

J18918
LANFRANCHI
JAMES LEON

Mrs. Martha M. A. Lanfranchi (mother)
966 Cathedral St.,
Montreal,
Que.

July-46

MEMORIAL	B. R.
DATE DESP	
REGN. NO	1,227

124611

NAME L. RANCHI, James Leon,

FILE NO. FD190

RANK F/O

CATEGORY

~~MISSING~~ PRES DEAD

REG. NO. J18918

DATE OF DEATH: 28-June-44

MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 18-7-44

ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN:

To Mother and Father-

DEL'D TO MOTHER:

To mother ~~and father~~ -28-8-45

DEL'D TO WIFE:

~~Mrs.~~ Mrs. Guido Lanfranchi,
966 Cathedral Street,
Montreal, Quebec.

OCT 27 1945

OCT 28 1945

COMMAND:

RELIGION:

mab
Am

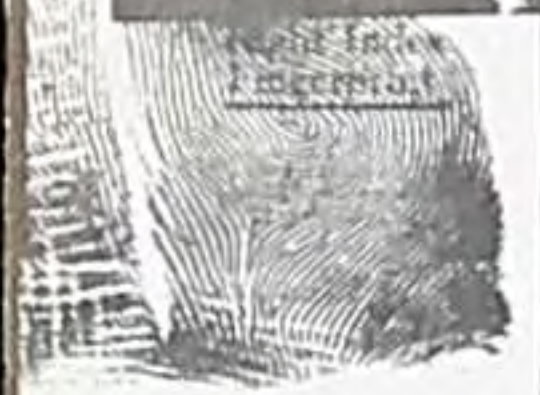
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mu



ROYAL CANADIAN AIR FORCE



Name LANFRANCHI, James Leon R 141506

Rank AC2 R.C.A.F.

Age 22 Height 5' 8" Weight 160

Hair Brown Eyes Blue Hair on face Medium

Marks, scars, etc. None visible

lanfranchi (Signature of holder)

W. Kennedy J.K.K. (Signature of issuer)

Place Montreal Recruiting Centre Date October 29th, 1941

Card serial number 104945

IF YOU LOSE THIS CARD, notify your C.O.

immediately, giving him full particulars

IF YOU FIND THIS CARD, please mail in

an envelope addressed to: "The Secretary;
Dept. National Defence (Air); Ottawa, Can-
ada; Attention P.I.B."

NO POSTAGE NECESSARY

EASTMAN-KODAK SAFETY FILM



R 41506

730

Lanfranchi J. h.



R 14 | 506

for
be

R.C.A.F. A. 42
REV. 16. 4. 52
P. 2. 1954

ROYAL CANADIAN AIR FORCE



SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE, AND
MUST BE SURRENDERED ON DESIRE

missing 28-6-44

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.

J. 18918 1 F/O

Air Force No R/41506 Surname LANFRANCHI
 Christian Names (in full) JAMES LEON
 Date of Birth 9/11/18 Religion ANGLICAN
 Date of Enlistment/~~Appointment~~ 29/10/41
 Married (M), Widower (W) or Single (S) S
 Occupation in Civil Life Accounting Clerk

Signature of Holder.....

Name and Address of Next-of-Kin Father
MR. G. LANFRANCHI, 966 Cathedral St.,
Montreal, Que.

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

Certified Correct..... [Signature] LD
for A.B. MacKenzie F/L

Date 3/4/43 Place R.C.A.F. O/S H.Q.

RAF Rank as at 1/3/43 Sgt. Gp. AIR
2

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
P. or O. STD.	29/10/41		
Pilot	25/4/42	DR098	
" sp.	23/10/42	DR0256	

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
AC2	29/10/41		
LAC	25/4/42		
T/Sgt.	23/10/42	DR0256	
F/Sgt.	23/11/42	D/S 651	
W/O II	23/10/43	0/0781/43	} Robinson Sgt.
P.O.	9.9.43	0/0726/43	
P.O.	9.3.44	0/0947/44	

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
667B held by Annan		

STORES ACCOUNTS
7 JUN 1943
R.A.F. STATION ANNAN

AIR FORCE No.

R141506

LANFRANCHI, JAMES LEON

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE Montreal, Que.

DATE 29.10.41

C.R. FILE NUMBER

SK

J. 18918

OFFICER

RECORD OF SERVICE AIRMEN

Comm 9-9-43

F. FORM R44(B)
COM-8-41 (637)
Q. 1082

7. BIRTH: DATE PLACE CITIZENSHIP 9.11.18 Dundee, Scotland British			16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED <i>single</i> WIFE (FULL MAIDEN NAME) PLACE OF MARRIAGE DATE AUTHORITY (IF AFTER ENLISTMENT)			21. ENGAGEMENTS TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O. <i>Duration 29.10.41</i>					
FATHER (FULL NAME) Guido Lanfranchi BIRTHPLACE Switzerland MOTHER (FULL MAIDEN NAME) Marthe McLeude BIRTHPLACE Dundee, Scotland			17. MARRIED ESTABLISHMENT REMARKS RANK EFFECTIVE D.R.O.			22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES FROM TO DATE D.R.O. <i>See pub gtra 15-11-41 2M0278</i> <i>SIRS 28-1-42 258723</i> <i>Departmental rotations 27-1-42 48426</i> <i>P. 24R 15-2-42 71542</i> <i>SLM C90745 8-4-42 71589</i> <i>S.L. 2. W. C162551 23-10-42 287258</i>					
8. EDUCATIONAL STANDING HIGH SCHOOL ENTRANCE <i>2nd</i> JUNIOR MATRICULATION <i>x H.S. grad. 2nd</i> SENIOR MATRICULATION TECHNICAL SCHOOL UNIVERSITY <i>Mc Gill; Que. 1 yr. B.A. elementary accountancy (evenings)</i> CORRESPONDENCE COURSES			18. CHILDREN CHRISTIAN NAMES BIRTH DATE D.R.O. CHRISTIAN NAMES BIRTH DATE D.R.O.								
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F. <i>Cashier 1938-39 1 year (Montreal)</i> <i>accounting 1939-41 2 years (Massachusetts)</i> 8000			19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL) FULL NAME: Guido Lanfranchi RELATIONSHIP <i>father</i> ADDRESS: 966 Cathedral St. Montreal Que. D.R.O. FULL NAME: RELATIONSHIP ADDRESS: D.R.O.								
10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE <i>N.R.M.A. - gunner from 31-7-41 to 28-10-41</i>			20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK) RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O. <i>Pay - 1 day</i> <i>Subsistence - 1 day 29.10.41 1M0193</i> <i>Unannounced 26.1.43</i> <i>Half 1 day pay 24.1.43 3PF53</i> 25								
11. HONOURS-AWARDS, MENTIONS AUTHORITY DATE <i>Pilot's Flying Badge 282256 23-10-42</i> <i>1939-45 Star 4Rel234</i> <i>Aircrew Europe Star + Clasp 4Rel234</i> <i>Defence Medal 4Rel234</i>						22(A) ADDRESS PRIOR TO ENLISTMENT <i>966 Cathedral St. Montreal, Que.</i> 22302					
12. FLYING EXPERIENCE ON ENLISTMENT (HOURS) SOLO DUAL PASSENGER						23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) R60 R79 B465 X-RAY AFM-13 IDN. CARD <i>21/11/41 JAN 22'42 18-11-41</i> <i>24-11-41</i>					
13. RELIGION <i>Church of England</i>											
14. LANGUAGES <i>English, French</i>											
15. SPORTS <i>swimming, hockey, tennis</i>											

J 18918
AIR FORCE No. R141506

Lafranchi, James Leon
SURNAME FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT PLACE *Montreal Que.* DATE *29-10-41*

RELIGION *Church of England*

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

Comm. 9-9-43

R.C. FORM R230
150 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN	PARTICULARS OF FAMILY			
9-11-18	Dundas	Scotland	British		SINGLE, MARRIED, WIDOWER, DIVORCED <i>Single</i>			

CIVIL EDUCATION	
PUBLIC SCHOOL	JUNIOR MATRICULATION <i>x H.S. grad. Que.</i>
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY <i>McGill, 1 year B.A. 1 year elementary</i>
CORR./BUSINESS COURSES	LANGUAGES SPOKEN <i>French</i>

WIFE (FULL MAIDEN NAME) OR HUSBAND	
PRESENT ADDRESS (IN PENCIL)	
PLACE OF MARRIAGE	DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CIVIL OCCUPATIONS AND EXPERIENCE	
<i>8000</i>	
<i>Accounting Clerk.</i>	

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

PREVIOUS SERVICE	
<i>N.R.M.A. gunner from 31-7-41 to 28-10-41</i>	

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)	
<i>Mrs. Guido Lafranchi (Mother)</i>	
<i>966 St. Gabriel St. Montreal, Que.</i>	<i>CR 574 / 12/29/44</i>

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
<i>28-10-41 R100</i>	<i>A3B</i>		
<i>9-3-42 M2</i>	<i>A1B A3B</i>		

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.
<i>P/O (GL) (SR) PILOT</i>	<i>9 9 43</i>	<i>726/43</i>	<i>23070.67/43.</i>
<i>TIFO</i>	<i>9 3 44</i>	<i>00947/44</i>	

AIRMEN AND AIRWOMEN					
RANK	DATE	AUTH.	TRADE	DATE	AUTH.
<i>A.C. 2.</i>	<i>29 10 41</i>	<i>726/43</i>	<i>Per O "S"</i>	<i>29 10 41</i>	<i>726/43</i>
<i>L.G.C.</i>	<i>10 4 42</i>	<i>7175 98</i>	<i>Pilot crew 478</i>	<i>10 4 42</i>	<i>7175 98</i>
<i>Temp Sgt (pd)</i>	<i>23 10 42</i>	<i>25F 256.</i>	<i>H.P. "S.G."</i>	<i>23 10 42</i>	<i>25F 256.</i>
<i>T/Sgt. Sgt.</i>	<i>23 4 43</i>	<i>653/43</i>			
<i>T/W O II</i>	<i>23 10 43</i>	<i>781/43</i>			

OFFICERS, AIRMEN/AIRWOMEN				
COURSE OR TRADE	GRP.	%	PF	DATE

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

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

CONFIDENTIAL

R.C.A.F. Special Reserve

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

ROYAL CANADIAN AIR FORCE

Medical Board held at.....Montreal, P.Q.....

Date.....26-7-41.....

FILE NUMBER

Surname.....LANFRANCHI..... Chr. Names.....26-7-41.....
Nature of Commission.....M-2-1..... Date of Birth9-11-18(23)Married or Single.....S
Branch.....General List..... Hours Flown.....None
Address.....966 Cathedral Street, Montreal, P.Q.....

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..... Fainted once 10 yrs. ago - in hot classroom
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 Gonorrhoea..... NO
- (vi) TROPICAL DISEASE..... Never in tropics
Malaria..... NO
Dysentery..... NO
- (vii) EYE TROUBLE or Inflammation of Eyelids..... NO
Wearing of Glasses..... Glasses formerly for reading
Colour or Night Blindness..... NO
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... NO
Deafness, Noises in the Ears, or Dizziness..... NO
Frequent Colds in Head, Catarrh or Obstruction..... NO
Prolonged Hoarseness or Loss of Voice..... NO
Sea, Car or Train Sickness..... Never on sea... No car or train sickness.....
Discomfort on Swings, Roundabouts, Switchbacks..... NO
- (ix) OPERATIONS..... T & A neck abscess drained at 6 yrs.
- (x) Any Illness or Injury not mentioned above..... Broken left thigh at 4 yrs., measles, c.pox, mumps.

Education...Senior Matric.....

Present Occupation...time accountant..... Hobbies...Music, stamp collecting.....

Previous Service.....None.....

Athletics.....hockey, tennis, baseball - excels in swimming.....

Habits—Smoking.....None..... Alcohol.....None.....

FAMILY HISTORY—Consumption.....None.....

Nervous Ailments, Mental Trouble, or "Fits".....None.....

Father Alive—Health.....heart disease..... Dead—Cause.....

Mother Alive—Health.....good..... Dead—Cause.....

Brothers (2.) Alive—Health.....good.....(0) Dead—Cause.....

Sisters (0) Alive—Health.....(0) Dead—Cause.....

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

Date.....25-7-41..... Signature.....*Lafranchi*..... Witness.....*Andrew*.....

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....athletic.....(b) Mentality.....standard.....
 Body Marks, Scars, Deformities.....scar on front right chest.....
 Size of Thyroid Gland.....N.....
 Surgical Abnormalities.....None.....
 Results of Wounds, Injuries, Operations.....good.....

	Date.....25-7-41		Date.....27-10-41		Date.....#7		REMARKS ON ANY ABNORMALITIES FOUND
		Assessing Room		Assessing Room	MSB	Assessing Room	
Height (ins.).....	68		68				Date.....
Weight (lbs.).....	160		167		163		
Chest Circumference (ins.).....	36-38 1/2		36-38 1/2				Date.....
Body Build (lbs.).....	*19 141		(*26)141				
LEG LENGTH (ins.).....	39 1/2		39 1/2		41		Date.....
Pulse Rate {	Sitting.....	84	66		72		
	Standing 1st.....	108	78				
	Standing 2nd.....	96	72				
	After Exercise.....	120	96				
	Time to Normal.....	35	25				
Arterial Walls.....	soft		Soft				Date.....
Blood Pressure {	Systolic.....	128	125		140		
	Diastolic.....	85	80		80		
Heart {	Size.....	N	10 -N				Date.....
	Sounds.....	N	N				
	Rhythm.....	reg.	REG.		Neg.		
Lungs.....	N		N				Date.....
Breath held.....	63		77				
Expiratory Force.....	130		170		200		Date.....
Vital Capacity (Best of 5).....							
Reflexes {	Knee.....	N	N				Date.....
	Ankle.....	N	N				
	Triceps.....	N	N				
	Abdominal.....	abs.	N				
	Plantar.....	flex	N				
Cranial Nerves.....	intact		Intact				Date.....
Balancing Rod.....	R. L. R. L. 2S 1S	R. L. R. L. 1S 1S	R. L. R. L. 1S 1S	R. L. R. L. i/s i/s	R. L. R. L. i/s i/s		
Self Balancing.....	R. L. R. L. 1FS 1FS	R. L. R. L. 1S 1S	R. L. R. L. 1S 1S	R. L. R. L. i/s i/s	R. L. R. L. i/s i/s		Date.....
Tremors {	Fingers.....	SF	Nil		n n		
	Eyelids.....	0	Nil		n n		
Abdomen {	Liver.....	N	N.P.				Date.....
	Spleen.....	N	N.P.				
	Muscular Tone.....	good	GOOD		firm		
Urine {	Albumen.....	0	Neg.				Date.....
	Sugar.....	0	Neg.				
Initials of M.O.	<i>Quet</i>		<i>M</i>		J.R.T.		

40 mm. Hg. Test.....
 Date.....25-7-41.....7/998,777,766,667,677,7.....= 80. secs.....*Quet*
 Date.....27-10-41.....-66/run - 665/454/545/555/545/544.....- 90. secs.....*M*
 Date.....9-3-42.....7/776/656/655/555/5.....65 seconds. JRT.

Remarks by Consultant.

EYE EXAMINATION

Wears glasses for reading until 7 yrs. ago.		ne.g.
Visual Acuity { R. 20/20, $\bar{c} - 2.25 = 20/200$ L. 20/20, $\bar{c} - 2.25 = 20/200$	R. 20/20 +2.25D = 20/200 L. 20/20 +2.25D = 20/200 (ISH. G.A.)	20/20 2x50x #25 20/200 20/20 #25 20/400
Colour Vision N. Ish.	N. (ISH. G.A.)	N. ISH.
Red, Green 2 in. eso, 1/2 in hyper.	10" Eso.	7" eso
Diaphragm Test (P.D. = 61 mm.) eso, bar crowding at 5/6.1mm.	Eso at 5.	crowd 61) eso @2
Convergence { C. = 7.5 cms. S. C. = 16.0 cms.	7.5 cms. 18 cms.	7 15
Accommodation { R.)11.5 L.)11.5	12 cms.	13 13
Cover Test sl. div. rt. R.R. mod. conv.	lt. R.R./ Sl. D.H.R.R. M. CON. LEFT S.R.	Ortho.
Fundi and Media N.	N.	N.
Fields N	N	N
Remarks: Borderline convergence some esophoria	Very high Maddox Rod - Eso - 6.25D	borderline fit.
Initials of M.O. <i>Card</i>	Initials of M.O. <i>M.A.</i>	Initials of M.O. ECN
Date 25-7-41	Date 27-10-41	Date 9.3.42.

EXAMINATION OF EAR, NOSE AND THROAT

History	Neg.		
Hearing { R. Ear	w.v. 20'	W. V. 20 ft.	w.v. 20'
{ L. Ear	w v 20'	W. V. 20 ft.	w.v. 20'
External Ear, Meatus Membranes { R. Ear	N	N	N
{ L. Ear	N	N	N
Middle Ear, Eustachian Tubes { R. Ear	Pat.	PATENT	N
{ L. Ear	Pat.	PATENT	N
Cochlear Apparatus { R. Ear	---	---	---
{ L. Ear	---	---	---
Vestibular Apparatus { R. Ear	---	---	---
{ L. Ear	---	---	---
Buccal Cavity	fit	HEALTHY	
Teeth	fit	CLEAN	N
Gums	fit	HEALTHY	N
Pharynx	fit	HEALTHY	N
Nasopharynx	not seen	NOT SEEN	N
Nose	fit	CLEAR	N
Larynx	not seen	NOT SEEN	
Remarks: Fit	Initials of M.O. <i>Card</i>	Initials of M.O. <i>M.A.</i>	fit Initials of M.O. ECN
	Date 25-7-41	Date 27-10-41	Date 9-3-42.

HISTORY OF PRESENT CONDITION

Date.....25-7-41.....

History - favourable.
 Examination - 19lbs. overweight.
 Borderline convergence.
 Moderate esophoria
 Impression - good type generally

Fit ALB A3B

Handwritten signature

27-10-41 Poor convergence. Good type. I do not believe he would
 be suitable pilot material. Should be fit for observer.
 Definitely borderline.

Cat. A3B

Handwritten signature

Handwritten signature

933-42
 M.S.B.

Fit enough physically - has played senior collegiate hockey and excels in swimming.
 Wishes to be a pilot but motivation for joining R.C.A.F. is doubtful. Mother worries slightly.

ALTITUDE TOLERANCE TEST.		DATE <i>8/1/42</i>	Symptoms
No. of 2 hrs. tests at	1.		nil on..... runs
	2		mild on..... "
35,000 feet	3.		moderate on...2..... "
			severe on..... "

RECOMMENDED FOR:
A. Flying to 35,000 ft. or more.
B. Limited flying to 35,000 ft.
<input checked="" type="radio"/> C. Flying only to 25,000 feet.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....*1. Badellini O. m. Balauer.*

CATEGORY APPROVED
A3B A3B
MAR 9 1942
Signature
 for D.M.S. Air

Night vision ~~check~~ **CHECK 12**

I certify upon my honour that I have suffered no illness or disability since my last examination.

Date: *27/10/41* Signature *J. Sanfranchi* Witness *Signature*

m-10-10

R.C.A.F. Special Reserve

22-B-389-

AIR FORCE No. R 141506

POSTED TO RCAF Recruiting, Montreal, PQ

TRADE Pilot or Observer Std.

ROYAL CANADIAN AIR FORCE (ATTESTATION PAPER)

C2 R.A.
7-1-44

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

- Surname LANFRANCHI FULL Christian Names JAMES LEON
- Present Address 966 Cathedral St., Montreal Quebec Telephone HA 5324
- Permanent Address 966 Cathedral St. Montreal Quebec
- Place of Birth Dundee Scotland Citizenship Canadian
- Date of Birth Nov 9 1918 Married, Single, Widower, Separated, Divorced Single
- Particulars of Children

Name	Date of birth	Name	Date of birth
<u>N/A.</u>			

- Occupation Time-accountant 8. Religion Church of England
State denomination Protestant (Anglican)
- Languages English & French fluently
- Next of Kin (Full Name) GUIDO Lanfranchi Relationship Father
Address 966 Cathedral St., Montreal Quebec
- Father (Full Name) Guido Lanfranchi Birthplace Switzerland
Address 966 Cathedral St., Montreal Que Citizenship naturalized Canadian
Occupation Restaurant chef
- Mother (Full Maiden Name) MARTHA McQuade Birthplace Dundee Scotland
Address 966 Cathedral St., Montreal Que Citizenship British

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

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<u>N.A.</u>						

Records Office
 Rec'd. NOV 1 1944
 O.K. [Signature]
 R.G. B.S.P. N.
 S.L. P.A.

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

242-129

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Bethel school	1926	30	Primary
High School—Collegiate Institute, etc.....	Pointe aux Trembles High School	1930	37	High School leaving
Technical School				
University or School other than above.....	McGill University	1937	38	BA. 1st year
Correspondence Courses, etc.....	"	1940	41	Evening (Commerce)

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Montreal Tramways Co.	FASHIER'S Dept	1938	39	
	Accounting Dept.	1939	41	

NAME: LANFRANCHI, Jk DATE: 7/5/41
 INVESTIGATED IN ACCORDANCE WITH AFMO. M.10/10
 AND NO ADVERSE INFORMATION DISCLOSED.
 J. J. Macmillan P.O.

23. Flying Experience (in Hours) Solo..... *none* Dual..... *-* P.....

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

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

Swimming, Hockey, Tennis

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties.~~
Flying Duties.

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

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

Name	Address	Occupation
MR. John Pullen <i>OK</i>	Andrew Baile Co., Sun Life Building, Montreal	President
MR. John W. McGuffey <i>OK</i>	Canada Steamship Lines	asst. to President
MR. AT. Sargant	Bethlehem Steel Export Corp.	manager of sales
MR. C. H. Lang	T. Eaton & Co. Ltd.	Dept. manager

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..... *July 22* 1941..... Signature..... *J. Lanfranchi*

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.

75/144

L. Landermann

28/10/41

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, **Leon James/Lanfranchi** 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...October 29th...19 41

J. Lanfranchi
Signature of Recruit

(D) OATH TAKEN BY MAN ON ATTESTATION

I, **James Leon Lanfranchi** do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date...October 29th...19 41

J. Lanfranchi
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...29th...day of...**October**...19...41

L. Landermann
Signature of Officer

RCAF. Recruiting Centre, Montreal, P.Q.
Rank Unit

Finger Printed

Date 29-10-41

Initials S.B.

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..... <u>NO</u> | (j) Nasal Trouble..... <u>NO</u> |
| (b) Tuberculosis..... <u>NO</u> | (k) Ear Disease..... <u>NO</u> |
| (c) Bronchitis or Asthma..... <u>NO</u> | (l) Eye Disease..... <u>NO</u> |
| (d) Heart Disease..... <u>NO</u> | (m) Epilepsy..... <u>NO</u> |
| (e) Kidney or Bladder Disease..... <u>NO</u> | (n) Nervous or Mental Disease..... <u>NO</u> |
| (f) Gastro-intestinal..... <u>NO</u> | (o) Syphilis..... <u>NO</u> |
| (g) Rupture..... <u>NO</u> | (p) Gonorrhoea..... <u>NO</u> |
| (h) Varicose Veins..... <u>NO</u> | (q) Bone Fracture..... <u>left thigh at 4415</u> |
| (i) Flat or Deformed Feet..... <u>NO</u> | (r) Other Disease or Defect..... <u>measles, e.p.o. & mumps, T.A. Abscess in neck at 7</u> |

3. Have you ever worn glasses? YES

4. Have you had any illness for more than one week's duration?
Examiner's Remarks re above..... YES

5. I certify that I have revealed my full medical history and held any relevant information.
Signature of Applicant..... J. San Marceli

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

1. Identification marks or scars (if operative obtain history).....
Scar on front right chest.
2. Height..... 5 feet..... 8 inches. 3. Weight..... 150 pounds.
4. Complexion..... medium 5. Color of Eyes..... blue Hair..... brunet
6. Development { Good
Fair
Poor } 7. Chest Measurement—Full expiration..... 35-38 1/2 inches
Range of expansion..... 2 1/2 inches
8. Hearing—Right..... N.V. 20 Left..... N.V. 20 Tympana—Right..... N Left..... N
9. Vision—Without glasses—Right..... 20/20 With glasses—Right..... N.P.
Left..... 20/20 Left..... N.P.
10. Condition of mouth and teeth.....
11. Urine—Albumen..... N Sugar..... N
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

27
10
41
S.B.

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

29/10/41. Poor muscle balance

28-10-41 X-Ray # 94254 neg.

Part 2 Cont.

13. Reflexes..... N
14. Heart..... N
15. Lungs..... N
16. Blood Pressure..... S.D.
17. Colour Vision..... N.P.

Date..... 26-7-41 19.....
San Marceli
President

[Signature]
Member

[Signature]
Member

Mrs. Guido Lanfranchi,

966 Cathedral Street,

MONTREAL, Quebec.

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

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

and the following number quoted:—

H.Q. J.18918 FD 220

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

28 August 1945

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

LANFRANCHI, James Leon, F/O,

J.18918

R.C.A.F.



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

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

W. J. ...
Col.

MG/jl

Director of Estates.

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.....	<i>Not married.</i>			
2	Children of the Deceased and dates of their Births.....	<i>None.</i>		<i>Produced this in appur</i>	
3	Father of the Deceased.....	<i>Guido Lanfranchi. (deceased)</i>	<i>49.</i>	<i>died May 19. 1944.</i>	
4	Mother of the Deceased.....	<i>Martha Lanfranchi. nee. M^cQuade.</i>	<i>54.</i>	<i>966 Cathedral St. Montreal, Quebec.</i>	
5	Brothers of the Deceased	Full Blood	<i>Guido Louis Lanfranchi</i> <i>Walter Peter August Lanfranchi</i>	<i>21.</i> <i>18.</i>	<i>966 Cathedral St. Montreal, Que.</i> <i>966 Cathedral St. Montreal, Que.</i>
		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.	James Leon Raselli Lanfranchi.
9	Date of his birth.	November 9 th , 1918.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Dunfermline, Scotland. April 10 th , 1918.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Dunfermline, Scotland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal, Quebec. (b) from 1920 to 1941. (c) (d)
14	Nature of employment before enlistment.	Accountant - Montreal Tramways Co.
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, Quebec.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No. P.O.S.B. see Art 28
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Possibility of bank account overseas, but uncertain. If traced administer with pay account.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	6 War Savings Certificates (six) 966 Cathedral St, Montreal, Que. X
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	One hundred dollars. (\$100.) Bearer bond. 3 rd Victory Loan Nov. 1 st 1942. Mother, 966 Cathedral St, Montreal, Que.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan life Ins. \$203.00 mother - beneficiary. Metropolitan life Ins. \$169.49 ^{over}
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	The sum of \$1063.69 from the estate of his late father - Guido Lanfranchi ^{over}

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None.
----	--	-------

(see over)

(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

* mother of the deceased.

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

Martha Lanfranchi

Signature of Informant

966 Cathedral St - Montreal, Que
Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mr. Guido (Martha)

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

Dated at Montreal, Que this 10th day of September 1945

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

Mrs. G. Sullivan Capt. Qualification

Address D.A.B. Rep. M.D. 4

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

22. Re-Payment of policy for \$169.49

This policy was issued January 10th, 1940 and has all the war clauses. Hence only the premiums are returned.

Payable To The Executors or To The Administrators of The Insured.

23. Father died intestate.

Therefore my son, James, is entitled to \$1063.69 which is 1/3 of residue after insurance and debts were deducted. The estate is still in the hands of a notary.

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 13548

This is to Certify that

J18918 FLYING OFFICER JAMES LEON LANFRANCO R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 28TH day
of JUNE, 1944, and that, full inquiries having been
made, no information has been received which would indicate that he may be still alive.
For official purposes, therefore, he is presumed to have died on or since the above
mentioned date.

Dated at Ottawa, Canada, this 9TH day of AUGUST 1945



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

Declaration on file changing name from James Leon Roselli Lanfranchi to James Leon Lanfranchi
DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

FORM 6

Do not write in this space

1. PLACE OF DEATH	Municipal county	OVERSEAS (FRANCE)		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	LANFRANCHI (Block letters)				Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH								
	Given names	James Leon														
4. RESIDENCE	Street	Cathedral Street			No.	966			22. Date of death..... June 2819 44 (Month) (Day) (Year)							
	Official name of civil municipality or township	Montreal				23. I HEREBY CERTIFY that I attended deceased from19..... to.....19..... and last saw h.....alive on.....19.....										
	Municipal county	Province Quebec				24. CAUSE OF DEATH										
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)			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 (b)..... (c)..... II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.										
Male	Canadian	Swiss	Single													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Scotland (Dundee)																
11. DATE OF BIRTH..... November 9 1918 (Month) (Day) (Year)																
12. AGE OF DECEASED Years 25 Months Days If less than one day oldhrs. or.....min.																
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Pilot															
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.															
	15. Date deceased last worked at this occupation 28 June/44															
16. Total years spent in this occupation Three																
17. NAME																
18. BIRTHPLACE (Province or Country)																
FATHER LANFRANCHI, Guido Switzerland (Dundee) Scotland																
MOTHER (Maiden Name) MC QUADE, Martha																
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)															
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) R.P. Duddy F/O per (R.C.A.F. Registrar 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. M.D. Date.....19.....																
27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide Accident Date 28 June 19 44 (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																
25. If a woman, was there a puerperal condition?.....																
26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....																

(Voir l'autre côté pour le français)

H.W.

"A"

WILL

(1) I, James Leon Lanfranchi
of Montreal in the County of
District
Province of Quebec

of the City
Town
Village
Township

, Clerk
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 141506 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
Mr. Guido Lanfranchi
and my mother
Mrs. Martha Lanfranchi
966 Cathedral Street
Montreal
Quebec

All my estate to be divided equally
between the above.

(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 Mr. Guido Lanfranchi
(Name) (Address)

as above , to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 17th day of
November 1941.

Signed and acknowledged by the Tes-)
tator, 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)J..LanFranchi.....
our names as witnesses.) (Signature of Testator)

(5) A.H. Towers
R.C.A.F. Brandon
Clerk
L.W. Sadler
R.C.A.F. Brandon
Clerk

(Witnesses are not to be beneficiaries).



OCCUPATIONAL HISTORY FORM

R141506

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

Section A—GENERAL INFORMATION

1. (a) Print name in full LANTIERCHI James Leon (b) Reg'l. No. ~~111111~~
 2. (a) Arm of service Air (b) Unit #2 ND BCAF Brandon, Man. (c) Rank A02
 3. (a) Date of birth Nov 22 9 '16 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
 4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 29-10-41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? No
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1st yr. Arts.
 7. If you attended a university, give name of university and standing or degree secured McGill University
 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 & French (b) What languages do you read well? Eng. & 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) (b) At time of enlistment of what trade union or professional society were you a member? No

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

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

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

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

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

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

18. Name of employer Montreal Trams Address Montreal, Que.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Street railways
 20. (a) Your specific occupation Tire Accountant (b) Number of years' experience at this occupation with any employer 3 1/2 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 27-11-41 194..... SIGNATURE J. Lantierchi

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. ~~18918~~ ¹⁸⁹¹⁸ Name LANFRANCHI James Rank 7/Sgt
 (In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot (2) Special Qualifications
 (e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 9.11.18 Religion Anglican Occupation in Civil Life Accy Clerk

Last Enlisted 29.10.41 Current Engagement D.O.W.

If a member of the Auxiliary Air Force.....

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

Name, address and relationship of legal next of kin (to be entered in pencil): John G. Lanfranchi 466 Cathedral St. Montreal

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.")

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.
	<u>1 YdCpa</u>	<u>6.11.42.</u>		<u>P/O. 5th ACC.</u>	<u>29.10.41</u>
<u>1 YdCpa</u>	<u>R.A.F.T.P.</u>	<u>21.11.42.</u>		<u>Pilot " L.A.C.</u>	<u>25.4.42.</u>
	<u>Emp NY</u>	<u>22.11.42.</u>		<u>Pilot (Sgt) 7/Sgt.</u>	<u>23.10.42.</u>
	<u>U.K.</u>	<u>30.11.42.</u>		<u>T.F. Sgt.</u>	<u>23.4.43</u>
<u>INT 7</u>	<u>3PRC</u>	<u>1.12.42.</u>			
<u>40 43 3PRC</u>	<u>17(P) AFU</u>	<u>16.2.43.</u>			
<u>17 (P) AFU.</u>	<u>55 OTU</u>	<u>30.3.43.</u>			
<u>55 O.T.U.</u>	<u>1070</u>	<u>30.3.43.</u>			
<u>1681 BDT Flight</u>	<u>1681 Flt.</u>	<u>22.6.43</u>			
	<u>Discharged on app to Comdant</u>	<u>8.9.43</u>			

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.

AIRCRAFT PILOT OR OBSERVER (STD)
ROYAL CANADIAN AIR FORCE

CANADA

RECORD OF SERVICE AIRMEN **R.C.A.F. Special Reserve**

J18918
R141506 LANFRANCHI JAMES LEON ANGELICAN
A.F. No. Surname Christian Names Religion

Born 9-11-18 Place DUNDEE Country SCOTLAND Citizen of CANADA Racial Origin SWISS

PARTICULARS OF FAMILY M. S. D. W.

Wife's Maiden Name _____ Present Address (in pencil) _____

CHILDREN	NAMES	PLACE OF BIRTH	DATE	CHILDREN	NAMES	PLACE OF BIRTH	DATE

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

Guido Lanfranchi (Father)
966 Bathurst St., Montreal, Que.

CIVIL EDUCATION

CIVIL OCCUPATIONS AND EXPERIENCE

High School Entrance X Jr. Mat. 4495 Sr. Mat. _____

ACCOUNTING (LEAK 1938-41)

Technical School _____ Business Courses _____

University MCGILL UNIVERSITY 1Y B.A.
" " 1Y 8 NIGHTS (COMMERCE)

PREVIOUS SERVICE

ENLISTMENT

Med. Cat. _____ DATE _____ Med. Cat. _____ DATE _____

NONE

Date 29-10-41

~~A3B~~ A3B 27/10/41

At MONTREAL

Term DURATION

RANK	AUTH.	DATE	TRADE	AUTH.	DATE	TRADE TESTS AND COURSES				
						TRADE	GP	%	P or F	DATE
<u>AC2</u>		<u>29/10/41</u>	<u>P-0</u>		<u>29/10/41</u>					
<u>Doc</u>	<u>DR098</u>	<u>25/4/42</u>	<u>Pilot</u>	<u>DR098</u>	<u>25/4/42</u>	<u>P-0</u>	<u>S</u>		<u>P</u>	<u>227/41</u>
<u>Sgt. Temp. Paid</u>	<u>DR0256</u>	<u>23/10/42</u>	<u>Airman Pilot</u>	<u>25PTS</u>		<u>Pilot Std</u>			<u>P</u>	<u>25/4/42</u>
<u>P/O.</u>	<u>DR0726/43</u>	<u>9/9/43</u>	<u>Special Group</u>	<u>DR0256</u>	<u>23/10/42</u>	<u>Airman Pilot</u>				
						<u>Special Group</u>	<u>DR0256</u>			<u>23/10/42</u>
						<u>Gas</u>				<u>17/11/42</u>

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	AUTH.
<u>30-10-41</u>	<u>12-11-41</u>	<u>OLWP BULLETIN 129</u>	<u>Oct. 23, 1942</u>	<u>Awarded Pilot's Flying Badge on completion of course 59, No. 2 SPTS, Glendale, DR0256</u>			
<u>9-4-42</u>	<u>21-4-42</u>	<u>DR088/42 Special Issued T.W.C-90745 DR089/42</u>					
<u>24-10-42</u>	<u>6-11-42</u>	<u>DR0256 Embark. Entitled to Ration Allowance under Art. 196(4)(b)</u>					

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



Date.....

The Estates Branch has received the following personal effects of

NAME..... J.18918, F/O LANFRANCHI J.L......

- | | |
|-------------------------------------|---|
| 2 Pr. pyjamas | 4 Pictures |
| 7 Blue shirts | 1 Parker fountain pen and pencil set, blue. |
| 2 Pr. underpants | 1 Newspaper clipping |
| 14 Blue collars | 1 Blue shoehorn |
| 16 Handkerchiefs | 2 Combs |
| 3 Towels | 1 Empty brown leather wallet |
| 13 Pr. black socks | 1 Blue kitbag |
| 7 Black ties | 1 Pr. skating boots with skates |
| 2 Pr. brown gloves | 1 Pr. leather slippers |
| 1 Blue sweater | 1 Dressing gown |
| 1 FS cap | 1 Greatcoat |
| 1 Kodak Duex camera | 1 Canvas zip bag, zip broken |
| 1 Rolls razor, hone cracked | 1 Towel |
| 1 Pr. black shoes | 2 Pr. pyjamas |
| 1 Pr. SD trousers | 1 Wool scarf |
| 1 Pr. braces | 1 Pullover |
| 1 Small red box | 1 Pr. bathing trunks |
| 1 Pr. cufflinks, intialled R.V.C. | 2 Facecloths |
| 1 Pr. Pilots Wings | 1 Book |
| 2 Pr. small scissors | 1 Metal drinking mug |
| 1 Envelope of snaps and negatives | 1 Pr. skating stockings |
| 1 Grey backed diary | 1 Leather purse |
| 1 Set Airman's identity discs | 1 Dictionary |
| 1 Key | 1 Box photos |
| 2 Tunics with P brevets | 1 Address book |
| 1 Raincoat | 1 Cap badge |
| 3 Vests | 1 Metal container |
| 2 Shorts | 1 Canvas bag |
| Received the effects as listed | 1 Hair brush |
| SIGNATURE <i>J. Lanfranchi</i> | 2 Bootbrushes |
| DATE REC'D. <i>February 8, 1946</i> | 1 Rabbit's foot |
| | 1 RCAF cap badge |
| | 1 Kitbag handle |
| | 1 Padlock |

JG

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



Date.....

The Estates Branch has received the following personal effects of

NAME..... **J.18918, F/O LANFRANCHI J.L. (Cont)**

(2)

- 2 Boxes flints and wicks
- 1 Lucky Charm
- 1 Tube pencil leads
- 1 Duster
- 1 Key

- 1 Bedroll (valise)
- 1 Suitcase

Received the effects as listed

SIGNATURE *cf. Lanfranchi*

DATE REC'D. *February 8. 1946*

JG

Sheet Destroyed, date.....

Date of last entry.....

Number of cases of drunkenness.....

Date of last instance of drunkenness.....

ROYAL CANADIAN AIR FORCE

J. A. T. P. CANADA

GENERAL CONDUCT SHEET

OFFICIAL No. R141506 NAME AND INITIALS LANFRANCHI J.L. DATE OF ENLISTMENT 29-10-41.
(IN BLOCK LETTERS)

SHEET No. One SIGNATURE AND RANK OF C.O. [Signature] DATE 21-11-41.
(IN WORDS) For the Commanding Officer, No. 2 "M" Depot, Brandon, Man.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
NO. 2 S.F.T.S. UPLANDS, ONT.	3/9/42	LAC		FAILING TO APPEAR AT A PLACE OF PARADE in that he on 3/9/42 did fail to appear for flying duties at 11:00 hours as duly ordered by his Superior Officer.	Documentary	2 days C.B. 2 days Punishment Drill	3/9/42	(M.W. Burris) F/L Flight Commander	[Signature] 14/9/42
RAF. Bournemouth	24.1.43	Sgt.		A.F.A. 15 (2) W.O.P.S. Absent without leave from 08.45hrs on 24.1.43 until 08.45hrs on 25.1.43. (Absent 1 day)	F/s. Bottoms	Admonished	26.1.43	W/Cdr. V.E. Raymond,	Forfeits one days pay under KRe ACI para 3470. [Signature] F/L Adj. 170 A.F.U. Watton
				To be carried over					

Brought forward

Certified no further entry *Kepler* *1/11 Ady 17 (P) AFU Dattm* 30.3.43

CERTIFIED NO ENTRY

J. M. Baumgardner A/T.

10 55 O.T.V.

22.6.43

CERTIFIED NO ENTRY

Wilson's Ho.

A/Ady

23 O.T.V., Perthore

2.12.43

R 141506

AG2 LANFRANCHI James Leon

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

APPENDIX "D"
Bulletin No. 150

AIRCREW (on Leave without Pay)

1. I, the undersigned, do acknowledge that I have read, understand and agree to the following conditions of service upon being accepted for enlistment as Aircrew in the Royal Canadian Air Force and granted leave of absence until such date as my period of duty becomes effective:

- (a) That during the period of such leave, I will not be entitled to, nor will receive any Pay or Allowances nor Medical Services.
- (b) That if during the period of such leave I should sustain any injury or suffer any illness resulting in my becoming physically or mentally unfit, I will not be entitled to be paid any disability pension by the Crown by reason of such injury or illness.
- (c) That until I report after the period of such leave I will not be entitled to any issue of uniform or equipment.
- (d) That during the period of such leave I will not be entitled to wear any R.C.A.F. uniform or equipment.
- (e) That from the date of my enlistment and during such period of leave, I will be subject to Air Force Law and Discipline.

L. Landermann
(Witness)

J. Lanfranchi
(Signature of Recruit)

Montreal, P.Q.

October 29th 1941

(Place)

(Date)

R.C.A.F. Records Office
Rec'd. NOV 1 1941
G. K. M. C. I. B.
C. B. S. N. I.
S. L. P. A.

LEAVE OR PASS FORM

Date: October 29th 1941

No. 141506 Rank AC2 Name LANFRANCHI James Leon

was enlisted in the Royal Canadian Air Force on the 29th day of October 1941, and has been granted leave of absence without pay from the 30th day of October 1941, until the 12th day of November 1941, and ordered to report to the R.C.A.F. Recruiting Centre at 0900, Nov. 13th 1941 at the expiration of his leave.

L. Landermann
(Signature of Attesting Officer)

ROYAL CANADIAN AIR FORCE
OFFICER OR AIRMAN — REPORT ON ACCIDENTAL OR
SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the Instructions on Pages 3 and 4

1. Name..... L A N F R A N C H I..... JAMES LEON.....
(Surname) (Christian Names in Full)
Rank..... LAC..... Number..... R141506..... Unit..... RCAF #2 S.F.T.S. Uplands, Ont.
Date and time of accident..... 31-7-42..... Place of accident..... #3 Runway, #2 SPTS.....
10:15 (exact locality) Uplands, Ontario

2. Short statement by injured person of the circumstances of the injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see Instructions 7 and 9).

I had landed, the aircraft, and then I applied the brakes too suddenly, causing the aircraft to tip up on its nose, damaging the airscrew and the engine.

N.B.—See Instruction 4 before completing the following Section.

3. (a) Type and R.C.A.F. No. of Aircraft..... HARVARD # 2953.....
(b) Name of Pilot of Aircraft..... Lan Franchi, James, Leon.....
(c) Number in Aircraft, including Pilot..... One.....
(d) Crash occurred while: taking off in air (collision)
landing stationary forced landing
(strike out those not applicable)
(e) Weather..... Clear, Visibility Unlimited......
(f) In case of non-fatal crash does individual recall all events immediately preceding and following crash?..... Yes, Landed OK. Applied brakes too suddenly......
(g) Number of flying hours of person reported on: Dual..... 40 hrs...... Solo..... 45 hrs......
(h) Duty: instructor pupil aircrew passenger other (specify)
(Strike out those not applicable)

R.C.A.F. Records
Rec'd AUG 17 1942
O. R. C.I.B.
R. C. N. I.
S. L. P. A. J.P.

JAN

4. (a) Description of injuries:— Slight bruising of the right elbow.
(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? } Not likely No.
(c) Whether admitted to hospital or Sick in Quarters?..... Examined at Hospital.....
Give name of hospital..... #2 S.F.T.S. STATION HOSPITAL, Uplands, Ont.
(d) How long before initial treatment was given?..... Reported to Hospital 22-7-42 @ 9:45 am.

Date..... 22-7-42..... Signature of Medical Officer..... J. A. McIntyre Flt./Lt.

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty?..... **NO**
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority?..... **NO**

(iii) On leave? (State whether with or without pay)..... **NO**

N.B.—See Instruction 8 before completing the following Section.

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

(i) By whom was the game, etc., organized and under whose authority?..... **N.A.**

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.)..... **N.A.**

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

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

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

(v) Was the Officer or airman a selected representative of an air force unit practising under authority?..... **N.A.**

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

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission:—

N.A.

N.B.—See Instruction 12 before completing the following Section.

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

NO

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

(e) Was anyone else to blame? If so, give name and particulars..... **NO**

(f) Is the accident being investigated by

(i) Court of Inquiry? If so, state date and place..... **NO**

(ii) An investigating Officer?..... **NO**

Signature

W.R. MacBrien
(W.R. MacBrien) W/C

Date:

21-7-42

Commanding

#2 S.F.T.S. Uplands, Ont.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
AIR

DECEASED
MEMBER'S
NAME

James L. Lafranchi
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO.

28018

PAYEE

**Mrs. Martha Lafranchi,
966 Cathedral St.,
Montreal, 3, Que.**

FILE NO.

21 Feb/46

ADDRESS

DATE

J18918

SERVICE NO.

F/O

FINAL RANK OR RATING

28 June/44

DATE OF TERMINATION OF OVERSEAS SERVICE

28 June/44

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **960** EQUAL TO **32** COMPLETE PERIODS AT \$7.50

\$ **240.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **586** LESS INELIGIBLE DAYS, EQUAL TO **586** DAYS @ 25c. PER DAY

146.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$	7.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$	1.70	
ADDITIONAL PAY	\$		
	\$		
	\$		
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$		
TOTAL	\$	8.70	X7 = \$ 60.90
NO. OF DAYS		586	X\$ 60.90
		183	

195.01

D. WAR SERVICE GRATUITY

581.51

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

F. TOTAL AMOUNT PAYABLE

581.51

G. YOUR PORTION OF GRATUITY IS—

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

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 **JLC** CHECKED BY **WW**

TREASURY
CHECKED BY **[Signature]** DATE **25/4/46**

SERVICE REPRESENTATIVE

Call
and :—
Preface

Serial No.
Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

NO. OF GROUPS

20

S0

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO*

MR GUIDO LANFRANCHI 966 CATHEDRAL STREET MONTREAL PQ

(REPORT DELIVERY)

FROM*

RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

MY

REFERENCE AND DATE

YOUR

mq40w

2 JULY

(Use Double Space Typing)

REGRET TO ADVISE THAT YOUR SON FLYING OFFICER JAMES LEON LANFRANCHI
J ONE EIGHT NINE ONE EIGHT IS REPORTED MISSING AFTER AIR
OPERATIONS OVERSEAS JUNE TWENTY EIGHT STOP LETTER FOLLOWS

86
11/8

NR 59/1 CHURCH OF ENGLAND

This message must be sent **AS WRITTEN**

and may be sent by **W/T**.
Signature

R04

This message must be sent **IN CYPHER**

and may be sent by **W/T**.
Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

TIME OF ORIGIN 1400 G.M.T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
				u	20/1424						

T.H.I.

*The Signal Department is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L



J18918 (RO)

OTTAWA, Canada, 28th January, 1947.

R E G I S T E R E D

Mrs. Guide Lanfranchi,
966 Cathedral St.,
Montreal, Que.

Dear Mrs. Lanfranchi:

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 son, Flying Officer, J.L. Lanfranchi.

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)
Wing Commander
for Chief of the Air Staff.

/MCL

REPORT ON FLYING ACCIDENT OR FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

Form 765 (C)
(Revised Feb., 1943.)

In every case copies of this form are to be rendered as follows:—

- (i) One copy direct to Air Ministry, C.1. (Accidents).
 (ii) Two copies direct to Air Ministry, S.4. (Statistics).
 (iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
 (iv) One copy through usual channels to Command Headquarters.
 (v) *In addition, and only if casualties to officers or airmen are involved.*
 (vi) One copy to Air Ministry, P.4 (Cas.).

Indicate here by an X to whom this copy is addressed.

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

A.607 23/12/43

Extra copies required for Dominion and Allied casualties; one for each authority concerned. When no casualties occur, one copy only if Canadians are pilots.

1. UNIT No. 1681 B.D.T. Flight Group No. 91 Command Bomber Serial No. of Form 88/43

2. DATE OF INCIDENT 23.12.43

TIME 4.2.30 hrs.

SITE OF INCIDENT

(a) Name of airfield or landing ground Pershore

(b) Place (if (a) not applicable) -

(c) County Worcestershire

Part (a) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.

3. NATURE OF AND PURPOSE FOR WHICH FLIGHT AUTHORISED:—

Nature { (i) Operational or Non-operational? Non-operational
 (ii) Day or Night flying? Day
 (iii) Purpose Training.

This flight is being included in this Unit's flying hour summary on ~~Form 765A~~ Form 765B (Delete as necessary)

4. TYPE OF AIRFRAME AND ENGINE and extent of damage (see footnotes to this section).

Details of Airframe and Engine.	Airframe	Engine.			
		Single or Port	Starboard.	Centre Port.	Centre Starboard.
Type	<u>Tomahawk</u>	<u>Allison</u>			
Mark or series	<u>I</u>	<u>V1710-C15</u>			
R.A.F. No. (and makers' No. for engines)	<u>AH.881</u>	<u>2324/200485</u>	<u>a</u>	<u>a</u>	<u>a</u>
Total hours run	<u>165.40</u>	<u>146.55</u>	<u>b</u>	<u>b</u>	<u>b</u>
Date last installed in Airframe	<u>-</u>	<u>18.8.41</u>	<u>b</u>	<u>b</u>	<u>b</u>
^c Extent of damage	<u>A.C.</u>	<u>U</u>			

^a To be quoted whenever an engine is damaged or fails.

^b To be quoted only for incidents involving defect or failure of airframe or engines.

^c To be indicated as:—

E = Missing, unrepairable, reduction to scrap or instructional.

B = For repair at contractor's works or R.A.F. Depot.

AC = For repair by contractor's working party.

A = For repair by nearest R.A.F. unit.

U = No damage.

TO BE RENDERED NOT LATER THAN 4 DAYS AFTER THE ACCIDENT

5. ALL OCCUPANTS OF AIRCRAFT

and

FLYING EXPERIENCE OF PILOTS.

(i) Names to be entered in order of duty: 1st Pilot, 2nd Pilot, Pupil Pilots, etc.
 (ii) Degree of injury to be classified as: Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

Flying Experience of Pilots and Pupil Pilots. See Note (ii)

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Part A.		Part B (see Note (i) below).		Part C (see Note (iii) below).	
					Total Solo (Day & Night).	All Types.	Solo (Night).	All Types.	Instruments.	Link Trainer.
Pilot	LANFRANCHI, J.L. Canadian	P/O	J.18918	U	68	459				

NOTE (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
 (iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory-factor.

6. STAGE OF FLIGHT		7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED	9. IF INCIDENT occurred when taxiing on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings.	F. In flight.		A. Day (daylight).	E. Moonlight.
B. Starting up.	G. Landing.		B. Dusk (half light of evening)	F. Not known.
C. Stationary other than A or B	H. Towed or manhandled		C. Dawn (half light of morning).	
D. Taxiing.	J. Not known		D. Dark (no moon or moon obscured).	
E. Taking off				
Quote A or B or C, etc., as appropriate			Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary	
G		No	A Yes	

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

- Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of lighting system in use at the time is to be noted in Part A.)
- Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.
- Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

- (A) After being airborne from Honeybourne, Pilot noticed fumes in cockpit and discovered hydraulic oil escaping from hand pump. It was found impossible to lower undercarriage or flaps, and on receipt of R/T instructions from myself, pilot carried out belly landing on grass to left of main runway.
- (B) Failure of undercarriage to lower due to oil seal becoming detached from hand pump.
- (C) All instructions were given to pilot to enable undercarriage to be lowered if possible, but these were of no avail. Pilot executed extremely good belly landing with minimum amount of damage to aircraft.

Signature..... A.P.Dart W/Cdr. Commanding No.2 Wing, RAF Pershore Date..... 27.12.43.....

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

As above.

Signature..... A.P.Dart W/Cdr. Commanding R.A.F. Pershore Date..... 27.12.43.....

*11591—8836) Wt. 48544—3196 100,000 2143 T.S. 700
*12342—8836) Wt. 15191—527 250M 6/43 T.S. 700

10. DESCRIPTION OF ACCIDENT (or summary of pilot's report, if available). In cases of engine failure, information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off : Hours..... Minutes..50. If engine failure occurred during take off quote height.....

After taking off the pilot noticed fumes in the cockpit and discovered hydraulic fluid running into the cockpit apparently from the hydraulic hand pump. On attempting to lower wheels and flaps it was found that these would not function. After receiving instructions from the ground, a belly landing was made.

11. REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved, information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident the serial number of the modification and reason for non-embodiment should be stated.

The snap ring circlip securing the discharge check and double seal packings in the hand pump became detached from its housing, thereby allowing the hydraulic oil to flow through the hand pump instead of to the wheel jacks.

Is Form 1022 or 1023 being rendered ? }
If " Yes " state which

F.1022

Signature.....

C. Longstaff

w/cdr.

Chief Technical Officer.

INTERVIEW REPORT **R.C.A.F. Special Reserve**

SURNAME.....LANFRANCHI..... N.F.
 CHRISTIAN NAME.....JAMES LEON.....
 MARRIED NO.....NO. OF CHILDREN.....N.A.
 FLYING PILOT.....X.....
 OBSERVER.....
 W.A. GUNNER.....

EDUCATIONAL:- NUMBER OF YEARS.....
 High School:.....Technical, None...Commercial.
 University (Name and Dates of Attendance).....
 McGill University 1 yr. B.A. 1937, 1 yr Elementary Accountancy (1938)
 Standing other Countries.....None.....

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

FLYING EXPERIENCE:- Total hours
 N O N E
 Commercial Hours Solo.....Dual.....
 Private Hours Solo.....Dual.....Pass.....
 No. hours & types during last 2 yrs.....

CARRIAGE
 Upright.....
 Medium.....
 Athletic.....X.....

MILITARY AND OTHER TRAINING:-
 Two yrs. experience in Cashier's and Accountancy...
 Depot. (Montreal Tramways Co.).....

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

SPORTS:- (What branches) swimming, hockey, tennis...
 (extensively).....

PHYSIQUE
 Medium.....X.....
 Heavy Set.....
 Slender.....

HOBBIES:-.....None.....

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

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER
 AND SUITABILITY FOR THE SERVICE:-
 ... Highly recommended for his honesty and ability...
 ... Known as a clean-living chap. Lives in good
 ... surroundings. - is bilingual, talented and
 eager to fly.

RESPONSE
 Quick.....X.....
 Deliberate.....
 Slow.....

REFERENCES CHECKED // SATISFACTORY
 REFERENCES CHECKED // UNSATISFACTORY
 REFERENCES NOT CHECKED
 28-10-41 (Date) PED (Initials)

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

CONSIDERED SUITABLE FOR COMMISSIONED RANK?..Yes....
 BEST FITTED FOR.....Pilot or Observer.....

EXCELLENT.....
 ABOVE AVERAGE.....
 AVERAGE...X.....
 BELOW AVERAGE.....
 MARK WITH AN X
 THE DESCRIPTION
 WHICH APPLIES

DATE: 22-7-41
 A.F.M.5

R.C.A.F. Records Office
 Rec'd. NOV. 1 1941
 RECRUITING CENTRE:
 Montreal, P.Q.
 S.L. P.A.

L. Landermann
 Signature of Officer
 J.R.O. Gibeault F.O.

ROYAL CANADIAN AIR FORCE

24 5'8"

R.C.A.F. T.58A
Revised: 1-42.

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME LANFRANCHI CHRISTIAN NAMES James Leon NUMBER R.141506 RANK AC2
 I.T.S. No. 7, Saskatoon COURSE NO. 47 FROM 16-2-42 TO 10-4-42
 E.F.T.S. #19 Virden, Man. COURSE NO. 54 FROM 26-4-42 TO 3-7-42
 S.F.T.S. 2 COURSE NO. 59 FROM 6-8-42 TO 23-10-42
 TRAINEE FROM: CAN. X U.K. AUS. N.Z.

(1) G. I. S. RESULTS

(2) FLYING RESULTS

Subjects	Finals			Supps.			TESTS	EFTS	SFTS
	ITS	EFTS	SFTS	ITS	EFTS	SFTS			
1. Mathematics	150						20 Hours	64	
2. Law, Discipline	98						Instrument	65	78
3. Navigation	170	158	137				Clear Hood	65	69
4. General Studies	92						Navigation		76
5. Airmanship		141	149				TOTAL OBTAINED	130	223
6. Airframes							TOTAL POSSIBLE	200	300
7. Aero-Engines							PERCENTAGE	65	74.3
8. Theory of Flight							NUMBER IN CLASS	89	58
9. Anti-Gas	46						POSITION IN CLASS	80	
10. Armament (Written)	45		80				(3) FLYING APTITUDE	EFTS	SFTS
11. Armament (Practical)		113	73				1. Natural Skill		A
12. A/C Recognition	97	75					2. Skill in Landing	AV	A
13. Drill	80						3. Airmanship	AV	A
14. Signals (Written)	150		42				4. Cockpit Drill	AV	A
15. Signals (Practical)		95	95				5. Instrument Flying	AV	A
16. Meteorology			37				6. Night Flying	AV	A
TOTAL OBTAINED	928	602	613				7. Aerobatics	AV	A
TOTAL POSSIBLE	1000	700	750				8. Formation Flying	NA	A
PERCENTAGE	92.8	86					9. Map Reading	NA	
NUMBER IN CLASS	96	85	60				Wind Speed & Direction	NA	
POSITION IN CLASS	5	9	10				10. Finding (TE)	NA	
							Straight Runs over as		
							11. Pilot (TE)	NA	

(4) FLYING TIME

School	Type A/C	DAY		NIGHT		Formation	Instru- ment	Link	NAVIGATION		Dual to First Solo	Passenger
		Dual	Solo	Dual	Solo				Dual	Solo		
#19 EFTS	Tiger Moth	36:10	31:20	3:00			10:30	12:00				
#2 SFTS	Harvard	65:00	99:50	6:55	11:50	21:15	30:05	26:00	6:35	18:30	4:15	16:00

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

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

R.C.A.F. Records Office
 Rec'd. MAR 6 1943
 O.K.
 J.B.
 J.B. P.A.

ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.	X						
S.F.T.S.	YES				P(A.A.)	A.	A.

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

	Marks Obtained
Flying (Para. 2)	529
G. I. S. (Para. 1)	613
Character & Leadership (Para. 8) Total	375
TOTAL	1517
PERCENTAGE	67.4
STANDING IN CLASS	37

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	123
S.F.T.S.	252
TOTAL	375

(9) CERTIFIED:

(a) That this pupil pilot has ~~has not~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is ~~is~~ ~~not~~ authorized to wear the Pilot's Flying Badge, w.e.f. 23-10-42

[Signature]
Chief Instructor
No. 2 S.F.T.S.

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

(a) I.T.S. Visual Link 76

Above average student with keen Service spirit. Has the earmarks of excellent material.

[Signature]
(L.C. Russell) Wing Commander.
Commanding Officer
No. 7 I.T.S.

(b) E.F.T.S. Appears that this lad suffers from an inferiority complex. At times is careless but flying is safe. No outstanding flying faults. Instrument flying average. Exceptionally keen, alert and generally able young man in Ground School. Excellent prospect. Deportment and discipline good.

[Signature]
Chief Supervisory Officer
No. 19 E.F.T.S.

(c) S.F.T.S. All round flying is average but tends to be erratic and lacks confidence. Instrument flying safe. Deportment satisfactory. Is courteous and enthusiastic, but lacks confidence. Very talkative and tends to be ingratiating. Definitely not a leader.

[Signature]
Chief Instructor
No. 2 S.F.T.S.

(d) S.F.T.S.

[Signature]
Commanding Officer,
No. 2 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

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

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

SCAF. A288.
 Warrant Officers
 Officers

OUTFIT ALLOWANCE PAID

WARRANT OFFICERS \$ ON

OFFICERS \$ ON

\$ ON

MARRIED or SINGLE

APPOINTED OR ENLISTED

AT ON

RECORD OF PAY

NET RATE OF DEFERRED PAY \$

BANKING ARRANGEMENTS

LANFRANCHI

No. 18918

NAME IN FULL Landranchi

Montreal

per. Leon

RATE OF PAY										ASSIGNMENTS			DEPENDENTS ALLOWANCE			REMARKS			
D.R.O. NO.	EFF. DATE	RANK	GROUP	P.P. OR A.S. RATE	DAILY RATE	ADD PAY	COMBINED RATE	PEN. DED.	NET FORENIGHT RATE OF PAY	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	DATE APP. FORWARDED	RELATIONSHIP		AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
P.294	F.O.	G.L.	A.S.	7-			7-												

Missing 28.6.45 of 508.4
 Dec Dead 28.6.45 of 812

No. 2

PAY AND ALLOWANCES										DEFERRED PAY				
DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE	DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			198 95		BROUGHT FORWARD					BROUGHT FORWARD			
July 10/13/226/124	From inv. A.28. Rev. a pay		65 00	263 95							Man. 6/217442			
	Pay	217 00		46 95							adjusting J.A.T.f		25 43	25 43
15/5/5336	RAF alien		16 09	63 04							1/13/227597 D.P.			
Aug 15/11/4634	Abal. allow.		33 28	96 12							Int 15.43 to 31.3.44		55	25 98
Mar 1/13/227596	to return D.P. Balance		3 67	99 79							1/13/227597 return		3 67	22 31
Aug 30/310005	National Savings Stamp		67	100 46							D.P. Balance			66
	Bank Bal (Montreal)		255 52	355 98							Apr 1/13/227597 to 31.3.45			22 97
Sept 12/370271	Bank Bal (P.O.S.B.)		102	357 00							To Balance		22 97	
	To Balance	357 00									Ppc. Sept Hs	26 64	26 64	
				514 00									22 97	22 97
	Ppc. Sept Hs		357 00	357 00										

natl. Savings Stamps
 Bk. Montreal
 P.O.S.B. Acct.

357.00
 22.97
 379.97

CARRIED FORWARD

CARRIED FORWARD

CARRIED FORWARD