J47772
KENNY
JACK

†
NZ 421919 F/O. R.J. CLARK
2235366 SJT. N.C. GORDON R.A.F.
AUST 434787 F/SJT. K.R. HENDREN R.A.A.F.
2202044 F/SJT. L.R. IRONMONGER R.A.F
J.47772 P/O. J. KENNY R.C.A.F.
NZ 425582 F/SJT. J.M.M. Mc GINN
R.N.Z.A.F.
1-2-45

XVIII

TRAINEE

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name KENNY. JACK R-216067

Rank AC/2 R.C.A.F.

Age 20 Height 5' 9" Weight 181

Hair DARK BROWN Eyes BROWN Hair on face DARK

Marks, scars, etc. SCAR RIGHT RING FINGER

J. Kenny (Signature of holder)

D. J. Chopin F/L (Signature of issuer)

Place #5 "M" DEPOT LACHINE QUE. Date MARCH 23rd, 1943.

Card serial number 209611

IF YOU LOSE THIS CARD,

NOTIFY YOUR C.O. IMMEDIATELY, GIVING HIM
FULL PARTICULARS

IF YOU FIND THIS CARD,

PLEASE MAIL IN AN ENVELOPE ADDRESSED TO:
"THE SECRETARY,
DEPT. OF NATIONAL DEFENCE FOR AIR,
OTTAWA ATTENTION P.I.B.

NO POSTAGE NECESSARY

NSL* 12 14/9

J 47772
-533

J. Kenny J47772

Certified true likeness of
P/O J. Kenny J47772

1 Sept/44

for C.O. #1 AGTS

R21C067 1A438

Kenny, J.

†
NZ 421919 F/O. R.J. CLARK
2235366 SJT. N.C. GORDON R.A.F.
AUST 434787 F/SJT. K.R. HENDREN R.A.A.F.
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J.47772 P/O. J. KENNY R.C.A.F.
NZ 425582 F/SJT. J.M.M. Mc GINN
R.N.Z.A.F.
1-2-45

XVIII

KENNY

R21C067-1A438

Kenny J.

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

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

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

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

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

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

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

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

Air Force No. J 4 7 7 7 2 Surname Kenny

Christian Names (in full) Jack

Date of Birth 14-7-25 Religion Unitest

Date of Enlistment/Appointment 11-8-44

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

Occupation in Civil Life Draftsman

Signature of Holder J Kenny

Name and Address of Next-of-Kin (Father)

Jos. Kenny

102 West 73rd St New York

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

Certified Correct J. W. Carey P/O

Date Place # 1 A.C.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
NAV "B"	11-8-44	DRO 148A	J. H. Carey P/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O	11-8-44	BR 2996	J. H. Carey P/O

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
1282083	18/10/44	[illegible] Sgt

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.
3/8/44	A3B.	M.10	—	AC

BLOOD GROUP

Date	International	Initials of M.O.

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES

VACCINATION

Date	Result	Initials of M.O.
19/2/43	N.T.	Ico.

SUSCEPTIBILITY TESTS	Date	Result	Initials of M.O.
Schick Test	19/3/43	Neg	Ico
Dick Test	19/3/43	Neg	

PROTECTIVE INOCULATIONS		Date	Dose	Initials of M.O.
TABT	1	19/3/43	1 cc	Ico
	2	9/4/43	1 cc	
	3	27/4/43	1 cc	
	Annual	25/11/44	½ cc	
	Annual			
	Annual			
	Annual			
DIPHTHERIA TOXOID	1			
	2			

PROTECTIVE INOCULATIONS		Date	Dose	Initials of M.O.
SCARLET FEVER TOXIN	1	26/3/43	1 cc	Ico
	2	2/4/43	1 cc	
	3	9/4/43	1 cc	
	4	28/4/43	1 cc	
	5	27/4/43	1 cc	
TYPHUS	1	19-9-44	1 cc	Ico
	2	25-9-44		
	3	2/10/44		
	Rein-force			
CHOLERA	1			
	2			
	3			
	Rein-force			
YELLOW FEVER	1			
	Rein-force			
B.W.		19/3/43	—	Ico

PRESCRIPTION FOR SPECTACLES

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

For Reading Add: R L Initials of M.O.....

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

For Reading Add: R L Initials of M.O.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MISCELLANEOUS MEDICAL ENTRIES—(Con.)

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....

Signature of Officer.....

Rank or Appointment.....

Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....

Rank or Appointment.....

Date.....

Date Certificate extracted.....
Signature of Officer.....
Unit.....
To Whom sent.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

If this form is used, the book must at once be handed to the Adjutant or other Administrative Officer who must enter particulars in the marginal stub, return the book at once to you after detaching the Will which he is to forward to Records Office.

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.....

Date Will extracted.....

Signature of Officer.....

Date sent to Records Office.....

2547. 2/5/50

Joseph Kenig (Father)

~~138 West, 103 St.,~~

~~N.Y. 25;~~ 74 WEST 68th. ST.

~~N.Y.~~ NEW YORK 23 N.Y.

~~U.S.A.~~ U.S.A.

~~Aug. 46.~~

MEMORIAL BAR

DATE DESP

REGN. NO 15 70

~~MEDALS RET'D. UNDELIV'RD~~ 2/4/50

~~RETD TO STOCK~~ 2-7-50

CANCELLED

J047772 KENNY JACK POB

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.			9p W9p	
✓							✓		✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													8/2/47	MEDAL ISSUED

A J
B K S
C L T
D M U
E N V
F O W
G P X
H Q Y
I R Z

NUMBER NAME RANK

PREFIX COD

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

NAME KENNY, Jack,

FILE NO. ~~XXXX~~ J47772

RANK ~~XXX~~ P/O

CATEGORY ~~XXXXXX~~ PRES DEAD

REG. NO. J47772

DATE OF DEATH: 1 Feb-45

MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 14-2-45

ROYAL MESSAGE:

MEMORIAL CROSS TO CHAPLAIN:

DEC 5 1945

DEL'D TO MOTHER:

DEC 4 1945

DEL'D TO WIFE:

To Mother and Father-

To Mother and Father- 14-10-45

Joseph L.

Mr. & Mrs. ~~XXXXX~~ Kenig,
102 West 73rd Street,
New York, N.Y., U.S.A.

COMMAND:

RELIGION:

AIR FORCE No. R.216067

SURNAME KENNY ~~KENIG~~ OFFICER

FULL CHRISTIAN NAMES JACK ~~JACEK~~ (5 mo 9 46 d 19-3-43) Hm

ENLISTMENT PLACE Montreal Que DATE 8-1-43

RE-ENLISTMENT

C.R. FILE NUMBER R.S.S.

J.47772

RECORD OF SERVICE AIRMEN

b comm. 11-8-44

R.C.A.F. FORM R44 (3) 20M-7-42 (2429) H.Q. 885 - R-44B

7. BIRTH: DATE PLACE CITIZENSHIP 5

14-7-22. Warsaw Poland Polish

FATHER (FULL NAME) Josef Kenig

BIRTHPLACE Poland.

MOTHER (FULL MAIDEN NAME) Frayda Winierlak

BIRTHPLACE Poland

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Belgium Europe.

JUNIOR MATRICULATION X France & Belgium

SENIOR MATRICULATION

TECHNICAL SCHOOL Toulouse 1 yr. drafting + welding. France

UNIVERSITY France - 1 yr. agric. + engr.

CORRESPONDENCE COURSES

8

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

Clerk - Bruce Aircraft drafting 1942.

7071

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
awded Nav. Flying Badge	2 ans 148	11-8-44
C V S M	2 ans 151	8-7-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL - PASSENGER ½ hr.

13. RELIGION U.C.

2

14. LANGUAGES English Polish French German Danish.

6

15. SPORTS cycling swimming football

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

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

FULL NAME: Josef Kenig RELATIONSHIP Father

ADDRESS: 102 W 73rd St New York USA D.R.O. 5 mo 10 6, 2 ans 135

FULL NAME: RELATIONSHIP

ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Prof pay A.W.L.	5/1 6/1 44	1 9			
" W 2	5/6 1 44	1 of 9			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Nav	8 1 43				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

22.(a) ADDRESS PRIOR TO ENLISTMENT

373 Concord St. Montreal Que

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
	15-1-43					KY 886
						1/Wpt 2R

AIR FORCE No. ~~R.216067~~

SURNAME: ~~KENTIG~~ KENNY, FULL CHRISTIAN NAMES: ~~JACK JACEK~~ (5 MD 66 17-3-43) (NM)

ENLISTMENT PLACE Montreal Que DATE 8-1-43 RE-ENLISTMENT

C.R. FILE R.S.S. NUMBER

J.47772 AG 182

OFFICER RECORD OF SERVICE AIRMEN

Comm. 11-8-44 [13]

R.C.A.F. FORM R44 (B) 20M-7-42 (2429) H.Q. 885 - R-44B

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	12 Montreal R/C	8	1	43	Mtl A/C 4
SOS	#13 R/C Montreal	14	3	43	Mtl A/C 25
TOS	#5 M.D. Lachine Que.	15	3	43	5 M.D. 64
SOS	5 M.D. Lachine	16	3	43	5 M.D. 216
TOS	9 P.A.E.U. McGill Univ. Mtl.	17	5	43	9 P.A.E. 19
SOS	9 P.A.E. Unit McGill	11	6	43	9 P.A.E. 24
TOS	1 M.D. Toronto	12	6	43	1 M.D. 143
SOS	1 M.D. Toronto Ont	1	7	43	1 M.D. 158
TOS	3 A.A.S. Amprior Ont	2	7	43	3 F.I.S. 158
SOS	3 F.I.S. Ampriour	24	7	43	3 F.I.S. 170
TOS	5 I.T.S. Belleville	25	7	43	5 I.T.S. 178
TOS	10 E.F.T.S. Pendleton	3	10	43	10 E.F. 231
SOS	5 I.T.S. Belleville	2	10	43	5 I.T.S. 235
SOS	10 E.F.T.S. Pendleton	27	10	43	10 E/251
TOS	5 M.D. Lachine	28	10	43	5 M.D. 261
SOS	5 M.D. Lachine	22	11	43	5 M.D. 279
TOS	1 A.F. Camp Borden	23	11	43	1 A.F. 284
SOS	1 A.F. Camp Borden	29	1	44	1 A.F. 25
TOS	Stn Hosp Victoria	30	1	44	Hosp 838
SOS	Stn Hosp Prev	24	3	44	Hosp 87A
TOS	2 ans Charlottetown	25	3	44	2 ans 35
SOS	2 ans Charlottetown	27	8	44	2 ans 148 A
	1 a/g to Maitland				
Discharged	R.C.A.F. (SR) Ka (air) Area	195	(15)		1 A.G. 18 "114
TOS.	On appt to Comm	11	8	44	1 A.G. 182.
SOS.	1 A.G.H.S. Maitland	4	10	44	1 A.G. 222
	3 P.R.C.				
Missing	1 Feb 45 DC L 941				7 Feb 45
Presumed Dead	1 Feb. 45. - D.C.C. 1125 a/15 Sept. 45.				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A/C 2	8	1	43	Mtl A/C 4
L/A/C	2	10	43	5 I.T.S. 235
T/Sgt (Pd) T4	11	8	44	2 ans 148 A
P/O 11-8-44 AP.R.196 21-8-44				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
7-1-43	R 100	A1B A2B A3B(V)	
Stn Hosp	16-4-43	19-4-43	Stn Hosp 97.

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
a/c	B	8	1	43	Mtl A/C 4
A/C 2 to L/A.		3	4	43	5 M.D. 181
a/c Pilot		2	10	43	5 I.T.S. 235
a/c 1 C.A.I. Bar.		27	10	43	10 E/251
L/A/C (Spec) T25	B	11	8	44	2 ans 148 A
Nav Off "B" G.L.		11	8	44	AP.R.196 21-8-44
Nav. Off. "B"		1	10	44	A.G. 207

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
Category B.B		2 ans 148 A

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
9-1-43	14-3-43		Lve	Mtl A/C 4
17-7-43	24-7-43	8	Spec.	3 F.I.S. 171
8-11-43	22-11-43	14	Spec	5 M.D. 26
14-8-44	27-8-44	14	TT Ent.	2 ans 148 A

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

AIR FORCE No. J47772 R.21667

SURNAME ~~KENG~~ KENNY

FULL CHRISTIAN NAME ~~JACK~~ JACK

ENLISTMENT/~~APPOINTMENT~~ PLACE MONTREAL, QUE DATE 8-1-43

RELIGION UNITED

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
7-1-43	14-3-43	67	O L W P	M/0/28
11-7-43	25-7-43	8	Special	DRO 171
8-11-43	22-11-43	14	Alleone Mtl RIA	Dro 267-43
31 Dec 43	5 Jan 44	5	New Years	DRO 305.
Issued	5 R.T.W. #C 336589	d/26 Dec 43		DRO 309
14-8-44	27-8-44	14	Embarkation	DRO 148
24-10-44		7	Prov L	3 PRC 188
30-11-44		7	Prov L	101 Sqd 5/3/44

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
21 8 44	Navigators Badge	DRO 148 A.
9 7 44	C.V.S.M.	DRO 151

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 Rec C. Montreal	#13 Rec C. Montreal	8 1 43	DRO #
S.O.S.	R.C. Sch.	#6 M.D.O.	14 3 43	DRO 25
TOS	13 R C	5 M.D	15 3 43	DRO #61
SOS	#5 M.D.	#9 PAED	16 5 43	DRO 116/43
SOS	#9 PAED	#1 M.D.	11 6 43	DRO 124/43
TOS	"	"	12 June 43	DRO 143
S.O.S.	No 1 M.D.	No 3 T.S.	1 7 43	DRO. 158
TOS	#1 M D	#3 F.I.S.	2 7 43	DRO 158
S.OS	#3 F.I.S	#5 I.T.S	24 7 43	DRO 170
SOS	#5 ITS	#10 E F T S	3 OCT 43	DRO 335
TOS	#5 I.T.S.	10 EFTS	3 10 43	DRO. 231
SOS	#10 E.F.T.S.	#5 M. Depot	27 10 43	
TOS	No 5 M D	Lachine	28 10 43	Dro 261-43
SOS.	No 5 M D to No 1 S.F.T.S.		22 11 43	" 279-43
S.O.S.	#1 S.F.T.S.	Mountain View	29 1 44	DRO 25
SOS	Int. View.	1 ~~WAG~~ 2 AWS	24 3 44	DRO 87 A.
SOS.	2 ANS.	1 A.G.T.S.	27 8 44	DRO 148.
TOS.	2 ANS	1 AGTS	28 8 44	" 182.
SOS	1 AGTS	3 PRC	4 10 44	" 222
	Embarked Canada		4 10 44	
	Disembarked U.K.		12 10 44	
	Int. C. 331/3 PRC.		13 10 44	
SOS	3 PRC	to 11 Base	9 11 44	3 PRC 205
TOS	11 Base		9 11 44	11 Base 85
SOS	11 Base	to 101 Sq	26 11 44	11 Base 88
TOS	NEU		2 2 45	NEU 31/45
				Supp DF RO. 471
F.B.	missing		1 2 45	CL 685
				Supp A FRO 1556
				UR NEU 16/3/45
	Presumed Dead		1 2 45	CR 827 Supp A RO 1558

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Name changed from Jack Keng to Jack Kenny.	DRO 66/45
Ent. flying pay for 7 days	DRO 165/43
Ent. flying pay 10, 11, 12-7-43	DRO 169
ENTITLED TO FLYING PAY – ART. 146 B, F.R. & I FOR THE R.C.A.F. ON ACTIVE SERVICE 3-10-43 10 EFTS	
Ent. flying pay	DRO. 231
Cautn. dated Flying Pay 27/10/43.	DRO. 251.
Forfeits pay A/W/L from 5-1-44 to 6-1-44 (2 days)	DRO 9.

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA
Emb. 4.10.44

AIR FORCE No. J47772 R.216067

SURNAME ~~KENNIG~~ KENNY

FULL CHRISTIAN NAME ~~JACK~~ JACK.

ENLISTMENT/AP~~POINTMENT~~ PLACE MONTREAL, QUE DATE 6-1-43

RELIGION UNITED

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

com. 11.8.44

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
14-7-22	WARSAW	POLAND	POLISH	POLISH

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION X
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL 1 YR DRAFTING + WELDING	UNIVERSITY AGRICULTURE + ENGINEERING
CORR./BUSINESS COURSES	LANGUAGES SPOKEN POLISH, FRENCH, GERMAN, SPANISH, ENGLISH

CIVIL OCCUPATIONS AND EXPERIENCE

DRAFTING 1942

PREVIOUS SERVICE

NIL

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
MONTREAL, QUE 26-10-42	A1 B A3 B (T) A3 B A3 B (r)		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED SINGLE

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE .. DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Joseph Kenny (Father)
102 West 73rd Street, New York U.S.A.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O GL RSS BR. NAV B.	11 8 44	BN 2996	
Recat. Navigation Officer B	1 10 44	ORO 207	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	8 1 43		AIRCREW	8 1 43	ORO
LAC	20 1 43	ORO 235	"		
Discharged from RCAF RSS on appointment to Commission as P/O GL RSS	11 8 44	" 182	I.T.S.	3 1 43	81/43
			Aircrew Pilot	20 1 43	ORO 235
			A/C Navigator "B"	5 27 10 43	ORO 261
			a/c " "B"		
			NAVIGATOR B.	11 8 44	ORO 145

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
AIRCREW STD	5		P	6 1 43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

FOR COMPLETION AND RETURN BY

1

Form P. 64

Mr. Joseph Kenig
102 West 73 rd. Street.
New York. U.S.A.

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. J47772 FD 255

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

11 Oct 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

KENNY. Jack. P/O

J47772 R.C.A.F.

ESTATES BRANCH NOV 3 1945 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.

deR/IMF

Peter Smith Col.
Director of Estates.

(1) ans Pg 4 - return dr.
(2) copy dr to O/S HQ -
(3) dr to DHaFP re WSC's & VLB's

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	INFORMANT'S STATEMENT: ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None		None
2	Children of the Deceased and dates of their Births.....		None		None
3	Father of the Deceased.....		JOSEPH L. KENIG	50	102 W. 73rd St. New York City.
4	Mother of the Deceased.....		Frieda Kenig	47	102 W. 73rd St. New York City.
5	Brothers of the Deceased	Full Blood	Henry Sam Kenig	19	102 W. 73rd St. New York City.
		Half Blood	None		None
6	Sisters of the Deceased	Full Blood	Genia Kenig	21	102 W. 73rd St. New York City.
		Half Blood	None		None
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children
			None		None

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Jack Kenny
9	Date of his birth.	July 14, 1922
10	Place and date of his marriage.	None
11	Place and date of his parents' marriage.	Warsaw, November 1920.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Warsaw, Poland
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 (b) Quebeck (c) Canada. (d)
14	Nature of employment before enlistment.	Draftsman.
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.	I do not know.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Not married
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.	Yes. a Somewhere in England, pro bably in place where he was stationed.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	I do not know how much.
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?	I don't know how much I dont know. I don't know. I don't know. Were in his possession,
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	I don't know.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	An automobile as sole owne r An automobile in partners. Personal effects.

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

*father 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.

Joseph L. Kenig {Signature of Informant

.....Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Joseph L. Kenig

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

Dated at New York City this 1st day of November, 1945

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

Samuel C. Goldsmith Qualification Notary Public

SAMUEL C. GOLDSMITH, Notary Public
Kings Co. Clk's No. 600, Reg. No. 415-G-7
N. Y. Co. Clk's No. 985, Reg. No. 572-G-7
Commission Expires Mar. 30, 1946

Address 57 Baogica Ave. B'klyn, N. Y.

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

The Pharaoh, Gane & Co. Ltd., Adelaide House, London Bridge London, E. C. 4, owes my son 500 pounds, as evidenced by letter dated April 9th, 1945, enclosed herewith , signed by Mr. F. Urmston's secretary. This amount was transferred to Mr. Urmstron by Mr. Leon Geller.

CONFIDENTIAL

R.C.A.F. Special Reserve

Rechecked No. 1 M.S.B. - 22-6-43.

ROYAL CANADIAN AIR FORCE

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

MABB

Medical Board held at Halifax , N.S. *Date* 26/10/42 / 20

FILE NUMBER R216067

KENNY

Surname ~~K E N I G~~ *Chr. Names* JACK

Nature of Commission M.2 *Date of Birth* 14/7/22 *Married or Single* single

Branch General List *Hours Flown* 30 minutes

Address ~~Cameron Street, No 4, Dartmouth, N.S.~~ 1217 Drummond St Montreal

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown — NO
Severe or "Sick" Headaches, Migraine — NO
Fits or Convulsions of any kind — NO
Sun or Heat Stroke — NO
Head Injury or Concussion (including "knock-out") — NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting — NO
(ii) LUNG TROUBLE or Consumption — NO
Bronchitis, Pneumonia or Pleurisy — NO
Asthma or Hay Fever — NO
(iii) HEART DISEASE, "Weak or Strained Heart" — NO
Fainting Attacks or Giddiness — NO
Rheumatism, Rheumatic Fever or "Growing Pains" — NO
Frequent Sore Throats or Tonsilitis — NO
Diphtheria, Scarlet Fever or Scarlatina — diphtheria when a child
(iv) STOMACH or BOWEL TROUBLE — NO
Chronic Indigestion or Pain after Food — NO
(v) KIDNEY or BLADDER TROUBLE — NO
Syphilis or Gonorrhœa — NO
(vi) TROPICAL DISEASE — NO
Malaria — NO
Dysentery — NO
(vii) EYE TROUBLE or Inflammation of Eyelids — NO
Wearing of Glasses — NO
Colour or Night Blindness — NO
(viii) EAR TROUBLE, Earache or Discharge from Ears — NO
Deafness, Noises in the Ears, or Dizziness — NO
Frequent Colds in Head, Catarrh or Obstruction — NO
Prolonged Hoarseness or Loss of Voice — NO
Sea, Car or Train Sickness — NO
Discomfort on Swings, Roundabouts, Switchbacks — NO
(ix) OPERATIONS — NO
(x) Any illness or Injury not mentioned above
Typhoid twice. Had some other sickness in childhood but doesn't know what.

R.C.A.F. Records Office
Rec'd JUL 19 1943
C. K. C.I.B.
R. C. N. I.
S. L. P. A.

Education completed high school. One year university.
Present Occupation drafting Hobbies nil
Previous Service nil
Athletics None
Habits—Smoking nil Alcohol nil
FAMILY HISTORY—Consumption no Diabetes no Haemophilia no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health good Dead—Cause n.a.
Mother Alive—Health good Dead—Cause n.a.
Brothers (1) Alive—Health good (0) Dead—Cause n.a.
Sisters (1) Alive—Health good (0) Dead—Cause n.a.

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

Date 26/10/42 *Signature* J. Kenny *Witness* G. Nichols F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..sedentary.. *(b)* Mentality ..average..
Body Marks, Scars, Deformities ..scar on right ring finger 2" long. Vacc. mark left ar..
Size of Thyroid Gland ..not palpable..
Surgical Abnormalities ..nil..
Results of Wounds, Injuries, Operations ..nil..

	Date 26/10/42	Date 22-6-43.	Date	Remarks on any Abnormalities Found
Height (ins.)	69	69		
Weight (lbs.)	186	180		Date 26/10/42
Chest Circumference (ins.)	36			
Body Build (lbs.)	plus 44	? 38		Feet quite flat. No
Leg Length (ins.)	ample			symptoms. Inguinal rings
Pulse Rate — Sitting	84	84		O.K. Skin clean. V,D. neg.
Pulse Rate — Standing 1st	-			
Pulse Rate — Standing 2nd	-			
Pulse Rate — After Exercise	-			
Pulse Rate — Time to Normal	-			
Arterial Walls	~~M~~	Soft		Date
Blood Pressure — Systolic	118	120		
Blood Pressure — Diastolic	70	80		
Room Temperature	74	Warm		
Heart — Size (in cms.)	85	N		
Heart — Sounds	n	N		
Heart — Rhythm	n	N		
Lungs — Inspection	n			
Lungs — Palpation	n	N		
Lungs — Percussion	n	N		
Lungs — Auscultation	n	N		
Lungs — Expiratory Force	85	N		Date
Lungs — X-Ray				
Reflexes — Knee	n			
Reflexes — Ankle	n			
Reflexes — Triceps	n			
Reflexes — Abdominal	n			
Reflexes — Plantar	n			
Cranial Nerves	n			
~~Balancing Rod~~	R. L. n.a.	R. L.	R. L.	
Self Balancing	R. L. n n	R. L.	R. L.	Date
Tremors — Fingers	nil	O		
Tremors — Eyelids	nil	O		
Abdomen — Liver	n.p.	N		
Abdomen — Spleen	n.p.	N		
Abdomen — Muscular Tone	good	N		
Urine — Albumen	neg			
Urine — Sugar	neg			
Initials of M.O.		D.A.G.		

40 mm. Hg. Test ..26/10/42.. ..63 secs.. ..8/788/878/898/998..
Date
Date
Date
Date

EYE EXAMINATION

History	negative		
Visual Acuity	R. 20/20, c̄ 2.50 = 20/200	20/20 ; 2.50 20/200	
	L. 20/20, c̄ =	20/20 ; 2.50 20/200	
Colour Vision	Ish Normal 8th	N. Ish.	
~~Red, Green~~	M.R. exo 1	Exo 3o - No hyper	
Diaphragm Test (P.D. = 67)	Bar @ 7	67 - Bar at 4	
Convergence C. =	7 cms.	7 cms	
Convergence S. C. =	18 cms.	17	
Accommodation R.	12	10	
Accommodation L.		10	
Cover Test	Sl. dev. div with R.R.	Sl. Div. Dev. R. R.	
Fundi and Media	-	N	
Fields	ample	N	
Remarks:		A1B - A3B	
	Initials of M.O R.G.M. Leigh.	*Initials of M.O* C.A.B.	*Initials of M.O*
	Date 26/10/42	*Date* 22-6-43.	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	negative		
Hearing R. Ear	WV 20'		
Hearing L. Ear	WV 20'		
External Ear, Meatus Membranes R. Ear	N	N	
External Ear, Meatus Membranes L. Ear	N	N	
Middle Ear, Eustachian Tubes R. Ear	N	N	
Middle Ear, Eustachian Tubes L. Ear	N	N	
Cochlear Apparatus R. Ear	/		
Cochlear Apparatus L. Ear	/		
Vestibular Apparatus R. Ear	/		
Vestibular Apparatus L. Ear	/		
Buccal Cavity		N	
Teeth	good	N	
Gums	healthy	N	
Pharynx	clear	N	
Nasopharynx	Not seen	--	
Nose	clean	Clear	
Larynx	Not seen	--	
Remarks: Tonsils large but healthy		D.A.G.	
	Initials of M.O	*Initials of M.O*	*Initials of M.O*
	Date 26/10/42	*Date* 22-6-43.	*Date*

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

No. 16 Recruiting Centre	No. 5 M.D.
Fit ~~A1B~~ ~~A2B (Correct)~~ A3B (Vision)	A1B ~~A2B (F)~~ A3B A3B (V)
Date. 26/10/42	Date: 20-3-43
R.G. McGugan F/L	M.O.

Applicant Polish. Attended school in France and forced to leave by German occupation. Command of English good. Alert, quick. Pleasant personality, mature, composed. Working in A/C factory at present and appears interested in aviation. Temperment considered suitable for a/c. B.H. eye muscle test is high but not substantiated by other tests. Consider borderline for A1B but fit.

R.G. McGugan F/L

6-1-43. Wt. 181 - O.M.B. poor.
Category A3B, A3B(Vision) G.E. Joron. F.O.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date No. 1 M.S.B. 22-6-43. This lad is physically fit. He is Polish, educated in Belguim and France. Speaks English exceptionally well. His motivation couldn't be better, wants to be a pilot and should be excellent material. Weight 180 pounds too heavy for turret.

(P8 06 80) (D. A. Garrett) F/L.

CATEGORY
A1B - A3B. only.
JUN 22 1943
D.H. Hubbs. S/L
PRES. NO. 1 MED. SELECTION BD.
.....for D.M.S. Air.

N VISION	17 - Average +
E E.G.	
E C.G.	
D. CHAMBER	2

NAME KENIG, JACK DATE Nov 8/42
INVESTIGATED IN ACCORDANCE WITH AFMO.M.10/10 2
AND NO ADVERSE INFORMATION DISCLOSED.
A. L. H. Lapointe F.L.

		Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School	Public School Belgium	1922		
High School—Collegiate Institute, etc.	Paris, France and Brussels Belgium		1940	grades 1 to 12
Technical School	Marseilles, France	1941	1942	drafting and weldin
University or School other than above	Toulouse University France	1940	1941	agriculture and engineering.
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Clark-Ruse Aircraft Dartmouth, N.S.	drafting	1942	1942	still employed

23. Flying Experience (in Hours) Solo none Dual none Passenger ½ hr.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. knowledge of drafting and electricity.

25. Sports engaged in. State: extensively, moderately, occasionally cycling, swimming, football (extensively)

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

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
W. Brzozowski	Clark-Ruse Aircraft Dartmouth, N.S.	chief engineer
Mr. S. Jacobson	Portland St. Dartmouth, N.S.	clothing store prop.
Mr. John Marsters	77 Ochterloney St. Dartmouth N.S.	teacher
Mrs. B. Staples	4 Cameron St. Dartmouth, N.S.	housewife.

28. Other information that may have any bearing on this application..... none

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory?..... yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date November 9 1942 Signature J. Kenig

R.C.A.F. Special Reserve — Wep — 167-572

AIR FORCE NO. R.216067 POSTED TO #13 Rec. C., Montreal, P.Q. TRADE Aircrew Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

62-256
5-1-44

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

Surname KENIG Full Christian Names Jacek

2. Present Address ~~Cameron Street No. 4 Dartmouth, N.S.~~ 3424 Drummond ave. Montreal Que Telephone HA 6324

3. Permanent Address 373 Concord Street, Montreal, P.Q.

4. Place of Birth Warsaw, Poland Citizenship Polish

5. Date of Birth July 14th, 1922 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ single

6. Particulars of Children none

Name	Date of birth	Name	Date of birth

M.10/10

7. Occupation Draughtsman 8. Religion United Church

9. Languages ~~Josef Kenig~~ Polish, French, German, Spanish and English (well)
State proficiency — State denomination

10. Next of Kin (Full Name) Josef Kenig Relationship father

" Address 373 Concord Street, Montreal, P.Q.

11. Father (Full Name) Josef Kenig Birthplace Dabie, Poland

" Address 373 Concord Street, Montreal, P.Q. Citizenship Polish

" Occupation Electrician

12. Mother (Full Maiden Name) Frajda Winierlak Birthplace Glowoczow Poland

" Address France (exact location not known) Citizenship Polish

13. Details of any Naval, Military or Air Force Service: none

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge

R.C.A.F. Records Office
Rec'd. JAN 13 1943
O.K. W.C.I.S. Pm
R.C. E.C.S. N.I. R.M.
S.I. P.A.

14. Honours, Awards, Mentions None

15. Are you now on any Naval, Military or Air Force Reserve? NO

16. Have you previously made application to join the R.C.A.F.? NO If so, where? NA

When? NA Result NA

17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO

If so, state nature of disability NA

18. Have you ever been or are you now in receipt of a Disability Pension? NO

If so, state nature of Disability NA

19. Have you ever been convicted of an indictable offence? NO If so state nature NA

20. Are you in debt? NO If so, state particulars NA

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-88

582-101

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. Jack Konig
E.D. 83 P.O. P.Q.

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, Jacek ~~XXXX~~ KENIG do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date January 8th 1943 J Kenig
Signature of Recruit

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

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

Polish Citizen

Date January 8th 1943 J Kenig
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Montreal, P.Q. this 8th day of January 1943.

F. H. Kabell Lt. #13 Recruiting Centre, Mtl., P.Q.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 20 . 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? NO

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

Examiner's Remarks *re* above Nil

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

Signature of Applicant L. Lewis

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

1. Identification marks or scars (if operative obtain history) Scar on R.Y. ring finger 2" long. vac. mark on Lt. arm.

2. Height 5 feet 9 inches. 3. Weight 186 (144) pounds.

4. Complexion Dark 5. Color of Eyes Brown Hair Brown.

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 36 inches

Range of expansion 2½ inches

8. Hearing—Right W.V. 2/60 Left W.V. 2/60 Tympana—Right N Left N.

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

Left 20/20 Left — NA

10. Condition of mouth and teeth Good.

11. Urine—Albumen Neg. Sugar Neg.

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

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 ~~H.D.~~ A.1.B

Part 2 Cont: 7-1-43 Ray 164756 Neg Sat.

Any special remarks of the Medical Officers A.1.B

13. Reflexes normal ~~A.3.B. Correct~~

14. Heart normal A.3.B

15. Lungs normal A.3.B. Vision

16. Blood Pressure S. D. 115/70

17. Colour Vision Norm. Ishi. 5/5

Date 26/8/42. 19

K. E. McGuigan Flt. Lt. President

G. Nuckols Member

Member

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 KENIG JACK (b) Reg'l. No. R 216 067
2. (a) Arm of service RCAF (b) Unit N. S. M. D. LACHINE (c) Rank AC 2
3. (a) Date of birth July 14th/22 (b) Have you any dependents? No (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL (b) Date of enlistment JAN 8/1943

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 1/2 (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.) GRADE XII
7. If you attended a university, give name of university and standing or degree secured Bordeaux (France) University, abt 1 yr
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Welding, Lathe Fitting work (c) Did you finish it? (d) If you did not finish it, how long did you serve at it? 1 year
9. (a) What languages do you speak fluently? English, French, Polish, German, Spanish (b) What languages do you read well? Same

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? WARTIME TECHNICAL PERSONNEL

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? N.A.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked N.A. (b) State how long you had worked at this trade or occupation N.A.
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 NA
15. Give details of last employer, if any: Name NA Address NA
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) NA
17. (a) If your last employment was in a business of your own, state nature and address of business NA (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 Federal Aircraft Ltd Address Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ~~Draftsman~~ Aircraft
20. (a) Your specific occupation ~~Student~~ Draftsman (b) Number of years' experience at this occupation with any employer 2 years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? N.A.

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? N.A. (b) Do you feel competent to operate a farm? N.A. (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? 1 year (c) In what provinces did you have experience? France

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes

MAR 20 1943

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.) Return to University
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mechanical Engineering

DATE March 16 / 1943. SIGNATURE J. Kenig

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

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 14056

This is to Certify that

J47772 PILOT OFFICER JACK KENNY R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 1ST day

of FEBRUARY, 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 21ST day of SEPTEMBER 1945

Authorized to sign for (T.K. McDougall)
Group Captain,
R.C.A.F. Records Officer.

Declaration on file changing name from "Jacek Kenig" to "Jack Kenny"

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (GERMANY) | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or this territory* — City | Town | Village | Parish | Township

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: KENNY (Block letters)

Given names: JACK

Do not write in this space

4. RESIDENCE

Street: Concord Street No. 373

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Polish	Polish	Single

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

10. BIRTHPLACE (Province or Country): Poland

11. DATE OF BIRTH: July (Month) 14th (Day) 1922 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Navigator

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

15. Date deceased last worked at this occupation: Feb.1/45

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Kenig, Josef	Poland
MOTHER (Maiden Name)	Winierlak, Frajda	Poland

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 1st (Day) 45 (Year)

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

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

24. CAUSE OF DEATH

I

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

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

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: Feb.1st 19 45

Manner of injury: Presumed killed during air operations (How sustained)

Nature of injury:

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

Signed....**M.D.**

Address....**Date**....19....

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

For (R.C.A.F. Records Officer)

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

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

(Voir l'autre côté pour le français)

BW-27446

PERSONAL EFFECTS OF P/O. J. KENNY. (NO: J.47772)

1 suitcase containing:-

21 books
1 diary with lock
3 prs. socks
1 tin Hypo
1 tin developer
1 drawing compass
1 Jock strap
1 set square
6 blue shirts with collars attached
1 green vest
1 shoe polishing pad
1 pencil refill
1 United States flag
1 looking glass
1 housewife
1 iron contact with flex
1 pr. brown leather slippers
1 lettering triangle
2 towels
1 safety razor box with metal looking glass
1 comb
2 bundles letters
1 Gnome developing tank
1 bathing cap
1 Kodak spool
1 Dimcum blade holder
1 pr. stockings
1 identification disc with R.A.F. Badge
1 pr. wool pants
1 pr. cotton pyjamas
1 khaki pullover
1 blue trunks
1 Salvage cloth
1 Camel hair brush
1 pr. gloves leather
1 raincoat
2 prs. black shoes
1 padlock and 2 keys
3 cotton vests
1 bag with 2 shoe brushes boot polish and shaving brush
4 black ties
1 file
1 portrait
1 Valise containing:-
1 leather holdall containing:
styptic pencil
shoe horn
scissors
tooth brush
soap box with soap
shaving brush and safety razor
tweezers and hair brush
1 case with sun glasses
1 housewife
1 wallet with photos, driving lic. and address book
1 Religious medallion
1 back collar stud
1 battle dress blouse 'O' Brevet
1 2-piece civilian blue suit
1 dress cap
1 pr. S.D. trousers
1 album of snapshots
1 bundle of books & Xmas Cards
1 Observ. Brevet
1 torch
1 clothes brush
1 metal soap box
1 cycle spanner
1 coat hanger

P.T.O.

GRAVES REGISTRATION REPORT FORM

From : No: 3 M.R.E.U., R.A.F.
A.P.O. No: 403, U.S. Army.

To : Air Ministry, S. 7. (Cas).,
LONDON.

Graves R & E Direktorate,
Headquarters, B.A.O.R.

No: 85 G.C.U.,
A.P.O. No: 403, U.S. Army.

Copy to : R.A.A.F. (Overseas) Headquarters, Kodak House,
63, Kingsway, LONDON, W.C. 2.

R.C.A.F. (Overseas) Headquarters,
20, Lincolns Inn Fields, LONDON, W.C.2.

R.N.Z.A.F. (Overseas) Headquarters,
51, Strand, LONDON, W.C.2.

No: 16 Section.

RECEIVED
APR 28 48
CASUALTY SECTION

Date : 20th March, 1948

Reference : 3MREU/C. 1000/ X 807 /P. 1.

Subject : GRAVES REGISTRATION

Place of Burial : BAD TOELZ (DUERNBACH) British Military Cemetery

Location and Map Reference : GSGS 4346 1/250.000 M 48 / Y 994168

The following are buried here and are to be registered accordingly and appropriate crosses erected:

Casualty Enquiry or X Number : X 807

NUMBER	RANK	NAME AND INITIALS	TRADE	DATE OF DEATH	HOW MARKED	PLOT, ROW & GRAVE
1897585	SGT	HIGGINSON G.W.	F/ENG	1.2.45		II C 7
2227596	SGT	ETHERTON R.R.	A/G	"		II C 8
NZ.4210919	A/F/O	CLARK R.J.	PILOT	"		II C 9
2235366	SGT	GORDON N.C.	A/G	"		
Aus.434787	F/SGT	HENDREN K.R.	NAV	"		II C 10
2202044	F/SGT	IRONMONGER L.R.	WOP/AG	"		II C 11 Multiple
J.47772	P/O	KENNY J.	SP.DUT.	"		
NZ.425582	F/SGT	McGINN J.M.M.	A/B	"		II C 12

Final Concentration Graves Registration Report Form

Wing Commander, Commanding
No: 3 M.R.E.U., A.P.O. 403.

P/O. Kenny J.

Copy to Ottawa 3/3/45

8/

P.428088

Royal Air Force Station,
Ludford Magna,
Market Rasen, Lincs.

101S/C.281/2/P.1

19th February, 1945.

Sir,

Loss of Lancaster Aircraft PB.256 "P".

I have the honour to refer to my signal A.476 dated 2nd February 1945, and to submit the following report in respect of the above aircraft.

This aircraft took off from R.A.F.Station, Ludford Magna, Lincs., at 15.50 hours on 1st February 1945, on an Operational Sortie to LUDWIGSHAFEN, E.T.A.Base 22.45 hours on 1st February, 1945.

Nothing has been heard of or from this aircraft since time of take off.

The crew of the aircraft was as follows:-

Pilot	P/O. R.J.Clark (NZ.4210919)
F/Eng.	1897585 Sgt. Higginson G.W.
Nav.	A.434787 F/S. Hendron K.R.
W/Op.Air.	2202044 F/S. Ironmonger L.
A/Bomber	NZ.425582 F/S. McGinn J.M.
M/U/G.	2235366 Sgt. Gordon N.C.
R/G.	2227596 Sgt. Etherton R.R.
Special Duties.	P/O. J.Kenny J.47772

I have the hohour to be,
Sir,
Your obedient Servant,

Sgd: ? ? ? F/Lt.,

for Wing Commander, Commanding,
No.101 Squadron, R.A.F.

COPY.

INVESTIGATION REPORT

FROM: No.3 M.R.E.U., B.A.F.O.

TO: Air Ministry, P.4 (Cas), 73/77 Oxford Street, London.

COPIES TO: R.C.A.F., R.N.Z.A.F., R.A.A.F.

DATE: 20.11.47

YOUR FILE OR FOLDER REFERENCE: UNIT REF: 2 MREU/5000/Air/274.
SECTION REF: 16 MRES/X807/47

YOUR CASUALTY ENQUIRY NUMBER:

OUR REFERENCE:

NAME OF SEARCH OFFICER: F/Lt. Mulligan. SECTION: 16

TARGET:

AIRCRAFT TYPE AND SERIAL NUMBER: Lancaster.

DATE REPORTED MISSING: 1.2.45

PLACE OF CRASH, WITH MAP REF: Mundenheim, Nr.Ludwigshafen. L 50/R 49.

PLACE OF BURIAL, WITH MAP REF: Ludwigshafen L 50/R 49.

CREW:

RCAF	P/O	C. Kenny.	J.47772
	Sgt.	R. Etherton	2227596
	Sgt.	N Ch. Gordon	2235366
RNZAF	F/S.	T.M. McGinn	NZ.425582
	Sgt.	G.W. Higginson	1897585
RAAF	F/S.	K.R. Hendren	AUS.434787.
	2 Unknowns.		

RESULT OF INVESTIGATION AND FINDINGS:

Exhumations were carried out in Ludwigshafen Cemetery on Graves 94 - 101, which purported to contain the remains of the crew in this case, and reports are attached. The findings with grave numbers and name on crosses are as follows:

Grave 94:- "Norman Charles Gordon" Only means of identity were F/Sgt chevrons, but Gordon was a Sgt.
" 95:- "Higginson C.W." could not be identified, but Higginson found in Grave 99.
" 96:- "McGinn F.M." Not identified.
" 97:- "Kenny J." Not identified.
" 98:- "Hendran K.R." Not identified.
" 99:- "Unknown" Proved to be Higginson, recorded as buried in Grave 99.
" 100:- "Etherton D.H." Assumed to be correct from number found on braces.
" 101:- There was no grave of this number, nor could the eighth member of this crew be found.

It has been found in general in this cemetery that although crews are usually buried contiguously the names have been recorded after burial and are not in the same order as the bodies i.e. Higginson reported in Grave 95 and found in Grave 99.

If required, further investigation can be carried out in an attempt to trace the missing member. All bodies have now been concentrated to the British Cemetery Bad Tolz (Durnbach) and further information as to disposal will be furnished by the R.A.F.L.O. No.85 G.C.U.

.....
S/Ldr. J. B. Simpson 16 MRES R.A.F.

G.203004/MEB/6/48

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
AIR

STATEMENT OF WAR SERVICE GRATUITY

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

REGISTER NO. E611-4

PAYEE: Receiver General of Canada

ADDRESS: Director of Estates, Ottawa, Ont.

FILE NO. 28913

DATE 12 June/46

SERVICE NO. J47772

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 1 Feb/45

DATE OF DISCHARGE 1 Feb/45

		$ ¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 689/30 EQUAL TO 22 COMPLETE PERIODS AT $7.50		165.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 121 LESS 29 INELIGIBLE DAYS, EQUAL TO 92 DAYS @ 25C. PER DAY		23.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 6.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 7.95 ×7 = $ 55.65	
NO. OF DAYS 121/183	×$ 55.65	36.80
D. WAR SERVICE GRATUITY		224.80
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		224.80

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
LG	H

TREASURY

CHECKED BY	DATE
	18/6/46

SERVICE REPRESENTATIVE

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J47772 (R216067) RANK P/O UNIT 101 SQDN. (OVERSEAS)

TRADE NAV. (G.L.)

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

NAME KENNY, JACK

PRESENT MARITAL STATUS SINGLE RELIGION U.C. CANADIAN

FRENCH CANADIAN OTHER POLISH

NEXT OF KIN MRS. JOSEPH KENIG

RELATIONSHIP FATHER

ADDRESS 102 WEST 73RD STREET NEW YORK U.S.A.

FATHER'S NAME MR. & MRS. JOSEPH KENIG

ADDRESS 102 WEST 73RD STREET NEW YORK U.S.A. LIVING ON ENLISTMENT YES

MOTHER'S NAME

ADDRESS 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

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 OCT 5 1945 H.Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY------PCX7523-------d---7-SEPT-45

PREVIOUSLY REPORTED "MISSING" 1-FEB-45 AFTER AIR OPERATIONS (OVERSEAS) (OVER LUDWIGSHAFEN GERMANY)

NOW "PRESUMED DEAD" 1-FEB-45 FOR OFFICIAL PURPOSES.

ALL WILLS (1) ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

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

DATE 21-SEPT-45

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

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

46591

Call and Preface — OUT :— IN

Ser

Date

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

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

NO. OF GROUPS 30

LMC
LMC

FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR ~~JOSEPH~~ JOSEF KENIG 102 W 73RD STREET NEW YORK N.Y. U.S.A.

(REPORT DELIVERY)

FROM* R.C.A.F. CASUALTIES OFFICER

ORIGINATOR'S NUMBER	DATE	REFERENCE AND DATE
M9010	4FEB	MY / YOUR

(*Use Double Space Typing*)

REGRET TO ADVISE THAT YOUR ~~XXXXXXX~~ SON PILOT OFFICER JACK KENNY J FOUR SEVEN
M9009
SEVEN SEVEN TWO IS REPORTED MISSING AFTER AIR OPERATIONS OVERSEAS ~~XXXX~~ FEBRUARY

FIRST STOP LETTER FOLLOWS

53/3 UNITED CHURCH J47772 R216067

This message must be sent **AS WRITTEN** and may‡ ---------- be sent by **W/T.** Signature W. H. Wilkinson F/O

This message must be sent **IN CYPHER** and may‡ ---------- be sent by **W/T.** Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

TIME OF ORIGIN 1500 G.M.T.

T.O.R.

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

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
					1530						

T.H.I.

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

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

R.C.A.F. R. 60
(Revised 1-42)
60M—10-42 (2842)
H.Q. 885-R-60

see Kenny Jack

WILL

118032

(a) Names in full to be written.

(1) (a) I, Jacek Kenig of the ~~Town~~ ~~Village~~ ~~Township~~ City

of Montreal in the County of District

Province of Quebec Draftsman
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R 216 067 J-47772 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc.
(b) Insert the name of beneficiar(y)(ies) in full.
(c) Insert the address(es) if known.
(d) Here state "all of my estate" or the particular articles or money intended to be given.

See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my father

(a) (Father) Joseph Kenig

(b) 3424 Drummond street Montreal

(c)

(d) all of my estate

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) All the remainder of my estate I give, devise and bequeath unto:

(a)

(b)

(c)

Name and address of Executor.

(4) I appoint Mr. Joseph Kenig (Name) 3424 Drummond st. Montreal (Address)

to be the Executor of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 16th

day of March 1943

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.

J Kenig
(Signature of Testator)

First Witness sign here.

(5) Paul Marchand
(Signature)

Beauharnois Que.
(Permanent Home Address)

Clerk
(Occupation)

Second Witness sign here.

A. Gareau
(Signature)

5676 McLynn Ave.
Montreal Que
(Permanent Home Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

R.C. Records Office
Rec'd MAR 20 1943
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

(OVER)

20

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary is named, complete as follows: I give, devise and bequeath unto:

(a) my wife

(b) Mary Brown

(c) 26 Cherry Ave., Ottawa, Ont.

(d) all my estate.

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

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont. **$100.00**

and my household goods and effects."

"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. **$100.00"**

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man. **$100.00"**

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont., the balance of my estate" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge St., Toronto, Ont., the balance of my estate in equal shares or in the event that one of them dies before me, then all to the survivor of them".

(3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.

(4) **Do not omit to date the will.** You are to **sign** the will with your usual signature in the presence of **two witnesses,** each of whom must immediately thereafter, and in your presence, sign his or her name and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

(5) Any additions or alterations to this Will must be initialled by the Testator and both Witnesses.

GENERAL

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should 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 his will.

To be completed only by personnel who have previously executed a Will.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....

(Name and address in full)

.....

.....

(Signature)

q47772

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. R216067 Name and Initials (IN BLOCK CAPITALS) KENNY, J Date of Enlistment 8/1/43 Sheet No. (IN WORDS) ONE Signature and Rank of C.O. G/C C. Carling Kelly Date 7/1/44

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
#1 S.F.T.S. Camp Borden ONT.	5/1/44	LAC		W.O.A.S. AWL from 0600 Hrs 5/1/44 until 1200 Hrs 6/1/44. (AWL 1 day 6 Hrs)	Documentary	7 days C.B.	7/1/44	A.A.Lamport S/L			Forfeits 2 days pay (Art 149) (1)(a) FR&I
				CERTIFIED NO ENTRY		for C.O., No. 2 A.H.S., Charlottetown, P.E.I.					11 Aug. 1944.

To be carried over

R. C. A. F. R. 72

10M—9-39 (2044)
H.Q. 1062-3-54

~~R.216067~~ AC.2 KENIG, Jacek
J47792 P/O

R.C.A.F. Special Reserve

APPENDIX "A"
Bulletin No.273

ROYAL CANADIAN AIR FORCE

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 Selection Board at Manning Depot and may be selected for training in any aircrew category; or if I am found unsuitable for aircrew training, the Aircrew Selection Board may, at its discretion remuster me to a ground trade or to General Duties or discharge me from the Service.

(b) That if I am selected for aircrew training I may be called upon to perform duties not directly connected with an aircrew trade until the Royal Canadian Air Force is in a position to commence my training as such.

G Kennedy LAC
(Witness)

J. Kenig
(Signature of Applicant)

MONTREAL, P.Q.
(Place)

JANUARY 8th, 1943.
(Date)

A.F.M. 23
23.10.42

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~A/C2~~ P.O. No. ~~R216067~~ J47772 NAME Kenny, J.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT: DAY 1ST PILOT (A) Hrs	Mins	DAY 2ND PILOT (B) Hrs	Mins	DAY DUAL (C) Hrs	Mins	NIGHT 1ST PILOT (D) Hrs	Mins	NIGHT 2ND PILOT (E) Hrs	Mins	NIGHT DUAL (F) Hrs	Mins	MULTI-ENGINE AIRCRAFT: DAY 1ST PILOT (G) Hrs	Mins	DAY 2ND PILOT (H) Hrs	Mins	DAY ~~DUAL~~ NAV (J) Hrs	Mins	NIGHT 1ST PILOT (K) Hrs	Mins	NIGHT 2ND PILOT (L) Hrs	Mins	NIGHT ~~DUAL~~ NAV. (M) Hrs	Mins	CREW DUTIES: OBSERVER (N) Hrs	Mins	AIR GUNNER (O) Hrs.	Mins	OTHER Instr (P) Hrs	Mins	PASSENGER (Q) Hrs	Mins	TOTAL (R) Hrs	Mins
#3 F.I.S.	12-7-43						12	40																										12	40
							12	40																										12	40
No. 10 C.F.F.S. Pendleton, Ontario																																		
Oct 25							14	20																										14	20
#6 B&G	24/3/44																										7	00	7	45	14	40			29	25
#2 ANS Ch'town PEI	18-4-44												7	35											43	50								117	25

W/CDR.
O/C GROUND INSTRUCTION SCHOOL
No. 6 B. & G. SCHOOL
MOUNTAIN VIEW - ONT.

O. C Training Wing,
No. 2 A.N.S., R.C.A.F., Charlottetown, P.E.I.

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $ 250.00 ON
OFFICERS " ON Sept. 6/44
$ ON

MARRIED OR SINGLE S.

APPOINTED OR ENLISTED
AT Montreal ON 8.1.43

RECORD OF PAY

BANKING ARRANGEMENTS a/c 46602 Montreal

NET RATE OF DEFERRED PAY $

No. J47772 NAME IN FULL KENNY J.

RATE OF PAY

D.R.O. NO.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD PAY	COMBINED RATE	PEN. DED.	NET DRAW'G RATE OF PAY	CASUALTIES AFFECTING RATE OF PAY
	1/8/44	PO	GL	AS	6 12		6 25		35.00 14.00 102.81	

ASSIGNMENTS

ASSIGNEE	EFF. DATE	AMOUNT	TOTAL
Miss Genia Kenny	1.10.44	55 00	
Rec Gen. The V. Dan	1.11.44	33 60	88 60
Kenny, Miss Genia	1.12.45	55 00	
Rec Gen (Can) V.A.	1.11.44	33 60	88 60

DEPENDENTS ALLOWANCE

DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE
	Mistress	WD 1.2.45	CR 6.85-6
	Prec. Dead	12.45	CR. 827

REMARKS

Sd 3 PRC 181

8.9.v.Clerk
20/6/45 A

WR574

NEW PAY BOOK

DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
Oct	BROUGHT FORWARD 8177234		60 25	
23	Adv. 10627	4 47		55 78
Nov.	PAY & A.P.	88 60	187 50	154 68
	Nov. Dep.	151 98		2 70
Dec	PAY & A.P.	88 60	193 75	107 85
	Dec dep	102 81		5 04
1945 Jan.	PAY & A.P.	88 60	193 75	110 19
	Jan Dep	102 81		7 38
Feb	PAY & A.P.	88 60	175 00	93 78
8	Bal to Nov. Eff. 10/203918	93 78		
		810 25	810 25	
FEB	13-10/203919 BAL. B.F.		93 78	93 78
✓	14-13/207760 REV. 7 Yr.		134 40	228 18
✓	21-11/225296 RAF 9 Yr. 8 C		28 16	256 34
Mch.	9-11/253346 MESS BILL	11 10		245 24
✓	✓ 9-1-5		996	255 20
Aug.	25-6H-356829 - SALE OF CYCLE		13 41	268 61
Sept.	30-6H-382546 - BK. BAL. MTH.		161 33	429 94
	To Balance	429 94		
		441 04	441 04	
	L.P.C. OCT/45		429 94	429 94

CARRIED FORWARD

DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			
	15			
	7 U.L.			
	C & E.			
	Sale of Cycle Montreal			

CARRIED FORWARD

DATE	PARTICULARS	DEBIT	CREDIT	BALANCE
	BROUGHT FORWARD			0

L.P.C. 429.94 SH

CARRIED FORWARD

R.C.A.F. A2589

031263

O.S. Headquarters
NOV 14 1945
ADJUTANT
ESTATES BRANCH

CONFIDENTIAL

R.C.A.F. FORM 5004

R.C.A.F. TRAINING REPORT

A I R C R E W (P.N.B.)

NO. 5 INITIAL TRAINING SCHOOL

1. SURNAME ..... KENNY ..... CHRISTIAN NAMES ..... Jack .....

2. NUMBER ..... R216067 ..... 3. RANK ..... LAC ..... 4. COURSE NO ..... 84 .....

5. POSTED FROM ..... #5 ITS .....

6. DATE COURSE COMMENCED ..... 26 July 43 .....

7. DATE COURSE ENDED ..... 1 Oct. 43. .....

8. POSTED TO ..... #10 ITS

9. EXAMINATION RESULTS

SUBJECT	MARKS ALLOTTED	MARKS OBTAINED	PER CENT	SUPPLEMENTAL EXAMINATIONS
(A) AIRCRAFT RECOGNITION	100	98	98	
(B) ARMAMENT P36 W38	100	74	74	
(C) PRINCIPLES OF FLIGHT	150	~~127~~ 89	~~85~~ 89	
(D) ENGINES	100	87	87	
(E) LAW, DISCIPLINE, ADMINISTRATION AND ORGANIZATION	100	80	80	
(F) MATHEMATICS	100	~~86~~ 126	~~86~~ 84	
(G) METEOROLOGY	100	100	100	
(H) NAVIGATION	150			
(I) SIGNALS B50 L50	100	967	97	
TOTAL	1000			

10. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	72

11. REMARKS :-

Polish citizen. Good personality. Best motivation. Wants to be a pilot and go back at the Germans.
Intelligent and educated and finds course not too difficult.
Studious and hard worker.

Selection: Pilot
Alternative: Navigator B.

DATE ..1 October, 1943.....

SIGNED ..... (Wood) Senior. I.M.F.
COMMANDING OFFICER.