C7946
RENNIE
THOMAS HOWAR

R.C.R.F. A. 47
[illegible]
[illegible]

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

[illegible] IN THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, AND
MUST BE SURRENDERED ON DEMAND.

897 Amn's.

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. 21/5/43 L. J.

Died 1 C R 3 3

Air Force No. C7946 Surname RENNIE

Christian Names (in full) THOMAS HOWARD

Date of Birth 18-3-22 Religion C. of E

Date of ~~Enlistment~~/Appointment

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

Occupation in Civil Life

Signature of Holder T Howard

Name and Address of Next-of-Kin

THOMAS RAY RENNIE

11029 OXFORD AVE., MONTREAL, QUE.

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

Certified Correct F/O R. A. B. MACKENZIE F/L

Date 7-4-43 Place RCAF O/S H.Q.

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
RADIO			

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O			
F/O	6-3-42	GBO 80/42	

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

File with pay book

ARMY FORM W. 3241
(in books of 25)

OFFICER'S ADVANCE BOOK

H 128951 to H 128975

Allocated

Only to be used by F/O T.H. RENNIE C 7946

Issued by 4 PSA London

Wt. 41951/37. 50M. 1/42. K&J. 51-4136.

H 128951

Amount :—

£4.0.0

To Parlan Ltd
322 Uxy

Date 20.1.43

H 128952

Amount :—

.....

Date.....

H 128952

Agent or Paymaster by v

Rank and Name (In BLOCK

Unit.....

Received from Cashie

the sum of.....
(Words)

authorize my bankers to

Name of Bank.....

Branch.....

Amount in Figures } .....

R.A.F. Form 1755
(in pads of 100).

BURIAL RETURN.

[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) 10th July 1943

PLACE OF BURIAL ZERIZER Map Reference R4453

(and name of Cemetery) Military Cemetery

Grave No. A 8 Plot 4 Personal or Official No. C 7946

Unit AMES 897 BNAF

Name : (Surname) RENNIE (Initials) T.H.

Rank T/Flying Officer Religion C of E

Date of Death 14-6-43 Date of Burial 14-6-43

Means of Identification OWN ADMISSION

[P.T.O.

To be answered by Home Units and Units in the Field.

Have effects (if any) been forwarded to the (i) Base Personnel Staff Officer ?, To Unit (ii) Standing Committee of Adjustment ?.....

To be answered by all Units.

CROSSES. (Strike out as necessary.)

1. ~~No Cross required, as an adequate cross with durable inscription is already in position.~~
2. Cross required : (*a*) ~~Will be called for at G.R.U. Office at~~.....
   (*b*) ~~To be forwarded by G.R.U. to~~.....
   (*c*) To be erected by G.R.U. as soon as possible.
3. For Units in the Field.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

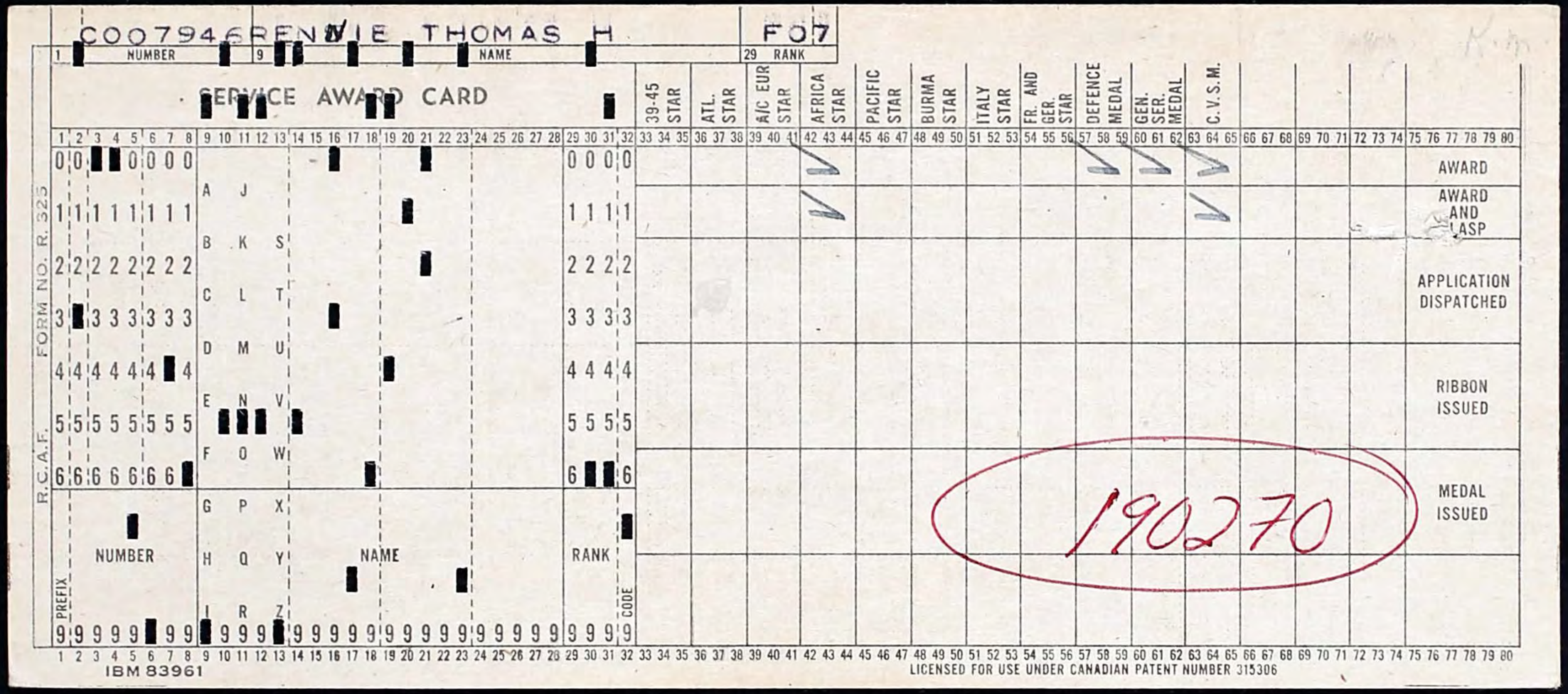
(Signed) M. S. KILLEN F/Lt. Unit AMES 894

Chaplain, O. i/c Burials, or O.C. Unit.

Distribution :—Units in the Field { 2 copies to B.P.S.O. / 1 copy to Head of Graves Services.

Home Units and Overseas Units not in the Field { 2 copies to Air Ministry. / 1 copy to Record Office for Airmen.

(*11259—x8138) Wt. 42383—2855 1,250 pads 1/43 T.S. 700


C007946 RENNIE THOMAS H
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 LASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
190270
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Thomas R. Rennie (Father)
4029 Oxford ave.,
Montreal,
Que.

Jan. -45.

7168

MEMORIAL [illegible] R
DATE DESP
REGN. NO 3240

NAME x RENNIE, Thomas Howard — FILE NO. C7946

RANK F.O. — CATEGORY DIED — REG. NO. C7946

DATE OF DEATH: 14 June, 43 — MOTHER LIVING: Yes — WIFE: N.A.

MINISTERIAL CARD: 19-7-43 — ROYAL MESSAGE: 23-11-43 — MEMORIAL CROSS TO CHAPLAIN:

To mother & father — To mother & father — DEL'D TO MOTHER: 19-11-43

DEL'D TO WIFE: 3-12-43

Mr. & Mrs. Thomas Roy Rennie,
4029 Oxford Avenue,
Montreal, Que.

COMMAND: 3 T.C.

RELIGION: C. of E.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Thomas H. (CHRISTIAN NAMES) Rennie (SURNAME)

REGISTER NO. 52396

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 25000

DATE 20 Sept/45

SERVICE NO. C.7946

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 14 June/43

DATE OF DISCHARGE 14 June/43

	$	¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 772/30 EQUAL TO 25 COMPLETE PERIODS AT $7.50		187.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 621 LESS 22 INELIGIBLE DAYS, EQUAL TO 599 DAYS @ 25c. PER DAY		149.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 5.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 6.70 ×7 = $ 46.90	
NO. OF DAYS 621/183	×$ 46.90	159.15
D. WAR SERVICE GRATUITY		496.40
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		496.40

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P & A. Bal. Trans. Trust Account
OCT 4 1945
Journal Voucher # G213

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	TREASURY CHECKED BY	TREASURY DATE
HRH	RK		29.9.45

SERVICE REPRESENTATIVE

ΔT

Treasury Office,
Air Force Services
Rec'd SEP 22 1945
P. & A. SECTION

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER [illegible] (J9240) RANK F/O TRADE NAVIGATOR.(OBS LIST) UNIT (OVERSEAS)
RADIO FIELDS MECHANIC

NAME RENNIE, THOMAS HOWARD

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

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. THOMAS ROY RENNIE, (FATHER) NAME
ADDRESS 4029 OXFORD AVENUE, MONTREAL, QUE. ADDRESS
D.A.B. ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. T.R. RENNIE, (FATHER)
ADDRESS 4029 OXFORD AVENUE, MONTREAL, QUE.

RELIGION C. OF E. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. THOMAS ROY RENNIE,
ADDRESS 4029 OXFORD AVE., MONTREAL, QUE.

FATHER LIVING ON ENLISTMENT YES
MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO ~~YES~~ IF SO, WAS HE A B.C.A.P.P. TRAINEE? ~~YES~~/NO NO
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED? P.O. 26/7123

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO
IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. AIR HQ KW[illegible]P0X291---6-16-JUNE-43. 2400

CASUALTY DETAILS:

"NATURAL DEATH" 14-JUNE-43 (GENERAL PERITONITIS AS A RESULT OF APPEND/CITIS.)

NEXT OF KIN ADVISED 16-JUNE-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/NO ~~YES~~ M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO ~~YES~~ DATE 7-JULY-43

UNIT 397 AIR HQ EXPERIMENTAL STATION (HALF HEAD)

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

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

R.C.A.F. Special Reserve

7446

4

14/4/41

To be made out in duplicate

M.F.M. 5
40M—10-40 (7523)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

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(1) Name of Officer of Other Rank RENNIE THOMAS HOWARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R. 94240 AC.2 Standard

(3) Unit ROYAL CANADIAN Air force

(4) Are you married? NO

(5) If married, state,

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

N.A.

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

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

NO

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N.A. Girls N.

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.

N.A.

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

Name N.A.

Postal Address N.A.

Rec'd MAY 15 1941
O. K.
R. C.
S. L.

[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 Thomas Roy RENNIE (General Manager)
4029 Oxford Ave. Montreal P. Q.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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 Gertrude Annie Mattinson (RENNIE)
4029 Oxford Ave. Montreal, P. Q.

(15) If your mother is a widow, are you her sole or partial support? NO

(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? NO
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 N.A

Full Name N.A

Postal Address N.A

Amount contributed monthly during the past six months
N.A

(18) Are you insured? NO

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

Have you made arrangements for payment of your Insurance Premium? N.A
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.

H. Rennie.
(Signature of officer or man)

Date April 14th, 1941

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for: Officer Commanding

Date April 14th, 1941 R.C.A.F. Recruiting Centre Montreal, P. Q.

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.

P.O. 07946 7

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

R.C.A.F. R 60

W I L L

Last Permanent Civilian Address

(1) I, RENNIE T.H. of the City / Town / Village / Township of MONTREAL in the County / District of ..... Province of QUE. Student (Civil Occupation) a member of the Royal Canadian Air Force, Number R.94240 do hereby revoke all former wills by me made and declare this to be my LAST WILL.

(2) I give, devise and Bequeath unto my father, THOMAS ROY RENNIE, 4029 Oxford Ave., N.D.G., Montreal Que.

ALL MY ESTATE

(3) I give, Devise and Bequeath all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Same as above (Name) (Address), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I hereunto set my hand this 14 day of May 19 41

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.

H. Rennie
(Signature of Testator)

First Witness Sign here.

(5) J. Duff (Signature)
4 A M Dept Hubert (Address)
Student (Occupation)

Second Witness Sign here.

J.B. Pollard (Signature)
4 A M Dept Hubert (Address)
Student (occupation)

R.C.A.F Records Office
Rec'd MAY 21 1941
O. K. ..... C.I.B. .....
R. C. 17 M N. I. .....
S. L. ..... P. A. 9 am

(WITNESSES ARE NOT TO BE BENEFICIARIES)

(OVER)

MEMORANDUM FOR **P. 64**

Mr. Thomas Roy Rennie,
4029 Oxford Avenue,
Montreal, Quebec

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. J-7946 FD. 169

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 16, 1943

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

RENNIE, Thomas Howard, F/O

No. C-7946, R.C.A.F.

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

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

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

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

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

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

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

ESTATES BRANCH AUG 6 1943 H.Q. OTTAWA NATIONAL DEFENCE

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

CNT/GMcC

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased..... Not married				
2	Children of the Deceased and dates of their Births..... None				
3	Father of the Deceased.....		Thomas Roy Jennie		4029 Oxford Ave Montreal, Que
4	Mother of the Deceased.....		Gertrude Anne Jennie		as above
5	Brothers of the Deceased	Full Blood	Allan Roy Jennie Robert Mattinson Jennie		as above as above
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	None		
		Half Blood	None		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
		None	

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ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Thomas Howard Bennie
9	Date of his birth	March 18th 1922
10	Place and date of his marriage.	Not married
11	Place and date of his parents' marriage.	Montreal Quebec

PARTICULARS OF DOMICILE

12	Place where deceased was born.	
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Born of Quebec (b) Dom. of Canada (c) all his life until enlistment (d)
14	Nature of employment before enlistment.	University Student
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.	Canada

PARTICULARS OF ESTATE

17	Did he leave a Will?	Do not know
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	Not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	City & District Saving Bank 5-6 St Sherbrooke St West Montreal - Balance July 3rd 1943 $ 5-54.97 and accrued Interest
20	Amount of War Savings Certificates held by deceased.	None $ [redacted]
21	Amount of Victory Loan Bonds held by deceased.	$ 1550.00
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	None $605 - 1/5 Florence
23	Is application for Probate or Letters of Administration necessary (see page 1)?	Do not think so.

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.	Not to my knowledge
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 elswhere 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.

Thos R Clemmer — {Signature of Informant}

4029 Oxford Ave Montreal — Address

CERTIFICATE

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

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

Dated at Montreal this 5th day of Aug. 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — Commissioner of the Superior Court, District of Montreal — Qualification.....

Address.....

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

6/5/44
Sm

A.4578. PERSONAL EFFECTS OF C.7946. F/O. RENNIE, T.H.

1 Carton contg:
2 Prs. Civilian Braces.
1 Pr. White Plimsolls.
5 Prs. Socks.
2 Prs. Long Drawers.
2 Vests.
7 Handkerchiefs.
1 Black Tie.
1 Sea Kitbag.
3 Brushes in Canvas Holdall.
1 Khaki Shirt.
1 Leather Money Belt.
2 Screwdrivers, Metal.
1 Pr. Khaki Long Trousers.
5 Keys.
1 Haversack.
1 Pr. Boots.
1 Cape Ground Sheet.
1 Coathanger.
1 Service Cap, bad state.
1 Knife, 1 Spoon.
1 Clasp Knife.
1 Wooden ative Spoon.
1 Parker Fountain Pen, unservice-able.
1 Soap Case.
1 Khaki Frock.
1 Fork.

1 Leather Suitcase contg:
1 Pr. Long Blue Trousers.
1 Blue Tunic.
4 Blue Collars.
10 Blue Shirts.
2 Khaki Shirts.
2 Prs. Socks.
1 Blue Pullover.
2 Handkerchiefs.
2 Towels.
1 B.V.D. Combs.
2 Underpants.
2 Vests.
1 Bundle Name Tabs.
1 Pr. Leather Gloves.
3 Tie Pins.
1 Housewife.

1 Bag Cleaning Material with
2 Button Sticks and 2 Brushes.
1 Odd Sock.
1 Blue Raincoat.

1 Canvas Case, Green Lines, contg:
1 Hair Brush, 1 Clothes Brush.
2 Prs. Pyjamas.
4 Prs. Socks.
5 Handkerchiefs.
2 Khaki Shorts.
2 Khaki Shirts.
1 Khaki Drill Frock.
1 Pr. Leather Gloves.
1 Black Tie.
2 Prs. Khaki Stockings.
1 Winston Waterproof Wrist Watch, V (No. 3207.
1 Long Tropical Trousers. (glass cracked.
1 Pr. White Plimsolls.

1 Carton contg:
2 Electric Torch Cases.
2 Prs. Pyjamas.
Glasses in Cases, 2 Prs.
1 Pkt. Letters. R
1 Blue Greatcoat.
1 Sraper Tool.
2 Hasps.
2 Prs. Black Shoes.
1 Leather Case contg.
1 Toothbrush, 1 Comb, 1 Pr. Scissors,
1 Pr. Cuff Links, 1 Shaving Brush,
1 Pkt. Wool, 14 Valves, 1 Pencil Sharpener.

Books: Technique of Sex.
The Hurricane.
Infilesemal Calculas.
Experiment with Time.
Colculas Made Easy.
The Best of Damon Runyon.
Misc. Photos, Cards and Writing Pad.
Radio Engineering Handbook.
The Knapsack.
The Story of Money.

/...over.

Next of Kin:

Not known

1 Teach Yourself Economics.
1 Topper.
1 Wuthering Heights.
1 Totem and Taboo.
1 Leather Bound Loose Leaf File.
1 Autobiography, Rennie.
2 Foolscap Ledgers, Ruled Faint.
1 Leather Wallet, Souvenir Money,
1 B.M.A. Money, 3/6d.

1 Cheque Book, Bank of Montreal.
1 Pass Book, Bank of Montreal.
1 Officers Advance Book.
1 National Registration Certificate.
Extracted by Unit and forwarded to
R.C.A.F. Overseas Headquarters.

1 c/case Ictm. Valo & Pels
30/6/44

ROYAL CANADIAN AIR FORCE

Air Force No. R. 94240

R.C.A.F. Special Reserve

MEDICAL HISTORY OF

SURNAME Rennie CHRISTIAN NAMES Thomas Howard

TABLE I.—General Table

Examined { on 10th day of April 1941
at Montreal Que.

Age 19 years

Trade or occupation Student

Height 5 feet 10 inches. Weight, stripped 130 lbs.

Colour of Hair med. brown Complexion ruddy

" Eyes brown

Identification Marks:— none

Defects or Ailments:— none

BP 130/80 C.V. nil. Urine Neg.

Slight varicocele at left

Category A I B1 A4 B, cat

Signature Aug Fraser

(Rank) 2/O

TABLE II.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

DATE	BRIEF DETAILS AND SIGNATURES
12-4-41	X Ray 95491 Leg

TABLE II. (Continued)

DATE	BRIEF DETAILS AND SIGNATURES
	TABT { 1-10-5-41 2-29-5-41 3 20-6-41 }
14/5/41	Vacc
31/5/41	Diph Prophylaxis
31/7/41	Schick test - Pos.
6/8/41	Diphth toxoid - 1cc.
2-10-41	Fit for Overseas Service Other.

Radio - mech (U T)

R.C.A.F. Special Reserve

AIR FORCE No. R. 94240 POSTED TO RCAF Recruiting Centre Mtl; TRADE Radio Mechanic U.T

ROYAL CANADIAN AIR FORCE

1946

(ATTESTATION PAPER)

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

1. Surname RENNIE FULL Christian Names THOMAS HOWARD

2. Present Address 4029 Oxford ave., Montreal P.Q. Telephone Pe 7856

3. Permanent Address 4029 Oxford Ave., Montreal, P.Q.

4. Place of Birth Montreal P.Q. Citizenship Canadian

5. Date of Birth Mar 18, 1922 Married, Single, Widower, Separated, Divorced Single

6. Particulars of Children

Name	Date of birth	Name	Date of birth
Not applicable			

7. Occupation Student 8. Religion PROTESTANT C of E
(State denomination)

9. Languages English Fluently
(State proficiency)

10. Next of Kin (Full Name) THOMAS ROY RENNIE Relationship FATHER

" Address 4029 Oxford Ave., Montreal P.Q.

11. Father (Full Name) THOMAS ROY RENNIE Birthplace WINCHESTER, ONTARIO
~~THOMAS ROY RENNIE~~ ABOVE

" Address ~~ABOVE 4029 OXFORD Ave Montreal~~ Citizenship Canadian

" Occupation General Manager Canadian Canneries.

12. Mother (Full Maiden Name) Gertrude Annie Mathieson Birthplace Montreal P.Q.

" Address 4029 Oxford Ave Montreal P.Q. Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
McGILL M.R.I.T.B	Montreal	Pte.	n.a.	~~OCT~~ OCT	1940	Does not need discharge
				SEPT.	1941	

R.C.A.F. Records Office
Rec'd MAY 2 1941
O. K. ..... 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

143-113

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Herbert Symonds	1927	1935	
High School—Collegiate Institute, etc.	West Hill High	1935	1939	
Technical School				
University or School other than above	McGill University	1939	1941	Mathematics; Physics
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Mr. Hunter,				
Lowry Ave	Handyman on summer estate	June 1940 to Oct, 1940		Summer Employment only.

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

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

1 year Honours Physics at McGill

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

Skiing, moderately; swimming 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 Radio Technician (V.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. H.C. Atkinson.	West Hill High School. 4400 WEST HILL AVE MONTREAL P.Q.	Principal West Hill High
Mr. Henderson	4193 West Hill Ave. Montreal P.Q.	Salesman.

28. Other information that may have any bearing on this application

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 May 10 1941 Signature H. Rennie.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED 14-4-41
P.O. Gaudreau, F/Lt.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type ..... Good ..... General appearance ..... Neat .....

Suitability for (state in what capacity) ..... Radio Mechanic (R.C.A.F.) .....

Date ..... 14-4-41 ..... Signature ..... [signature] ..... Rank ..... Sgt. .....

(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 ..... 14-4-41 ..... Signature ..... [signature] ..... Rank ..... Sgt. .....

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

I, Thomas Howard RENNIE .....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date April 14th, 1941 19..... H. Rennie .....
Signature of Recruit

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

I, Thomas Howard Rennie .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date April 14th, 1941 19..... H. Rennie .....
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 ..... fourteenth ..... day of ..... April ..... 19..41..

[signature] ..... R.C.A.F. ..... Recruiting Centre ..... Montreal.
Signature of Officer — Rank — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

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

(*a*) Rheumatism 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 one slightly flat
(*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 NO
(*r*) Other Disease or Defect measles, tonsillectomy and adenectomy.

3. Have you ever worn glasses? yes, for past 2 years.

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

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

N. Rennie.
Signature of Applicant

Examiner's Remarks *re* above

Applicant has fainted about 6 times - usually on standing long time or in warm room.

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

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

2. Height 5 feet 10 inches. 3. Weight 130 pounds.

4. Complexion ruddy 5. Color of Eyes brown Hair med. brown

6. Development ~~Good~~ Fair ~~Poor~~ 7. Chest Measurement—Full expiration 32½ inches

Range of expansion 3 inches

8. Hearing—Right W.U.20' Left W.U.20' Tympana—Right N Left N

9. Vision—Without glasses—Right 30/70 With glasses—Right 20/25

Left 20/50 Left 20/25

10. Condition of mouth and teeth fair.

11. Urine—Albumen O Sugar O

12. Abnormalities (Congenital and Pathological) found on Examination

Slight varicocele on left

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 A1B1 A4B3 Qual.

12-4-41 X Ray # 75491 Neg CMT

Any special remarks of the Medical Officers

10-4-41 - Applicant appeared very apprehensive & rapid pulse and flushed face during examination. While B.P. was being taken he almost fainted — becoming pale, cold nauseated, followed by much perspiration. B.P. at beginning of measurement was 150/94, falling to 105/45 when feeling ill. To be completed & rechecked. Am Fraser 7/0

12.4.41 Recheck - B.P. - 134/85 - A4B3 Qual.

Part 2 Cont'.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S. D. 134/85
17. Colour Vision N Ish.

Date 10 - 4 - 41 19

Am Fraser 7/0 President — Member — Member

CABLE ADDRESS:
"GORDONSON" MONTREAL.

WESTERN UNION CODE.

7446 4

John Gordon & Son,
LIMITED

Commission Merchants & Manufacturers Agents

Montreal and Toronto

AGENTS FOR
PENMANS, LIMITED
THE CANADIAN CONVERTERS CO. LTD.

686 St JAMES STREET CANADA

Montreal,
CANADA

14th April, 1941.

To Whom It May Concern: Royal Canadian Air Force.

This is to certify that I have known Howard Rennie since his birth, and have much pleasure in recommending him in every way for any vocation for which he may apply.

His character is of the highest, and as a student he has been above the average, having won a Scholarship each year through High School, and is now completing his second year at McGill University.

Yours faithfully,

J. W. Henderson

R.C.A.F. Records Office
Rec'd MAY 2 1941
O. K.....C.I.B.....
P. C.....N. I. .....
S. L.....P. A. .....

1946 5

T. Havill Paper Company

420 Lagauchetiere St. West

Montreal, Canada.

April 12th. 1941.

Royal Canadian Air Force.
Montreal. Que.

Gentlemen,

The bearer of this letter, Thomas Howard Rennie is well known to the writer.

He is nineteen years old, is in his second year at Mc Gill University. He is a very studious young man, of particularly fine personal habits and comes of a very good family. His Father is Managing Director of Canadian Convertors Limited.

I have known Thomas Howard Rennie for the past seventeen years and recommend him as one of the finest type of young men it is my priviledge to know.

Yours very truly,

T Havill

T.Havill Paper Company.
President.

R.C.A.F Records Office
Rec'd MAY 2 1941
O. K.....C.I.B.....
R. C.....N. I.....
S L.....P. 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 Thomas Howard Rennie (b) Reg'l. No. R 44240
2. (a) Arm of service R.C.A.F. (b) Unit Radio Mechanic (c) Rank AC 2
3. (a) Date of birth Mar. 16 - 1922 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Montreal P.Q.
4. (a) Place of enlistment Montreal P.Q. (b) Date of enlistment Apr. 16 1941

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? Yes
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 ~~Senior Matriculation~~
7. If you attended a university, give name of university and standing or degree secured McGill University 2 yrs. Physics
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Attending School (b) At time of enlistment of what trade union or professional society were you a member? NO

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

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

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

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 N A Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) N A
20. (a) Your specific occupation N. A. (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? N A. (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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 N. A (b) Where was it located?
23. (a) Number of years engaged in this business N A (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Return to College
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Engineering

DATE May 26 1941 SIGNATURE [signature]

Radio Mechanic (W.T.)

ROYAL CANADIAN AIR FORCE

C 7946 Ont

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R94240	Rennie	Thomas Howard.	Church of England

Born 18/11/22 Place Montreal Que Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 14/4/41	High School ~~Entrance~~ 4/R5. Jr. Mat. Sr. Mat.	McGill C.O.T.C.
At Montreal Que	Technical School Corres. Courses	Montreal Que
Term Duration	University	

RANK	DATE	Med. Cat.	Date
AC2	14 4 41	A4B1	17 4 41

CIVIL OCCUPATIONS AND EXPERIENCE

General work 6 months

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.

PARTICULARS OF FAMILY ~~M~~ S ~~D~~

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)

Thomas Roy Rennie = Father
4049 Oxford Ave Montreal Que

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
15/4/41	30/4/41	Without Pay
8-9-41	22-9-41	SPEC. LEAVE BETWEEN COURSES. DAB 65/41

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	AUTHORITY	UNIT FROM	UNIT TO	DATE
Reg 114 2/3/41	Rec C Montreal Que	Rec C. Montreal Que	14/4/41				
D.R.O. 3/41 T.O.S.	#4 A.A.M.D.	St. Hubert RCAF Det	5/5/41				
DRO. 25/41	4A A.A.M.D. St. Hubert	McGill Univ Montreal	31-5-41				
DRO 67/41 305	RCAF DETACH. MONTREAL	McGILL	28-9-41				

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

(OVER)

B. K.

Finger Printed
Date 18-8-41
Initials HH

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH — Municipal county: OVERSEAS; 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: RENNIE (Block letters)

Given names: THOMAS HOWARD

Do not write in this space

4. RESIDENCE

Street: Oxford Avenue No. 4029

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March (Month) 18th (Day) 1922 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	21	2	27	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Radio Finder Mechanic

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

15. Date deceased last worked at this occupation: June 14/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Rennie, Thomas Roy	Ontario
MOTHER (Maiden Name)	Mattinson, Gertrude Annie	Quebec

19. Place of burial, cremation or removal:

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: June (Month) 14th (Day) 19 43 (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) "Natural Death" (General Peritonitis as a result of due to Appendicitis).

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: NA (State which) Date: NA ....19....

Manner of injury: NA (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**: NA

Signed....M.D.

Address.... **Date**....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

For (R.C.A.F. Records Officer)

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)

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department CAN/C. 7946 Flying Officer Thomas Howard RENNIE, Royal Canadian Air Force, died in the No. 5 General Hospital, Zerizer, near Bone, Algeria, from Septicaemia, Generalised Peritonitis and an Appendix Abscess, on the fourteenth day of June, 1943.

R. K. Mann Flo

Flying Officer,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 9th day of August, 1943.

AIR FORCE No. R94240

RENNIE, THOMAS HOWARD [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT

PLACE Montreal, Que.

DATE 14-4-41

C.R. FILE NUMBER SR.

C7946 OFFICER

RECORD OF SERVICE AIRMEN

13

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.
T.O.S.	Mtl r/c	14	4	41	4AMD 3 Mtl r/c 25
S.O.S.	Montreal r/c	5	5	41	Mtl r/c 41
T.O.S.	4AMD St Hubert	5	5	41	4AMD 3
S.O.S.	4AMD St Hubert	31	5	41	4AMD 25
T.O.S.	RCAF Det. Univ. McGill	1	6	41	McG 1.
X S.O.S.	RCAF Det Univ McGill Commissioned	5	9	41	McG 67.
X S.O.S.	1 "y" depot to 3 PRC (OS)	2	10	41	1 "y" 240, 243
	W.S.G. computed	28	9	44	
	Died 14-6-43 PC 5 291	16	6	43	
	Dangerously Ill 5 June PC X 237 June 7				
S.O.S.	4083 Wing	19	10	42	POR 74
S.O.S.	to West Kirby (Draft no 6034)	16	11	42	POR 82
X upset	Rensombe Downs	14	9	42	POR 62
S.O.S.	78 Wing to AMES	6	9	42	POR 61, 62
S.O.S.	78 Wing to Rensombe Down	4	9	42	POR 60
S.O.S.	Stn Digby to 78 Sig Wing	16	6	42	POR 39, 41
T.O.S.	Stn Digby from 72 Wing	17	4	42	POR 20
S.O.S.	71 Wing to 72 Wing	30	3	42	POR 16
S.O.S.	60 Gp Hq to 71 Wing	18	3	42	POR 14
cease	att. Uxbridge	18	3	42	POR 13
S.O.S.	No 1 R.S. to H.I. no 60 Group att to Officers School Uxbridge 18-2-42 (P.O.R 8) (P.O.R 9)				
S.O.S.	3 PRC to 78 Wing	28	10	41	POR 45

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
Ac 2	14	4	41	4AMD 3 Mtl r/c 25
Pilot Officer T8	6	9	41	OEm 226 Lm 223
TFO 6-3-42 (APOR 120 d/3-7-42) (CG 7 d/15-8-42) (POR 41)				
P.O.	6	9	41	

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.
16-4-41	R-100	Fl u Br	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Radio Mech 1/4	Std	14	4	41	4AMD 3 Mtl r/c 25
276					

SR Radio Br (R.M) 6-9-41

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Supr.	Very Good	4-9-41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Sig. Off (Radio)(G) Crse.	65%	11	2	42	POR 8

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
amended 15-4-41	30-4-41	16	LWOP	Mtl r/c 25
15-4-41	4-5-41	20	LWOP	Mtl r/c 43
8-9-41	22-9-41	14		McG 65.
12-2-42	17-2-42	6	privilege	POR 8
27-8-42	2-9-42	7	privilege	POR 59
17-11-42	20-11-42	4	embarkation	POR 82

AIR FORCE No. R94240

RENNIE, THOMAS HOWARD
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Montreal, Que.
DATE 14-4-41

C.R. FILE NUMBER

C-7946 S.C

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 18-3-22 — PLACE Montreal, Que. — CITIZENSHIP British 2

FATHER (FULL NAME) Thomas Ray Rennie

BIRTHPLACE Winchester, Ont.

MOTHER (FULL MAIDEN NAME) Gertrude Annie Mattinson

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Quebec

JUNIOR MATRICULATION X "

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY 2 yrs

CORRESPONDENCE COURSES

8

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

Handyman 4 mos.

9500

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

McGill M.R.T.B. Montreal, Pte
oct 1940 to Sept 1941

6

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Church of England 3

14. LANGUAGES English 1

15. SPORTS Skiing swimming

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

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: Thomas Ray Rennie — RELATIONSHIP Father

ADDRESS: 4029 Oxford 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	14 4 41	Mtl 1/c 25-			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	14 4 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. qtrs. & draw rtns.		5-5-41	4AMD3
Attached for pay (amended)		1-5-41	4AMD8
Attached for pay		5-5-41	4AMD16
Occ. qtrs & drawing rtns.		1-6-41	McG.1.

22.(A) ADDRESS PRIOR TO ENLISTMENT

4029 Oxford Ave., Montreal, Que

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
21-5-41		28-5-41				X

AIR FORCE No.	SURNAME	FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT	RELIGION
C 7946 R 94240	Rennie,	Thomas Howard	PLACE Montreal Que DATE 14-4-41 comm 6-9-41	C. of E.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
18-3-22	Montreal, Que	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION - Que
HIGH SCHOOL ENTRANCE - Que	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY 2 yrs.
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

9500

PREVIOUS SERVICE

McGill MRTB Montreal, Pte Oct. 1940 to Sept 1941.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
16-4-41	A4B0		

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)

Thomas Roy Rennie (Father)
4029 Oxford Ave, Montreal, Que.

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.
PO	6 9 41	Em223	
T/FO	6 3 42	APIR 120 3-7-42 PAR 41	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Sig. Radio(G) Crs		65		11 2 42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. C7946 R94240

RENNIE, THOMAS HOWARD

SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal

DATE 14-4-41 Commute-9-41

RELIGION C of E

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE			AUTHORITY
SOS	RCAF Del.	U. McGill	5	9	41	McG 67
SOS	1 Y Depot to 3 PRC					
	Ol Seas		2	10	41	1Y240,245
T.O.S.	at H.Q.	60 Grp.	18	2	42	1R.Sch 4/42
S.O.S.	HQ 60 Grp.	71 Wing	18	3	42	60 Grp. 23/42
S.O.S.	71 Wing	72 Wing	30	3	42	71 Wing 16/42
S.O.S.	Stn Digby	RAF Staythorpe	17	4	42	Stn. Digby 19/42
S.O.S.	Digby	78 Wing	8	6	42	8/39
S.O.S.	78 Wing	Renscombe Down	14	9	42	2/60
SOS	#1 PDC to Draft 6034		16	11	42	82/5
S.O.S.	21 S.T.U.	83 Wing	19	10	42	84/8
S.O.S.	HQ EAC	897 Air Ministry	26	11	42	HQ EAC 6/43
Died of Natural Causes			14	6	43	AFRO 1247/43
Posted to Base P. Depot N/E			30	5	43	NW.AAF 27/48

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Dangerously ill (Appendicitis) 5-6-43	CR 327
Died of peritonitis 14-6-43	CR. 333
Admt to Gen: Hosp: 30-5-43.	N.A.A.F. 27/43

Embarked 3-10-41

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
4 9 41	Very Good	Supr.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY