J25082
BUCKLEY
SYDNEY SMITH

UNIVERSITY OF KENTUCKY

LEXINGTON

REGISTRAR'S OFFICE

January 21, 1942

TO WHOM IT MAY CONCERN:

This will certify that Mr. Sidney Buckley was granted the degree, Bachelor of Arts, on June 2, 1939 at the University of Kentucky.

Leo M. Chamberlain
Registrar

RT

REGISTRAR'S OFFICE
UNIVERSITY OF KENTUCKY
LEXINGTON, KY.

SPECIAL RESERVE

# DECLARATION

I, Sidney Smith Carmichael

do solemnly declare as follows:

(1) I am a natural born Canadian Citizen
and I was born at Montreal, Quebec
on 13th day of October, 1917.

(2) The name under which I was registered at birth was as s et out above, namely
Sidney Smith Carmichael

(3) I am desirous of changing my name and intend and desire to be known henceforth as
Sidney Smith Buckley

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

DECLARED before me at the City of Windsor in the Province of Ontario this 19th day of March A.D. 1942.

Sidney Smith Carmichael
(Signature of Declarant)

H. S. Tennant Capt/U

R.C.A.F. Records Office
Rec'd. MAR 24 1942
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P A. .....

AIR FORCE No. R.145414 POSTED TO No. 1 "M" Depot, Toronto, Ontario. TRADE Pilot or Observer (Std.)

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

SPECIAL RESERVE

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

1. Surname BUCKLEY Full Christian Names SIDNEY SMITH
2. Present Address 892 Ouellette Avenue, Windsor, Ontario. Telephone D3-2058
3. Permanent Address Sturgis, Kentucky, U.S.A.
4. Place of Birth Montreal, Quebec. Citizenship Canadian
5. Date of Birth October 13th, 1917. Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

| Name | Date of birth | Name | Date of birth |
|---|---|---|---|
| N.A. | | | |
| | | | |
| | | | |
| | | | |

7. Occupation Advertising Salesman 8. Religion Church of England (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) Mrs. Hattie Eva Buckley Relationship Mother
    " Address Sturgis, Kentucky, U.S.A.
11. Father (Full Name) Sidney Smith Carmichael Junior Birthplace New Brunswick
    " Address Unknown Citizenship Canadian
    " Occupation Artist
12. Mother (Full Maiden Name) Hattie Eva Hurd Birthplace Cookshire, Quebec.
    " Address Sturgis, Kentucky. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

| Unit | Place | Rank | Trade | Date From | Date To | Reason for discharge |
|---|---|---|---|---|---|---|
| N.A. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

R.C.A.F. Records Office
Rec'd. MAR 24 1942
O.K. C.B.
R.C. N.I.
NONE
S.L. P.A.

14. Honours, Awards, Mentions
15. Are you now on any Naval, Military or Air Force Reserve? NO
16. Have you previously made application to join the R.C.A.F.? NO If so, where? N.A.
    When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
    If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
    If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N.A.

R.C.A.F. Form R. 100
150M—10-41 (993)
H.Q. 1062-3-83

397-405

21. Particulars of Education:

| — | Name of school | Date From | Date To | Courses—Subjects, etc. |
|---|---|---|---|---|
| Primary Education—Public or Separate School | Sturgis Grade School, Kentucky. | 1923 | 1931 | General |
| High School—Collegiate Institute, etc. | Sturgis High School, Kentucky. | 1931 | 1935 | General |
| Technical School | University of Kentucky, | 1935 | 1939 | Journalism (A.B.Degree) |
| University or School other than above | Lexington, Kentucky. | | | |
| Correspondence Courses, etc. | | | | |
| | | | | |

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

| Employer and place | Duties, trades, positions | Date From | Date To | Reason for leaving |
|---|---|---|---|---|
| Mengel Furniture Co., W.S.Green, Factory Mgr., Louisville, Kentucky. | Factory Furniture Finishing | June 1937 June 1938 July, 1939. | September 1937 September 1938 September, 1939. | Summer Employment in College. |
| G. P. Gundlach & Co., Cincinnatti, Ohio. | Adv. Copywriting | July 1939 | August 1940 | New Job. |
| Huntington Publishing Co., F.S. Meyers Adv. Mgr., Hungtington, West Virginia. | Adv. Salesman | October 1940 | February 1942 | To join RCAF. |
| | | | | |

23. Flying Experience (in Hours) Solo 0 Dual 0 Passenger 0

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Copywriting, Advertising and Newspaper Advertising Layout, and Rough Art - Advanced Psychology.

25. Sports engaged in. State: ~~extensively, moderately~~, occasionally Tennis, Golf, Swimming, Basketball, Baseball.

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 persons who can give references as to character and ability.

| Name | Address | Occupation |
|---|---|---|
| Frank S. Meyers | Huntington Publishing Co., Huntington, West Virginia. | Adv. Manager Newspaper |
| Guy E. Reed | Harris Bank & Trust Co., Chicago, Illinois. | Vice-President. |
| John F. Day | Associated Press, Huntington, West Virginia. | A.P. Editor (News) |
| Hooper Love | West Kentucky Coal Co., Sturgis, Kentucky. | Pres. of Company. |

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 March 6th, 19 42. Signature Sidney S. Buckley

R 145 414

SPECIAL RESERVE

**CONFIDENTIAL**

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

Rechecked No. 1 M.S.B. Toronto Course 57, 17-7-42.

(2) R145414

# ROYAL CANADIAN AIR FORCE

(5th)

**Medical Board held at** Windsor, Ontario. *Date* 17-3-42
19-3-42

FILE NUMBER

*Surname* BUCKLEY *Chr. Names* SIDNEY SMITH
*Nature of Commission* ..... *Date of Birth* Oct 13/17 *Married or Single* Single
*Branch* Aircrew *Hours Flown* None / pass only.
*Address* ~~xxxxxxx~~ Sturgis, Kentucky.

(24)

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown ..... NO
Severe or "Sick" Headaches, Migraine ..... NO
Fits or Convulsions of any kind ..... NO
Sun or Heat Stroke ..... NO
Head Injury or Concussion (including "knock-out") ..... NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting ..... NO
(ii) LUNG TROUBLE or Consumption ..... NO
Bronchitis, Pneumonia or Pleurisy ..... NO
Asthma or Hay Fever ..... NO
(iii) HEART DISEASE, "Weak or Strained Heart" ..... NO
Fainting Attacks or Giddiness ..... NO
Rheumatism, Rheumatic Fever or "Growing Pains" ..... NO
Frequent Sore Throats or Tonsilitis ..... T. and A. age 16. ..... ~~XX~~ NO
Diphtheria, Scarlet Fever or Scarlatina ..... NO
(iv) STOMACH or BOWEL TROUBLE ..... NO
Chronic Indigestion or Pain after Food ..... NO
(v) KIDNEY or BLADDER TROUBLE ..... NO
Syphilis or Gonorrhœa ..... NO
(vi) TROPICAL DISEASE ..... NO
Malaria ..... NO
Dysentery ..... NO
(vii) EYE TROUBLE or Inflammation of Eyelids ..... NO
Wearing of Glasses ..... NO
Colour or Night Blindness ..... NO
(viii) EAR TROUBLE, Earache or Discharge from Ears ..... NO
Deafness, Noises in the Ears, or Dizziness ..... NO
Frequent Colds in Head, Catarrh or Obstruction ..... NO
Prolonged Hoarseness or Loss of Voice ..... NO
Sea, Car or Train Sickness ..... NO
Discomfort on Swings, Roundabouts, Switchbacks ..... NO
(ix) OPERATIONS ..... T. and A. 1934.
(x) Any illness or Injury not mentioned above ..... Measles, mumps, whooping cough. chicken-pox.

Education U. of Kentucky Journalism & Advertising at 21.
Present Occupation Salesman advertising 3 yrs. Hobbies A little reading etc. & designs
Previous Service 1 year basic training U. of Kentucky. 1935.
Athletics Tennis, Golf, Basketball, Swimming. G — Good average
Habits—Smoking 20 cigarettes per day. Alcohol Moderately.
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Good Dead—Cause
Brothers (0) Alive—Health (0) Dead—Cause
Sisters (0) Alive—Health (0) Dead—Cause

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

Medical History taken by G. L. Anderson Flt. Lt.

*Date* 17-3-42. *Signature* Sidney S. Buckley *Witness*

## GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Sedentary *(b)* Mentality Average
Body Marks, Scars, Deformities elliptrial scar - over lower part - left patella.
Size of Thyroid Gland N
Surgical Abnormalities Large varicocele.
Results of Wounds, Injuries, Operations Nil

| | Date Mar. 9/42 | Date 17-7-42 | Date | Remarks on any Abnormalities Found |
|---|---|---|---|---|
| Height (ins.) | 70 | 70½ | | |
| Weight (lbs.) | 135 | 142 | | *Date* March 9/42. |
| Chest Circumference (ins.) | 33 | | | Varicocele. Repaired |
| Body Build (lbs.) | -15 | -10 | | 11-3-42. Healing |
| Leg Length (ins.) | 43 | | | satisfactorily. 17-3-42. |
| Pulse Rate — Sitting | 96 | 84 | | G.L.A. |
| Pulse Rate — Standing 1st | 108 | | | |
| Pulse Rate — Standing 2nd | 108 | | | |
| Pulse Rate — After Exercise | 120 | | | |
| Pulse Rate — Time to Normal | 45 | | | |
| Arterial Walls | N | | | *Date* |
| Blood Pressure — Systolic | 110 | 120 | | |
| Blood Pressure — Diastolic | 70 | 85 | | |
| Room Temperature | 72 | | | |
| Heart — Size (in cms.) | 7.5 | ~ | | |
| Heart — Sounds | N | ~ | | |
| Heart — Rhythm | N | ~ | | |
| Lungs — Inspection | N | ~ | | |
| Lungs — Palpation | N | ~ | | |
| Lungs — Percussion | N | ~ | | |
| Lungs — Auscultation | N | ~ | | |
| Lungs — Expiratory Force | 130 | | | |
| Lungs — X-Ray | Neg. | | | *Date* |
| Reflexes — Knee | N | | | |
| Reflexes — Ankle | N | | | |
| Reflexes — Triceps | N | | | |
| Reflexes — Abdominal | N | | | |
| Reflexes — Plantar | N | | | |
| Cranial Nerves | | | | |
| | R. L. | R. L. | R. L. | |
| Balancing Rod | | | | |
| | R. L. | R. L. | R. L. | |
| Self Balancing | F.S FS | 15 15 | | |
| Tremors — Fingers | Nil | ~ | | *Date* |
| Tremors — Eyelids | SF SF | ~ | | |
| Abdomen — Liver | N | ~ | | |
| Abdomen — Spleen | N | ~ | | |
| Abdomen — Muscular Tone | N | ~ | | |
| Urine — Albumen | Neg. | | | |
| Urine — Sugar | Neg. | | | |
| *Initials of M.O.* | X.T. | WHK. | | |

40 mm. Hg. Test 8/887/778/777/766/676/55 85 secs. G.L.A.
*Date* 18-7-42 60 secs 1st attempt ✓
*Date*
*Date*
*Date*

## EYE EXAMINATION

| | | | |
|---|---|---|---|
| History | Neg. | | |
| Visual Acuity | R. 20/20 , c 2.50 = | Neg. | 20/20 + 2.50 20/20 |
| | L. 20/20 , c 2.50 = | | 20/20 + 2.50 20/20 |
| Colour Vision | N (Ishi) | | N Ishi. |
| Red, Green | Ortho | Barxax | Eso 7° - Ht hyper 1/2° |
| Diaphragm Test (P.D. = 60) | 3/4 at 2.5 | | 6' - Eso - crowded 3 |
| Convergence C. = | 8 cms. | | 6 cms |
| Convergence S. C. = | 11 cms. | | 16' cms |
| Accommodation R. | 10 | | 8.5' cms |
| Accommodation L. | 10 | | 8.5' cms |
| Cover Test | sl. lat. div. left. R.R. | | Slight Ono R.L. RR |
| Fundi and Media | | | N |
| Fields | N | | N |
| Remarks: | | | Inadequate Wing Test Ortho - No Hyper<br>A. B<br>$A_3$ B<br>$P_5O_1$ |
| | Fit. | | |
| | *Initials of M.O.* X.T. | *Initials of M.O.* C.A.B | *Initials of M.O.* |
| | *Date* March 9/42. | *Date* 17-7-42 | *Date* |

## EXAMINATION OF EAR, NOSE AND THROAT

| | | | | |
|---|---|---|---|---|
| History | T. and A. age 16. | | | |
| Hearing | R. Ear | W.V. 20' | W.V. 20/ft | |
| Hearing | L. Ear | W.V. 20' | W.V. 20/ft | |
| External Ear, Meatus Membranes | R. Ear | N | 〃 | |
| External Ear, Meatus Membranes | L. Ear | N | 〃 | |
| Middle Ear, Eustachian Tubes | R. Ear | Patent | 〃 | |
| Middle Ear, Eustachian Tubes | L. Ear | Patent | 〃 | |
| Cochlear Apparatus | R. Ear | | | |
| Cochlear Apparatus | L. Ear | | | |
| Vestibular Apparatus | R. Ear | | | |
| Vestibular Apparatus | L. Ear | | | |
| Buccal Cavity | | Healthy | 〃 | |
| Teeth | | Good Repair | 〃 | |
| Gums | | Clean | 〃 | |
| Pharynx | | N | 〃 | |
| Nasopharynx | | N | 〃 | |
| Nose | | Adequate airway | 〃 | |
| Larynx | | | | |
| Remarks: Fit. | | | Sig. Nurse | |
| | | *Initials of M.O.* X.T. | *Initials of M.O.* | *Initials of M.O.* |
| | | *Date* March 9/42 | *Date* 18-7-42 | *Date* |

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

17-3-42.

Alert. Keen. Intelligent. Better than average aircrew material.

Category: A1B A3B.

G.L. Anderson Flt.Lt.

March 19th, 1942.

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

Sidney S. Buckley (Signature) (Witness)

M S B – 23.7.42 – Mild and quiet in manner, but with average self confidence and emotional stability. Has superior intelligence and sense of responsibility. Has no mechanical interest, he says.

P O

## OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

FIT Date 23-7-42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER

A1B-A3B

M.O.

18-7-42 F.I. A1B A3B.
Clerk P. 02 WAAF
Univ Grad at 21. Salesman & advertiser 3 yrs. Active athletics.
Above average intelligence. Keen alert enthusiastic rather timid personality but pleasant well balanced very good attitude & interest.

P O

W/C Med Kan Flt.

N.V.A. 20 – above average

A145414

Completed No. 1 M.D. MAR 27 1942

R 1 4 5 4 4 4

*Name* BUCKLEY SIDNEY SMITH
STURGIS KY. U.S.A.

*Classification* mh

*No.* 1 4 0 8 1 3 *Sex* MALE *Reference*

RIGHT HAND

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

LEFT HAND

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

Impressions taken by: John W Barn
(Signature of person taking prints)

Date impressions taken MARCH 27 1942

Note amputations

Signature of printed person: S. S. Buckley

Four fingers taken simultaneously

LEFT HAND

| Left thumb | Right thumb |
|---|---|
| | |

Four fingers taken simultaneously

RIGHT HAND

# ROYAL CANADIAN AIR FORCE

B.L.

Name BUCKLEY SIDNEY SMITH R 1 4 5 4 1 4

Rank AC 2 R C A F

Age 24 Height 5'11" Weight 140

Hair BROWN Eyes BLUE Hair on face LIGHT

Marks, scars, etc. SCAR ON BRIDGE OF NOSE AND LEFT INDEX FINGER

S. S. Buckley (Signature of holder)

T. J. McDawson FLT/LT. (Signature of issuer)

Place NO. 1 "M" DEPOT TORONTO ONT. Date MARCH 23 1942

Card serial number 140813

Right Index Fingerprint

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

## FOR HEADQUARTERS USE ONLY

### R.C.A.F. PHOTOGRAPHIC ESTABLISHMENT

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

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

Completed No. 1 M.D. MAR 27 1942

## HEADQUARTERS FINGERPRINT SECTION

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

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

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

R.C.A.F. R. 159

100M—12-41 (1401)
H.Q. 1062-3-114

# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full SIDNEY SMITH BUCKLEY (b) Reg'l. No. R/55414
2. (a) Arm of service R.C.A.F. (b) Unit #1 "M" DEPOT (c) Rank AC 2
3. (a) Date of birth OCT. 13, 1917 (b) Have you any dependents? NO (c) Place of residence at time of enlistment WINDSOR, ONT.
4. (a) Place of enlistment WINDSOR (b) Date of enlistment 19/3/42

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 21 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 4 YEARS HIGH SCHOOL.
7. If you attended a university, give name of university and standing or degree secured UNIVERSITY OF KENTUCKY, BACHELOR OF ARTS.
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? [redacted] ENGLISH (b) What languages do you read well? ENGLISH

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer HUNTINGTON PUBLISHING CO. Address HUNTINGTON, W.VA.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NEWSPAPER PUBLISHING.
20. (a) Your specific occupation ADVERTISING SALES and LAYOUT (b) Number of years' experience at this occupation with any employer 3
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

## Section G—MISCELLANEOUS

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

DATE 20/3 194[illegible] SIGNATURE Sidney S. Buckley

R.C.A.F. Records Office
MAR 26 1942
O.K. C.B.
R.C. Mad N.I.
S.L. P.A.W.

NATIONAL REGISTRATION CERTIFICATE PRODUCED. N.A. AMERICAN RESIDENT
[signature]

## 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 (Not required for Standard (Tradesmen)—*

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, SIDNEY SMITH BUCKLEY - - - - - - - - - - - - - - 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 March 19th, 19 42. Sidney S. Buckley
Signature of Recruit

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

I, SIDNEY SMITH BUCKLEY - - - - - - - - - - - - - - do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date March 19th, 19 42. Sidney S. Buckley
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 Windsor, Ontario. this 19th day of March 19 42.

J. S. Mencel. — Signature of Officer | Flying Officer, — Rank | No. 8 Recruiting Centre, RCAF, Windsor, Ontario. — Unit

(J. S. Mencel)

# FOR OFFICIAL USE ONLY

## CERTIFICATE OF MEDICAL EXAMINATION

*Part 1. Information obtained from the applicant—*

1. Age. 24 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? No

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

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

Sidney Buckley
Signature of Applicant

Examiner's Remarks *re* above..Measles, mumps, whooping cough, chicken pox,

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

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

2. Height..5..feet..10..inches. 3. Weight..135..pounds.

4. Complexion..Medium.. 5. Color of Eyes..Blue..Hair..Brown

6. Development { Good / Fair / Poor } 7. Chest Measurement—Full expiration..32"..inches

Range of expansion..4"..inches

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

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

Left..20/20 Left..

10. Condition of mouth and teeth..Healthy

11. Urine—Albumen..Neg Sugar..Neg

12. Abnormalities (Congenital and Pathological) found on Examination..Varicocele – repaired satisfactorily

*Part 3.* The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A(5)A33

Part 2 Cont'.

Any special remarks of the Medical Officers..

13. Reflexes N

14. Heart N

15. Lungs March 18th, 1942. Chest x-ray negative.

16. Blood Pressure S.D. 110-70

17. Colour Vision N (right)

Date..17-3-42..19..

..
President

..
Member

..
Member

AIR FORCE No. ~~R145414~~

BUCKLEY, SIDNEY SMITH
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Windsor — DATE 19-3-42.
RE-ENLISTMENT

C.R. FILE NUMBER SR

J.25082 OFFICER

# RECORD OF SERVICE AIRMEN

8

Comm 6-4-43.

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

## 1. POSTING (INDICATE S.O.S. AND T.O.S.)

| S.O.S. OR T.O.S. | UNIT AND PLACE | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| T.O.S. | #1 M.D. Toronto | 19 | 3 | 42 | 1MD69 |
| SOS | 1 MD Toronto | 23 | 5 | 42 | 1MD123 |
| TOS | 5 SFTS Brantford | 24 | 5 | 42 | 5SF107 |
| T.O. | Tillsonburg Ont. | 12/15 | 6 | 42 | 5SF125 |
| SOS | 5SF Brantford Ont | 4 | 7 | 42 | 5SF138 |
| T.O.S. | 11TS Toronto | 5 | 7 | 42 | 1ITS160 |
| SOS | 1 ITS Toronto | 26 | 9 | 42 | 1ITS229 |
| TOS | 9EFTS St Catharines | 27 | 9 | 42 | 9EF120 |
| SOS | 9EF St Catharines | 5 | 12 | 42 | 9EF145 |
| T.O.S. | 6SF Dunnville | 6 | 12 | 42 | 6SF247 |
| SOS | 1 OTU Bagotville | 1 | 6 | 43 | 10TU133 |
| Killed as a result of flying accident. | | 1 | 6 | 43 | 1-OTU153A 10TU133 |
| Disch on app to a comm | | 1 | 4 | 43 | 1-OTU109 |
| SOS | 6SF Dunnville (amended) | 30 | 4 | 43 | 6SF73A0 6SF68 |
| TOS | 1 OTU Bagotville (cancelled) | 25 | 4 | 43 | 1-OTU101, 105 |
| SOS | 6SF Dunnville | 23 | 4 | 43 | 6SF73A0 |
| TOS | 1-OTU Bagotville | 24 | 4 | 43 | 1-OTU105 |

pilled 1-6-43
a 289
cal 12 SG

WSG cancelled 27 9 44

## 2. RECLASS'NS-PROMOTIONS-ETC.

| RANK | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|
| AC2. | 19 | 3 | 42 | 1MD69 |
| 8 | | | | |
| LAC | 28 | 8 | 42 | 1ITS205 |
| T/Sgt(pd) | 2 | 4 | 43 | 6SF68 |
| P.O. 2-4-43 (APR61/26-4-43) T8 | | | | 10TU109 |

## 3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

| DATE | FORM | CATEGORY | REMARKS |
|---|---|---|---|

HOSPITALIZATION (IN BLACK INK)

| HOSPITAL QUARTERS | ADMITTED CONFINED | DISCHARGE RET'N DUTY | D.R.O. |
|---|---|---|---|
| 18-3-42 | R100 | A1B-A3B | |
| 17-9-42 | M2 | A1BA3B. | |

## 4. TRADE AND CHARACTER

| TRADE | GROUP | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| P.O. | S. | 19 | 3 | 42 | 1MD69 |
| 301S | | | | | |
| Aircrew (ITS) | | 26 | 6 | 42 | 5SF143 |
| A/c Pilot | S | 28 | 8 | 42 | 1ITS205 |
| Pilot. | S.G. | 2 | 4 | 43 | 6SF68 |
| Pilot G.L. | | 2 | 4 | 43 | 1-OTU109 (APR61/26-4-43) |
| 13M00 | | | | | |

| TRADE PROFICIENCY | CHARACTER ASSESSMENT | DATE OF R41 |
|---|---|---|

## 5. COURSES-TESTS-ETC.

| SUBJECT | RESULT | DATE | AUTHORITY |
|---|---|---|---|
| Grad. Crew 57 | Awaiting Post | | ITS209 |

## 6. LEAVE

| FROM | TO | DAYS | REMARKS | D.R.O. |
|---|---|---|---|---|
| 29-8-42 | 11-9-42 | 13 | | 1ITS220 |
| 20-11-42 | 6-12-42 | 16 | | 9EF145 |
| 50 | | | | |
| 3-4-43 | amended 15-4-43 | 20 | | 6SF68 73A0 |
| 3-4-43 | 15-4-43 | 15 | | 6SF73A0 |

MARITAL STATUS — HIGH & TECH. — PROVINCE OF ENLISTMENT — DISCHARGE

AIR FORCE No. ~~R145414~~

BUCKLEY, SIDNEY SMITH

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Windsor — DATE 19-3-42

RE-ENLISTMENT

C.R. FILE NUMBER

J.25082 SJ

# OFFICER RECORD OF SERVICE AIRMEN

comm 6-4-43.

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3 58

**7. BIRTH:** DATE — PLACE — CITIZENSHIP 2

13-10-17 Montreal, Que British

FATHER (FULL NAME) Sidney Smith Carmichael Jr

BIRTHPLACE New Brunswick

MOTHER (FULL MAIDEN NAME) Hattie Eva Hurd

BIRTHPLACE Cookshire, Que.

**8. EDUCATIONAL STANDING**

HIGH SCHOOL ENTRANCE X Kentucky U.S.A.

JUNIOR MATRICULATION X Kentucky

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY U. of K. 4 yrs Journalism (B.A.)

CORRESPONDENCE COURSES

9

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

Furniture Factory - 1937-38 (Summers)
Adv. Copywriting - (Pub. Co). 1 yr.
Adv. Salesman 1940-42 F.S.
Meyers adv, mgr. Huntington West. Virginia
6220

**10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE**

Nil.

0

**11. HONOURS-AWARDS, MENTIONS**

| | AUTHORITY | DATE |
|---|---|---|
| Pilots Flying Badge | 6SF68 | 2-4-43 |

**12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)**

SOLO — DUAL — PASSENGER —

**13. RELIGION** C. of E.

3

**14. LANGUAGES** English

1

**15. SPORTS** Tennis golf, swimming advertising Layout & Rough art, advanced Psychology

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

**17. MARRIED ESTABLISHMENT**

| REMARKS | RANK | EFFECTIVE | D.R.O. |
|---|---|---|---|
| | | | |

**18. CHILDREN**

| CHRISTIAN NAMES | BIRTH DATE | D.R.O. | CHRISTIAN NAMES | BIRTH DATE | D.R.O. |
|---|---|---|---|---|---|
| | | | | | |

**19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)**

FULL NAME: Mrs Hattie Eva Buckley — RELATIONSHIP Mother

ADDRESS: P.O. Box 143 Earlington, Kentucky U.S.A. — D.R.O. 1-ITS-225

FULL NAME: — RELATIONSHIP

ADDRESS: — D.R.O.

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

| RATE CHANGES ETC. | EFFECTIVE | D.R.O. | RATE CHANGES ETC. | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| 13d rtn allee | 29/10 8/9 42 | 1DTS220 | | | |

**21. ENGAGEMENTS**

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| Duration | 19 3 42 | | | | |

**22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES**

| FROM | TO | DATE | D.R.O. |
|---|---|---|---|
| Occ. pub. qtrs + draw rtns. | | 19-3-42 | 1M.D.69 |
| Occ. pub. qtrs + dr. rtns | | 5-7-42 | 1DS160 |

**22.(A) ADDRESS PRIOR TO ENLISTMENT**

Sturgis
Kentucky
U.S.A.

X2100

**23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)**

| R60 | R79 A | B465 | X-RAY | AFM-13 | IDN. CARD | O.HE |
|---|---|---|---|---|---|---|
| 25-3-42 | 24-3-42 | 20-3-42 | | | | KX |
| | 25-5-43 | | | | | EB |

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

# ROYAL CANADIAN AIR FORCE

## *Individual Record of Flying*

RANK L.A.C. NO. ~~R145414~~ J25082 NAME Buckley S.S.

| UNIT | PERIOD ENDING | SERIAL NO. | SINGLE-ENGINE AIRCRAFT | | | | | | | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | | | | | | | CREW DUTIES | | | | PASSENGER | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | DAY | | | | | | NIGHT | | | | | | DAY | | | | | | NIGHT | | | | | | | | | | | | | |
| | | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | OBSERVER | | AIR GUNNER | | OTHER | | | |
| #9 EFTS | | | (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | |
| | 1942 | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |
| | 20-11 | | 27 | 00 | | | 28 | 15 | | 30 | | | 3 | 30 | | | | | | | | | | | | | | | | | | | 59 | 15 |
| #6 S.F.T.S. | 29-3-43 | | 76 | 30 | | | 68 | 50 | 10 | 35 | | | 5 | 35 | | | | | | | | | | | | | | | | | 14 | 00 | 161 | 30 |
| #1 O.T.U. BAGOTVILLE PQ | 16-43 | | 39 | 05 | | | 7 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | ~~46~~ | 25 |

J25092

SPECIAL RESERVE

# ROYAL CANADIAN AIR FORCE

out

## RECORD OF SERVICE AIRMEN

R.145414 — A.F. No.
BUCKLEY — Surname
SIDNEY SMITH — Christian Names
CHURCH OF ENGLAND — Religion

October 13, 1917. — Place Montreal, Quebec. — Country Canada — Citizen of Canada — Racial Origin ENGLISH

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)

Mrs. Hattie Eva Buckley (Mother)
Box 145 Earlington, Kentucky, U.S.A.

### CIVIL EDUCATION

High School Entrance ✓ — Jr. Mat. H.S. 4 yrs. — Sr. Mat.
Technical School — Business Courses
University 4 yrs.

### CIVIL OCCUPATIONS AND EXPERIENCE

Factory Furniture Finishing 2 yrs. Lumber work.
Adv. Copywriting 1 yr. 1 mo.
Adv. Salesman 1 yr. 4 mos.

| Previous Service | Enlistment | Med. Cat. | Date | Med. Cat. | Date |
|---|---|---|---|---|---|
| N. A. | Date March 19, 1942. | A1B | 17 3 42 | | |
| | To Windsor, Ontario. | A3B | | | |
| | Term Duration of War. | | | | |

| Rank | Auth. | Date | Trade | Auth. | Date |
|---|---|---|---|---|---|
| A.C.2. | | 19 3 42 | P. or O. | | 19 3 42 |
| LAC | DRO 205 | 28 8 42 | | | |
| T/Sgt. (Pd) | DRO 68/43 | 2 4 43 | | | |

Trade Tests and Courses

| Trade | GP | % | P or F | Date |
|---|---|---|---|---|
| P or O. | Std | | P | 19 3 42 |
| Overseas (I.T.S.). | S | DRO 143 | | 26 6 42 |
| " PILOT | S | " 205 | | 28 8 42 |
| A/M. Pilot | Spec. | DRO 68/43 | | 2 4 43 |

### LEAVE

| From | To | Auth. and Description |
|---|---|---|
| 29-8-42 | 11-9-42 | 220(SC)1305 |
| 21-11-42. 0715 hrs. | 6-12-42. 1500 hrs. | 145 (SC) 23.11.42. |
| 3 April/43 0715 hrs. | 15 April/43 (13) | Special DRO 68/43 |
| 24 April/43 | 27 April/43 (7) | Special DRO 68/43. |

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

| Date | Character | Trade and Assm. | Honours and Awards | Auth. |
|---|---|---|---|---|
| 2/5 4 43 | Awarded Pilots' Flying Badge | | | DRO 68/43 |
| 2 4 43 | Categorized (PA) | | | DRO 68/43. |

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

B.V.S.

# MOVEMENTS AND CASUALTIES

| AUTHORITY | UNIT FROM | UNIT TO | DATE | AUTHORITY | UNIT FROM | UNIT TO | DATE |
|---|---|---|---|---|---|---|---|
| M.O.R 13 | No. 8 R/C. Windsor | No. 1 M.D. Toronto | 19-3-42 | | | | |
| #1MD-69 | " | " | 19-3-42 | | | | |
| #1M.D.123/42 | No. 1 M.D. Toronto | #5 S.F.T.S. Brantford | 23-5-42 | | | | |
| DRO 107/42 | TOS #5 SFTS | | 24-5-42 | | | | |
| " 118/42 | Ent 7-ly Pay (3) 25, 28, | | 31-5-42 | | | | |
| DRO 125/42 Pro. | Tp Dickenson Rd. Ret. ley Road (½ T.) | Dickenson Road (½ T.) 15/16 | 15/16/42 | | | | |
| " 138/42 | SOS #5 SFTS | #1 ITS Toronto | 4-7-42 | | | | |
| " 169/42 | ENTITLED FLYING PAY (5 DAYS | | 8.9.16.20 24.6.42) | | | | |
| 220/42 | ENT. RATS ALL. | 29-8-42 - | 14.9.42 | | | | |
| 229/42 | NO 1 ITS TORONTO | NO. 9 EFTS ST. CATHERINES | (13 DAYS) 26-9-42 | | | | |
| DR 0145-/42 | #9 E.F.T.S. St. Catharines | #6 S.F.T.S. Dunnville | 6-12-42 | | | | |
| DRO 68/43 Ent. + 24 to 30 April/43 | Rations All. from 3 to 15 April/43 incl. (20 days) | | | | | | |
| DRO 68/43 T.D. eff. 16 April/43 | to #3 A.G.S. Victoriaville, Que. to 23 April/43 incl. | | | | | | |
| DRO 68/43 SOS PRO 109 | #6 SFTS Discharged from RCAF (SR) Para 392 (1)(i) KB (Ais) on Appointment to a Commission (Auth A.F.R.O. No 757 d/ 30-4-43) | #1-O.T.U. | 30 Apr/43. under | | | | |

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

RCAF T58A
Revised: 1-42

Born 13-10-17

SURNAME....Buckley.....CHRISTIAN NAMES...S.S.....NUMBER.R145414.RANK..AC2.....

I.T.S.....No.1.....COURSE NO.57.....FROM.6-7-42.....TO..28-8-42.....

E.F.T.S.....No.9.....COURSE NO.65.....FROM.28-9-42.....TO..20-11-42.....

S.F.T.S.#6 Dunnville.....COURSE NO.70.....FROM..7 Dec/42.....TO...2 Apr/43.....

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

(1) G.I.S. RESULTS

| SUBJECTS | Finals | | | Supps. | | |
|---|---|---|---|---|---|---|
| | ITS | EFTS | SFTS | ITS | EFTS | SFTS |
| 1. Mathematics | 140 | | | | | |
| 2. Law, Discipline | 94 | | | | | |
| 3. Navigation | 125 | 180 | 119 | | | |
| 4. General Studies | 88 | | | | | |
| 5. Airmanship | | 182 | 172 | | | |
| 6. Airframes | | | | | | |
| 7. Aero-Engines | | | | | | |
| 8. Theory of Flight | | | | | | |
| 9. Anti-Gas | 37 | | | | | |
| 10. Armament(Written) | 34 | 39 | 66 | | | |
| 11. Armament(Practical) | | 40 | 43 | | | |
| 12. A/C Recognition | 100 | 78 | 45 | | | |
| 13. Drill | 86 | | | | | |
| 14. Signals(Written) | 127 | 100 | 48 | | | |
| 15. Signals(Practical) | | | 95 | | | |
| 16. Meteorology | 47 | | 41 | | | |
| TOTAL OBTAINED | 878 | 619 | 629 | | | |
| TOTAL POSSIBLE | 1000 | 700 | 750 | | | |
| PERCENTAGE | 88 | 88.42 | 83.86 | | | |
| NUMBER IN CLASS | 47 | 33 | 31 | | | |
| POSITION IN CLASS | 5 | 7 | 4 | | | |

(2) Flying Results

| TESTS | EFTS | SFTS |
|---|---|---|
| 20 Hours | 65 | ARM ~~117~~ |
| Instrument | 64 | ~~105~~ |
| Clear Hood | 100 | ~~219~~ |
| Navigation | 37 | ~~121~~ |
| TOTAL OBTAINED | 201 | ~~562~~ |
| TOTAL POSSIBLE | 300 | ~~750~~ |
| PERCENTAGE | 67 | ~~74.9~~ |
| NUMBER IN CLASS | 33 | 30 |
| POSITION IN CLASS | 19 | ~~2~~ |

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

(4) FLYING TIME

Link Trainer 73%

| School | Type A/C | DAY Dual | DAY Solo | NIGHT Dual | NIGHT Solo | Formation | Instrument | Link | NAVIGATION Dual | NAVIGATION Solo | Dual to First Solo | Passenger |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9EFTS | T.Moth | 28:15 | 27:00 | 3:30 | :30 | | 7:10 | 11:00 | 4:35 | 4:10 | 8:00 | |
| SFTS | SE | ~~68:50~~ | ~~76:30~~ | ~~5:35~~ | ~~10:35~~ | ~~23:50~~ | ~~26:55~~ | ~~20:00~~ | ~~19:20~~ | ~~10:05~~ | ~~5:40~~ | ~~14:00~~ |
| | | 97:05 | 103:30 | 9:05 | 11:05 | 23:50 | 34:05 | ~~31:00~~ | ~~23:55~~ | ~~14:15~~ | ---- | ~~14:00~~ |

(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. |
|---|---|---|---|---|
| | | | | |

T

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

| SCHOOL | SINGLE ENGINE | TWIN ENGINE | FLYING INSTRUCTOR | STAFF PILOT | RECONNAISSANCE PILOT | FIGHTER PILOT | BOMBER PILOT |
|---|---|---|---|---|---|---|---|
| E.F.T.S. | P | (A) | | | | | |
| S.F.T.S. | | | Yes | | XA.A. | P (A) | |

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

| | Marks Obtained |
|---|---|
| Flying (para.2) | ~~562~~ |
| G.I.S. (Para.1) | ~~629~~ |
| Character & Leadership (Para.8) | ~~574~~ |
| TOTAL | ~~1765~~ |
| PERCENTAGE | ~~78.4~~ |
| STANDING IN CLASS | 3 |

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP TOTAL

| | |
|---|---|
| I.T.S. | 123 |
| S.F.T.S. | 574 |
| TOTAL | |

(9) CERTIFIED:

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

(b) That this pupil is ~~is~~ XX XXXX) authorized to wear the Pilot's Flying Badge, w.e.f. 2 April/43

.....

Chief Instructor
No. 6 S.F.T.S.

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

(a) I.T.S.

This airman is very keen and assimilates instruction easily. He is alert, courteous and confident and can carry responsibility. He was keenly interested in Flight activities and showed leadership qualities.

Second Aircrew Recommendation: Air Navigator.

(E.W.Kenrick) Wing Comdr.
.....
Commanding Officer
No. 1 I.T.S., RCAF.,
Toronto, Ont.

(b) E.F.T.S.

An average clear hood and instrument pilot with no outstanding faults. Has good attitude. Conduct and deportment - average. Link assessment - 75%.

.....
Chief Supervisory Officer
No. 9 E.F.T.S.

(c) S.F.T.S.

Flying - High average ability.
G.I.S. - Above average in every respects.
Deportment - Good

.....
Chief Instructor
No. 6 S.F.T.S.

(d) S.F.T.S.

Recommended for Commission - Yes

.....
Commanding Officer
No. 6 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

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

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

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

SPECIAL RESERVE

1. SURNAME ..... BUCKLEY .....

2. CHRISTIAN NAMES ..... SIDNEY SMITH .....

3. APPLYING FOR ENLISTMENT AS ..... Pilot .....

---

SELECTION BOARD

4. PERSONNEL OFFICER

Education ..... B.A. (University of Kentucky -39) .....

A to L Score. ..... 49 .....

ASSESSMENT: (Educational Standing: Ability to learn; Personal Background)

Personal background good, alertness excellent, education above average.

RECOMMENDED FOR ..... Pilot .....

SUITABLE FOR COMMISSION ..... Yes .....

Signed ..... J. S. Mencel F/O
J. S. Mencel F/O.

---

5. MEDICAL OFFICER

Medical Category ..... A1B A3B .....

ASSESSMENT: (Physical; Temperamental)

Fit for all aircrew duties.

RECOMMENDED FOR ..... Pilot. .....

SUITABLE FOR COMMISSION ..... Yes. .....

Signed ..... G. L. Anderson Flt. Lt.
G. L. Anderson Flt. Lt.

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Alert, intelligent, reserved, open type - should be success.

RECOMMENDED FOR ..... Pilot. .....

SUITABLE FOR COMMISSION ..... Yes .....

Signed ..... L. McMonagle F/O.
L. McMonagle F/O.

---

FOUND ACCEPTABLE FOR ..... Pilot .....

H. E. Fleming Flt. Lt.
(H. E. Fleming) Flt. Lt.,
Commanding Officer,
#8 Recruiting Centre, RCAF,
Windsor, Ontario

DATE: 18-3-42.

A.F.M. 5
24.12.41

ROYAL CANADIAN AIR FORCE
CORPS D'AVIATION ROYAL CANADIEN

# PERSONAL HISTORY RECORD
# ANTÉCÉDENTS PERSONNELS

This form enables you to record important points about your experience for the information of officers who will be concerned with your entry into the R.C.A.F. and later with your training.

It is to your advantage to record accurately the particulars asked for since they will aid to plan training in line with your fitness. Incorrect entries are likely to reflect upon the person making them. If any item does not apply, mark it N.A.

Sur cette formule, vous inscrivez les points saillants de votre expérience, qui serviront à renseigner les officiers chargés de l'instruction de votre demande d'admission dans le C.A.R.C., et, plus tard, de votre entraînement.

Vous avez tout intérêt à fournir des détails précis. Ceci permettra de vous donner une instruction conforme à vos aptitudes. C'est se nuire que de donner des réponses inexactes. Inscrivez N.A. à côté des questions qui ne s'appliquent pas à votre cas.

## A. IDENTIFICATION - IDENTITÉ

Date ..... 6/7/42 ..... Recruiting Station / Centre de recrutement .....

Surname (in print) / Nom de famille (en caractères d'imprimerie) ..... BUCKLEY .....

Given names (in full) / Prénoms ( au long) ..... SIDNEY ..... SMITH .....

Place of birth / Lieu de naissance ..MONTREAL,..QUE..... Date of birth / Date de naissance ..OCT...13,..1917..

Duty for which you wish to enlist / Fonction à laquelle vous aspirez ..... FIGHTER....PILOT .....

## B. EDUCATION - INSTRUCTION

1. Name of school last attended / Dernière école que vous avez fréquentée UNIV. OF KENTUCKY Town / Ville LEXINGTON Province (State) / Province (État) KY. U.S.A.

2. If you attended High School or University, state the type of course taken:
Si vous avez fréquenté une école supérieure ou une université, quel cours avez-vous suivi:
....MAJOR...IN...JOURNALISM,..MINOR..IN..ENGLISH.--UNIVERSITY.....

3. Were you at any time out of school long enough to lose a year? ..... NO .....
Vous êtes-vous absenté de l'école assez longtemps pour perdre une année?
At what grade? / En quel cours? ..... N.A. ..... For what reason? / Pourquoi? ..... N.A. .....

4. Circle the highest grade completed: 6 7 8 9 10 11 12 13
University: 1st, 2nd, 3rd, (4th) yr., post-graduate.
Entourez d'un cercle le chiffre correspondant au cours le plus avancé que vous ayez fini: 6 7 8 9 10 11 12 13; université: 1re, 2e, 3e, 4e année, post-universitaire.

5. At what age did you complete the grade indicated in Question 4? ....21 yrs.....
   À quel âge avez-vous fini le cours indiqué à la question 4?

6. Check this line to indicate in which quarter you stood in your class during your last year at school:

   Top .....✓..... ..... ..... ..... Bottom
   1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

   How many pupils were in your class?.....500.....

   Indiquez ci-dessous à quel groupe vous apparteniez, quant au rang, dans votre classe, durant votre dernière année d'école:

   Tête ..... ..... ..... ..... Queue
   1er quart 2e quart 3e quart 4e quart

   Combien étiez-vous d'élèves dans votre classe?.....

7. What two school subjects did you do best?....JOURNALISM...,..ECONOMICS.....
   Enjoy most?.....JOURNALISM...,...PSYCHOLOGY.....

   Quelles sont les deux matières où vous remportiez le plus de succès?.....
   Qui vous plaisaient davantage?.....

8. What two school subjects did you do least well?....GERMAN,...POETRY.....
   Enjoy least?.....GERMAN.,..HISTORY..OF..JOURN.

   Quelles sont les deux matières où vous obteniez le moins de succès?.....
   Qui vous plaisaient le moins?.....

9. Check this line to indicate in which quarter you stood in your class in mathematics during your last year at school:

   ✓
   Top..... ..... ..... ..... Bottom
   1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

   Indiquez ci-desous à quel groupe vous apparteniez, quant au rang, en mathématiques, dans votre classe, durant votre dernière année d'école:

   Tête..... ..... ..... ..... Queue
   1er quart 2e quart 3e quart 4e quart

10. Have you done work with figures since leaving school? Give details :
    Avez-vous travaillé dans les chiffres depuis votre sortie de l'école? Donnez des détails:

    ....Very...Little...-...Just...some...book-keeping.....

11. Place a (✓) in the bracket opposite each subject you have studied. If you studied the subject at the University write U in the bracket instead of the ✓
    Indiquez d'un ✓ dans la parenthèse quelle matière vous avez étudiée. Si vous avez étudié cette matière à l'université, inscrivez U au lieu du ✓ dans la parenthèse.

| | | | | | |
|---|---|---|---|---|---|
| Algebra | (✓) | Physics | (✓) | Electricity | ( ) |
| Algèbre | ( ) | Physique | ( ) | Electricité | ( ) |
| Geometry | (✓) | Woodwork | ( ) | Sheet metal | ( ) |
| Géométrie | ( ) | Menuiserie | ( ) | Tôle | ( ) |
| Analytical Geometry | ( ) | Machine Shop | ( ) | Other shops( state which) | ( ) |
| Géométrie analytique | ( ) | Atelier de mécanique | ( ) | Autres ateliers (dire lequel) | ( ) |
| Trigonometry | (✓) | Welding | ( ) | ..... | |
| Trigonométrie | ( ) | Soudage | ( ) | ..... | |
| Forging | ( ) | Forge | ( ) | ..... | |

12. Have you carried on any special studies (night school, correspondence courses,etc.) ? State (a) what these studies were, (b) the purpose for which they were undertaken, and (c) whether the course was completed.

Avez-vous suivi des études spéciales (cours du soir, par correspondance, etc.)? Dites (a) quelles études, (b) le but que vous vous proposiez, et (c) si vous avez fini le cours.
.....Following College, a correspondence Art. (Commercial) Art. Course.-
.but...far...from...completed...since...the...War.....

C. JOBS - EMPLOIS

13. List below the last three jobs you have had since leaving school and give the information asked for about each. Commence with your last job and work back to the earlier ones.

Enumérez ci-dessous les trois derniers emplois que vous avez occupés depuis votre sortie de l'école et donnez sur chacun les détails requis. Commencez par votre dernier emploi et remontez aux autres.

| EMPLOYER AND PLACE EMPLOYEUR ET LIEU | WHAT DUTIES PERFORMED NATURE DES FONCTIONS | DATE AND MONTHLY EARNINGS DATE ET SALAIRE MENSUEL | | REASONS FOR LEAVING MOTIFS DU DÉPART |
|---|---|---|---|---|
| | | Start Début | End Fin | |
| Huntington Publishing Co. Huntington, W.Va. | Sales and Layout Newspaper Advertising | Oct. 1940 $20 a week. | Mar. 1942 32.50 a wk. | JOIN R.C.A.F. |
| Huntington Post " , W.Va. | Newspaper Adv. Manager. | June, 1940 no stated salary. | Oct., 1940. | BUSINESS FAILED |
| Esmond-Goodlach Co. Cincinnati, Ohio. | Copywriting, etc. for Adv. Agency. | June, 1939 | June, 1940 | TOOK NEW JOB |

14. List below paid jobs you did while attending school or during vacation. Start with your last job.
Enumérez ci-dessous les emplois rémunérateurs que vous avez remplis, tout en suivant la classe, ou durant vos vacances. Commencez par votre dernier emploi.

| NAME OF JOB GENRE D'EMPLOI | HOW LONG YOU WORKED AT IT DURÉE | WHAT USE YOU MADE OF EARNINGS CE QUE VOUS AVEZ FAIT DU SALAIRE |
|---|---|---|
| EDITOR OF YEARBOOK UNIV. OF KENTUCKY. | 1 year. | PAY FOR UNIVERSITY EDUCATION. |
| PSYCHOLOGY DEPT. - OFFICE UNIV. OF KY. | 1 year. | .. .. .. .. |
| MENGEL FURNITURE CO. Factory Furniture Finishing | 3 SUMMERS. | .. .. .. .. |

15. If any of your jobs have involved long hours, heavy work, excessive heat or cold or other difficulties, describe these circumstances.
Si ces emplois comportaient de longues heures, un travail ardu, l'exposition à une chaleur ou à un froid intenses, ou d'autres difficultés, donnez des détails.

..JOB..IN..FACTORY...REQUIRED...HEAVY..MANUAL...LABOR.-.10.HRS..A.DAY.....
..BUT...NO....MORE..THAN..IS...REQUIRED...IN.AVERAGE...FACTORY.....

16. Before you decided to enlist, what kind of work were you looking forward to in future years?
Avant de vous décider de vous enrôler, quelle profession désiriez-vous exercer plus tard?

..DESIGN..AND...LAYOUT...IN...PREPARING...ADVERTISING..COPY..AND..MAGAZINES.

17. What steps have you taken to aid in reaching this goal?
Quelles dispositions avez-vous prises pour atteindre ce but?
.Courses..in..University.-..Jobs..that..provided..experience...-home..study..+ correspondence course.

D. AVIATION

18. Which of the following have you done?
Parmi les initiatives suivantes, indiquez celles qui ont retenu votre attention:

(a) Reading about aviation (check) : Popular magazines ..✓... Magazines populaires ....
Lecture sur l'aviation (indiquez d'un) : Technical magazines.... Magazines spécialisés....
Books .... Livres ....

Name one publication in each case that you have checked.....FORTUNE.....
Nommez une publication dans chaque groupe portant un ✓ .....

(b) Making model airplanes? N.A. Non flying models (N.A.) Gliders(N.A.) Elastic powered(N.A.) Gas powered (N.A.) No. competitions entered...N.A.....

Fabrication de modèles d'avions: Modèles non-volants(....) Planeurs(....) Mûs par bande élastique(....) Mûs à l'essence (....) Nombre de concours auxquels vous avez participé.....

(c) Taking course of ground instruction? N.A. Name of school.....N.A.....
Subjects....N.A.....No. lessons...N.A.....
Cours d'instruction au sol. Nom de l'école.....
Matières.....Nombre de leçons.....

(d) Flying? No. passenger flights.....10.....Hours dual instruction....N.A.....
Solo....N.A.....License.....N.A.....

Vol effectif. Nombre d'envolées comme passager.....Nombre d'heures d'instruction (double commande).....Solo.....Brevet.....

(e) Take part in Air Cadet work.....N.A.....For how long?....N.A.....
Participation au travail des cadets de l'air.....Combien de temps.....

19. What special steps, if any, have you taken to prepare for entry into the R.C.A.F.
Le cas échéant, dites quelles dispositions spéciales vous avez prises pour préparer votre admission dans le C.A.R.C.

.....Nothing..except..increased..interest..in..Aviation..and..Progress..of..the..War.

E. RECREATION - SPORTS ET RÉCRÉATION

20. List below not more than three team sports or athletic competitions in which you have taken part.
Ci-dessous, énumérez au plus trois équipes sportives dont vous avez fait partie,ou trois concours athlétiques auxquels vous avez participé.

| Name of sport<br>Sport | Teams on which you have played or competitions you have entered.<br>Equipes pour lesquelles vous avez joué ou concours auxquels vous avez participé | Accomplishments of your team or awards you have won personally.<br>Succès de votre équipe ou prix que vous avez obtenus personnellement |
|---|---|---|
| Basketball | High School Team | Nothing Extraordinary |
| Soft Ball | " " " | " " |
| Tennis | Squadron Team - doubles. | Semi - Finals |

21. Check each activity in which you have fair proficiency:
Indiquez d'un le sport dans lequel vous êtes assez bien versé:

| | | | |
|---|---|---|---|
| Motor cycling | ( ) | Sailing | ( ) |
| Motocyclette | ( ) | Canotage à voiles | ( ) |
| Motor boating | ( ) | Marksmanship | ( ) |
| Canot-automobile | ( ) | Tir | ( ) |
| Aquaplaning | ( ) | Skiing | ( ) |
| Aquaplane | ( ) | Ski | ( ) |
| Swimming | (✓) | Riding | ( ) |
| Natation | ( ) | Equitation | ( ) |
| Car driving | (✓) | Diving | ( ) |
| Automobile | ( ) | Art de plonger | ( ) |

22. Do you give much attention to making or repairing things in your spare time? NO
Give details. N.A.

Consacrez-vous beaucoup de vos loisirs à fabriquer ou à réparer des objets?
Donnez les détails.

N.A.

23. On what other pastimes or hobbies do you spend your leisure time?
À quels autres passe-temps ou occupations favorites employez-vous vos loisirs?

Reading - Writing - Rough Art Work and Layouts
Ping-Pong - Tennis - Golf - Swimming - Dancing

F. FAMILY - FAMILLE

24. Are both your parents living?...YES...If not, state which is dead....N.A.....

and the year of death....N.A.....

If both are living, do they maintain a home together?...YES...Are they separated?..N.A.

Divorced?...N.A.....

Vos père et mère vivent-ils?.....Si non, dites lequel est décédé.....

et l'année de sa mort.....

Si tous deux sont vivants, habitent-ils ensemble?.....Sont-ils séparés?.....

Sont-ils divorcés?.....

25. What is your father's occupation?.....CIVIL ENGINEER.....

Quelle est la profession de votre père.....

26. Have any of your brothers flying experience?.....N.A.....

Avez-vous un frère ou des frères qui ont pratiqué l'aviation?.....

G. SPECIAL QUALIFICATIONS - APTITUDES PARTICULIÈRES

27. Have you had previous experience in the Navy, Army, Air Force, Cadets, etc? Give details below.

Avez-vous déjà fait du service dans la marine, l'armée, l'aviation militaire, les cadets, etc? Donnez les détails ci-dessous.

| | UNIT Unité | Date of service Date de service | Rank Grade | Duties Fonctions | Special courses and certificates held Cours spéciaux et certificats obtenus | Reason for discharge Motifs de la libération |
|---|---|---|---|---|---|---|
| U.S. | R.O.T.C. Basic Unit. | Sept. 1935. May 1936. | Private Cadets. | Drill and Military Science in U.S. Land Grant College. | — | TAKEN ONLY DURING FIRST YEAR COLLEGE |

28. List any positions of leadership you have held, such as captain of a team, president of your class, secretary or representative of a group.

Enumérez les postes de commande que vous avez occupés, tels que capitaine d'équipe, président de votre classe, secrétaire ou représentant d'un groupement.

PRES. JUNIOR AND SENIOR CLASSES-HIGH SCHOOL ; H.S. EDITOR ; SECT'Y FRATERNITY -COLLEGE ;
PRES OF STUDENT BODY-COLLEGE ; EDITOR YEARBOOK, COLLEGE ; O.D.K. Men's Leadership Fraternity ;
TREAS - ΣΔΧ - Professional Frat. ; Member "Who's Who In Amer. Colleges" ; CHAIRMAN - Student Comm. of Govt. Reorganization

29. With what languages other than English are you acquainted? State whether you read, write, or speack such languages, and how well?

Hors le français, quelles langues connaissez-vous? Dites si vous lisez, écrivez ou parlez ces langues, et dans quelle mesure.

FRENCH - 2 yrs. High School - Read only Poorly
GERMAN - 1 yr. College — " - "
LATIN - 3 yrs. High School - " - "

30. Do you hold a St. John Ambulance Association Certificate or any comparable one? Détenez-vous un certificat de l'Association ambulancière Saint-Jean ou quelque autre certificat semblable?

NO

31. List the important points in your case which you consider as assets in performing duties for which you wish to enlist.

Enumérez les points importants que vous jugez de nature à vous aider dans l'exercice des fonctions auxquelles vous aspirez.

Enough Training to learn readily — Enough Sports to Eliminate Clumsiness - Good Enough Grades to Indicate A Fairly Keen Mind — Punctuality - Enthusiasm - Calm - Determination - Sociability with Other Men.

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

SPECIAL RESERVE

1. SURNAME.....BUCKLEY.....

2. CHRISTIAN NAMES.....SIDNEY SMITH.....

3. APPLYING FOR ENLISTMENT AS.....Pilot.....

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SELECTION BOARD

4. PERSONNEL OFFICER

Education.....B.A. (University of Kentucky -39).....

A to L Score.

49

.....

ASSESSMENT: (Educational Standing: Ability to learn; Personal Background)

Personal background good, alertness excellent, education above average.

RECOMMENDED FOR.....Pilot.....

SUITABLE FOR COMMISSION.....Yes.....

Signed.....J. S. Mencel F/O
J. S. Mencel F/O.

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5. MEDICAL OFFICER

Medical Category.....A1B. A3B.....

ASSESSMENT: (Physical; Temperamental)

Fit for all aircrew duties.

RECOMMENDED FOR.....Pilot.....

SUITABLE FOR COMMISSION.....Yes.....

Signed.....G. L. Anderson Flt. Lt.
G. L. Anderson Flt. Lt.

---

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

Alert, intelligent, reserved, open type - should be success.

RECOMMENDED FOR.....Pilot.....

SUITABLE FOR COMMISSION.....Yes.....

Signed.....L. McMonagle F/O.
L. McMonagle F/O.

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FOUND ACCEPTABLE FOR....Pilot.....

DATE: 18-3-42.

R.C.A.F. Records Office
Rec'd. MAR 24 1942
O.K.....C.I.B.....
R.C.....N.I.....
S.L.....P.A.....

H. E. Fleming Flt. Lt.
(H. E. Fleming) Flt. Lt.,
Commanding Officer,
#8 Recruiting Centre, RCAF,
Windsor, Ontario

A.F.M. 5
24.12.41

FORM NO. M. 76 -- VISIBLE RECORDS LIMITED, SCARBORO P.O., CANADA
CUT AND PUNCHED TO BE USED IN "NU-STYL" BINDER, MODEL NO. A.16F.
R.C.A.F. T-118 5M-9-42 (2651) H.Q. 885-T-118

| COURSE | FROM | TO | RESULT | |
|---|---|---|---|---|
| Initial Training, Toronto, Ont. | 6-7-42 | 28-8-42 | Passed, 88% | 5th. |
| Elementary Training, St. Catherines, Ont. | 28-9-42 | 20-11-42 | Passed, 88.42% | 7th. |
| Service Flying Training, Dunnville, Ont. | 7-12-42 | 2-4-43 | Passed, 78.4% } Wings, 2-4-43 | 3rd. |

NAME BUCKLEY, S.S.

No. J.25082

2nd June, 1943.

Mrs. H.B. Buckley,
P.O. Box 145,
Harlington, Kentucky,
U. S. A.

Dear Mrs. Buckley:

I have learned with deep regret of the death of your son, Pilot Officer Sidney Smith Buckley, on Active Service on June 1st and I wish to offer my sincere and heartfelt sympathy.

It is so unfortunate that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your son was serving.

Yours sincerely,

(SGD.) C. A. S.

(L.S. Breadner)
Air Marshal,
Chief of the Air Staff.

MAD/

Pilot

7

AIR FORCE TRADE | SERVICE | RANK | CASE NUMBER

OFFICER 1 | AIRMAN 2 | RCAF 3 | RAF 4 | RAAF 5 | RNZAF 6 | OTHER 7 | L.W.P. 8 | LEAVE 9 | OTHER 10 | A. MIN. 11 | HDQS. 12 | N.F.L. 13 | NAV. 14 | AG. 15 | P 16

THOUSANDS 7 | HUNDREDS 4 2 1 | TENS 7 4 2 1 | DIGITS 7 4 2 1

B. 17 | PRES. 18 | C. SCI. 19 | R. CATH. 20 | UNITED CH. 21 | C OF ENGLAND 22 | OTHER DENOM. 23 | GREAT BRITAIN 24 | NEWFOUNDLAND 25 | UNITED STATES 26 | NEW ZEALAND 27 | AUSTRALIA 28 | ST. SETTLEMENTS 29 | CANADA 30 | OTHER 31 | FRENCH CAN. 32 | TRAINING 33 | OPERATIONAL 34 | FLYING BATTLE 36 | OTHER E.A. 37 | FLYING ACCIDENT 38 | OTHER ACCIDENT 39 | NATURAL DEATH 40 | UNCLASSIFIED 41 | FATAL PRIMARY 42 | REJOINED UNIT 43 | PRISONER OF WAR 44 | PRESUMED DEAD 45 | INTERNED 46 | UNCLASSIFIED 47 | MISSING PRIMARY 48 | OPERATION 49 | INSANITY 50 | UNCLASSIFIED 51 | DANGEROUS 52 | SERIOUS 53 | ILLNESS PRIMARY 54 | FLYING BATTLE 55 | OTHER E.A. 56 | FLYING ACCIDENT 57 | OTHER ACCIDENT 58 | UNCLASSIFIED 59 | DANGEROUS 60 | SERIOUS 61 | SLIGHT 62 | INJ. PRIM. 63 | OTH-ER 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | CANADA PRIMARY | AIR FORCE H.Q. | ROCKCLIFFE | WESTERN A.C. | EASTERN A.C. | No. 1 T.C. | No. 2 T.C. | No. 3 T.C. | No. 4 T.C. | OTH-ER | UNCLASSIFIED | NEWFOUNDLAND | FAR EAST | MEDITERRANEAN | CONT. EUROPE | GREAT BRITAIN | OVERSEAS PRIMARY | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86

RELIG. | NATIONALITY | DUTY F.C. | OVERSEAS | CANADA

NAME: BUCKLEY, Sidney Smith

RANK: P.O. | SERVICE No.: J25082 | H Q. FILE: 1022-B-6950 | CASE No.: Pilot

F7

NEXT OF KIN: (advised)
Mrs. Hattie E. Buckley,
Box 145 Earlington,
Kentucky, USA.
RELATIONSHIP: mother

PARENTS:

LIVING: FATHER | MOTHER

DETAILS OF CASUALTY:
KILLED--in air approximately five miles due west of aerodrome 1 June/43 1500 hrs GMT--Hurricane and Harvard--formation flying--Hurricane flown by deceased pilot collided in mid air with Harvard. Pilot of Harvard bailed out successfully suffering slight head injuries--apparent disobedience of regulations by deceased pilot--(94/1)

(OVER)

AUTHORITY:
1 OTU A289 1 June/43 No. 1 OTU Bagotville

FATAL | MISSING | ILLNESS | INJURY

Body cremated and forwarded to next of kin. Cremated remains buried on the grounds of his family home at Earlington, Kentucky, U.S.A.

| OVERSEAS | | DIGEST TO A. P. L. O. | DIGEST TO CHAPLAIN | LETTER OF CONDOLENCE | CASUALTY LIST |
|---|---|---|---|---|---|
| CONF. REC'D | PRESS RELEASE | | | 421 F. | A594 F. |
| | | | | | |
| A. F. R. O. 14-June/43 F | | EXTRACTS OF SIGNAL TO A. OF E., C. P. C. D. A. P. B. | M. F. M. 5 AND WILL TO A. OF E. | MINISTERIAL CARD | ROYAL CONDOLENCE |
| | | | | | |
| MEMORIAL CROSS | | M. F. W. 2643 | | DEATH CERTIF. | | LETTER OF SYMPATHY-MISSING | LETTER RE MISSING-BELIEVED KILLED |
| | | REC'D | DESP. | REC'D | DESP. | | |
| | | | | | | | |
| LETTER RE MISSING-PRISONER OF WAR | | LETTER RE MISSING-INTERNED | | LETTER OF SYMPATHY RE INJURIES | | MISSING PRESUMED DEAD | CASE COMPLETED |
| | | | | | | | |

R.C.A.F. R 244 A—3M-10/42 (2843) H.Q. No. 885-R-244

of 1 Mtce U

R.C.A.F. R. 78A
100M—3-42 (1958)
H.Q. 1062-3-61

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 Buckley (surname) Sidney Smith (christian names in full)

Rank P/O Number J25082 Unit 1 OTU Age 25 Trade Pilot (GD)

Date of accident and time of day 1/6/43 1200 hrs place of accident (exact locality) 5 miles west of 1 OTU

2. Short statement by injured person of the circumstances (or manner) of 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).

N.B.—*See instruction 4 before completing the following section.*

3. *(a)* Type and R.C.A.F. No. of aircraft Hurricane IIB 5678

*(b)* Name of pilot of aircraft (at time of crash) P/O S S Buckley

*(c)* Number in aircraft, *including* pilot One

*(d)* Circumstances of accident: ~~*taxiing*~~ ~~*taking off*~~ *landing* ~~*forced landing*~~ (designate one)

*collision in air* ~~*collision on ground*~~ ~~*other (specify)*~~

*(e)* Weather Ceiling unlimited; visibility 20 to 30 miles.

*(f)* In case of non-fatal crash does individual recall all events immediately preceding and following crash? If answer is "no", comment N.A.

*(g)* Number of flying hours of person reported on: dual 109 solo 156

*(h)* Duty: ~~*instructor/pilot*~~*/pupil pilot/*~~*aircrew (specify)*~~ ~~*passenger/other (specify)*~~ (strike out those not applicable)

4. *(a)* Description of injuries (in detail): Multiple injuries & burns.

*(b)* Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? Instantly killed

*(c)* How long before initial treatment was given? N.A. —

*(d)* Whether admitted to hospital or sick in quarters — (give name of hospital)

Date June 4/43 Signature of Medical Officer J. F. Avery F/L

5. Commanding Officer's statement:— 2

*(a)* Was the injury sustained

(i) In the performance of air force duty? Yes
(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? —

(iii) On leave? (State whether with or without pay) —

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? —

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

(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? —

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? —

(v) Was the officer or airman a selected representative of an air force unit practising under authority? —

(vi) If so, under what authority and supervision? —

*(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.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?

If so, state in what way Pending Investigation

*(e)* Was anyone else to blame? If so, give name and particulars Pending Investigation

*(f)* Is the accident being investigated by

(i) Court of inquiry? If so, state date and place No.

(ii) An investigating officer? Yes.

Signature N. S. Parker S/C

Date: ~~10/6~~ June 5/43 Commanding 10 T U Bagotville

| 1. No. | 2. RANK OR RATING | 3. SURNAME | 4. CHRISTIAN NAME |
|---|---|---|---|
| J.25082 | Pilot Officer | BUCKLEY | Sydney, Smith |

| 5. UNIT OR SHIP | 6. DATE OF CASUALTY | 7. H. Q. FILE No. | 8. RELIGION |
|---|---|---|---|
| No. 1 O.T.U. | 1st June 1943 | | |

| 9. CIRCUMSTANCES OF CASUALTY | 10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN |
|---|---|
| Aircraft collision in midair at approximately 5 miles west of aerodrome | Mrs. H.E. Buckley<br>Box 145<br>Burlington Kentucky<br>U.S.A. |

| 11. LOCATION OF UNIT AT TIME OF CASUALTY |
|---|
| Bagotville, Que. |

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located

| 12. CEMETERY | 13. LOCATION OF CEMETERY | 14. GRAVE LOCATION | 15. REGISTERED No. OF GRAVE |
|---|---|---|---|
| Body cremated and forwarded to Next of Kin | | Grave.....<br>Plot.....<br>Row..... | |

| 16. PHOTOGRAPH OF GRAVE TAKEN | 17. EXPOSURE No. | 18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO |
|---|---|---|
| | | |

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

20. REPORTED LOCATIONS OF GRAVE.

21. REMARKS.

R.C.A.F. r.60

# WILL

(1) I, BUCKLEY, Sidney Smith, of the (City / Town / Village / Township) of Huntington, County of ..., in the District of ..., State of W. Virginia, U.S.A., Advertising salesman (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 145414 ✓, Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My mother: Mrs. Hattie Eva Buckley,
Sturgis, Kentucky, U.S.A.

MY WHOLE ESTATE

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint My mother: Mrs. Hattie Eva Buckley (Name) OF THE ABOVE ADDRESS (Address)

...to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this 20th day of March 19 42

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Sidney S. Buckley
(Signature of Testator)

(5) Signature Laverne L. Christie
Address No. 1 Manning Depot. R.C.A.F. Toronto.
Occupation Clerk

Signature H. Grant Lyons
Address No. 1 Manning Depot. R.C.A.F. Toronto
Occupation Clerk

Rec'd MAR 25 1942
C.I.B.
O.K. N.I.
R.C. P.A.
S.L.

MEMORANDUM FOR

Mr. Frank R. Buckley,
P.O. Box 145,
Earlington, Kentucky, U.S.A.

P. 64

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

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

and the following number quoted:—

H.Q. 1022-B-6950 FD. 154

# DEPARTMENT OF NATIONAL DEFENCE
## ESTATES BRANCH
### OTTAWA, ONT.

June 22, 1943

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

BUCKLEY, Sidney Smith, P/O

No. J-25082, R.C.A.F.

ESTATES BRANCH
JUN 30 1943
H.Q.
OTTAWA.
NATIONAL DEFENCE

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

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

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

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

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

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

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

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

DBS:GMcC

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased..... | | None | | |
| 2 | Children of the Deceased and dates of their Births..... | | none | | |
| 3 | Father of the Deceased..... | | Frank R. Buckley. | 47 | Earlington Ky. |
| 4 | Mother of the Deceased..... | | Hattie E. Buckley | 51 | Earlington, Ky |
| 5 | Brothers of the Deceased | Full Blood | None | | |
| | | Half Blood | None | | |
| 6 | Sisters of the Deceased | Full Blood | None | | |
| | | Half Blood | None | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | | | None | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased | Sidney Smith Buckley |
| 9 | Date of his birth | Oct 13, 1917 |
| 10 | Place and date of his marriage. | None |
| 11 | Place and date of his parents' marriage. | Montreal, April 14, 1917 |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal |
| 13 | State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each. | (a) West Virginia U.S.A. 2½ yrs<br>(b)<br>(c) Kentucky 14 yrs.<br>(d) (U.S.A) |
| 14 | Nature of employment before enlistment. | advertising |
| 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. | Nothing definite. |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? | 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? | Not married |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit. | No |
| 20 | Amount of War Savings Certificates held by deceased. | No |
| 21 | Amount of Victory Loan Bonds held by deceased. | 1. $50 bond |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof. | Bankers Life - $2 000,<br>Prudential. $1,000,<br>New England Mutual $1000<br>Beneficiary - Hattie Eva Buckley |
| 23 | Is application for Probate or Letters of Administration necessary (see page 1)? | No |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | Not to my knowledge |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | No |

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

## DECLARATION

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

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

*Mother of the deceased.

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

Hattie E. Buckley — {Signature of Informant}

Earlington, Kentucky U.S.A. — Address

---

## CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Hattie E Buckley

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

Dated at Earlington this 28th day of June 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: N. R. Davis — Qualification: Notary Public

Address: Earlington Ky U.S.A.

My Commission Expires May 15, 1944

**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

25M-12-44 (4876)
H.Q. 885-A81

# DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

4 AIR

5-4408

DECEASED MEMBER'S NAME: Sydney S. (CHRISTIAN NAMES) Buckley (SURNAME)

PAYEE: Receiver General of Canada,
ADDRESS: Director of Estates,
Ottawa, Ont.

REGISTER NO. 23975
FILE NO. 27/Sept/45
DATE J25082
SERVICE NO. P/O
FINAL RANK OR RATING 1/June/43
DATE OF DISCHARGE

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

| | $ ¢ |
|---|---|
| A. TOTAL QUALIFYING SERVICE<br>NO. OF DAYS 440 (30) EQUAL TO 14 COMPLETE PERIODS AT $7.50 | 105.00 |
| B. QUALIFYING OVERSEAS SERVICE<br>NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE<br>DAILY RATES AT DISCHARGE<br>PAY $<br>SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $<br>ADDITIONAL PAY $<br>$<br>$<br>DEPENDENTS' ALLOWANCE 1/30 OF $ $<br>TOTAL $ ×7 = $<br>NO. OF DAYS (183) ×$ | |
| D. WAR SERVICE GRATUITY | 105.00 |
| E. DEDUCTIONS<br>OVERPAYMENT OF PAY AND ALLOWANCES $<br>DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $<br>OTHER DEDUCTIONS $ | |
| F. TOTAL AMOUNT PAYABLE | 105.00 |

G. YOUR PORTION OF GRATUITY IS—

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

P. & A. Bal. Trans. Trust Account
Journal Voucher # G233

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

| PREPARED BY | CHECKED BY |
|---|---|
| HRH | LGS |

| TREASURY | |
|---|---|
| CHECKED BY | DATE |
| [signature] | 1945 |

[signature]
SERVICE REPRESENTATIVE

OCT 18

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J/5082 RANK P/O TRADE PILOT (GEN LIST UNIT 1 OTU

NAME BUCKLEY, SIDNEY SMITH

| S E R V I C E | R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|---|
| | X | | | | |

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. HATTIE EVA BUCKLEY, (MOTHER) NAME MR. FRANK R. BUCKLEY,

ADDRESS P/O. BOX 145, EARLINGTON, KENTUCKY, U.S.A. ADDRESS D.A.B. SAME ADDRESS.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. HATTIE E. BUCKLEY,

ADDRESS BOX 145, EARLINGTON, KENTUCKY, U.S.A.

RELIGION C.OF E. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. FRANK ROLAND BUCKLEY (STEP/FATHER) FATHER LIVING ON ENLISTMENT DECEASED

ADDRESS P.O. BOX 145, EARLINGTON, KENTUCKY. U.S.A. MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. 1 OTU---A(2)---1-JUNE-43. 9500

CASUALTY DETAILS:

"KILLED" 1-JUNE-43 AS THE RESULT OF A FLYING ACCIDENT ABOUT FIVE MILES DUE WEST OF ARNPRIOR. (FORMATION FLYING)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/NO M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 10-JUNE-43.

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

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

The medical certificate under this sealed flap is
CONFIDENTIAL and SECRET.

No one has the right to see it until it reaches the statistical offices of the Ministry of Health. Anyone who breaks this seal is liable to prosecution.

---

AUTHORITY FOR BURIAL or TRANSPORT

I, the undersigned licensed medical practitioner and signer of this confidential medical certificate, declare, by placing my initials in the appropriate space, that the person named in this certificate died from:—

**A**

natural causes
(non—violent,
non—contagious,
non—epidemic)

and that the competent municipal authority may authorize the transport of the body, and the clergy carry out the burial in the regular manner.

**B** { violent, sudden, accidental or unexpected death (*Coroner*)

**C** { natural causes BUT of INFECTIOUS or CONTAGIOUS nature (*Health regulations*)

and that the body MUST NOT be embalmed, transported or buried without the authority of the coroner (Ch. 153, R. S.), or unless in conformity with the Public Health Act or the regulations made thereunder.

---

**N.B.** *When the medical practitioner initials "B" or "C", the clergy must not permit burial or the municipal authority allow transport until the health regulations or those of the coroner's Act have been fulfilled. It is sufficient that these authorities have only a general statement as to the cause of death to decide what procedure is to be followed.*

**Le certificat médical sous ce pli scellé est CONFIDENTIEL et SECRET.**

**Nul n'a le droit d'en prendre connaissance avant son arrivée aux bureaux de compilation du Ministère de la Santé, et quiconque brise ce pli scellé s'expose aux sanctions ordinaires de la loi.**

---

AUTORISATION DE PROCÉDER À L'INHUMATION et au TRANSPORT

JE, SOUSSIGNÉ, MÉDECIN LICENCIÉ et signataire du présent certificat médical confidentiel, atteste, en apposant mes initiales à l'espace approprié, que la personne nommée à ce certificat a succombé à:—

**A**

☐ une cause naturelle non violente, non infectieuse, ni épidémique

et que l'autorité municipale compétente peut autoriser le transport du cadavre, ainsi que l'autorité canonique l'inhumation, en la manière ordinaire.

**B** { une mort violente, subite, accidentelle, ou imprévue (*Coroner*) ☐

**C** { une cause naturelle, MAIS INFECTIEUSE ou CONTAGIEUSE (*Règlements d'hygiène*) ☐

et qu'on NE PEUT procéder à l'ensevelissement, ni au transport ni à l'inhumation sans se conformer aux prescriptions de la loi des coroners (Ch. 153 S. R.) ou de la loi de l'hygiène publique et des règlements faits sous son empire.

---

**N.B.** *Lorsque le médecin initiale à "B" ou à "C," l'autorité canonique ne peut autoriser l'inhumation, ou l'autorité sanitaire municipale le transport, sans que les prescriptions des réglements d'hygiène ou celles de la loi des coroners soient remplies. Il suffit à ces autorités de posséder un renseignement d'ordre général quant à la cause du décès pour décider de la procédure à suivre.*

FORM F

**This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".**

# PROVINCE OF QUEBEC — STATISTICAL RETURN OF DEATH — MINISTRY OF HEALTH AND SOCIAL WELFARE

**WRITE PLAINLY WITH UNFADING INK.**
**THIS IS A PERMANENT RECORD.**
**Every item of information should be carefully supplied.**

**1. PLACE OF DEATH**

Municipal county: Chambly | Official name of civil municipality or township: Chambly | *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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 22 | | | | | | | | | | | | | | |

**3. NAME OF DECEASED**

Surname: Lefebvre Smith (Block letters)

Given names: Berkley

**4. RESIDENCE**

Street: | No.:

Official name of civil municipality or township: Carleton

Municipal county: Restigouche | Province: P.Q.

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

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

**10.** BIRTHPLACE (Province or Country):

**11.** DATE OF BIRTH: October 13th (Month) (Day) 1917 (Year)

**12.** AGE OF DECEASED: Years 25 | Months 8 | Days | If less than one day old: ..... hrs. or ..... min.

**OCCUPATION**

**13.** Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Pilot (R.C.A.F.)

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

**15.** Date deceased last worked at this occupation: June 1/43

**16.** Total years spent in this occupation:

| 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|
| FATHER | |
| MOTHER (Maiden name) | |

**19.** Place of burial, cremation or removal:

**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)

Name of Undertaker (*For cities only*)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.

FOLD EXACTLY ON THE DOTTED LINE AND SMOOTH DOWN TO AVOID BULGING.

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

**22.** Date of death: June 1st (Month) (Day) 1943 (Year)

**23.** I HEREBY CERTIFY that I attended deceased from ..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

## 24. CAUSE OF DEATH

**I**

**Immediate cause**
Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Accidental drowning

due to

(b) Effects of exposure

due to

(c) Accidental

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

**II**

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

**III** If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ..... 19.....

(b) Duration of disease ..... days

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

**26.** Was there a surgical operation? ..... Date of ..... 19.....

State findings ..... Was there an autopsy?

**27.** If death was due to external causes (violence) fill in also the following:—

Accident, ~~suicide or homicide~~ ..... Date 1st June 43 19.....
(State which)

Manner of injury .....
(How sustained)

Nature of injury .....

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

**Signed** Wm. T. Hamilton **M.D.**

**Address** Drummondville **Date** 4 June 19 43

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

This signature authorizes the collector to accept this form as authentic.

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

**(Voir l'autre côté pour le français)**

J0250822 BUCKLEY SIDNEY $ POB

1 NUMBER 9 NAME 29 RANK

# SERVICE AWARD CARD

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

| 39-45 STAR | ATL. STAR | A/C EUR STAR | AFRICA STAR | PACIFIC STAR | BURMA STAR | ITALY STAR | FR. AND GER. STAR | DEFENCE MEDAL | GEN. SER. MEDAL | C.V.S.M. | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | ✓ | ✓ | | | | AWARD |
| | | | | | | | | | | | | | | AWARD AND CLASP |
| | | | | | | | | | | | | | | APPLICATION DISPATCHED |
| | | | | | | 29605 | | | | | | | | RIBBON ISSUED |
| | | | | | | | | | | | | | | MEDAL ISSUED |
| | | | | | | | | | | | | | | |

PREFIX NUMBER NAME RANK COD

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Hattie E. Buckley (mother)
P.O. Box 145,
Earlington,
Kentucky,
U. S. A.

334. 26/10/44.

Apr.-44.

MEMORIAL BAR
DATE
REGISTER 2159

NAME BUCKLEY, Sidney Smith FILE NO. 1022-B-6950

RANK P.O. CATEGORY KILLED REG. NO. J25082

DATE OF DEATH: 1 June 43 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 14 June 43 ROYAL MESSAGE: 21-8-43 MEMORIAL CROSS TO CHAPLAIN:

To mother To mmother DEL'D TO MOTHER: 16-8-43

DEL'D TO WIFE:

Mrs. Frank Roland Buckley,
P.O. Box 145,
Earlington, Kentucky, U.S.A.

COMMAND:

RELIGION:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 J25082

STURGIS, KENTUCKY, USA.

# GENERAL INFORMATION

Single

**EDUCATION**

1923-31 Sturgis Grade School, Kentucky.
1931-35 Sturgis High School, Kentucky.
1935-39 University of Kentucky, Lexington Kentucky Journalism ( A.B. Degree).

**CIVIL EXPERIENCE**

1937-37 Mengel Furniture Co. -(Factory).
1938-38 W.S. Green, Factory Mgr., -(Furniture).
1939-39 G.P. Gundlach & Co., Cincinnatti, Ohio - (Adv. Copywriting).
1940-42 F.S. Meyers Adv. Mgr., Hungtington Publishing

**SPORTS**

Tennis, golf, swimming, basketball, baseball.

**OTHER INFORMATION**

Copywriting, Advertising & Newspaper. Advertising Lay-out, & Rough Art-Advanced Psychology.

**SERVICE EXPERIENCE**

1942-43 R.C.A.F. - AC2 - to - P/O.

(GL) CFR — BUCKLEY, Sidney Smith — D — (SR)

13-10-17 — 25 — 2-4-43.

Birth Date — Age on Appointment — Date of Appointment

**POSTINGS** APR#61 d/26-4-43

| Rank | Date | Station | Date | Duty | |
|---|---|---|---|---|---|
| P/O | 2-4-43 | #6 SFTS Dunnville | 2-4-43 | Pilot | Crse.#70. |
| P/O | 2-4-43 | # 1 O.T.U. Saguenay | 30-4-43 | Auth D.R.O. # 68 | |
| | | KILLED DURING FLYING OPERATIONS | 1-6-43 | Auth D.C.L # 421 | |

| Date | CONFIDENTIAL REPORTS |
|---|---|
| | |

| Date | A. M. P. Liaison Reports |
|---|---|
| | |
| | **Recommendations for Promotion** |
| | |
| | **Remarks of Promotion Board** |
| | |

J8958 (DPC)

Ontario,
December 14, 1953.

DVA
War Service Records

Attention: Mr. F.B. Rading

May the burial information held in your records for the following personnel be forwarded here please.

Has the information in your records been passed to the Imperial War Graves Commission.

| | | |
|---|---|---|
| J8958 | F/O | R.S. Thorpe |
| R94423 | AC.2 | E. De Lorme |
| J24463 | P/O | G.H. Ross |
| C993 | S/L | F.B. Curry |
| C578 | S/L | I.M. MacLean |
| R106928 | LAC | D.G. Irvine |
| R118107 | LAC | W.W. Douglas |
| C2703 | F/L | E.A. Moore |
| J25082 | P/O | S.S. Buckley |
| J9121 | F/O | B.W. Bristol |
| R53956 | LAC | P.D. Carvalho |
| R111348 | LAC | J.R. Moody |

(W.R. Gunn)
Wing Commander,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

ESTATES BRANCH
JAN 21 1946
H. O.
OTTAWA
NATIONAL DEFENCE

# DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

XX

Date Jan 18 1946

RECEIVED this date Treasury cheque for the sum of

ONE HUNDRED FIVE----------00/100 Dollars ($ 105.00 )

War Service Gratuity

in connection with the ~~estate~~ of the below-named deceased,

BUCKLEY, Sydney S. P/O
J25082 R.C.A.F.

Hattie E. Buckley
Signature

130 Pads of 100—8-45 (7877) H.Q. 1772-45-27

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

3883 Mfe92
5-4408
AIR

# DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Sydney S. (CHRISTIAN NAMES) Buckley (SURNAME)

REGISTER NO.

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 23975
DATE 27/Sept/45
SERVICE NO. J25082
FINAL RANK OR RATING P/O
DATE OF DISCHARGE 1/June/43

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

| | $ | ¢ |
|---|---|---|
| A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 440/30 EQUAL TO 14 COMPLETE PERIODS AT $7.50 | 105.00 | |
| B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25C. PER DAY | | |

C. SUPPLEMENT FOR OVERSEAS SERVICE

Qu 233

OCT 19 1945

DAILY RATES AT DISCHARGE

| | | |
|---|---|---|
| PAY | $ | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ | |
| ADDITIONAL PAY | $ | |
| | $ | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ ____ | $ | |
| TOTAL | $ | ×7 = $ |
| NO. OF DAYS ____/183 | | ×$ |

| | | |
|---|---|---|
| D. WAR SERVICE GRATUITY | | 105.00 |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES | $ | |
| OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | |
| OTHER DEDUCTIONS | $ | |
| F. TOTAL AMOUNT PAYABLE | | 105.00 |

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 | CHECKED BY |
|---|---|
| HRH | LGS |

TREASURY

| CHECKED BY | DATE |
|---|---|
| | 5 10 45 |

SERVICE REPRESENTATIVE

ΔT

R04

Dunrentin'
Farlington, Kentucky

(L. [illegible] BREADNER)
AIR MARSHAL
C. A. S.

1022 B695O

Monday. a.m

Air Marshal Breadner

Dear Sir. Madam:

Thank you for
your kind letter of
sympathy to Mr. Buckley
and-Me.

Believing as I do,
that death is a step
"God-ward" and that
Sid is working to

further plan than I
can comprehend.
He would regret I
know, that he was
unable to have given
a trial to the training
given by the R C A F.
but to us, his gift
was supreme & the
Country he loved so well.
Thanking you again
Sir.

Sincerely

Hattie E. Buckley.

carry out God's plan
for him in his new
adventure, takes away
the bitterness, and
only leaves a grief,
which of course is
for ourselves, the lonely
years ahead without
Ted's companionship
'Doomed to know not
Winter, only Spring"
to quote R. L. Stevenson
was Ted's destiny and
I bow my head in
submission to a

25A

RECEIVED
JUL 19 1943
CASUALTY
SECTION

June 30, 1943
Tingal, Ont.

Att: F/O. J. Westman

1943 JUL 2 PM 2 52

1022-B-695-D

1022-B-695

Dear Sir:

I have just received word indirectly, that a very close friend of mine has been killed in a crash at Baggotsville, Que., He is Pilot Officer S.S. Buckley and was posted from #6 S.F.T.S. Dunnville approximately 7 weeks ago to the O.T.U. at Bagotville.

Is it possible for you to furnish me with a few of the details of the incident if it is true that he has been killed.

Also, I would appreciate it

22

if you could furnish me with his home address.

I wish to thank you in advance for any trouble this might cause you.

Yours truly.

Sgt. Fife, M-G.

Sgt. Fife, M-G.
R-145390
## Bty S. School
Fingal, Ontario.

12A

RECEIVED
JUL 3 1943
CASUALTY
SECTION

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH

Ottawa Canada

ESTATES BRANCH
MAY 1 1944
H.Q. OTTAWA
NATIONAL DEFENCE

Date.....194

Received this date from the Administrator of Estates cheque of the Receiver General of Canada for the sum of two hundred and eighty two

88/100 Dollars ($282.88 ) being in connection with the Service estate of my deceased son

H.E. Buckley
Signature

H.Q. 1022-B-6950 FD 154

BUCKLEY, Sidney Smith, P/O (Deceased)
No. J. 25082 R. C. A. F.

Hattie E. Buckley.

EXHIBIT "A"

The following is a list of the effects of P/O Buckley, S.S. J25082, compiled by the Committee of Adjustment on June 3, 1943.

1 Raincoat, officers, R.C.A.F.
1 Greatcoat, officers, R.C.A.F.
1 Uniform (slacks and tunic) blue.
1 Dressing Gown.
1 pr. fatigue pants.
1 pr. trousers (airmens) blue.
1 Civilian suit (brown).
1 pr. civilian trousers.
1 pr. leather slippers.
2 pr. black leather shoes.
1 pr. shoe trees.
1 pr. brown shoes.
2 pr. running shoes (1 blue, 1 white).
1pr. swimming trunks.
2 pr. underpants long-RCAF issue.
2 pr. undervests RCAF issue.
2 Sport Shirts.
2 Khaki Shirts.
2 Silver Grey Shirts.
6 Blue Shirts (Officers).
6 Bath towels.
11 Undershorts.
2 Black neckties.
1 Necktie (sports).
14 Handkerchiefs .
8 Undervests.
3 Tins shoe-polish (2 black, 1 brown).
1 Blue week-end bag.
1 Officers cap (sent with remains).
1 Small leather shaving bag.
1 Cigarette lighter.
3 Tooth brushes and two holders.
1 Watch (broken).
3 Nail files.
1 Pair tweezers.
1 Pair nail clippers.
1 Box razor blades.
1 Small clothes brush.
1 Comb.
1 Pair shoe laces.
2 Shaving brushes.
2 Pipes.
1 Pipe case.
1 Shaving brush case.
1 Leather shaving hold-all.
1 Button Brush.
1 Soap case.
2 Identity discs (RCAF) airman.
1 Key chain and ring - 6 keys.
2 Kit bag locks.
1 Large blue kit bag.
2 Steel mirrors.
2 Officers forage Caps.
1 Razor and case.
1 Carry all with razor and case.
1 Hair brush and Testament.
1 Aeronautical magazine.
2 Large leather valises.
1 White wool scarf.
1 White arm band (P.O.'s.)
3 Pair mens braces.
1 Blue pullover.
1 Grey pullover.
1 Stripped sweat shirt.
1 Pair arm bands.
1 Pair garters.
8 Pair black socks.
6 Pair woolen socks various colours.
1 Pair pajamas.
1 Pair pajama trousers.
1 Small blue kit bag.

EXHIBIT "A"

1 Full carton cigarettes.
7 Packages Camel cigarettes.
1 Felt insole.
1 pair Brown Leather Gloves.
1 Jock strap.
1 Carry all.
1 House wife.
1 Pair props. (RCAF) LAC badge.
1 Pair U.S.A. badges (RCAF).
1 Shaving stick.
1 Tube zinc ointment.
1 Roll adhesive plaster.
2 Tins silvo.
1 Button stick.
2 Cleaning rags.
2 Bottles Ronsonal ( lighter fluid).
1 Small clothes brush.
1 Cap badge (RCAF).
1 Kit bag padlock.
3 Small padlocks.
1 Small blue box containing 3tie pins, 4 RCAF buttons, 5 collar studs, 1 glass star (trinket).
1 RCAF belt buckle.
1 Tin after shave talc.
1 Jar shaving soap.
2 Jugs, after shave powder.
1 Razor strap.
13 Personal letters.
Several newspaper clippings.
1 Envelope containing 24 snapshots, and 1 pr. RCAF wings.
1 Leather picture holder containing three pictures.
1 Notification of selection for appointment to a commission.
1 Small blue address book.
1 Leather folder.
1 Vaccination card.
1 Resident aliens identification card.
1 Alpha San Omega, fraternity card.
1 Alien registration receipt card.
1 Receipt for clothing.
1 Receipt for tailor in Chicoutimi for $51.00.
1 Travel permit.
1 Railway ticket (New York to Chicoutimi).
1 Permit to depart from U.S.A.
1 Aircraft recognition notebook.
6 RCAF notebooks.
2 Road maps.
1 Book on Elementary meteorology.
1 Pair leather gloves.
1 Cigarette lighter.
1 Gold ring, RCAF crest.
1 Glasses case leather (burnt).
1 Memo book.
1 Fountain pen damaged.
1 Badly burnt pocketbook containing,
1 - $2.00 bill, badly burnt.(Sent to bank for exchange).
1 - $10.00 bill, badly burnt.(Sent to bank for exchange).
1 Chain with 6 keys and lucky piece.

(W.M.Thomson) F/Lt.
Pres. Committee of Adjustment.

WILL

R.C.A.F. r.60

(1) I.....BUCKLEY, Sidney Smith.....of the (City / Town / Village / Township

of.....Huntington.....in the County of Cabell District of .....

State ~~Province~~ of ....W. Virginia.... U.S.A. .....Advertising salesman.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number.....R 145414.....Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My mother: Mrs. Hattie Eva Buckley,
Sturgis, Kentucky, U.S.A.

MY WHOLE ESTATE

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint.....My mother: Mrs. Hattie Eva ~~Buckley~~ Buckley OF THE ABOVE ADDRESS.....
(Name) (Address)

~~Executor~~ Executrix .....to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this .....20th.....day of

.....March.....19..42.....

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

.....Sidney S. Buckley.....
(Signature of Testator)

(5) Signature..Laverne L. Christie.....

Address .....No. 1 Manning Depot. R.C.A.F. Toronto.

Occupation.....Clerk.....

Signature..R. Grant Lyons.....

Address.....No. 1 Manning Depot. R.C.A.F. Toronto.....

Occupation.....Clerk.....

R.C. Rec'd MAR 25 1942 C.I.B. O.K. N.I. R.C. Mad P.A. S.L.

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J25082 (R145414) RANK P/O TRADE PILOT (GEN LIST UNIT 1 OTU

NAME BUCKLEY, SIDNEY SMITH S E R BAGOTVILLE, QUE.

| R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|
| X | | | | |

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. HATTIE EVA BUCKLEY, (MOTHER)

ADDRESS P/O. BOX 145, EARLINGTON, KENTUCKY, U.S.A.

NAME MR. FRANK R. BUCKLEY,

ADDRESS D.A.B. SAME ADDRESS.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. HATTIE E. BUCKLEY,

ADDRESS BOX 145, EARLINGTON, KENTUCKY, ~~MXX~~ U.S.A.

RELIGION C.OF E. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. FRANK ROLAND BUCKLEY, (STEP/FATHER)

ADDRESS P.O. BOX 145, EARLINGTON, KENTUCKY. U.S.A.

FATHER LIVING ON ENLISTMENT UNKNOWN

MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? ~~YES~~/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

S. T. E. S. NATIONAL DEFENCE H. Q. OTTAWA BRANCH JUN 14 1943

AUTHORITY CAS. SIG. NO. 1 OTU---A289---1-JUNE-43. 9500

CASUALTY DETAILS:

"KILLED" 1-JUNE-43 AS THE RESULT OF A FLYING ACCIDENT ABOUT FIVE MILES DUE WEST OF AERODROME. (FORMATION FLYING)

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

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

DATE 10-JUNE-43.

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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 BUCKLEY Sidney Smith
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R 145414 AC2

(3) Unit No. 1 M DEPOT R.C.A.F. TORONTO

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife Na

(*b*) Present postal address of wife

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

Na

(7) Are you a widower? No

(8) Have you any children? No Number of boys Girls

Names and ages

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

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

Name No

Postal Address

R.C.A.F. Records Office
Rec'd MAR 25 1942
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

[SEE OTHER SIDE]

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

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

.....

.....

(11) Is your father alive? Yes (Step-Father)

If so, state name and address, occupation Frank Roland BUCKLEY

Sturgis, Kentucky U.S.A. Civil Engineer

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? Na

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

Na

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? Na

(14) Is your mother alive? Yes

If so, state name and address Hattie Eva BUCKLEY

Sturgis, Kentucky U.S.A.

(15) If your mother is a widow, are you her sole or partial support? Na

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment Na

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? Na

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship Na

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months .....

.....

(18) Are you insured? Yes

If so, in what Company? Prudential Life, New England Mutual Life & Bankers Life of
(Give number of policy) New York. Insurance Co's.

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

Sidney S. Buckley
(Signature of officer or man)

Date 20-3-42

---

.....

Officer Commanding FOR(H.O.Mcdonald)W/C

Date 20-3-42

No. 1 M DEPOT R.C.A.F. TORONTO

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

1A
CEF
&
RCAF WW2

SEP 26 1974

~~MRS~~ S. S. CARMICHAEL JR.
216 PRINCE ALBERT AVE.
WESTMOUNT 215, QUEBEC

Sept. 22/74

Dept. of National Defence
Ottawa,
Dear Sirs:

I have forgotten my regimental number and would be grateful to your department for same. My second discharge came from Camp Borden in the fall of 1916. I was sergeant on staff in recruiting offices of the 213th (American Legion) 1st Battalion called it then.

Col. McCormick was our O.C.

My undertaker requires this number so that I may be eligable to be buried at Point Claire (the vetrans burial ground.

My discharge at Toronto covered the required three months service required.

2/

For the last time at my son Sidney was killed while in air force training at Bagotville P.Q. in 1941 or 42, I think. As I was separated (and I suppose) divorced from his mother and had not heard from either of them for a great number of years, I was unaware of his indictment and also of his death until several years later. I do not know yet in what part of the United States they were living.

Sidney was, I believe going under the surname of Buckley, so probably he was adopted by his new father after divorce!

3/

I should like to find out where his remains were shipped and his place of burial and to whom the body was shipped.

He, Sidney, was baptized Sidney Smith Carmichael (Jr 2nd) in Montreal in 1918.

This information would be very important to me and I shall indeed be grateful.

Faithfully Yours

Sidney S. Carmichael Jr.

11 AM
23 IX
1974
QUEBEC 4A

POSTAL C
CODE PO
TAL COD

Dept. of National Defence
Ottawa, Ont.
Canada

War Records Dept.

D 1 S 4-4

~~MRS~~. S. S. CARMICHAEL JR.
216 PRINCE ALBERT AVE.
WESTMOUNT 215, QUEBEC