CUNNINGHAM
JAMES HILL
J22593

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. SurnameCUNNINGHAM						
2. Sesent Address 36 S					Felepho	ne Ra. 3359
3. Permanent Address368				••••••		
4. Place of Birth Montrea	l, Quebec.		Citiz	enship	Canad:	lan
5 Date of Birth. July 15	, 1921	MAXXXX,	Single, W. J., K.,	CHANCE, 1		Single
6. Particulars of Children	.,.					
Name		Date of birth	Name		; (Date of birth
NA.			·····			
•••••••••••••••••••••••••••••••••••••••						
***************************************						***
7. OccupationS.tudent			8. Religion	Sta	te denomina	tion
9. Languages English		State proficiency	•••••••••••••••••••••••••••••••••••••••			
10. Next of Kin (Full Name)				ip		ather
" Address		rive, Toronto,		•••••••	• • • • • • • • • • • • • • • • • • • •	
11. Father (Full Name)Da					200	
" Address36 Son				p B ti.ti	sh	
" OccupationTra:				•••••••		
12. Mother (Full Maiden Na				Glasg	SOW.	Scatlana
" Address36 Son	ath Drive,	Toronto, Ontar	rioCitizenship	Briti	sh	
13. Details of any Naval, Mil	litary or Air Fo	orce Service:				
Unit	Place	Rank	Trade	Dat		Reason for discharge
				From	То	
C.O.T.C.	U. of T.	Pte.	mone	1941]	.942	20 Jain
•••••••••••••••••••••••••••••••••••••••		•••••				KCa_

14 Honoung Arronda Montic						
14. Honours, Awards, Mentic	*,	4 *				
16. He you now on any Nav						
16. Have you previously mad						
When?NA						
17. Were you ever discharged						
If so, state nature of disa						
18. Have you ever been or ar					• • • • • • • • • • • • • • • • • • • •	
If so, state nature of Disa	41 1 1				THE PARTY DATE:	
19. Have you ever been conv						./
20. Are you in debt?N.O.	If so,	state particulars	and the second s			3. 342
***************************************			8 ()	15 00		
		•••••••			1	ha i l
R.C.A.F. Form R. 100 150M-10-41 (993) H.Q. 1062-3-83				. O.M.	AN. I	mal

	Name of school		ate	Courses—Subjects, etc.
		From	То	
Primary Education—Public or Separate School	Contracta va. Schoot	1929	1933	Entrance Sr. Matric. English, History Latin, Fr. Ger. Trig.
Technical School		7	The second secon	
University or School other than above Correspondence Courses, etc				
22. Particulars of all Civil Occupat	tions (in full):			
Employer and place	Duties, trades, positions	Date From To		Reason for leaving
of Toronto, Queen & Keni	1. Jr. Clerk, later			
	Ledger Keeper	July 1940 July	Sept	Hours too long
.N. Freight Sheds, Simooe	St.,Trucker	.1941	1941	To enroll at University
23. Flying Experience (in Hours) S	No.10 NA	T)1	N	Δ NA
		Draw	•	, assenger
	ensively, moderately, occasionall		Tenn	is, swimming, moderately.
25. Sports engaged in. State: extended and the state of t	ensively, moderately, occasionall enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b)	to enlist; (c)		is, swimming, moderately. (d) ************************************
25. Sports engaged in. State: ext 26. Air Force Duty you wish to If for Ground Duties, state Air If for Flying Duties, state prefe	ensively, moderately, occasionall enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b)	to enlist; (c)		is, swimming, moderately. (d) ************************************
25. Sports engaged in. State: extended and the state of t	ensively, moderately, occasionall enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b)	to enlist; (c)		is, swimming, moderately. (d) ****************************** Occupation
25. Sports engaged in. State: extended and state: extended and state are state and state and state are state and state and state are state are state and state are sta	ensively, moderately, occasionall enlist for KANANA DAMANA Flying Duties. Force trade in which you wish erence as (a) Pilot; (b) CHANANA ERENCE AND Address Address 78 Wheeler Ave.,	to enlist ; (c) Asiability.	toon	Occupation
25. Sports engaged in. State: extended and state: extended and state are state are state and state are state are state and state are sta	ensively, moderately, occasionally enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b) France e.) e references as to character and Address 78 Wheeler Ave., 238 Glenview Av	to enlist; (c) Assets ability.	to.on	Occupation Minister Headmaster
25. Sports engaged in. State: extended and state: extended and state are state and state and state are state and state and state are state are state and state are sta	ensively, moderately, occasionally enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b) CONSTANT Address 78 Wheeler Ave., 238 Glenview Av Legal Dept., C.N.	to enlist; (c) Asiability.	to.on	Occupation Minister Headmaster type Clerk
25. Sports engaged in. State: extended and state: extended and state and sta	ensively, moderately, occasionally enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b) CONSTANT Address 78 Wheeler Ave., 238 Glenview Av Legal Dept., C.N.	to enlist; (c) Asiability.	to.on	Occupation Minister Headmaster
25. Sports engaged in. State: ext 26. AIR FORCE DUTY you wish to If for Ground Duties, state Air If for Flying Duties, state prefe (Cross out words not applicable) 7. Names of persons who can give Name Name r. A. C. Lewis r. Dudley Barr	ensively, moderately, occasionall enlist for Fixing Duties. Force trade in which you wish erence as (a) Pilot; (b) Fixing e.) e references as to character and Address 78 Wheeler Ave., 238 Glenview Av Legal Dept.; C.N. 33 Dundurn Cres	to enlist; (c) Toron	to. on to.	Occupation Minister Headmaster type Clerk
25. Sports engaged in. State: ext 26. Air Force Duty you wish to If for Ground Duties, state Air If for Flying Duties, state prefe (Cross out words not applicable) 27. Names of persons who can give Name Name r. A. C. Lewis r. Dudley Barr r. A. Stinson 28. Other information that may have 29. Do you understand that vaccin	enlist for Flying Duties. Force trade in which you wish erence as (a) Pilot; (b) Properties. Address 78 Wheeler Ave., 238 Glenview Av Legal Dept., C.N. 33 Dundurn Cres ve any bearing on this application and inocula	to enlist; (c) Toron ability. Toron R. 20 Tor	to. on to. York Standard Conto.	Minister Headmaster ty. Clerk Stinson Lumber Co.
25. Sports engaged in. State: ext 26. AIR FORCE DUTY you wish to If for Ground Duties, state Air If for Flying Duties, state prefe (Cross out words not applicable) 7. Names of persons who can give Name Name r. A. C. Lewis r. Dudley Barr r. A. Stinson	ensively, moderately, occasionall enlist for Fixing Duties. Force trade in which you wish erence as (a) Pilot; (b) Fixing e.) e references as to character and Address 78 Wheeler Ave., 238 Glenview Av Legal Dept.; C.N. 33 Dundurn Cres	to enlist; (c) Toron	to. on to.	Occupation Minister Headmaster ty. Clerk

		TOOD OFFICER T	NATIONAL REGISTRATIO	N GERTIFICATE
(A)	Report of Interviewing Officer-	FOR OFFICIAL I	PHONE 169	Curry F
	Type	General	appearance	•••••••••••••••••••••••••••••••••••••••
Ì	itability for (state in what	capacity)		
	Date	Signature		Rank
(B)	Report of Trade Test (Not re	quired for Standard (Tradesn	nen)—	
	Trade in which tested			
	Dogult.			
	Tresure		• • • • • • • • • • • • • • • • • • • •	••••••••
	Trade qualifications other tha	n above likely to lead to effic	ient employment in the R.C.	A.F
	••••••			
	Date	Signature		Rank
(C)	DECI	ARATION MADE BY MA	N ON ATTESTATION	
4	I. James Hil	L CUNNINGHAM	do solemnly o	declare that the foregoing
part	ticulars are true, and I hereby			
	overseas, in the Royal Canadia			
	reafter, and in any event for a	period of not less than one y	rear, provided His Majesty s	hould so long require my
	rices.		Tron (-
Dat	eMarch 27	1942	Signature of Re	eruit galla:
(D)		ATH TAKEN BY MAN C	N ATTESTATION	
	I, James Hill CUNI	INGHAM	do sincerely promi	se and swear (or solemnly
decl	are) that I will be faithful and	bear true allegiance to His N		
			1 0/	//

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,

Terente, Ontarioday of.....March.

Signature of Officer

FOR OFFICIAL USE ONLY CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant— 2. Have you ever suffered from any of the following defects in health? (j) Nasal Trouble..... (k) Ear Disease..... (c) Bronchitis or Asthma..... (m) Epilepsy.... (e) Kidney or Bladder Disease..... (n) Nervous or Mental Disease..... (o) Syphilis.... (f) Gastro-intestinal..... (p) Gonorrhoea..... (g) Rupture..... (h) Varicose Veins..... (r) Other Disease or Defect. 3.4 Have you ever worn glasses ness...... for more than one week's Examiner's Remarks re above. any/relevant information. Part 2. Information obtained by Medical Examination (Applicant must be stripped)— 1. Identification marks or scars (if operative obtain history)...... 5. Color of Eyes Drawn Hair 12 4. Complexion 6. Development \Fair 20 Left 2/1/20 Tympana—Right 7 Left 10. Condition of mouth and teeth... 11. Urine—Albumen...... 12. Abnormalities (Congenital and Pathological) found on Examination. Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category Any special remarks of the Medical Officers... 13. Reflexes 14. Heart

Member

RECORD OF SERVICE AIRMEN Christian Names Racial 7-21 Place Mont TREAL Country 20E13EC 亚: S. 正证 PARTICULARS OF FAMILY Wife's Maiden Name Present Address (in pencil) NAMES CHILDREN PLACE OF BIRTH CHILDREN DATE NAMES PLACE OF BIRTH DATE NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil) CIVIL EDUCATION CIVIL OCCUPATIONS AND EXPERIENCE yes Jr. Mat. Sr. Mat. yes High School Entrance Business Courses Technical School University 1 year Med. Cat. DATE Med. Cat. DATE PREVIOUS SERVICE ENLISTMENT 77.3.42 C.O.T.C. At TRADE TESTS AND COURSES RANK TRADE AUTH. DATE DATE AUTH. GP % Por F 3 82 DATE TRADE air navigator DRO 208 29 LEAVE CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS AUTH. AND DESCRIPTION To HONOURS AND AWARDS DATE TRADE AND ASSM. CHARACTER AUTH. FROM Observers bady 21-12-42 2-6-42 3-7-42 D.BO.144/42 4dy. -12-42 6-1-43 NRO 192/42 (16 days pre-interkation) R.C.A.F. R.44C 20M-1-42 (1526) (OVER) H.Q. 1062-3-58

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MOR13	#11 R.C. Tro	#5-12.D.	28.3.82				
DRO 25/4	1.0.5 # 6 M	Dracheno	27-3-42				
DRO. 130/4	Murthech to /	STA. MOSP.	3-6-42				
D-R.O.144/42	Granted lea	ve from 3-7-4	2 to 19-6-42/14	4,4			
DRU-134/112	Discharged	Montreal Com 105p.	5-6-42				
DRO 208	#5 mib.	#5 ITS #8 ROS.	19-8-42				
	Belleville	Areine Lorette # 1 "Y" Lipst W Halifax UT.W#C7595					
2/90192	# 8 AOS	# 1 Y disput	5-1-43	-			
DR0192.	Josephins	UT.W#C 7595	7 21-12-42				
						<u> </u>	
	-						
			1784.				
						7	
						7	
	`						

To be made out in duplicate



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

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

-	
(1)	Name of Officer or Other Rank CVNNINGHAM, JAMES, HIL (Surname first—Christian names in full—Block capitals)
	Regimental or Official Number and Rank R. 160007 ACZ Unit #5M M. Laching Que RCA.F.
	Unit PS ON SON SACRULE, Aug. 10. (19). P. Are you married? NO
(5)	If married, state, (a) Full name of your wife
(6)	(b) Present postal address of wife
(7)	Are you a widower? NO Number of boys NB Girls NB-
(0)	Names and ages. Names and ages. Number of boys. Girls. Sanda S
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
	Name
*++	[SEE OTHER SIDE]

The law you was to the real to be a first to be a first to be a sold to be a sold to be a sold to be a sold to

	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
*	11 SO, State Her run Hame and 1 Ostar Address
	Is your father alive? 110.
	If so, state name and address, occupation $\frac{1}{R}$. DAVID CUNING If your father is a widower and is totally incapacitated from earning a living—are you his sole
2)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
	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.
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
14)	Is your mother alive?
el 4.5	If so, state name and address MRS JESSIE JAME STODE
	CVNNINGHAM 56 Louth Drive, Formto
	If your mother is a widow, are you her sole or partial support?
	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment.
	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?
(7)	Are you contributing to the support of any dependents, other than those shown above?
!	Relationship
	Full Name
	Postal Address
	Amount contributed monthly during the past six months.
18)	Are you insured?
1311	If so, in what Company? Metropoliton - life ites to.
	(Give number of policy)
	Have you made arrangements for payment of your Insurance Premium? 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.
estel	Vi Nill Limmakan
	Date Morel 28/42 (Signature of officer or man)
1200	6. Frathele 16
	Officer Commanding 5 M. N. Lacker



Mrs. Jessie J. Cunningham,

36 South Drive, TORONTO, Ontario.

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.O. J. 22593 FD 348

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 6th,

045.

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

CUNNINGHAM, James Hill, Flying Officer

No. J.22593

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.

CYS:MC Registered. Director of Estates.

M.F.W. 77 6M-4-45 (7053) 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:—

			INFORMANT'S STATE	EMENT	
Degrees of Rela- tion- ship	RELA required to b	ATIVES e accounted for	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 I	Deceased	nne		
2	Children of the dates of their	Deceased and Births	none		
3	Father of the I	Deceased	Navid Cumpton	SH	36 South D' Formet
4	Mother of the		Jæssen Jane Cumenton		
5	Brothers of the Deceased	Full Blood	None		
		Half Blood	Nms		
6	Sisters of the Deceased	Full Blood	1. one only Olivia Isabel Cunnifan	19	36 South De Donnels
		Half Blood	Non		
7	Names of brothe of the full or Deceased, who death of each.	rs or sisters (whether the half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children
			None .		



l ever

pposite death e

Formula

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

	PARTICULARS AS T	O IDENTITY .
8	Full names of the deceased.	Janes Hill Cummifens
. 9	Date of his birth.	July 15th 1921
10	Place and date of his marriage.	ni
11	Place and date of his parents' marriage.	Glasgon Scotland Dec 519
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	Montrad R. Q
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Qual 1918 - 1923
14	Nature of employment before enlistment.	Mons-University Student
15	State whether he owned the premises in which he lived, and, if so, where situated.	N/o.
16	Name place where deceased stated he intended to make his permanent home.	36 South D' Franks
	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?	Nova Known
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	 (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. 	har Mnown do. yes ho
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	None Known
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? 	has known
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Lone
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None
	OTHER PARTIC	CULARS
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 known

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow". statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc.

*

Signature

*Insert degree of relationship for example, "Widow". statement of all the relatives that the deceased ever had in the degrees specified; and that I am 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.

Jessei Jane Laurengham. Signature of Informant 36, South Lor. Jorouto 5. Address

CERTIFICATE

	I hereby cert	ify that to the	best of my know	ledge and belief	genieg	R.M.R.
See above	Cuni	- tem	{ Name of } is the.	moten		of the Deceased
				ade by the Inform		
Dated a	t Jorone	•this.	18 to da	y of Octob	e-	19.44.5
Signature of Cle Priest, Magistrat Commissioner or Notary Public or missioned Officer of His Majesty's	ergyman, te, r Com- r of any		Caulin	Qualification.	Cleryn	

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.)

PHALIDON ENAMED HERETTY

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And the second of the second o

Authorization and the later than the state of the state o

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

	(1) I, James Hill Curringhan of the City Town Village
Last	of TORONTO in the County of Township
Permanent Civilian Address	Province of OMTAKIO, STUDEMT
	a member of the Royal Canadian Air Force, Number
(a) Relation- ship (b) Names	(2) I GIVE, DEVISE AND BEQUEATH unto MY Nother,
(c) Address of beneficiaries and	MRS. JESSIE JAME STOODART, CUNNINGHA.
(d) What each is to receive.	36 SOUTH DRIVE,
	TORONTO ONT.
Relationship,	ALL MY ESTATE (3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,
Names and Address of Residuary Beneficiaries.	of whatsoever kind and wheresoever situate unto
	MA.
	(4) I appoint Mrs. J. J. S. CVYKINGHAM (SAME AS ABOVE) (Name) (Name)
	, to be the Executor Executive of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this
	March 19 HZ.
	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 (Signature of Testator)
	our names as witnesses.
First Witness sign here.	(5) 6. Thomas Men (Signature)
	(Address) (Address) GIEDV
	CLERK (Occupation) Rec'd APR
Second Witness sign here.	$\mathcal{N} \in \mathcal{N} \text{ for } \mathcal{M} = \mathcal{M} = \mathcal{M} \text{ for } \mathcal{M} = $
	(Address)

(Occupation)

(Witnesses are not to be beneficiaries.)

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

J22593 (R160067) RANK F/O 431 RCAF SQDN NUMBER (OVERSEAS) NAV (G. L.) TRADE R.C.A.F. R.A.A.F. R.N.Z.A.F. R.A.F. OTHER CUNNINGHAM, JAMES HILL NAME CANADIAN YES PRESENT MARITAL STATUS RELIGION U.C. SINGLE OTHER FRENCH CANADIAN CUNNINGHAM MR DAVID NEXT OF KIN RELATIONSHIP FATHER 36 SOUTH DRIVE, TORONTO ONT. ADDRESS FATHER'S NAME MR. & MRS. DAVID CUNNINGHAM LIVING ON ENLISTMENT YES ADDRESS 36 SOUTH DRIVE TORONTO ONT. MOTHER'S NAME LIVING ON ENLISTMENT YES ADDRESS MARITAL STATUS AT TIME OF ENLISTMENT ADDRESS AT TIME OF ENLISTMENT OCCUPATION NOT KNOWN---BEING OBTAINED. 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. BOMBER MAIL LETTER----d---1-DEC-44

PREVIOUSLY REPORTED "MISSING" 20-FEB-44 AFTER AIR (OVERSEAS) (OVER LEIPZIG, GERMANY)

NOW "PRESUMED DEAD" 20-FEB-44 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. of E.?

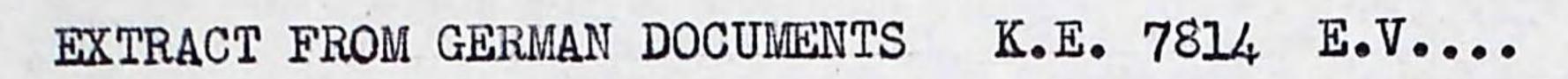
YES/NO

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. of E.? YES/NOX

DATE 5-JAN-45

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NOT

FOR CHIEF OF THE AIR STAFF



DETAILS OF CRASH Halifax shot down by night fighter at 03.15 hrs on 20-2-44 in a field of standing corn 600 ms W. of E BOSDORF, 20 Kms S.W. of Gardelegen A/CFT completely shattered on c ash and completely destroyed by fire.

DETAILS OF CREW: 4 completely charred bodies were recovered from the wreckage and buried as unknown in the old local Cemetery at BOSDORF E. Side near the entrace in a communal grave. Report says 'It is assumed that further charred bodies will be found under the wreckage during salvage operations'.

No further information.

Accepted as relating to P413934/Can/J86401 P/O J. Howell & Crew) on evidence supplied by C.E.

Signature J.G. Lallack Date 11-9-47

OCCUPATIONAL HISTORY FORM

x 225.93

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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	PLEASE
1. (a) Print name in full (b) Reg'l. No.	BLANK
(a) Arm of service (b) Unit (c) Place of residence (a) Date of birth any dependents? (a) Date of enlistment (c) Ranking (c) Ra	
4. (a) Place of enlistment	
Section B—EDUCATION AND TRAINING	
5. (a) State age on (b) Were you attending school finally leaving schoolor college up to the time of enlistment?	
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.)	
7. If you attended a university, give name of university and standing or degree secured	
8. (a) Did you ever (b) If so, enter upon a trade for what apprenticeship? occupation? A finish it? did you serve at it?	
apprenticeship?occupation?	
do you speak fluently?	
Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10. (a) State whether you were WORKING or NOT WORK- (b) At time of en-	
ING at time of enlistment. (Enter here only "Work- trade union or	
ing" or "Not Working",	
as case may be; particu- lars are asked for below).	
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 had worked at this	
at which you actually worked.	+
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	
16 Nature of employer's business (for instance, "farmer", or "building	
contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
in a business of your own, state nature and address of business	
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	
19. Nature of employer's business (for instance, "farmer", or "building	
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) 20. (a) Your (b) Number of years' experience at this occupation with any employer	· ·
Specific occupation	
21. (a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your	
employment on discharge?employment on discharge?former employment?	
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23	1:00
22. (a) State nature of business, (b) Where was	6A38
or professional practice	
engaged in this businessreturn to the same or a similar business on discharge?	1.B
Section F—PARTICULARS OF FARMING EXPERIENCE	1
24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
25. (a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had?	P
Section G-MISCELLANEOUS	
26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
O7 If an otata nature of your plane (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	

	enalty for improper use \$300," and properly addressed will pass through the mail "FREE"	
	IFICATE OF REGISTRATION OF DEATH	1
1. PLACE (County or District of OVERSEAS (GERMANY)	Township of	1
DEATH (If in City, Town or Village	House No	
2. LENGTH OF STAY (in years, months and days) (a) In City, Town or Township where death occurred	(b) In Province(c) In Canada (if immigrant)	
3. PRINT FULL NAME OF DECEASED	JAMES HILLS	
	n, Village or Township	
	Post Office Address for residents in rural parts not sufficient)	
4. Sex 5. Nationality (Citizenship) 6. Racial Origin 7. Single, Married, Widowed or Divorced		
Hale Canadian Scotch Single	24. DATE OF DEATH February 20th 1944. (Month) (Day) (Year)	
8. BIRTHPLACE Quebec	25. I HEREBY CERTIFY that I attended deceased from:	
9. DATE OF BIRTH July 15th 1921		
(Month) (Day) (Year)	and last saw halive on	
10. AGE in Years Months Days If less than one day old hrs. or min.	Previously reported missing after	PHYSICIAN
Z 11. Frede profession or kind of work as	Immediate cause (a) Air operations, now for official Give disease, injury or complica-	Underline
spinner, teamster, office clerk, etc		the cause
12. Kind of industry or business, as cotton— mill, lumbering, bank, etc	Morbid conditions, if any, giving rise to immediate cause (stated in order due to	to which
2 13. Date deceased last worked reb 20/44 14. Total years spent in this occupation.		death should be
15. If married give name of wife	Other morbid conditions (if important)	charged
or husband of deceased	contributing to death but not	statistically
16. NAME Cunningham, David	26. If a communicable disease (a) Date of appearance.	
17. BIRTHPLACE Scotland	tificate, give (b) Duration of diseasedays	
(Province or Country)	27. If a woman, was the death associated with pregnancy?	
18. MAIDEN NAME Muir, Jessie Jane Stoddart	28. Was there a surgical operation?	
19. BIRTHPLACE Scotland	State findings	
(Province or Country)	29. If death was due to external causes (violence) fill in also the following:—	
20. Person giving information (R.C.A.F. Records Officer)	Accident, suicide or homicide? Accident Date of injury Feb. 20th 1944.	
Address	Manner of injury. Presumed Ellied Quring air operations	
Relationship to deceased	(How sustained)	
21. Place of Burial, Cremation or Removal		20
Date of burial or removal		
22. Burial Permit was issued by		
Address		
23. Undertaker	31. Filed	
(Name and address)	(Division Registrar)	1

Royal Canadian Air Force



CERTIFICATE OF PRESUMPTION OF DEATH

HO.10386

This is to Certify that

	FLYING OFFICE	R JAMES HILL	CUMHINGHA	H R.C.A.F
(Number)	(Rank)	(Name in Full)	(U	nit)
has been offic	ially reported as missing	since the		day
of	FEBRUARY		hat, full inquiries	having been
made, no infe	ormation has been recei			
For official p	ourposes, therefore, he	is presumed to have	died on or since	the above
mentioned da	ite.			
Dated at Otta	awa, Canada, this	day of		194
		Alana.	11 Desa	
		(T.)	McDougall)	8

Group Captain R.C.A.F. Records Officer.



ROYAL CANADIAN AIR FORCE





Name CUNNINGHA	4. JALES HILL	R-1 6 0 0 0 7
Rank AC/2		R.C.A.F.
Age 20	Height 6' 2"	Weight 176
Hair DARK BROWN Marks, scars, etg.	Eyes BROWN NOME VISIBI	TRIMMED MOUSTACHE
1.9	ill Cumin	Signature of holder)
Choho,	1.7	(Signature of issuer)
Place #5 "M" DEPOT	LACHINE P.Q. Date	MARCH 30th. 1942.
Ca	ard serial number 86934	2

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. OF NATIONAL DEFENCE FOR AIR,

OTTAWA, ATTENTION P.I.B.

NO POSTAGE NECESSARY

O. H. M. S. R. C. A. F.

Mrs. J.J. Cunninghom, 36 South Drive, Toronto, Ontario.

Muly

R. C. A. F. G. 76 1,500M-5-47 (5345) H. Q. 885-G-76

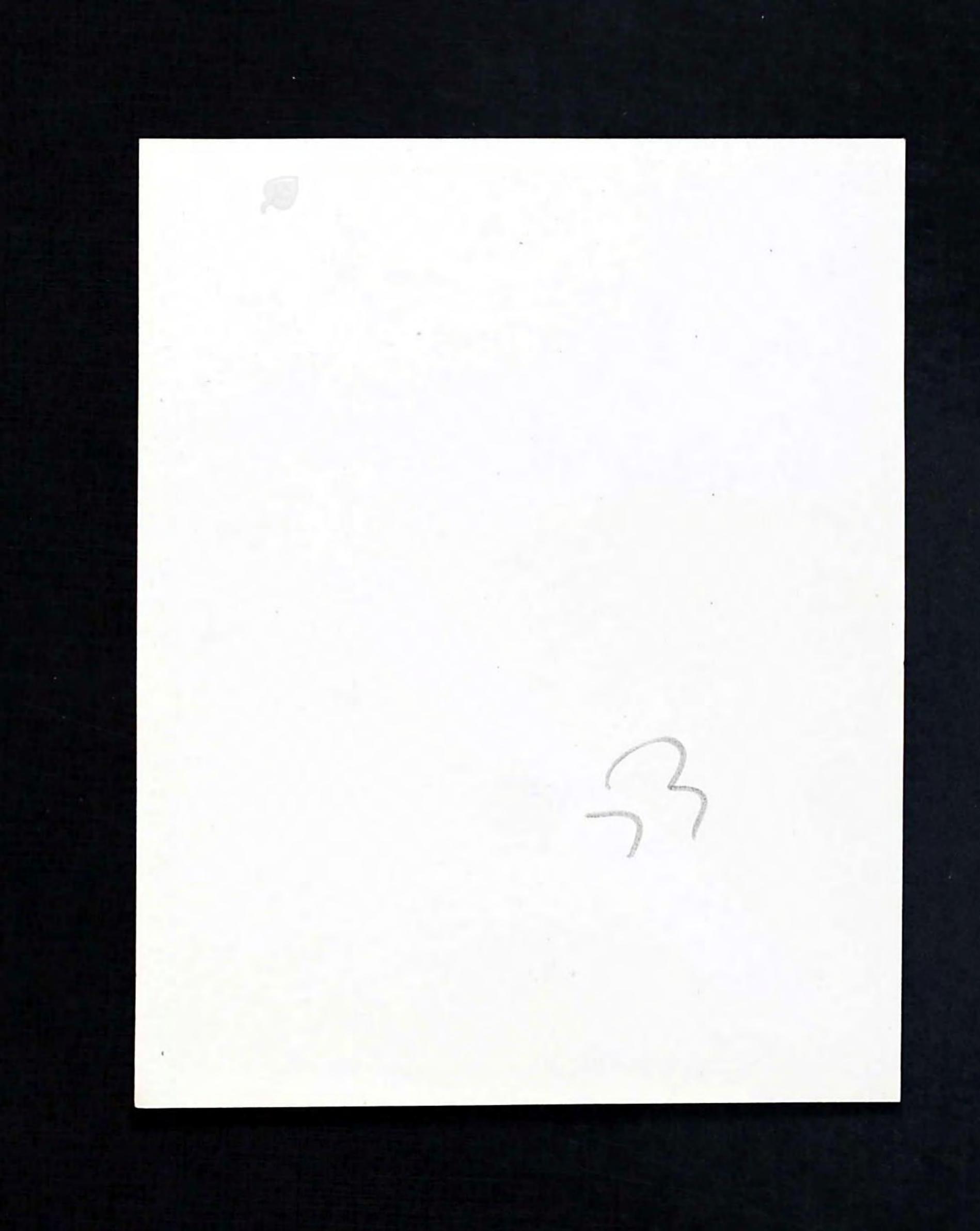


	100000000000000000000000000000000000000
REASON FOR NON DEL	S_NDLR WERY CHECKED
Paglaimed	known
have de Lest no Address	Refused
No Such Street Number	









B.C.A.T.F.

	ROYAL CANADIAN AT INTERVIEW R		Appendix "D"
2.	CUNNINGHAM CHRISTIAN NAMES. James Hill		
3.	APPLYING FOR ENLISTMENT AS . P. 8	ò	
	SELECTION BO	ARD	
4.	PERSONNEL OFFICER		
	Education 1 yr. Univ	versity (U. ofT)	
	A. to L. Score	49	
			n: Personal Background
			23-3-42
	RECOMMENDED FOR	Signed	J. H. Yocom P/O
5.	MEDICAL OFFICER		
	Medical Category	A 1 B A 3 B	
	ASSESSMENT: (Physical: Temperame		
	RECOMMENDED FOR		
	RECOMMENDED FOR		
	SUITABLE FOR COMMISSION		McKone E/O
6			
6.	INTERVIEWING OFFICER		
	ASSESSMENT: (General Fitness:)	Tallwell built-	-neat, clean, good
	appearancesober personalitye- (lst year Arts)reflects good for P & O Courseabove averag	nervous, sincere, ea breeding & training-	ger attending University
	RECOMMENDED FOR		
	SUITABLE FOR COMMISSION	Q :	nad
	SUITABLE FOR COMMISSION . Yes		N. J. Moran F/0
	ACCEPTABLE FOR		
Date:	28/3/42	(C.MoNi	oll), Sqn. Ldr.,
A. F.M.	5	No. 11 Re	ecruiting Centre, RCAF
24.12.			Ontario.
CERTIF	IED TO BE A TRUE COPY OF THE ORIGI	MAL ON FILE.	X /
			January 1

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVERS

ATR AND CROTIND TRAINING

SURNAME				stian Names	
		•••••••••••••••••••••••••••••••••••••••			
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		1 are given	in A.F.A.O	. A.51/22, paras. 5, 10, 11, and	15. Cross Out
Words not Applicat	вин.		PART I		
1. No	Τνιτία τ.	TRAINING S		ourse NoFro	OM6-7-42
		I IMITALLY OF D	onoon. Ot		29-8-42
2. Examination Res	ULTS.				
Subjec	T	Maximum	Obtained	REMARKS	
		Wiaximum	135	Good type, self-confiden	4 hand wasten
Mathematics		150	32	and conscientious.	o, mand works
Armament		50	129	A A //	
Signals		150	197		The state of the s
Navigation		200	-E-60 F		
Visual Link Trainer			00		
Airmanship, Theory of Fli	in teach parts as a series with special parts and the hard special parts and the series of the serie	100	60		
Drill		100	96		
Law and Discipline, etc	fotomologie	100	20		
Hygiene and Sanitation	TO COT OTOEA		00	TROAF TE	cords Office
A/C Recognition		100	27		
Anti-Gas		50		Rec'd MAR.	
Total		1000	838	Jb	
D. H. Clare	1.3	Donantomo	94 07	JB	D A 6
Position in Class		Percentage	84 %	O. L. · · · · · ·	-
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TO BE PASSED TO		A.	O.S.		
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PART IV

A		DAY		Nic	Vight				
AIRCRAFT	1st Na	v. 2nd	Nav.	1st Nav.	2nd Nav.	- Bomb	oing Pa	ssenger	Total
				·····					
•••••••••••••••••••••••••••••••••••••••									
	The state of the s				В	rought Fo	orward		
B. EXAMINATION AND PROF	ICIENCY:				G	RAND To	TAL	······· <u>······</u>	•••••
C			Marks						
Subject	1	Maximu	m Ob	tained			REMARKS		,
Proficiency as Air Navigator	•••••	250							
Astronomical Navigation Plotting				••••••				•	
Astronomical Navigation (Written	ı)	100							
•••••••••••••••••••••••••••••••••••••••	••••••••			••••••					
Total	••••••	. 500		•••••				÷ 1	
Position in Class		Percentag	ge	%					
Tumber in Class		. Pass	I	FAIL					
ecommended as Instructor		Yes		No					
ssessment as Air Navigator	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
haracter and Leadership	42	Maximur	1	tained					
Haracter and Deadership	***************************************	. 250							
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						Date			A.N
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			KS	CHARACT	ER AND LEA	Date		Totals	A.N
FINAL ASSESSMENT:—	Tra- Maximum 2000	INING MAR	KS	Maximum	ER AND LEA	Date DERSHIP	Maximum	Totals	A.N
FINAL ASSESSMENT:— ir Observer School	TRA Maximum 2000 1,700	INING MAR	KS %	Maximum 1900	ER AND LEAD Obtained	Date	Maximum	Totals Obtained	A.N
ir Observer School	TRA Maximum 2000 1,700	INING MAR: Obtained	77.3	Maximum	ER AND LEAD Obtained	Date DERSHIP 84.6	Maximum 3 8 8 0 0 2,550	Totals	A.N.
ir Observer School	Train Maximum 2000 1,700 1,000 500 2000	INING MAR: Obtained /S45	77.3 77.3	Maximum 1000 500 1000 1.600	ER AND LEAD Obtained	Date DERSHIP 84.6	Maximum 2,550	Totals Obtained	A.N
ir Observer School	Train Maximum 2000 1,700 1,000 500 2000	INING MAR: Obtained	77.3 77.3	Maximum 1000 500 1000 1.600	ER AND LEAD Obtained	Date DERSHIP 84.6	Maximum 3 0 0 0 2,550 1,500 750	Totals Obtained	79.
ir Observer School	Train Maximum 2000 1,700 1,000 500 2000	INING MAR: Obtained /S45	77.3 77.3	Maximum 1000 500 1000 1.600	ER AND LEAD Obtained 846	Date DERSHIP 84.6	Maximum 3 0 0 0 2,550 1,500 750	Totals Obtained 2391	79.

Name	CUNNINGHAM.	James H.		No	J22593
	Surname	Christian Names			
	F/C	0/8			20-2-44
Rank		Unit		Dat	e of Death
			AMOUNT	W.S.G. L.P.C\$	399.46 356.46
	Date	25-3-46	••••	Other Credits	
				Total	755.92 356.46 399.46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Jessie J. Cunningham, 36 South Drive, Toronto, Ont.	399.46
		1 / Mos. 3	
		(Sole beneficiary per will)	
			WSG

AUTHO	RITY	t.			
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
09990	\$33	01	70	000	399.46
CLASSIFIE	D BY		EXAM	IINED BY	Y
	1			For C	hief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

30M-1-46 (8630) H.Q. 1772-45-27

For Chief Treasury Officer

OF NATIONAL DEFENCE

STATEMENT OF WAR SERVICE GRATUITY



James, H.

Ottawa, Ont.

(CHRISTIAN NAMES)

Cunningham

(SURNAME)

27810

PAYEE ADDRESS Receiver General of Canada, Director of Estates,

FILE NO. 21 Feb/46 DATE J22593 SERVICE NO.

FINAL RANK OR RATING

20 Feb/44 DATE OF DISCHARGE

MAR

20 Feb/44 DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE NO. OF DAYS 696

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 392 LESS 6 INELIGIBLE DAYS, EQUAL TO 386

DAYS @ 25C. PER DAY

96.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

\$ 7.00 SUBSISTENCE OR LODGING \$ 1.70' AND PROVISION ALLOWANCE ADDITIONAL PAY

NO. OF DAYS 392

DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ 8.70 ×7 = \$ 60.90 TOTAL ×\$ 60.90

130.46

D. WAR SERVICE GRATUITY

399.46

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

OTHER DEDUCTIONS

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_____ 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.

CHECKED BY PREPARED BY

TREASURY CHECKED BY DATE

SERVICE REPRESENTATIVE

Dear Sir. Would it be possible for me to be notified by your in case of Pa. J. H. Cunningham - J. 225-93-R.C. a. 7. Oursess-bucoming milling ær a Casualty. Hil

my husband it St. Col.

I. m. medland also

on active Service orecreed.

Very truly yours.

Liebain medland.

(mrs. T. m. medland.)

214 gelenays. Rd.
Toronto.

June. 11. 1943.

negt f knir-wice be groen as tether mr. or mis. David Cunning ham. 36 South le most grateful of g could have this report. The wire Cauld he sent to re-Collect. I could obtain this Officera consent of that is neallay. 9 prefix. 9 course. nat to have to discuel that matter by letter much an officer on

It is regretted that your request cannot be complied with as only the next-of-kin of personnel reported as casualties are advised.

If you wish, however, to have Pilot Officer Cunningham notify these Headquarters that you are to be informed in such an instance, upon his written request being received here your name will be placed on our records and you will be advised accordingly, which I sincerely trust will not be necessary.

Yours sincerely,

(T.K. McDougall) Wing Commander,

for Chief of the Air Staff.

No. Groups

R.C.A.F. MESSAGE

AH

FILE_

OFFICE DATE STAMP & SERIAL NUMBER

TO MR DAVID CUNNINGHAM 36 SOUTH DRIVE TORONTO ONT

(REPORT DELIVERY)

. FROM RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER

DATE

MY

REFERENCE AND DATE

YOUR

(Use Double Space Typing)

REGRET TO ADVISE THAT YOUR SON FLYING OFFICER

JAMES HILL CUNNINGHAM J TWO TWO FIVE NINE THREE

IS REPORTED MISSING AFTER AIR OPERATIONS OVERSEAS

**EBRUARY TWENTIETH STOP LETTER FOLLOWS

RAI

NR 97/21 United Church

This message must be sent AS WRITTEN and may # be sent by W/T.	ORIGINATOR'S INSTRUCTIONS - DEGREE OF PRIORITY	TIME OF 65 26MT
SIGNATURE MANGE AMB Leve 5/0	IMMEDIATE	T. O. R.
SYSTEM IN TIME IN READER SENDER SYSTEM OUT TIME OUT	READER SENDER SYSTEM OUT TIME OUT READER SENDER	T. H. I.

Originator is to insert "NOT" if message is not to go by W/T over any part of the route.

R. C. A. F. S. 11 300M Sets-2-43 (3077) H.Q. 885-S-11

SIGNAL OFFICE COPY

431S/320/44/P.1.

10

ROYAL CANADIAN AIR FORCE OVERSEAS

29th February, 1944

Dear Mr. Cunningham,

Before you receive this letter, you will have had a signal informing you that your son J22593 Flying Officer > James Hill Cunningham is missing as a result of air operations.

At approximately 11:30 P.M. on the night of the 19th February, Jimmie, and members of his crew too off from this aerodrome to carry out operations over LETEZIZ, Germany, but unfortunately failed to return. He, and his crew were due back at this aerodrome on completion of the sortie, but no news has been received from either the crew or aircraft since the time of take-off.

It is with regret that I write you this date to convey the feelings of my entire Squadron. Your son was popular with this Squadron, and fast becoming an "Ace" Mavigator.

We lost one of our best crews, when this aircraft did not return, for it had already been mapped out for a great future with my Squadron. Your son had 4 trips to his credit, and a total of 27 operational hours over enemy territory.

There is always the possibility that your son may be a prisoner of war, in which cases you will either hear from him direct, or though Air Ministry, who will receive advice from the International Red Cross Society. To be a prisoner of war is not the happiest thought in one's mind, particularly for you who are so fond of your son, but on the other hand, I hope you will bear with me that it carries a certain gratifying thought in knowing that our loved ones are alive, and well, and will some

continued from overleaf....

day return home safely.

This war has caused grief to millions of people all over the world, and it is a sorrowful state to know that so many fine young men must make supreme sacrifices, in order to crush, and erase from the face of the earth an infuriated enemy whose jealousy, and hatred of our spirit, and strength will everntually crush him, and his members.

I do not wish to grieve you further in your deep consisty but trust that you will bear with me until such time as definite word is received one way or other concerning the welfare of your son.

Your son's effects have been gathered together, and forwarded to the Roya Air Force Central Depository, where they will be held until further news is received, or in any event for a period of at least six weeks, before being forwarded to you through the Administrator of Estates, Ottawa. The Commanding Offi er, Central Depository will communicate with you in the near future.

May I offer my most sincere sympathies, as well as those of my Officers, and men in your anxiety.

Sincerely yours,

	(W. F. M. Newson) Wing Commander, No. 4-31 (R.C.	W.Cdr., Commanding, A.F.) Squadron.
Mr. David Cunningham, 36 South Drive, Toronto, ONTARIO, Cana	da 225.93	######################################
	DRIGINAL COPY TO	4/3934. 9-3. 13-3. ENT TO 71 a.

I must regretfully inform you that since your son, Flying Officer James Hill Cunningham, was reported missing, no further information regarding him has been received other than that contained in the letter to you dated March 7th from these Headquarters.

You may rest assured that every possible effort is being made to trace your son and upon any news being obtained you will be informed immediately.

May I extend my sincere sympathy to you and the members of your family in this time of anxiety.

· Yours sincerely,

R.C.A.F. Casualty Officer, for Chief of the Air Staff.

/HF

REGISTERED

OTTAWA, Canada, 3rd May, 1945.

Lt.-Col. T.M. Medland, 214 Glen Ayr Road, Toronto, Ontario.

Dear Colonel Medland:

It is with deep regret that I must inform you that advice received from the Royal Canadian Air Force Casualties Officer, Overseas, states that Flying Officer James Hill Cunningham, is now for official purposes presumed to have died on Active Service on February 20th, 1944.

I realize that this letter will be a blow to the hopes you have entertained for so long, and in your added sorrow I offer you my deepest sympathy. May the same spirit which prompted him to offer his life give you renewed courage.

A letter was despatched to you c/o No.1 C.A.R.U., Canadian Army Overseas, informing you of this action, but was returned undelivered.

Yours sincerely,

MS

(H.L. Campbell)
Air Vice-Marshal,
Air Member for Personnel.

REGISTERED OTTAWA, Canada, 22nd November, 1946.

Mrs. Jessie J. Cunningham, 36 South Drive, Toronto, Ont.

Dear Mrs. Cunningham:

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.H. Cunningham.

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.

/BBO



OTTAWA, Canada, 25th November, 1947.

Mrs. J.J. Cunningham, 36 South Drive, Toronto, Ontario.

Dear Mrs. Cunningham:

It is with regret that I again refer to the loss of your son, Flying Officer James Hill Cunningham, but you will wish to know of a communication received from Our Overseas Graves Registration Authorities.

Investigating Officers of this Service interrogated Herr Brennecke and eye-witnesses who stated that your son's aircraft was seen to approach the town of Bosdorf, 30 miles northwest of Magdburg, Germany, going from west to east. It circled twice over the town and then crashed on the outskirts.

Exhumation was carried out and, due to the severe nature of the crash, Sergeant Rawlinson, the Flight engineer, was the only member of the crew who could be individually identified. The crew have since been re-interred in the Berlin (Heerstrasse) British Military Cemetery in Berlin. Sergeant Rawlinson is buried in an individual grave: the remaining members of the crew were buried collectively. On receipt of the registration number of the grave you will be advised.

This is a permanent British Military Cemetery located in Germany, and will be turned over shortly to the Imperial War Graves Commission (of which Canada is a member), who are responsible for the reverent and perpetual care of the resting places of our Fallen. The cemeteries will be beautified by landscaping and the planting of shrubs and flowers, and a headstone will be erected at each grave. Unhappily, there are great numbers of these headstones to be erected, and it will quite naturally take considerable time. It is not necessary to write to the Imperial War Graves Commission, as you will be contacted by them before the stone is prepared.

May I again extend to you my sincere sympathy.

Yours sincerely,

R.C.A.F. Casualty Officer, for Chief of the Air Staff.

FFF/YM

OTTAWA, Canada, November 24th, 1948

Mrs. J. J. Cunningham, 36 South Drive, Toronto, Ontario.

Dear Mrs. Cunningham:

A communication has just come to hand from the Graves Registration Service which states that the communal grave in the Berlin (Heerstrasse) British Military Cemetery which contains all members of your son's crew with the exception of Sergeant Rawlinson, has been registered as Plot 9, Row L, Graves 2-7.

May I take this opportunity to extend my sincere sympathy.

Yours sincerely,

(W.R. Gunn)
Wing Commander

R.C.A.F. Casualties Officer, for Chief of the Air Staff

FFF:ML