War Savings Certificates in the name of the deceased, two policies of life insurance and the credit of $110.55 on Pay Account in your office.

The Bank will transfer the Savings Account and also deliver the Dominion of Canada Bonds on production of the usual Succession Duty Releases. The War Savings Certificates will also be transferred on production only of the copy of the will. The insurance policies have already been paid to the widow.

There remains only the Pay Account in your office and if arrangements could be made to pay this amount to the widow there will be no necessity of incurring the expense of probating the will.

Will you let us know as soon as possible if a cheque can be issued for this pay in favour of the widow who, as you know, is the sole executrix and beneficiary of the will?

Yours truly,

CHISHOLM, McQUESTEN & WELBY

WGW:EW

Per: [signature]

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F. GL

Name PORTER Frank F. No. J.48269
Surname Christian Names

F/O R.C.A.F. - 3 O.T.U. Patricia Bay 2-12-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 110.55

Date 26-4-46 Other Credits

Total 110.55

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Beatrice A. Porter c/o Messrs Chisholm, McQueston & Welby, Barristers, etc., 69 James St., South Hamilton, Ont. (sole beneficiary under will) DO NOT REMOVE FROM FILE P4. TO TREAS. 13-5-46 DW.	110.55

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 ~~XXX~~ 9999	833	01	70	000	110.55

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

U048269 PORTER FRANK F POB

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

FORM NO. R. 325

R.C.A.F.

	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.				
AWARD										✓	✓				
AWARD AND CLASP															
APPLICATION DISPATCHED									183630						
RIBBON ISSUED															
MEDAL ISSUED															

NUMBER NAME RANK PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Beatrice A. Porter (Widow)
219 Robinson St.,
Hamilton,
Ont.

July-46.

MEMORIAL BAR
DATE DESP
REGN. NO 3171

34 87, 21-11-49

CANADA

IN REPLY PLEASE QUOTE

No. J48269 (R04)

Department of National Defence

OTTAWA, Ontario,
October 24th, 1955.

Mrs. Beatrice A. Porter,
219 Robinson Street,
Hamilton, Ontario.

Dear Mrs. Porter:

I am sorry indeed that after so long an interval I must refer to the loss of your husband, Pilot Officer Frank Ferrier Porter, who has been officially recorded as not having a "known" grave.

Due to the extreme hazards attending air, land and sea operations, many Royal Canadian Air Force boys do not have a "known" grave. All are being commemorated by name on Memorials erected at a number of locations, each Memorial representative of a theatre of operations.

The Memorials are erected by the Imperial War Graves Commission (of which Canada is a member) who has announced that one of the Memorials will be erected in Ottawa, Canada. The name of your husband will appear on that Memorial.

It is believed that the Memorial will be erected during 1956, and during the period of construction, before the name of your husband is engraved on the Memorial, you will receive a Verification Form to complete and mail to the Imperial War Graves Commission.

May I take this opportunity to express to you and the members of your family my deepest sympathy in the loss of your gallant husband.

Yours sincerely,

D. J. Fall S/L
for (W.R. Gunn)
Wing Commander,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

RCAF G32B
450M-4-53 (7579)

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

R.C.A.F. R. 60
(Revised 1-42)
60M—10-42 (2842)
H.Q. 885-R-60

WILL

(a) Names in full to be written.

(1) (a) I, PORTER FRANK FERRIER of the City / Town / Village / Township

of HAMILTON in the County of / District

Province of ONTARIO MANAGER (Civil Occupation)

a member of the Royal Canadian Air Force, Number R269288 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc.
(b) Insert the name of beneficiar(y)(ies) in full.
(c) Insert the address(es) if known.
(d) Here state "all of my estate" or the particular articles or money intended to be given.

See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Wife

(b) Mrs. Beatrice ~~XXXXX~~ Arnetta Porter

(c) 219 Robinson St., Hamilton, Ont.

(d) All of my estate.

In the event of my Wife's death before mine.

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) ~~XXXX

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

(c) 26 Cherry Ave., Ottawa, Ont.

(d) all my estate.

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**

and my household goods and effects."

"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont., the balance of my estate" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them".

(3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.

(4) **Do not omit to date the will.** You are to **sign** the will with your usual signature in the presence of **two witnesses,** each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

(5) Any additions or alterations to this Will must be initialled by the Testator and both Witnesses.

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

To be completed only by personnel who have previously executed a Will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....

(Name and address in full)

.....

NATIONAL DEFENCE
REGISTRAR BRANCH
APR 11 1946
OTTAWA, ONT.

.....

(Signature)

Mrs. Mowat

RECEIVED 1945 JUN 8 AM 8:22

RECEIVED JUN 8 1945 CASUALTY SECTION

219 Robinson St.
Hamilton. Ont.
June 6. 1945

48269

The Secretary
Dept. of National Defence for Air.
Ottawa. Ontario.

R04

Dear Sir.

In reply to your letter of May 31. 1945, with regards to my husband, Pilot Officer Frank Ferrier Porter, I have had no communication what so ever since December 2. 1944.

Kingque
Que

Trusting this meets your approval. I am,

Yours sincerely,
(Mrs. F. F. Porter)
Beatrice Porter.

P.S. It would be greatly appreciated if the Name "Frank Porter" were eliminated from further listing in the papers.

B.P.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
AIR

STATEMENT OF WAR SERVICE GRATUITY

D 3291

DECEASED MEMBER'S NAME: Frank F (CHRISTIAN NAMES) Porter (SURNAME)

REGISTER NO. 31434
FILE NO. 26 Feb/47
DATE
SERVICE NO. J48269
FINAL RANK OR RATING P/O
DATE OF DISCHARGE 2 Dec/44

PAYEE: Mrs. Beatrice A Porter
ADDRESS: 219 Robinson St.
Hamilton Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE N/A

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 461 / 30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
D. WAR SERVICE GRATUITY		112.50
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $ / DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ / OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		112.50

DAILY RATES AT DISCHARGE

PAY $
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $
ADDITIONAL PAY $
$
$
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $
TOTAL $ ×7 = $
NO. OF DAYS ____ / 183 ×$

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20 OF $ 112.50 =$ 112.50

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
LG	LL

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

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

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13664

This is to Certify that

J40269 PILOT OFFICER FRANK FERRIER PORTER R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 2ND day

of DECEMBER, 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 27TH day of AUGUST 1945

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

Form 6

PROVINCE OF BRITISH COLUMBIA
PROVINCIAL BOARD OF HEALTH—DIVISION OF VITAL STATISTICS
REGISTRATION OF DEATH

Reg. No. (Office use only)

as Beatrice Anetta Johns

1. PLACE OF DEATH
Name of city or place: BRITISH COLUMBIA — Name of Municipality (if any):
Street or road: — 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) — In Municipality where death occurred: — In Province: — In Canada (if immigrant):

3. PRINT FULL NAME OF DECEASED: PORTER (Surname or last name) FRANK FERRIER (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
Name of city or place: Hamilton — Name of Municipality (if any): Ontario
Street or road: Robinson Street — House No.: 219

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	Scotch	Married	Ontario

10. Date of Birth: March (Month by name) 2nd (Day) 19 15 (Year)

11. AGE: Years 29 — Months — Days — If less than one day ... hrs. or ... min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Flight Engineer
(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: December 2, 1944

14. Total years spent in this occupation: One

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

16. Name of father: Porter (Surname or last name) Frank Wylie (Given or Christian names)

17. Maiden name of mother: Heard (Surname or last name) Edna Margaretta (Given or Christian names)

18. Birthplace:— Father: Scotland (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 21st day of September 19 45
Signature of informant: [signature] Relationship to deceased:
Address: For (R.C.A.F. Records Officer)

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

21. Undertaker:— Name: Address:

22. Marginal Notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH December (Month by name) 2nd (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 on navigation flight, now for official 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?

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? (State which) Accident Date of injury December 2nd 19 44
Manner of injury (How sustained) Presumed killed on navigation flight
Nature of injury
Specify whether injury occurred in **industry**, in **home** or in **public place** public place

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

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

District Registration No.

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. J48269 ~~R269288~~

SURNAME: Porter

SPECIAL RESERVE

FULL CHRISTIAN NAME: Frank Ferrier

ENLISTMENT/~~APPOINTMENT~~ PLACE: Hamilton, Ont. DATE: 27 August 1943

RELIGION: Presbyterian

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
2 March 1915	Chatham, Ont.	Canada	Canadian	Scotchish.

CIVIL EDUCATION

PUBLIC SCHOOL	✓ 1921-1927	JUNIOR MATRICULATION	
HIGH SCHOOL ENTRANCE		SENIOR MATRICULATION	✓ 1927-1932
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	English fluently

CIVIL OCCUPATIONS AND EXPERIENCE

Chick Hatchery 1932-1935	Brake Oper. 1941-1943
Order clerk 1935-1935	
clerk 1935-1937	
Manager 1937-1941	

PREVIOUS SERVICE

None

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Hamilton, Ont. 25 Aug. 43	A1 B A3 B (t)		

PARTICULARS OF FAMILY

~~SINGLE,~~ MARRIED, ~~WIDOWER, DIVORCED~~

WIFE (FULL MAIDEN NAME) OR HUSBAND: JOHNSTON. Beatrice Anetta.

PRESENT ADDRESS (IN PENCIL): 219 Robinson St Hamilton Ont

PLACE OF MARRIAGE: Hamilton Ont. DATE: 1st July 1939.

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH
~~Hamilton~~			

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

Beatrice Anetta Porter (Wife)
219 Robinson St Hamilton, 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 (GL) (SR) F.E.	26 8 44	DRO. 263.	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	27 Aug 43		Std. Aircrew	27 Aug 43	
LAC	14 1 44	2LR012	Airmen Flight Engineer	14 1 44	2LR012
T/Sgt	26 8 44	DRO 40	F/E Spec 2a	26 8 44	DRO 40
			F/E Officer	1 10 44	296

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Std. Aircrew	5			27 Aug 43

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/~~APPOINTMENT~~	RELIGION
948269 R269288	Porter	Frank Ferrier	PLACE Hamilton, Ont. DATE 27 August 1943	Presbyterian

SPECIAL RESERVE

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
28 Aug 43	30/Aug/43		O.L.W.P.	DRO 103
17 Oct/43	30 Oct 43	incl	Special	#1MD 251
23 Dec/43	29 Dec/43	5	Xmas 2 RA	4 RO 303
15-1-44	28-1-44	13	Spec. RA	#12
31-8-44	8-9-44	9	Special	DRO. 40

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
30 8 44	Auth to wear F/E wing	DRO 40

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

CT-61

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#10 R/C Hamilton		27 Aug 43	DRO 103
SOS	#10 R.C.	#1 MD	30th	
	Hamilton	Toronto	Aug/43	DRO #104
T.O.S	HAMILTON	#1 MD	31 Aug 43	DRO 211
SOS	#1 MD	#5 TTS	30 10 43	DRO 262
SOS	#5 TTS	L.J.S.	27 1 44	4 RO 16
✓	"	"	28 Apr 44	" 34/44
✓	T.T.S	#48485	23 June 44	" 150/44
SOS	#48485.	FES.		
	Fengal Ont	Aylmer Ont	8 7 44	DRO 166
TOS	"	"	9 7 44	1/44
SOS	FES	#3 OTU	8 Sep 44	DRO 40
TOS	"	Pat Bay "	9 7 44	DRO 263
SOS	Discharged to Commission		24 8 44	" 263
TOS	Appointment	"		
	occupying Annotated position		25 8 44	" "
	Missing	Ferry Air Opn.	2 12 44	DRO #1
SOS		Killed	2 12 44	DRO. 207

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Ent R.A. 17-30 Oct/43 incl	#1MD 251
Adm. Stu. Surp. T.T.S. 24 Mar/44	DRO 74/44
Check " " 6 Apr/44	" 87/44
Entitled to draw R.A. from 31 aug - 8 Sept/44	DRO. 40

AIR FORCE No. R269288

SURNAME: PORTER, FULL CHRISTIAN NAMES: FRANK FERRIER

ENLISTMENT PLACE Hamilton Ont DATE 27-8-43

RE-ENLISTMENT

R.C.A.F. R-44B (REVISED) 50M-2-43 (3051) H.Q. 885-R44B

J.46269

OFFICER

RECORD OF SERVICE AIRMEN

Comm 26-8-44

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)					
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
	21-4A-010				
T.O.S	10 A/C Hamilton	27	8	43	101/C103
S.O.S	10 A/C Hamilton	30	8	43	101/C104
T.O.S	1 M.D. Toronto	31	8	43	1MD211
S.O.S	1 MD Toronto	30	10	43	1MD262
T.O.S	5 ITS Belleville	31	10	43	5ITS2102
S.O.S	5 ITS Belleville	27	1	44	5ITS16
T.O.S	I.T.S. St. Thomas Ont.	28	1	44	ITS34
S.O.S	ITS St. Thomas	23	6	44	ITS150
T.O.S	4 B.D.S. Fingal	23	6	44	4BS153
S.O.S	#4 B.D.S. Fingal Ont.	8	7	44	4BS161
T.O.S	F.C.S. Aylmer Ont.	9	7	44	FCS1
Elig.	under KR(Air) 195 (15)	25	8	44	PB263
T.O.S	PB On appt. to Comm	26	8	44	PB263
S.O.S	F.C.S. Aylmer	8	9	44	FCS40
T.O.S	30 TU Pat. Bay	9	9	44	PB263
	Missing 3 Dec. 44.				DCD888d/5 Dec. 44.
Missing after (Air) operations		2	12	44	PB1.
	Missing	3	12	44	
	Pulled 2/3 Dec. 44				
S.O.S.	R.C.A.F. (SR)	2	12	44	PB207.
Killed near Tofino, B.C.		2	12	44	PB207.
Presumed dead. 2-12-44 DCL 1114/1-9-45					

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)					
S.O.S. OR T.O.S	UNIT AND PLACE	EFFECTIVE			D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE							
	FROM			TO			D.R.O.

LEAVE-TRANSPORTATION WARRANT						
FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W. D.R.O.	
28-8-43	30-8-43		R.W.P.	101/C103		
17-10-43	30-10-43	2nd	Spec	1MD251		
15-1-44	28-1-44	13	Spec	5ITS12.		
3-8-44	8-9-44	9	Spec	FES40		

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY	
TYPE	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE		MULTI-ENGINED		CREW DUTIES			PASS.	TOTAL
	DAY	NIGHT	DAY	NIGHT	OBSERVER	GUNNER	OTHER		

AIR FORCE No. ~~R260288~~

PORTER, FRANK FERRIER

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Hamilton ont. DATE 27-8-43

RE-ENLISTMENT

RSS

J.48269

OFFICER RECORD OF SERVICE AIRMEN

Comm. 26-8-44

BIRTH: DATE	PLACE	CITIZENSHIP
2-3-15	Chatham ont	Br.

FATHER (FULL NAME) Frank Wylie Porter

BIRTHPLACE Brechin Scot.

MOTHER (FULL MAIDEN NAME) Edna Margaretta Heard

BIRTHPLACE Dumbarton ont.

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT: 219 Robinson St. Hamilton ont. 15502

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: married

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X ont.

JUNIOR MATRICULATION X

SENIOR MATRICULATION X

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

OTHER

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

Chick Hatchery (M. W. Fisher) 1932-1935
Order clk (James Way Ltd) 1935-1935
clk. (A. S. Wilmot) 1935-1937
Mgr. (F. W. Bray Ltd) 1937-1941 ✓ 6100
Brake Opr. (Can. Westinghouse) 1941-1943

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Flt Engs Badge	FES 40	26 8 44

FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

RELIGION Presb. 4

LANGUAGES Eng. 1

SPORTS Skating Tennis fishing

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D. R. O.

CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D. R. O.	CHRISTIAN NAMES	BIRTH DATE	D. R. O.

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

FULL NAME: Beatrice Anetta Porter RELATIONSHIP Wife

ADDRESS 219 Robinson St. Hamilton ont. D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS D.R.O.

PERSON TO BE NOTIFIED IN CASE OF CASUALTY

FULL NAME: RELATIONSHIP

ADDRESS D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS D.R.O.

ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	27 8 43				

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.

RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D. R. O.
ac2 8	27 8 43	101/c103
Lac	14 1 44	597S12
I/Sgt (Pd)	26 8 44	FES40
P/O 26-8-44 (PB213/11-9-44) T8		PB263

MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGED RET'N DUTY	D.R.O.
25-8-43	R100	A1B A3BV	
Stn Hosp	24-3-44	6-4-44	TTS14, 87.

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D. R. O.
Aircrew 310-8	S.	27 8 43	101/c703
Flt. Engineer		14 1 44	597S12.
Flt Eng off 42 1WO		26 8 44	(PB213/11-9-44)
Flt Eng Off		1 10 44	PB296
Flt Eng Off.		26 8 44	FES40

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

CT Score Form 2 61

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Transf to 012 to 013			TTS46
Transf to C. 13 - Aircrew FE			TTS.92

Date and Place of Signing R 40:

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O. H. F.
13-9-43		16-11-43				9-9-49