J24459
SMITH
NORMAN OWEN

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 SMITH NORMAN (b) Reg'l. No. R152465
2. (a) Arm of service R.C.A.F. (b) Unit #1 M.T. DEPOT (c) Rank A.C. 2.
3. (a) Date of birth 11-12-20 (b) Have you any dependents? NO (c) Place of residence at time of enlistment HAMILTON ONT.
4. (a) Place of enlistment HAMILTON (b) Date of enlistment 7-2-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 2 YR. TECH.
7. If you attended a university, give name of university and standing or degree secured N.A.
8. (a) Did you ever enter upon a trade apprenticeship? N.A. (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
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? N.A.

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 J. L. SMITH Address HAMILTON
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) RETAIL STORE
20. (a) Your specific occupation SALES SERVICE (b) Number of years' experience at this occupation with any employer 4
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? 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? N.A.
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? N.A.

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.) N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form R.C.A.F. OR WORK IN CONNECTION WITH AIRLINE

DATE .....194..... SIGNATURE .....

R.C. Records Office
Rec'd FEB 24 19-
O. K. C.I.B.
R. C. N. I.
S. I. P. A.

~~R152465~~ Recheck No. 6 Med. Sel. Board, Toronto. Course No. 55 23-6-42
R152465

CONFIDENTIAL

SPECIAL RESERVE J24459

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

ROYAL CANADIAN AIR FORCE

Apld R 45 d/ 5-4-43

FILE NUMBER

Medical Board held at HAMILTON ONT Date NOV 19/41

plo Pilot GL 5R d/19-3-43

Surname SMITH *Chr. Names* NORMAN OWEN

Nature of Commission Sp. Res. *Date of Birth* 11-12-20-20 *Married or Single* S.

Branch P or O *Hours Flown* nil

Address 37 Tragina Ave., N. Hamilton, Ont.

HAVE YOU ANY HISTORY OF:— 1 GRS.

(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 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 — 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 — 2 colds per year
Prolonged Hoarseness or Loss of Voice — no
Sea, Car or Train Sickness — no
Discomfort on Swings, Roundabouts, Switchbacks — no
(ix) OPERATIONS — no
(x) Any illness or Injury not mentioned above — measles, chickenpox, mumps, whooping cough

Education 2½ years Technical School
Present Occupation Radio service Hobbies sports-repairing radios
Previous Service nil
Athletics sports-moderate
Habits—Smoking nil Alcohol nil
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 (2) Alive—Health good (0) Dead—Cause
Sisters (1) Alive—Health good (0) Dead—Cause

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

Date Nov 19/41 *Signature* Norman Smith *Witness* C S Braiden Flt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..sedentary.. *(b)* Mentality ..average..
Body Marks, Scars, Deformities ..brown mole over rt. scapula..
Size of Thyroid Gland ..normal..
Surgical Abnormalities ..nil..
Results of Wounds, Injuries, Operations ..nil..

	Date Nov.19/41	Date 6.2.42	Date 23-6-42	Remarks on any Abnormalities Found
Height (ins.)	69	69	69	
Weight (lbs.)	135	135	139	*Date* 23-6-42
Chest Circumference (ins.)	33-35½	33-3		Slight systolic central murmur, especially on lying down. functional. P.E. Ryberg, F/L
Body Build (lbs.)	-11	-11	-4	
Leg Length (ins.)	44	44		
Pulse Rate (Sitting)	84	84	72	
Pulse Rate (Standing 1st)	96			
Pulse Rate (Standing 2nd)	96			
Pulse Rate (After Exercise)	120			
Pulse Rate (Time to Normal)	40			
Arterial Walls	soft	soft	soft	*Date*
Blood Pressure (Systolic)	145	145	126	
Blood Pressure (Diastolic)	85	85	80	
Room Temperature	warm	n	warm	
Heart (Size (in cms.))	9.0	9.0	N	
Heart (Sounds)	n	n	See note.	
Heart (Rhythm)	regular	reg.	Reg	
Lungs (Inspection)	n	clear	Clear	
Lungs (Palpation)	-			
Lungs (Percussion)	n			
Lungs (Auscultation)	n			
Lungs (Expiratory Force)	150			*Date*
Lungs (X-Ray)	neg			
Reflexes (Knee)	n	n	N	
Reflexes (Ankle)	n	n	N	
Reflexes (Triceps)	n	n	N	
Reflexes (Abdominal)	n	n	N	
Reflexes (Plantar)	n	n	N	
Cranial Nerves	n	intact	N	
Balancing Rod	R. 1S L. 1S	R. L.	R. L.	
Self Balancing	R. 1S L. 1S	R. 1S L. 1S	R. 1/fs L. 1/fs	
Tremors (Fingers)	F. F.	n	nil	*Date*
Tremors (Eyelids)	F. F.	n	nil	
Abdomen (Liver)	n	neg	N.P.	
Abdomen (Spleen)	n	neg	N.P.	
Abdomen (Muscular Tone)	good	good	Fair	
Urine (Albumen)	neg	neg	Neg.	
Urine (Sugar)	neg	neg	Neg.	
Initials of M.O.	RSB	Ew	P.E.R.	

40 mm. Hg. Test

Date 19-11-41--80 seconds-7/9910/10,11,10/999/877/766/6 RSB
Date 6.2.42-70 secs. 7/9,10,10/11,10,10/10,98/999/99 Ew
Date 23-6-42 6/987/766/678/555/455 75 Secs. 2nd test P.E.R.
Date

EYE EXAMINATION

History			No. 6 M.B.B.
	neg		Right Handed
			O.S. Master
Visual Acuity	R 20/20 , c 2.50 = 20/30	20/20 + 2.50 } 20/70	20/20 } + 2.50 = 20/60
	L 20/20 , c —— = 20/20	20/20 }	20/20 }
Colour Vision	Normal Ishihara	N. Ishi	C.V.N. 9th Ishi.
Red, Green	Eso Tendency	Eso Tendency	6 m. Eso. 5 p.d. M.R. 33 cm. Ortho
Diaphragm Test (P.D. = 63)	Crowding at 0	Crowding at 0	(65) Crowding at 1
Convergence C. = 6 cms.		6	8
Convergence S. C. = 10 cms.		12	12
Accommodation R. } 8.5		8	10
Accommodation L. }		8	10
Cover Test	No latency	no latency	no deviation
Fundi and Media	n	n	N
Fields	no limitation	no limitation	
Remarks:	Fit A 1 B A 3 B	Fit A 1 B - A 3 B	Crossed dominance. A1B A3B
	Initials of M.O. KEC	*Initials of M.O.* KEC	*Initials of M.O.* LESK
	Date NOV 19/41	*Date* FEB 6/42	*Date* 23-6-42

EXAMINATION OF EAR, NOSE AND THROAT

History	neg		
Hearing R. Ear	W.V.20'	W.V.20'	W.V. 20'
Hearing L. Ear	W.V.20'	W.V.20'	W.V. 20'
External Ear, Meatus Membranes R. Ear	n	n	N
External Ear, Meatus Membranes L. Ear	n	n	N
Middle Ear, Eustachian Tubes R. Ear	patent	patent	
Middle Ear, Eustachian Tubes L. Ear	patent	patent	
Cochlear Apparatus R. Ear	-		
Cochlear Apparatus L. Ear	-		
Vestibular Apparatus R. Ear	-		
Vestibular Apparatus L. Ear	-		
Buccal Cavity	clean		Clean
Teeth	good		Good
Gums	healthy		Healthy
Pharynx	-		Tonsils + +
Nasopharynx	-		
Nose	no obstruction		Clear
Larynx	-		
Remarks:	Fit.	Fit.	
	Initials of M.O. KEC	*Initials of M.O.* KEC	*Initials of M.O.* K
	Date NOV 19/41	*Date* Feb. 6/42	*Date* 23-6-42

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

This candidate has pulse responses which are somewhat faster than normal, although the 40 m.m. test is fairly good. Considered to be fit.

R S Braiden Flt

R.S. Braiden, F/O.

FIT | Date 6242 DYPT

PILOT
OBSERVER
W/OPERATOR
A/GUNNER

A 1 B - A 3 B

M.O.

D.P.Y.T. Feb. 6/42--Recheck satisfactory.
Category A 1 B - A 3 B

R S B

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....Nov. 19/41.....

CATEGORY APPROVED
A1B- A3B.
JUN 23 1942
A/D Marpai F/L. For D.M.S., RCAF

Category A 1 B
A 3 B

R S Braiden Flt

R.S. Braiden, F/O

R.C.A.F. Records Office
Rec'd AUG 3 1942
O.K. C.
R.C. Gax N.I.
S.L. P.A.

No. 6 M.S.B. 23-6-42

1. Sedentary physique - is in fit condition.
2. Average intelligence - conscientious and a hard worker. Seriously minded, impresses as mature and stable. Schooling about fair. Took special course and has a good grounding in Maths and allied subjects. Good motives and keen. Likeable personality.

P.7 0.7 G. P. E. Ryberg. Flt. Lt.

Night vision 18/32 high average E.W.

Chamber Normal J.R.B.

FIT | Date 23-6-42

PILOT
OBSERVER
W/OPERATOR
A/GUNNER

M.O. A/D Marpai F/L

AUG 3 1942

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Louis John Smith,
37 Tragina Ave., North,
HAMILTON, Ont.,

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. J24459 FD 120

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 29th 194 4

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

SMITH, Norman Owen, F/O.,
No. J.24459, R.C.A.F.

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

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

for (N.C. Seagram) W/C.,
for (L.M. Firth) Lt.-Colonel,
Administrator of Estates.

DeR:TL

ESTATES BRANCH JUN 14 1944 H.Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Smith, John Louis	54	37 Tragina Ave. N., Hamilton, Ont.
4	Mother of the Deceased.....		Smith, Annie Gertrude	48	37 Tragina Ave. N., Hamilton, Ont.
5	Brothers of the Deceased	Full Blood	Smith, Kenneth Lloyd Smith, Irvin Edward	18 14	37 Tragina Ave. N Hamilton, Ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Tierney, Clara Myrtle	28	Apt. 2 584 Main St. E., Hamilton, Ont.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Smith, Norman Owen
9	Date of his birth.	December 11, 1920
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Hamilton, Ont. October 20, 1915

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hamilton, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario, Wentworth, 21 years (b) (c) (d)
14	Nature of employment before enlistment.	Home Appliances Sales & Serviceman
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, Ont.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Yes. Canadian Bank of Commerce, London England. Amount unknown Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insur. Co. $1000.00 — mother
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

(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

*Father of the deceased.

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

John Louis Smith — Signature of Informant

37 Iroquois ave N. — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief John Louis Smith { Name of informant } is the* Father 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.

*See above.

Dated at Hamilton this 12th day of June 1944

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

John N. Millar Qualification Clergyman

Address 554 Cannon St. E., Hamilton

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

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 30 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? no

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

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

Examiner's Remarks *re* above

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

1. Identification marks or scars (if operative obtain history) Small brown mole Rt scapula.

2. Height 5 feet 9 inches. 3. Weight 135 pounds.

4. Complexion medium. 5. Color of Eyes hazel Hair brown

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

Range of expansion 2½ inches

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

9. Vision—Without glasses—Right 6/6 With glasses—Right

Left 6/6 Left

10. Condition of mouth and teeth Carious teeth

11. Urine—Albumen neg Sugar neg.

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

Part 2 Cont'.

13. Reflexes normal.

14. Heart normal

15. Lungs clear

16. Blood Pressure S. 145 D. 85

17. Colour Vision N. Shilara

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

Any special remarks of the Medical Officers

Fit on general examination

5/x/42 CHEST X-RAY NEGATIVE

6/x/42 RECHECK SATISFACTORY Enc.

Date Nov 19 19 42

H. [illegible] Lt Col
President

R S Braidwood Jr
Member

Member

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

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

(*a*) Rheumatism..... (*j*) Nasal Trouble.....

(*b*) Tuberculosis..... (*k*) Ear Disease.....

(*c*) Bronchitis or Asthma..... (*l*) Eye Disease.....

(*d*) Heart Disease..... (*m*) Epilepsy.....

(*e*) Kidney or Bladder Disease..... (*n*) Nervous or Mental Disease.....

(*f*) Gastro-intestinal..... (*o*) Syphilis.....

(*g*) Rupture..... (*p*) Gonorrhoea.....

(*h*) Varicose Veins..... (*q*) Bone Fracture.....

(*i*) Flat or Deformed Feet..... (*r*) Other Disease or Defect.....

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

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

5. I certify that I have revealed my full medical history and concealed nothing that I consider any relevant information.

.....
Signature of Applicant

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

.....

.....

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

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

.....

.....

2. Height.....feet.....inches. 3. Weight.....pounds.

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

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

Range of expansion.....inches

8. Hearing—Right.....Left..... Tympana—Right.....Left.....

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

Left..... Left.....

Part 2 Cont'.

13. Reflexes

10. Condition of mouth and teeth..... 14. Heart

11. Urine—Albumen.....Sugar..... 15. Lungs

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

16. Blood Pressure S. D.

.....

17. Colour Vision

.....

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 [ ]

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

.....

.....

.....

.....

.....

.....

Date.....19.....

....
President Member Member

3

NATIONAL REGISTRATION CERTIFICATE PRODUCED. W. S. L. B. Dexter 2/0

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, Norman Owen Smith 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 February 7th 19 42 Norman O. Smith
Signature of Recruit

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

I, Norman Owen Smith do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date February 7th 19 42 Norman O. Smith
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, Ont. this 7th day of February 19 42

W. S. L. B. Dexter 2/0 Commanding Officer, #10 Recruiting Centre, RCAF., Hamilton, Ontario.
Signature of Officer Rank Unit

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	W.H. Ballard School, Hamilton, Ont.	1926	1934	General course.
High School—Collegiate Institute, etc.				
Technical School	Hamilton Technical School Hamilton, Ont.	1934	1937	Art.
University or School other than above				
Correspondence Courses, etc.				
D.P.Y.T.P.	Hamilton, Ontario.	Nov. 7 1941	Feb. 5 1942	Pilot Observers course

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
J. L. Smith, Hamilton, Ont.	Serviceman	1937		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

Hockey - extensively. Baseball - moderately.

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

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

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

Name	Address	Occupation
Rev. D.J. MacKay	55 Fairleigh Cresc., Hamilton, Ont.	Minister
Mr. P. Kellar	Aldershot, Ont.	Garage Prop.
Dr. H. Martin	887 King St. E. Hamilton, Ont.	Doctor
Mr. C.L. Smith	Winona, Ont.	Fruit Grower

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 November 14th 1942. Signature Norman Smith

SPECIAL RESERVE

#1 Manning Depot.
Toronto, Ont.

AIR FORCE NO. R152465 POSTED TO TRADE Pilot Observer Std. DPYTP

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname SMITH Full Christian Names NORMAN OWEN
2. Present Address 37 Tragina Ave. N. Hamilton, Ont. Telephone 4-3091
3. Permanent Address 37 Tragina Ave. N. Hamilton, Ont.
4. Place of Birth ~~Hahm-~~ Hamilton, Ontario Citizenship Canadian
5. Date of Birth December 11th, 1920 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single.
6. Particulars of Children

Name	Date of birth	Name	Date of birth
None.			

7. Occupation Radio Service 8. Religion Undenominational (State denomination)
9. Languages English (Fluently) (State proficiency)
10. Next of Kin (Full Name) Louis John Smith Relationship Father
    " Address 37 Tragina Ave. N. Hamilton, Ont.
11. Father (Full Name) Louis John Smith Birthplace Hagersville, Ont.
    " Address 37 Tragina Ave. N. Hamilton, Ont. Citizenship Canadian
    " Occupation Merchant
12. Mother (Full Maiden Name) Annie Gertrude Sims Birthplace Hamilton, Ont.
    " Address 37 Tragina Ave. N. Hamilton, Ont. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

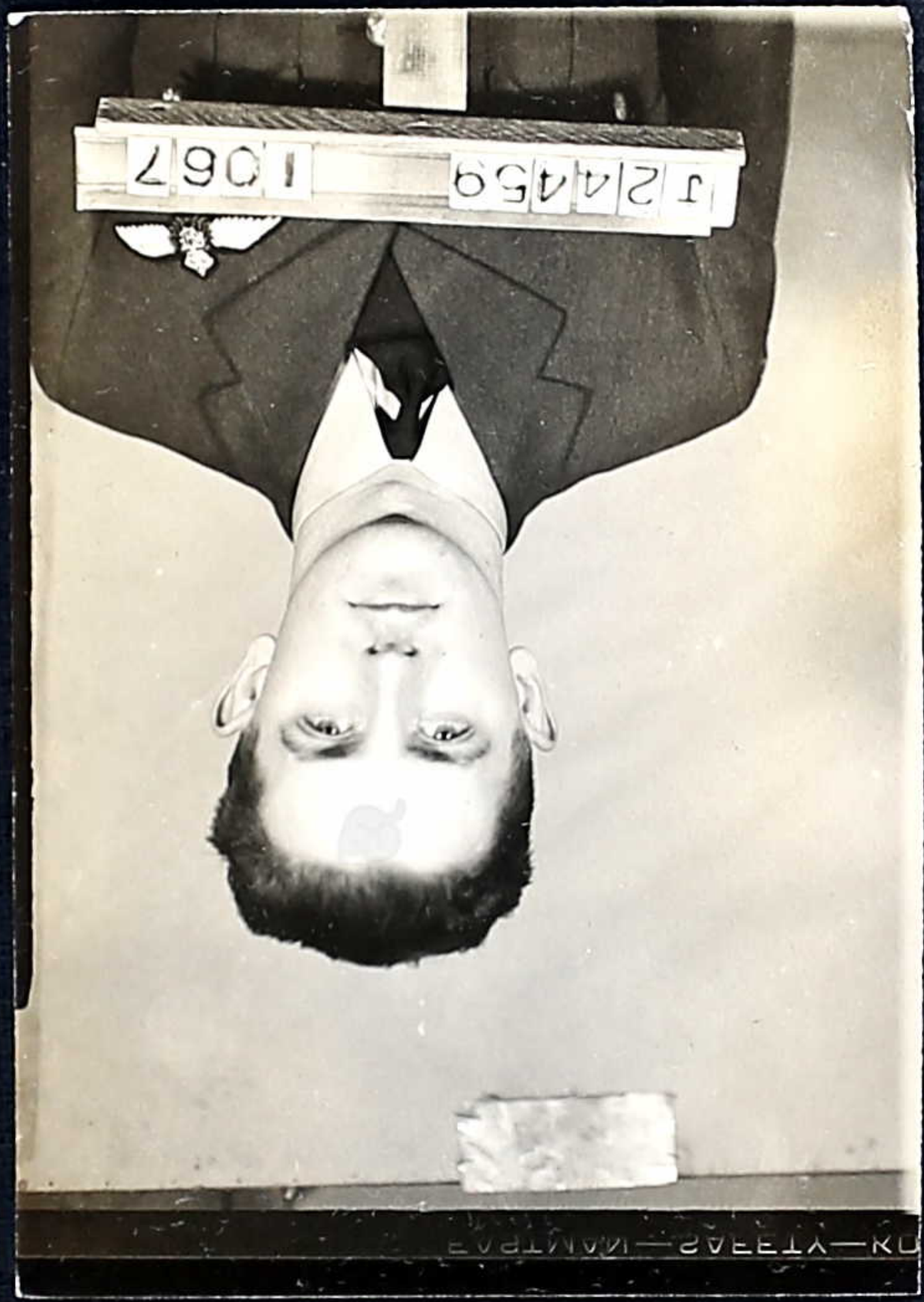
Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
	None.					

R.C.A.F. Records Office
Rec'd. FEB 14 1942
O.K. M.C.I.B.
R.C. N.I.
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? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N.A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

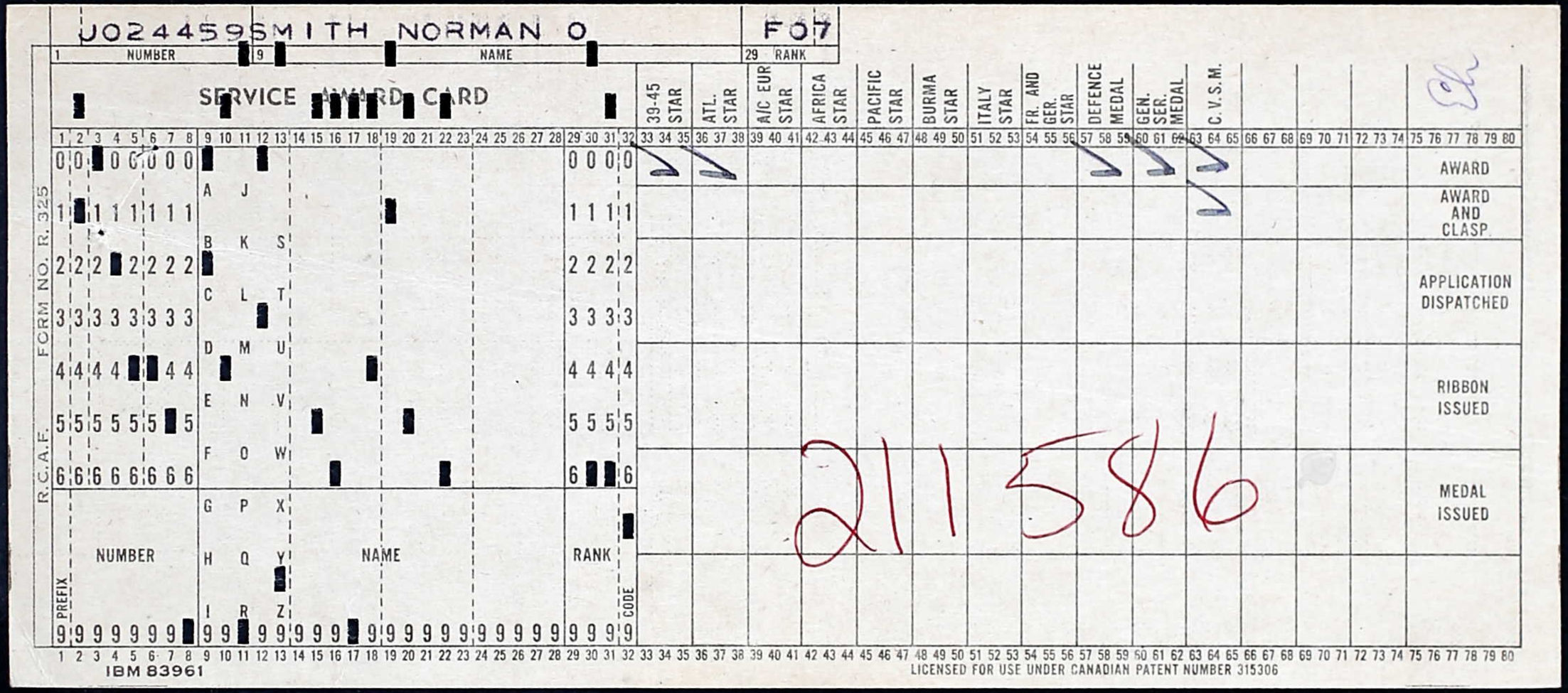
386-58


1 2 4 5 9 1067

5

Smith W.O.


152465


J0244595 SMITH NORMAN O F07
1 NUMBER 9 NAME 29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
PREFIX
NUMBER
NAME
RANK
CODE
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
RIBBON ISSUED
MEDAL ISSUED
211586
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

2342

~~11~~-11-49

John Louis Smith (Father)
37 Tragina ave., N.,
Hamilton,
Ont.

July-45

MEMORIAL BAR
DATE DESP
REGN. NO 2928

NAME SMITH, Norman Owen FILE NO. FD118

RANK F.O. CATEGORY KILLED REG. NO. J24459

DATE OF DEATH: 26 April 44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 18-5-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN: SEP 21 1944

To mother & father

SEP 22 1944

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. Louis John Smith,
37 Tragina Ave., North,
Hamilton, Ontario.

COMMAND:

RELIGION:

1 HANS RD
KNIGHTS BRIDGE
LONDON SW3

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. J24459 Surname SMITH

Christian Names (in full) NORMAN OWEN

Date of Birth 11-12-20 Religion Undenominational

Date of ~~Enlistment/~~Appointment 14-3-43

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

Occupation in Civil Life .....

.....

Signature of Holder N. O. Smith

Name and Address of Next-of-Kin

John Lewis Smith (father)
37 Tragina Ave N. Hamilton Ont.

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

Certified Correct [illegible]

Date 10/4/43 Place #1 Bomber Reception Unit No. 5.

2

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
PILOT SR	14-2-43	DR060	F/Lt Rusk RCAF

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O G.L.	14-3-43	DR077	F/Lt Rusk RCAF

3

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
FLYING BADGE	14-3-43 DR060	

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
1250	21-6-43	A Grierson P/O

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

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

MEDICAL CLASSIFICATION

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

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
11.2.42	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
TABC	7/9/43	.25	
A.T.T.	7/9/43	1 cc	
TABC	24/10/43	.5	
VACC	15-3-44		

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

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

WILL

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

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

Regn. No. 392 **Certificate of Posting of a Registered Postal Packet.**

A Postal Packet addressed as under, upon which a Fee of Three Pence has been paid, in addition to the Postage { of.....s.....d. / for Parcels only. } has been registered and posted here this day :—

Canadian Bank of Commerce
2 Lombard St.
London.

Accepting Officer's Initials } EG

Date Stamp.



P.T.O.

PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized abbreviations and symbols	Signature of Dental Officer
20/6/43	✓		1 F 111	[illegible] Capt

47A
(174)

P/O Smith N O.
J24459

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

ONTARIO

DEPARTMENT OF PROVINCIAL SECRETARY

REGISTRAR-GENERAL'S BRANCH

November-13-1941

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.

Norman Owen Smith

Hamilton

December-11-1920

Name of Father Louis John Smith

Maiden Name of Mother Annie Gertrude Sims

Reg. December-16-1920
1920-1921-56-4
KC

F. R. Johns.

Deputy Registrar-General

R.C.A.F. Records Office
Rec'd. FEB 14 1942
O. K. ... C. I. B. ...
R. C. ... N. I. ...
S. L. ... P. A. ...

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

1. SURNAME ..... SMITH .....

2. CHRISTIAN NAMES ..... NORMAN OWEN .....

3. APPLYING FOR ENLISTMENT AS ..... P. O. .....

SELECTION BOARD

4. PERSONNEL OFFICER

Education ..... X-Tech. Ont. .....

A to L Score .....

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

Graduate of D.P.Y.T. Aircrew. Hamilton, An excellent record in Maths. Science, Quite successful in civilian life.

RECOMMENDED FOR ..... P/O .....

SUITABLE FOR COMMISSION ..... YES .....

Signed F L B Dexter P/O
(W.F. Hendershot) P/O

---

5. MEDICAL OFFICER

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

ASSESSMENT: (Physical; Temperamental)

RECOMMENDED FOR ..... P/O .....

SUITABLE FOR COMMISSION ..... NO. .....

Signed Edward Davies

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)
Seems alert and intelligent. A good type for P.O. Training.

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

SUITABLE FOR COMMISSION ..... Yes, later. .....

Signed F L B Dexter P/O
R.D. Seddon F/O.

FOUND ACCEPTABLE FOR ..... P/O .....

F L B Dexter P/O
(J.G. Ryrie) Flight Lieutenant, P/O
Commanding Officer,
#10 Recruiting Centre.
Hamilton, Ontario.

DATE: February 5/42

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

R.C.A.F. Records Office
Rec'd FEB 14 1942
O.K. ..... C.I.B. .....
R.C. ..... N.I. .....
S.L. ..... P.A. .....

OFFICERS' STATEMENT AT EMBARKATION

1. Next of Kin (give full Christian names) JOHN LOUIS. M.R. ~~J.K.~~ SMITH.

   Address 37 TRAGINA N. HAMILTON ONT. Relationship FATHER

2. Name of Person to be Notified in Case of Casualty V.L. SMITH.

   .....

   Address 37 TRAGINA AVE N. HAMILTON ONT.

3. Single, Married, Widower, Divorced, Separated? SINGLE.

   Full Christian names of wife.....

   Address.....

4. Parent's name (If living. Give full Christian names)

   Mother GERTRUDE SMITH.

   Address 37 TRAGINA AVE N. HAMILTON ONT.

   Father JOHN LOUIS SMITH.

   Address 37 TRAGINA AVE N. HAMILTON ONT

5. Permanent home address 37 TRAGINA AVE N. HAMILTON ONT

6. Religion (State denomination, eg. C. of E., R.C., U.C., etc.) O.P.

7. Commission Script to be sent to:/

   (a) Overseas.....

   .....

   (b) Next - of - Kin or other person in Canada (state name and address of person to whom sent)

   V.L. SMITH.

   37 TRAGINA AVE N. HAMILTON ONT.

Signature and Rank of Officer W.O. Smith P/O

Date June 21/43

R.C.A.F. Records Office
Rec'd JUL 6 1943
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

2

THE FOLLOWING SERGEANTS AIRCREW (CTE NEW ZEALAND) SOS NC I Y DEPOT HALIFAX NS ON POSTING TO RAF TRAINEES POOL EFFECTIVE 26-MAY-43 FOR E.672

30 SERGEANT AIR NAVIG. (CTE NEW ZEALAND)

NO.	RANK	SURNAME	CHRISTIAN NAMES	TRADE	FROM	SYMBOL
NZ427174	SGT	ANDREWS	Desmond Yarborough	7 AGS	7 AGS	N
NZ427179	"	BARLOW	Edward Roberts	"	2 "	N
NZ427183	"	BRIGGS	Lionel Basil	"	7 "	N
NZ425444	"	BROWN	Russell Howard	"	7 "	N
NZ422096	"	CARDWELL	Frank Amuri	"	3 "	N
NZ427188	"	CHURCH	Arthur James	"	3 "	N
NZ425491	"	CLARK	Ian	"	2 "	N
NZ425977	"	CLEMENS	Gerald Royce	"	3 "	N
NZ422056	"	EVANS	Ellis George Shacklock	"	5 "	N
NZ422272	"	FEATHERSTONHAUGH	Edward	"	7 "	N
NZ429662	"	GLOVER	Arthur Francis	"	7 "	N
NZ427197	"	GRANT	Donald Edwin	"	7 "	N
NZ426239	"	HADFIELD	Graham Stanley	"	7 "	N
NZ426996	"	HALL	Dudley Joe	"	7 "	N
NZ427200	"	HANDCOCK	Kenneth Oswald	"	3 "	N
NZ427204	"	HENDERSON	Matthew Roland	"	7 "	N
NZ421918	"	HILL	Kenneth Arthur	"	2 "	N
NZ421725	"	KING	Harold John	"	9 "	N
NZ421735	"	LYNCH	Keith Walter	"	7 "	N
NZ427217	"	MCKENZIE	John Murdock Thomas	"	3 "	N
NZ413299	"	MCMILLAN	Ronald Alland r	"	3 "	N
NZ422301	"	MARCHANT	George L wrence Roland	"	3 "	N
NZ422425	"	MULLON	Frederick James	"	3 "	N
NZ421013	"	NASH	Albert Stephen	"	2 "	N
nz427719	"	PARTRIDGE	Alexander George	"	7 "	N
MZ426917	"	PAYNE	Douglas Beardsley	"	2 "	N
NZ429365	"	REESE	Bruce Graham	"	5 "	N
NZ42820	"	THOMPSON	Anthony Armstrong	"	3 "	N
NZ421545	"	WEDGWOOD	John William	"	3 "	N
NZ425213	"	WHITTLESTON	Ronald Joffre	"	7 "	N

17 SGT. AIR BOMBERS (CTE NEW ZEALAND)

NZ424961	SGT	ATKINSON	Edward Harry Frederick	A.B.	2 AGS	AB
NZ421672	"	BUTLER	Laurie Licence	"	33 ANS	AB
NZ417028	"	COURT	James Ross	"	33 "	AB
NZ428359	"	DUFFETT	Frederick Ian	"	2 AGS	AB
NZ425973	"	EDE	Raymond Benjamin	"	2 "	AB
NZ427195	"	FLETCHER	Thomas Edwin	"	2 "	AB
NZ42395	"	HALE	Laurence Eastmore	"	1 "	AB
NX425631	"	HARKNESS	Albert	"	2 "	AB
NZ421714	"	HILFORD	Leon Charles	"	33 ANS	AB
NZ427210	"	HOLLARD	Mervyn Charles	"	2 AGS	AB
NZ421717	"	HOLMES	Keith Vivian Arkle	"	1 CNS	AB
NZ42299	"	KAY	Alan Lister	"	4 B&G	AB
NZ421754	"	PAYNE	Robert George	"	3 AGS	AB
NZ415722	"	SHORT	John Richard	"	5 "	AB
NZ422925	"	STUART	Keith Angus Michael	"	4 B&G	AB
NZ411253	"	TUCK	Denis Clifton	"	7 B&G	ABM
NZ427237	"	UNDERWOOD	John Michael	"	2 AGS	AB

R 152465 J244 S 9

SPECIAL RESERVE

J.A.T.P. CANADA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R 152465 A.F. No. | Smith Surname | Norman Owen Christian Names | Undenominational Religion

Born 11 Dec 1920 | Place Hamilton | Country Canada | Citizen of Canada | Racial Origin British

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)

Louis John Smith, 97 Dragons Ave. N. Hamilton, Ont (Uncle)

CIVIL EDUCATION

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

Technical School Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Radio Service

PREVIOUS SERVICE

ENLISTMENT

Date February 7/42

At Hamilton Ont

Term Duration of War

Med. Cat. P1B / B3B — Date 5 2 42

Med. Cat. — Date

RANK	Auth.	Date	TRADE	Auth.	Date
AC2		7 2 42			
			Aircrew (ITS)	DRO 156	26 6 42
AC	DRO 183	31 7 42	Pilot	DRO 183	31 7 42
T/Sgt. (pd)	DRO 60	19 Mar 43	Aircraft Pilot (SEL)	DRO 60	19 Mar 43

TRADE TESTS AND COURSES

Trade	GP	%	P or F	Date
Pilot Observer	S			7 2 42

LEAVE

From	To	Auth. and Description
1-8-42	14-8-42	Spec. DRO 183
10-10-42	23-10-42	Spec. DRO. 126.
20-Mar-43 7 days	26-Mar-43	DRO 60/43.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
19 Mar 43	Awarded	Pilots Flying Badge		DRO-60
	Categorized	PA. DRO 60		19-Mar-43

f

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

(OVER)

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DA
MO 173	#1 CRC Hamilton Ont	#1 MD Toronto	7-2-42				
#1 M.D. 35	"	"	7-2-42				
#1 M.D. 75/42	no. 1 M.D. Toronto	#5 S.F.T.S. Brantford	28-3-42				
DRO 67/42	TDS #5 SFTS	Brantford eff	28-3-42				
" 118/42	#5 SFTS Brantford	#6 I.T.S. Toronto	6-6-42				
DRO 195	#6 I.T.S.	#9 EFTS	15-9-42				
DRO 126	#9 E.F.T.S.	#5 S.F.T.S.	25-10-42				
DRO 60 SOS	#5 FTS Brantford	1 GRS Summerside PEI	19-Mar-43				
Discharged on appointment to comission			14-3-43	DRO 77.			

Confidential

PILOT

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

No. 14 ADVANCED FLYING UNIT

1. Surname SMITH. Christian Names NORMAN O.

2. [redacted]nber J.24459. 3. Rank P/O. 4. Course No. 55.

5. Posted from 5 S.F.T.S. 6. Date course commenced 27.7.43. 7. Date course ended 7.9.43. 8. Posted to 7 O.T.U.

9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	260
(b) Applied Flying	200	130
(c) Instrument Flying ...	250	160
(d) Night Flying	100	62
(e) Link Trainer	50	-
Total	~~1,000~~ 950	612
PER CENT.		64.4%

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	60

Degree of Suitability for further training	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
11. As a Flying Instructor		X		

(Mark "X" in appropriate column.)

12. Remarks :

This pilot has made a good showing here, particularly so in view of his taking the abbreviated A.F.U. Course. He flies confidently and intelligently and although is a high average twin pilot now, he should soon reach an above average standard.

Date 5th September, 1943. Signed A.H. PECK, G/CAPT.
Officer Commanding.

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

13. Flying Times (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo & 2nd pilot.	Passenger	Formation	Instrument	Link Trainer
OXFORDS.	Day ...	3.25	19.30	23.00	3.35	2.00	5.05	-
	Night...	1.25	4.40	4.55				[redacted]

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

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

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

(*11077—10274) Wt. 38188—P2393 30M 12/42 T.S. 700
(*12116—10274) Wt. 12085—49 40M 5/43 T.S. 700

ROYAL CANADIAN AIR FORCE J24459 R.C.A.F. T.58A
Revised: 1-42

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

11 Dec/20

SURNAME...SMITH.....CHRISTIAN NAMES...Norman Owen.....NUMBER..R152465.RANK..AC.2
I.T.S...No. 6 TORONTO.....COURSE NO.....55.FROM..8-6-42.....TO...31-7-42.....
E.F.T.S..#9 St.Catharines...COURSE NO.62.....FROM...17-8-42....TO...9-10-42.....
S.F.T.S...#5 Brantford.....COURSE NO....67.....FROM.26-10-42.....TO...19-2-43.....
TRAINEE FROM: CAN...XX..... U.K..... AUS..... N.Z.....

(1) G. I. S. RESULTS

SUBJECTS	Finals			Supps.		
	ITS	EFTS	SFTS	ITS	EFTS	SFTS
1. Mathematics	113					
2. Law, Discipline	78					
3. Navigation	137	181	130			
4. General Studies	78					
5. Airmanship		144	170			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anit-Gas	46					
10. Armament (Written)	48	41	94			
11. Armament (Practical)		34	43			
12. A/C Recognition	95	80	42			
13. Drill	70					
14. Signals (Written)	150	95	47			
15. Signals (Practical)			86			
16. Meteorology	40		38			
TOTAL OBTAINED	855	575	648			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	85	82.1	86.4			
NUMBER IN CLASS	89	44	63			
POSITION IN CLASS	11	7	7			

(2) FLYING RESULTS

TESTS	Total Poss.	EFTS	SFTS
20 Hours	170	114	NA
Instrument	100	65	117
Clear Hood	150	96	358
Navigation	50	38	108
TOTAL OBTAINED		199	583
TOTAL POSSIBLE		300	750
PERCENTAGE		66.2	77
NUMBER IN CLASS		44	59
POSITION IN CLASS		29	2

(3) FLYING APTITUDE

1. Natural Skill	A	AA
2. Skill in Landing	A	AA
3. Airmanship	A	AA
4. Cockpit Drill	AA	AA
5. Instrument Flying	A	AA
6. Night Flying	A	AA
7. Aerobatics	A	NA
8. Formation Flying		A
9. Map Reading	AA	AA
10. Wind Speed & Direction Finding (TE)		A
11. Straight Runs over as Pilot (TE)		A

(4) FLYING TIME

School	Type AC	DAY		NIGHT		Formation	Instrument	Link	NAVIGATION		Dual to first Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		
No. 9EFTS	T.Moth	30:20	43:25	4:30	:30		10:10	10:30	3:35	3:55	8:30	
#5 SFTS	A.Anson	63:30	62:55	5:00	8:00	18:25	26:00	25:00	7:25	25:30	6:20	6:30

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of Aircraft Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.F.I.

APR 23 1943
R.C. JB ...N. I.....
S. L. JB P. A.....
Date
PR-5

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	(A)	P					
S.F.T.S.	No	Yes	Yes	No	1	3	2

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para. 3)	583
G.I.S. (Para. 1)	648
Character & Leadership (Para. 8)	607
TOTAL	1838
PERCENTAGE	81.69
STANDING IN CLASS	7

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	85
S.F.T.S.	522
TOTAL	607

(9) CERTIFIED:

(a) That this pupil pilot has (~~xxxxxx~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~xxx~~ ~~xxx~~) authorised to wear the Pilot's Flying Badge, w.e.f. 19th March, 1943

Chief Instructor
No. 5 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Anxious to succeed. Bright and keen, not frivolous - reliable. Second Aircrew recommendation Air Observer or Navigator.

(J. Hanchet-Taylor) Wing Commander.
Commanding Officer,
No. 6 I.T.S.

(b) E.F.T.S.

A student of high average ability in G.I.S. but whose flying progress while steady was rather slow. Needs checking on airmanship and details. Is anxious to do a good job and should do well with further service training. Conduct & Deportment - Satisfactory.

Chief Supervisory Officer,
No. 9 E.F.T.S.

(c) S.F.T.S. An above average pilot who is very accurate in the air and quick to react. He stood high in G.I.S. and has made the most of a good deal of natural ability.

Chief Instructor
No. 5 S.F.T.S.

(d) S.F.T.S.

Commanding Officer,
No. 5 S.F.T.S.

NOTES AS TO USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: E., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "B.(E.)".
5. Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2

A.6611.

PERSONAL EFFECTS OF J.24459 F/O SMITH, N.O.

1 metal suitcase containing:-
1 tin box contg: 9 rolls film (Super xx) unexposed and 1 film spool.
1 kit bag D. (1 brown leather zip case contg:-
2 combs.
32 pkts. razor blades.
2 gillette razors.
2 tooth brushes.
1 bakelite razor in case.
1 steel mirror in leather case.
1 shaving brush.
1 key.
1 cardboard box contg:-
1 Elco Waterproof wristwatch with strap unserviceable.
1 identity chain.
1 Airforce signet ring.
1 yale key holder with 6 keys.
1 celluloid container with chain.
1 zip wallet containing:-
1 National Registration card.
1 1943 Ontario drivers licence.
1 leather photo holder with photos.
1 greatcoat.
3 coins (1 2/- piece, 1 6d & 25 cents souvenir)

1 metal suitcase containing:-
1 money belt.
2 pr. braces.
1 pr. scissors.
2 pr. socks suspenders.
7 shirts.
4 pr. pyjamas.
2 sweat shirts.
4 vests.
5 pr. shorts.
1 towel.
1 face cloth.
19 handkerchiefs.
1 pr. swimming trunks.
1 pr. gym shorts.
3 pr. socks.

1 brown leather zip case contg:-
2 black ties.
1 pr. blue woollen gloves.
1 blue scarf.
1 dressing gown.
1 pullover.
3 pr. trousers.
1 leather case contg: Rayburn sun glasses.
1 photo in frame.
1 Kodak 35 32978 in leather case with strap.
1 leather case contg: Sunbeam shavemaster No. R 183109.
1 zip leather writing case contg: Sheaffers fountain pen, 5 pencils, writing pad and 2 memo books, 1 comb.
1 blue leather case contg:-
New Testament and zipwallet empty.
1 5 year diary.
1 photo album & photos.
1 Bible.
1 roll of negatives.
2 tunics with wings.
1 ceremonial cap.
1 pr. leather gloves.
1 Allbright with batteries and lead.
1 set of dominoes.
1 holdall contg: 2 chamois cloths, 1 button stick & brush, 1 housewife.
2 spools wool.

P.T.O.

1 carton containing:-
1 Officers haversack contg: 1 raincoat.
1 bundle of letters.
1 towel.
1 pr. socks.
2 handkerchiefs.
2 pr. pants.
1 vest.
2 shirts.
1 black gladstone bag contg:-
6 shirts.
1 greenfell sports jacket.
4 pr. pyjamas.
3 pr. shorts.
3 vests.
17 handkerchiefs.
17 pr. socks.
5 black ties.
2 hand towels.
2 face cloths.
2 pr. gloves. (1 leather &
1 fur gauntlets)
3 pr. shoes.
1 pr. moccasins.
1 pr. slippers.
1 pr. rubbers.
1 suede leather jacket.
1 pullover.
1 green leather belt.
1 pr. drill trousers.
1 coat hanger.

Note.

Cash amounting to £3. 18. 6d was found amongst the effects and credited to his service account.

Original Station inventory signed by T. Brayshaw F/LT. undated
Effects checked at Central Depository on 31.5.44. & 15.6.44.

F/O. Smith N.O.

Copy to Ottawa 12/5/44

P.416396

No.547 Squadron,
Royal Air Force,
St, Eval.
Nr.Wadebridge,
Cornwall.

17

Ref: 547S/1005/21/Fl. 27th April, 1944.

Circumstantial Report on loss of Liberator Aircraft BZ.882 on 26th April, 1944.

Sir,

I have the honour to refer to R.A.F.Station, St.Eval, signal T.422 dated 26th April 1944, and beg to submit the following details.

2. Liberator Aircraft BZ.882 took off from R.A.F. Station, St.Eval at 0200 hours on Wednesday, 26th April 1944, to take part in a Night Anti-U-boat training exercise, the following personnel being on board.

F/L (A/S/L) K.T.P. Terry (33523)	Captain
F/O. N.O.Smith (Can.J.24459)	2nd Pilot.
F/O. T.Hinde (NZ.411896)	Navigator
F/O. D.S.Richards (141152)	2nd Navigator
1653803 Sgt. Walters R.H.	F/Engineer
F/O. M.E.Heels (149166)	W/Op.Air.
NZ.639148 W/O. Chegwidden C.	W/Op.Air.
1196180 F/Sgt. Fawcett K.	W/Op.Air.
NFD 798750 Sgt. Chancey W.W.	W/Op.Air.
F/O J.H.Corless (51332)	W/Op.Air. (Squadron Radar Leader)

3. At approx. 0442 hours, during the hours of darkness, the aircraft gradually lost height and crashed into the sea near to the target submarine at a point approximately 9 miles north of Fishguard. Squadron Leader Terry was picked up alive by the crew of the submarine but afterwards died on the way to hospital. Sgt.Chancey was picked up dangersouly injured suffering from fractured leg and skull, but he also died after being landed at Fishguard. Flying Officer Smith was found to be dead when picked up; there was no trace of the remaining occupants of the aircraft, who are all missing, believed killed.

4. The aircraft is believed to be a total wreck (Category "E")

and next of kin have been informed in respect of British personnel only, with the exception of Sgt.Chancey whose next of kin is resident in Newfoundland. Next of kin have not been informed in the case of Dominion personnel.

5. The bodies of Squadron Leader Terry and Sgt.Chancey are at present located at Haverfordwest Hospital, and the body of F/O. Smith is being held in the Station Mortuary at R.A.F.Station, St. Davids. No further information is available at the present time.

I have the honour to be
Sir,
Your obedient Servant,

Sgd: F/Lt.,

for Wing Commander, Commanding,
No.547 Squadron, C R.A.F.

15

547 Squadron,
R.A.F. Station,
St. Eval.
Cornwall.

3rd May 1944.

Dear Miss Walker,

I understand that you were engaged to be married to Flying Officer N.O. Smith, so that it is with very great regret that I have to inform you that he was killed in an aircraft accident on Wednesday last on the 26th April.

I have written to his father with what details we have but in case you are not in close touch with him I will repeat them here. He was carrying out night exercises with a submarine and, as far as the submarine crew could see, the aircraft flew low directly overhead and hit the water about half a mile away. It broke up at once and the crew must have been killed instantaneously. It was a part of the exercise to fly low as he was doing, but the submarine crew can give no clear account as to why they hit the water. The accident is of course being fully investigated but it is unlikely that anything further will be brought to light.

He was buried yesterday at the Royal Canadian Air Force Regional Cemetery at Chester and all arrangements were made by the R.C.A.F. authorities. The grave will be looked after by the Imperial War Graves Commission, who put up a temporary wooden cross now which is replaced by a stone one after the war.

Flying Officer Smith was a highly esteemed and very efficient Officer, and I should like to express the great sympathy we all feel for you in the sad loss you have sustained. I should also like to assure you how much we all admire the gallant sacrifice made by your fiance so far from his own country.

Yours sincerely

Clifford Wright.

Wing Commander

P.T.O.

LETTER RECEIVED
ORIGINAL SENT
COPY TO OTTAWA
PHOTOS SENT TO
15 MAY 1944 P.M.

Miss H. Walker,
203 Fairfield Avenue,
Hamilton, Ontario Canada.

LETTER RECEIVED 15-5 Folio 15-16.
ORIGINAL SENT 18-5
COPY TO OTTAWA 22-5
PHOTOS SENT TO N/A

ROYAL AIR FORCE.

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

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

1. Surname SMITH Christian Names (in full) NORMAN OWEN

Rank F/O Number J24459 Unit 547 Squadron

Date and time of accident 26.4.44 0442 Place of accident SEA (9 miles N. of Fishguard)

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

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

Liberator A/C BZ882 crashed into the sea 9 miles north of Fishguard at 0442 hrs 27 April 1944

F/O. Smith was picked up dead. Aircraft was on a night anti- U boat exercise Training. Court of Inquiry was convened.

Sgd. E.L. Denham P/O
Adjutant

3. (*a*) Description of injuries :—

F/O Smith was killed outright

(*b*) Are the injuries (i) serious or (ii) of such a nature that they might be the exciting cause of disability later? (i) ..... (ii) NO

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

FEB 8 1945

Date ..... Signature of Medical Officer .....

Wt. 52041/O4205 155,000 2/44 W.H.& S. 668/69

OVER

1. Commanding Officer's statement :—

(*a*) Was the injury sustained

(i) In the performance of air force duty? YES

(ii) In gliding, a game or other form of physical recreation definitely organised by or with the approval of the proper air force authority? NO

(iii) On leave? NO

(*b*) If the answer to (*a*) (ii) is in the affirmative state

(i) By whom was the game, etc., organised and under whose authority?.....

.....

(ii) The nature of the game, etc., (*e.g.*, football).....

(iii) Was the officer or airman detailed to take part in it (*a*) as a member of an air force team, or (*b*) to compete as an individual? .....(*a*).....(*b*).....

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

(iv.) For what service event was the practice held? .....

(v) Was the officer or airman a selected representative of an Air Force unit practising under authority?.....

(vi) If so, under what authority and supervision? .....

(vii) If the injury was sustained in gliding was the injured person participating in the gliding as a member of a Service gliding club under the supervision of an officer or fully qualified airman pilot ? .....

(*c*) If sustained in a game, etc., but not in an organised game, state if there are any special circumstances which should be taken into account if and when the question of attributability has to be decided (K.R. 3612(2)).....

.....

.....

(*d*) Was the injury due to his own fault, *i.e.*, did it arise from negligence or misconduct or any blameworthy cause within his own control? .....

If so, state in what way.....

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

.....

(*f*) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place YES

St.Davids 28.4.44 W/Cmdr. Kay H.Q.C.C.

(ii) An investigating officer?.....

(see K.R. 1325 (3) (a) (ii) as to endorsement required in certain circumstances)

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

Signature.....W/Cdr.

Date.....8th.Dec.....194.4..... *Commanding* .....547.Squadron.....

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank SMITH NORMAN OWEN
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R152465 PILOT OFFICE

(3) Unit # 1 C.R.S. SUMMERSIDE P.E.I

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

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

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

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

Names and ages N.A.

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

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

Name

Postal Address

R.C
Regd APR 14 1945
O. K
R. C N. I.
S. L P. A

[SEE OTHER SIDE]

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

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

(11) Is your father alive? YES

If so, state name and address, occupation J. L. SMITH 37 TRAGINA N. HAMILTON ONT MERCHANT

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

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

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

(14) Is your mother alive? YES

If so, state name and address MRS. J. L. SMITH 37 TRAGINA N. HAMILTON ONT

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? N. A.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES.

If so, in what Company? EMPIRE LIFE INSURANCE CO.
(Give number of policy)

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

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

M O Smith P/O
(Signature of officer or man)

Date 7 APRIL 43

H I Fraser F/O
(H.I. Fraser) Flying Officer

for Officer Commanding No. 1 G.R.S., SUMMERSIDE

Date April 8th, 1943.

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

WILL

R.C.A.F. r.60

(1) I...SMITH.....Norman Owen.....of the (City / Town / Village / Township)

of.....Hamilton.....County in the District of .....

Province of ..Ontario.....Radio Serviceman.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number.....R 152465...Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My Father: Mr. Louis John Smith,

37 Tragina Ave. N.,

Hamilton, Ontario.

MY WHOLE ESTATE

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

(4) I appoint.....My Father: Mr. Louis John Smith.....OF THE ABOVE ADDRESS.....
(Name) (Address)

.....to be the Executor of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this .....9th.....day of

.....February.....19...42...

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

Norman Smith
(Signature of Testator)

(5) Signature.....S. J. Porter.....

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

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

Signature.....Laverne L. Christie

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

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

R.C.A.F. Records Office
FEB 12 1942
FEB 12 1942
C.I.B.
N.I.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J24459 (R152465) RANK FLYING OFFICER UNIT 547 SQDN OVERSEAS

TRADE PILOT (G.L.)

NAME SMITH, NORMAN OWEN

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

MARITAL STATUS SINGLE RELIGION UNDENOMINATIONAL CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. L.J. SMITH (FATHER)
ADDRESS 37 TRAGINA AVE NORTH HAMILTON, ONT.
NAME MRS. GERTRUDE SMITH
ADDRESS SAME ADDRESS
D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. L.J. SMITH (FATHER)
ADDRESS 37 TRAGINA AVE., NORTH HAMILTON, ONT.

FATHER'S NAME
ADDRESS LIVING ON ENLISTMENT YES

MOTHER'S NAME MR. & MRS. LOUIS JOHN SMITH LIVING ON ENLISTMENT YES
ADDRESS 37 TRAGINA AVE., NORTH HAMILTON, ONT.

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?

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY-----PCX---791---d-27-APRIL-44 NR77/27-APRIL

"KILLED" 26-APRIL-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(APPROXIMATELY NINE MILES NORTH OF FISHGUARD, PEMBROKE, WALES.

ESTATES BRANCH MAY 16 1944 H.Q. OTTAWA NATIONAL DEFENCE

(NEXT OF KIN ADVISED 28-APRIL-44)

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

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

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

DATE 11-MAY-44

D. M. Bushnell
FOR CHIEF OF THE AIR STAFF

ΔTS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 18329

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

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

1. PLACE OF DEATH County or District of OVERSEAS (WALES) Township of

If in City, Town or Village (Name) Street (If death occurred in a hospital or institution, give the name instead of street and number) House No.

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 SMITH (Family name) NORMAN OWEN (Given name or names in usual order)

RESIDENCE No. 37 Street Tragina Ave.N. City, Town, Village or Township Hamilton Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Ontario (Province or Country)

9. DATE OF BIRTH December (Month) 11th (Day) 1920 (Year)

10. AGE in	Years	Months	Days	If less than one day old
	23			hrs. or min.

OCCUPATION

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

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

13. Date deceased last worked at this occupation Apr.26/44

14. Total years spent in this occupation Two

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

FATHER

16. NAME Smith, Louis John

17. BIRTHPLACE Ontario (Province or Country)

MOTHER

18. MAIDEN NAME Sims, Annie Gertrude

19. BIRTHPLACE Ontario (Province or Country)

20. Person giving information sign here [signature] For (R.C.A.F. Records Officer)

Address

Relationship to deceased

21. Place of Burial, Cremation or Removal

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH April (Month) 26th (Day) 19 44 (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 complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Killed in flying accident	Underline the cause to which death should be charged statistically
	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.		

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

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

28. Was there a surgical operation? Date of operation 19

State findings Was there an autopsy?

29. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide? Accident (State which) Date of injury April 26th 19 44

Manner of injury Killed in flying accident (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)

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 AIR

DECEASED MEMBER'S NAME: Norman O. (CHRISTIAN NAMES) Smith (SURNAME)

REGISTER NO. E 437-1

PAYEE ADDRESS: Receiver General of Canada, Director of Estates, Ottawa, Ont.

FILE NO. 17506

DATE 27 Nov/45

SERVICE NO. J.24459

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Apr./44

DATE OF DISCHARGE 26 Apr/44

			$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 810/30	EQUAL TO 27	COMPLETE PERIODS AT $7.50	202.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 310 LESS	INELIGIBLE DAYS, EQUAL TO 310	DAYS @ 25c. PER DAY	77.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 7.00		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 8.70	×7 = $	60.90
NO. OF DAYS 310/183		× $	60.90
			103.17
			383.17

D. WAR SERVICE GRATUITY

E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. TOTAL AMOUNT PAYABLE 383.17

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Office
NOV 30 1945
O.K. 30 C.I.B.
R.C.A.F. N.I.

P. & A. Bal. Trans. Trust Account
Journal Voucher # G298

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
HRH	DRM

TREASURY

CHECKED BY	DATE
	30 11 45

S. Hamm Flt

SERVICE REPRESENTATIVE

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: NORMAN O. SMITH
(Christian Names) (Surname)

PAYEE: R.C. of C.
(Christian Names) (Surname)

ADDRESS:

Register No. .....
File No. 17506
Date 27 NOV 45
Service No. J 24459
Final Rank or Rating F/O
Date of Discharge 26 APR 46

Date of Termination of O/S service 26 APR 46

	$	¢
A. TOTAL QUALIFYING SERVICE No. of days $\frac{810}{30}$ equal to 27 complete periods @ $7.50	202	50
B. QUALIFYING OVERSEAS SERVICE No. of days 310 less / ineligible days, equal to 310 days @ 25¢ per day	77	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rates at Discharge Pay .....$ 7.00 Subsistence or Lodging and Provision Allowance .....$ 1.70 Additional Pay ....$..... Dependents' Allowance 1/30 of $ .....$..... TOTAL $ 8.70 x 7 = $ 60.90 No. of days $\frac{310}{183}$ x $ 60.90	103	17
DD. WAR SERVICE GRATUITY	383	17
E. Deductions — Overpayment of — Pay and Allowances $ Dependents' Allowance $ and Assigned Pay Other deductions $		
F. TOTAL AMOUNT PAYABLE	383	17
G. YOUR PROPORTION: (D.A. in issue to you) = ——— of $ (Total D.A. in issue)		

PREPARED BY	CHECKED BY
HRH	DRM.

AIR FORCE No. J.24459

Smith — SURNAME

Norman Owen. — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE No. 1 G.R.S. Sidcup

DATE 17-3-43.

RELIGION

Undenominational

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
1-8-42	14-8-42	14	Special	DRO 183.
10-10-42	23-10-42	14	Special	DRO 126.
20-3-43	26-3-43	7	Special	DRO 6/43
5-6-43	19-6-43	14	pre-embark leave	AFRO 134/43
15-7-43	21-7-43	7	P/L.	3 PRC 155/43
27-10-43	9-11-43	14	Embark. L.	Lumsden 53
10-11-43	23-11-43	14	P.L.	" " 55
24-11-43	29-11-43	6	Ext. Emb. Leave	" 57
17.3.44	23.3.44	7	P.L.	547 Sqn 23

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
19 3 43	Flying Badge.	DRO 60
	Issue R.C.A.F. M & M.I.	547 Sqn 25

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

Tiger Moth

A. Anson.

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
19 3 43	Categorized (PH)	D.R.O. 60
5 6 43	Categorized R.G.	DRO 134

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#10 R/b.	#1 M.D.	7 2 42	M.O.R. 13
SOS	#1 M.D.	#5 S.F.T.S.	28 3 42	D.R.O 75/42.
SOS	#5 S.F.T.S.	#6 I.T.S.	6 6 42	D.R.O. 118/42
SOS	#6 I.T.S.	#9 E.F.T.S.	15 8 42	D.R.O. 145.
SOS.	#9 E.F.T.S.	#5 S.F.T.S.	25 10 42	D.R.O. 126.
SOS.	#5 S.F.T.S.	#1 G.R.S.	14 3 43	D.R.O 60
SOS.	#1 G.R.S.	#4 "Lyneham"	14 6 43	AFRO 134
SOS	#1 Y DPT	RAF TP	22 6 43	DRO 162
	Emb. Can.		23 6 43	
	Dis. Emb. UK		1 7 43	
	3 PRC Int C95		2 7 43	
T.O.S.	14(P) A.F.U.	from 3 P.R.C.	27 4 43	14(P)AFU 30/43
Att to	Sallachy		5/6 8/6 43	14(P) AFU 21/43
S.O.S.	from 14(P) A.F.U.	to 7(C) OTU OP. TRNG	7 9 43	14(P) AFU 26/43 7(C)OTU 39.
TOS	ret. C.U.	Irvine from 7 OTU	1 1 44	Lumsden 2 M.C.U. 1/44
SOS	Irvine	to 517 Sqn.	15 2 44	517 Sqn 7/44 Irvine 10/44
SOS	517 Sqn	to 547 Sqn.	5 3 44	547 Sqn 17. 547 Sqn 28/44
F/A	KILLED FROM 547 Sqd.		26 4 44	AFRO 1020/44 CR 456 I-352 FD 7934
Buried at Chester R.A.F. Cemetery A 808				

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Issued S/Ldr. C254473 d/s 6-4-43	DRO 134
Admitted S.S.H. 2/10/43.	Lumsden 46

ADVISE ENTRIES

UNIT RECORDS RETURNED

TO CANADA

AIR FORCE No. J-24459

SURNAME: Smith

FULL CHRISTIAN NAME: Norman Owen

ENLISTMENT/APPOINTMENT
PLACE No1. G.R.S. Toronto
DATE 19-3-43.

RELIGION: Undenominational

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
Dec. 11. 1920	Hamilton	Canada	Canadian	British

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Radio Service

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
5-2-42 Hamilton Ont.	A-1-B A-3-B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: Single

WIFE (FULL MAIDEN NAME) OR HUSBAND:

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

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

Lewis John Smith
37 Tragina Ave. N. (Father)
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	19 3 43	DR.077	
T/F.O.	19 9 43 (Changed to 00.726/43)	AFRO 0713/44.	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
A.C.2.	7 2 42		Aircrew (I.T.S)	26 6 42	DR.0156
L/A.C.	31 7 42	DR.0182	Pilot	31 7 42	DR.0183.
T/Sgt. (Pd)	19 3 43	DR.060	Aircrew Pilot (Pd)	19 3 43	DR.060

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
#1 G.R.S. B.R. Course.		74.5%	P	4 6 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. ~~R152485~~

SURNAME: SMITH, NORMAN OWEN — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Hamilton Ont. — DATE 7-7-42

RE-ENLISTMENT

C.R. FILE NUMBER ~~SR~~

J.24459 Dec 98 — OFFICER

RECORD OF SERVICE AIRMEN Comm 19.3.43

R.C.A.F. FORM R44(B) 30M-6-41 (637) 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	7	2	42	1 M D 35
SOS	1 M D Toronto	28	3	42	1 M D 76
TOS	5 S.F.T.S, Brantford	29	3	42	5 S F 67
S.O.S.	5 S.F.T.S Brantford	6	6	42	5 S F 118
T.O.S.	6 I.T.S Toronto	7	6	42	6 I T S 136
SOS	6 I.T.S. Toronto	15	8	42	6 I T S 195
TOS	9 E.F.T.S. St Catharines	16	8	42	9 E F 102
SOS	9 E F T S St Catharines	24	10	42	9 E F 136
T.O.S.	5 S.F.T.S Brantford	25	10	42	5 S F 219
SOS	5 S.F.T.S Brantford	26	3	43	5 S F 60
TOS	No 1 G.R.S. Summerside	27	3	43	1 G R S 77
SOS	on Death under K.R. & O. 392(18)	19	3	43	1 G R S 77
TOS	On Appt to a Commission	19	3	43	1 G R S 77
SOS	1 G.R.S. Summerside	19	6	43	1 G R S 134
	1 Y Halifax.				
SOS	1 Y to R A F Transport	22	6	43	1 Y 16040

AIR FORCE No. ~~R152465~~ J.24459

SURNAME: SMITH, FULL CHRISTIAN NAMES: NORMAN OWEN

ENLISTMENT PLACE Hamilton Ont DATE 7-2-42 RE-ENLISTMENT

C.R. FILE NUMBER AR

OFFICER

RECORD OF SERVICE AIRMEN Comm 19.3.43

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

7. BIRTH: DATE 11-12-20 PLACE Hamilton Ont CITIZENSHIP British

FATHER (FULL NAME) Louis John Smith

BIRTHPLACE Hagersville Ont

MOTHER (FULL MAIDEN NAME) Annie Gertrude Sims

BIRTHPLACE Hamilton Ont

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Ont.

JUNIOR MATRICULATION

SENIOR MATRICULATION

TECHNICAL SCHOOL 2 yrs 4 mos.

UNIVERSITY

CORRESPONDENCE COURSES D.Pay.T. 1941-42

2

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

Radio Serviceman (J.K. Smith Hamilton) 1937-42

2613

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilots Flying Badge	19-3-43	S87-60
C.V.S. Medal Fleet	D72A-138	15-1-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Undenominational

0

14. LANGUAGES English

15. SPORTS Hockey, baseball

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: RELATIONSHIP

ADDRESS: 37 Regina Ave N. Hamilton Ont D.R.O.

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
R.G. (14 days)	10/23 10/10 42	8 EF 136			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	7-2-42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Acc. Pub. Hrs.	4 hrs. Rtns.	7.2.42	1 MD 35
Acc. Govt Gtrs	+ drawing rtns	28-3-42	5 SF 67
Issued I.D. No 406004		11-3-43	5 S 760
to S.L.T.W. C24459		3-6-43	12 Pt 134

22.(a) ADDRESS PRIOR TO ENLISTMENT

37 Regina Ave. N., Hamilton Ont.

15502

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OHF

R60	R79 A	B465	X-RAY	AFM 3	IDN. CARD	Kx
12-2-42	14-2-42 19-4-43	9-2-42				EB