J45931
JOHNSTON
JACK DENNIS

9 0 3 6 1
35 6 DEC-43 22
JOHNSTON JD

J45931
114

Johnston J. D.

J045931 JOHNSTON JACK D F07

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															
RIBBON ISSUED															
MEDAL ISSUED															

Opt
Wp

113394

18/2/47

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Neva G. Paul (Widow)
197 Poplar Plains Road,
Toronto,
Ont.

July-46.

31/10/49

9778

MEMORIAL BAR

DATE DESP.

REGN. NO. A 3599

J. D. JOHNSTON

ROYAL CANADIAN AIR FORCE

SERVICE AND PAY BOOK

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

PROF & MRS D.W. HAY.
55 RIVERCOURT TERRACE
TORONTO.
EAST YORK

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

34 WILLIAM ST
BALDRADDOCK DUNFERMLINE.

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. J45931 Surname JOHNSTON

Christian Names (in full) JACK - DENNISON

Date of Birth 8-12-14 Religion Angl

Date of Enlistment/Appointment 2-6-44

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

Occupation in Civil Life

Signature of Holder R N Johnston

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—
Mrs Grace Johnston
(wife)
111 Crest Rd
Toronto Ont

Certified Correct M M Baldock Flo

Date Place No. 1 A.G.T.S.

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
a G	2-6-44	DR 0129	[illegible] Pl

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O G L	2-6-44	BN 285	[illegible] Pl

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer
R-1250 1279776	5-8-44	A. F. [illegible] P/O

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
30-5-44	H3B(T)	M.10		AW

BLOOD GROUP

Date	International	Initials of M.O.
27-6-44	O.	AW

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
	17		

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
14-8-42		AW

Susceptibility Test	Date	Result	
Schick Test	4-12-43	Pos	AW
Dick Test	4-12-43	Pos	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
Diph. Tox. 1	18-12-43	1cc	AW
" 2	10-1-44	1cc	
S. P. Tox 1	4-12-43	1cc	
" 2	10-12-43	1cc	
" 3	3-1-43	1cc	
" 4	10-1-43	1cc	
" 5	17-1-43	1cc	
T. A. B. T. 1	19-8-43	1cc	
" 2	9-9-43	1cc	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.
T. A. B. T. 3	25-9-43	1cc	AW
" Annual	4-12-43	1/2 cc	
B. W. Mg.	7-12-43	—	

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

PRESCRIPTION FOR SPECTACLES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O. .....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O. .....

DENTURES SUPPLIED

Particulars	Date	Initials of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

NAME JOHNSTON, Jack Dennison. FILE NO. J45931

RANK F/O CATEGORY ~~XXXXXXXX~~ MISSING PRES.DEAD REG. NO. J45931

DATE OF DEATH: 17-Mar-45 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 26-3-45 ROYAL MESSAGE: JAN 9 1946 MEMORIAL CROSS TO CHAPLAIN:

To Wife-

DEL'D TO MOTHER:

To Wife---20-November-45

DEL'D TO WIFE: JAN 8 1946

Mrs. J. D. Johnston,
~~111 Crescent Road,~~
Toronto, Ontario.

197 Poplar Plains Road,

Mother-
Mrs. James Johnston,
~~73 Wolseley Avenue,~~
~~Montreal West, Quebec.~~ 462 New Birks Building,
Phillips Square, Montreal, Que.

COMMAND:

RELIGION:

MB

AIR FORCE No. R. 290361 POSTED TO #1 M.D. Toronto, Ont. TRADE Std Aircrew

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname JOHNSTON FULL Christian Names JACK DENNISON
2. Present Address #2 C.A.C. T.R. Camp Borden Telephone -----
3. Permanent Address 111 Crescent Road, Toronto, Ontario
4. Place of Birth Montreal, Quebec. Citizenship Canadian
5. Date of Birth December 8th. 1914 Married, Single, Widower, Separated, Divorced Married
6. Particulars of Children

Name	Date of birth	Name	Date of birth
Nil			

7. Occupation Army 8. Religion Anglican (State denomination)
9. Languages English (State proficiency)
10. Next of Kin (Full Name) Neva Grace Johnston Relationship Wife
    " Address 111 Crescent Road, Toronto, Ontario
11. Father (Full Name) James Johnston Birthplace Toronto, Ontario
    " Address 73 Wolseley Avenue, West Road. Montreal Citizenship Canadian
    " Occupation Manager
12. Mother (Full Maiden Name) Ada Sybil Dodd Birthplace Liverpool, England
    " Address 73 Wolseley Avenue, Mtl. W. Quebec. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
#2 C.A.C.T.R.	Camp Borden	Tpr.		1943	1943	Voluntary

R.C.A.F. Records Office Rec'd. DEC 21 1943 O.K. R.O. S.L.

14. Honours, Awards, Mentions N
15. Are you now on any Naval, Military or Air Force Reserve? N
16. Have you previously made application to join the R.C.A.F.? N If so, where? N
    When? N Result N
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? N
    If so, state nature of disability N
18. Have you ever been or are you now in receipt of a Disability Pension? N
    If so, state nature of Disability N
19. Have you ever been convicted of an indictable offence? N If so state nature N
20. Are you in debt? N If so, state particulars N

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

761-190

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Montreal Elz. Ballantyne,	1921	1927	Grade VII
High School—Collegiate Institute, etc.	Mtl. West High	1927	1928	Grade VIII
Technical School	(Lennoxville)			
University or School other than above	Bishops College School	1928	1932	Matric
Correspondence Courses, etc.	Queen's University	1932	1935	A.C.B.A. & (Part) F.C.B.A.

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Royal Bank, Montreal	Accountant	1932	1939	Voluntary
Dental Company of Canada	Salesman	1939	1942	Joined up

23. Flying Experience (in Hours) Solo N Dual N Passenger 30 hours

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Woodwork, Golf, Skiing, Swimming, Reading.

25. Sports engaged in. State: extensively, moderately, occasionally Golf and Skiing (moderately)

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

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

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

Name	Address	Occupation
Dr. H.A. Thompson	229 College Street, Toronto	Dentist
H. Sloggett	15 Parkwood, Toronto	Manager
M.E. Bower	229 College Street, Toronto	Manager
Frank Parry	Lougheed Building, Calgary	Manager

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

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 October 23rd. 19 43 Signature R Johnston

NATIONAL REGISTRATION CERTIFICATE PRODUCED. Active Army

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

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

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

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

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

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

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

I, JACK DENNISON JOHNSTON 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 December ~~3rd~~. 4th 19 43 J D Johnston
Signature of Recruit

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

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

Date December ~~3rd~~. 4th 19 43 J D Johnston
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 Toronto, Ontario this ~~Third~~ 4th day of December 19 43

J A K Fletcher Lt
Signature of Officer — Rank

No. 11 Recruiting Centre
Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 28 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 age 21 off work for 3 months in a run down condition.
(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~~ Yes.
(r) Other Disease or Defect yes.

3. Have you ever worn glasses? NO

4. Have you had any illness of more than one week's duration? . . yes . . .

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

Signature of Applicant

Examiner's Remarks *re* above

appendicitis 1938 - one attack. Hay fever past 5 or 6 yrs begins in July & lasts until Aug. Running nose. Reddening of eyes. Never off work. Fracture nose 1930 Ch. pain. U.R. cough.

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

1. Identification marks or scars (if operative obtain history) 2"x2" lesion scar on left upper arm. 1¾" scar in palm left hand.

2. Height 5 feet 9½ inches. 3. Weight 155 pounds.

4. Complexion Med 5. Color of Eyes Blue Hair Grey

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 34 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 ✓
+2.50 = 20/400
Left 20/20 Left ✓

10. Condition of mouth and teeth N: repaired 2 false teeth

11. Urine—Albumen Neg Sugar Neg.

12. Abnormalities (Congenital and Pathological) found on Examination Neg.

O.M.B.

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

Any special remarks of the Medical Officers

13. Blood Pressure S. 120 D. 78 14. Heart N

15. Colour Vision N CPT 16. Blood Vessels N

17. Reflexes N

Chest X Ray: 29 Oct 1943

Date 30 October 1943

President Member Member

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit #22 Coy., Canadian Dental Corps, CA(A) Regimental Number B-30594

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: J O H N S T O N
2. Christian Names: Jack Dennison
3. Present address: 111 Crescent Rd., Toronto, Ontario, Canada.
4. Date of birth: December 8th, 1914.
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): Protestant - Church of England
7. Trade or Calling: Dental Supplyman
8. Married, Widower or Single: Married
9. Name of next of kin: Neva Grace Johnston
10. Relationship: Wife
11. Address of next of kin: 111 Crescent Rd., Toronto, Ontario, Canada.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?

    No.
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No)

    No. (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? Yes. Bishops College School Cadet Corps 1929 - 31. (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918?

    No.
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Jack Dennison Johnston, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Witness:
Date July 30th, 1942. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR 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 Toronto, Ontario this 30th day of July 1942.

J. A. Grant Major — Signature of Magistrate, Justice or Attesting Officer.

for District Dental Officer, M.D.2. — Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FILMED 21 OCT. 1942
M.D. 2 NOM. ROLL

Record of Service of J O H N S T O N (Surname) Jack Dennison (Christian Names) Regimental Number B-30594

Qualifications

Military: 3 yrs. Bishops College School Cadet Corps

Business or Professional: Bank Accountant

Trade or Civil: Dental Supplyman

Technical: None

Languages: English

Educational Qualifications

High School or Collegiate: 4 years (years completed)

Graduation or Matriculation: Jr. Matriculation (specify)

*College: None

*University: A.C.B.A. Queens University Correspondence.

O.H.E. FORWARDED TO RECORDS MD2 4-8-42.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment / TOS #22 Coy., C.D.C., CA(A)	Pte.	30-7-42	#22 Coy	Toronto	80	31-7-42
		Granted sub allow of $1.00 per diem	"	30-7-42	C.D.C.	"	82	5-8-42
		Ceases to draw sub allow of $1.00 per diem	"	17-9-42	"	"	101	17-9-42
		SOS #22 Coy., CDC, CA on transfer to #23 (B)TC, Newmarket for basic training	"	17-9-42	"	"	101	17-9-42
		TOS 23 (B) T C f.a.p. incl. pay from No. 22 Coy. C.D.C.	do	19-9-42	23 (B) TC	Nmkt	D. O. 225	19-9-42
		SOS 23 (B) T C f.a.p. incl. pay to No. 22 Coy. C.D.C.	do	17-11-42	23 (B) TC	Nmkt.	D. O. 274	16-11-42
		T.O.S. #22 Coy., C.D.C., C.A., on transfer from #23 C.A.(B)T.C., Newmarket.	Pte.	18-11-42	#22 Coy. C.D.C.	Toronto	130	19-11-42
		Resumes drawing Sub.All. $1.25 per diem	"	18-11-42	"	"	130	19-11-42
		Leave: 23-12-42 to 27-12-42, incl.	"		"	"	141	18-12-42
		Auth. to draw Rates of Pay $1.40 per diem	"	1 Jan 43	"	"	3	12 Jan 43
		Auth. to draw Rates of Pay $1.50 per diem	"	30 Jan 43	"	"	3	12 Jan 43
		FURLOUGH: 9 Feb 43 to 22 Feb 43 incl.	"		"	"	15	11 Feb 43
		Ceases to draw Sub. Allow. $1.25 diem	"	30 Jun 43	"	"	77	30 Jun 43
		S.O.S. #22 Coy., C.D.C., C.A., on transfer to No. 2 C.A.C. T.R., Camp Borden, Ont.	"	30 Jun 43	"	"	77	30 Jun 43
		TOS #2 CAC TR	Tpr	1-7-43	#2 CACTR	Borden	29	1-7-43
		Qualified as Gunner-Operator, Group "C"	do	6-11-43	do	do	D.O. 123	8-11-43

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ....Jack Dennison Johnston.... Place ....Toronto, Ontario.....

Place ....Toronto, Ontario.... Date ....July 2nd, 1942....

Part 1. Information obtained from the recruit.

1. Age ....27.... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism ....no....
b. Tuberculosis or pleurisy ....no....
c. Bronchitis or asthma ....no....
d. Heart disease ....yes....
e. Kidney or bladder disease ....no....
f. Stomach or bowel trouble ....yes....
g. Rupture ....no....
h. Varicose veins ....no....
i. Foot trouble ....no....
j. Nasal trouble ....no....
k. Ear disease ....no....
l. Eye disease ....no....
m. Fits ....no....
n. Nervous or mental disease ....no....
o. Syphilis ....no....
p. Gonorrhoea ....no....
q. Have you ever worn glasses? ....no....
r. Are you now or have you in the past received disability pension or compensation? If so, give details ....no....

D. Johnston
Signature of Applicant.

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).
Round scar left upper arm.

2. Height ....5.... feet ....10.... inches. 3. Weight ....157.... pounds.

4. Complexion ....Fair.... Eyes ....Blue.... Hair ....Grey....

5. Development ....Good.... Good / Fair / Poor

6. Chest measurement—Girth on full expansion ....38.... inches.
Range of expansion ....3.... inches.

7. Vision, right ....20-20.... left ....20-20....
With Glasses— right .... left ....

8. Hearing, right ....W.V. 20'.... left ....W.V. 20'....

9. Condition of mouth and teeth ....Good....

10. The abnormalities (congenital and pathological) found on examination are as follows
Urine--negative, Ears--normal, Reflexes--normal

Advised by Dr. C.T. Crowdy, Montreal, that he had heart disease in 1935. No murmur present. Appendectomy 1938

No. 2430
X-RAY OF CHEST NEGATIVE

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category ....A....

Special remarks when category lower than A....

President — MAJOR R.C.A.M.C. — Member — CAPTAIN R.C.A.M.C. — Member — CAPTAIN R.C.A.M.C.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
19-8-42	Vacc & T.A.B. I		
9-9-42	T.A.B. II B. Larkin Capt		
SEP 25 1942	T.A.B. III		
June 25/43	PULHEMS		
	" " " " " " "		

Regtl. No. B-30594 Rank Pte. Surname JOHNSTON Christian Name Jack Dennison

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

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: Jack Dennison JOHNSTON (b) Reg'l. No. B-30594
2. (a) Arm of service: Military (b) Unit: 22 Coy, C.D.C., CA(A) (c) Rank: Pte.
3. (a) Date of birth: 8-12-14 (b) Have you any dependents? Yes. (c) Place of residence at time of enlistment: 111 Crescent Rd.
4. (a) Place of enlistment: Toronto, Ontario, Canada. (b) Date of enlistment: Toronto, Ont. 30-7-43.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 (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.): Jr. Matriculation
7. If you attended a university, give name of university and standing or degree secured: None
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): 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: Dental Co. of Canada Address: 229 College St. Toronto
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Dental Supply House
20. (a) Your specific occupation: Manager Equipment Dept. (b) Number of years' experience at this occupation with any employer: 3 mths.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N.A.
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N.A.

Section G—MISCELLANEOUS

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

DATE July 30th, 194 2 SIGNATURE L. Johnston Pte.

#117

OFFICERS' STATEMENT AT EMBARKATION

(1) Next of Kin (give full Christian Names) NEVA GRACE JOHNSTON

Address 111 CRESCENT RD. TORONTO. ONT.

(2) Name of Person to be notified in case of casualty ABOVE.

Address ABOVE.

(3) Single, Married, Widower, Divorced, Separated? MARRIED.

Full Christian names of wife NEVA GRACE JOHNSTON

Address 111 CRESCENT ROAD. TORONTO ONT.

(4) Parents' names (If living) Give full Christian Names)

Mother ADA SYBIL McLEAN JOHNSTON.

Address 73 WOLSELEY AVE MTL WEST. QUE.

Father JAMES JOHNSTON

Address 73 WOLSELEY AVE MTL WEST QUE.

(5) Permanent Home Address 111 CRESCENT ROAD.
TORONTO ONT.

(6) Religion (State denomination, e.g. C. of E., R.C., U.C., etc.) C. of E.

(7) Commission Script to be sent to: (This applies only to Officers not yet in possession of their Commission Scripts).

(a) Overseas

(b) Next-of-Kin or other person in Canada (state name and address of person to whom you wish Commission Script sent.)

Name NEVA GRACE JOHNSTON

Address 111 CRESCENT ROAD. TORONTO. ONT.

R. N. Johnston P/O
(Signature & Rank of Officer)

DATE: Sept 21-44.

R.C.A.F. Records Office
Rec'd JUL 15 1944

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. JOHNSTON JACK DENNISON

(2) Regimental or Official Number and Rank R.290.361 A.C.2

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

(4) Are you married? yes

(5) If married, state,
(a) Full name of your wife Neva Grace Johnston

(b) Present postal address of Wife
111 Crescent Rd. Rosedale Toronto, Ont.

(6) If married, have you been regularly supporting your wife? If not--State reasons.
yes

(7) Are you a widower? no

(8) Have you any children? no ..... Number of Boys ..... Girls .....

Names and ages .....
no

(9) If Dependent's Allowance is claimed in respect of children--state whether you have been regularly supporting them.
no

Give particulars of Guardians to whom Dependent's Allowance should be paid--if authorized.
Name .....

Postal Address .....

DEC 14 1943

(10) Have you a common-law wife--when 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 .....

(Manager Dental Co.)

(11) Is your father alive? yes
If so, state name and address, occupation James Johnston
73 ~~Wolseley~~ WOLSELEY AVE. Montreal Quebec

(12) If your father is a widower and is totally incapacitated from earning a living--are you his sole or partial support? no (Over) One.

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

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

.....n/a.....

(14) If your mother is a widow, are you her sole or partial support?.....n/a.....

(15) Is your mother alive?.....yes.....

If so, state name and address.....Sybil Johnston.....
.....73 Waselley Ave. Montreal West, Que.

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

.....n/a.....

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

.....n/a.....

(17) Are you contributing to the support of any dependents, other than these shown above?.....no.....

This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:-

Relationship.....n/a.....

Full Name.....n/a.....

Full Name.....n/a.....

Postal Address.....n/a.....

Amount contributed monthly during the past six months.....n/a.....

(18) Are you insured?.....yes.....

If so, in what Company?.....North America, Imperial, Excelsior & Canada Life.

Have you made arrangements for payment of your Insurance Premium?.....yes.....
If not, and it is a monthly premium, you may assign to 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.

Date Dec 4th/43 Signature S. Johnston

For H.O. McDonald G/C
Officer Commanding
No. 1 MANNING DEPOT, R.C.A.F.

Date Dec 4th/43

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.

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

Appendix "A"
M.10-13

ENLISTMENT AGREEMENT

STANDARD (AIRCREW)

1. I hereby acknowledge that I have read, understand and agree to the following conditions of service, in the event of my being accepted for enlistment in the Royal Canadian Air Force:

(a) That I will appear before an Aircrew Classification Board at Manning Depot and may be allocated for training in any aircrew category.

(b) That despite the fact that I have been enlisted as Standard (Aircrew) if I am at the time of such appearance before the Classification Board or at any time thereafter during my service found to be unsuitable for Aircrew, the Royal Canadian Air Force may remuster me to a ground trade or to General Duties or may discharge me from the Service.

(c) That I may be called upon to perform duties not directly or indirectly connected with an aircrew trade until the Royal Canadian Air Force is in a position to commence my aircrew training.

(Witness) (Signature of Applicant)

Toronto, Ontario (Place) 3-12-43 (Date)

A.F.M.23

R.C.A.F. Records Office
Rec'd. DEC 21 1943

DOMINION OF CANADA)
PROVINCE OF ONTARIO)
County of York,)
To wit:)

IN THE MATTER OF The Application of

JACK DENNISON JOHNSTON

I, Jack Dennison Johnston, of the City of Toronto County of York, Province of Ontario, soldier, do solemnly declare as follows:

1. That the particulars of my Birth and Parentage as shown on page one of my Royal Canadian Air Force Attestation Paper, Form R.100 dated Oct.23rd,1943. and signed by me, are correct and true to the best of my knowledge and belief.

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 Toronto, in the)
County of York, in the)
Province of Ontario, this)
3rd day of Dec. A.D. 1943.)

J. Simpson F.L.
A Commissioned Officer,
duly authorized for taking affidavits, etc.

J. D. Johnston

R.C.A.F. Records Office
Rec'd. DEC 21 1943
O.K. C.I.B.
R.O. N.I.
S. P.A.

In consideration of the Royal Canadian Air Force accepting my application for enlistment, I hereby undertake to procure further and more satisfactory proof of my Birth, and upon obtaining it I undertake to produce and deliver it to the Royal Canadian Air Force.

Dated at the City of Toronto, this 3rd day of December A.D. 1943.

Witness A. J. Porter LAC. Signed J. D. Johnston

RECRUITING CENTRE

A I R C R E W I N F O R M A T I O N S H E E T

SPECIAL RESERVE

290361

PART I

1. Name ....Johnson.... (surname) ....Jack Dennison.... (christian names)

2. No. 1a Recruiting Centre ....Toronto, Ont.... 3. Date ....Oct. 23. 1943.

4. Date of Birth ....Dec. 8. 1914.... 5. Education ....XII. Quebec....

6. Divilian Occupation ....Active Army.... 7. Marital Status ....Married.... 8. No. of Dependents ....One....

PART II

READ CAREFULLY:

The R.C.A.F. is anxious to put you into the job where you will be happiest, where you are best fitted to serve and where you will be of most value to your country. In order to do this you are asked to supply some information about yourself by answering the questions listed below. There are no "best" answers to these questions, nor are there any "trick" questions. The only right answers are frank and honest statements of fact. You will help the Service and yourself by giving your full co-operation. Be sure to answer all the questions. If you are uncertain about an answer, ask the instructor. Wait for the explanation before answering each question.

DO NOT BEGIN UNTIL THE INSTRUCTOR GIVES THE SIGNAL

1. What is your age?
   - 19 or less ( )
   - 20 - 21 ( )
   - 22 - 23 ( )
   - 24 - 29 (X) 1
   - 30 or above ( )

2. What is your marital status?
   - Single ( )
   - Plan to marry within 12 months ( )
   - Married (X) 0
   - Divorced - separated - etc. ( )

3. What persons are solely dependent on you?
   - None ( )
   - Father ( )
   - Mother ( )
   - Wife (X) 2
   - Children - 1, 2, 3, 4 ( )
   - Others - 1, 2, 3 ( )

4. Do you have any friends, relatives, or members of your immediate family in aircrew?
   - None ( )
   - Some acquaintances ( )
   - Some close friends ( )
   - Some relatives (X) 2
   - Member (s) of family ( )

5. What is your educational background?
   - Grade school or less ( )
   - Partial High ( )
   - Business School ( )
   - Graduate of High School ( )
   - Graduate of Technical School ( )
   - Education beyond High School (X) 5
   - University Graduate ( )

6. To what extent do you support yourself?
   - Wholly provided for by parents or others ( )
   - Contribute to my upkeep whenever possible ( )
   - Regularly contribute to my upkeep ( )
   - Wholly self-supporting (X) 3

7. What is your "job history"?
   - Unemployed ( )
   - Odd jobs only ( )
   - Unskilled ( )
   - Semi-skilled ( ) Na
   - Skilled ( )

8. What hobbies have you?
   - No definite hobbies ( )
   - Mechanical hobbies (X) 2
   - Non-mechanical hobbies ( )

   List main hobbies below:

   ....Wood work....

9. To what extent have you taken part in sports?
   - None ( )
   - Interested but not active ( )
   - Limited activity in sports ( )
   - Fairly active (X) 3
   - Very active - keen ( )

10. Have you taken part in any military organizations?
    - No. - never interested ( )
    - Interested - no chance ( )
    - Boy Scouts ( )
    - C.O.T.C. or N.P.A.M. ( )
    - Navy or Army Cadet ( )
    - Air Cadet ( )
    - University Air Cadet (X) 4 Active Army.

11. Have you ever held office in school, church clubs or societies?
    - Never elected (X) 2
    - Occasionally elected ( )
    - Frequently elected ( )

DEC 3 1 1943

DO NOT TURN THIS PAGE OVER

PART III

AIRCREW INTERVIEW

The following suggestions are intended to act as a guide only for the information of the Interviewing Officer and with a view to standardizing the interview procedure:

12. The length of time he has been considering joining one of the Armed Forces. **Joined Army June 1942.**

Notes: -

13. The reason or reasons why the applicant is applying for enlistment in the R.C.A.F. rather than the Navy or Army. **was overage for aircrew.**

Notes: - **Was under the impression in 1942, that he**

14. Attraction that Aircrew has for him which has resulted in his applying for it rather than some other form of Air Force duties.

Notes: **A brother - in-law has been trained as Air Bomber. Wants to be trained as nearly alike.**

15. The factor or factors which have brought him to the point of applying now.

Notes: - **Eager to serve in Aircrew.**

16. The person or persons with whom he has talked over the question of enlistment as Aircrew and their reaction to his desire to join, and any outside circumstances which may have hastened or delayed his decision.

Notes: - **Decision His own.**

17. A clear explanation to the applicant and acceptance by him of the procedure by which the Aircrew Selection Board may remuster him to General Duties (or recommend his discharge) if, in their opinion, he is not desirous of or suitable for Aircrew training.

Notes: - **Selection explained.**

18. Ascertain whether he is prepared to serve in any Aircrew capacity, and his assurance that he is prepared to serve in any Aircrew capacity

Notes: - **Will accept selection.**

PART IV

SUMMARY

53(2)

Classification Test Score..... **24**

Form R.267 Score (Part II) .....

A.E.Cobus F/L.

.....
(Signature of Test Administrator)
23-10-43.

Interviewing Officer's Assessment

Alert, and sincere mature lad, should do well.

F.A.E.Fletcher F/O.....
(Signature)

MEDICAL CATEGORY

A1B	( )	Height	69½
A3B (T)	(X)	Weight	158
A3B	( )	Visual Acuity	20/20
A3B (V)	( )	Colour Vision	N.CPT

Medical Officer's Comments

Clean cut nice manner and personality, Alert, good aircrew material.

R.D. Duggan F/L.....
(Signature)

R.C.A.F. Number **R. 290361**

Enlistment Date **4-12-43**

Posted to **#1 M. Toronto, Ont.**

LIMITED CATEGORY
(Mark X as applicable)

Yes ( ) No ( )

AFHQ Approval (if applicable) .....

SIGNATURE F.A.E. Fletcher F/O

Commanding Officer, No. **11** Recruiting Centre **Toronto, Ont.**

RCAF Form 267

Confidential. R.A.F.—TRAINING REPORT R.A.F. Form 5037 B

AIR GUNNER

No. 14 OPERATIONAL TRAINING UNIT

1. Surname JOHNSTON 2. Christian Names Jack Dennison

3. Number J.45931 4. Rank P/O

5. Posted from 3 PRC 6. Date commenced Course 10.8.44. 7. Date ended Course 21.10.44. 8. Posted to 51 Base

9. System of Assessment ...	Assessment is to be given in each Section as a score out of 10 marks. Categorisation as "Average," "Above Average," etc., is not to be used.

10. Gunnery—Ground Training

	Assessment		Assessment
(a) Search and Night Vision ...	8.1	(f) Gun Stripping and Stoppages ...	7.8
(b) Running Cmty. & Fighting Contl.	7.5	(g) Gun Cleaning & Cleaning Oil ...	7.4
(c) Turret Manipulation	7	(h) Harmonisation	7.5
(d) Sighting	8.5	(i) Turret Drill	8.4
(e) Aircraft Reco. & Range Estn. ...	9.4 7	(j) Turret Arming	8

	No. of Exercises	No. of Rounds		No. of Exercises	No. of Rds. or Hrs.
(k) 25 yards Range, Day ...	2	400	(o) Clay Pigeon	5	100
(l) 25 yards Range, Night	-	-	(p) Rifle Shooting	-	-
(m) 400 yards Range, Day	1	500	(q) Turret Trainers ... (S.F.G.T., T.G.S.T., etc.)	3	3
(n) 400 yards Range, Night	1	500			

11. Gunnery—Air Training

AIR FIRING	No. of Exercises	No. of Rounds	No. of Hits	FIGHTER COMBAT	No. of Exercises C.C.G. no Gyro	C.C.G. with Gyro	No C.C.G.	No. of of Films	Assessment
Air to Air ; Beam Exercises	1	600		Elementary Initial Exercises		2		4	7.5
Self Tow Day ...	3	12 00		Advanced Initial Exercises		2		4	6.5
Self Tow Night ...	2	800		Elementary Crew Exercises		3		6	6.6
Air over Sea, etc., Day ...	3	3000		Advanced Crew Exercises ...		2		4	7
Air over Sea, Night ...	2	2000		Night Exercises ...			2		

P.T.O.

12. Equipment Used

TYPE OF AIRCRAFT	TYPE OF GUNS		TYPE OF TURRETS	
	In Air	On Ground	In Air	On Ground
WELLINGTON X	BROWNING .303	BROWNING .5 .303	F.N.5. F.N.120	F.N.5. F.N.20 F.N.120 F.N.50

	Day	Night	Total
13. Flying Experience at O.T.U. Number of Hours	46.25	40.10	86.35

14. Recommendation	NOT Recommended	Recommended after further experience	Recommended
For A.G. Inst.... ...			
For Commission ...			N/A
For Gunnery Leader...			YES

15. Remarks :

One of the best gunners on the course who has always shown great keenness in his work on the ground and in the air. He is well disciplined, and is always willing to learn.

Signed T.de.T.MacDonald S/Ldr.
Chief Armament Instructor.

Date : 24.10.44. Signed [signature] W/Cdr.
Chief Instructor.

Date : 25.10.44. Signed [signature] G/Capt.
Officer Commanding.

(*15118) Wt. 24171—P1391 30M 7/44 T.S. 700

CONFIDENTIAL

J 45931

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO....9.....BOMBING AND GUNNERY SCHOOL

1. SURNAME....JOHNSTON.....CHRISTIAN NAMES.....Jack Dennison.....

2. NUMBER...R.290361...3. RANK.....LAC..... 4. COURSE NO.....78.....

5. POSTED FROM...T.T.S. ST THOMAS, Ont. 6. DATE COURSE COMMENCED 13th Mar/44 7. DATE COURSE ENDED..2nd June/44 8. POSTED TO...# 1 A.G.T.S. MAITLAND, N.S.....

9. AIRCREW TRADE...AIR GUNNER..... 10. HEIGHT...5'9"..... 11. GIRTH...35".....

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS: IN AIR	TYPE OF GUNS: ON GROUND	TYPE OF GUNS: ROUNDS FIRED 25 YD.	TYPE OF TURRETS: IN AIR	TYPE OF TURRETS: ON GROUND	TYPE OF TURRETS: ROUNDS FIRED 200 YD.	TYPE OF TURRETS: HOURS TURRET MANIP.
BATTLE	BROWNING	BROWNING	375	BRISTOL	BRISTOL	1400	16:14
					B.P.		
					F.N.		

13. GROUND WORK: SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (~~WRITTEN~~)	200	
GUNS (PRACTICAL)	100	278
SIGHTING ~~(WRITTEN)~~ ORAL	250	232
TURRETS (PRACTICAL)	200	169
A/C RECOGNITION	150	123
SIGNALS	100	100
TOTAL	1000	902
PERCENTAGE		90.2

14. AIR WORK: FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		20:35	
NO. CINE EX. COMPLETED		6	
ROUNDS FIRED	AIR TO GROUND	300	
	AIR TO AIR	5100	
% HITS AIR TO AIR		5.4	
AIR FIRING MARK		MARKS ALLOTTED: 1000	MARKS OBTAINED: 790

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	70.3

R.C.A.F. Records Office
JUN 6 1944
O.K. ..... O.I.R. .....
R.C. ..... N.L. .....
S.L. ..... J.P.A. .....

16. DEGREE OF SUITABILITY FOR FURTHER TRAINING	0 NOT AT ALL SUITABLE	1 MODERATELY SUITABLE	2 DEFINITELY SUITABLE	3 EXTREMELY SUITABLE
AS A GUNNERY INSTRUCTOR		X		

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:-

An excellent student, neat appearance states what he means clearly
Able to provide good leadership.

D W Saunders (D.W. Saunders) W/C.
for OFFICER COMMANDING
NO..9..BOMBING & GUNNERY SCHOOL

DATE:-.2nd.June,.1944...

J-45931 - F/O JOHNSTON, J.D. ack emission

Open

J45931 (R290361)
FD108

197 Poplar Plains Rd
Toronto
April 7th 1946

ESTATES BRANCH
APR 11 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir.

In answer to F/L James letter dated January 26th I am enclosing my husbands will which he made while in the army. I thought I had sent a copy of this to Ottawa some time ago with some of the papers which I had to fill out - if I did it was probably sent to some other department.

I trust that you will be able to straighten everything out now as soon as possible.

Sincerely

Uena G. Johnston

ESTATES BRANCH
MAY 29 1946
H.Q.
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date.....

The Estates Branch has received the following personal effects of

NAME...JOHNSTON..J.P....F/O...No..J45931....R.C.A.F.....

1 pr. B/D trousers
1 pr. F/S dress trousers
1 B/D tunic, "AG" & "CSVM"
1 W/S dress blouse
1 S/D hat
2 prs. brown kid gloves
7 prs. black socks
1 pr. grey worsted flannel trousers
1 grey checked sports jacket
1 pr. khaki socks
2 prs. grey checked socks
1 blue woollen scarf marked (All Wool)
1 pr. tinted spectacles in leather case
1 Fawn wool & suede sports waistcoat marked "Jantzen"
1 Khaki holdall
2 Polishing pads & button stick
4 Khaki sports shirts
1 pr. khaki shorts
1 Blue sports jumper (wool)
1 Pale blue sports shirt
1 pr. pale blue shorts
2 Blue woollen pullovers (sleeveless)
2 Striped civilian shirts
2 Blue pyjama suits
1 Consulate pyjama suit (grey)
3 prs. blue cotton short underpants
1 Navy blue sleeveless pullover
3 Civilian neckties
4 Service neckties
10 prs. woollen short underpants
1 White silk sports shirt
12 cotton vests
2 Woollen vests
1 blue service shirt
1 Collar
5 Towels
1 Pr. blue braces
4 Blue handkerchiefs
2 Khaki handkerchiefs
1 Greatcoat
4 Wire coat hangers
1 RAF colours dressing gown
1 Receipt for bicycle
2 Prs. black leather shoes
1 Pr. brown fur-lined carpet slippers
1 Pr. black leather sandals
1 Pr. blue & white gym shoes
1 Pr. travelling slippers in leather case marked with name
3 Service shirts
2 Prs. long woollen underpants
1 Vest
1 Pr. short woollen underpants
3 prs. black socks
8 pkts. pipe cleaners
6 prs. shoe laces
1 Nylon toothbrush
5 Pkts. Minora blades
1 Smoking pipe
1 Card safety pins

Received the effects as listed

SIGNATURE. Neva Johnston

DATE REC'D..25/4/46...

(Cont. 2.....)

ESTATES BRANCH
MAY 29 1946
H.Q.
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date.....

The Estates Branch has received the following personal effects of

NAME..JOHNSTON..J.P....F/O..No..J45931...R.C.A.F.....

1 Brown leather toilet case with zip fastener, marked with name & no.
1 Soap tin
1 Nail brush
2 Gillette razors
1 pr. tweezers
1 Shaving brush
1 Hair brush
1 Comb
4 Boxes Alphamettes capsules
1 Face flannel
2 Wooden cribbage boards
1 Screw driver
1 Box contg. name stamp & inking pad
1 Leather belt
1 Kit bag handle & lock
1 Mending outfit complete with mending requisites
2 Khaki shoulder rank tabs
1 Pk. new Playing cards in box
1 Blue leather writing case with zip fastener
RCAF writing kit, letters, cards, etc.
Calendar for 1945, 1 pencil, 1 small memo book, photos
2 "Gen" note books
2 Cycle spanners
5 " tire valves
1 Pr. dividers
1 Pr. nail scissors
1 Red crayon pencil

1 Leather key case contg. keys
1 Waterman's fountain pen top
5 Metal objects (cycle parts)
1 Shaving soap container
1 Leather key case empty
1 Pocket compass in pocket watch shaped case
1 Leather jewel case, silver edged
1 Pr. Swank golf plate cuff links
1 Gold coloured tie pin (case marked "SWank")
1 Black leather folding photo frame contg. photographs
1 Blue grey canvas leather bound haversack with name
16 various magazines
1 Midget English Dictionary
1 Small address book marked "Dont Forget"
1 Book - "Dental News"
1 " Dear Sir
1 " This Time for Keeps
1 " How to Win Friends
1 " Your Mind & How to Use it"
1 " Care Postmaster
1 " Simone
1 " Headlong Hall & Nightmare Abbey
2 " Notes for Overseas Service

Received the effects as listed

SIGNATURE.....Neva Johnston

DATE REC'D.....25/4/46

(Cont. 3.....)

J45931(RO)

P.A.

OTTAWA, Canada, 18th February, 1947.

R E G I S T E R E D

Mrs. Neva G. Johnston,
197 Poplar Plains Road,
Toronto, Ontario.

Dear Mrs. Johnston:

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

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

Yours very sincerely,

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/AD

6

No.619 Squadron,
RAF Station,
Strubby,
Alford,
Lincs.

17th March,1945.

Dear Mrs. Johnston,

It is with deep regret that I have to confirm that your husband, Flying Officer Jack Dennison Johnston, is missing from operations on the night of 16/17th March,1945.

He was Air Gunner of an aircraft detailed to attack Wurzburg. As is usual, silence was maintained after take-off and, therefore, it is not possible at the moment to determine the cause of its failure to return.

Your husband had not been with the Squadron very long, but during that time he had proved himself a capable Air Gunner and I had every confidence in his Pilot, Flying Officer T.E.Farrow, who would, I know, do everything possible to ensure the safety of his crew. There is, of course, every possibility that they abandoned the aircraft and landed safely in enemy territory and, if this is the case, news should reach you from the Air Ministry as soon as they have any to report. We can only hope that they are safe and that you will be hearing shortly.

You will wish to know that I have arranged for your husband's personal effects to be taken care of by the Committee of Adjustment Officer at this Station and they will be forwarded to you in due course. Any further information concerning the missing aircraft will be sent to you by the Air Ministry, but if, as often happens, you receive news from other sources, I shall be most grateful if you will let me know.

20 MAR 1945

May I express the sincere sympathy which I personally and the members of my Squadron feel with you at this most distressing time.

I am,

Yours sincerely,

(S. G. Birch)
WING COMMANDER
COMMANDING
No. 619 SQUADRON.

Mrs. N. G. Johnston,
111, Crescent Rd.,
Toronto,
Ontario,
Canada.

J45931(R.O.)

Ottawa, Canada, 4th February, 1948.

Mrs. Neva G. Johnston,
197 Poplar Plains Rd.,
Toronto, Ont.

Dear Mrs. Johnston:

It is with regret that I again refer to the loss of your husband, Flying Officer Jack Dennison Johnston, but you will wish to know of a report received from our Overseas Missing Research and Enquiry Service.

The report states that as a result of exhumation work carried out in the Allersheim Cemetery, twenty-one miles North West of Rothenburg, Germany, the graves of Flying Officer Farrow and Flight Sergeant Mino were located and identified. Investigations are continuing in an endeavour to locate and effect individual identification of the remaining members of the crew.

Please be assured that on receipt of a report you will be advised.

Yours sincerely,

F.F.

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

FFF:GB

From: O.C. "H" Section,
4 MREU c/o No. 9 C.C.G. Leave Centre
Bad Wiesse B.A.O.R. 42

To: Air Ministry, London

Date: 18th March, 1949

Ref: 3MREU/C1000/G1822

Casualty Enquiry G1822

With further reference to your P430598/S.14.Cas.C.7 dated 9th ult this case was re-investigated on the 16th inst and the following report is submitted.

P/O PLUMB and Crew MOOS L 50/W 52

The scene of the crash was visited and witness re-interrogated and the original Investigation Report is confirmed in all particulars except that the wreckage has now been removed. It is desired to emphasize that the explosion was a particularly violent nature, all the windows in the nearby village being shattered and tiles dislodged, the aircraft presumably having crashed with all or part of its bombs aboard. The witness also stated that he had collected scraps of clothing and parts of human remains over a wide area. Reference to the exhumation reports shows no single body to have been complete. The crash site is now ploughed over and I could find no evidence of human remains still there. There are no unknowns buried in the district.

F/O FARROW and Crew

The story of this crash is almost identical with the other. NO wreckage now remains except the usual small scattered pieces. Again it is emphasized that this crash was followed by a violent explosion. Reference to the exhumation reports shows only two relatively whole bodies. There are no unknowns buried in the district.

In view of the above it is submitted that the best solution is to register Graves 9, 11, 12 and 13 of Row A and 2 and 3 of Row B Plot II BAD TOELZ Brit. Mil. Cem. Multiply for all members of the two crews not individually identified i.e. in the names of:-

2220646	Sgt.	P. Ackland	1600302	F/S	E.K. Ireland
1297762	F/S	A. Michaels	J40470	F/O	L. Tilley
1585464	F/S	J.H. Croucher	1823304	Sgt	J. McPherson
1271724	Sgt	R. Jeffery	J45932	F/O	J.D. Johnston

Your reply is awaited.

(F/L E.F. Nicholas)
O.C. "H" Section, 4 MREU RAF

J45951(DPC)

24th January, 1950.

Mrs. Reva G. Johnston,
197 Poplar Plains Rd.,
Toronto, Ontario.

Dear Mrs. Johnston:

I wish to refer to our letter of February 4, 1948, which advised you that as a result of exhumation work carried out in Allersheim Cemetery the graves of Flying Officer Farrow and Flight Sergeant Mino of your husband's crew were located and identified.

A further report has now been received from our Missing Research and Enquiry Service which states that the exhumation of this cemetery has now been completed and as a result it was found that the graves of your husband and the members of his crew were intermingled with those of another crew. Of the two crews Flying Officer Farrow and Flight Lieutenant McBride of your husband's crew and three members of the other crew were individually identified. Flight Sergeant Mino of your husband's crew and a Sergeant Jeffery who was a member of the other crew had been buried together by the Germans. Unhappily, however, the graves of the remaining members of the two crews, including your husband, could not be identified separately.

In accordance with the agreed policy of the Nations of the British Commonwealth that all British aircrew buried in Germany would be moved to British Military cemeteries located in Germany, your husband and his crew together with the other crew were moved to the permanent British Military Cemetery at Bad Tolz. Bad Tolz is twenty-eight miles south south east of Munich, Germany. The cemetery is known as the Bad Tolz (Durnbach) British Military Cemetery. Your husband and the other members of the two crews who were not identified separately are buried in graves 26 to 32 in row H, plot 8 and these graves will be registered collectively with their names. The remaining members of the two crews lie at rest in adjacent graves.

....2.....

This British Military Cemetery and the graves will be reverently cared for and maintained in perpetuity by the Imperial War Graves Commission (of which Canada is a member). The Commission will also erect a permanent headstone at your husband's resting place.

It is my earnest hope that you will be comforted with the knowledge that your husband's resting place is known, and that it will be permanently maintained, and I would like to take this opportunity of expressing to you and the members of your family my deepest sympathy in the loss of your gallant husband.

Yours sincerely,

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

FFF:GB

S.14 (Cas.) A.4

POST PRESUMPTION MEMORANDUM NO. 2406/49

FILE NUMBER P.430598/45 DATE 13.10.49

Relating to LANCASTER Missing on 16/17.3.45

Crashed near MOOS, GERMANY

NUMBER	RANK	NAME	BURIAL DETAILS	INFORMATION
			BAD TOLZ (DURNBACH) BRIT. MIL. CEM. Plot Row Grave	GERMANY
J.38025	Fg.Off.	FARROW T.E.	2 A 7	M.R.E.S. report concentration of this crew to the cemetery indicated from ALLERSHEIM Cemetery. Case closed.
J.22700	Flt.Lt.	McBRIDE C.W.	2 A 12	
1600302	F.S.	IRELAND E.K.	) 8 H 26-32	
J.45931	Fg.Off.	JOHNSTON J.D.	)Collective with	
1823304	Sgt.	MACPHERSON J.	)three members of	
J.40470	Fg.Off.	TILLEY L.	)another crew	
			)P.430586/45	
R.263463	Sgt.	MINO H.	8 H 33-34)	
			Collective with) one member of) another crew.)	
			)P.430586))	

Circulation:
P.File
S.14.Cas.(A.2) (Alpha)
S.14.Cas.(A.2) (Chron.Cards)
S.14.Cas.(A.2) (MEM)
S.14.Cas.(A.4)

Cas.Can. 6

RECEIVED 28 ASUALTY SECTION

G.246408(f)/MKL/10/49/(NFS)/14

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Jack Dennison JOHNSTON (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Toronto, in the County ~~District~~ of York

Province of Ontario, Dental Supplyman (Civil Occupation)

Regimental No. B-30594, Unit #22 Coy., C.D.C. CA(A) do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife,

Neva Grace Johnston,
111 Crescent Rd.,
Toronto, Ontario, Canada.

All my estate.

Relationship, names and address of residuary beneficiaries.

~~(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto~~

(4) I appoint James Johnston (Name) 73 Wolseley Av., Montreal West, P.Q., Canada, Executive (Civil Occupation), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 30th day of June 1942

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.

(Signature of soldier)

First witness sign here.

(5) Signature

Civil Address 671 Millwood Rd., Toronto, Ontario, Canada.

Civil Occupation Bookkeeper.

Second witness sign here.

Signature

Civil Address 125 Glenmore Rd., Toronto, Ontario, Canada.

Civil Occupation Comptometer Operator.

(Witnesses are not to be beneficiaries.)

[OVER]

"C"

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 14754

This is to Certify that

J45931 FLYING OFFICER JACK DENNISON JOHNSTON R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 17TH day

of MARCH, 1945, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

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

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J45931 (~~R290361~~) RANK FLYING OFFICER UNIT 619 SQDN (OVERSEAS)

TRADE A/G (G.L.)

NAME JOHNSTON, JACK DENNISON

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

PRESENT MARITAL STATUS MARRIED RELIGION ANGLICAN CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS JACK DENNISON JOHNSTON

RELATIONSHIP WIFE

ADDRESS 197 POPLAR PLAINS ROAD, TORONTO, ONTARIO.

FATHER'S NAME MR & MRS JAMES JOHNSTON

ADDRESS 462 NEW BIRKS BUILDING LIVING ON ENLISTMENT YES

MOTHER'S NAME PHILLIPS SQUARE

ADDRESS MONTREAL, QUEBEC. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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

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

ESTATES BRANCH NOV 24 1945 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AFHQ PRESUMPTION OF DEATH MEMO NO.145----d--1-NOV-45

PREVIOUSLY REPORTED "MISSING" 17-MARCH-45 AFTER AIR OPERATIONS OVERSEAS (OVER WURZBURG GERMANY)

NOW "PRESUMED DEAD" 17-MARCH-45 FOR OFFICIAL PURPOSES.

ALL WILLS (1)

~~XASTXWILX~~ ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~NOX~~

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

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/~~NOX~~

DATE 9-NOV-45

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

47379

Mrs. Jack D. Johnston
197 Poplar Plains Road
Toronto, Ontario

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

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

and the following number quoted:—

H.Q. J45931 FD 108

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

29 Nov 1945

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

JOHNSTON, Jack Dennison F/O

J45931 R.C.A.F.

ESTATES BRANCH JAN 18 1946 H.Q. OTTAWA NATIONAL DEFENCE

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

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

Col.

GSG/TJ

Director of Estates.

reg well first

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

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		NEVA GRACE JOHNSTON	27	197 POPLAR PLAINS RD TORONTO
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		MR. JAMES JOHNSTON		73 WOLSELEY AVE MONTREAL WEST P.Q.
4	Mother of the Deceased		MRS. JAMES JOHNSTON		73 WOLSELEY AVE MONTREAL WEST P.Q.
5	Brothers of the Deceased	Full Blood	MR. W. J. JOHNSTON	32	73 WOLSELEY AVE MONTREAL WEST
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	JACK DENNISON JOHNSTON
9	Date of his birth.	8-12-14
10	Place and date of his marriage.	TORONTO. ONT JULY 19. 1941
11	Place and date of his parents' marriage.	TORONTO - APPROX 34 YEARS AGO

PARTICULARS OF DOMICILE

12	Place where deceased was born.	73 WOLSELEY AVE MONTREAL WEST P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) MONTREAL P.Q. 1914-1939 (b) TORONTO ONT. 1939-1944 (c) (d)
14	Nature of employment before enlistment.	DENTAL CO. OF CANADA.
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.	TORONTO

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	SERVICE WILL ONLY
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?	—
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	NO. POSSIBLY BANK ACCT. IN ENG. YES.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	—
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	$100.00 (TWO $50. BONDS) BEARER 8TH WERE TO BE SENT TO ME. NOT YET RECEIVED
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. 2041.90 5357.84	IMPERIAL LIFE $2041.90 MRS. J.D. JOHNSTON (WIFE) EXCELSIOR LIFE 248.58 NORTH AMERICAN $5357.84 " " CANADA LIFE
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	30 Shares Common Stock Dental Co of Canada $300

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO NO

(PLEASE TURN OVER)

DECLARATION

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

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

* WIDOW of the deceased.

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

Neva G. Johnston — Signature of Informant

197 Poplar Plains Rd — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Neva G. Johnston

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

Dated at Toronto this 17th day of January 1946

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

Address 59 Yonge St, Toronto

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

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

1. PLACE OF DEATH
City, Town or Village of: OVERSEAS (GERMANY) Street:
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of: County or District of:

2. LENGTH OF STAY (in years, months and days) | In Municipality where death occurred | In Province | In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED: JOHNSTON (Surname or last name) JACK DENNISON (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of: Toronto Street: 111 Crescent Road
Township of: County or District of: Province of: Ontario

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
Male	Canadian		Married	Quebec

10. Date of Birth: December (Month by name) 8th (Day) 1914 (Year)

11. AGE: Years 30 | Months | Days | If less than one day ... hrs. or ... min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Air Gunner
(b) Kind of industry or business, as paper mill, lumber, bank, etc.: R.C.A.F.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation: March 17th, 1945

14. Total years spent in this occupation: One

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased:

16. Name of father: Johnston (Surname or last name) James (Given or Christian names)

17. Maiden name of mother: Dodd, (Surname or last name) Ada Sybil (Given or Christian names)

18. Birthplace: Father: Ontario (Province or Country) Mother: England (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at: Ottawa this 27th day of November 19 45
Signature of informant: For (R.C.A.F. Records Officer) Relationship to deceased:
Address:

20. Burial, Cremation or Removal: Date (Month by name) (Day) 19 (Year)
Place of Burial (Municipality): Cemetery:
Burial Permit was issued by: Address:

21. Funeral Director: Name: Address:

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH: March (Month by name) 17th (Day) 19 45 (Year)

24. I HEREBY CERTIFY that I attended deceased from 19 to 19, and last saw h. alive on 19

CAUSE OF DEATH

		DURATION Yrs.	Mos.	Dys.
I — Immediate cause: Give disease, injury or complication which caused death, NOT the mode of dying, such as heart failure, asphyxia, asthenia, etc.	(a) Previously reported missing after air opera tions, now for official purposes, presumed dead.			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
	due to			
	(c)			
II — Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy? Duration weeks. Was there a delivery?

26. Was there a surgical operation? Date of operation 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? (State which) Accident Date of injury March 17th 19 45
Manner of injury (How sustained): Presumed killed during air operations.
Nature of injury:
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE: public place

Signed by **Designation** M.D., Coroner, etc.
Address **Date** **19**

Division Registrar's Record No.

Date of Registration 19 (For use of Division Registrar only) (Signature of Division Registrar)

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Jack D (CHRISTIAN NAMES) Johnston (SURNAME)

REGISTER NO. D267-16
FILE NO. 30678
DATE 23 Apr/46
SERVICE NO. J45931
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 17 Mar/45

PAYEE
ADDRESS: Mrs. Neva G. Johnston
197 Poplar Plains
Toronto, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 17 Mar/45

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 470 / 30 EQUAL TO 15 COMPLETE PERIODS AT $7.50	112.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 250 LESS 20 INELIGIBLE DAYS, EQUAL TO 230 DAYS @ 25c. PER DAY	57.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY	$ 7.00	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 47.20	$ 1.57	
TOTAL	$ 10.27 ×7 = $ 71.89	
NO. OF DAYS 250 / 183	×$ 71.89	98.21
D. WAR SERVICE GRATUITY		268.21
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		268.21

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 OF $ 268.21 =$ 268.21
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20

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
FEC	JH

TREASURY	
CHECKED BY	DATE
	25 4 46

SERVICE REPRESENTATIVE

ΔT

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME [redacted] JACK D (Christian Names) JOHNSTON (Surname) Register No.....

PAYEE: MRS. NEVA G (Christian Names) JOHNSTON (Surname) File No. 30678

Date 23 APR 46

ADDRESS: 197 POPLAR PLAINS TORONTO, ONT. Service No. J45931

Final Rank or Rating F/O

Date of Discharge 17 MAR 45

Date of Termination of O/S Service 17 MAR 45

A. TOTAL QUALIFYING SERVICE No. of days 470/30 equal to 15 complete periods @ $7.50	112.50
B. QUALIFYING OVERSEAS SERVICE NO. of days 250 less 20 ineligible days, equal to 230 days @ 25¢ per day	57.50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily rates at Discharge Pay.....$ 7.00 Subsistence or Lodging and Provision Allowance.....$ 1.70 Additional Pay.....$..... .....$..... Dependents' Allowance 1/30 of $ 47.20 $ 1.57 TOTAL $10.27 x 7 = $ 71.89 No. of days 250/183 x $ 71.89 78.57 / 1964 / 98.21	98.21
D. WAR SERVICE GRATUITY	268.21
E. Deductions Overpayment of Pay and Allowances $ Dependents' Allowance $ and Assigned Pay Other deductions $	
F. TOTAL AMOUNT PAYABLE	268.21
G. YOUR PROPORTION: (D.A. in issue to you 47.20 of $ 268.21) (Total D.A. in issue 47.20)	268.21

R.C.A.F. Records Office
Ist MAY 2 1946
O.K. G.
F.C. N.
D.A. P.

Prepared By	Checked By
AEG	JH

M.F.M. 5
150M—1-42 (3165)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank J O H N S T O N Jack Dennison
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R-30594 Pte.

(3) Unit #22 Coy., Canadian Dental Corps, CA(A)

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Neva Grace Johnston

(*b*) Present postal address of wife 111 Crescent Rd., Toronto, Ontario, Can.

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

(7) Are you a widower? No.

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

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

RECORDS M. D. 2

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

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

(11) Is your father alive? Yes.

If so, state name and address, occupation James Johnston, 73 Wolseley Ave., Montreal West, P.Q., Canada, Dental Supply House Executive.

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

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

N.A.

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

(14) Is your mother alive? Yes.

If so, state name and address Ada Sybil McLean Johnston, 73 Wolseley Ave., Montreal West, P.Q., Canada.

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

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

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? N.A.

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

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? Yes.

If so, in what Company? Imperial Life Insurance Excelsior Life Ins. North American Life Insurance Canada " "
(Give number of policy)

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.

Pte
(Signature of officer or man)

Date July 30th, 1942.

J. A. Grant Major.
for Officer Commanding #22 Coy., C.D.C., CA(A)

Date July 30th, 1942.

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.)

CAN. J 42431

AIR FORCE No. R290361

SURNAME: Johnston,

FULL CHRISTIAN NAME: Jack Dennison.

ENLIST 9589

PLACE: T

DATE: 2-6-44

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
23-12-43	28-12-43	6	XMAS	DRO 3ed
3 June 44	17 June 44	14.	Emb. Lv.	DRO 129A.
G 520147. d/31/May/44.				
29.7.44	3.8.44	6	Prin.	3 PRC 126
21.10.44		7	Prin.	14 OTU 54
3.2.45		7	P/L	75 Base 14/45
21.2.45		6	P/L	5 LFS 20/45

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
2 June 44	Categorized AG.	DRO 129 A.

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
2 June 44.	Awarded AG. Badge	DRO 129A.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHO
	#11 RCAF #1 MD	4 12 43	Non
T.O.S	#11 R.C #1 MD	4 12 43	DRO
SOS	#1 M.D. #5 St Thomas	17 2 44	DRO
T.O.S	" " " " " "	14 Feb 44.	" 4/2
[redacted]			
S.O.S.	T.T.S. #9 B+G St Thomas Mont Joli	10 3 44	DRO
S.O.S.	#9 B+G. #1 AGTS.	16 June 44	DRO
TOS.	" "	12 6 44	DRO
SOS	1 AGTS 3 PRC	11 7 44	" 1
	Emb. Halifax	11 7 44	
	Disemb. U.K.	18 7 44	
	Int c 266 3 P.R.C.	19 7 44	
SOS	3 PRC to 14 OTU	8 8 44	3 PRC
att	5 Grp AC School fr. 14 O.T.U.	28 10 44	14 O.T.U
SOS	14 O.T.U. to 51 Base Sup	28 10 44	51 Ba 14 O.T.U
#TT	Aircrew Sch	28 10 44	51 Ba
att	to 1654 C.U.	11 12 44	1654 C
SOS	75 BASE TO 5 L.F.S	11 2 45	75 Bas
TOS	5 L F S	11 2 45	5 L F
SOS	5 L.F.S TO 619 sqn	8 3 45	5 L F
TOS	619 sqn	8 3 45	619 sq
F/B	Missing	16 3 45	C.L.
TOS.	N.E.U.	18 3 45	N.E
	Presumed Dead.	17 3 45	RCA NO

A
UN

C.T. 53.

ENLISTMENT/APPOINTMENT	RELIGION
PLACE ~~Toronto, Ont~~ 9/589	Angl.
DATE ~~Dec 4, 1943~~ 2-6-44	R.C.A.F. FORM R230

44

Jack Dennison.
FULL CHRISTIAN NAME

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
June 44	Categorized AG.	DRO 129 A.

C.T. 53

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
	#11 RC	#1 ND	4 12 43	MOR 13
T.O.S	#11 R.C	#1 MO	4 12 43	DRO 293
SOS	#1 N.D.	FS, St Thomas	17 2 44	DRO 40
T.O.S	" "	" " "	14 Feb 44	" 42/44.
[redacted]				
S.O.S.	T.T.S.	#9 B+G	10 3 44	DRO 64/44
	Lt Thomas Mont Joli			
S.O.S.	#9 B+G	#1 AGTS.	16 June 44	DRO 129 A.
TOS.	"	"	17 6 44	DRO 120
SOS	1 AGTS	3 PRC	11 7 44	" 148
	Emb. Halifax		11 7 44	
	Disemb. U.K.		18 7 44	
	Int c 266	3 P.R.C.	19 7 44	
SOS	3 PRC to 14 OTU		8 8 44	3 PRC 135
att	5 Grp AC School fr. 14 O.T.U.		28 10 44	14 O.T.U. 53/44
SOS	14 O.T.U. to 51 Base Sup		28 10 44	51 Base 45
ATT	Armour Sch		28 10 44	51 Base 45
att	to 1654 C.U.		1 12 44 11 2 45	1654 CU 40 -5/45
SOS	75 BASE TO 5 L.F.S		11 2 45	75 Base 20
TOS	5 L F S		11 2 45	5 L F S 18
SOS	5 L.F.S TO 619 sqn		8 3 45	5 L F S 29
TOS	619 sqn		8 3 45	619 sq 12/45
F/B	Missing		16 3 45	C.L. 721 Supp AFRO 721
TOS.	N.E.U.		18 3 45	N.E.U. 60/45
	Presumed Dead		17 3 45	RCAF CR UKNEK 188 Supp AFRO 1298 N 0837

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
R/A 23 to 28.12.43	DRO 304
Leave to live out + draw subsis allow eff 4. Feb. 44.	DRO 41/44.
Can't Fly Pay - 24/4/44	.99
Adm SSQ & Deserter 4/6-10-44	140 TU 18

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 11.7.44

CAN. J 41931

AIR FORCE No. R290366

Johnston — SURNAME

Jack Dennison — FULL CHRISTIAN NAME

ENLI

9 BS

PLACE

2-6-4

DATE

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
8-12-14	Montreal	Que. Can.	Can.	Can.

CIVIL EDUCATION

PUBLIC SCHOOL	~~Co~~ yes	JUNIOR MATRICULATION	4 yrs Matric.
HIGH SCHOOL ENTRANCE	yes.	SENIOR MATRICULATION	~~3~~
TECHNICAL SCHOOL		UNIVERSITY	3 yrs at Queens. ACBA.
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	& Part FCBA

CIVIL OCCUPATIONS AND EXPERIENCE

Royal Bank Montreal	Accountant
Dental Co. of Can.	Salesman.

PREVIOUS SERVICE

#2. C.A.C.T.R. Camp Borden. Tpr.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Toronto 4-12-43.	A3B(T)		

PARTICULAR

SINGLE, MARRIED, WIDOWER, DIVORCED	Married
WIFE (FULL MAIDEN NAME) OR HUSBAND	Neva G
PRESENT ADDRESS (IN PENCIL)	111 Cresce
PLACE OF MARRIAGE	Toronto.
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CHIL

NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORM

(Wife) Neva Grace 111 Crescent

EMPLOYMENT AS INSTRUCTO

TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O Gl(Lt)(Br) A.G.	2 6 44	B12554	
TF/O	2 12 44	00 AFRO 1287/44	563/45.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DAT
A/C 2.	4 12 43.		Std Aircrew	4 12
~~LAC~~	12 2 44	9BS8	GC Ab Sqn	13 2
LAC	22 4 44	DRO 98	Rem. AG Adp Sqn	2 Jun
A/Cpl (Un)	28 4 44	9BS 01		
A/Cpl. Pl.	2 June 44	9BS DRO 129A.		
Bilt from	RCAF	Reserve		
Special Service	Offr. to Commission			
As. P/O (GL)	2 6 44	DRO 120		

A

UN

Jack. Dennison. FULL CHRISTIAN NAME	ENLISTMENT/APPOINTMENT PLACE ~~Toronto, Ont.~~ 9 BD DATE ~~Dec 4, 1943.~~ 2-6-44	RELIGION Angl.

RESERVE

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

CITIZENSHIP	RACIAL ORIGIN
Can.	Can.

TION

R MATRICULATION 4 yrs Matric.

R MATRICULATION ~~3~~

RSITY 3 yrs at Queens. ACBA.

JAGES SPOKEN & Part FCBA.

EXPERIENCE

countant

alesman.

RVICE

rder. Tpr.

PLACE AND DATE OF MEDICAL	CATEGORY

S

DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: Married.

WIFE (FULL MAIDEN NAME) OR HUSBAND: Neva Grace Johnston, (SLOAN)

PRESENT ADDRESS (IN PENCIL): 111 Crescent Rd. Toronto

PLACE OF MARRIAGE: Toronto. DATE: July 19, 1941

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Neva Grace Johnston (Wife) 111 Crescent Rd Toronto, Ont

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	4 12 43		Std Ancien	4 12 43	1MD 293
~~LAC~~	13 2 44	9BD	AC Ab Sta	13 2 44	9BD 40
LAC	22 7 44	DRO 98	Rem. A Grade Cpy	2 June 44	9BD DRO 129A.
A/Cpl (Un)	28 4 44	9BD 101			
~~2/Lt. Pl.~~	2 June 44	9BD DRO 129A.			
Dis'd from	RCAF	Reserve			
Special Service	(App. to	Commission			
As. P/O (GL)	2 6 44	DRO 120			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Std Ancien				4 12 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

(NO AHHB)

AIR FORCE No. ~~R200361~~

JOHNSTON, JACK DENNISON

SURNAME — FULL CHRISTIAN NAMES

ENLIST

PLACE

DATE

J.45931

OFFICER RECORD OF SERVICE AIRMEN

comm

POSTING (INDICATE S.O.S. OR T.O.S) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O
TOS	1 M.D. 21-La-001	4	12	43	1 md 293
SOS	1 M.D. Toronto Ont	13	2	44	1 md 38
TOS	TTS St Thomas	14	2	44	TT 142
SOS	TTS St Thomas	10	3	44	TT 164
TOS	9 BG GS Mont Joli	10	3	44	9BG 64
SOS	9 BG GS Mont Joli.	16	6	44	9BG 129A.
TOS	1 AGTS, Maitland	17	6	44	1ag 120
Disch	RCAF, KR. (air) 195 (1S)	2	6	44	1ag 120
TOS	on app't to Comm.	2	6	44	1ag 120.
SOS	1 ag Maitland 3 PRC	11	7	44	1ag 148

Missing 17 Mar. 45. DCL 977 d/21 Mar. 45.
Presumed Dead 17 Mar. 45. - DCL 1162 d/8 Nov. 45.

POSTING (INDICATE S.O.S. OR T.O.S) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S	UNIT AND PLACE	EFFECTIVE			D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

	FROM			TO			D.R.O.

LEAVE-TRANSP

FROM	T
~~3-6-44~~ 50	17-6

FLYING TIME

DATE	SINGLE EN	
	DAY	N

JACK DENNISON

FULL CHRISTIAN NAMES

ENLISTMENT PLACE Toronto Ont. DATE 4-12-43

RE ENLISTMENT

R.C.A.F. R-44B (REVISED)
50M-2-43 (3051)
H. Q. 885-R44B

H

RECORD OF SERVICE AIRMEN

Comm 2-6-44

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)					LEAVE-TRANSPORTATION WARRANT						TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY	
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W.D.R.O.	TYPE	D.R.O.
					3-6-44 50	17-6-44	14	Emb.	9 BG 129A.			
65.												

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE	FROM	TO	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE		MULTI-ENGINED		CREW DUTIES			PASS.	TOTAL
	DAY	NIGHT	DAY	NIGHT	OBSERVER	GUNNER	OTHER		

1 2 R.C.A.F. OVERSEAS | 3 4 5 ENLISTMENT MARITAL STATUS | 6 7 8 PRESENT MARITAL STATUS | 9 10 11 12 13 14 15 HIGH & TECH. SCHOOL EDUCATION | 16 17 18 19 20 21 22 23 C. OF E. BAP. U.C. PRES. R.C. HEB. MIS. OTHER RELIGION | 24 PREV. SERV. | 25 26 27 28 29 30 31 32 33 PROVINCE OF ENLISTMENT | 34 35 36 37 DISCHARGE | 38 AC

AIR FORCE No. ~~R290361~~

SURNAME: JOHNSTON, FULL CHRISTIAN NAMES: JACK DENNISON

ENLISTMEI
PLACE Toronto
DATE 4-12

J.45931 S.J. OFFICER

RECORD OF SERVICE AIRMEN

comm

BIRTH: DATE	PLACE	CITIZENSHIP
8-12-14	Montreal Que.	Br.

FATHER (FULL NAME) James Johnston

BIRTHPLACE Ont.

MOTHER (FULL MAIDEN NAME) Ada Sybil Dodd

BIRTHPLACE Eng.

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT: 111 Crescent Rd. Toronto, Ont. 15614

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Married

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

RECLASS'NS-

RANK: AC2 8 → LAC → a/cpl(u) → Sgt T/Pd PB 26-4-44 APRI T/Flt 8 Prov. → FO 2-12-44

EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que.

JUNIOR MATRICULATION X a Ont

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY Queens 3 yrs. A.C.B.A. Part of 2 C.B.A.

CORRESPONDENCE COURSES

OTHER

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

CHILDREN

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

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

Royal Bank Accountant 32-39
Dental Co. Salesman 39-42.

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

#2 C.A.C.T.R. Tpr. 1943.

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

FULL NAME: Irene Grace Johnston RELATIONSHIP Wife
ADDRESS 111 Crescent Rd., Toronto Ont. D.R.O.
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

PERSON TO BE NOTIFIED IN CASE OF CASUALTY

FULL NAME: RELATIONSHIP
ADDRESS D.R.O.
FULL NAME: RELATIONSHIP
ADDRESS D.R.O.

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
AG Badge	9BG129A	2-6-44

ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	4/12/43				

FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 30 hrs.

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.

RELIGION C. of E.

LANGUAGES Eng.

SPORTS Golf, Skiing, Woodwork.

MEDICAL HIS
EXAMIN
DATE FORM
HOSPITAL
HOSPITAL ADMITT
QUARTERS CONFIN
30-10-43 B/10

Date and Place

DOCUMENT C
R60 R79
7-12-43

JACK DENNISON

FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Toronto, Ont. — DATE 4-12-43

RE-ENLISTMENT

RSS

ER RECORD OF SERVICE AIRMEN

Comm. 2-6-44

ANENT HOME ADDRESS PRIOR TO ENLISTMENT

11 Crescent Rd. Toronto, Ont.

15614

E-MARRIED-WIDOWER-SEPARATED-DIVORCED Married

ULL MAIDEN NAME)

OF MARRIAGE — DATE

RITY (IF AFTER ENLISTMENT)

2

IED ESTABLISHMENT

KS	RANK	EFFECTIVE	D. R. O.

REN

STIAN NAMES	BIRTH DATE	D. R. O.	CHRISTIAN NAMES	BIRTH DATE	D. R. O.

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

AME: Nora Grace Johnston — RELATIONSHIP Wife

S 11 Crescent Rd. Toronto Ont. — D.R.O.

ME: — RELATIONSHIP

S — D.R.O.

N TO BE NOTIFIED IN CASE OF CASUALTY

ME: — RELATIONSHIP

S — D.R.O.

ME: — RELATIONSHIP

S — D.R.O.

EMENTS

ERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
.	4 12 43				

TRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

ANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.

RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D. R. O.
AC2 8	4 12 43	1 MD 293
LAC.	22 4 44	9 BG 98
a/Cpl (U)	28 4 44	9 BG 101
Sgt TPD	2 6 44	9 BG 129A
PB 26-4-44 (APR 130/12-6-44) (log 120)		
TI TTO 8 Prior.	2 12 44	GB 1287
TTO 2-12-44 (APR 64/8-3-45)		

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D. R. O.
A.C. 310-L	L	4 12 43	1 MD 293
A/C (PG)	Std	13 2 44	MD 38
AG (Gr 78)	AG	2 6 44	9 BG 129A
Gunnery Off. 4-2-64 (APR 130/12-6-44)			
IE 08			

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Categorized AG		9 BG 129A