J16905
FALLIS
JOHN

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J. HUTCHISON, SALES MANAGER

B. A. RYAN, PRESIDEN

R.C.A.F. Special Reserve

RICHARD & E. J. RYAN, LIMITED

GENERAL CONTRACTORS

W[illegible]ANK 6196-7-8

THE BUILDERS EXCHANGE INC. CHAMBRE DE CONSTRUCTION

1808 WILLIAM STREET

MONTREAL, P.Q.

Dec. 31st 1940

The Officer in charge of Recruiting,
Royal Canadian Air Force,
Montreal.

Dear Sir,

Mr. John Fallis served with this Company as Assistant Timekeeper on a Government construction Project, and as he was directly under my supervision, I had every opportunity of judging his capabilities. He now decides to enter the Royal Canadian Air Force and make his career in that Service.

I would say, without hesitation, that Mr. Fallis is excellent material for training either as Pilot or Gunner. He has plenty of confidence and enthusiasm; his personal character I vouch for; & I consider his education and adaptability will fit him for rapid promotion.

I base my judgement on my

ALL AGREEMENTS ARE CONTINGENT UPON STRIKES, ACCIDENTS, DELAYS OF CARRIERS AND OTHER DELAYS UNAVOIDABLE OR BEYOND OUR CONTROL.
ALL PROPOSALS ARE SUBJECT TO PROMPT ACCEPTANCE.

own experience as Flying Instructor on the Great War, & I sincerely hope you will give Mr. Fallis the consideration due to one so keen to serve Canada & the Empire.

Yours faithfully,

J. H. Parkes

Chief Timekeeper.

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 ADVIS... MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISH... INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF M... 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 Fallis John (b) Reg'l. No. R-79074
2. (a) Arm of service R.C.A.F (b) Unit #1 Wireless school-Montreal (c) Rank LAC
3. (a) Date of birth March 29/17 (b) Have you any dependents? yes (c) Place of residence at time of enlistment Montreal-Que
4. (a) Place of enlistment Montreal Que. (b) Date of enlistment Jan 23/41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs. (b) Were you attending school or college up to the time of enlistment? no
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 years high school
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Gold Assaying (c) Did you finish it? yes (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

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?

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 Richard & E.J. Ryan Ltd Contractors Address St. Patrick St. Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Contractors
20. (a) Your specific occupation Time Keeper & Assistant Accountant (b) Number of years' experience at this occupation with any employer Few months
21. (a) Did your employer promise definitely to give you employment on discharge? no (b) Did your employer refuse to promise you employment on discharge? no (c) Do you wish to return to your former employment? no

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form If successful in Wireless would like to work for Govt as such; or, return to Gold Assaying

DATE June 6th 1941 SIGNATURE John Fallis

CONFIDENTIAL

R.C.A.F. M.3
150M—8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Jarvis *Date* 1-12-41 FILE NUMBER

Surname Fallis *Chr. Names* John
Nature of Commission W.A.G. *Date of Birth* 29-3-17 *Married or Single* Single
Branch Air Gunner *Hours Flown*
Address No 1 B & G School Jarvis Ont (24)

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown ..... no
Severe or "Sick" Headaches, Migraine ..... no
Fits or Convulsions of any kind ..... no
Sun or Heat Stroke ..... no
Head Injury or Concussion (including "knock-out") ..... no
Insomnia, Nightmares, Sleep-walking, or Bed-wetting ..... no
(ii) LUNG TROUBLE or Consumption ..... no
Bronchitis, Pneumonia or Pleurisy ..... no
Asthma or Hay Fever ..... no
(iii) HEART DISEASE, "Weak or Strained Heart" ..... no
Fainting Attacks or Giddiness ..... no
Rheumatism, Rheumatic Fever or "Growing Pains" ..... no
Frequent Sore Throats or Tonsillitis ..... no
Diphtheria, Scarlet Fever or Scarlatina ..... no
(iv) STOMACH or BOWEL TROUBLE ..... no
Chronic Indigestion or Pain after Food ..... no
(v) KIDNEY or BLADDER TROUBLE ..... no
Syphilis or Gonorrhœa ..... no
(vi) TROPICAL DISEASE ..... no
Malaria ..... no
Dysentery ..... no
(vii) EYE TROUBLE or Inflammation of Eyelids ..... no
Wearing of Glasses ..... no
Colour or Night Blindness ..... no
(viii) EAR TROUBLE, Earache or Discharge from Ears ..... no
Deafness, Noises in the Ears, or Dizziness ..... no
Frequent Colds in Head, Catarrh or Obstruction ..... 3 colds a winter
Prolonged Hoarseness or Loss of Voice ..... no
Sea, Car or Train Sickness ..... no
Discomfort on Swings, Roundabouts, Switchbacks ..... no
(ix) OPERATIONS ..... none
(x) Any Illness or Injury not mentioned above ..... measles — no sequelae
..... mumps — no sequelae
..... whooping cough — no sequelae

Education ..... 2 years High School
Present Occupation ..... Air Gunner ..... Hobbies ..... Chemistry
Previous Service ..... none
Athletics ..... Hockey, Football, Baseball
Habits—Smoking ..... 20 cig: daily ..... Alcohol ..... 1 qt beer weekly
FAMILY HISTORY—Consumption ..... no
Nervous Ailments, Mental Trouble, or "Fits" ..... no
Father Alive—Health ..... Good ..... Dead—Cause .....
Mother Alive—Health ..... Good ..... Dead—Cause .....
Brothers (2) Alive—Health ..... Good ..... (....) Dead—Cause .....
Sisters (0) Alive—Health ..... (1..) Dead—Cause ..... Age 5 mths, Infant disease

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

Date 1-12-41 *Signature* John Fallis *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Athletic (b) Mentality Standard

Body Marks, Scars, Deformities Small scar over rt clear Chest problems

Size of Thyroid Gland Normal

Surgical Abnormalities none

Results of Wounds, Injuries, Operations N/A

	Date 1-12-41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	67½						
Weight (lbs.)	137						Date
Chest Circumference (ins.)	35½						
Body Build (lbs.)	-2						
Leg Length (ins.)	41						
Pulse Rate — Sitting	84	(1)					
Pulse Rate — Standing 1st	84						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	108	(1)					
Pulse Rate — Time to Normal	20						
Arterial Walls	N						
Blood Pressure — Systolic	118						
Blood Pressure — Diastolic	68						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	Regular						
Lungs	N						
Breath held	57	(2)					
Expiratory Force	130						
Vital Capacity (Best of 5)							Date
Reflexes — Knee	N						
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	N						
Reflexes — Plantar	N						
Cranial Nerves	N						
Balancing Rod	R. 2/s L. 1/s	R. L. (1)	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. 1/s L. 3/s	R. L. (2)	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers							Date
Tremors — Eyelids							
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen							
Urine — Sugar							
Initials of M.O.	JAM						

40 mm. Hg. Test

Date 1-12-41 — 80 = 6/688, 888, 910, 10, 978, 626, 6

Date (2)

Date

Date

Remarks by Consultant.

PE 1 41

MEMORANDUM FOR

P. 64

Mrs. John Fallis,
2183 Wilson Ave., Apt. 7,
Montreal, Que.

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

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

and the following number quoted:—

H.Q.1022-F-2589 FD 241

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 15, 1943

ESTATES BRANCH SEP 24 1943 H.Q. OTTAWA DEPARTMENT OF NATIONAL DEFENCE

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

FALLIS, John, P/O.,
J.16905 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.

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

DBS:MC

M.F.W. 77
6M-4-43 (9515)
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		DOROTHY ISABEL FALLIS	25	2183 WILSON AVE MONTREAL QUE
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		HERBERT LEROY FALLIS	54	5270 DALOU AVE MONTREAL QUE
4	Mother of the Deceased		MARY FALLIS	56	5270 DALOU AVE MONTREAL QUE
5	Brothers of the Deceased	Full Blood	HERBERT WILLIAM FALLIS	28	421 FOURTH AVE VERDUN, QUE
			HOWARD FRANCIS FALLIS	22	5270 DALOU AVE MONTREAL
		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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	JOHN FALLIS
9	Date of his birth	MARCH 29, 1917
10	Place and date of his marriage.	ST KEVINS RECTORY MONTREAL – JULY 12, 1941
11	Place and date of his parents' marriage.	ST MICHEALS CHURCH MONTREAL QUE

PARTICULARS OF DOMICILE

12	Place where deceased was born.	LACHINE QUE
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) QUEBEC-25 YEARS. (b) (c) (d)
14	Nature of employment before enlistment.	GOLD ASSAYER
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 QUE.

PARTICULARS OF ESTATE

17	Did he leave a Will?	YES 6/1/42.
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.	NO
20	Amount of War Savings Certificates held by deceased.	7 – 5.00 certificates
21	Amount of Victory Loan Bonds held by deceased.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	NO
23	Is application for Probate or Letters of Administration necessary (see page 1)?	NO

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO
	(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or 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

*widow of the deceased.

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

Mrs. Dorothy Isabel Fallis — {Signature of Informant}

2183 Wilson Ave Montreal Que. — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Dorothy Isabel Fallis {Name of Informant} is the* widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this 22nd day of September 19 42.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: M. McLennan J.P. Qualification Notary Public

Address 276 St. James St. W., Montreal.

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

In reference to question 22 page 3.-
On Jan 6/42 my husband Pilot Officer John Fallis, made out a will cancelling all previous wills, naming me as beneficiary.

Sincerely yours.

Mrs. Dorothy I. Fallis

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

3. Have you ever worn glasses? No

John Jabbis
Signature of Applicant

Examiner's Remarks *re* above

Cpl. Vis: Normal Ishihara
B.C: 122-30

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

1. Identification marks or scars (if operative obtain history) None

2. Height 5 feet 7 3/4 inches. 3. Weight 138 pounds.

4. Complexion Fair 5. Color of Eyes Blue-Green Hair Red

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

Range of expansion 4 1/4 inches

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

9. Vision—Without glasses—Right 20/20 With glasses—Right N.A.

Left 20/20 Left

10. Condition of mouth and teeth Healthy - all upper teeth missing

11. Urine—Albumen Neg Sugar Neg

12. Abnormalities (Congenital and Pathological) found on Examination None

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

Any special remarks of the Medical Officers Not ass: fencing upper denture
21-1-41 Recheckd - Upper denture - Normal M Pache Lt.
24-1-41 X-Ray # 69944 neg Pte

Date 6-1-41 19

M Pache - Lt.
President

Authorised Capt.
Member

Member

D.S.

NATIONAL REGISTRATION CERTIFICATE PRODUCED. J.D. Arbour F/O

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

Date.....Signature.....Rank.....

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

I,.....John FALLIS.....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.....January 24th,.....19 41.....John Fallis.....
Signature of Recruit

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

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

Date.....January 24th,.....19 41.....John Fallis.....
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, Que.....this.....24th,.....day of.....January.....19 41.....

Jos. Arbour	F/O	ROYAL CANADIAN AIR FORCE
Signature of Officer	Rank	Unit

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St Augustine's Mtl	1924	1929	Public school
High School—Collegiate Institute, etc.	Catholic High School Mtl	1929	1930	Commercial
Technical School	Daniel O'Connell School Montreal P.Q.	1930	1931	
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Unemployed	— — — —	1931	1932	
Capic's Drug Store Montreal P.Q.	Messenger	1932	1935	For better position
Imperial Iron Corpn Ltd Montreal P.Q.	Clerk Sales dept.	June/35	Sept/38	For better position
Crane Ltd Mtl Montreal P.Q.	Clerk Stock dept	Sept/38	June/39	For better position
Siscoe Gold Mines Inc. Siscoe P.Que.	Assayer (Gold)	June/39	Oct/40	To seek employment in City
R. & O. Nylon Ltd Montreal P.Q.	Asst Timekeeper	Oct/40	Dec/40	Project ended (laid off)

23. Flying Experience (in Hours) Solo None Dual None Passenger 10 or 15 hrs.

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

25. Sports engaged in. State: extensively, moderately, occasionally Hockey, Basketball Baseball and swimming - Moderately.

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

~~If for Ground Duties, state Air Force trade in which you wish to enlist~~ N.A.

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~~ 4 persons who can give references as to character and ability.

Name	Address	Occupation
Mr. A. E. Gibson	Siscoe Gold Mines Siscoe Que.	Chief Acct.
Mr. J. H. Perkins	2187 Upper St. City & Montreal P.Q.	Cost. Acct.
Mr. F. H. Brent	2115 St. Patrick St. City	Manager (Mfg. Co)
Mr. J. Mc. Duckworth	Y.M.C.A. Royal Arch City & Montreal P.Q.	Secy. Branch Y.M.C.A.

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 Dec. 31st 1940 Signature John Tallis

R.C.A.F. Special Reserve

AIR FORCE No. R79074 POSTED TO No 1 Manning Depot, Toronto, Ont. TRADE (Wireless Op. Air Gunner) Standard.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Fallis FULL Christian Names John
2. Present Address 2238 Coursol St. Montreal Que. Telephone Wi - 7626
3. Permanent Address 2238 Coursol ~~Ave~~ St. Montreal Que. Wilbank
4. Place of Birth Montreal Que. Citizenship Canadian (English)
5. Date of Birth March 29th 1917 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth

7. Occupation Assayer 8. Religion Roman Catholic (State denomination)
9. Languages English and French fluently (State proficiency)
10. Next of Kin (Full Name) Herbert LeRoy Fallis Relationship Father
    " Address 2238 Coursol St. Montreal Que.
11. Father (Full Name) Herbert LeRoy Fallis Birthplace St. John N.B.
    " Address 2238 Coursol St. ~~Ave~~ Montreal P.Q. Citizenship Canadian
    " Occupation Salesman
12. Mother (Full Maiden Name) Mary Roach Birthplace Montreal Que.
    " Address 2238 Coursol St. ~~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
N.A.						

R.C.A.F. Records Office
Rec'd. FEB 1 1941
O.K. S.O.C. B
R.C. N.I.
S. P.

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

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

66-26

completed

1022-F-2589

R04

R.C.A.F. HEADQUARTERS
CENTRAL

2183 Wilson Ave.,
Montreal, Que.

1943 AUG 4 PM 2 29

Aug. 2/43.

Dear Sir:-

In reply to your letter of July 28, regarding my husband, Pilot Officer John Fallis (J 16905)

I have had no further news of him, since he was reported missing Jan 17/43

Sincerely yours.

Dorothy I. Fallis

Kingie

RECEIVED
AUG 5 1943
CASUALTY SECTION

2183 Wilson Ave
Montreal, Que.
Oct 13/43.

ESTATES
BRANCH
OCT 14 1943
H. Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir:-

Enclosed you will find my husbands last will, which you requested in letter of Sept. 27/43.

Sincerely yours.

Mrs. Dorothy I. Fallis

2183 Wilson Ave
Montreal, Que.
June 11/44.

Estates Branch,
Dept. of Nat. Defence.

Dear Sir:-

In answer to your letter of May 17th, regarding the transfer of my husbands war savings certificates into my name:

I would be much obliged if you would do this for me.

Enclosed please find certificates.

Yours very truly
Dorothy I. Falls

ESTATES BRANCH
JUN 14 1944
DEPT. OF
OTTAWA.
NATIONAL DEFENCE

DISTRIBUTION OF SERVICE ESTATES CF

Estates Form "P. 4"

R.C.A.F.

Name: FALLIS (Surname) John (Christian Names) No.: J16905

P/O (Rank) R.C.A.F. O/S (Unit) 18-1-43 (Date of Death)

AMOUNT

L.P.C. ..... $ 224.70

Date: June 20/44

Other Credits .....

Total 224.70

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Dorothy I. Fallis, 2183 Wilson Ave. Montreal, Que. TO BE FORWARDED BY REG. MAIL DIRECT. (Sole beneficiary under Will)	224.70

P4. TO TREAS. 5/7

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
~~9999~~ 0000	833	01	70	000	224.70

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F.

Name: FALLIS, John No.: J16905
Surname Christian Names

P/O R.C.A.F. O/S 18-1-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 313.80

Date: 8-3-45

Other Credits

Total 313.80

Prev.Dist. 224.70

This Dist. 89.10

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Dorothy I. Fallis, 2183 Wilson Avenue, MONTREAL, Que., (Sole beneficiary under will)	89.10

TO BE FORWARDED BY REG. MAIL DIRECT.

P4 TO TREAS. 4-4-45 dw

X.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9999 XXXXX	833	01	70	000	$89.10

CLASSIFIED BY

Original Signed by
L. B. ROSEBUSH

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

R 79074

59

Name FALLIs, John.

Classification

No. *Sex* Male *Reference*

RIGHT HAND

1. Thumb	2. Index finger	3. Middle finger	4. Ring finger	5. Little finger

LEFT HAND

6. Thumb	7. Index finger	8. Middle finger	9. Ring finger	10. Little finger

Impressions taken by Chas. G. Miller
(Signature of person taking prints)

Date impressions taken Aug. 9-41

Note amputations

Signature of printed person: John Fallis

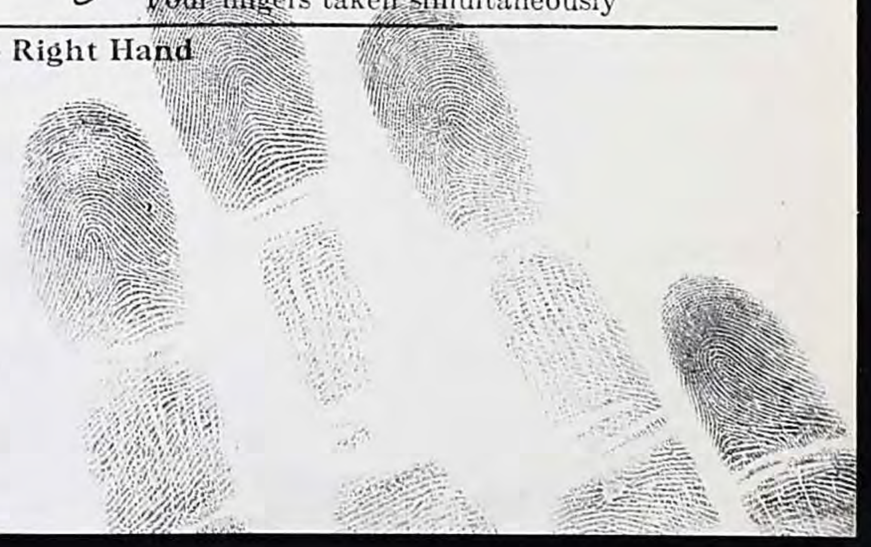
Four fingers taken simultaneously

Left Hand

Left thumb | Right thumb

Four fingers taken simultaneously

Right Hand



ROYAL CANADIAN AIR FORCE

Name FALLIS, John. R79074

Rank LAC RCAF

Age 24 Height 5' 9¼" Weight 148

Hair Red (fair) Eyes Green Hair on face Red

Marks, scars, etc. Scar on index finger of lrft hand

John Fallis (Signature of holder)

A.V.McKenney F/O. (Signature of issuer)

Place #1 W/S. Montreal, P.Q. Date Aug. 9-41.

Card serial number 46050

Right Index Fingerprint

Impressions forwarded to
Headquarters P.I.B. by ..... Rank ..... Date .....

FOR HEADQUARTERS USE ONLY

R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

Received for Photostat by ..... Rank ..... Date .....

Forwarded to H.Q. P.I.B. by ..... Rank ..... Date .....

HEADQUARTERS FINGERPRINT SECTION

Received at P.I.B. by ..... Rank ..... Date .....

Classified at P.I.B. by ..... Rank ..... Date .....

Checker ..... Searcher ..... Date .....

R.C.A.F. R 159
90M—6-41 (320)
H. Q. 1062-3-114

L.25

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
J/16905	P/O	LR	John	Fallis

13-1-43 (28492)

Reason for termination of service: Pres. dent, 18-1-43

Nex 950 d/ 23-8-43

TOTAL SERVICE:

T.O.S. 24-1-41 S.O.S. 18-1-43 725 DAYS

T.O.S. _____ S.O.S. _____ _____ DAYS _____

TOTAL 725 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS nil

TOTAL QUALIFYING SERVICE 725 DAYS

OVERSEAS SERVICE:

From: 7-1-42 To: 18-1-43 377 DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____

TOTAL 377 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS nil

TOTAL QUALIFYING OVERSEAS SERVICE 377 DAYS

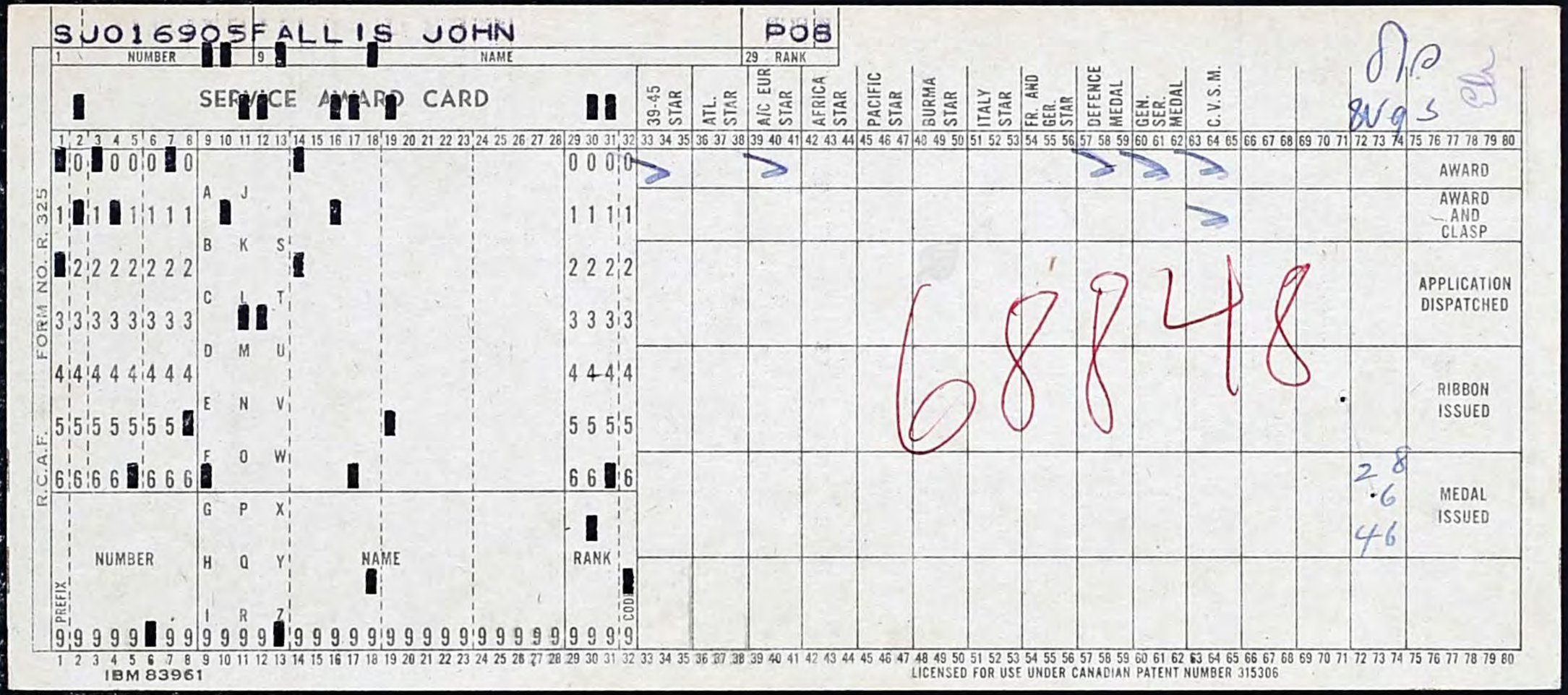
1 ✓ 4
503
751

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

J.R. Ferris F/L
for R.C.A.F. RECORDS OFFICER

COMPUTER'S INITIALS	
CHECKER'S INITIALS	
DATE 2-5-48	

R.C.A.F.-R.310


SJ016905 FALLIS JOHN
POB
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
PREFIX
NUMBER
NAME
RANK
CODE
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
68248
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

7289. 4/4/50

Mrs. Dorothy I. ~~Fallis~~ WALKER (Widow) RE-MARRIED
2183 Hilson ave., Apt. 7,
Montreal,
Que..

~~June 44~~
19/10/48

MEMORIAL BAR
DATE DESP
REGN. NO 3312

10M—3-40 (4425)
H.Q. 1772-45-8

NAME FALLIS, John

H.Q. FILE NO. 1022-F-2589

RANK P.O. ~~XXXXXX~~ W.O.A.G.

UNIT ~~MISSING~~ PRES. DEAD

REGT'L NO. 216905 ~~R79074~~

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	18-Jan-43	MOTHER LIVING: YES WIFE: YES		
MINISTERIAL CARD:	23-1-43	ROYAL MESSAGE: 14-2-44 MEMORIAL CROSS:	11-2-44	
	To ~~xxxx~~ wife	To wife To wife		
	new card 31-3-43	To mother - mother		
	To wife 13-10-43	cross returned - not at address given		
		Resent to wife address - 29-8-45		
	Mrs. John Fallis, 2183 Wilson Ave., Apt. 7, Montreal, Que.	Mother-Mrs.H.L. Fallis, 2238 Coursol St., Montreal, Que.	R.C. NO 3TC	

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

40066

DECEASED MEMBER'S NAME: John (CHRISTIAN NAMES) Fallis (SURNAME)

PAYEE: Mrs. Dorothy I. Fallis,

ADDRESS: 2183 Wilson Ave.,- Apt. 7, Montreal, Que.

REGISTER NO. 19575
FILE NO. 19 June/45
DATE J.16905
SERVICE NO. P/O
FINAL RANK OR RATING
DATE OF DISCHARGE 18 Jan/43

DATE OF TERMINATION OF OVERSEAS SERVICE 18 Jan/43

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 725 / 30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 377 LESS 5 INELIGIBLE DAYS, EQUAL TO 372 DAYS @ 25C. PER DAY	93.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 6.25 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ 45.00 $ 1.50 TOTAL $ 9.45 ×7 = $ 66.15 NO. OF DAYS 377 / 183 ×$ 66.15	136.27
D. WAR SERVICE GRATUITY	409.27
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	409.27
G. YOUR PORTION OF GRATUITY IS— DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 45.00 OF $ 409.27 =$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 45.00	409.27

R.C. ... Office
Rec'd JUL 11 1945
O.K. C.I.B.
N.I.
P.A.

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
HLG	TGD	[signature]	22.6.45

[signature]
SERVICE REPRESENTATIVE

MAY 12 1945

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

☐ Navy
☐ Army
☒ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

J 16905

Application for War Service Gratuity

(*Canadian Armed Forces*)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service FALLIS (KILLED IN ACTION)
(Print)

2. Christian Names JOHN
(Print)

3. Service No. J 16905 4. Paid rank or rating at date of termination of Service PILOT OFFICER

5. Address, in full, to which payments of gratuity are to be forwarded

2183 WILSON AVE, APT 7
MONTREAL, QUE

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
AIR FORCE	J-16905	P/O	JAN. 1941	JAN. 18/43
	Pres Dead 18-1-43			
	PC x 9500/23-8-43			

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? YES If so, state name of Force or Forces ATTACHED ROYAL AIR FORCE

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? No If so, state the Force or Forces, with dates of commencement and termination of service.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

April 21/45
(Date)

Mrs. Dorothy I. Fallis
(Signature of Applicant)

Widow of Deceased John Fallis

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

C 366

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

APR 27 1945

TRADE TEST CARD.

R.A.F. Form 167.

For Airmen and Recruits.

For Examinations under K.R. and A.C.I. 498, 499 and 504 (9).
This form in triplicate (one card and 2 flimsies) is to be filled up, on this side only, by the C.O. Unit, and forwarded to President of the Examination Board in accordance with Para. 501 (ii) of K.Rs. and A.C.Is. as notice that a N.C.O. or Airman is ready for examination. After examination, one flimsy completed will be forwarded by the President of the Board to the C.O. candidate's unit and one to O.i/c. Records, the card copy will be retained or forwarded to the C.O. Reception Depot.

For Examinations under K.R. and A.C.I. 500 and 485(4).
This form in duplicate (2 flimsies) to be filled up on this side only by the C.O. Unit and forwarded to the President of the Examination Board in accordance with paragraph 501 (i). After examination one flimsy completed will be forwarded to O.i/c. Records and one flimsy forwarded to the C.O. candidate's unit.

Report under K.R. and A.C.I. 393.
This form in triplicate to be filled up on this side only and forwarded to O.i/c. Records.

Number R79074 Surname (in block letters) FALLIS (Initials) J. Present rank SGT.

Unit and Command Group 12 Sqdn WICKENBY No 1 GROUP Date promoted to present rank —

Present Trade W/OP A/G Group II Age —

Whether passed for Drill (K.R. & A.C.I. para. 481(1) (a)) ..... Date Passed ..... Assessment .....

" " Handling Aircraft (K.R. & A.C.I. para. 484 (5) (6)) ..... " " ..... " .....

" " Elemty. Education (K.R. & A.C.I. para. 468) ..... " " ..... " .....

Whether holding Certificate : L.A.C. Education (K.R. & A.C.I. para. 484 (2) (c)) ..... Date taken ..... " .....

" " " Sergeants Education (K.R. & A.C.I. para. 490 (2) (f)) ..... " " ..... " .....

Whether qualified Discipline (K.R. & A.C.I. para. 490 (2) (a)) ..... " " ..... " .....

" " Administration (K.R. & A.C.I. para 490 (2) (b)) ..... " " ..... " .....

†Recommended for REGRADING TO GRADE I W/OP.

.....

Signature H. C. Cottrell F/Lt for Commanding Officer 12 SQDN.

Date 29/10/42

†Insert reason for test and quote para. of K.R. & A.C.I

(37872) Wt 30479—1867—37520—11/41—37½M—T.G.P.—51/1607

Date of Written Test 1/10/42
or
Date of Recommendation 31/9/42
Date of Examination :— 25/10/42.

R.A.F. Form 167.

Result of Local or Central Trade Test Board Examination.

Where Examined :— R. A. F Binbrook

All Airmen Except Senior N.C.O.'s.		Senior N.C.O.'s.		Recommended by Board to be :—
Part. Vide A.P. 1112.	Marks.	Part	Marks.	
Part I. 100	76	Allied Test		Enlisted as :—
„ II. 150	128	Trade Test.		Promoted to :—
„ III. 200	152	Part II.		Remustered to :—
Thus IV. 50	40	„ III.		Reclassified to :— REGRADED Grade I W/op
„ V.		„ IV.		FAILED in Part(s)
„ VI.		„ V.		
Total 500	396	Total.		
Aggregate %	79	Aggregate %		

Particular attention is drawn to A.P. 1112, Part II, Section I, para. I (viii).

Signatures :—

Remarks by President of the Board :

President :— F W Simpson F/L

Remarks by C.O. of Airman's Unit :

Member :— L Gray P/O

Member :— [illegible] W/O

NOTE :—(i) Marking to be in conformity with A.P. 1112, Part II.
(ii) Forms to be made out in accordance with K.R. & A.C.I. 501 (4).

Date :— 29/10/42

R.C.A.F. Special Reserve

QUOTA 9.

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.

---

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

(2) Regimental or Air Force Number and Rank A. C. 2. R79074

(3) Unit ROYAL CANADIAN AIR FORCE

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? NO

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

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

FEB 3 1941
O. K.
R. C.
P. A.

[SEE OTHER SIDE]

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

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

(11) Is your father alive? YES.

If so, state name and address, occupation Herbert LeRoy FALLIS

2238 Coursol St, Montreal, Que. Salesman.

(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 Mary (ROACH) (FALLIS) maiden

2238 Coursol St, Montreal, Que.

(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.

John Fallis
(Signature of officer or man)

Date January 24th, 1941.

Jos. Arbour F/O
for (A.B. Matthews) Flt. Lt.
Officer Commanding
R.C.A.F. Recruiting Centre, Montreal, Que.

Date January 24th, 1941.

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.

R.C.A.F. G.64
5M—10-42 (2840)
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH NO. 4754

This is to Certify that

J16905 PILOT OFFICER JOHN FALLIS R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 18TH day

of JANUARY 1943, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 30TH day of AUGUST 1943

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

No. 1 "Y" Depot
Halifax N.S.
January Sixth Nineteen
and Fortytwo-6/1/1942

Last Will and Testament.

I John Fallis a Sgt. in the Royal Canadian Air Force, sane and in sound mind do hereby bequeath to my wife Dorothy Isabelle Fallis all my worldly possessions, subsequent inheritances and benefits, pensions, any and all annuaties, bonds, certificates and like documents of financial value or otherwise. To with as she sees fit.

If at the time of my death she is not living the above mentioned bequeaths be given to my mother Mrs. Mary Fallis.

If at the time of my death my mother is not living the above mentioned bequeaths be given to my father Mr. Robert LeRoy Fallis.

— If at the time of my death my father is not living the aforementioned bequeaths be devided equally between my brothers Herbert William Fallis and Howard Francis Fallis. ——————————

——————— This will supercedes and cancels any and all former wills or testaments made by me prior to January sixth nineteen hundred and fortytwo. ——————————

Signed John Fallis.

Witnessed M.M.Howard S/WAC.

Witnessed Jno Lilmann

1 W S

WILL R.C.A.F. R.60

Last Permanent Civilian Address

(1) I, John Fallis ..... of the ~~)~~City)Town)Village)Township of Montreal in the County of ..... District of ..... Province of Quebec — Assayer (Civil Occupation)

a member of the Royal Canadian Air Force, Number R-.1.9.0.1.4 do hereby revoke all former Wills by me made and declare this to be my last WILL.

(a)Relationship (b)Names and (c)Address of beneficiaries and (d)What ~~each~~ is ~~to~~ receive

(2) I Give, Devise and Bequeath unto my wife. Mrs. John Fallis (nee Dorothy Isabel Cartland) Sole Beneficiary. 2241 Old Orchard Ave. Montreal-Que. my whole 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 R.C.A.F. .....
(Name) (Address)
Executor
..... to be the ..... of this my Last Will.
~~Executrix~~

IN WITNESS WHEREOF I have hereunto set my hand this 24. day of October ..... 1941.

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 Fallis .....
(Signature of Testator)

First Witness sign here

(5) B. Ball. J. cpl. .....
(Signature)
No. 1 Wireless School R.C.A.F.
(Address)
Clerk Stenographer ..
(Occupation)

Second Witness Sign here.

C. Chartrand .....
(Signature)
#1 Wireless School R.C.A.F.
(Address)
Stenographer .....
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd OCT 27 1941
O. K. ..... C.I.B. .....
R. C. R76 N. I. .....
S. L. ..... P. A. .....

P.10311. Personal effects of J.16905 P/O. Fallis, J. RCAF.

1 cardboard carton contg.
7 prs socks
3 pullovers
2 scarves
1 towel
3 prs pyjamas
1 leather case contg.
1 nail file
1 pr scissors
1 shirt
1 pr tinted spectables, 1 pr spec.case
1 pr braces
2 unserviceable torches
1 propelling pencil
1 pr cuff links
2 leather wallets
(1 empty, 1 with cards etc.)
2 razor cases
1 pr shoes
1 pr slippers
1 empty money belt
1 camera, Majestic, no case
1 pr underpants
1 fountain pen, no name
1 coat hanger
1 photograph in gx frame
1 photo album
1 bundle of letters
20 handkerchiefs
10 collars
4 prs socks
5 prs underpants
12 shirts
3 prs combinations
4 vests
1 pr pyjamas

1 brown dressing wallet
1 wallet with negatives
Private letters and photos
1 Diary

The following item has been extracted and forwarded to A.M. by the Unit.
1 P.O. Savings Bank Book. No.522 Fritwell.

P.T.O.

Original Station inventory signed by J.Shushtary. P/O.
Effects checked at Central Depository on 15.2.43. 27.2.43. 26.3.43.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J16905 (R79074)

RANK F/SGT (PAID) WITH EFF. 8-JUNE-42. W.O.II (PAID) WITH EFF. 8-DEC-42. NOW PILOT OFFICER

UNIT 12 SQDN OVERSEAS

TRADE W.O.A.G. (G.L.)

NAME FALLIS, JOHN

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

MARITAL STATUS

RELIGION

CANADIAN

FRENCH CANADIAN

OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS

NAME
ADDRESS
D.A.B.

ESTATES BRANCH DEC 2 1944 H.Q. OTTAWA NATIONAL DEFENCE

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

AMENDED EXTRACT RE: RANK

FATHER'S NAME
ADDRESS

LIVING ON ENLISTMENT

MOTHER'S NAME
ADDRESS

LIVING ON ENLISTMENT

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

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY-----PCX950-----d-23-AUG-43.

PREVIOUSLY REPORTED "MISSING" 18-JAN-43 AFTER AIR OPERATIONS (OVERSEAS)

NOW "PRESUMED DEAD" 18-JAN-43 FOR OFFICIAL PURPOSES.

89 to Prom Lay
Entered RA
6/2/45.

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

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

DATE 28-11-44

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

FOR CHIEF OF THE AIR STAFF

ΔTS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 18712

P.A.

J16905 (RO)

R E G I S T E R E D

OTTAWA, Canada, 28th. June, 1946.

Mrs. D.I. Fallis,
2183 Wilson Avenue,
Montreal, Quebec.

Dear Mrs. Fallis:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your husband Pilot Officer J. Fallis.

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

Yours very sincerely,

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

KF

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II) R.A.F. Form 158

J.16905

ROYAL AIR FORCE
AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service)

Official No. ~~CAN/R 7904~~ Name FALLIS JOHN Rank ~~CAN/R A/90~~ T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W.O.A.G. Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 29.3.17. Religion R.C. Occupation in Civil Life Essayer

Last Enlisted 24.1.41 Current Engagement

If a member of the Auxiliary Air Force

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

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

Mrs J. Fallis (wife) 2211 old Orchard Ave, Mtl, Quebec

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

N.O.K.

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
9. Bt S. Jarvis	1Y Depot Halifax	9.12.41		Enlisted AC2 WOAG Std	24.1.41
1Y Depot	RAFTP	7.1.42		Reclass LAC	26.6.41
	Embarcade	8.1.42		Promoted T/Sgt WOAG Spec	8.12.41
3/42	3PRC	21.1.42	POR 89/42	Remustered W/Op AG T/F	6.3.42
	#1 S.S.	14 FEB 1942	143/42.	WOAG Grade 1.	1.11.42
No. 1 SIGNALS SCHOOL	No. 16 O.T.U.	21 APR 1942	157/42.	Promoted T/F/Sgt.	1.11.42.
16 O.T.U.	26 O.T.U.	5.5.42			
26 O.T.U.	12 Squadron	15.8.42			
12 Sqdn	MISSING	17.1.43			
Discharged to commission		16.1.43			
	9 16905				
	RD 80 28.5.43				
Missing	12 Sqdn	18.1.43			

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

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

Wt. 23173/1099 357M 8/41 McC. & Co. Ltd. 51-994.

SECTION 4.—CHARACTER [illegible]

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
[illegible]	V.G.	WO/AG	NOT EMPLOYED	ON STRENGTH FOR TRAINING ONLY			21 APR 1942	[illegible] S/L
[illegible]	V.G.	WO/AG.	On strength for training only.				15-5-42	W.P. Allen G/C.
Sgt.	V.G.	WO/AG	On strength for			training only.	15.8.42	H.T. Edwards F/L.
T/F/Sgt	VG	WO/AG	Sat HC Sat AC			Rec.	31.12.42 14.1.43	[illegible] W/C

1

ROYAL CANADIAN AIR FORCE

Air Force No. R 79074

MEDICAL HISTORY OF

SURNAME Fallis CHRISTIAN NAMES John

TABLE I.—General Table

Examined { on 6th day of Jan. 19 41
at Montreal Quebec

Age 23 years

Trade or occupation Asseyer

Height 5 feet 7 3/4 inches. Weight, stripped 138 lbs.

Colour of Hair Red Complexion Fair

" Eyes Blue Green.

Identification Marks:—

None

Defects or Ailments:—

Cal. Vis normal B.P. 122/70

urine negative

Category A 3 B1

Signature

(Rank)

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
Original fire @	documents destroyed by #16X Depot Debert NS 2-5-41
24-1-41	X Ray #6 9944 neg.
27-1-41	Vacc. Tab I
3-2-41	Jet Inj Tab II
10-2-41	Tab III
9-2-41	Dick Test Negative
27/3/41	Jet Inj II 1cc
15-9-41	Schick Test Positive
2-10-41	Hyp. Typ. 1cc
5-11-41	" " 1cc
7/11/41	Reexamined. Fit for category A3B. Ocular muscle imbalance. C.R. Lyttle Flg
DEC 8 1941	RECHECK-FIT FOR OVERSEAS DUTY

TABLE II. (Continued)

DATE	BRIEF DETAILS AND SIGNATURES
12-12-42	T.A.B. Sec 2 1cc A.T.T R.H.D.F/O

R.C.A.F. M. 13
30M—11-40 (7972)
H.Q. 1062-10-13

Commission des Ecoles Catholiques de Montréal. Montreal Catholi

R.C.A.F. Special

Ecole Daniel O'Connell School School
5340 Cote St.Antoine Road.

Montreal, January 23rd, 1941. 193

Royal Canadian Air Force,

Recruiting Centre,

Bishop Street, Montreal P.Q.

This is to certify that John Fallis completed his second year High School education at Daniel O'Connell School, at which time I was Principal at the above mentioned School.

Mr. Fallis was a satisfactory pupil having good rank in class and gave entire satisfaction to his teachers.

Signed (Rev) M. S. O'Connor

Principal.

F. 122 - 25,000 - 7 - 39.

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

Catholic High School of Mont[illegible]

Board of Governors:

REV. GERALD J. MCSHANE, S.S., D.D., LL. D.
CHAIRMAN
REVEREND M. P. REID, P.P.
REVEREND J. J. STANFORD
HON. W. L. MCDOUGALD, M.D.
E. J. MULLALLY, M.D. — E. MCG. QUIRK, ESQ.
P. MONAHAN, ESQ. — W. M. WEIR, ESQ.
W. H. ATHERTON, PH. D., LL.D., LITT. D., HON. SEC'Y.

PRINCIPAL'S OFFICE:
3465 DUROCHER STREET

TELEPHONE:
MArquette 2713

Montreal, December 30, 1940

To the Royal Canadian Air Force

Dear Sirs: Recommending Mr. John Fallis

Mr. John Fallis successfully completed the first year of High School at this school, and the second year at Daniel O'Connell School (1929-1931).

I have known Mr. Fallis since he was quite young, and I feel that I can highly recommend him for a position of trust with the Royal Canadian Air Force.

Yours very sincerely,

Bro. Augustine
Principal.

BA/GD

R.C.A.F. Special Reserve

Imperial Iron Corporation
Limited

EXECUTIVE OFFICES
64 JEFFERSON AVE.
TORONTO 2

GENERAL OFFICES
St. Catharines, Ontario

Royal Canadian Air Force.
Recruting Centre, Montreal.

Montreal Office.
Dec. 30/40.

Dear Sirs:

This is to certify that we have had John Fallis in our employ for three years, and found him, honest and willing, and we are sure he will be a credit to any organization, he may join.

Sincerely yours,

J H Brent.

Manager.

FHB/RM

BOILERS RADIATORS
Anthes-Imperial
SOIL-PIPE FURNACES

R.C.A.F. Special

SISCOE GOLD MINES LIMITED

DOMINION SQUARE BLDG.

MONTREAL

HARRY E.GREEN
SECY-TREAS.

31st December 1940.

To the Officer in charge of recruiting
Royal Canadian Air Force
Recruiting Center
Montreal.

Dear Sir:-

The bearer of this letter Mr. John Fallis was in the employ of this Company for fifteen months, during which time he executed his duties in a most satisfactory manner.

He is 23 years of age, willing, intelligent and bears an excellent reputation in every respect.

As he is most anxious to enter the Air Force I sincerely trust you will give his application every consideration.

Yours very truly

Harry E. Green.

AIR FORCE NO. R79074 NAME OF AIRMAN LAC Fallis John

EVIDENCE OF MARRIAGE

DESCRIPTION OF DOCUMENT Marriage Certificate

NO.

ISSUING AUTHORITY William Sullivan

HUSBAND (Full Name) John Fallis,

WIFE (Full Maiden Name) Dorothy Isabel Cartland

DATE OF MARRIAGE July 12th, 1941.

PLACE OF MARRIAGE Montreal, Que.

DATE

July 16th, 1941

CERTIFIED TRUE EXTRACT

(Signature & Rank)
(R.M.Smith) Wing Commander,
Commanding Officer,
No. 1 Wireless School,
Montreal, Que.

A.F.M.13

R.C.A.F. Records Office
Rec'd JUL 18 1941
O.K. C.I.B.
R.C. N.I.
R.C. P.A.
S.L. P.A.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

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: FALLIS (Block letters)

Given names: JOHN

Do not write in this space

4. RESIDENCE

Street: Old Orchard Avenue No. 2241

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		Married

9. If married give name of wife or husband of deceased: Cartland, Dorothy Isabel

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March (Month) 29th (Day) 1917 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	25	9	20	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator Air Gunner

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

15. Date deceased last worked at this occupation: Jan.18/43

16. Total years spent in this occupation: Two

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER Fallis, Herbert Le Roy	New Brunswick
MOTHER (Maiden Name) Roach, Mary	Quebec

19. Place of burial, cremation or removal

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

PARTICULARS OF BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

....19....
(Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 18th (Day) 43 (Year) 19

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) Previously reported missing after air operations, now for official purposes, presumed dead.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

....

....

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: Accident Date: Jan. 18th 43 19

(State which)

Manner of injury: Presumed killed during air operations

(How sustained)

Nature of injury....

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

Signed....**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)

QUOTA 9.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME.....FALLIS.....

CHRISTIAN NAMES.....John.....

MARRIED.....NO.....NO. OF CHILDREN.....

N.F.

FLYING

AGE.....23.....
HEIGHT.....5-4½.....
WEIGHT.....145.....

ADMINISTRATION.....
TECHNICAL.....
EQUIP./ACCTS.....
GEN. LIST.....

PILOT.....
OBSERVER.....
W.O. AIR GUNNER.....X.....

EDUCATIONAL STANDING:- Number of Years..2.....

High School....2 yrs....Technical.....Commercial.....

University (Name and dates of Attendance).....

S tanding other Countries.....

FLYING EXPERIENCE:- Total Hours

Commercial Hours Solo.....Dual.....

Private " Solo.....Dual.....Passenger.....

No. Hours & Types during last 2 years.....

MILITARY AND OTHER TRAINING:-

NIL

SPORTS:- (What branches)

HOCKEY BASEBALL

HOBBIES: SWIMMING

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

.....KEEN..ALERT..CLEAN CUT AND ANXIOUS FOR SERVICE.

...SHOULD BE GOOD GUNNER MATERIAL.....

REFERENCES CHECKED

REFERENCES CHECKED -- SATISFACTORY X
REFERENCES CHECKED -- UNSATISFACTORY
REFERENCES NOT CHECKED.

23-1-41 (Date) J.C (Initials)

CONSIDERED SUITABLE FOR COMMISSIONED RANK?....Doubtful.....

BEST FITTED FOR.....GUNNER.....

DATE: 2-1-41

RECRUITING CENTRE: MONTREAL

Jos. Arbour F/O
for C. L. Arnold, F/O.
Signature of Officer

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

APPROACH
Confident.....X.....
Nervous.....
Easy.....

CARRIAGE
Upright.....X.....
Medium.....
A thletic.....

DRESS
Neat.....X.....
Conservative.....X.....
Clean.....X.....
Careless.....

PHYSIQUE
Medium.....X.....
Heavy set.....
S lender.....

SPEECH
Clear.....X.....
Slow.....
Hesitant.....

RESPONSE
Q uick.....
Deliberate.....
Slow.....

MANNER
Alert.....X.....
Confident.....X.....
Sincere.....X.....
Reserved.....
Nervous.....
Overbearing.....
Irresponsible.....

EXCELLENT.....

ABOVE AVERAGE.....

AVERAGE.....X.....

BELOW AVERAGE.....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

QUOTA 9. R.C.A.F. Special Reserve

R79074.

R. C. A. F.

AIR CREW ENLISTMENT AGREEMENT.

1. I, the undersigned, do acknowledge that I have read, understand, and agree to the following conditions of Service in the event of my being accepted for enlistment in the Royal Canadian Air Force as Air Crew (Wireless Operator Air Gunner) Standard.

That I will be called upon to perform other than Air Crew duties until the R.C.A.F. is in a position to commence my training as such.

2. If at any time I am found unsuitable for further training in the above category, I understand that:

(i) I may be re-mustered to another Air Crew category for which I am found suitable,

or

(ii) If found unsuitable for any flying duties, I may be re-mustered for service in ground duties.

J.D. Arbour F/O
(Witness)

January 24th, 1941.

John Fallis.
(Signature of Applicant)

January 24th, 1941.

A.F.M. 27
29-7-40

AIR FORCE NO. ~~R78074~~ J16905 NAME OF AIRMAN ~~LAC Fallis John~~

EVIDENCE OF MARRIAGE

DESCRIPTION OF DOCUMENT Marriage Certificate

NO.

ISSUING AUTHORITY William Sullivan

HUSBAND (Full Name) John Fallis,

WIFE (Full Maiden Name) Dorothy Isabel Cartland

DATE OF MARRIAGE July 12th, 1941.

PLACE OF MARRIAGE Montreal, Que.

DATE

July 16th, 1941

CERTIFIED TRUE EXTRACT

(Signature & Rank)
(R.M.Smith) Wing Commander,
Commanding Officer,
No. 1 Wireless School,
Montreal, Que.

A.F.M.13

(1) 26 O.T.U

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

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

242

AIR AND GROUND TRAINING

Surname Fallis Christian Names J.

Number ~~R79074~~ J. 16905 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 1 Wireless School. Course No. 20 To 8.11.41 From 23.6.41

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 1 hours.

(b) In Flying Classroom, listening watch 3 hours.

(c) In 2-seat aircraft as sole operator 8 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	30	Signals Organization	150	145
Radio Equipment	250	160	Armament	100	71
Morse (buzzer and lamp)	200	141	Drill and P.T	50	33
Procedure	200	142	TOTALS	1000	722

Maximum Marks, 1000. Marks Obtained 722 Percentage 72.2 Pass or Fail Pass

Position in Class 64 No. in Class 112

5. Date authorized to wear Wireless Operator's Badge 8.11.41

PART I—*Concluded*

WIRELESS TRAINING

6. Comments as to suitability for Commissioned rank:—.....

.....

Numerical assessment as to suitability

for Commissioned Rank:- 356.

.....

.....

Officer Commanding

No. 1 Wireless School

Date 8.11.41.

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

PART II

ARMAMENT TRAINING

1. No. 1 B G. S. Course No. 20

2. Dates of Courses:— From 10-11-41 To 8-12-41

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle	12.30		4.20	16.50

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test..... 7.- %

(*b*) Beam Relative Speed Test..... 16.- %

(*c*) Under Tail Test..... 16.- %

5. *Total Rounds Fired*—

Ground..... 650 %

Air to Ground..... 200 %

Air to Air..... 2535 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination..... (100 Marks) 65

(*b*) Practical and Oral Examination..... (100 Marks) 81

(*c*) Ability as Firer..... (250 Marks) 210

(*d*) Qualities as an N.C.O..... (~~150~~ 450 Marks) .....

Totals..... (~~600~~ Marks) 356

7. Position in Class 3 No. in Class 41 Pass or Fail Pass

8. Date authorized to wear Air Gunner's Badge 8-12-41

9. Comments on suitability for Commissioned Rank Unsuitable

10. Remarks. An average leader. Willing to work and never shirks responsibility.

.....

.....

Squadron Leader

Chief Instructor

No. 1 B. G. S.

Date 6-12-41

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	722
Bombing and Gunnery School	450 600	356
TOTALS	1450 1600	1078

12. Percentage 74.4 Pass or Fail Pass Position in Class 8

No. in Class 28

13. Recommended for Commissioned Rank ..... (*yes or no*) Assessment Average (*ex., above average*)

14. Remarks A popular man respected by all. A diligent hard worker.

J.E.Wait Group Captain

(G.E. Wait) *Officer Commanding*

No. 1 B. G. S.

Date 6-12-41

Missing 171.

Sheet Destroyed, date .....
Date of last entry .....
Number of cases of drunkenness .....
Date of last instance of drunkenness .....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. ~~R79074~~ J16905. NAME AND INITIALS FALLIS J (IN BLOCK LETTERS) DATE OF ENLISTMENT 24-1-41

SHEET No. ONE (IN WORDS) SIGNATURE AND RANK OF C.O. [signature] P/O FOR (G.N. IRWIN) WING COMDR DATE 25-1-41

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
				CERTIFIED NO ENTRY	W Nicholson	P/O ~~W/O~~ C.D.O. No. 1 SIGNALS SCHOOL			21 APR 1942
				Certified no entry	R.L. Price	A/S/O. A/Adjt., No. 16 O.T.U., Upper Heyford.			8.8.42
				CERTIFIED NO ENTRY	~~Haymond~~	W/O for G/C. Commanding No 26 O.T.U.			15.8.42
12 Sqdn Wickenby	10/11/42	Sgt		WOAS: Absent from 0001 hrs 10/11 until reporting to Guardroom at 1010 hrs on 11.11.42 (Absent 1 day 10 hrs 9 mins)		Admonished	13.11.42	W/C H I Dabinnett	[signature] F/LT Forfeits 2 days pay under KR3470 20.11.42
				CERTIFIED NO FURTHER ENTRY	H.C. Cottrill	F/LT, Adjt, No 12 Squadron			17.1.43
				To be carried over					

R.C.A.F. R. 71
15M—11-40 (8152)
H.Q. 1062—8-53

AIR FORCE No. ~~R79074~~

SURNAME: FALLIS, JOHN — FULL CHRISTIAN NAMES

OFFICER RECORD OF SERVICE AIRMEN

J.16905

ENLISTMENT — PLACE Montreal — DATE 24-1-41

RE-ENLISTMENT

C.R. FILE NUMBER SR.

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

comm. 15-1-43

1. POSTING (INDICATE S.O.S. AND T.O.S.) — Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
2OS	1 M.D. Jarvis St	25	1	41	1 M.D. 22
S.O.S.	1 M.D.	19	2	41	1 M.D. 43
T.O.S	1 A M.D. Picton	20	2	41	P42
S.O.S	1 A M.D. Picton	20	3	41	P65
T.O.S.	16 E.D. Debert N.S.	21	3	41	16(X)68
T.O.S.	Emb. Dep. Debert (cancelled)	23	3	41	E.M. 33 EM34 EM35
S.O.S.	16 Ex Depot, Debert N.S.	13	5	41	16(X)112
T.O.S	R.C.A.F. Stn. Sydney N.S.	14	5	41	S113
S.O.S	R.C.A.F. Stn., Sydney N.S.	24	5	41	S122
T.O.S.	1 W.S., R.C.A.F., Montreal	25	5	41	1 W.S. 125
S.O.S.	1 W.S. Montreal	8	11	41	1 W.S. 269
T.O.S	1 B.S.D. Jarvis St	9	11	41	1 B.D. 314
S.O.S	1 B.D. Jarvis	9	12	41	1 B.D. 339
1OS	1 Y Depot Halifax	10	12	41	1 Y 311
S.O.S	1 Y Depot, R.A.F. Transfer Pool	7	1	42	1 Y 20
1OS	3 P.R.C.	21	1	42	R.A.F. 7
S.O.S	3 P.R.C. to 1 S.I.S.	24	2	42	R.A.F. 14
S.O.S	1 S.I.S. to 16 O.T.U.	21	4	42	R.A.F. 24
S.O.S.	16 O.T.U. to 26 O.T.U.	5	5	42	R.A.F. 27
S.O.S.	26 O.T.U. from 3 A.F.U.	5	5	42	R.A.F. 29
	Missing	17/6	1	43	
	P.O.W. 5574	17/6	1	43	
	Missing	17/8	1	43	R.A.F. 17/1/43
	Presumed dead	18	1	43	
	P.C.X. 95 O	29	8	43	
	COMPLETED				
19575		2	5	45	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	24	1	41	1 M.D. 22
LAC	26	6	41	1 W.S. 163
T/Sgt (Pil)	8	12	41	1 B.D. 339
J.I.S. +4	8	6	42	A.F.R. 02688
P/W.O.2	8	12	42	A.F.R. 02688
T/F/Lt. S.D.	1	11	42	R.A.F. 102
P/O 15-1-43 (Letter 12-3-43) (Cancelled 26-4-43)				1 B.D. 492
T.S.				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
6-1-41	Rlod	R3xB	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W.O./A.S.	Std	24	1	41	1 M.D. 22
W.O./A.H.	Sp	8	12	41	1 B.D. 339
3045					
W/Ag. G.2.		15	1	43	(A.P.R.L. 1/26-4-43)
1 R.O.D.					
W.O./A.G. Grade II		6	3	42	R.A.F. 38
W.op./A.G. Grade I		1	11	42	R.A.F. 79

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans by Corse 20					1 W.S. 244
W.A.G. Course #20	74.4	8	12	41	1 B.D. T 82

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
9-12-41	21-12-41	12		1 B.D. 339
50				

R.C.A.F. OVERSEAS — ENLISTMENT — MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OF E. — R.C. — PRES. — U.C. — RELIGION — HEB. — MIS. — OTHER PROV. — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. ~~R79074~~ J.16905 R

SURNAME: FALLIS, JOHN — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 24-1-41

RE-ENLISTMENT

FILE NUMBER AR.

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

RECORD OF SERVICE AIRMEN

OFFICER

Comm 15-1-43

7. BIRTH: DATE 29-3-14 PLACE Montreal CITIZENSHIP British

FATHER (FULL NAME) Herbert Percy Fallis

BIRTHPLACE St John, N.B.

MOTHER (FULL MAIDEN NAME) Mary Roach

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE

JUNIOR MATRICULATION 2 years. Sec.

SENIOR MATRICULATION

TECHNICAL SCHOOL Commercial

UNIVERSITY

CORRESPONDENCE COURSES

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

Messenger. Typist. Copier Drug Store Clerk. Typist. Supervisor Corp. Crane Ltd. Surveyor. Repair Signal Eagle Aviation Limekeeper Amos. A.E.J. Rep 2040

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunner Badge	1389338	6-12-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 10 - 15

13. RELIGION R.Catholic

14. LANGUAGES English & French

15. SPORTS hockey basketball baseball swimming

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

WIFE (FULL MAIDEN NAME) Dorothy Isabel Cartland

PLACE OF MARRIAGE Montreal DATE 12-7-41

AUTHORITY (IF AFTER ENLISTMENT) Without permission 1W/S 172 - 1/312.

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: Thos. Fallis — RELATIONSHIP Father

ADDRESS: 2241 Old Orchard Ave, Mtl. — D.R.O. 1W/S 167

FULL NAME: Mrs. John Fallis — RELATIONSHIP wife

ADDRESS: 2241 Old Orchard Ave. Mtl. Que. — D.R.O. N.K. (see 172 + 180)

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Depend. Allce.	6 12 41	1/312.			
Admonished.	13 11 42	R&P 101.			
AWL	10/11 11 42	R&P 101.			
Forfeits 2 Days Pay		R&P 101			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	24 1 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occupying Public Qtrs		25-1-41	1/312
Occ Pub Qtrs & drwg rtns		29-2-41	P42
Occupying public quarters.		22-3-41	16(X)68
Drawing rations in kind		23-3-41	16(X)68
Occ. pub qtrs & drawg rats		22-3-41	Em 33
rtns & qtrs - RCAF Stn., Sydney, NS.		15-5-41	S113
Entd. to draw qtrs in lieu		3/6/41	1W/S133.
Ceases qtrs. allce.		9-7-41	1W/S164
with 5 dr. qtrs. allce.		31-7-41	1W/S183
Sub qtrs and rtns.		10-11-41	1W/S 314
Accepted Post Graduation		26-12-41	1/312
Completed 6 mos. Service 24-7-41 & training		6-12-41	1/312.

Date and Place of Signing R 40 - 22302

C.R.E. - 2238 Bleury St., Montreal

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OHF

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
3-2-41	✓					
27/10/41.						RK

AIR FORCE No. J16905 R79074

SURNAME: FALLIS

FULL CHRISTIAN NAME: JOHN

ENLISTMENT/APPOINTMENT

PLACE

DATE 24·1·41

RELIGION: R.C.

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

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
	1 SS	24 2 42	70/42
	16 O.T.U.	21 4 42	24/21
	26 O.T.U.	5 5 42	27/24
	12 Sqn.	15 8 42	55/60
	Discharged to a commission	14 1 43	W.C.A.D. 42/43
TOS	RCAF On Apptd Comm	15 1 43	RCAF N/e unit 1/43
	Missing	18 1 43	AFRO 373/43
	Presumed Dead	18 1 43	DCL 234 AFRO 1949/45 CR 360
TOS.	RCAF M/E.U. (MBK)	1 5 43	M/E.U. 1/43
SOS	RCAF N/e unit (P.D)	1 5 43	RCAF N/e unit 1/43

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

Emb 8·1·42

AIR FORCE No. J16905 R19074

SURNAME: FALLIS

FULL CHRISTIAN NAME: JOHN

ENLISTMENT/APPOINTMENT
PLACE
DATE 24. 1. 41

RELIGION: R.C.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
29. 3. 17				

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Essayer

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

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)

Mrs. J. Fallis (wife) 2241 Old Orchard ave., Montreal P. Q.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P.O.	15/1/43		
W.O. A.G.			

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	8/12/41				
T/F/Sgt	1/11/42	102/38			
T/F.Sgt.	8/6/42	AFRO 2658/43			
T/WO 2	8/12/42	AFRO 2658/43			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

5

AIR MINISTRY

73-77 Oxford St. London W.1

CAN.R79074/P4/CAS

2nd February, 1943.

Dear Mrs. Fallis:

It is with deep regret that I must confirm the information which you have already received from Air Force Headquarters, Ottawa, which stated that your husband, Flight Sergeant John Fallis, was reported missing as the result of air operations on the night of 17th/18th January, 1943.

Your husband was the Wireless Operator Air Gunner of a Lancaster aircraft which took off on an operational flight over enemy territory on the above mentioned date and failed to return. No information has been received concerning your husband or the other members of the crew but enquiries are being made through the International Red Cross Committee and all other available sources. Any information received will be forwarded to you immediately.

Please accept my deepest sympathy with you in your great anxiety.

Sincerely,

MILTON A. FOSS

(Milton A. Foss) Flight Lieutenant,
R.C.A.F. Casualties Officer,
for Air Officer Commanding-in-Chief,
Royal Canadian Air Force, Overseas.

Mrs. D.I. Fallis,
2185 Wilson Avenue,
Montreal, Quebec,
C A N A D A.