B149386
MAGUIRE
JOHN

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ontario *Date* 9-10-41

FILE NUMBER 94456

Surname Maguire *Chr. Names* John Burchmans
Nature of Commission Special Reserve *Date of Birth* Dec. 31/17 *Married or Single* Single
Branch Gen. List Flying *Hours Flown* 1 hr. Pass.
Address 4855 Cumberland Ave., Notre Dame de Grace, Montreal, Quebec.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	No
	Severe or "Sick" Headaches, Migraine	No
	Fits or Convulsions of any kind	No
	Sun or Heat Stroke	No
	Head Injury or Concussion (including "knock-out")	No
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	No
(ii)	LUNG TROUBLE or Consumption	No
	Bronchitis, Pneumonia or Pleurisy	No
	Asthma or Hay Fever	No
(iii)	HEART DISEASE, "Weak or Strained Heart"	No
	Fainting Attacks or Giddiness	No
	Rheumatism, Rheumatic Fever or "Growing Pains"	No
	Frequent Sore Throats or 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	No
	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, Mumps.

Education Loyola College, Montreal, Catholic H.S. 4 years Tech. School 3 yrs. Night, Math.
Present Occupation AC2 R.C.A.F.-Toronto Hobbies Machinery
Previous Service At Present AC2
Athletics Rugby, Hockey, Baseball Sr. Teams. Swim
Habits—Smoking Cigarettes, 12 a day. Alcohol Beer - Very Little.
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health A. & W. Dead—Cause -
Mother Alive—Health A. & W. Dead—Cause -
Brothers (1) Alive—Health A. & W. (0) Dead—Cause -
Sisters (0) Alive—Health - (0) Dead—Cause -

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

Date 9/10/41 *Signature* John B. Maguire *Witness* Don Strelzoff

CAPTAIN. R.C.A.M.C., ~~C.A.S.F.~~ R.C.A.F.

R.C.A.F. Records Office
Rec'd OCT 30 1941
C.I.B.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Good - Wiry *(b)* Mentality Standard
Body Marks, Scars, Deformities 4/5" crescentic scar left hypothenar eminence left palm.
Size of Thyroid Gland Normal
Surgical Abnormalities Slight flattening of right chest. Passable
Results of Wounds, Injuries, Operations Nil

	Date 9/10/41	Date	Date
Height (ins.)	66¼		
Weight (lbs.)	126		
Chest Circumference (ins.)	34		
Body Build (lbs.)	-10		
Leg Length (ins.)	40		
Pulse Rate (Sitting)	60		
Pulse Rate (Standing 1st)	84		
Pulse Rate (Standing 2nd)	72		
Pulse Rate (After Exercise)	96		
Pulse Rate (Time to Normal)	20		
Arterial Walls	Palp.		
Blood Pressure (Systolic)	122		
Blood Pressure (Diastolic)	82		
Room Temperature	72°		
Heart (Size (in cms.))	N		
Heart (Sounds)	N		
Heart (Rhythm)	R		
Lungs (Inspection)	N		
Lungs (Palpation)	N		
Lungs (Percussion)	N		
Lungs (Auscultation)	N		
Lungs (Expiratory Force)	116		
Lungs (X-Ray)			
Reflexes (Knee)	N		
Reflexes (Ankle)	N		
Reflexes (Triceps)	N		
Reflexes (Abdominal)	N		
Reflexes (Plantar)	N		
Cranial Nerves	N		
Balancing Rod	R. L. 1/S 2/S	R. L.	R. L.
Self Balancing	R. L. 1/S 1/S	R. L.	R. L.
Tremors (Fingers)	S/C		
Tremors (Eyelids)	S/C		
Abdomen (Liver)	N		
Abdomen (Spleen)	N		
Abdomen (Muscular Tone)	Good		
Urine (Albumen)	Neg.		
Urine (Sugar)	Neg.		
Initials of M.O.	D.S.		

Remarks on any Abnormalities Found

Date 9/10/41
Slight flattening of right pectoral region of chest passable.
-10 lbs. underweight.
D.S.

Date

Date

Date

40 mm. Hg. Test 9/10/41 70 Secs. = 5/898/898/889/998/98
Date
Date
Date
Date

EYE EXAMINATION

History Neg.

Sph.

Visual Acuity	R 20/20 , $\frac{1}{c}$ 2.25 = 20/200		
	L. 20/20 , $\bar{c}$ 2.25 = 20/200		
Colour Vision	Ishihara - Normal		
Red, Green	1/2" Exophoria		
Diaphragm Test (P.D. =	64 Bar 2.5		
Convergence	C. = 6.5 cms.		
	S. C. = 14.6 cms.		
Accommodation	R. 10.5		
	L.		
Cover Test	Sl. lat. div. fairly rep. rec.		
Fundi and Media	N		
Fields	N		
Remarks:	Fit		
	Initials of M.O D.S.	*Initials of M.O*	*Initials of M.O*
	Date 9/10/41	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Neg.

Hearing	R. Ear	W.V. 20'	
	L. Ear	W.V. 20'	
External Ear, Meatus Membranes	R. Ear	N	
	L. Ear	N	
Middle Ear, Eustachian Tubes	R. Ear	N & P	
	L. Ear	N & P	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity		Healthy	
Teeth	Under R.C.A.F. Repair 7 Points only.		
Gums		Slight Pyorrhea	
Pharynx		Healthy	
Nasopharynx		Healthy	
Nose	Septum deflected to Rt.		
Larynx		Healthy	
Remarks: Teeth under repair, is an AC2 at present.		*Initials of M.O.D.S.*	*Initials of M.O*
		Date 9/10/41	*Date*

Fit.

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

9/10/41

Wiry, athletic chap, -10 lbs, fair reactions, tenacious, co-operative, pleasant, alert, eager. Is AC2 at present. In R.C.A.F. 5 months Radio-technician course at Montreal.

Fit - Cat. A1B
A3B

"Don" Streby.

Captain, R.C.A.M.C.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Mary L. Maguire,
188 Victor Ave.,
Toronto 6,
Ont.

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

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

and the following number quoted:—

H.Q. 405-M-47,413 FD-256

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 9, 1945

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

MAGUIRE John B. Tpr.

B-149386 C.A. O/S

ESTATES BRANCH MAY 23 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.

Col. Smith

Director of Estates.

CWP/HS

M.F.W. 77
16M-10-44 (5854)
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.....		Mrs. Mary Lillian Maguire	24	188 Victor ave Toronto ont.
2	Children of the Deceased and dates of their Births.....		Richard Ernest Maguire March 5/ 1945	9 weeks	188 Victor ave., Toronto ont.,
3	Father of the Deceased.....		Joseph Maguire	76	1233 Mount Royal Blvd. Montreal P.Q.
4	Mother of the Deceased.....		Mrs. Mary Maguire	60	1233 Mount Royal Blvd. Montreal P.Q.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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
	Ernest Patrick Maguire Oct 9/ 1942. (air force. (R.C.A.F.))				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Buchman alias Maguire
9	Date of his birth.	Dec. 31 / 1917
10	Place and date of his marriage.	Toronto Ontario Dec. 4 / 1943
11	Place and date of his parents' marriage.	St. anthony's Church Montreal P.Q. Sept. 20 / 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal P. Q. Canada
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal P.Q. Canada 23 yrs (b) (c) (d)
14	Nature of employment before enlistment.	—
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.	Montreal P. Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not known
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?	no
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?	not known
20	Amount of War Savings Certificates held by deceased. Indicate where located.	not known to have any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	not known to have any
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	not known
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.	no
	(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

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

*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.

Mary Lillian Maguire ..... {Signature of Informant}

188 Victor ave Toronto Ont. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mary Lillian

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

Dated at Toronto Ont this 21st day of May 19 45.

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

D. O'Sullivan #/Lt. 606 Qualification District Chaplain (RC) M.D.2.

Address 141 McCaul St. Toronto. 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

R.C.A.F. Special Reserve

Radio Recruit U.T.

AIR FORCE No. R. 94456 POSTED TO RCAF Recruiting Centre Mtl. TRADE Radio Mechanic U.T.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

Corded

1. Surname Maguire (MAGUIRE) FULL Christian Names John Berchmans (JOHN BERCHMANS)
2. Present Address 4855 Cumberland Ave. Montreal N.D.G. Que. Telephone ——
3. Permanent Address 4855 Cumberland Ave. N.D.G. Que
4. Place of Birth (DEC. 31st 1917) Montreal Que Citizenship Canadian
5. Date of Birth Dec. 31st 1917 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Material Chaser & Clerk. 8. Religion Catholic. ROMAN
   State denomination
9. Languages English proficiency
   State proficiency
10. Next of Kin (Full Name) James Joseph Maguire Relationship Father
    " Address 4855 Cumberland Ave. N.D.G. Que.
11. Father (Full Name) James Joseph Maguire Birthplace Pawtucket. R.I. U.S.A.
    " Address 4855 Cumberland Ave. Que. Citizenship American.
    " Occupation Police Reporter - Montreal Daily Star.
12. Mother (Full Maiden Name) Mary Clarke Birthplace Montreal Que.
    " Address 4855 Cumberland Ave. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
Can. Grenadier Guards	Farnham	Private	n.a.	NOV-40	DEC-40	Training finished
Royal Mont Regiment	Montreal Que Prte	n.a.	n.a.	Dec 40	1/5/41	To join Rcaf

R.C.A.F. Records Office
Rec'd MAY 7 1941
O.K. C.I.B.
R.C. N.I.

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 NA

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

145-380

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St. AGUSTINE'S	1924	1930	PRIMARY COURSE.
High School—Collegiate Institute, etc.	3YRS LOYOLA 4th C.H.S.	1930	1936	SCIENCE
Technical School	MTL. TECH. INSTITUTE	1937	1939	-3YRS IN MATHS
University or School other than above				L.E. ALGEBRA
Correspondence Courses, etc.				GEOMETRY
				TRIGONOMETRY.

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
MONTREAL DAILY HERALD 205 St. Vitre St.	- MAINTENANCE	1938	1939	NOT ENOUGH MONEY.
Can. Nat. Railways.	FOURTH COOK.	1939	1940.	BETTER POSITION
DARLING. Bros. 120 PRINCE ST.	MATERIAL CHASER *CLERK TO FOREMAN.	1941	1941	To apply as Radio Technican for the R.C.A.F.

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

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

25. Sports engaged in. State: extensively, moderately, occasionally Hockey, Baseball, Rugby extensively; Track & Swimming moderately, Ping Pong & Bowling (OC) occasionally.

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 RADIO TECH. (U.T.)
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew). (Cross out words not applicable.)

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

Name	Address	Occupation
Mr. Ernest Labrie	4857 Cumberland Ave.	OFF. MAN. NATL BREWERIES
Mr. Vincent Braceland	3431 Rosedale	Pub. Agent. C.N.R.
Mr. James Weeks.	4845 Cumberland Ave. Montreal	Man. Can. Power Boat Co.
Mr. Percival Robinson	4578. MAYFAIR AVE Montreal	FOREMAN. L.E. MOULTON Co.

28. Other information that may have any bearing on this application None

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes.

I HEREBY CERTIFY that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date April 29th 1941 Signature John B Maguire

NATIONAL REGISTRATION CERTIFICATE PRODUCED.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Good General appearance Neat

Suitability for (state in what capacity) Radio Mechanic (A.T.)

Date 2-5-41 Signature L Lamoureux Rank Pte

(B) *Report of Trade Test—*

Trade in which tested Nil

Result Nil

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.

N.A.

Date 2-5-41 Signature L Lamoureux Rank Pte.

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, John Berchmans Maguire 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 May 1st, 1941 19 John Maguire
Signature of Recruit

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

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

Date May 1st, 1941 19 John Maguire
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 Montreal, P. Q. this first day of May 19 41

L Lamoureux
Signature of Officer

Rank

R.C.A.F. Recruiting Centre Montreal.
Unit

Finger Printed
Date 1-8-41
Initials EB

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 23 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? ..... no

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

John Maguire
Signature of Applicant

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

Examiner's Remarks *re* above ..... ~~fractured~~ sprained right ankle - 7 yrs ago. Broke toes 1, 2, 3 right foot 2" measles - childhood

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

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

2. Height ..... 5 ..... feet ..... 6 ..... inches.
3. Weight ..... 124 ..... pounds.
4. Complexion ..... Fair .....
5. Color of Eyes ..... Blue ..... Hair ..... Brown
6. Development { Good / ~~Fair~~ / ~~Poor~~
7. Chest Measurement—Full expiration ..... 32½ ..... inches
   Range of expansion ..... 2½ ..... inches
8. Hearing—Right ..... Wrs 20' ..... Left ..... Wrs 20' ..... Tympana—Right ..... n ..... Left ..... n
9. Vision—Without glasses—Right ..... 20/20 ..... With glasses—Right ..... /na .....
   Left ..... 20/20 ..... Left .....
10. Condition of mouth and teeth ..... healthy - fit .....
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 A+B

Any special remarks of the Medical Officers .....
1-5-41 X-Ray # 77288 neg .....

Part 2 Cont'd.
13. Reflexes n
14. Heart n
15. Lungs n
16. Blood Pressure S.D. 125/90
17. Colour Vision n. adh

Date ..... 30 - 4 - 1941

C.W. Foxcroft F/O ..... President
..... Member
..... Member

red by E.C.
ed by E.M.B.

ORIGINAL
DUPLICATE
TRIPLICATE

30-11-44 This soldier has regtl. number B-149386 which is the number that appears on the Group Certificate

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

OK

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit #2 D.R.O. CAC (Others) R Wing #5 Coy Regimental Number B-149386

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: MAGUIRE
2. Christian Names: John Burchmans
3. Present address: 1233 Mount Royal Boulevard, Montreal, Quebec. Canada
4. Date of birth: 31st. December. 1917
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Citizenship: Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination): Roman Catholic
8. Trade or Calling: Material Chaser
9. Married, Widower or Single: ~~Single~~ Married (DO 167 d/20 Dec 43 #3 CACTR)
10. Name of next of kin: ~~Mrs.-Mary-Maguire-~~ Mrs. Mary Lillian Maguire
11. Relationship: ~~Mother--~~ Wife
12. Address of next of kin: ~~999-Logan Ave.,-Toronto, Ont.(DO-67-d/5-Apr 44)-~~ #3-CACTR. 1233 Mount Royal Boulevard, Montreal, Quebec, Canada. (See Change)
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? yes

    Black Watch Nov 1940 to Dec 1940 30 days compulsury training
    (If Yes, Give Unit and Dates of Service) A.T. Farnham Quebec.
14. Have you served in (*a*) an ~~Active~~ Formation or Unit of The Canadian Army? no (Yes or No)

    (*b*) Any other Naval, Military, or Air Force? yes. RCAF 1 May 1941 to date R-94456 (Para. 392 1-13)
    (If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? no

    (If Yes, specify Regimental No., Unit and Dates of Service)

148756

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Burchmans Macquire, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 15 July 1943 Sgd. John B.Maguire (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness H.Thompson (Name) Pte. (Rank) Sgd. John B.Maguire (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Toronto, Ontario Canada this 15th day of July 19 43.

J.H.Dewley — Signature of Magistrate, Justice or Attesting Officer.

#2 District Depot CA(A) for DRO — Officer or Rank and Unit or appointment.

6

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of MAGUIRE (Surname) John Burchmans (Christian Names) Regimental Number B-149386

Qualifications

Military: RCAF LAC

Business or Professional: mil

Trade or Civil: Material Chaser, maintenance

Technical: mil

Languages: English

Educational Qualifications

High School or Collegiate: 4 yrs. Loyola Coll (years completed)

Graduation or Matriculation: Jr. Matriculation (specify)

*College: 3 yrs. Montreal Tech. nil

*University: nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment TOS #2 District Depot (AF)	Tpr	15 Jul 43	CAC(Others R Wing #5 Coy	Toronto Canada	173	22 Jul 43

For additional entries use M.F.M. 1 and 2 (a)

Name (Surname) (Christian Names)

1.
a.
b.
c.
d.
e.
f.
g.
h.
i.
j.

Medical Category

1.
2.
4.

6.
7.

9.
10.
11
12

13

re
an
Sp
W

D
=
15
N

CERTIFICATE OF MEDICAL EXAMINATION

Name in full John Burchmans Maguire Place Toronto Date of Medical Examination 27 May 43

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis or pleurisy	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Fits	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Stomach or bowel trouble	no	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details	no
i. Foot trouble	no		
j. Nasal trouble	no		

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

Sgd. John B. Maguire
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1 Appendectomy Feb. 1942

1. Identification marks or scars Small linear curved scar over left Pesiform area in Hand.
2. Height 5 feet 6 inches. 3. Weight 129 pounds.
4. Complexion Med. Eyes blue Hair brown 5. Development good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 36 inches. Range of expansion 2 inches.
7. Vision, right 20/20 left 20/20 Ears--Rt. Normal
With Glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth fair. Lt. ear healed perforation
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis neg
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Weakness in appendix incision but not a true hernia otherwise Surg. N.A.D
Med. tranl. Psycl. fit for service HMC Reflexes normal
13. Chest X-Ray negative No. B-3981 Laboratory at which taken #2 District Depot
Retaken--15 Jul 43 Same #B-3981

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category A1

Special remarks when category lower than A

W.E.L. Sparks Major rank (President) W.C. Richman Capt rank (Member) A.G. Surth Capt. rank (Member)
RCM

YOB P U L H E M S
17 1 1 1 1 1 1 1 1 15 Jul 43

Date 27 May 43

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15 Jul 43	Medical re-check Surg. & Medical Cat.A1 A.? ???? Capt. RCAMC		Certified true copy L. McMurrich Lt Col Colonel, Director of Records for Adjutant-General N D H Q Ottawa 9 Nov 44.

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. B-149386 Rank Tpr. Surname Maguire Christian Name John Burchmans

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

ROYAL CANADIAN AIR FORCE

Should this Parchment be Lost or Mislaid no Duplicate of it can be obtained

Parchment Certificate *of Discharge of No* R94456 *(Rank)* LAC

(Name) MAGUIRE, John Burchmans

Born in the ~~County~~ City of Montreal

in the Province of Quebec

Attested at Montreal, Quebec *on the* 1st May *19* 41

for the period of Duration of War, *at the age of* 23 *years.*

His description is as follows:—

Age 25 years. Height 5 feet 6 ins. Complexion Fair

Eyes Blue Hair Brown Trade W.A.G. Std.

Visible marks or scars Scar on left hand

Signature of Man John B. Maguire

Service towards completion of engagement ----2---- years ----75---- days.

He is discharged on July 14, 1943 in consequence of Para.392 (13)

K.R. (Air) "For the purpose of joining the C.A.S.F."

Campaigns None

Medals and Decorations None

Discharge confirmed at Toronto, Ontario

Signature

Date July 14, 1943

N.B.—Any person finding this certificate is requested to forward it in an unstamped envelope to the DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, CANADA

N.B. Service includes a period of leave without pay from 2 May/41 to 5 May/41 prior to reporting on Active Service.

HEADQUARTERS COPY

R.C.A.F. R. 15A
20M—8-42 (2474)
H.Q. 885-R-15A

His conduct and character in the service have been assessed on discharge under K.R.O., R.C.A.F., Para. 415, as:—

F A I R

His qualifications during Air Force service in the trade shown have been assessed under K.R.O., R.C.A.F., Para. 416, as:—

Trainee (not assessable)

His qualifications for civil employment in the trades shown are assessed from his Air Force service as:—

General Work
(Prior to enlistment)

The man's address on discharge is:—

4855 Cumberland Ave.,
Montreal, Quebec

Place **Toronto, Ontario**

Date **July 14, 1943**

W. H. Long, W/C

Officer Commanding
No. 1 "M" Depot, R.C.A.F.


R94456

R0094456 MAGUIRE JB — LAC 6

1 NUMBER 9 NAME 29 RANK

JOHN BERCHMANS 148736

SERVICE AWARD CARD

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

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.		
												AWARD
											Pte 3/6/63	AWARD AND CLASP
											MAY 24 1953	APPLICATION DISPATCHED
												RIBBON ISSUED
												MEDAL ISSUED

4855 CUMBERLAND AVE
N.D.G. MONTREAL P.Q. 5/61

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

14-4-45

AWARDS—CANADIAN ARMY (ACTIVE) 1945 M

500M—i-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MAGUIRE, John Burchmans	B-149386	Tpr.	C. A. C.

FILE NO. 405-M-47,413

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	6772 21/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL B. R

(1) MEDALS PERSON ENTITLED TO: Mrs. MARY Lillian Maguire (Widow)

ADDRESS: 188 Victor Avenue, Toronto 6, Ontario — Nov. 45

(1) DATE DESP

REGN. NO 196

(2) MEMORIAL CROSS

WIDOW: Mrs. Mary L. MAGUIRE, (ENGLISH)

1945

ADDRESS: 188 Victor Ave., TORONTO 6, Ont.

(2) DESP. MAY 23 1945 REGN No. 19355

(3) MEMORIAL CROSS

MOTHER: Mrs. Mary MAGUIRE,(M.F.M.5) (ENGLISH)

1945

ADDRESS: 1233 Mount Royal Blvd., MONTREAL, Que.

(3) DESP. MAY 23 1945 REGN No. 19356

Regimental No. B.149386 Rank Tpr. Sheet No.

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name Maguire John Burchmans

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Was married to Miss Mary Lillian Barrack of Toronto, 4 Dec.43						
ADDRESS, Mrs Mary Lillian Maguire, 1233 Mount Royal Blvd. Montreal, Que.	Tpr.	4 Dec.43	#3 CAC	Borden	#167	20 Dec.43
Auth. to draw $1.50 per diem	"	22 Jan.44	"	"	#20A	28 Jan.44
AWL from 0615 hrs. 31 Jan.44 (Cancel D.O.#25 Para16)	"	31 Jan.44	"	"	#22	2 Feb.44
Returned from AWL 1215 hrs. 2 Feb.44	"	2 Feb.44	"	"	#24	4 Feb.44
AWL from 0615 hrs 14 Feb.44 (Cancel D.O.#35 Para 18)	"	14 Feb.44	"	"	#31	15 Feb.44
Granted furlough from 7 Mar.44 to 19 Mar.44 with ration allow. of 50 per diem	"	7 Mar.44	"	"	#50	13 Mar.44
Change of address to- 999 Logan Avenue, Toronto, Ontario (See Change)	"	5 Apr.44	"	"	#67	5 Apr.44
Admitted to C.B.M.H.	do	14 Apr 44	do	do	76	19 Apr 44
Discharged from C.B.M.H.	do	22 Apr 44	do	do	81	26 Apr 44
Qualified C.A.C. Operator	do	10 Jun 44	do	do	117	13 Jun 44
Change Address of Next-of-Kin to 1233 Mount Royal Blvd. Montreal, Que.	do	19 Jun 44	do	do	121	19 Jun 44
Granted Embarkation leave and Furlough (16 days) from 2 Jul to 17 Jul 44 with R.A. T/W No.A-758863	do	2 Jul 44	do	do	131	3 Jul 44
S.O.S. f.a.p. on reposting to No.1. C.A.C.T.S.R.	do	2 Jul 44	do	do	131	3 Jul 44
T.O.S. NO. 1 CACTSR F. A. P. FROM NO. 3 CACTR	TPR	3-7-44	NO. 1 TSR	BORDEN	147	4-7-44
To draw Trades Pay Group C as CAC Op as unposted reinforcement.	Tpr.	12 Jul 44	do	do	154	13 Jul 44
SOS NO. 1 TSR TO SERIAL 1143	TPR	1.8.44	NO. 1 TSh	BORDEN	167A	1-8-44
S O S Cdn Army (C) Embark:	Tpr	3 Aug 44	2 CAC HU	U K	I95	12 Aug
T O S Cdn Army (O) Disembark: IOAug44	Tpr	4 Aug 44	2 CAC HU	U K	I95	I2Aug44
Reported for duty (Op CAC "C")	Tpr	II Aug44	2 CAC HU	U K	I95	I2Aug44
N.o.K. Mrs. Lillian Maguire (Wife) 188 VICTOR AVE TORONTO, ONT			3 CACRU		196	14 Aug 44
cb c/TRD Op CAC 'C'	T/Cpl	10 Oct 44	2 CAACRU	UK	347	12 Oct 44
cb Reinst: Op CAC 'C'	T/Cpl	1 Dec 44	2 CAACRU	UK	292	4 Dec 44
Att fap. ex pay to 3 CAACRU	T/Cpl	26 Dec 44	2 CAACRU	UK	311	27 Dec 44
cb. c/att fap ex pay 6 3 CAACRU	T/Cpl	6 Jan 45	2 CAACRU	UK	7	8 Jan 45
cb AA 15(1) 7 days Exp. Fap. 9 days pay.	T/Cpl	19 Dec. 44	2 CAACRU	UK	310	26 Dec. 44
Stat T. Pay Op CAC 'C'	Tpr	29 Jan 45	2 L&A Ru	UK.	26	30 Jan 45
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLA	Tpr.	15 Jan 45	2 L&A Ru	UK.	25	29 Jan 45

Regimental No. B149386. Rank ..... Sheet No. .....

M.F.M. 1 & 2-(a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name MAGUIRE. John. Burchmans.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS to CAC x 4 'C' Sec. Op CAC 'C'	Tpr	6 Feb 45	2 CAC RW	UK	32	6 Feb 45.
Embarked UK UKA 4/24/9	Tpr	7 Feb 45		AEW 5164/	588	15 Feb 45
SOS X4 Trst Dp 21 Anti Tk Regt Op CAC 'C'	Tpr	8 Feb 45	X hence	21 AA	52	Shaw 45
SOS. to Jnr X4 Trst CAC 'C' Op CAC 'C'	Tpr	25 Feb 45	21 A-tk Regt.	21 AG	10	Shaw 45
Deceased 14 Apr 45						
Killed	Tpr	14 apr 45	21 Cdn. Anti-Tk Regt. C.L.A. 568.			22 apr 45.
SOS. SOS Deceased killed in action Dpn CAC "C"	Tpr.	14 Apr 45	21 A-tk Regt.	21 A Gp.	20	30 Apr 45

AIR FORCE No. R94456

SURNAME: MAGUIRE, JOHN BERCHMANS (FULL CHRISTIAN NAMES)

ENLISTMENT — PLACE Montreal P.Q. — DATE 1-5-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 30M-3-41 (9782) 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.
PJS	Mtl Yc	1	5	41	Mtl Yc 39 4A MD 3
SJS	Montreal Yc	5	5	41	Mtl Yc 41
TJS	4A MD St Hubert	5	5	41	4A MD 3
SOS	4a MD St Hubert	31	5	41	4a m D 25
TOS	RCAF Det Univ McGill	1	6	41	McG. 1.
SOS	RCAF Det Univ McGill	21	9	41	McG 68
T.O.S.	1 M D. Toronto.	22	9	41	1 M.D. 228
SOS	1 M D Toronto	22	11	41	1 M D 280
TOS	1 P T S Toronto, Ont.	24	11	41	1 P T S 250
	=				
SOL	1 Sd. Toronto. Ont.	4	2	42	1 Q S 158
TOS	10 E & R. Mount Hope. approved	4	7	42	10 E 7 164 10 E 7 160
TOS	10 E & R. Mt Hope	5	7	42	10 E 7 164
SOL	10 E & R S Mt Hope	24	7	42	10 E 7 178
TOS	K.S.S. RCAF Stn Trenton	25	7	42	E 224
SOS	K.T.S. TRENTON	28	8	42	E 237 4W.S. 210
AJOS	"Y" Wireless Sch Guelph	29	8	42	4W.S. 208
S.O.S.	4W.S. Guelph	17	4	43	4W.S. 91
T.O.S.	1 M. D. Toronto, Ont.	18	4	43	1 M.D. 199
Proc on A.D. (4.W.S. 70)					
SOS.	1 M. D. Toronto	14	7	43	1 M D 171
Discharged	RCAF (SR) under Para 392 (13)	14	7	43	1 M D 171
AOD.	4855 Cumberland Ave, Montreal, Que.				
	MISSING	13	10	42	Ra 771

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC	1	5	41	Mtl Yc 39 4A MD 3
L.A.C.	22	5	42	12 T.S 121
6				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
1-5-41	B 100	A 4 B	
Stn Sick Bay	25-11-41	15-12-41	1 P T 283 1 P T 299
C.S. Hosp.	23-1-42.	5-2-42	1 P T 31 1 P T 37
Stn Sick Bay	6-2-42	C.S. Hosp 8-2-42	1 P T 33 1 P T 35
C.S. Hosp	8-2-42	5-3-42	1 P T 53 1 P T 57
10-3-42	B 227	A T B T	
31-3-42	B 227	A1 B A3 B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Rad Mech U2.	S	1	5	41	Mtl Yc 39 4A MD 3
P or O	S	23	11	41	1 M D 279
Aircrew P	S	22	5	42	12 T.S 121
302 S.					-25-5-42
was	S	24	8	42	E 238

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Satis	VG	8-9-41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Passed		30	10	41	1 M D T T
Disposition of Crse 41 Trans to Crse 43					1 P T 820.
Trans. from Crse 46 to Crse 147					1 P T 876
Trans from Crse 47 to Crse 59					1 P T 887
R.M.	39	5	9	41	M C G 7 20
Pilot awaiting posting		Crse 15			to 1 P T 127
Trans Crse 51 to 53		12	12	42	4 W S 286
Ceased Training		17	4	43	4 W S. 91
Trans to Crse. 53					4 W S. 67

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
2-5-41	4-5-41	3	LW AP	Mtl Yc 39
8-9-41	22-9-41	14		Mcg 65.
6-3-42	27-3-42		Sick leave	1 P T 856
25-5-42	5-6-42	13		12 T S 121
Extension of leave to 19-6-42				1 P T 136
Exts	3-7-42		Lecture course	1 P T 148
27-7-42	9-8-42	14		10 E 7 178
14-12-42	23-12-42	9	Special	4 W S 293
23-12-42	29-12-42	5	Xmas	4 W S 293

RELIGION | PROVINCE OF ENLISTMENT | DISCHARGE

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OF E. BAP. U.C. PRES. R.C. REB. MIS. OTHER PREV. SERV. | AC

AIR FORCE No. R94456 R

MAGUIRE, JOHN BERCHMANS
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal Que — DATE 1-5-41
RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B)

7. BIRTH: DATE 31-12-17 — PLACE Montreal Que — CITIZENSHIP 2 Canadian
FATHER (FULL NAME) James Joseph Maguire
BIRTHPLACE Pawtucket R I USA.
MOTHER (FULL MAIDEN NAME) Mary Clark
BIRTHPLACE Montreal Que.

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE 8 yrs Que.
JUNIOR MATRICULATION X
SENIOR MATRICULATION
TECHNICAL SCHOOL - 2 yrs. Mtl.
UNIVERSITY
CORRESPONDENCE COURSES
6

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
maintenance - 1 yr.
cook - 2 yrs.
material chaser
7790

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Can. Gren. Guards - Farnham - pte
1 mth.
Royal Mont Reg. - Montreal - pte
19-12-40 15-41
6

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic

14. LANGUAGES English

15. SPORTS hockey, baseball, rugby, swimming, track, ping pong, bowling

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 James Joseph Maguire — RELATIONSHIP Father
ADDRESS: 4855 Cumberland Ave Montreal Que — 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.
Pay 1 day					
Subs. allce 1 day	1 5 41	Mtl/R 39			
Forfeits 1 days pay AWL	27/28 5 41	4AM 22			
Forf. pay 1 day AWL	7/8 9 42	4WS 220			
Cont. to R.R.	1/3 7 42	4 M/245			
Forfeits pay AWL 1 day	9 11 42	4WS 273			
AWL from Ion Mtl to 1945 Rm. (Cancelled)	9 11 42	4WS 274			
Forfeits pay AWL 1 day	11 1 43	4 W/A 11			
Awarded 7 days detention	11 1 43	4 W/A 11			
Forfeits pay 3 days	11/14 1 43	4 W S 11			
AWL	14 10 42	4WS 247 4WS 3339			
Forfeits pay until AWL	14/17 10 42	4WS 298			
returned from AWL	17 10 42	4WS 250			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	1 2 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. gtns & drsw stns.		5-5-41	40 M 03
Occ gtns. & drawing stns.		1-6-41	McG L
Rep. 0900 hrs		22-9-41	1 M D 230
D Sp L.T.W. No. 75280.		22-12-41	1 2 J 209
Disp L L T W C 90106		11-12 42	4 W S 299
Character on discharge "Fair"			1 M D 171

22.(A) ADDRESS PRIOR TO ENLISTMENT
4855 Cumberland Ave. N D G. Que.
22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
20-5-41	MAY 16					C.H.

Radio Mechanic W.T.

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

R94456	Maguire	John Berchmans	Roman Catholic
A.F. No.	Surname	Christian Names	Religion

Born 31/12/17 Place Montreal Que Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 1/5/41	High School Entrance Jr. Mat. Equiv Sr. Mat.	R. M. Regt Montreal Que
At Montreal Que	Technical School Corres. Courses	
Term Duration	University	

RANK	DATE	Med. Cat.	Date
AC. 4	1 5 41	A4B	30 4 41
LAC	22 6 42	P 8 11	

CIVIL OCCUPATIONS AND EXPERIENCE

General work 2¼ yrs.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
P.or O.	S.								
Remus. WA 6 2			D RO 238	24 8 42					

PARTICULARS OF FAMILY M S

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

James Joseph Maguire Father
4855 Cumberland Ave (N.D.G.) Montreal Que.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
2/5/41	5/5/41	Without Pay SPEC. LEAVE BETWEEN COURSES.
8-9-41	22-9-41	
Issued	T.W. NO. 75250, d/22-12-41, DRO 309	
Granted	Sick Leave	
6-3-42	27-3-42	DRO #56
23-3-42	5-4-42	DRO-121 SPEC.
S.L. extended	to 0900 hrs. 19-6-42 (DRO 136)	
Extended to	3-7-42 d/o 148 spec. leave	
27-7-42	9-8-42	DRO 198 d/27-7-42
14-12-42	23-12-42	DRO. 293, 9 days Special
23-12-42	29-12-42	DRO. 293, 5 dys. Xmas.

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE
Reg 115 27/3/41	R/C	R/C	
	Instl Pt.	Instl Pt	1/5/41
DRO #2/41 505	#4 A.(M.D.)	St. Hubert	5-5-41
(D.R.O. 25/41	4A M.D. St. Hubert	RCAF Det. McGill Univ. Montreal	31-5-41
DRO 22/41 Forfeit 1 day Pay (AWL 2200 hrs 17-5-41 to 0845 hrs 18/5/41			
DRO 68/41 505	2 RAF McGILL MONTREAL	No. 1 M.D. TORONTO	21-9-41
DRO. 279/41 HQ. 230	Remtd	Pond.	23-11-41
DRO. 280/41.	#1 M.M.D.	#1 I.T.S.	
	Toronto	Toronto	23-11-41
DRO 283	Admitted	S.S. Bay	25-11-41
DRO 299	Disch.	" " "	15-12-41

AUTHORITY	UNIT FROM	UNIT TO	DATE
DRO 21 24-1-42	Adm. C.S. Hospital		23-1-42
(2) DRO 34	Admitted	S.S. Bay	left. 6-2-42
(3) DRO 35	Transf to	Christie S.H.	" 8-2-42
(1) DRO 34	Disch from	" " "	" 5-2-42
DRO 35	Trans. from	S.S. Bay	to Christie St. Hosp.
			8-2-42
DRO #57	Disch. from	Christie	St. Hosp.
			5-3-42
DRO. 158	#12 P.S.	#10 E.F.T.S. Hamilton	4-7-42
DRO 160			5-7-42

ENTITLED TO FLYING PAY - ART. 146-B, F.R. & I FOR THE R.C.A.F. ON ACTIVE SERVICE

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

DRO 178	#0575	HTS Sydney	24-7-42				
TOS-DRO 224	Dameltop	Preston	25-7-42				
DRO 178 a/3/7/42	Flying Kitty	Cessna	24-7-42				
SOS-DRO 237	HTS Perth	4 W/S Engr	28-8-42				
D.R.O. 208/42	TOS (TRAINEE)	A4 W.S. Yuelph	29-8-42				
D.R.O. 220/42 - Forfeits pay whilst A.W.L. from 0200 hrs to 1105 hrs. 14-9-42 (1 day).							
D.R.O. 245/42. Entitled to Rations & Allowance for the period 1-7-42 to 3-7-42 (Incl) (3 days).							
D.R.O. 247/42. Absent Without Leave from 1030 hrs. 14-10-42							
D.R.O. 250/42. Returned from A.W.L. at 0045 hrs 17-10-42							
D.R.O. 250/42. Forfeits Pay whilst A.W.L. from 1030 hrs 14-10-42 to 0045 hrs 17-10-42 (3 days). Placed under stoppages of Pay amounting to 32¢ Costs of apprehension whilst A.W.L.							
D.R.O. 273/42. Forfeits pay whilst A.W.L. from 1000 hours 9-11-42 to 1945 hours 9-11-42. (1 day)							
D.R.O. 296/42. Transferred from ose. 51 to 53			12-12-42				
D.R.O. 293/42. Entitled to allowance in lieu of rations for 15-12-42 to 28-12-42 (Incl) (14 days)							
D.R.O. 299/42. Issued S.L.T.W. #690106 d/ 11-12-42							
D.R.O. 11/43. Forfeits pay whilst A.W.L. from 0200 hrs. 11-1-43 to 1115 hrs. 11-1-43 (1 day) Awarded 72 hrs. Detention. Forfeits 3 days pay.							
DRO 91/43	Ceased Training		17 Apr/43				
DRO 91/43	## W.S. Guelph	#1 M.D. Toronto	17 Apr/43				
DRO 99-43	"	"	18-4-43				
#1 MD 157 - Ent. flying pay for 25, 26, 27, 28, 31. (8 days)			March 22, 23, 24,				
DRO 171	SOS Ondischarge off.		14 Jul/43				

Finger Printed
Date 1-5-91
Initials EK

AIRCREW TRAINING - REPORT ON REASONS FOR CESSATION OF TRAINING

Pilot ~~-Air-Observer------Wireless-Operator-(Air-Gunner)----Air-Gunner-~~

To be completed in accordance with Command Instruction 39/21, and to accompany Forms T.58,~~-T.81-and-T.82-~~

Name MAGUIRE Christian Names John Barchmans

Number R.94456 Rank L.A.C. Course No. 59

Name of Flying Instructor(s): Lewenson, E.

Brief Extract from Flying Instructor's Report:

1st Instructor: Judgment of height and distance poor. Too erratic to become a suitable service pilot.

2nd Instructor: [redacted]. Judgment of height and distance poor. Extremely erratic.

Brief Extract from Chief Flying Instructor's Report: Cannot absorb training. Lacks airsense. Judgment of height and distancepoor.

Remarks of Chief Supervisory Officer: Completely unable to handle an aeroplane either in the air or on the ground. Very immature lad [redacted] but will probably be O.K. as Air Observer, if mathematical standard considered sufficiently high. Discipline OK.

Might pupil become satisfactory Service Pilot after more than normal Training?

[redacted]NO

Recommendations: Alternative Aircrew Training - Air Observer - [redacted]

FLYING TIME:

Dual: 11:20

Solo:

Instr:

Link:

Initials of Pupil: J.M.

E.F.T.S. Only.

[signature]
Chief Supervisory Officer,
No. 10 Elementary Flying Training School, RCAF.,
Mount Hope, Ontario.

Date July 25, 1942. 194

13-21 A

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 MAGUIRE JOHN BURCHA N S (b) Reg'l. No. B149386
2. (a) Arm of service ARMY (b) Unit C&C OTHERS W.O.S.O. (c) Rank T.PTE
3. (a) Date of birth DEC 31-19 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Montreal, Que
4. (a) Place of enlistment TORONTO (b) Date of enlistment July 12-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (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.) 4 years High School
7. If you attended a university, give name of university and standing or degree secured na
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? na (c) Did you finish it? na (d) If you did not finish it, how long did you serve at it? na
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Darling Bros Address Montreal, Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Furniture Parts mfg
20. (a) Your specific occupation STOCK CHASER (b) Number of years' experience at this occupation with any employer 1
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? na
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? na

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.) na
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Civil Engineer

DATE July 21 1943 SIGNATURE John B. Maguire

Sheet Destroyed, Date. 3-11-41
Date of last entry 27-5-41
No. of cases of Drunkenness NIL.
Date of last instance of drunkenness N.A.

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R94456 NAME AND INITIALS MAGUIRE? J.B. (IN BLOCK LETTERS) DATE OF ENLISTMENT 1-5-41

SHEET No. TWO (IN WORDS) SIGNATURE AND RANK OF C.O. W.E. Jackson F/Lt for (E.W.Kenrick) Commanding Officer, ~~No. 1~~ I.T.S., Toronto. DATE 3-11-41

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
No. 4 W.S. Guelph	14-9-42	LAC		W.O.A.S. absent without leave from 0200 hrs 14-9-42 to 1105 hrs 14-9-42	S.P. REport	6 days C.B. forfeits 1 day pay	14-9-42	(D.L. EMOND)P/O	O.C. P/O 15/9/42 (D.L.Emond)P/O
No. 4 W.S., Guelph,Ont.	14-10-42	LAC		W.O.A.S. absent without leave from 1030 hours 14-10-42 to 0045 hours 17-10-42.	(Oral) Cpl. MacSwain Telegram Guard House Report	7 days C.B. Cost apprehension 32¢ Forfeits 3 days pay.	14-10-42	(A.H.K.Russell)G/C	(R.L.Houlding)F/L for C.O. #4 W.S.
No. 4 W.S. Guelph	9-11-42	LAC		W.O.A.S. absent without leave from 1000 hrs 9-11-42 to 1945 hrs 9-11-42 (9 hrs 45 min.) AFA 15 (1)	Cpl. L. MacSwain S.P. Report	3 days C.B. 1 day forfeiture	10-11-42	(A.H.K. RUSSELL) G.C.	(R.L.Houlding)F/L for C.O. #4 W.S. Guelph
No. 4 W.S. Guelph	28-12-42	LAC		W.O.A.S. Conduct to the prejudice of Good Order and Air Force Discipline in that he, while on board train Toronto Pool #1/15 failed to comply with D.R.O.#303 page no.4 para 19, dated 21-12-42 and A.F.R.O.#940 dated 15-8-41.	(Documentary) S.P.Report	3 days C. B.	1-1-43	(A.H.K.Russell) G.C.	recd Jan 4/43 (E.C.West)F/O for C.O. #4 W.S.

To be carried over

R.C.A.F. R. 71
3M—6-39
H.Q. 1062-3-53

				Brought forward					
No. 4 W.S. Guèlph	11-1-43	LAC		W.O.A.S.Absent without leave from 0200 hours 11-1-43 to 1115 hours 11-1-43. (Time absent 9 hours 15 minutes)	(Documentary) S.P. Report .(Oral) Sgt.Mitchell	72 hours Detn. Forfeits total of 4 days Pay.	11-1-43	(A.H.K.Russell) G.C.	Ecw 12 jan 43 (E.C.West) F/O for C.O.No.4 W.S.
No. 4 W.S. Guelph,Ont.	1943 5 Apr.	LAC		W.O.A.S. Absent without leave from 2230 hrs. 5 Apr/43 to 0025 hrs. 6 Apr/43. Time absent 1 hr. 55 mins.	(Documentary) Bunk card Guard house Late report. (Oral) Cpl. MacSwain,L.H. R84732	7 days C.B.	5-4-43	(R.L.Houlding)F/L	(R.L.Houlding)F/L
No. 4 W.S. Guelph,Ont.	11 Apr.	LAC		W.O.A.S. Missed defaulter parades and failed to act as detailed by Orderly Sergeant.	(Documentary) Orderly Sgt. Report. (Oral) Sgt. Moran, J.W. R58920	5 days C.B.	12-4-43	(R.L. Houlding) F/L	(R.L. Houlding) F/L
No. 1 "M" Depot Toronto, Ont.	3-May/43	LAC		(1) W.O.A.S. ABSENTING HIMSELF WITHOUT LEAVE: From 2359 hrs. 3-May/43 to 0200 hrs 4-May/43. ABSENT: 2 hrs 1 min. Sec. 15(1) A.F.A.	F/S Morgan A.		6-May/43	G.E. Creighton W/C	7-May/43.
				(2) W.O.A.S. CONDUCT TO THE PREJUDICE OF GOOD ORDER AND AIR FORCE DISCIPLINE In that he had in his possession a time card, being the property of the Tag Office of No. 1 "M" Depot, well knowing that the Time Card should bei left in the racks of the Tag Office. Sec. 40 A.F.A.	F/S Morgan A.	14 days C.B. on combined charges.	6-May/43	G.E. Creighton W/C	7-May/43.
No. 1 "M" Depot, Toronto,Ont.	1 July/43	LAC		W.O.A.S. failing to have bunk made up for C.O.'s insp.of #4 Barrack Block on 1 July/43	Documentary	3 days' CB.	5 July/43	R.G. Newall F/L	5 July/43

R.C.A.F. FORM A.28
150M—10–41 (1009)
H.Q. 885–A–28

RECORD OF PAY

L.A.C.

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal P.Q. ON 1-5-41

MARRIED OR SINGLE S.

No. R 94456

NAME IN FULL Maguire J. B.

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.	Casualties Affecting Rate of Pay
									No. 1 I.T.S. - R.C.A.F. TORONTO ONTARIO
	1-12-41	AC7	S	AS	1 30		1 30		
121	22-5-42	LAC	S	A.S.	1 50		1 50		RECL. LAC EFF. 22-5-42
160	5-7-42	LAC	S	AS	1 50	75	2 25		ENT TO DRAW F/P EFF 5-7-42
178	24-7-42	L.A.C.	S	A.S.	1 50		1 50		CEASES TO DRAW F/PAY EFF. 24.7.42.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Maguire, Mary (Vol to mother)	1-5-41	15 00	15 00
Rec General Duty (U Loan)	1-11-42	8 41	~~8 41~~ 23 41

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

Period 1941	No. of Days	Amount of Pay	Sub-Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
DEC 1-31	31	40 30				5 75	46 05	15 00					5 00	10 00	30 00	16 05	- -	S.S.B 25-11-41 TO 15-12-41 130299
1946 1-31	31	40 30					40 30	15 00						12 50	27 50		12 80	CHRISTIE HOSP 23-1-42 DO#21 DISCH. CHRISTIE 5-2-42 DO#56 ADM. S.S.B 6-2-42 DO#34
1-28 2	28	36 40				12 80	49 20	15 00					5.00 ~~4.00~~ 5.00		25 00		24 20	ADM. S.S.B 6-2-42 DO#34 - TRANSF. TO CHRISTIE HOSP. 9-2-42 DO#33
1-31 3	31	40 30	21 00			24 20	85 50	15 00					66 00		81 00	4 50	~~0~~	GRANTED SICK LEAVE 1-3-42 TO 27-3-42 DO#56 DISCH. CHRISTIE HOSP. 5-3-42 DO#57
1-30 4	30	39 00				39 00	39 00	15 00						12 50	27 50	11 50	~~0~~	
1-21 5 22-31 5	21 10	27 30 14 00					42 30	15 00			3/46	51	16 00 14 00	11 50	43 01		71	GRANTED LEAVE BETW. COURSES 23-5-42 TO 5-6-42 DO#121 DO 136 LEAVE EXTENDED TO 19-6-42
1-30 6	30	45 00				45 00	45 00	15 00		71			17 00		46 71		171	DO 148 LEAVE TO 3-7-42
1-4	4	6 00					6 00	~~3 00~~ 2 00		171			4 00		7 71		171	SOS TO F/O EFTS MT HOPE 4-7-42 DO#58
5-24 7	20	49 50 X					49 50	10 00		171			42 79	15 00	69 50		20 00	S.R.O. 178. S.O.S. TO R.T.S. TORONTO ONT. EFF. 24.7.42.
25-31 7	7	10 50					10 50	3 00		20 00					23 00		12 50	224 TOS RTS 27-7-42
AUGUST 1-28 8	28	42 00					42 00	15 00		12 50			9 50 500		42 00	—	+	237 SOS TO #4 W.S. GUELPH. EFF. 29-8-42
29-31	3	4 50					4 50										4 50	208 TOS ett 29-8-42
SEPT 1-30	30	45 00				4 50	49 50	15 00					1 50	310 15 00				220 Forfeits Pay AWL 1 day 0200 hrs 14-9-42 to 1055 hrs 14-9-42
											E26 PVE 830	1 04			32 54	365 16 96	~~0~~	
OCT 1-31	31	46 50	1 50				48 00	15 00							19 82	445 28 18		245 Ent h RA 1-7-42 to 2-7-42 (3 days)
													4 50	32			~~0~~	250 Costs of A/W 004584
Nov 1-30	30	45 00					~~44~~ 45 00	23 41 XS 18			Forfeits pay (1 day) E26 P.V. E1170		1 50	33				250 Forfeits pay 3 days AWL 1030 hrs 14-10-42 to 17-10-42 DRO 173 AWL 1000 hrs. 9-11-42 to 1945 hrs. 9-11-42 (1 day)
Dec 1-31	31	46 50	7 00				53 50	23 41						488 15 00	40 24	544 4 76	~~0~~	
															23 41	A684 30 09		DRO 293 - R.A. 14 days - leave
Jan 1-31	31	46 50					46 50	23 41			Forfeits Pay (4 days) E26 P.V. E1518	6 59	A751 10 00		40 30	A774 6 20	~~0~~	DRO 11, AWL (1 day), Detention 11-10 3 to 14-1-43 (3 days)
Feb 1-28	28	42 00					42 00	23 41						A831 10 00	33 41	A906 8 59	~~0~~	
Mar 1-31	31	46 50					46 50	23 41						A957 10 00	33 41	A10 13 09	~~0~~	

R.C.A.F. FORM A.29
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

Home Address
4935 Cumberland Ave.
Montreal

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT Montreal, PQ. ON 1-5-41

MARRIED OR SINGLE Single

No. R/24456

NAME IN FULL Maguire, J.B.

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.	Casualties Affecting Rate of Pay
178	24/7/42	LAC	S	AS	1.50		1.50		Ceases to draw F/P eff. 24/7/42

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Maguire, Mary (Vol to Mother)	1-5-41	15 00	15 00
REC. GEN. (V. LOAN)	1-11-42	8 41	23 41
3rd. Victory Loan	1-5-43	8 41	15 00
M.F.M.I.P. COMP. 14-2-43	15-7-43	15 00	-0-

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS: N.D.T. Class.

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
Capo 1-17	17	25 50					25 50	13 00 ~~23 41~~						A3P 10 00	23 00		2 50	D.R.O. 91, SOS to Nol M. Depot, Toronto eff 17-Apr-43 F/O
18-30/4	13	19 56				2 50	22 00	10 41							16 41	11 59		T.O.S. 18-4-43 DR. 99.
1-31/5	31	46 50					46 50	15 00						15 00	30 00	16 50		
1-30/6	30	45 00					45 00	15 00			DR. 2 JULY 42 A 96-13 A 131-12 A 127-17 A 131-17 12 34378	4 50	5 00 6 00 5 00 15 00 2 04		24 50	-	20 50	
1-14/7	14	21 00		C.R.F.P. 80 A 55-76	6 00	20 50	47 50	7 00							35 04	12 46	6	DRO. 157. ENT. F/P. MADE 22 TO MARCH 31 (8 DAYS) DRO. 171. SOS. ON DISCHARGE 39203 EFF. 14-7-43 To Join C.A.S.F.

ATO
8
R.H.

CANADIAN NATIONAL RAILWAYS
CANADIAN NATIONAL STEAMSHIPS
GENERAL PUBLICITY DEPARTMENT

W. S. THOMPSON
DIRECTOR OF PUBLICITY

OUR FILE No.

MONTREAL, QUE. April 29th, 1941.

TO OFFICERS OF R.C.A.F.

TO WHOM IT MAY CONCERN,-

This is to certify that I have known the bearer, Mr.John B.Maguire, for more than ten years and have found him to be honest, zealous and painstaking in any task assigned to him during the years he was actively associated with a west end Boys Club of which I was the honourary president.

Yours truly,

Vincent Braceland

R.C.A.F R[illegible] ffice
Rec'd MAY 7 1941
O. K. ..... C.I.B. .....
R. C. ..... N I. .....
S. L. ..... P. A. .....

The Montreal Daily Star
"CANADA'S GREATEST NEWSPAPER"
MONTREAL, CANADA.

April 30, 1941

Chief Recruiting Officer,
Royal Canadian Air Force,
1254 Bishop Street,
Montreal, Que.

Dear Sir:

I understand that Mr. John B. Maguire is applying for service in the Royal Canadian Air Force.

I have known him for over fifteen years, and have no hesitation in vouching for his excellent character. He is bright, intelligent and a hard worker, and should prove a satisfactory and efficient member of the R. C. A. F.

R.C.A.F Records Office
Rec'd MAY 7 1941
O. K.....C.I.B.....
R. C.....N. I.....
S. L.....P. A.....

Yours very truly,

T. E. Murphy

T. E. Murphy,
Assistant City Editor

TEM/ES

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

ROYAL CANADIAN AIR FORCE

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

AIR AND GROUND TRAINING

Surname MAGUIRE Christian Names John Burchmans

Number R94456 Rank LAC

INSTRUCTIONS

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

PART I

WIRELESS TRAINING

1. No. 4 Wireless School. Course No. 53 To 19-4-43 From 28-9-42

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

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

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

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	NA	Morse (Lamp)	50	NA
Radio Equipment	250	NA	Signals Organization	150	NA
Morse (~~buzzer and lamp~~)	200	NA	Fault Finding ~~Armament~~	50 100	NA
Procedure	200	NA	Drill and P.T	50	NA
			TOTALS	1000	NA

Maximum Marks, 1000. Marks Obtained NA Percentage NA Pass or Fail C.T.'D

Position in Class NA No. in Class NA

5. Date authorized to wear Wireless Operator's Badge NA

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

This airman commenced training with the 51st Entry and was transferred to the 53rd Entry as he was unable to assimilate the Morse Code. Since then no improvement has been made. This airman is a remustered pilot and due to the recommendation of his T.91 from that trade, it is recommended that his application to Navigator be considered. Failing that, he expressed a desire to remuster to Air Gunner.

A. H. Kinnee S/L
Officer Commanding
No. 4 Wireless School
Date 17-4-43

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING RCAF T58A

Revised: 1-42

SURNAME.. Maguire .....CHRISTIAN NAMES. R.J. .....NUMBER R94456....RANK. AC2 .....

I.T.S... No. 1 .....COURSE NO.. 50 .....FROM. 30-3-42 .....TO..22-5-42 .....

E.F.T.S....10 .....COURSE NO..59 .....FROM...6-7-42 .....TO...28-8-42 .....

S.F.T.S.....COURSE NO.....FROM.....TO.....

TRAINEE FROM: CAN..... .....U.K.....AUS.....N.Z.....

(1) G.I.S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	126					
2. Law, Discipline	73					
3. Navigation	114					
4. General Studies	84					
5. Airmanship						
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-Gas	30					
10. Armament(Written)	22			37		
11. Armament(Practical)						
12. A/C Recognition	85					
13. Drill	82					
14. Signals(Written)	113					
15. Signals(Practical)						
16. Metecrology						
TOTAL OBTAINED	729			744		
TOTAL POSSIBLE	1000					
PERCENTAGE	73					
NUMBER IN CLASS	69					
POSITION IN CLASS	56					

(2) Flying Results

TESTS	EFTS	SFTS
20 Hours		
Instrument		
Clear Hood		
Navigation		
TOTAL OBTAINED		
TOTAL POSSIBLE		
PERCENTAGE		
NUMBER IN CLASS		
POSITION IN CLASS		

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

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
#10 EFTS	T/M	11:20										

(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.I.

(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.							
S.F.T.S.							

(7) S.F.T.S. FINAL STANDING	Marks Obtained
Flying (para.2)	
G.I.S. (Para.1)	
Character & Leadership (Para.8)	
TOTAL	
PERCENTAGE	
STANDING IN CLASS	

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP TOTAL	
I.T.S.	90
S.F.T.S.	
TOTAL	

(9) CERTIFIED:
(a) That this pupil pilot has (has not) passed all tests required for Pilot's Flying Badge.
(b) That this pupil is (is not) authorized to wear the Pilot's Flying Badge, w.e.f.

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

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

(a) I.T.S.

Confident, cool quick thinking trainee. Aggressive and keen with lots of nerve. Developing splendid service spirit.
Second Aircrew Recommendation: Air Observer.

.....
Commanding Officer
No. 1 I.T.S.

(b) E.F.T.S.

Completely unable to handle an aeroplane either on the ground or in the air. Very immature, but will probably be O.K. as Air Observer, if mathematical standard considered sufficiently high. Discipline good.

.....
Chief Supervisory Officer
No. 10 E.F.T.S.

(c) S.F.T.S.

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

(d) S.F.T.S.

.....
Commanding Officer
No. S.F.T.S.

NOTES ON 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 : Ex., 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. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only.

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

NO. R. 94456 RANK LAC NAME MaGuire J.B. Date 24-8-42.

Date of Birth	Selection Board at		Civil Occupation	Citizenship
31-12-17	---	Single	Clerk	Can

I.T.S.(W) Maths	84	%	E.F.T.S.		%	S.F.T.S.	%
1 Nav.	57	%	10		%		%

Education		C.T.( )	Sports Interests
Credits Matric.	4 yrs High School 3 yrs Tech.	65	Hockey Baseball

Flying time		Service Schools attended	Time to Solo
	England .....hrs		
	U.S.A. .....hrs	1 I.T.S. 10 E.F.T.S.	
	Canada 11.20 ...hrs		no solo

Unit by which eliminated	Reason for Elimination	Recommendation of such Unit
10 E.F.T.S.	Flying	~~W.A.G.~~ A0.

Medical Category	V.Gd.	Good	Average	Poor
A1B A3B				
Temperament			X	
Personality		X		
Keenness		X		
Intelligence			X	
Service Spirit		X		
Determination		X		

Decision of Reselection Board W.A.G.

75% in Signals Written at I.T.S.

Claims he likes wireless. Code aptitude est 71 %. Given above average rating- Good type should make a good W.A.G.

J.M. Calnek F/O H.R. Sutton F/O

Member President

~~COPY FOR DIRECTOR OF TRAINING~~

SCHOOL REPORTS R94456 LAC MAGUIRE, J.B.

I.T.S.

Confident, cool, quick, thinking trainee, aggressive and keen with lots of nerve, Developing splendid service spirit.
Second Aircrew Recommendation: Air Obs.

E.F.T.S.

Completely unable to handle an aeroplane either in the air or on the ground. Very immature, but will probably be O.K. as Air Obs., if mathematical standard considered sufficiently high. Discipline good.

T.91

Completely unable to handle an aeroplane either in the air or on the ground. Same as E.F.T.S.

R.C.A.F. T. 20
10M-7-41 (460)
H.Q. 1062-13-20

ROYAL CANADIAN AIR FORCE

Report on R.C.A.F. Personnel attending a Course of Instruction

in RADIO MECHANIC (U.T.) 1

Name Maguire, J.B. R.94456 Station McGill University Detachment,

Rank AC2 Course commenced 1-6-41 Course ended 5-9-41

SUBJECTS EXAMINED	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE
Fundamental Theory	100 X	11	14%
Applied Theory	100	17	
Practical Laboratory Assessment	100	66	
Initiative and Leadership Assessment	100	30	

FLYING ON COURSE

AIRCRAFT TYPE	PILOT	PASSENGER	TOTAL

Remarks of Instructor—

R.C.A.F.
Rec'd NOV 12 1941
O. K.
R. C.
S. L.

David A. Keys.
Instructor or O.C. School.

Suitable as Instructor No

*Assessment Poor

Passed or Failed Failed

*To be assessed:—
Exceptional
Above the Average
Average
Below the Average
Poor

DATE SEP 7 1941

G. S. B. Fuller F/O
Officer i/c RCAF Detachment,
McGill University,
Montreal, P.Q.

Sept. 10,

No. R.94456 A.C.2 Maguiré, J.B.,
4855 Cumberland Ave.,
N.D.G.,
Montreal, P.Q.

Immediately upon the termination of your leave you are

R.C.A.F. Detachment, University of McGill,
Montreal, P.Q.

No. 1 Manning Depot, Toronto, Ont.

22-9-41 22-9-41

2. Enclosed herewith is a railway ticket to cover your transportation from Montreal to Toronto.

3. Please acknowledge receipt of this letter by signing the attached copy and returning it in the enclosed envelope.

(W.A. Dicks),
Squadron Leader,

WAD:LM

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK LAC NO. R94456 NAME MAGUIRE J.B.

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
#4 W.S.F.S. BURTCH	31-3-43																												26	40			1	00		
																																	1	00	27	40

Certified Flying .....
Time is Correct Officer i/c Air Crew Training Section, No. 4 W/S

D.V.A. B-149386
R 4 (B)

Ottawa, 1 February 1949.

Mrs. Mary Maguire,
1233 Mount Royal Blvd.,
Montreal, Quebec.

Dear Mrs. Maguire:

I am forwarding herewith a photograph of the grave and temporary marker over the burial place of your son, B-149386 Trooper John Burchmans Maguire, the location of which is grave 1, row F, plot 8, Holten Canadian Military Cemetery, Holten, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for H.M. Jackson,
Director,
War Service Records.

MB

405-M-47413
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National De ence from the overseas authorities, No. B.149386, Trooper John Burchmans MAGUIRE, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 14th of April, 1945.

(C. L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
May 12th, 1945.

H.Q. 405-M-47413
(D.R. 2(C))

26th June, 1946.

Mrs. Mary L. Maguire,
188 Victor Avenue,
Toronto 6, Ontario.

Dear Madam:

Information has just been received from overseas that the remains of your husband, B149386 Trooper John Burchmans Maguire, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row F, plot 8, of Holten Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EMA

NO. B.149386 Rank Trooper Name MAGUIRE, John Burchmans

Unit C.A.C. Date of death 14th April, 1945.

Died at Germany

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-M-47413

N/K Mrs. Mary L. Maguire, Relationship Widow

Address 188 Victor Avenue, Toronto 6, Ontario.

Remains buried in Germany Map GSGS 4414 S#2913 MR Cemetery
088897

Grave location

CWK

OVER-

BURIAL REPORT TO N.K. JUN 26 1946

RETURN TO BUR. OF STAT. JAN 21 1946

ROYAL MESSAGE DESP'D. MAY 29 1945

CAN. MESSAGE DESP'D. MAY 11 1945

Temp BR sent to NK & Map

REBURIAL

Holten Canadian Military Cemetary
Holten, Holland.
Grave 1, row F, plot 8.
HI & CR Form Desp. as
Photographs
Despatched
JAN 2 1947
FEB - 1 1949

10M-1-45 (M-4608)

28th April, 1945.

Mrs. Mary L. Maguire,
188 Victor Avenue,
Toronto 6, Ontario.

Dear Mrs. Maguire:

It was with deep regret that I learned of the death of your husband, B149386 Trooper John Burchmans Maguire, who gave his life in the Service of his Country in the Western European Theatre of War on the 14th day of April, 1945.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

Mem x Widows Mother
30-4-45

(A.E. Walford),
Major-General,
Adjutant-General.

/EMA

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER B-149386 RANK ~~Trooper~~ Gdsm SERVICE UNIT 21st Armoure Regiment (GGFG) CAC (C.A.)

NAME MAGUIRE, John Burchmans

DATE OF BIRTH 31-12-17 DATE OF ENLISTMENT 15-7-43

MARITAL STATUS Married RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

ADDRESS 188 Victor Avenue, Toronto 6, Ontario.

NAME ADDRESS D.A.B. Mrs. Mary L. Maguire,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 8367A

CASUALTY DETAILS Killed in action H.Q.405-M-47,413 DATE 14-4-45

WESTERN EUROPEAN THEATRE OF WAR

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

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

DATE 26-4-45

O/S with C.A.C.

Mireaux Lt

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (GERMANY) | Official name of civil municipality or township | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street | No. | Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution: Years | Months | Days | (b) In municipality where death occurred: Years | Months | Days | (c) In Province: Years | Months | Days | (d) In Canada (if immigrant): Years | Months | Days

3. NAME OF DECEASED — Surname: MACUIRE (Block letters) | Given names: John Burchmans

Do not write in this space

4. RESIDENCE
Street: Mount Royal Boulevard No. 1233
Official name of civil municipality or township: Montreal
Municipal county: Province: Que.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Married

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: December (Month) 31st (Day) 1917 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	27			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Material Chaser

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

20. Date of burial....19....

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church
(b) Civil municipality of
(c) Municipal county
(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 14th (Day) 19 45 (Year)

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

24. CAUSE OF DEATH

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 action.
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.**

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

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....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....Date....19....
(State which)
Manner of injury....
(How sustained)
Nature of injury....
Specify whether injury occurred in **industry, in home, or in public place**....

Signed....M.D.
Address....Date....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
L. S.
This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

Director of Records, Dept. of Natl. Defence

JAN 21 1946

ead this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, John Burchmans MAGUIRE (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of

Province of Quebec, Material Chaser (Civil Occupation)

Regimental No B-149386, Unit No. 3 CACTR, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

my wife, Mrs. Lillian Maguire, 1233 Mount Royal Blvd., Montreal, P.Q., all my estate.

Relationship, names and address of residuary beneficiaries.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,~~ of whatsoever kind and wheresoever situate unto

(4) I appoint Mrs. Lillian Maguire, (Name) 1233 Mount Royal Blvd., (Address) Montreal, P.Q.

Inspector (Civil Occupation), to be the ~~Executrix~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 19 day of JUNE 1944.

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.

John Burchmans Maguire (Signature of soldier)

First witness sign here.

(5) Signature S A Grodink

Civil Address Fisher Branch, Man.

Civil Occupation Lathe Operator

Second witness sign here.

Signature J W Bell

Civil Address Winchester, Ontario.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

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

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must 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 such new Will.

JUN 27 1944

DOCUMENTS RECEIVED
IN DISCHARGE SECT.
JUN 28 1944
DIRECTORATE OF
RECORDS, N.D.H.Q.

13-21

M.F.M. 5
300M—1-43 (7930)
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*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank MAGUIRE John Burchmans
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank B- 149386 Tpr.,

(3) Unit No2.D.D.(A.F.) C.A.C.(Others) #5 Coy. R. Wing.,

(4) Are you married? (5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife THIS MAN

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

(7) Are you a widower? BEING SINGLE

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

Names and ages

QUESTIONS (5) to (9)

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

INCLUSIVE

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

Name

Postal Address not applicable

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

If so, state her full name and postal address ~~NIL~~

NOT APPLICABLE

[SEE OTHER SIDE]

RECORDS M.D. 2

25M-12-44 (6215)
H.Q. 1064-81-3

SUPPLEMENTARY AWARD.

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4

SUPPLEMENTARY AWARD. ARMY

DECEASED MEMBER'S NAME: John Burchman[illegible] (CHRISTIAN NAMES) MAGUIRE (SURNAME)

REGISTER NO. D-12445
FILE NO. 405-M-47413
DATE 6-12-45
SERVICE NO. B-149386
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 14-4-45

PAYEE Mrs. Mary MAGUIRE,
ADDRESS 188 Victor Ave., Toronto, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 14-4-45

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1432 / 1410 EQUAL TO 47 COMPLETE PERIODS AT $7.50	352.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 254 LESS 22 INELIGIBLE DAYS, EQUAL TO 232 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	58.00	
		410.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
	DAILY RATES AT DISCHARGE		
	PAY $ 1.50		
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
	ADDITIONAL PAY $ .25		
	$		
	$		
	DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70		
	TOTAL $ 4.70 X7 = $ 32.90		
	NO. OF DAYS 254/183 X$ 32.90	45.66	
D. WAR SERVICE GRATUITY		456.16	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS Amount of War Servic Gratuity Already Paid. $ 264.16	264.16	
F. TOTAL AMOUNT PAYABLE		192.00	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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
[illegible]	

TREASURY	
CHECKED BY	DATE

Ken Pinkoast
SERVICE REPRESENTATIVE